NHS SOUTH TYNESIDE
CLINICAL COMMISSIONING GROUP

CONSTITUTION

Version: Final

NHS Commissioning Board Effective Date: 22 March 2013
(all subsequent references to NHS Commissioning Board
will use the operational name NHS England)

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FOREWORD

NHS South Tyneside Clinical Commissioning Group has been established as a Clinical Commissioning Group to work collaboratively across South Tyneside to improve health and commission excellent health care. We intend to do this by:

  Integrating health and social care services;
  Improving the patient experience;
  Making the best use of resources.

We provide care for patients in South Tyneside on a day to day basis so are best placed to understand their needs and the issues which are most important to them. Our holistic work with patients, their families and their carers in our surgeries and their homes gives us a comprehensive view across all the services our patients use and all the organisations they come into contact with. We believe that these insights put us in a unique position to identify and implement the changes needed in local services for our patients and develop and maintain a range of effective relationships with our stakeholders in South Tyneside, including a renewed focus on clinical relationships.

Our aims and objectives are underpinned by our values of being innovative, responsive, aspirational and inclusive in our approach to delivery of services and which is aligned with public sector values of equality and transparency.

This constitution sets out the arrangements made by the Clinical Commissioning Group to meet its responsibilities for commissioning care for the people for whom it is responsible. It describes the governing principles, rules and procedures that the group will establish to ensure probity and accountability in the day to day running of the Clinical Commissioning Group; to ensure that decisions are taken in an open and transparent way and that the interests of patients and the public remain central to the goals of the Group.

The constitution includes:
  the name of the group
  the membership of the group
  the area of the group
  the arrangements for the discharge of the group’s functions and those of its governing body
  the procedure to be followed by the group and its governing body in making decisions and securing transparency in its decision making
  arrangements for discharging the group’s duties in relation to registers of interests and managing conflicts of interests
  arrangements for securing the involvement of persons who are, or may be, provided with services commissioned by the group in certain aspects of those commissioning arrangements and the principles that underpin these
The Constitution applies to the following, all of whom are required to adhere to it as a condition of their appointment:
the group’s member practices
the group’s employees
Individuals working on behalf of the group and
anyone who is a member of the group’s governing body (including the governing body’s Audit and Risk Committee, Remuneration Committee and Quality and Patient Safety Committee)

Anyone who is a member of any other committee(s) or sub-committees established by the group or its governing Body

Dr Matthew Walmsley
Chair, NHS South Tyneside Clinical Commissioning Group
1. INTRODUCTION AND COMMENCEMENT

1.1. Name

1.1.1. The name of this clinical commissioning group is NHS South Tyneside Clinical Commissioning Group.

1.2. Statutory Framework

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

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

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

1.3. Status of this Constitution

1.3.1. This constitution is made between the members of NHS South Tyneside Clinical Commissioning Group and has effect from 22nd day of March 2013, when the NHS Commissioning Board established the group. The Constitution is published on the group’s website at http://www.southtynesideccg.nhs.uk/ A copy of the Constitution is also available upon request for inspection at the group’s headquarters, upon application by post at NHS South Tyneside CCG, Monkton Hall, Monkton Lane, Jarrow, NE32 5NN.

1 See section 11 of the 2006 Act, inserted by section 10 of the 2012 Act
2 See section 275 of the 2006 Act, as amended by paragraph 140(2)(c) of Schedule 4 of the 2012 Act
3 Duties of clinical commissioning groups to commission certain health services are set out in section 3 of the 2006 Act, as amended by section 13 of the 2012 Act
4 See section 14C of the 2006 Act, inserted by section 25 of the 2012 Act
5 See section 14Z16 of the 2006 Act, inserted by section 26 of the 2012 Act
6 See sections 14Z21 and 14Z22 of the 2006 Act, inserted by section 26 of the 2012 Act
7 See in particular sections 14L, 14M, 14N and 14O of the 2006 Act, inserted by section 25 of the 2012 Act and Part 1 of Schedule 1A to the 2006 Act, inserted by Schedule 2 to the 2012 Act and any regulations issued
8 See section 14D of the 2006 Act, inserted by section 25 of the 2012 Act
1.4. Amendment and Variation of this Constitution

1.4.1. This constitution can only be varied in two circumstances.\(^9\)

i. where the group applies to the NHS England and that application is granted; or

ii. where in the circumstances set out in legislation the NHS England varies the group’s constitution other than on application by the group.

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\(^9\) See sections 14E and 14F of the 2006 Act, inserted by section 25 of the 2012 Act and any regulations issued.
2 AREA COVERED

2.1. The geographical area covered by NHS South Tyneside Clinical Commissioning Group is co-terminus with the boundary of South Tyneside Metropolitan Borough Council.
3. MEMBERSHIP

3.1. Membership of the Clinical Commissioning Group

3.1.1. The following practices comprise the members of NHS South Tyneside Clinical Commissioning Group for which membership is confirmed by the individual practice number:

<table>
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<tr>
<th>Practice Code</th>
<th>Practice Name</th>
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<tr>
<td>A88001</td>
<td>Victoria Medical Centre</td>
<td>12-28 Glen Street, Hebburn. Tyne and Wear. NE31 1NU</td>
</tr>
<tr>
<td>A88002</td>
<td>Farnham Medical Centre</td>
<td>435 Stanhope Road, South Shields. Tyne and Wear. NE33 4QY</td>
</tr>
<tr>
<td>A88003</td>
<td>Marsden Road Health Centre</td>
<td>Marsden Road, South Shields, NE346RE</td>
</tr>
<tr>
<td>A88004</td>
<td>Mayfield Medical Centre</td>
<td>Park Road, Jarrow. Tyne and Wear. NE32 5SE</td>
</tr>
<tr>
<td>A88005</td>
<td>Drs Haque and Haque</td>
<td>171, Wenlock Road, South Shields. Tyne and Wear. NE34 9BP</td>
</tr>
<tr>
<td>A88006</td>
<td>Talbot Medical Centre</td>
<td>Stanley Street, South Shields. Tyne and Wear. NE34 0BX</td>
</tr>
<tr>
<td>A88007</td>
<td>Wawn Street Surgery</td>
<td>Wawn Street, South Shields. Tyne and Wear. NE33 4DX</td>
</tr>
<tr>
<td>A88008</td>
<td>Trinity Medical Centre</td>
<td>New George Street, South Shields. Tyne and Wear. NE33 5DU</td>
</tr>
<tr>
<td>A88009</td>
<td>Dr Thorniley-Walker and Partners</td>
<td>The Medical Centre, Gibson Court, Boldon Colliery. Tyne and Wear.</td>
</tr>
<tr>
<td>A88010</td>
<td>Albert Road Surgery</td>
<td>118 Albert Road, Jarrow. Tyne and Wear. NE32 5AG</td>
</tr>
<tr>
<td>A88012</td>
<td>Ellison View Surgery</td>
<td>Campbell Park Road, Hebburn. Tyne and Wear. NE31 2SP</td>
</tr>
<tr>
<td>A88013</td>
<td>Central Surgery</td>
<td>Cleadon Park Primary Care Centre, Prince Edward Road, South Shields. Tyne and Wear. NE34 7QD</td>
</tr>
<tr>
<td>A88014</td>
<td>West View Surgery</td>
<td>Stanhope Parade Health Centre, Gordon Street, South Shields. Tyne and Wear. NE33 4JP</td>
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<tr>
<td>A88015</td>
<td>St George and Riverside Practice</td>
<td>New George Street, South Shields. Tyne and Wear. NE33 5DU</td>
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<tr>
<td>A88016</td>
<td>Colliery Court Medical Group</td>
<td>The Medical Centre, Gibson Court, Boldon Colliery. Tyne and Wear. NE35 9AN</td>
</tr>
<tr>
<td>A88022</td>
<td>The Glen Medical Group</td>
<td>The Glen Primary Care Centre, Hebburn. Tyne and Wear. NE31 1NU</td>
</tr>
<tr>
<td>A88023</td>
<td>Whitburn Surgery</td>
<td>3 Byers Street, Whitburn, Sunderland. Tyne and Wear. SR6 7EE</td>
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3.1.2 Appendix B of the Constitution contains the list of practices, together with the signature of each practice member confirming their agreement to the Constitution.

3.2 Eligibility

3.2.1 Providers of primary medical services to a registered list of patients under a General Medical Services, Personal Medical Services or Alternative Provider Medical Services contract provided from premises within the boundary of South Tyneside Metropolitan Borough Council, will be eligible to apply for membership of this group.  

3.2.2 The definition of “provider of primary medical services” is as set out in the National Health Service (Clinical Commissioning Groups) Regulations 2012, Section 2 and is described as “essential primary medical services to registered patients during core hours”.

4. VISION AND VALUES

4.1 Mission

4.1.1 The mission of NHS South Tyneside Clinical Commissioning Group is to work collaboratively across South Tyneside with our partners and stakeholders to improve health and commission excellent and safe health care.

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

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10 See section 14A(4) of the 2006 Act, inserted by section 25 of the 2012.

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NHS South Tyneside Clinical Commissioning Group's Constitution
4.2. Values

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

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

- Innovating by introducing new ideas and challenging old ones
- Responding to local health needs
- Striving to ensure equality and reduce inequalities
- Behaving with transparency and so work in an open and honest way
- Working inclusively with patients, service users and their carers, as well as our stakeholders, in discharging our commissioning functions
- Being aspirational, not accepting mediocrity and always striving for the best

4.3. Aims

4.3.1. The group's aims are to improve health and commission excellent health care by:

- Integrating health and social care services;
- Improving patient experience;
- Making the best use of resources.

4.4. Principles of Good Governance

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

i. 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;

ii. The Good Governance Standard for Public Services; 13

iii. The Good Governance Standard for Public Services; 13

iv. the seven key principles of the NHS Constitution; 15

v. the Equality Act 2010; 16

vi. the Standards for Members of NHS Boards and Governing Bodies in England

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12 Inserted by section 25 of the 2012 Act
13 The Good Governance Standard for Public Services, The Independent Commission on Good Governance in Public Services, Office of Public Management (OPM) and The Chartered Institute of Public Finance & Accountability (CIPFA), 2004
14 See Appendix F
15 See Appendix G

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

i. publishing its constitution;
ii. appointing independent lay members and non GP clinicians to its governing body;
iii. holding meetings of its governing body in public (except where the group considers that it would not be in the public interest in relation to all or part of a meeting);
iv. publishing annually a commissioning plan;
v. complying with local authority health overview and scrutiny requirements;
vi. meeting annually in public to publish and present its annual report (which must be published);
vii. producing annual accounts in respect of each financial year which must be externally audited;
viii. having a published and clear complaints process;
ix. complying with the Freedom of Information Act 2000;
x. providing information to the NHS Commissioning Board as required.

4.5.2. The governing body of the group will throughout each year have an ongoing role in reviewing the group’s governance arrangements to ensure that the group continues to reflect the principles of good governance.

5. FUNCTIONS AND GENERAL DUTIES

5.1. Functions

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

i. commissioning certain health services (where the NHS Commissioning Board is not under a duty to do so) that meet the reasonable needs of:
   i. people who are usually resident within the area and
   ii. are not registered with a member of any clinical commissioning group;

ii. commissioning emergency care for anyone present in the group’s area;

iii. paying its employees’ remuneration, fees and allowances in accordance with the determinations made by its governing body and determining any other terms and conditions of service of the group’s employees;

iv. determining the remuneration and travelling or other allowances of members of its governing body.

5.1.2. In discharging its functions the group will:
a) act, when exercising its functions to commission health services, consistently with the discharge by the Secretary of State and the NHS Commissioning Board of their duty to **promote a comprehensive health service** \(^{17}\) and with the objectives and requirements placed on the NHS Commissioning Board through the **mandate** \(^{18}\) published by the Secretary of State before the start of each financial year by:

i) delegating responsibility to the group’s governing body  
ii) ensuring that this duty is discharged on behalf of the governing body by the group’s executive committee in accordance with its Terms of Reference  
iii) developing an annual commissioning plan in accordance with the requirement of the Health and Social Care Act 2012  
iv) requiring progress of delivery of the duty to be monitored through the group’s reporting mechanisms

b) **meet the public sector equality duty** \(^{19}\) by:

i) delegating responsibility to the group’s governing body  
ii) specifying a policy which sets out how the group intends to discharge this duty  
iii) adopting the Equality Delivery System (EDS) or future variation to enable the CCG to meet its requirements in relation to the public sector equality duty  
iv) publishing, at least annually, sufficient information to demonstrate compliance with this general duty across all their functions  
v) preparing and publishing specific and measurable equality objectives, revising these at least every four years.  
vi) requiring progress of delivery of the duty to be monitored through the group’s reporting mechanisms

c) work in partnership with its local authority to develop **joint strategic needs assessments** \(^{20}\) and **joint health and wellbeing strategies** \(^{21}\) by:

i) developing with South Tyneside Metropolitan Borough Council a joint strategic needs assessment and a health and wellbeing strategy  
ii) working with partners on the South Tyneside Health and Wellbeing Board, of which the Clinical Commissioning Group is a member, to contribute to addressing the wider determinants of health and to contribute to implementing the Health and Wellbeing Strategy in relation to commissioning of health services

### 5.2 General Duties — in discharging its functions the group will:

5.2.1 Make arrangements to **secure public involvement** in the planning, development and consideration of proposals for changes and decisions affecting the operation of commissioning arrangements \(^{22}\) by:

a) Ensuring that patients and the public are consulted with and involved accordance with

17 See section 3(1F) of the 2006 Act, inserted by section 13 of the 2012 Act  
18 See section 13A of the 2006 Act, inserted by section 23 of the 2012 Act  
19 See section 149 of the Equality Act 2010, as amended by paragraphs 184 and 186 of Schedule 5 of the 2012 Act  
20 See section 116 of the Local Government and Public Involvement in Health Act 2007, as amended by section 192 of the 2012 Act  
21 See section 116A of the Local Government and Public Involvement in Health Act 2007, as inserted by section 191 of the 2012 Act  
22 See section 1422 of the 2006 Act, inserted by section 26 of the 2012 Act
the relevant legislation, included publishing a strategy for communications, involvement and engagement

b) Delegating responsibility to the group’s governing body
c) Ensuring that this duty is discharged on behalf of the Governing body by the Accountable officer
d) adopting the following Statement of Principles

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

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

- having regard to the Cabinet Office’s Code of Practice on Consultation

5.2.2 Promote awareness of, and act with a view to securing that health services are provide in a way that promotes awareness of, and have regard to the NHS Constitution23 by:

a) delegating responsibility to the group’s governing body
b) ensuring the group’s values reflect the values set out in the NHS Constitution
c) ensuring that policies have regard to the NHS Constitution in their development
d) ensuring that all decisions made by the governing body are assessed for regard to the NHS Constitution
e) promoting the NHS Constitution on the group’s website and internally with all staff
f) incorporating a requirement for compliance with the NHS Constitution in all contracts with commissioned services

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

5.2.3 Act effectively, efficiently and economically24 by:

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NHS South Tyneside Clinical Commissioning Group's Constitution
a) delegating responsibility to the group’s governing body
b) ensuring that this duty is discharged on behalf of the governing body by the Accountable Officer and Chief Finance Officer in accordance with the responsibilities of their roles
c) delegating responsibility to the governing body’s Audit Committee to assist the governing body in regard to discharge of the duty and in accordance with the Committee’s Terms of Reference
d) delegating responsibility to the executive committee to assist in optimising the allocation and adequacy of the group’s resources in accordance with its Terms of Reference
e) requiring progress of delivery of the duty to be monitored through the groups reporting mechanisms

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

a) delegating responsibility to the group’s governing body
b) ensuring that this duty is discharged on behalf of the governing body by the Accountable Officer
c) delegating responsibility to the governing body’s Quality and Patient Safety Committee to assist the governing body in regard to discharge of the duty and in accordance with the Committee’s Terms of Reference
d) having a strategy which will set the framework for securing continuous improvements in the quality of commissioned services and outcomes for patients with regard to clinical effectiveness, safety and patient experience to contribute to improved patient outcomes across the NHS Outcomes Framework
e) requiring progress of delivery of the duty to be monitored through the group’s reporting mechanisms

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

a) delegating responsibility to the group’s governing body
b) ensuring that this duty is discharged on behalf of the governing body by the Accountable Officer
c) delegating responsibility to the governing body’s Quality and Patient Safety Committee to assist the governing body in regard to discharge of the duty and in accordance with the Committee’s Terms of Reference
d) having processes in place with the group’s members to secure improvements in the quality of primary care with regard to clinical effectiveness, safety and patient experience in GP practices contributing to improved patient outcomes across the NHS Outcomes Framework
e) requiring progress of delivery of the duty to be monitored through the group’s reporting mechanisms

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

5.2.6 Have regard to the need to reduce inequalities by:
a) delegating responsibility to the group’s governing body
b) ensuring that this duty is discharged on behalf of the governing body by the
group’s executive committee in accordance with their Terms of Reference
c) ensuring that this duty is discharged on behalf of the governing body by the
d) Accountable Officer
   ensuring that this duty is discharged on behalf of the governing body by the
   Accountable Officer and the specific lead officer delegated by the
   Accountable Officer to oversee its discharge
e) developing an annual commissioning plan in accordance with the requirement
   of the Health and Social Care Act 2012 which sets out the group’s role
   and plans in relation to reducing the gap in health inequalities
f) working with partners on the Health and Wellbeing Board to contribute to
   addressing the wider determinants of health and to contribute to
   implementing the Health and Wellbeing Strategy in relation to
   commissioning of health services
g) developing and agreeing a Joint Strategic Needs Assessment
h) working with the Director of Public Health
i) requiring progress of delivery of the duty to be monitored through the group’s
   reporting mechanisms

5.2.7 Promote the involvement of patients, their carers and representatives in decisions
   about their healthcare28 by:
   a) delegating responsibility to the group’s governing body
   b) ensuring that this duty is discharged on behalf of the governing body by the
       Accountable Officer and the specific lead officer delegated by the
       Accountable Officer to oversee its discharge
   c) ensuring that standards are contained within contracts with commissioned
      services requiring procedures to be in place in commissioned services to
      ensure patients, their carers and representatives are able to make informed
      decisions about their healthcare

5.2.8 Act with a view to enabling patients to make choices29 by:
   a) delegating responsibility to the group’s governing body
   b) ensuring that this duty is discharged on behalf of the governing body by the
       Accountable Officer
   c) embodying the requirements of patient choice within the Group’s Choice Policy
      in accordance with the NHS Constitution
   d) requiring progress of delivery of the duty to be monitored through the group’s
      reporting mechanisms

27 See section 14T of the 2006 Act, inserted by section 26 of the 2012 Act
28 See section 14U of the 2006 Act, inserted by section 26 of the 2012 Act
29 See section 14V of the 2006 Act, inserted by section 26 of the 2012 Act
5.2.9 Obtain appropriate advice30 from persons who, taken together, have a broad range
of professional expertise in healthcare and public health by:

  a) delegating responsibility to the governing body to ensure that it obtains appropriate advice in the exercise of its functions, either through individual members of the governing body, or where appropriate through invitation to individuals to attend as appropriate to provide advice, or by seeking advice through external bodies such as a Clinical Senate, Public Health England, or other expert or independent organisation, or through the group’s agreed Public Health core offer from the Local Authority.

  b) delegating responsibility within their Terms of Reference to the Chair of each Committee or subcommittee to ensure that they obtain appropriate advice in the exercise of its functions, either through individual members of the Committee or subcommittee, through invitation to individuals to attend as appropriate to provide advice or by seeking advice through external bodies such as a Clinical Senate, Public Health England, or other expert or independent organisation, or through the group’s agreed Public Health core offer from the Local Authority.

  c) engaging as appropriate with the Local Medical Committee (LMC) in their role as statutory representatives of individual GPs and GP Practices.

5.2.10 Promote innovation\(^\text{31}\) by

  a) delegating responsibility to the group’s governing body

  b) ensuring that this duty is discharged on behalf of the governing body by the Accountable Officer

  c) seeking out and adopting best practice, by supporting research and adopting and disseminating transformative, innovative ideas, products, services and clinical practice both within the group and within its commissioned services, which add value in relation to quality and productivity

5.2.11 Promote research and the use of research\(^\text{32}\) by:

  a) delegating responsibility to the group’s governing body

  b) ensuring that this duty is discharged on behalf of the governing body by the Accountable Officer

  c) delegating responsibility to the governing body’s Quality and Patient Safety Committee to assist the governing body in regard to oversight of research governance and in accordance with the group’s Terms of Reference collaborating with key stakeholders such as Clinical Research Networks and

  d) academic institutions to establish evidence of best practice

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30 See section 14W of the 2006 Act, inserted by section 26 of the 2012 Act
31 See section 14X of the 2006 Act, inserted by section 26 of the 2012 Act
32 See section 14Y of the 2006 Act, inserted by section 26 of the 2012 Act
collaborating with key stakeholders such as Clinical Research Networks and academic institutions and commissioning where appropriate independent research

e) and evaluation as a means of developing or evaluating care pathways, evidence based practice and the translation of research evidence into clinical practice

f) requiring progress of delivery of the duty to be monitored through the group’s reporting mechanisms

5.2.12 Have regard to the need to promote education and training[3] for persons who are employed or who are considering becoming employed, in an activity which involves or is connected with the provision of services as part of the health service in England so as to assist the Secretary of State for Health in the discharge of his related duty[34] by:

a) delegating responsibility to the group’s governing body
b) ensuring that this duty is discharged on behalf of the governing body by the Accountable Officer
c) encouraging and supporting the continuous learning and development of its employees so that they are able to carry out their role confidently and effectively, achieve their individual potential and contribute fully to the objectives of the group
d) requiring progress of delivery of the duty to be monitored through the group’s reporting mechanisms
e) working in partnership with the Local Education and Training Board

5.2.13 Act with a view to promoting integration of both health services with other health services and health services with health-related and social care services where the group considers that this would improve the quality of services or reduce inequalities[35] by:

a) delegating responsibility to the group’s governing body
b) ensuring that this duty is discharged on behalf of the governing body by the group’s executive committee in accordance with their Terms of Reference
c) developing an annual commissioning plan in accordance with the requirement of the Health and Social Care Act 2012 which sets out the group’s role and plans in relation to promoting integration
d) working in partnership with others to take forward plans so that pathways of care are seamless and integrated within and across organisations, and seek to reduce inequalities in access and outcomes
e) working in partnership in particular with the Health and Wellbeing Board in the implementation of the joint health and wellbeing strategy
f) requiring progress of delivery of the duty to be monitored through the group’s reporting mechanisms

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

5.3.1 Ensure its expenditure does not exceed the aggregate of its allotments for the financial year[36] by

a) delegating responsibility to the group’s governing body

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33 See section 14Z of the 2006 Act, inserted by section 26 of the 2012 Act
34 See section 1F(1) of the 2006 Act, inserted by section 7 of the 2012 Act
35 See section 14Z1 of the 2006 Act, inserted by section 26 of the 2012 Act
36 See section 223H(1) of the 2006 Act, inserted by section 27 of the 2012 Act
b) developing an annual commissioning plan (which incorporates the financial plan) in accordance with the requirement of the Health and Social Care Act 2012

c) ensuring that this duty is discharged on behalf of the governing body by the Chief Finance Officer in accordance with the responsibilities of the role

d) specifying Prime Financial Policies (at Appendix E) and detailed underpinning financial policies

e) delegating responsibility to the governing body’s Audit and Risk Committee to assist the governing body in regard to discharge of the duty and in accordance with the Committee’s Terms of Reference

f) delegating responsibility to the executive committee to assist in optimising the allocation and adequacy of the group’s resources in accordance with its Terms of reference

g) requiring progress of delivery of the duty to be monitored through the group’s reporting mechanisms

5.3.2 Ensure its use of resources (both its capital resource use and revenue resource use) does not exceed the amount specified by the NHS Commissioning Board for the financial year37 by

a) delegating responsibility to the group’s governing body

b) developing an annual commissioning plan (which incorporates the financial plan) in accordance with the requirement of the Health and Social Care Act 2012

c) ensuring that this duty is discharged on behalf of the governing body by the Chief Finance Officer in accordance with the responsibilities of the role

d) specifying Prime Financial Policies (at Appendix E) and detailed underpinning financial policies

5.3.3 Take account of any directions issued by the NHS Commissioning Board, in respect of specified types of resource use in a financial year, to ensure the group does not exceed an amount specified by the NHS Commissioning Board 38 by

a) delegating responsibility to the group’s governing body

b) developing an annual commissioning plan (which incorporates the financial plan) in accordance with the requirement of the Health and Social Care Act 2012

c) ensuring that this duty is discharged on behalf of the governing body by the Chief Finance Officer in accordance with the responsibilities of the role

d) specifying Prime Financial Policies (at Appendix E) and detailed underpinning financial policies

e) delegating responsibility to the governing body’s Audit and Risk Committee to assist the governing body in regard to discharge of the duty and in accordance with the Committee’s Terms of Reference

f) delegating responsibility to the executive committee to assist in optimising the allocation and adequacy of the group’s resources in accordance with its Terms of reference

5.3.4 Publish an explanation of how the group spent any payment in respect of quality

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

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

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made to it by the NHS Commissioning Board by

a) delegating responsibility to the group’s governing body
b) ensuring that this duty is discharged on behalf of the governing body by the Accountable Officer and the specific lead officer delegated by the Accountable Officer to oversee its discharge
c) publishing the explanation on the group’s website at http://www.southtynesideccg.nhs.uk/ available upon request for inspection at the group’s headquarters, or upon application by post (insert postal address of HQ) or by e-mail (insert e-mail address).

5.4 Other Relevant Regulations, Directions and Documents

5.4.1 The group will
a) comply with all relevant regulations;
b) comply with directions issued by the Secretary of State for Health or the NHS Commissioning Board; and
c) take account, as appropriate, of documents issued by the NHS Commissioning Board.

5.4.2 The group will develop and implement the necessary systems and processes to comply with these regulations and directions, documenting them as necessary in this constitution, its scheme of reservation and delegation and other relevant group policies and procedures.

6. DECISION MAKING: THE GOVERNING STRUCTURE

6.1 Authority to act

6.1.1 The clinical commissioning group is accountable for exercising the statutory functions of the group. It may grant authority to act on its behalf to:

a) any of its members;
b) its governing body;
c) employees;
d) a committee or sub-committee of the group.

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

a) the group’s scheme of reservation and delegation; and
b) for committees, their terms of reference.

6.2 Scheme of Reservation and Delegation

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

a) those decisions that are reserved for the membership as a whole;

b) those decisions that are the responsibilities of its governing body (and its
6.2.2 The clinical commissioning group remains accountable for all of its functions, including those that it has delegated.

6.3 General

6.3.1 In discharging functions of the group that have been delegated to its governing body, its committees, any sub-committees and individuals must:

a) comply with the group’s principles of good governance,

b) operate in accordance with the group’s scheme of reservation and delegation,

c) comply with the group’s standing orders,

d) comply with the group’s arrangements for discharging its statutory duties,

e) where appropriate, ensure that member practices have had the opportunity to contribute to the group’s decision making process.

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

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

a) identify where authority lies to enter into the arrangements;

b) identify the roles and responsibilities of those clinical commissioning groups who are working together

c) identify any pooled budgets and how these will be managed and reported in annual accounts

d) specify under which clinical commissioning group’s scheme of reservation and delegation and supporting policies the collaborative working arrangements will operate;

e) specify how the risks associated with the collaborative working arrangement will be managed between the respective parties;

f) identify how disputes will be resolved and the steps required to terminate the working arrangements;

g) specify how decisions are communicated to the collaborative partners.

6.4 Committees of the group

6.4.1 The group shall have the authority to delegate any of its activities to a committee or sub-committee of the group, including a joint committee. Such committee, subcommittee, or joint committee shall be made up of either members or employees, or members of the governing body or any others approved by the group.

6.4.2 The group has established the committees identified in sections 6.6.3 and 6.7 below.

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

6.5 Joint Arrangements and Joint Committees

6.5.1 Joint commissioning arrangements with other Clinical Commissioning Groups

6.5.1.1 The Clinical Commissioning Group may wish to work together with other CCGs in the exercise of its commissioning functions.

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

- delegating any of the CCG’s commissioning functions to another CCG;
- exercising any of the commissioning functions of another CCG; or
- exercising jointly the commissioning functions of the CCG and another CCG.

6.5.1.3 For the purposes of the arrangements described at paragraph 6.5.1.2, the CCG may:

- make payments to another CCG;
- receive payments from another CCG;
- make the services of its employees or any other resources available to another CCG; or
- receive the services of the employees or the resources available to another CCG.

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

6.5.1.5 For the purposes of the arrangements described at paragraph 6.5.1.2 above, the CCG may establish and maintain a pooled fund made up of contributions by any of the CCGs working together pursuant to paragraph 6.5.1.3 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.

6.5.1.6 Where the CCG makes arrangements with another CCG as described at paragraph 6.5.1.2 above, the CCG shall develop and agree with that CCG an agreement setting out the arrangements for joint working, including details of:

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

6.5.1.7 The liability of the CCG to carry out its functions will not be affected where the CCG enters into arrangements pursuant to paragraph 6.5.1.2 above.

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

6.5.1.9 Only arrangements that are safe and in the interests of patients registered with member practices will be approved by the governing body.

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

6.5.1.11 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, with new arrangements starting from the beginning of the next new financial year.

6.5.2 Joint Commissioning arrangements with NHS England for the exercise of CCG functions

6.5.2.1 The CCG may wish to work together with NHS England in the exercise of its commissioning functions.

6.5.2.2 The CCG and NHS England may make arrangements to exercise any of the CCG’s commissioning functions jointly.

6.5.2.3 The arrangements referred to in paragraph 6.5.2.2 above may include other CCGs.

6.5.2.4 Where joint commissioning arrangements pursuant to 6.5.2.2 above are entered into, the parties may establish a joint committee to exercise the commissioning functions in question.

6.5.2.5 Arrangements made pursuant to 6.5.2.2 above may be on such terms and conditions (including terms as to payment) as may be agreed between NHS England and the CCG.

6.5.2.6 Where the CCG makes arrangements with NHS England (and another CCG if relevant) as described at paragraph 6.5.2.2 above, the CCG shall develop and agree with NHS England a framework setting out the arrangements for joint working, including details of:

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

6.5.2.7 The liability of the CCG to carry out its functions will not be affected where the CCG enters into arrangements pursuant to paragraph 6.5.2.2 above.

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

6.5.2.9 Only arrangements that are safe and in the interests of patients registered with member practices will be approved by the governing body.

6.5.2.10 The governing body of the CCG shall require, in all joint commissioning arrangements that the Accountable Officer of the CCG make a quarterly written report to the governing body and hold at least annual engagement events to review aims, objectives, strategy and progress and publish an annual report on progress made against objectives.

6.5.2.11 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, with new arrangements starting from the beginning of the next new financial year after the expiration of the six months’ notice period.

6.5.3 Joint commissioning arrangements with NHS England for the exercise of NHS England’s Functions.

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

6.5.3.2 The CCG may enter into arrangements with NHS England and, where applicable, other CCGs to:
• Exercise such functions as specified by NHS England under delegated arrangements;
• Jointly exercise such functions as specified with NHS England.

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

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

6.5.3.5 For the purposes of the arrangements described at paragraph [3.2] above, NHS England and the CCG may establish and maintain a pooled fund made up of contributions by the parties working together. Any such pooled fund may be used to make payments towards expenditure.
incurred in the discharge of any of the commissioning functions in respect of which the arrangements are made.

6.5.3.6 Where the CCG enters into arrangements with NHS England as described at paragraph 6.5.3.2 above, the parties will develop and agree a framework setting out the arrangements for joint working, including details of:
- How the parties will work together to carry out their commissioning functions;
- The duties and responsibilities of the parties;
- How risk will be managed and apportioned between the parties;
- Financial arrangements, including payments towards a pooled fund and management of that fund;
- Contributions from the parties, including details around assets, employees and equipment to be used under the joint working arrangements.

6.5.3.7 The liability of NHS England to carry out its functions will not be affected where it and the CCG enter into arrangements pursuant to paragraph 6.5.3.2 above.

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

6.5.3.9 Only arrangements that are safe and in the interests of patients registered with member practices will be approved by the governing body.

6.5.3.10 The governing body of the CCG shall require, in all joint commissioning arrangements that the Accountable Officer of the CCG make a quarterly written report to the governing body and hold at least annual engagement events to review aims, objectives, strategy and progress and publish an annual report on progress made against objectives.

6.5.3.11 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, with new arrangements starting from the beginning of the next new financial year after the expiration of the six months’ notice period.

6.6 The Governing Body

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

a) ensuring that the group has appropriate arrangements in place to exercise its functions **effectively, efficiently and economically** and in accordance with the groups **principles of good governance**\(^{47}\) (its main function);

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

c) functions as delegated by the clinical commissioning group to the governing body as set out in paragraph 5.1.2 a) to c)

d) functions as delegated by the clinical commissioning group to the governing body relating to the clinical commissioning group’s General Duties as set out in paragraphs 5.2.1 and 5.2.13

e) functions as delegated by the clinical commissioning group to the governing body relating to the clinical commissioning group’s General Financial Duties as set out in paragraphs 5.3.1 to 5.3.4.

**6.6.2 Composition of the Governing Body** – the governing body must have not less than 6 members and for the CCG membership consists of:

a) the chair;

b) at least two and up to five GPs or primary care health professionals

c) three lay members;
   (i) one to lead on audit, remuneration and conflict of interest matters,
   (ii) one to lead on patient and public participation matters
   (iii) one to lead on quality and strategic partnerships;

d) one registered nurse;

e) one secondary care specialist doctor;

f) the accountable officer;

g) the chief finance officer;

Additionally, the following will be invited to attend meetings of the Governing Body in an advisory (non-voting) capacity:

h) the Director of Public Health;

i) the Corporate Director of Children, Adults & Families, South Tyneside Metropolitan Borough Council.

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

\(^{47}\) See section 4.4 on Principles of Good Governance above

**6.6.3 Committees of the Governing Body** – the governing body has appointed the following committees and sub-committees:

a) **Audit and Risk Committee** – the committee, which is accountable to the group's
governing body, provides the governing body with an independent and objective view of the group’s financial systems, financial information and compliance with laws, regulations and directions governing the group in so far as they relate to finance. The Committee reviews the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the group’s activities that supports the achievement of the group’s objectives. The governing body has approved and keeps under review the terms of reference for the Audit and Risk Committee, which includes information on the membership of the audit committee.

The terms of reference of the Audit and Risk Committee are available at website address http://www.southtynesideccg.nhs.uk/ or on request to: NHS South Tyneside CCG, Monkton Hall, Monkton Lane, Jarrow, NE32 5NN.

b) **Remuneration Committee** – the remuneration committee, which is accountable to the group’s governing body is an advisory committee which makes recommendations to the governing body on determinations about the remuneration, fees and other allowances for employees and for people who provide services to the group and on determinations about allowances under any pension scheme that the group may establish as an alternative to the NHS pension scheme. The governing body has approved and keeps under review the terms of reference for the remuneration committee, which includes information on the membership of the remuneration committee.

The terms of reference of the Remuneration Committee are available at website address http://www.southtynesideccg.nhs.uk/ or on request to: NHS South Tyneside CCG, Monkton Hall, Monkton Lane, Jarrow, NE32 5NN.

In addition the group or the governing body has conferred or delegated the following functions, connected with the governing body’s main function, to its remuneration committee:

i) Approving severance payments of the accountable officer, the chief finance officer and of other staff

ii) Fulfilling the role, as necessary, associated with that of a Nominations Committee to oversee and where relevant lead the process for governing body appointments, ensuring the governing body has the balance of skills and expertise to discharge its duties and responsibilities, and ensuring succession planning for members of the governing body.

c) **Quality and Patient Safety Committee** – the Quality and Patient Safety Committee, which is accountable to the group’s governing body, is responsible for reviewing and providing assurance to the governing body about the quality, safety and patient safety-related risks of the services being commissioned. It supports the governing body in relation to its duty to promote a culture of continuous improvement and innovation with respect to safety of services, clinical effectiveness and patient experience. The governing body has approved and keeps under review the terms of reference for the Quality and Patient Safety Committee, which includes information on the membership of the committee. It has authority to make decisions as set out within its Terms of Reference and the group’s scheme of delegation.

The terms of reference of the Quality and Patient Safety Committee are available.
at website address http://www.southtynesideccg.nhs.uk/ or on request to: NHS South Tyneside CCG, Monkton Hall, Monkton Lane, Jarrow, NE32 5NN.

d) Executive Committee – the Executive Committee is established as a management committee to support the group, its governing body and the accountable officer in the discharge of their functions. Its remit includes development and implementation of strategy, monitoring and delivery of statutory duties, operational, financial, contractual and clinical performance as well as ensuring the coordination and monitoring of risks and internal controls. It has authority to make decisions as set out within its Terms of Reference and the group’s scheme of delegation.

The terms of reference of the Executive Committee are available at website address http://www.southtynesideccg.nhs.uk/ or on request to: NHS South Tyneside CCG, Monkton Hall, Monkton Lane, Jarrow, NE32 5NN.

e) Primary Care Commissioning Committee – the Committee has been established in accordance with statutory provisions to enable the members to make collective decisions on the review, planning and procurement of primary medical care services in South Tyneside, 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 Tyneside CC, which sit alongside the delegation and terms of reference.

The terms of reference of the Primary Care Commissioning Committee are available at website address http://www.southtynesideccg.nhs.uk/ or on request to: NHS South Tyneside CCG, Monkton Hall, Monkton Lane, Jarrow, NE32 5NN.

6.7 Committees of the Clinical Commissioning Group

6.7.1 The following committee has been established by the Clinical Commissioning Group;

a) Council of Practices - the Council of Practices has been established as a Committee of the Clinical Commissioning Group comprising the individuals selected by each of the member practices to represent their practices’ views and to act on its behalf in its dealings between the practice and the group.

The Council of Practices has been established as a Committee within which the individual Member Practice Representatives will meet together to collectively make decisions reserved to the Council of Practices as set out in the group’s scheme of delegation and within the Council of Practice’s Terms of Reference.

The terms of reference of the Council of Practices are available at website address http://www.southtynesideccg.nhs.uk/ or on request to: NHS South Tyneside CCG, Monkton Hall, Monkton Lane, Jarrow, NE32 5NN.

b) Members of the Council of Practices – Members of the Council of Practices represent their practice’s views and act on behalf of the practice in matters relating to the group. The role of each practice representative is to:
(i) attend general meetings of the Council of Practices to represent their practice’s views
(ii) secure the effective participation of their practice in exercising of the group's functions
(iii) ensure clinical commissioning business is on the agenda of the practice meeting
(iv) ensure all staff attend training or otherwise ensure education appropriate to their practice development plans and compliance with accredited pathways, protocols and policies
(v) ensure their practice uses all reasonable endeavors so as to meet the objectives and assist in the development and delivery of the group's commissioning plans
(vi) ensure that their practice shares lessons learned and adopts good practice as agreed by the group
(vii) commit to work collaboratively within the group
(viii) act in accordance with the group's Standards of Business Conduct and Conflicts of Interest Policy, ensuring that they declare any conflicts of interest which they are aware of as an individual and within their practice (as a Member of the group) which may affect the integrity of the group's decision making process.

6.8 Transparency

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

a) publish papers considered at its meetings except where the governing body considers that it would not be in the public interest to do so in relation to a particular paper or part of a paper
b) publish the following information relating to determinations made under subsection (3)(a) and (b) of section 14L of the 2006 Act (which relates to remuneration, fees and allowances payable under certain pension schemes) –

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

(ii) any recommendation of the remuneration committee in relation to any such determination c) in the event that the governing body consider that it would not be in the public interest to publish such information, it will not publish the above information.

7. ROLES AND RESPONSIBILITIES

7.1 All Members of the Group’s Governing Body

7.1.1 Guidance on the roles of members of the group’s governing body is set out in a separate document. In summary, each member of the governing body should share responsibility as part of a team to ensure that the group exercises its functions effectively, efficiently and economically, with good governance and in accordance with the terms of this constitution. Each
brings their unique perspective, informed by their expertise and experience. Notwithstanding this, all members of the governing body have joint responsibility for every decision of the governing body regardless of their individual skills and experience.

7.2 The Chair of the Governing Body

7.2.1 The chair of the governing body is responsible for:

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

7.2.2 Where the chair of the governing body is also the senior clinical voice of the group they will take the lead in interactions with stakeholders, including the NHS Commissioning Board.

7.2.3 In circumstances where the Accountable Officer is a GP or primary care health professional, the chair cannot be a GP or primary care health professional.

7.3 The Deputy Chair of the Governing Body

7.3.1 In circumstances where the Chair is a GP or other primary care health professional the deputy chair of the governing body, who will be a lay member, deputises for the chair of the governing body where he or she has a conflict of interest or is otherwise unable to act.

48 Clinical commissioning group Governing Body Members – Roles Attributes and Skills, NHS Commissioning Board, October 2012

7.4 Role of the Accountable Officer

7.4.1 The accountable officer of the group is a member of the governing body.
7.4.2 The role of the accountable officer has been summarised in national guidance\(^49\) as:

a) being responsible for ensuring that the clinical group fulfils its duties to exercise its functions effectively, efficiently and economically thus ensuring improvement in the quality of services and the health of the local population whilst maintaining value for money;

b) and that arrangements are put in place to ensure that good practice (as identified through such agencies as the National Audit Office) is embodied and that safeguarding of funds is ensured through effective financial and management systems.

c) working closely with the chair of the governing body, the accountable officer will ensure that proper constitutional, governance and development arrangements are put in place to assure the members (through the governing body) of the organisation’s ongoing capability and capacity to meet its duties and responsibilities. This will include arrangements for the ongoing developments of its members and staff.

d) exercise the functions as delegated by the clinical commissioning group to the accountable officer as set out in paragraph 5.1.2 a) to c)

e) exercise the functions as delegated by the clinical commissioning group to the accountable officer relating to the clinical commissioning group’s General Duties as set out in paragraphs 5.2.1 and 5.2.13

f) ensure that the registers of interest are reviewed regularly, and updated as necessary

7.5 Role of the Chief Finance Officer

7.5.1 The chief finance officer is a member of the governing body and is responsible for providing financial advice to the clinical commissioning group and for supervising financial control and accounting systems.

7.5.2 This role of chief finance officer has been summarised in a national document\(^50\) as:

a. being the governing body’s professional expert on finance and ensuring, through robust systems and processes, the regularity and propriety of expenditure is fully discharged;

b. making appropriate arrangements to support, monitor on the group’s finances;

c. overseeing robust audit and governance arrangements leading to propriety in the use of the group’s resources;

d. being able to advise the governing body on the effective, efficient and economic use of the group’s allocation to remain within that allocation and deliver required financial targets and duties; and

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

\(^{49}\) See the NHS Commissioning Board Clinical commissioning group governing body members: Role outlines, attributes and skills

\(^{50}\) See the NHS Commissioning Board Clinical commissioning group governing body members: Role outlines, attributes and skills

f. The chief finance officer will also exercise the functions as delegated by the clinical commissioning group to the Chief Finance Officer relating to the clinical commissioning group’s General Financial Duties as set out in paragraphs 5.3.1 to
7.6 Other GP and Primary Care Health Professionals

7.6.1 The group has identified a number of other GPs / primary care health professionals from member practices to either support the work of the group and / or represent the group rather than represent their own individual practices. These GPs and primary care health professional participate as members of the Executive Committee whose role as a committee of the governing body is set out in section 6.6.3 d) above.

7.7 Joint Appointments with other Organisations

7.7.1 The group may enter into joint staff appointments with other organisations.

7.7.2 Where the group chooses to have a joint appointment such arrangement will be supported by a memorandum of understanding between the organisations who are party to these joint appointments.

8. STANDARDS OF BUSINESS CONDUCT AND MANAGING CONFLICTS OF INTEREST

8.1. Standards of Business Conduct

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

8.1.2. They must comply with the Group’s policy on standards of business conduct and declaration of interest, including the requirements set out in the policy for managing conflicts of interest. This policy will be available on the Group’s website at http://www.southtynesideccg.nhs.uk/ and will be made available on request.

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

8.2. Conflicts of Interest

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

8.2.2. Where an individual, i.e. an employee, member of the CCG’s Governing Body, member of its committee or sub-committee Group Member i.e. GP partners (or where the practice is a company, each director) and any individual directly involved with the business or decision-making process, has such a conflict of interest, the person / persons will undertake the following steps:

1. Declare the conflict of interest to the Group;
2. Follow the Group’s policy on managing conflicts of interest; and
3. Where the conflict of interest cannot be satisfactorily managed by the Group, the Group will seek external advice from an external registered charity, voluntary or not-for-profit organisation or such other body as may be deemed appropriate to the Group.

The Group must ensure that in all cases where conflicts of interest exist, the Group shall have in place arrangements for the avoidance, management and disclosure of conflicts of interest. Such arrangements must be consistent with the standards of conduct set out in this constitution and must include arrangements for the involvement of third parties in the decision-making process, where appropriate. The arrangements must be consistent with the standards of conduct set out in this constitution and must include arrangements for the involvement of third parties in the decision-making process, where appropriate.
making of the CCG, has an interest, or becomes aware of an interest which could lead to a conflict of interests in the event of the Group considering an action or decision in relation to that interest, that must be considered as a potential conflict, and is subject to the provisions of this constitution and the Standards of Business Conduct and Conflicts of Interest policy.

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

8.3. **Declaring and Registering Interests**

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

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

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

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

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

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

8.4 **Managing Conflicts of Interest: general**

8.4.1 Individual members of the Governing Body, committees or sub-committees, the committees or sub-committees of its Governing Body, Group Member i.e. GP partners (or where the practice is a company, each director) and any individual directly involved with the business or decision-making of the CCG, and employees will comply with the arrangements determined by the Group for managing conflicts or potential conflicts of interest.

8.4.2 The Accountable Officer will ensure that for every interest declared, either in writing or by oral declaration, arrangements are in place to manage the conflict of interests or potential conflict of interests, to ensure the integrity of the Group’s decision making processes.
8.4.3 The CCG manages conflicts of interest of members, employees and contractors in line with statutory guidance, as outlined in its Standards of Business Conduct and Conflicts of Interest Policy available on its website http://www.southtynesideccg.nhs.uk/.

8.5 **Transparency in Procuring Services**

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

8.5.2 The Group will publish a Procurement Strategy approved by its Governing Body which will ensure that:

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

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

8.5.5 Copies of this Procurement Strategy will be available on the Group’s website at http://www.southtynesideccg.nhs.uk/ and will be made available on request.

9. **DISPUTE RESOLUTION**

9.1 If a dispute arises between the CCG and a member practice or between member practices, then all parties are required to follow the Disputes Resolution Procedures detailed in Appendix H.

10. **THE GROUP AS EMPLOYER**

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

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

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

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

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

10.6 The group will ensure that employees’ behavior reflects the values, aims and principles set out above.

10.7 The group will ensure that it complies with all aspects of employment law.

10.8 The group will ensure that its employees have access to such expert advice and training opportunities as they may require in order to exercise their responsibilities effectively.

10.9 Staff within the group will adopt the NHS Code of Conduct for Senior Managers and will maintain and promote effective ‘whistleblowing’ procedures to ensure that concerned staff have means through which their concerns can be voiced.

10.10 The group recognises and confirms that nothing in or referred to in this constitution (including in relation to the issue of any press release or other public statement or disclosure) will prevent or inhibit the making of any protected disclosure (as defined in the Employment Rights Act 1996, as amended by the Public Interest Disclosure Act 1998) by any member of the group, any member of its governing body, any member of any of its committees or sub-committees or the committees or sub-committees of its governing body, or any employee of the group or of any of its members, nor will it affect the rights of any worker (as defined in that Act) under that Act.

10.11 Copies of the NHS Code of Conduct for Senior Managers, together with the other policies and procedures outlined in this chapter, will be available on the group's website at http://www.southtynesideccg.nhs.uk/ They will also be available upon request for inspection at the group's headquarters, or upon application by post to NHS South Tyneside CCG, Monkton Hall, Monkton Lane, Jarrow, NE32 5NN.

11. TRANSPARENCY, WAYS OF WORKING AND STANDING ORDERS

11.1 General

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

11.1.2 Key communications issued by the group, including the notices of procurements, public consultations, governing body meeting dates, times, venues, and certain papers will be published on the group’s website at http://www.southtynesideccg.nhs.uk/

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

11.2 Standing Orders

11.2.1 This constitution is also informed by a number of documents which provide further details on how the group will operate. They are the group's:
a) **Standing orders (Appendix C)** – which sets out the arrangements for meetings and the appointment processes to elect the group’s representatives and appoint to the group’s committees, including the governing body;

b) **Scheme of reservation and delegation (Appendix D)** – which sets out those decisions that are reserved for the membership as a whole and those decisions that are the responsibilities of the group’s governing body, the governing body's committees and sub-committees, the group's committees and sub-committees, individual members and employees;

c) **Prime financial policies (Appendix E)** – which sets out the arrangements for managing the group’s financial affairs.
APPENDIX A
DEFINITIONS OF KEY DESCRIPTIONS USED IN THIS CONSTITUTION

<table>
<thead>
<tr>
<th>2006 Act</th>
<th>National Health Service Act 2006</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012 Act</td>
<td>Health and Social Care Act 2012 (this Act amends the 2006 Act)</td>
</tr>
</tbody>
</table>
| Accountable officer | an individual, as defined under paragraph 12 of Schedule 1A of the 2006 Act (as inserted by Schedule 2 of the 2012 Act), appointed by the NHS Commissioning Board, with responsibility for ensuring the group: 
  - complies with its obligations under:
    - sections 14Q and 14R of the 2006 Act (as inserted by section 26 of the 2012 Act),
    - sections 223H to 223J of the 2006 Act (as inserted by section 27 of the 2012 Act),
    - paragraphs 17 to 19 of Schedule 1A of the NHS Act 2006 (as inserted by Schedule 2 of the 2012 Act), and
    - any other provision of the 2006 Act (as amended by the 2012 Act) specified in a document published by the Board for that purpose; 
  - exercises its functions in a way which provides good value for money. |
| Area | the geographical area that the group has responsibility for, as defined in Chapter 2 of this constitution |
| Chair of the governing body | the individual appointed by the group to act as chair of the governing body |
| Chief finance officer | the qualified accountant employed by the group with responsibility for financial strategy, financial management and financial governance |
| Clinical commissioning group | a body corporate established by the NHS Commissioning Board in accordance with Chapter A2 of Part 2 of the 2006 Act (as inserted by section 10 of the 2012 Act) |
| Committee | a committee or sub-committee created and appointed by: 
  - the membership of the group 
  - a committee / sub-committee created by a committee created / appointed by the membership of the group 
  - a committee / sub-committee created / appointed by the governing body |
<p>| Council of Practices | a committee of the group comprising practice representatives who act on behalf of their practices in dealings with the group and which on behalf of the group, through the Scheme of Reservation and Delegation, has certain decision-making reserved to itself |
| Financial year | this usually runs from 1 April to 31 March, but under paragraph 17 of Schedule 1A of the 2006 Act (inserted by Schedule 2 of the 2012 Act), it can for the purposes of audit and accounts run from when a clinical commissioning group is established until the following 31 March |
| Group | NHS South Tyneside Clinical Commissioning Group, whose constitution this is |
| Governing body | the body appointed under section 14L of the NHS Act 2006 (as inserted by section 25 of the 2012 Act), with the main function of ensuring that a clinical commissioning group has made appropriate arrangements for ensuring that it complies with: |</p>
<table>
<thead>
<tr>
<th><strong>Governing body member</strong></th>
<th>any member appointed to the governing body of the group</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Lay member</strong></td>
<td>a lay member of the governing body, appointed by the group. A lay member is an individual who is not a member of the group or a healthcare professional (i.e. an individual who is a member of a profession regulated by a body mentioned in section 25(3) of the National Health Service Reform and Health Care Professions Act 2002) or as otherwise defined in regulations</td>
</tr>
<tr>
<td><strong>Member</strong></td>
<td>a provider of primary medical services to a registered patient list, who is a member of this group (see tables in Chapter 3 and Appendix B)</td>
</tr>
<tr>
<td><strong>Practice representatives</strong></td>
<td>an individual appointed by a practice (who is a member of the group) to act on its behalf in the dealings between it and the group, under regulations made under section 89 or 94 of the 2006 Act (as amended by section 28 of the 2012 Act) or directions under section 98A of the 2006 Act (as inserted by section 49 of the 2012 Act)</td>
</tr>
<tr>
<td><strong>Registers of interests</strong></td>
<td>registers a group is required to maintain and make publicly available under section 140 of the 2006 Act (as inserted by section 25 of the 2012 Act), of the interests of: the members of the group; the members of its governing body; the members of its committees or sub-committees and committees or sub-committees of its governing body; and its employees.</td>
</tr>
</tbody>
</table>
APPENDIX B – LIST OF MEMBER PRACTICES AND APPROVAL OF THE CONSTITUTION

Appendix B of the Constitution contains details of the signatories to the Constitution. The list below details all the Member Practices which are signatories to this Constitution.

<table>
<thead>
<tr>
<th>Practice Code</th>
<th>Practice Name</th>
<th>Address</th>
<th>Constitution Signatory</th>
</tr>
</thead>
<tbody>
<tr>
<td>A88001</td>
<td>Victoria Medical Centre</td>
<td>12-28 Glen Street, Hebburn. Tyne and Wear. NE31 1NU</td>
<td></td>
</tr>
<tr>
<td>A88002</td>
<td>Farnham Medical Centre</td>
<td>435 Stanhope Road, South Shields. Tyne and Wear. NE33 4QY</td>
<td></td>
</tr>
<tr>
<td>A88003</td>
<td>Marsden Road Health Centre</td>
<td>Marsden Road Health Centre, Marsden Road, South Shields, NE34 6RE</td>
<td></td>
</tr>
<tr>
<td>A88004</td>
<td>Mayfield Medical Centre</td>
<td>Park Road, Jarrow. Tyne and Wear. NE32 5SE</td>
<td></td>
</tr>
<tr>
<td>A88005</td>
<td>Drs Haque and Haque</td>
<td>171, Wenlock Road, South Shields. Tyne and Wear. NE34 9BP</td>
<td></td>
</tr>
<tr>
<td>A88006</td>
<td>Talbot Medical Centre</td>
<td>Stanley Street, South Shields. Tyne and Wear. NE34 0BX</td>
<td></td>
</tr>
<tr>
<td>A88007</td>
<td>Wawn Street Surgery</td>
<td>Wawn Street, South Shields. Tyne and Wear. NE33 4DX</td>
<td></td>
</tr>
<tr>
<td>A88008</td>
<td>Trinity Medical Centre</td>
<td>New George Street, South Shields. Tyne and Wear. NE33 5DU</td>
<td></td>
</tr>
<tr>
<td>A88009</td>
<td>Dr Thornley-Walker and Partners</td>
<td>The Medical Centre, Gibson Court, Boldon Colliery. Tyne and Wear.</td>
<td></td>
</tr>
<tr>
<td>A88010</td>
<td>Albert Road Surgery</td>
<td>118 Albert Road, Jarrow. Tyne and Wear. NE32 5AG</td>
<td></td>
</tr>
<tr>
<td>A88012</td>
<td>Ellison View Surgery</td>
<td>Campbell Park Road, Hebburn. Tyne and Wear. NE31 2SP</td>
<td></td>
</tr>
<tr>
<td>A88013</td>
<td>Central Surgery</td>
<td>Cleadon Park Primary Care Centre, Prince Edward Road, South Shields. Tyne and Wear. NE31 7QD</td>
<td></td>
</tr>
<tr>
<td>A88014</td>
<td>West View Surgery</td>
<td>Stanhope Parade Health Centre, Gordon Street, South Shields. Tyne and Wear. NE33 4JP</td>
<td></td>
</tr>
<tr>
<td>A88015</td>
<td>St George and Riverside Practice</td>
<td>New George Street, South Shields. Tyne and Wear. NE33 5DU</td>
<td></td>
</tr>
<tr>
<td>A88016</td>
<td>Colliery Court Medical Group</td>
<td>The Medical Centre, Gibson Court, Boldon Colliery. Tyne and Wear. NE35 9AN</td>
<td></td>
</tr>
<tr>
<td>A88022</td>
<td>The Glen Medical Group</td>
<td>The Glen Primary Care Centre, Hebburn, Tyne and Wear, NE31 1NU</td>
<td></td>
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<tr>
<td>-------</td>
<td>-----------------------</td>
<td>---------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>A88023</td>
<td>Whitburn Surgery</td>
<td>3 Byers Street, Whitburn, Sunderland. Tyne and Wear. SR6 7EE</td>
<td></td>
</tr>
<tr>
<td>A88025</td>
<td>Drs Dowsett and Overs</td>
<td>Palmer Community Hospital, Wear Street, Jarrow. Tyne and Wear. NE32 3UX</td>
<td></td>
</tr>
<tr>
<td>A88061</td>
<td>Imeary Street</td>
<td>78 Imeary Street, South Shields. Tyne and Wear. NE33 4EG</td>
<td></td>
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<tr>
<td>A88063</td>
<td>The Park Surgery</td>
<td>The Glen Primary Care Centre, Glen Street, Hebburn. Tyne and Wear. NE31 1NU</td>
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<tr>
<td>A88068</td>
<td>Ravensworth Surgery</td>
<td>Horsley Hill Road, South Shields. Tyne and Wear. NE33 3ET</td>
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</tr>
<tr>
<td>A88069</td>
<td>East Wing Surgery</td>
<td>East Wing, Palmer Community Hospital, Wear Street, Jarrow. NE32 3UX</td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX C – STANDING ORDERS

1. STATUTORY FRAMEWORK AND STATUS

1.1. Introduction

1.1.1. These standing orders have been drawn up to regulate the proceedings of the NHS South Tyneside Clinical Commissioning Group so that group can fulfil its obligations, as set out largely in the 2006 Act, as amended by the 2012 Act and related regulations. They are effective from the date the group is established.

1.1.2. The standing orders, together with the group’s scheme of reservation and delegation\(^{51}\) and the group’s prime financial policies\(^{52}\), provide a procedural framework within which the group discharges its business. They set out:

a) the arrangements for conducting the business of the group;

b) the appointment of member practice representatives;

c) the procedure to be followed at meetings of the group, the governing body and any committees or sub-committees of the group or the governing body;

d) the process to delegate powers,

e) the declaration of interests and standards of conduct.

These arrangements must comply, and be consistent where applicable, with requirements set out in the 2006 Act (as amended by the 2012 Act) and related regulations and take account as appropriate\(^{53}\) of any relevant guidance.

1.1.3 The standing orders, scheme of reservation and delegation and prime financial policies have effect as if incorporated into the group’s constitution. Group members, employees, members of the governing body, members of the governing body’s committees and sub-committees, members of the group’s committees and sub-committees and persons working on behalf of the group should be aware of the existence of these documents and, where necessary, be familiar with their detailed provisions. Failure to comply with the standing orders, scheme of reservation and delegation and prime financial policies may be regarded as a disciplinary matter that could result in dismissal.

1.2 Schedule of matters reserved to the clinical commissioning group and the scheme of reservation and delegation

1.2.1. The 2006 Act (as amended by the 2012 Act) provides the group with powers to delegate the group’s functions and those of the governing body to certain bodies (such as

\(^{51}\) See Appendix D

\(^{52}\) See Appendix E

\(^{53}\) Under some legislative provisions the group is obliged to have regard to particular guidance but under other circumstances guidance is issued as best practice guidance.
committees) and certain persons. The group has decided that certain decisions may only be exercised by the group in formal session. These decisions and also those delegated are contained in the group’s scheme of reservation and delegation (see Appendix D).

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

2.1. Composition of membership

2.1.1. Chapter 3 of the group’s constitution provides details of the membership of the group (also see Appendix B).

2.1.2. Chapter 6 of the group’s constitution provides details of the governing structure used in the group’s decision-making processes, whilst Chapter 7 of the constitution outlines certain key roles and responsibilities within the group and its governing body, including the role of practice representatives (section 7.1 of the constitution).

2.2 Key Roles

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

2.2.2 Individuals disqualified from membership of the governing body are as set out in the NHS (Clinical Commissioning Groups) Regulations, Schedule 5 (Regulation 12(6)).

2.2.3 The Chair, as listed in paragraph 6.6.2 a of the group’s constitution, is subject to the following appointment process:

a) Nominations – by nomination, including self-nomination

b) Eligibility – a practising or recently retired (within the last twelve months) GP practising in NHS South Tyneside who meets the requirements for governing body membership as set out in The National Health Service (Clinical Commissioning Groups) Regulations 2012;

c) Appointment process – the initial appointment of the Chair, prior to establishment of the CCG, was undertaken by the Local Medical Committee in accordance with an agreed process. For subsequent appointments, by a process to be determined by the Remuneration Committee (acting in its role as a Nominations Committee). The process to include assessment and interview of the candidate(s) against agreed competency criteria by a panel and election (to be carried out by the Local Medical Committee) based on one doctor one vote and “first past the post” voting system. The Council of Practices at a general meeting shall be responsible for approving the appointment of the Chair;
d) **Term of office** – three years commencing on the establishment of the CCG. For the avoidance of doubt, the initial appointment period, prior to establishment of the CCG, is not to be counted towards the period of the term of office;

e) **Eligibility for reappointment** - the Chair is eligible for re-appointment and re-election for a further term of three years subject to a process which has been determined by the Remuneration Committee (acting in its role as a Nominations Committee) confirming the satisfactory performance of the Chair and a re-election process in keeping with the initial appointment. The Chair may, in exceptional circumstances and subject to a rigorous process confirming satisfactory performance, serve longer than six years subject to annual re-appointment. Serving more than six years could be relevant to the determination of the Chair’s independence and the need for progressive review of the Governing Body. The Council of Practices at a general meeting shall be responsible for approving the re-appointment of the Chair;

f) **Grounds for removal from office** - the Chair shall cease to be eligible to be Chair where that person;

(i) during the term of office fulfils the disqualification criteria set out in The National Health Service (Clinical Commissioning Groups) Regulations 2012;

(ii) in the opinion of the governing body (having taken appropriate professional advice in cases where it is deemed necessary) they become or are deemed to be of unsound mind;

(iii) is suspended from providing primary medical services in which case the removal or suspension shall be at the discretion of the governing body;

(iv) has been absent for a period of five consecutive meetings of the governing body, except in circumstances agreed at the governing body’s discretion;

(v) has behaved in a manner or exhibited conduct which has or is likely to be detrimental to the reputation and interest of the group and is likely to bring the group into disrepute. This includes but is not limited to dishonesty, misrepresentation (either knowingly or fraudulently), defamation of any member of the governing body, abuse of position, non-declaration of a known conflict of interest, seeking to lead or manipulate a decision of the governing body in a manner that would ultimately be in favour of that person whether financially or otherwise;

(vi) has become ineligible to stand for the position as a result of the declaration of any overriding conflict of interest.

g) **Notice period** – the Chair will serve for the full term of office, unless removed from office or they choose to resign. In the event of the Chair wishing to resign, they should give a minimum of 90 days’ notice, in writing, addressed to the Deputy Chair who will make arrangements for the appointment of a new Chair.

2.2.4 The GPs or primary care health professionals who serve on the CCG’s governing body,
as listed in paragraph 6.6.2 b) of the group’s constitution, are subject to the following appointment process:

a) **Nominations** – by nomination, including self-nomination

b) **Eligibility** – a practising or recently retired (within the last twelve months) GP or primary care health professional practising in NHS South Tyneside who meets the requirements for governing body membership as set out in The National Health Service (Clinical Commissioning Groups) Regulations 2012;

c) **Appointment process** – the initial appointment of the GP members, prior to establishment of the CCG, was undertaken by the Local Medical Committee in accordance with an agreed process. For subsequent appointments, by a process to be determined by the Remuneration Committee (acting in its role as a Nominations Committee). The process to include assessment and interview of the candidate(s) against agreed competency criteria by a panel and election (to be carried out by the Local Medical Committee) based on one doctor one vote and “first past the post” voting system. In circumstances where the number of GPs or primary care health professionals on the governing body (for reasons other than the expiry of the term of office or resignation) is below the upper ceiling number identified in 6.6.2 b) then the Council of Practices may request the Local Medical Committee to hold election and selection procedures to ensure appointment to the upper ceiling number of GPs or primary care health professionals;

d) **Term of office** - three years commencing on the establishment of the CCG. For the avoidance of doubt, the initial appointment period, prior to establishment of the CCG, is not to be counted towards the period of the term of office;

e) **Eligibility for reappointment** – the GP governing body member is eligible for re-appointment and re-election for a further term of three years subject to a process which has been determined by the Remuneration Committee (acting in its role as a Nominations Committee) confirming the satisfactory performance of the GP governing body member and a re-election process in keeping with the initial appointment. The GP governing body member may, in exceptional circumstances and subject to a rigorous process confirming satisfactory performance, serve longer than six years subject to annual re-appointment. Serving more than six years could be relevant to the determination of the GP governing body member’s independence and the need for progressive review of the Governing Body;

f) **Grounds for removal from office** - the GP governing body member shall cease to be eligible to be a member of the governing body where that person;

   (i) during the term of office fulfils the disqualification criteria set out in The National Health Service (Clinical Commissioning Groups) Regulations 2012;

   (ii) in the opinion of the governing body (having taken appropriate professional advice in cases where it is deemed necessary) they become or are deemed to be of unsound mind;
(iii) is suspended from providing primary medical services in which case the removal or suspension shall be at the discretion of the governing body;

(iv) has been absent for a period of five consecutive meetings of the governing body, except in circumstances agreed at the governing body’s discretion;

(v) has behaved in a manner or exhibited conduct which has or is likely to be detrimental to the reputation and interest of the group and is likely to bring the group into disrepute. This includes but is not limited to dishonesty, misrepresentation (either knowingly or fraudulently), defamation of any member of the governing body, abuse of position, non-declaration of a known conflict of interest, seeking to lead or manipulate a decision of the governing body in a manner that would ultimately be in favour of that person whether financially or otherwise;

(vi) has become ineligible to stand for the position as a result of the declaration of any overriding conflict of interest.

g) **Notice period** – the GP governing body member will serve for the full term of office, unless removed from office or choosing to resign. In the event of the GP governing body member wishing to resign, they should give a minimum of 90 days’ notice, in writing, addressed to the Chair who will make arrangements for the appointment of a new GP governing body member.

2.2.5 The Lay members as listed in paragraph 6.6.2 of the group’s constitution, are subject to the following appointment process:

a) **Nominations** – Individuals wishing to serve as lay members on the governing body will be invited to do so by application and selection following advertising of the position;

b) **Eligibility** – Applicants must meet the requirements for governing body membership as set out in The National Health Service (Clinical Commissioning Groups) Regulations 2012. Applicants must be local residents, preferably residing in the group’s area, and possess relevant skills and experience to enhance the governing body, offering challenge to the clinicians and managers; enabling a beneficial contribution to be made to the wider functioning of the group, including leading on audit and governance, and patient and public engagement and participation;

c) **Appointment process** – by a process to be determined by the Remuneration Committee (acting in its role as a Nominations Committee). The process to include assessment and interview of the candidate(s) against agreed competency criteria by a suitably qualified panel;

d) **Term of office** – for a period up to three years commencing on the establishment of the CCG;

e) **Eligibility for reappointment** - the Lay Member is eligible for re-appointment for a further term of up to three years subject to a process which has been determined by the Remuneration Committee (acting in its role as a Nominations Committee) confirming
the satisfactory performance of the Lay Member. The Lay Member may, in exceptional
circumstances and subject to a rigorous process confirming satisfactory performance,
serve longer than six years subject to annual re-appointment. Serving more than six
years could be relevant to the determination of the Lay Member’s independence and
the need for progressive review of the Governing Body;

f) **Grounds for removal from office** - the Lay Member shall cease to be eligible to
be a member of the governing body where that person;

(i) during the term of office fulfils the disqualification criteria set out in The National
Health Service (Clinical Commissioning Groups) Regulations 2012;

(ii) has been absent for a period of five consecutive meetings of the
governing body, except in circumstances agreed at the governing body’s
discretion;

(iii) in the opinion of the governing body (having taken appropriate professional
advice in cases where it is deemed necessary) they become or are deemed to be
of unsound mind;

(iv) has behaved in a manner or exhibited conduct which has or is likely to be
detrimental to the reputation and interest of the group and is likely to bring the
group into disrepute. This includes but is not limited to dishonesty,
misrepresentation (either knowingly or fraudulently), defamation of any member
of the governing body, abuse of position, non-declaration of a known conflict of
interest, seeking to lead or manipulate a decision of the governing body in a
manner that would ultimately be in favour of that person whether financially or
otherwise;

(v) has become ineligible to continue in the appointment as a result of
the declaration of any overriding conflict of interest.

g) **Notice period** – the Lay Member will serve for the full term of office, unless
removed from office or choosing to resign. In the event of the Lay Member wishing to
resign, they should give a minimum of 90 days’ notice, in writing, addressed to the
Chair who will make arrangements for the appointment of a new Lay Member.

h) **Lay Member as Deputy Chair** - in circumstances where the Chair is a GP or other
primary care health professional a lay member of the governing body will be appointed
as Deputy Chair, such appointed to be approved by the governing body. The term of
office of the Deputy Chair will be commensurate with their term of office as a lay
member or for a shorter period in agreement with the Chair and governing body. In
circumstances where the Deputy Chair resigns from such appointment they shall
continue as a lay member for the remainder of their term of office unless they have
also resigned as a lay member.

2.2.6 The Registered Nurse, as listed in paragraph 6.2.2 of the group’s constitution, is subject to
the following appointment process:

a) **Nominations** – a registered nurse will be appointed to the governing body,
following an application and selection process;

b) **Eligibility** – Applicants must meet the requirements for governing body membership as set out in The National Health Service (Clinical Commissioning Groups) Regulations 2012. Applicants must at the time of membership of the governing body be registered with the Nursing and Midwifery Council, be able to demonstrate senior level nursing and/or senior level managerial level experience, and meet the requirements of person specification criteria for the position;

c) **Appointment process** – by a process to be determined by the Remuneration Committee (acting in its role as a Nominations Committee). The process to include assessment and interview of the candidate(s) against agreed competency criteria by a suitably qualified panel;

d) **Term of office** – the Registered Nurse will serve for the duration of their employment with the CCG, or otherwise for a period of three years, subject to continuing to meet the eligibility criteria at 2.2.6 b) above

e) **Eligibility for reappointment** – the Registered Nurse will serve for the duration of their employment with the CCG, or otherwise for a period of three years, subject to continuing to meet the eligibility criteria at 2.2.6 b) above. In the event that the Registered Nurse is not employed by the CCG, they will be eligible for re-appointment for a further term of three years subject to a process which has been determined by the Remuneration Committee (acting in its role as a Nominations Committee) confirming the satisfactory performance of the Registered Nurse;

f) **Grounds for removal from office** - the Registered Nurse shall cease to be eligible to be a member of the governing body where that person;

   (i) during the term of office fulfils the disqualification criteria set out in The National Health Service (Clinical Commissioning Groups) Regulations 2012;

   (ii) in the case of an employee, where that employment is terminated by resignation, redundancy or as a result of disciplinary proceedings;

   (iii) in the opinion of the governing body (having taken appropriate professional advice in cases where it is deemed necessary) they become or are deemed to be of unsound mind;

   (iv) has been absent for a period of five consecutive meetings of the governing body, except in circumstances agreed at the governing body’s discretion;

   (v) has behaved in a manner or exhibited conduct which has or is likely to be detrimental to the reputation and interest of the group and is likely to bring the group into disrepute. This includes but is not limited to dishonesty, misrepresentation (either knowingly or fraudulently), defamation of any member of the governing body, abuse of position, non-declaration of a known conflict of interest, seeking to lead or manipulate a decision of the governing body in a manner that would ultimately be in favour of that person whether financially or otherwise;

   (vi) has become ineligible to continue in the appointment as a result of the declaration of any overriding conflict of interest.
g) Notice period – the Registered Nurse wishing to resign should give a minimum of 90 days’ notice, in writing, addressed to the Accountable Officer of the governing body, notwithstanding any notice requirements where the Registered Nurse is an employee of the CCG.

2.2.7 The Secondary Care Specialist Doctor, as listed in paragraph 6.2.2 of the group’s constitution, is subject to the following appointment process:

a) Nominations – Individuals wishing to serve as the Secondary Care Doctor on the governing body will be invited to so by application and selection following advertising of the position;

b) Eligibility – Applicants must meet the requirements for governing body membership as set out in The National Health Service (Clinical Commissioning Groups) Regulations 2012.

c) Appointment process – by a process to be determined by the Remuneration Committee (acting in its role as a Nominations Committee). The process to include assessment and interview of the candidate(s) against agreed competency criteria by a suitably qualified panel;

d) Term of office - three years commencing on the establishment of the CCG;

e) Eligibility for reappointment - the Secondary Care Doctor is eligible for re-appointment for a further term of three years subject to a process which has been determined by the Remuneration Committee (acting in its role as a Nominations Committee) confirming the satisfactory performance of the Secondary Care Doctor. The Secondary Care Doctor may, in exceptional circumstances and subject to a rigorous process confirming satisfactory performance, serve longer than six years subject to annual re-appointment. Serving more than six years could be relevant to the determination of the Secondary Care Doctor’s independence and the need for progressive review of the Governing Body;

f) Grounds for removal from office - the Secondary Care Doctor shall cease to be eligible to be a member of the governing body where that person;

   (i) during the term of office fulfils the disqualification criteria set out in The National Health Service (Clinical Commissioning Groups) Regulations 2012
   (ii) has been absent for a period of five consecutive meetings of the governing body, except in circumstances agreed at the governing body’s discretion;
   (iii) in the opinion of the governing body (having taken appropriate professional advice in cases where it is deemed necessary) they become or are deemed to be of unsound mind;
   (iv) has behaved in a manner or exhibited conduct which has or is likely to be detrimental to the reputation and interest of the group and is likely to bring the group into disrepute. This includes but is not limited to dishonesty, misrepresentation (either knowingly or fraudulently), defamation of any member of the governing body, abuse of position, non-declaration of a known conflict of interest, seeking to lead or manipulate a decision of the governing
body in a manner that would ultimately be in favour of that person whether financially or otherwise;
(v) has become ineligible to continue in the appointment as a result of the declaration of any overriding conflict of interest.

g) **Notice period** - the Secondary Care Doctor will serve for the full term of office, unless removed from office or choosing to resign. In the event of the Secondary Care Doctor wishing to resign, they should give a minimum of 90 days' notice, in writing, addressed to the Chair who will make arrangements for the appointment of a new Secondary Care Doctor.

2.2.8 The Accountable Officer, as listed in paragraph 6.2.2 of the group’s constitution, is subject to the following appointment process:

a) **Nominations** – by appointment of the NHS Commissioning Board.

b) **Eligibility** – applicants must meet the requirements for governing body membership as set out in The National Health Service (Clinical Commissioning Groups) Regulations 2012 and the requirements of Schedule 2, Part 2, Section 12 (4) of the Health and Social Care Act 2012.

c) **Appointment process** – appointment process to be determined by the governing body, on the advice of the Remuneration Committee (acting in its role as a Nominations Committee) and in accordance with any requirements of the NHS Commissioning Board. The process to include assessment and interview of the candidate(s) against agreed competency criteria by a suitably qualified panel following advertising of the post. The governing body to make nomination of their preferred candidate to the NHS Commissioning Board for approval.

d) **Term of office** – the Accountable Officer will serve for the duration of their employment, providing the post holder continues to meet the eligibility criteria at 2.2.8 (b);

e) **Eligibility for reappointment** – provided the post holder continues to meet the eligibility criteria at 2.2.8 (b) above, and remains in employment with the group, there is no reappointment process;

f) **Grounds for removal from office** - the Accountable Officer shall cease to be eligible to be a member of the governing body where that person

   (i) during the term of office fulfils the disqualification criteria set out in The National Health Service (Clinical Commissioning Groups) Regulations 2012;

   (ii) has their employment terminated by resignation, redundancy or as a result of disciplinary proceedings;

   (iii) in the opinion of the governing body (having taken appropriate professional
advice in cases where it is deemed necessary) they become or are deemed to be of unsound mind;

(iv) has been absent for a period of five consecutive meetings of the governing body, except in circumstances agreed at the governing body’s discretion;

(iv) has behaved in a manner or exhibited conduct which has or is likely to be detrimental to the reputation and interest of the group and is likely to bring the group into disrepute. This includes but is not limited to dishonesty, misrepresentation (either knowingly or fraudulently), defamation of any member of the governing body, abuse of position, non-declaration of a known conflict of interest, seeking to lead or manipulate a decision of the governing body in a manner that would ultimately be in favour of that person whether financially or otherwise;

(vi) has become ineligible to continue in the appointment as a result of the declaration of any overriding conflict of interest.

h) **Notice period** – the Accountable Officer wishing to resign should give a minimum of 90 days’ notice, in writing, addressed to the Chair of the governing body, notwithstanding the notice requirements of the post holder’s employment.

2.2.9 The Chief Finance Officer as listed in paragraph 6.2.2 of the group’s constitution, is subject to the following appointment process:

a) **Nominations** – the Chief Finance Officer will be appointed to the governing body, following an application and selection process;

b) **Eligibility** – the Chief Finance Officer must meet the requirements for governing body membership as set out in The National Health Service (Clinical Commissioning Groups) Regulations 2012

c) **Appointment process** – appointment process to be determined by the governing body, on the advice of the Remuneration Committee (acting in its role as a Nominations Committee) and in accordance with any requirements of the NHS Commissioning Board. The process to include assessment and interview of the candidate(s) against agreed competency criteria by a suitably qualified panel following advertising of the post. Where the candidate has participated in any assessment centre set up by the NHS Commissioning Board, the outcome of this process will be taken in to account by the appointment panel in reaching its decision;

d) **Term of office** - the Chief Finance Officer will serve for the duration of their employment, providing the post holder continues to meet the eligibility criteria at 2.2.9 (b)

e) **Eligibility for reappointment** - provided the post holder continues to meet the eligibility criteria at 2.2.8 (b) above, and remains in employment with the group, there is no reappointment process;

f) **Grounds for removal from office** - the Chief Finance Officer shall cease to
be eligible to be a member of the governing body where that person;

(i) during the term of office fulfils the disqualification criteria set out in The National Health Service (Clinical Commissioning Groups) Regulations 2012;

(ii) has their employment terminated by resignation, redundancy or as a result of disciplinary proceedings;

(iii) in the opinion of the governing body (having taken appropriate professional advice in cases where it is deemed necessary) they become or are deemed to be of unsound mind;

(iv) has been absent for a period of five consecutive meetings of the governing body, except in circumstances agreed at the governing body’s discretion;

(v) has behaved in a manner or exhibited conduct which has or is likely to be detrimental to the reputation and interest of the group and is likely to bring the group into disrepute. This includes but is not limited to dishonesty, misrepresentation (either knowingly or fraudulently), defamation of any member of the governing body, abuse of position, non-declaration of a known conflict of interest, seeking to lead or manipulate a decision of the governing body in a manner that would ultimately be in favour of that person whether financially or otherwise;

(vi) has become ineligible to continue in the appointment as a result of the declaration of any overriding conflict of interest.

g) **Notice period** – the Chief Finance Officer wishing to resign should give a minimum of 90 days’ notice, in writing, addressed to the Accountable Officer of the governing body, notwithstanding the notice requirements of the post holder’s employment.

2.2.10 The roles and responsibilities of each of these key roles are set out either in Chapter 7 of the group’s constitution.

3. **MEETINGS OF THE CLINICAL COMMISSIONING GROUP**

The following procedures will apply to meetings of the governing body and will apply in principle to all committees and sub committees of the group and the governing body. The specific procedures of committees and sub committees will be set out in their individual Terms of Reference.

3.1. **Calling meetings**

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

3.1.2. In accordance with the requirements of the Health and Social Care Act, the CCG
shall hold a meeting (an Annual General Meeting) for the purpose of presenting the annual report to members of the public.

3.2. **Agenda, supporting papers and business to be transacted**

3.2.1. Items of business to be transacted for inclusion on the agenda of a meeting need to be notified to the chair of the meeting at least 15 working days (i.e. excluding weekends and bank holidays) before the meeting takes place. Supporting papers for such items need to be submitted at least [9] working days before the meeting takes place. The agenda and supporting papers will be circulated to all members of a meeting 5 working days before the date the meeting will take place and not less than 3 clear working days before the meeting, save in an emergency or in exceptional circumstances.

3.2.2. The agenda will be agreed between by the Chair and the accountable officer

3.2.3. Agendas and certain papers for the group’s governing body – including details about meeting dates, times and venues - will be published on the group’s website at [http://www.southtynesideccg.nhs.uk](http://www.southtynesideccg.nhs.uk)

3.3. **Petitions**

3.3.1. Where a petition has been received by the group, the chair of the governing body shall include the petition as an item for the agenda of the next meeting of the governing body.

3.4. **Chair of a meeting**

3.4.1. At any meeting of the group or its governing body or of a committee or sub-committee, the chair of the group, governing body, committee or sub-committee, if any and if present, shall preside. If the chair is absent from the meeting, the deputy chair, if any and if present, shall preside.

3.4.2. If the chair is absent temporarily on the grounds of a declared conflict of interest the deputy chair, if present, shall preside. If both the chair and deputy chair are absent, or are disqualified from participating, or there is neither a chair or deputy a member of the group, governing body, committee or sub-committee respectively shall be chosen by the members present, or by a majority of them, and shall preside.

3.5. **Chair's ruling**

3.5.1. The decision of the chair of the governing body on questions of order, relevancy and regularity and their interpretation of the constitution, standing orders, scheme of reservation and delegation and prime financial policies at the meeting, shall be final.

3.6. **Quorum**

3.6.1. i No business shall be transacted at the meeting unless at least one-third of the whole
number of the Chair and members (including at least one lay member and one GP
members and either the accountable officer or chief finance officer are present.

   ii A member may, if the Chair agrees in advance of the meeting and in exception-
cal circumstances, participate in the meeting by way of tele-conferencing. In the
exceptional circumstances of the chair participating by tele conference, the
Deputy chair will preside at the meeting.

   iii Representatives of members will count towards the quorum where the repre-
sentative either has formal acting up status or has been agreed with the Chair as the
member’s representative in advance of the meeting.

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

3.6.2. For all other of the group’s committees and sub-committees, including the governing
body’s committees and sub-committees, the details of the quorum for these meetings
and status of representatives are set out in the appropriate terms of reference.

3.7. Decision making

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

   a) Eligibility – members of the governing body will be eligible to vote.
Representatives of governing body members will be eligible to vote where the
representative either has formal acting up status or has been agreed with the
Chair as the member’s representative in advance of the meeting.

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

   c) Majority necessary to confirm a decision – the decision will be determined by
the majority of the votes cast by members present;

   d) Casting vote – in the case of an equal vote, the person presiding (ie the Chair of
the meeting) will have a second, and casting vote.

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

3.7.2. Should a vote be taken the outcome of the vote, and any dissenting views, must be
recorded in the minutes of the meeting.
3.7.3. For all other of the group’s committees and sub-committees, including the governing body’s committees and sub-committee, the details of the process for holding a vote are set out in the appropriate terms of reference.

3.8. Emergency powers and urgent decisions

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

9. Suspension of Standing Orders

3.9.1. Except where it would contravene any statutory provision or any direction made by the Secretary of State for Health or the NHS Commissioning Board, any part of these standing orders may be suspended at any meeting, provided at least two- thirds of the members are in agreement.

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

3.9.3. A separate record of matters discussed during the suspension shall be kept. These records shall be made available to the governing body’s audit committee for review of the reasonableness of the decision to suspend standing orders.

3.10. Record of Attendance

3.10.1. The names of all members of the meeting present at the meeting shall be recorded in the minutes of the group’s meetings. The names of all members of the governing body present shall be recorded in the minutes of the governing body meetings. The names of all members of the governing body’s committees / sub-committees present shall be recorded in the minutes of the respective governing body committee / sub-committee meetings. The names of all Practice Representatives and the name of the Member practice they represent shall be recorded.

3.11. Minutes

3.11.1. The minutes of the proceedings of a meeting shall be drawn up by the [insert title] and submitted for agreement at the next ensuing meeting where they will be confirmed as a true record of the meeting by the Chair and others present at the meeting for which the minutes have been presented.

3.11.2. The minutes of the governing body and the Council of Practices (where appropriate) will be made available to the public on the group’s website at http://www.southtynesideccg.nhs.uk/ and to members on the group’s information portal for members.
3.12. Admission of public and the press

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

i The public and representatives of the press may attend all meetings of the governing body, but shall be required to withdraw upon the governing body as follows:

- '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

- Guidance should be sought from the group's Freedom of Information Lead to ensure correct procedure is followed on matters to be included in the exclusion.

ii General disturbances

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

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

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

Matters to be dealt with by the governing body following the exclusion of representatives of the press, and other members of the public, as provided in (i) and (ii) above, shall be confidential to the members of the governing body.

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

iv. Use of Mechanical or Electrical Equipment for Recording or Transmission of Meetings

NHS South Tyneside Clinical Commissioning Group's Constitution
Nothing in these Standing Orders shall be construed as permitting the introduction by the public, or press representatives, of recording, transmitting, video or similar apparatus into meetings of the group or Committee thereof. Such permission shall be granted only upon resolution of the group or its governing body.

v. Observers at group meetings

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

4. APPOINTMENT OF COMMITTEES AND SUB-COMMITTEES

4.1. Appointment of committees and sub-committees

4.1.1. The group may appoint committees and sub-committees of the group, subject to any regulations made by the Secretary of State54, and make provision for the appointment of committees and sub-committees of its governing body. Where such committees and sub-committees of the group, or committees and sub-committees of its governing body, are appointed they are included in Chapter 6 of the group’s constitution.

4.1.2. Other than where there are statutory requirements, such as in relation to the governing body’s audit committee or remuneration committee, the group shall determine the membership and terms of reference of committees and sub-committees and shall, if it requires, receive and consider reports of such committees at the next appropriate meeting of the group.

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

4.2. Terms of Reference

4.2.1. Terms of reference shall have effect as if incorporated into the constitution and shall be available on the CCG’s website www.stccg@sotw.nhs.uk or upon request in writing to the CCG at NHS South Tyneside CCG, Monkton Hall, Monkton Lane, Jarrow, NE32 5NN.

4.3. Delegation of Powers by Committees to Sub-committees

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

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54 See section 14N of the 2006 Act, inserted by section 25 of the 2012 Act
4.4. **Approval of Appointments to Committees and Sub-Committees**

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

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

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

6. **USE OF SEAL AND AUTHORISATION OF DOCUMENTS**

6.1. **Clinical Commissioning Group’s seal**

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

   a) the accountable officer;
   b) the chair of the governing body;
   c) the chief finance officer;
   d) senior managers duly authorised by the accountable officer

6.2. **Execution of a document by signature**

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

   a) the accountable officer
   b) the chair of the governing body
   c) the chief finance officer
   d) senior managers duly authorised by the accountable officer
7. OVERLAP WITH OTHER CLINICAL COMMISSIONING GROUP POLICY STATEMENTS / PROCEDURES AND REGULATIONS

7.1. Policy statements general principles

7.1.1. The group will from time to time agree and approve policy statements / procedures which will apply to all or specific groups of staff employed by NHS South Tyneside Clinical Commissioning Group. The decisions to approve such policies and procedures will be recorded in an appropriate group minute and will be deemed where appropriate to be an integral part of the group’s standing orders.
Functions and General Duties of the CCG

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

ii. commissioning certain health services (where the NHS Commissioning Board is not under a duty to do so) that meet the reasonable needs of:
   i) all people registered with member GP practices, and
   ii) people who are usually resident within the area and are not registered with a member of any clinical commissioning group;

iii. Commissioning emergency care for anyone present in the group’s area;

iv. paying its employees’ remuneration, fees and allowances in accordance with the determinations made by its governing body and determining any other terms and conditions of service of the group’s employees;

v. determining the remuneration and travelling or other allowances of members of its governing body.

Specifically, in discharging its functions the CCG will:

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

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55 See section 3(1F) of the 2006 Act, inserted by section 13 of the 2012 Act
56 See section 1 of the 2006 Act, as amended by section 1 of the 2012 Act
57 See section 13A of the 2006 Act, inserted by section 23 of the 2012 Act

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NHS South Tyneside Clinical Commissioning Group’s Constitution

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b) **meet the public sector equality duty**\(^58\); 
c) work in partnership with its local authority[ies] to develop **joint strategic needs assessments**\(^59\) and **joint health and wellbeing strategies**\(^60\); 
d) make arrangements to **secure public involvement** in the planning, development and consideration of proposals for changes and decisions affecting the operation of commissioning arrangements\(^61\); 
e) **Promote awareness of, and act with a view to securing that health services are provided in a way that promotes awareness of, and have regard to the NHS Constitution**\(^62\); 
f) act **effectively, efficiently and economically**\(^63\); 
g) act with a view to **securing continuous improvement to the quality of services**\(^64\); 
h) assist and support the NHS Commissioning Board in relation to the Board’s duty to **improve the quality of primary medical services**\(^65\); 
i) have regard to the need to **reduce inequalities**\(^66\); 
j) **Promote the involvement of patients, their carers and representatives in decisions about their healthcare**\(^67\); 
k) act with a view to **enabling patients to make choices**\(^68\);

\(^{58}\) See section 149 of the Equality Act 2010, as amended by paragraphs 184 and 186 of Schedule 5 of the 2012 Act

\(^{59}\) See section 116 of the Local Government and Public Involvement in Health Act 2007, as amended by section 192 of the 2012 Act

\(^{60}\) See section 116A of the Local Government and Public Involvement in Health Act 2007, as inserted by section 191 of the 2012 Act

\(^{61}\) See section 142Z of the 2006 Act, inserted by section 26 of the 2012 Act

\(^{62}\) See section 14P of the 2006 Act, inserted by section 26 of the 2012 Act and section 2 of the Health Act 2009 (as amended by 2012 Act)

\(^{63}\) See section 14Q of the 2006 Act, inserted by section 26 of the 2012 Act

\(^{64}\) See section 14R of the 2006 Act, inserted by section 26 of the 2012 Act

\(^{65}\) See section 14S of the 2006 Act, inserted by section 26 of the 2012 Act

\(^{66}\) See section 14T of the 2006 Act, inserted by section 26 of the 2012 Act

\(^{67}\) See section 14U of the 2006 Act, inserted by section 26 of the 2012 Act

\(^{68}\) See section 14V of the 2006 Act, inserted by section 26 of the 2012 Act
l) **Obtain appropriate advice**\(^{69}\) from persons who, taken together, have a broad range of professional expertise in healthcare and public health;

m) **Promote innovation**\(^{70}\);

n) **Promote research and the use of research**\(^{71}\);

o) have regard to the need to **promote education and training**\(^{72}\) for persons who are employed, or who are considering becoming employed, in an activity which involves or is connected with the provision of services as part of the health service in England so as to assist the Secretary of State for Health in the discharge of his related duty\(^{73}\);

p) act with a view to **promoting integration** of both health services with other health services and health-related and social care services where the group considers that this would improve the quality of services or reduce inequalities\(^{74}\).

### The CCGs General Financial Duties

a) **Ensure its expenditure does not exceed the aggregate of its allotments for the financial year**\(^{75}\);

b) **Ensure its use of resources** (both its capital resource use and revenue resource use) **does not exceed the amount specified by the NHS Commissioning Board for the financial year**\(^{76}\);

c) **Take account of any directions issued by the NHS Commissioning Board, in respect of specified types of resource use in a financial year, to ensure the group does not exceed an amount specified by the NHS Commissioning Board**\(^{77}\).

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\(^{69}\) See section 14W of the 2006 Act, inserted by section 26 of the 2012 Act

\(^{70}\) See section 14X of the 2006 Act, inserted by section 26 of the 2012 Act

\(^{71}\) See section 14Y of the 2006 Act, inserted by section 26 of the 2012 Act

\(^{72}\) See section 14Z of the 2006 Act, inserted by section 26 of the 2012 Act

\(^{73}\) See section 1F(1) of the 2006 Act, inserted by section 7 of the 2012 Act

\(^{74}\) See section 14Z1 of the 2006 Act, inserted by section 26 of the 2012 Act

\(^{75}\) See section 233H(1) of the 2006 Act, inserted by section 27 of the 2012 Act

\(^{76}\) See sections 223(2) and 223(3) of the 2006 Act, inserted by section 27 of the 2012 Act

\(^{77}\) See section 223J of the 2006 Act, inserted by section 27 of the 2012 Act
d) **Publish an explanation of how the group spent any payment in respect of quality** made to it by the NHS Commissioning Board\(^78\).

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**Functions of the CCG’s Governing Body**

The governing body has the following functions conferred on it by sections 14L(2) and (3) of the 2006 Act, inserted by section 25 of the 2012 Act, together with any other functions connected with its main functions as may be specified in regulations and in the constitution\(^79\). The governing body has responsibility for:

a) ensuring that the group has appropriate arrangements in place to exercise its functions *effectively, efficiently and economically* and in accordance with the groups *principles of good governance*\(^80\) (its main function);

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

c) approving any functions of the group that are specified in regulations\(^81\).

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\(^78\) See section 223K(7) of the 2006 Act, inserted by section 27 of the 2012 Act

\(^79\) See section 14L(3)(c) of the 2006 Act, as inserted by section 25 of the 2012 Act

\(^80\) See section 4.4 on Principles of Good Governance above

\(^81\) See section 14L(5) of the 2006 Act, inserted by section 25 of the 2012 Act
1. **SCHEDULE OF MATTERS RESERVED TO THE CLINICAL COMMISSIONING GROUP AND SCHEME OF DELEGATION**

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

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

<table>
<thead>
<tr>
<th>Policy Area</th>
<th>Decision</th>
<th>Reserved to the Membership (and enacted through their representatives at the Council of Practices)</th>
<th>Delegated to Governing Body</th>
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<th>Delegated to Accountable Officer</th>
<th>Delegated to Chief Finance Officer</th>
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<tbody>
<tr>
<td>REGULATION AND CONTROL</td>
<td>Determine the arrangements by which the members of the group approve those decisions that are reserved for the membership.</td>
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<tr>
<td>REGULATION AND CONTROL</td>
<td>Consideration and approval of applications to the NHS Commissioning Board on any matter concerning changes to the group’s constitution, including terms of reference for the group’s committees, membership of committees, the overarching scheme of reservation and delegated powers, arrangements for taking urgent decisions, standing orders and prime financial policies.</td>
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</table>

NHS South Tyneside Clinical Commissioning Group's Constitution

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<table>
<thead>
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<tbody>
<tr>
<td>REGULATION AND CONTROL</td>
<td>Approve Constitution</td>
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<tr>
<td>REGULATION AND CONTROL</td>
<td>Exercise or delegation of those functions of the clinical commissioning group which have not been retained as reserved by the group, delegated to the governing body or other committee or sub-committee or specified member or employee.</td>
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<tr>
<td>REGULATION AND CONTROL</td>
<td>Prepare the group’s overarching scheme of reservation and delegation, which sets out those decisions of the group reserved to the membership and those delegated to the group's governing body committees and sub-committees of the group, or its members or employees and sets out those decisions of the governing body reserved to the governing body and those delegated to the governing body’s</td>
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<tr>
<td>REGULATION AND CONTROL</td>
<td>Approval of the group’s overarching scheme of reservation and delegation.</td>
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<tr>
<td>REGULATION AND CONTROL</td>
<td>Prepare the group’s operational scheme of delegation, which sets out those key operational decisions delegated to individual employees of the clinical commissioning group, not for inclusion in the group’s constitution.</td>
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<tr>
<td>REGULATION AND CONTROL</td>
<td>Approval of the group’s operational scheme of delegation that underpins the group’s ‘overarching scheme of reservation and delegation’ as set out in its constitution.</td>
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<td>REGULATION AND CONTROL</td>
<td>Prepare detailed financial policies that underpin the clinical commissioning group’s prime financial policies</td>
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<td>REGULATION AND CONTROL</td>
<td>Approve Prime financial policies</td>
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<tr>
<td>REGULATION AND CONTROL</td>
<td>Approve detailed financial policies.</td>
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<td>Audit and Risk Committee</td>
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<td>REGULATION AND CONTROL</td>
<td>Approve arrangements for managing exceptional funding request</td>
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<td>REGULATION AND CONTROL</td>
<td>Approve exceptional funding requests (within financial delegated limits)</td>
<td></td>
<td></td>
<td>Individual members appointed by the CCG to the Individual Funding Request Panel to make decisions on behalf of the group</td>
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<td>REGULATION AND CONTROL</td>
<td>Set out who can execute a document by signature / use of the seal</td>
<td>√ In approving Standing Orders</td>
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<tr>
<td>PRACTICE MEMBER REPRESENTATIVES</td>
<td>Approve the arrangements for identifying practice members to represent practices in matters concerning the work of the group; and appointing clinical leaders to represent the group's membership on the group's governing body, for example through election (if desired).</td>
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<td>PRACTICE MEMBER REPRESENTATIVES</td>
<td>Approve the appointment of governing body members.</td>
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<td>PRACTICE MEMBER REPRESENTATIVES</td>
<td>Approve the process for recruiting and removing members to the governing body (subject to any regulatory requirements) and succession planning.</td>
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<td>PRACTICE MEMBER REPRESENTATIVES</td>
<td>Approve arrangements for identifying the group’s proposed accountable officer.</td>
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<tr>
<td>STRATEGY AND PLANNING</td>
<td>Agree the vision, values and overall strategic direction of the group.</td>
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<td></td>
<td>√ Remuneration Committee</td>
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<tr>
<td>STRATEGY AND PLANNING</td>
<td>Approval of the group’s operating structure.</td>
<td></td>
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<tr>
<td>STRATEGY AND PLANNING</td>
<td>Approval of the group’s commissioning plan.</td>
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<td>√ Having regard to the views of the Council of Practices</td>
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<td>STRATEGY AND PLANNING</td>
<td>Approval of the group’s corporate budgets that meet the financial duties as set out in section 5.3 of the main body of the constitution.</td>
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<tr>
<td>STRATEGY AND PLANNING</td>
<td>Approval of variations to the approved budget where variation would have a significant impact on the overall approved levels of income and expenditure or the group's ability to achieve its agreed strategic aims.</td>
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<tr>
<td>ANNUAL REPORTS AND ACCOUNTS</td>
<td>Approval of the group’s annual report and annual accounts.</td>
<td>√ (Audit and Risk Committee)</td>
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<tr>
<td>ANNUAL REPORTS AND ACCOUNTS</td>
<td>Approval of the arrangements for discharging the group's statutory financial duties.</td>
<td>√ In approving Constitution</td>
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<tr>
<td>HUMAN RESOURCES</td>
<td>Approve the arrangements for determining the terms and conditions, remuneration and travelling or other allowances for governing body members, including pensions and gratuities.</td>
<td>√ In approving Terms of reference of Remuneration Committee</td>
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<tr>
<td>HUMAN RESOURCES</td>
<td>Approve the terms and conditions, remuneration and travelling or other allowances for governing body members, including pensions and gratuities.</td>
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<tr>
<td>HUMAN RESOURCES</td>
<td>Approve terms and conditions of employment for all employees of the group including, pensions, remuneration, fees and travelling or other allowances payable to employees and to other persons providing services to the group.</td>
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<tr>
<td>HUMAN RESOURCES</td>
<td>Approve any other terms and conditions of services for the group’s employees.</td>
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<tr>
<td>HUMAN RESOURCES</td>
<td>Determine the terms and conditions of employment for all employees of the group.</td>
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<td>√</td>
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<tr>
<td>HUMAN RESOURCES</td>
<td>Determine pensions, remuneration, fees and allowances payable to employees and to other persons providing services to the group.</td>
<td></td>
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<td>√ Remuneration Committee</td>
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<tr>
<td>HUMAN RESOURCES</td>
<td>Recommend pensions, remuneration, fees and allowances payable to employees and to other persons providing services to the group.</td>
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<tr>
<td>HUMAN RESOURCES</td>
<td>Approve disciplinary arrangements for employees, including the accountable officer(where he/she is an employee or member of the clinical commissioning group) and for other persons working on behalf of the group.</td>
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<tr>
<td>HUMAN RESOURCES</td>
<td>Review disciplinary arrangements where the accountable officer is an employee or member of another clinical commissioning group</td>
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<tr>
<td>HUMAN RESOURCES</td>
<td>Approval of the arrangements for discharging the group’s statutory duties as an employer.</td>
<td>✓ In approving Constitution</td>
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</table>

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<table>
<thead>
<tr>
<th>HUMAN RESOURCES</th>
<th>Approve human resources policies for employees and for other persons working on behalf of the group</th>
<th>✓</th>
<th>HR Grievance policy HR Disciplinary Policy Sickness and absence policy Raising Concerns at Work Policy</th>
<th>✓</th>
<th>Other HR Policies to Executive committee</th>
</tr>
</thead>
<tbody>
<tr>
<td>QUALITY AND SAFETY</td>
<td>Approve arrangements, including supporting policies, to minimise clinical risk, maximise patient safety and to secure continuous improvement in quality and patient outcomes.</td>
<td>✓</td>
<td>Through Quality and, Patient Safety Committee.</td>
<td></td>
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</tr>
<tr>
<td>QUALITY AND SAFETY</td>
<td>Approve arrangements for supporting the NHS Commissioning Board in discharging its responsibilities in relation to securing continuous improvement in the quality of general medical services.</td>
<td>✓</td>
<td>Through Quality and Patient Safety Committee</td>
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<tr>
<td>OPERATIONAL AND RISK MANAGEMENT</td>
<td>Prepare and recommend an operational scheme of delegation that sets out who has responsibility for operational decisions within the group.</td>
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<tr>
<td>OPERATIONAL AND RISK MANAGEMENT</td>
<td>Approve an operational scheme of delegation that sets out who has responsibility for operational decisions within the group.</td>
<td></td>
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<tr>
<td>OPERATIONAL AND RISK MANAGEMENT</td>
<td>Approve the group’s counter fraud and security management arrangements.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(Audit and Risk Committee)</td>
</tr>
<tr>
<td>OPERATIONAL AND RISK MANAGEMENT</td>
<td>Approval of the group’s risk management arrangements.</td>
<td></td>
<td></td>
<td>Through approval Risk Management Strategy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Policy Area</td>
<td>Decision</td>
<td>Reserved to the Membership (and enacted through their representatives at the Council of Practices)</td>
<td>Delegated to Governing Body</td>
<td>Delegated to a Committee or Sub-Committee</td>
<td>Delegated to Accountable Officer</td>
<td>Delegated to Chief Finance Officer</td>
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<tr>
<td>OPERATIONAL AND RISK MANAGEMENT</td>
<td>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).</td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
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<tr>
<td>OPERATIONAL AND RISK MANAGEMENT</td>
<td>Approval of a comprehensive system of internal control, including budgetary control, that underpin the effective, efficient and economic operation of the group.</td>
<td></td>
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<td>✓</td>
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</tr>
<tr>
<td>OPERATIONAL AND RISK MANAGEMENT</td>
<td>Approve arrangements for action on litigation against or on behalf of the clinical commissioning group.</td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OPERATIONAL AND RISK MANAGEMENT</td>
<td>Approve the group’s arrangements for business continuity and emergency planning.</td>
<td></td>
<td>✓</td>
<td>Approval of Major Incident Plan and Business continuity Plan</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OPERATIONAL AND RISK MANAGEMENT</td>
<td>Approve the group’s arrangements for handling complaints.</td>
<td></td>
<td>✓</td>
<td>Approval of Complaints Policy</td>
<td></td>
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<tr>
<td>Policy Area</td>
<td>Decision</td>
<td>Reserved to the Membership (and enacted through their representatives at the Council of Practices)</td>
<td>Delegated to Governing Body</td>
<td>Delegated to a Committee or Sub-Committee</td>
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<tr>
<td>INFORMATION GOVERNANCE</td>
<td>Approval of the arrangements for Information Governance, ensuring appropriate and safekeeping and confidentiality of records and for the storage, management and transfer of information and data.</td>
<td>√</td>
<td></td>
<td>√ Approval of Information Governance Strategy &amp; Policies Strategy and Information</td>
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<tr>
<td>TENDERING AND CONTRACTING</td>
<td>Approval of the group’s contracts for any commissioning support.</td>
<td>√</td>
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<td>√</td>
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<tr>
<td>TENDERING AND CONTRACTING</td>
<td>Approval of the group’s contracts for corporate support (for example finance provision).</td>
<td>√</td>
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</tr>
<tr>
<td>PARTNERSHIP WORKING</td>
<td>Approve decisions that individual members or employees of the group participating in joint arrangements on behalf of the group can make. Such delegated decisions must be disclosed in this scheme of reservation and delegation.</td>
<td>√</td>
<td></td>
<td>Individual members appointed by the CCG to the following Joint arrangements with other CCGs to make decisions on behalf of the group: Insert Committee name – with individual title(s) of member(s)</td>
<td></td>
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</tr>
<tr>
<td>PARTNERSHIP WORKING</td>
<td>Approve decisions delegated to joint committees established under section 75 of the 2006 Act.</td>
<td>√</td>
<td></td>
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<tr>
<td>Policy Area</td>
<td>Decision</td>
<td>Reserved to the Membership (and enacted through their representatives at the Council of Practices)</td>
<td>Delegated to Governing Body</td>
<td>Delegated to a Committee or Sub-Committee</td>
<td>Delegated to Accountable Officer</td>
<td>Delegated to Chief Finance Officer</td>
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<tr>
<td>COMMISSIONING AND CONTRACTING FOR CLINICAL SERVICES</td>
<td>Approval of the arrangements for discharging the group’s statutory duties associated with its commissioning functions, including but not limited to promoting the involvement of each patient, patient choice, reducing inequalities, improvement in the quality of services, obtaining appropriate advice and public engagement and consultation.</td>
<td>√</td>
<td>√</td>
<td>Exercise of the Functions discharged on behalf of the Membership where named in paragraph 5.1.2 and paragraph 5.2 in the Constitution</td>
<td>Exercise of the Functions discharged on behalf of the governing body, by the Committee where named in paragraph 5.1.2 and paragraph 5.2 in the Constitution</td>
<td>Exercise of the Functions discharged on behalf of the governing body by the Accountable Officer and the specific lead officer delegated by the Accountable Officer to oversee its discharge</td>
</tr>
<tr>
<td>COMMISSIONING AND CONTRACTING FOR CLINICAL SERVICES</td>
<td>Approve arrangements for co-ordinating the commissioning of services with other groups and or with the local authority(ies), where appropriate</td>
<td></td>
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<tr>
<td>COMMISSIONING AND CONTRACTING FOR CLINICAL SERVICES</td>
<td>Joint Commissioning Arrangements: approving the arrangements by which the Group may wish to work together with other CCGs and/or NHS England and/or other bodies in the exercise of its commissioning functions and/or specified NHS England functions in accordance with the relevant provisions of the 2006 Act</td>
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<tr>
<td>COMMISSIONING AND CONTRACTING FOR CLINICAL SERVICES</td>
<td>Make decisions and approve actions in relation to subjects recommended to it by the Northern CCGs Forum, operating within the terms of this Constitution and with the agreed Terms of Reference for the committee</td>
<td></td>
<td>Northern CCGs Joint Committee</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>COMMISSIONING AND CONTRACTING FOR PRIMARY CARE CLINICAL SERVICES</td>
<td>Approval and review of the planning and procurement of Primary Care Services under delegated authority from NHS England. Specifically:  - Financial Plans  - Procurement  - Practice Payments  - Investment in Practices  - Contractual Compliance</td>
<td></td>
<td>Primary Care Commissioning Committee</td>
<td></td>
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</tr>
<tr>
<td>COMMUNICATIONS</td>
<td>Approving arrangements for handling Freedom of Information requests.</td>
<td></td>
<td>Executive Committee Approval of Freedom of Information Policy</td>
<td></td>
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<tr>
<td>COMMUNICATIONS</td>
<td>Determining arrangements for handling Freedom of Information requests.</td>
<td></td>
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</table>
APPENDIX E – PRIME FINANCIAL POLICIES

1. INTRODUCTION

1.1. General

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

1.1.2. The prime financial policies are part of the group’s control environment for managing the organisation’s financial affairs. They contribute to good corporate governance, internal control and managing risks. They enable sound administration; lessen the risk of irregularities and support commissioning and delivery of effective, efficient and economical services. They also help the accountable officer and chief finance officer to effectively perform their responsibilities. They should be used in conjunction with the scheme of reservation and delegation found at Appendix D.

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

1.1.4. These prime financial policies identify the financial responsibilities which apply to everyone working for the group and its constituent organisations. They do not provide detailed procedural advice and should be read in conjunction with the detailed financial policies. The chief finance officer is responsible for approving all detailed financial policies.

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

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

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

1.2. Overriding Prime Financial Policies

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

1.3.1. The roles and responsibilities of group’s members, employees, members of the governing body, members of the governing body’s committees and sub-committees, members of the group’s committee and sub-committee (if any) and persons working on behalf of the group are set out in chapters 6 and 7 of this constitution.

1.3.2. The financial decisions delegated by members of the group are set out in the group’s scheme of reservation and delegation (see Appendix D).

1.4. Contractors and their employees

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

1.5. Amendment of Prime Financial Policies

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

2. INTERNAL CONTROL

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

2.1. The governing body is required to establish an audit committee with terms of reference agreed by the governing body (see paragraph 6.6.3(a) of the group’s constitution for further information).

2.2. The accountable officer has overall responsibility for the group’s systems of internal control.

2.3. The chief finance officer will ensure that:

a) financial policies are considered for review and update annually;
b) a system is in place for proper checking and reporting of all breaches of financial policies; and
c) a proper procedure is in place for regular checking of the adequacy and effectiveness of the control environment.
3. **AUDIT**

**POLICY** – NHS South Tyneside CCG will keep an effective and independent internal audit function and fully comply with the requirements of external audit and other statutory reviews.

3.1. In line with the terms of reference for the governing body’s audit committee, the person appointed by the group to be responsible for internal audit and the Audit Commission appointed external auditor will have direct and unrestricted access to audit committee members and the chair of the governing body, accountable officer and chief finance officer for any significant issues arising from audit work that management cannot resolve, and for all cases of fraud or serious irregularity.

3.2. The person appointed by the group to be responsible for internal audit and the external auditor will have access to the audit committee and the accountable officer to review audit issues as appropriate. All audit committee members, the chair of the governing body and the accountable officer will have direct and unrestricted access to the head of internal audit and external auditors.

3.3. The chief finance officer will ensure that:

   a) the group has a professional and technically competent internal audit function; and

   b) the governing body’s audit committee approves any changes to the provision or delivery of assurance services to the group.

4. **FRAUD AND CORRUPTION**

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

4.1. The governing body’s audit committee will satisfy itself that the group has adequate arrangements in place for countering fraud and shall review the outcomes of counter fraud work. It shall also approve the counter fraud work programme.

4.2. The governing body’s audit committee will ensure that the group has arrangements in place to work effectively with NHS Protect.

5. **EXPENDITURE CONTROL**

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

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

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NHS South Tyneside Clinical Commissioning Group's Constitution
5.2. The accountable officer has overall executive responsibility for ensuring that the group complies with certain of its statutory obligations, including its financial and accounting obligations, and that it exercises its functions effectively, efficiently and economically and in a way which provides good value for money.

5.3. The chief finance officer will:

   a) provide reports in the form required by the NHS Commissioning Board;

   b) ensure money drawn from the NHS Commissioning Board is required for approved expenditure only is drawn down only at the time of need and follows best practice;

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

6. ALLOTMENTS

6.1. The group’s chief finance officer will:

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

   b) prior to the start of each financial year submit to the governing body for approval a report showing the total allocations received and their proposed distribution including any sums to be held in reserve; and

   c) regularly update the governing body on significant changes to the initial allocation and the uses of such funds.

7. COMMISSIONING STRATEGY, BUDGETS, BUDGETARY CONTROL AND MONITORING

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

7.1. The accountable officer will compile and submit to the governing body a commissioning strategy which takes into account financial targets and forecast limits of available resources.

7.2. Prior to the start of the financial year the chief finance officer will, on behalf of the accountable officer, prepare and submit budgets for approval by the governing body.

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83 See section 223(G) of the 2006 Act, inserted by section 27 of the 2012 Act.
7.3. The chief financial officer shall monitor financial performance against budget and plan, periodically review them, and report to the governing body. This report should include explanations for variances. These variances must be based on any significant departures from agreed financial plans or budgets.

7.4. The accountable officer is responsible for ensuring that information relating to the group’s accounts or to its income or expenditure, or its use of resources is provided to the NHS Commissioning Board as requested.

7.5. The accountable officer will approve consultation arrangements for the group’s commissioning plan.

8. **ANNUAL ACCOUNTS AND REPORTS**

**POLICY** – NHS South Tyneside CCG will produce and submit to the NHS Commissioning Board accounts and reports in accordance with all statutory obligations, relevant accounting standards and accounting best practice in the form and content and at the time required by the NHS Commissioning Board.

8.1. The chief finance officer will ensure the group:

   a) prepares a timetable for producing the annual report and accounts and agrees it with external auditors and the Audit & Risk Committee;
   
   b) prepares the accounts according to the timetable approved by the governing body;
   
   c) complies with statutory requirements and relevant directions for the publication of annual report;
   
   d) considers the external auditor’s management letter and fully address all issues within agreed timescales; and
   
   e) publishes the external auditor’s management letter on the group’s website at [http://www.southtynesideccg.nhs.uk/](http://www.southtynesideccg.nhs.uk/)

9. **INFORMATION TECHNOLOGY**

**POLICY** – NHS South Tyneside CCG will ensure the accuracy and security of the group’s computerised financial data.

9.1. The chief finance officer is responsible for the accuracy and security of the group’s computerised financial data and shall

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85 See section 14Z13 of the 2006 Act, inserted by section 26 of the 2012 Act
86 See paragraph 17 of Schedule 1A of the 2006 Act, as inserted by Schedule 2 of the 2012 Act.
a) devise and implement any necessary procedures to ensure adequate (reasonable) protection of the group's data, programs and computer hardware from accidental or intentional disclosure to unauthorised persons, deletion or modification, theft or damage, having due regard for the Data Protection Act 1998;

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

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

d) ensure that an adequate management (audit) trail exists through the computerised system and that such computer audit reviews as the chief finance officer may consider necessary are being carried out.

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

10. ACCOUNTING SYSTEMS

| POLICY | NHS South Tyneside CCG will run an accounting system that creates management and financial accounts |

10.1. The chief finance officer will ensure:

a) the group has suitable financial and other software to enable it to comply with these policies and any consolidation requirements of the NHS Commissioning Board;

b) that contracts for computer services for financial applications with another health organisation or any other agency shall clearly define the responsibility of all parties for the security, privacy, accuracy, completeness, and timeliness of data during processing, transmission and storage. The contract should also ensure rights of access for audit purposes.

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

11. BANK ACCOUNTS

| POLICY | NHS South Tyneside CCG will keep enough liquidity to meet its current commitments |

11.1. The chief finance officer will:

a) review the banking arrangements of the group at regular intervals to ensure they are in accordance with Secretary of State directions\(^{87}\), best practice and represent best value for money;

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

NHS South Tyneside Clinical Commissioning Group's Constitution
b) manage the group's banking arrangements and advise the group on the provision of banking services and operation of accounts;

c) prepare detailed instructions on the operation of bank accounts.

11.2. The governing body’s audit committee shall approve the banking arrangements.

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

**POLICY** – NHS South Tyneside CCG will operate a sound system for prompt recording, invoicing and collection of all monies due seek to maximise its potential to raise additional income only to the extent that it does not interfere with the performance of the group or its functions.\(^88\)

| ensure its power to make grants and loans is used to discharge its functions effectively.\(^89\) |

12.1. The Chief Financial Officer is responsible for:

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

b) establishing and maintaining systems and procedures for the secure handling of cash and other negotiable instruments;

c) approving and regularly reviewing the level of all fees and charges other than those determined by the NHS Commissioning Board or by statute. Independent professional advice on matters of valuation shall be taken as necessary;

d) for developing effective arrangements for making grants or loans.

13. **TENDERING AND CONTRACTING PROCEDURE**

**POLICY** – NHS South Tyneside CCG:

will ensure proper competition that is legally compliant within all purchasing to ensure we incur only budgeted, approved and necessary spending will seek value for money for all goods and services shall ensure that competitive tenders are invited for

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

\(^88\) See section 14Z5 of the 2006 Act, inserted by section 26 of the 2012 Act

\(^89\) See section 14Z6 of the 2006 Act, inserted by section 26 of the 2012 Act.
13.1. The governing body may only negotiate contracts on behalf of the group, and the group may only enter into contracts, within the statutory framework set up by the 2006 Act, as amended by the 2012 Act. Such contracts shall comply with:

a) the group’s standing orders;

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

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

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

14. COMMISSIONING

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

14.1. The group will coordinate its work with the NHS Commissioning Board, other clinical commissioning groups, local providers of services, local authority, including through Health & Wellbeing Board, patients and their carers and the voluntary sector and others as appropriate to develop robust commissioning plans.

14.2. The accountable officer will establish arrangements to ensure that regular reports are provided to the governing body detailing actual and forecast expenditure and activity for each contract.

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

15. RISK MANAGEMENT AND INSURANCE

POLICY – NHS South Tyneside CCG will put arrangements in place for evaluation and management of its risks

15.1. The accountable officer shall ensure that the group has a programme of risk management, in accordance with assurance framework requirements, which must be approved and monitored by the governing body.

15.2. The programme of risk management shall include:

a) a process for identifying and quantifying risks and potential liabilities;

b) engendering amongst all levels of staff a positive attitude towards the control of risk;
c) management processes to ensure all significant risks and potential liabilities are addressed including effective systems of internal control, cost effective insurance cover, and decisions on the acceptable level of retained risk;

d) contingency plans to offset the impact of adverse events;

e) audit arrangements including internal audit, clinical audit, health and safety review;

f) a clear indication of which risks shall be insured;

g) arrangements to review the risk management programme.

h) Insurance: Risk Pooling Schemes administered by the NHSLA

The governing body shall decide if the group will insure through the risk pooling schemes administered by the NHS Litigation Authority or self-insure for some or all of the risks covered by the risk pooling schemes. If the governing body decides not to use the risk pooling schemes for any of the risk areas (clinical, property and employer/third party liability) covered by the schemes this decision shall be reviewed annually.

16. PAYROLL

POLICY – NHS South Tyneside CCG will put arrangements in place for an effective payroll service

16.1. The chief finance officer will ensure that the payroll service selected:

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

b) has adequate internal controls and audit review processes;

c) has suitable arrangements for the collection of payroll deductions and payment of these to appropriate bodies.

16.2. In addition the chief finance office shall set out comprehensive procedures for the effective processing of payroll

17. NON-PAY EXPENDITURE

POLICY – NHS South Tyneside CCG will seek to obtain the best value for money goods and services received

17.1. The governing body will approve the level of non-pay expenditure on an annual basis and the accountable officer will determine the level of delegation to budget managers

17.2. The accountable officer shall set out procedures on the seeking of professional advice regarding the supply of goods and services.
17.3. The chief finance officer will:

   a) advise the governing body on the setting of thresholds above which quotations (competitive or otherwise) or formal tenders must be obtained; and, once approved, the thresholds should be incorporated in the scheme of reservation and delegation;

   b) be responsible for the prompt payment of all properly authorised accounts and claims;

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

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

   POLICY – NHS South Tyneside CCG will put arrangements in place to manage capital investment, maintain an asset register recording fixed assets and put in place polices to secure the safe storage of the group’s fixed assets

18.1. The accountable officer will

   a) ensure that there is an adequate appraisal and approval process in place for determining capital expenditure priorities and the effect of each proposal upon plans;

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

   c) shall ensure that the capital investment is not undertaken without confirmation of purchaser(s) support and the availability of resources to finance all revenue consequences, including capital charges;

   d) be responsible for the maintenance of registers of assets, taking account of the advice of the chief finance officer concerning the form of any register and the method of updating, and arranging for a physical check of assets against the asset register to be conducted once a year.

18.2. The chief finance officer will prepare detailed procedures for the disposals of assets.

19. RETENTION OF RECORDS

   POLICY – NHS South Tyneside CCG will put arrangements in place to retain all records in accordance with NHS Code of Practice Records Management 2006 and there relevant notified guidance

19.1. The Accountable Officer shall:

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

c) publish and maintain a Freedom of Information Publication Scheme.

20. **TRUST FUNDS AND TRUSTEDD**

| POLICY – NHS South Tyneside CCG will put arrangements in place to provide for the appointment of trustees if the group holds property on trust |

20.1. The chief finance officer shall ensure that each trust fund which the group is responsible for managing is managed appropriately with regard to its purpose and to its requirements.
APPENDIX F - NOLAN PRINCIPLES

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

   a) **Selflessness** – Holders of public office should act solely in terms of the public interest.

   b) **Integrity** – Holders of public office must avoid placing themselves under any obligation to people or organisations that might try inappropriately to influence them in their work. They should not act or take decisions in order to gain financial or other material benefits for themselves, their family, or their friends. They must declare and resolve any interests and relationships.

   c) **Objectivity** – Holders of public office must act and take decisions impartially, fairly and on merit, using the best evidence and without discrimination or bias.

   d) **Accountability** – Holders of public office are accountable to the public for their decisions and actions and must submit themselves to the scrutiny necessary to ensure this.

   e) **Openness** – Holders of public office should act and take decisions in an open and transparent manner. Information should not be withheld from the public unless there are clear and lawful reasons for so doing.

   f) **Honesty** – Holders of public office should be truthful.

   g) **Leadership** – Holders of public office should exhibit these principles in their own behavior. They should actively promote and robustly support the principles and be willing to challenge poor behavior wherever it occurs.

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

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90 Available at http://www.public-standards.gov.uk/
APPENDIX G – NHS CONSTITUTION

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

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

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

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

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

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

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

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

Source: *The NHS Constitution: The NHS belongs to us all* (March 2012)\(^1\)

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APPENDIX H – DISPUTES RESOLUTION PROCEDURE

Background

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

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

Stage 1: The Informal Process

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

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

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

Stage 2: The Formal Local Process

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

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

Members of the LDRP

The Panel will consist of:-

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

The Panel will agree its own Chairman.

The Hearing

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

Documentation

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

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

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

The Appellant and the Respondent will then withdraw.

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

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

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

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

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

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

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

Inter Practice Disputes

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

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

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