NHS
Southport and Formby
Clinical Commissioning Group

CONSTITUTION

Version: 25

Approved by Membership by Wider Constituent Membership: January 2016
Approved by NHSE: TBA

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FOREWORD

NHS Southport and Formby Clinical Commissioning Group (CCG) consists of local primary care practices and is responsible for commissioning a significant amount of health care for the residents of Southport and Formby.

Our aim is to create an environment where everyone who needs health care can be assured that they will have the best possible local services and the information to make the choices that are right for them.

For us, treating illness and disability is only part of what we will achieve. Of equal importance is creating communities where health and wellbeing is the norm and that residents live their lives to their full potential.

We will achieve this by effective working with those that use the services and those that provide them such as local authorities, primary care providers, Acute and Community care services, Mental Health services and our great range of volunteer services available.

General Practice is at the heart of our community and is central to the changes that need to occur to deliver our aims. It is therefore vital that clinical commissioning is developed and delivered through its constituent membership.

This document lays out how we will achieve this and our responsibilities to our stakeholders.

Dr Rob Caudwell
Chair
NHS Southport and Formby CCG

1. INTRODUCTION AND COMMENCEMENT

1.1. **Name**

1.1.1. The name of this clinical commissioning group is NHS Southport and Formby Clinical Commissioning Group. (NHS SFCCG)

1.2. **Statutory Framework**

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

1.2.2. NHS Commissioning Board (all future references in this document refer to NHS England, the Operational name for 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.[4]

1.3. **Status of this Constitution**

1.3.1. This constitution is made between the members of NHS Southport and Formby Clinical Commissioning Group and has effect from 1st April 2013, when NHS England established the group.[5] The constitution is:

a) published on the group's website at www.southportformbyccg.org.uk

b) or available in hard copy by writing to Melanie Wright at NHS SFCCG, 5 Curzon Rd, Southport, PR8 6PL

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

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

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

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

4 See 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

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

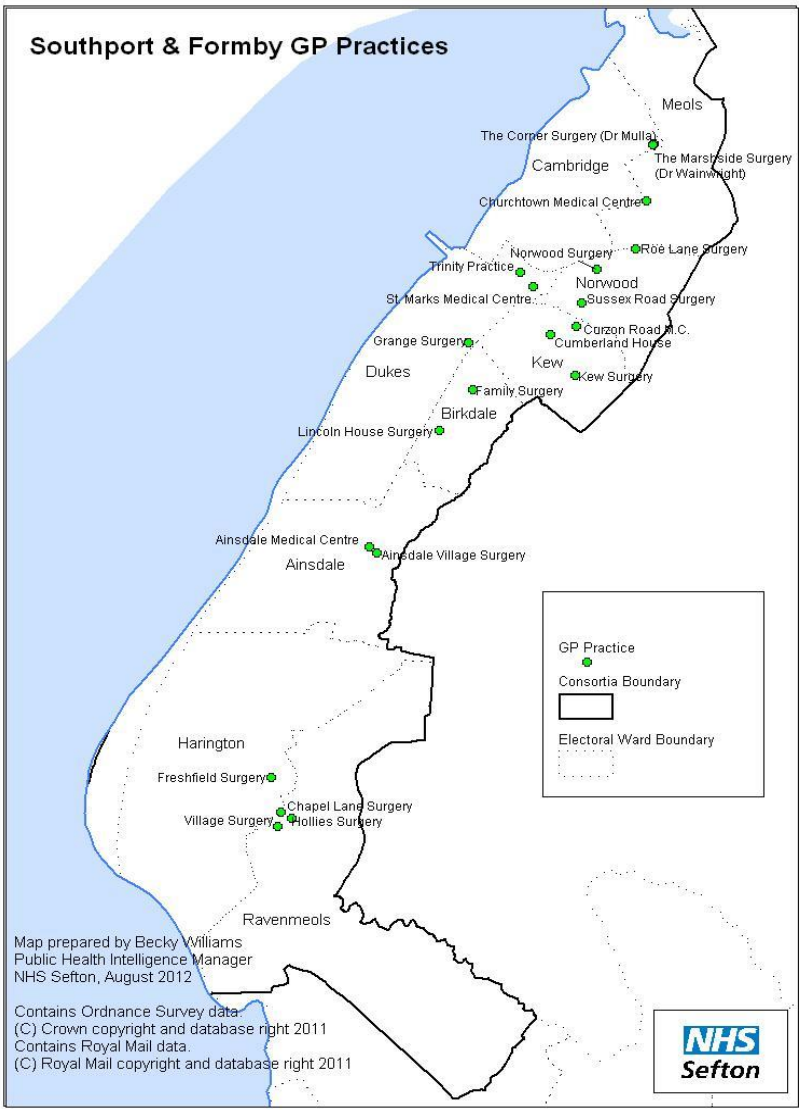
1.4.1. This constitution can only be varied in two circumstances.[6]

a) where the group applies to NHS England and that application is granted;

b) where in the circumstances set out in legislation NHS England varies the group's constitution other than on application by the group.

2. AREA COVERED

2.1. The geographical area covered by NHS Southport and Formby Clinical Commissioning Group is from Formby and Ince Blundell in the south to Crossens, Southport in the north of the borough of Sefton.



3. MEMBERSHIP

3.1. **Membership of the Clinical Commissioning Group**

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

3.1.1. The following practices comprise the members of NHS Southport and Formby Clinical Commissioning Group.

Practice Name and Address	Practice Locality Group
Churchtown Medical Centre Cambridge Road, PR9 7LT	North
Marshside Surgery 117 Flyde Road, Southport, PR9 9XL	North
Corner Surgery 117 Fylde Road, Southport, PR9 9XL	North
Norwood 11 Norwood Avenue, Southport, PR9 7EG	North
Roe Lane 172 Roe Lane, Southport, PR9 7PN	North
Curzon Rd Surgery 5 Curzon Rd, PR8 6PN	Central
Trinity Practice Houghton St Southport	Central
Cumberland House 58 Scarisbrick New Road, Southport, PR8 6PG	Central
Kew Surgery 85 Town Lane PR8 6RG	Central
St Marks 42 Derby Road, Southport, PR9 0TZ	Central
The Grange 41 York Road, Southport, PR8 2AD	Ainsdale and Birkdale
Family Surgery 107 Liverpool Road, Southport, PR8 4DB	Ainsdale and Birkdale
Lincoln 33 Lincoln Road, Southport, PR8 4PR	Ainsdale and Birkdale
Ainsdale Medical Centre 66 Station Road, Ainsdale, Southport, PR8 3HW	Ainsdale and Birkdale
Ainsdale Village 2 Leamington Road, Ainsdale, Southport, PR8 3LB	Ainsdale and Birkdale
Chapel Lane 13 Chapel Lane, Formby, L37 4DL	Formby
The Hollies Elbow Lane, Formby, L37 4AD	Formby
The Village Surgery Elbow Lane, Formby, L37 4AD	Formby
Freshfield 61 Gores Lane, Formby, L37 3NU	Formby

3.1.2. Appendix B of this constitution contains the list of practices, together with the signatures of the practice representatives confirming their agreement to this constitution.

3.2. **Eligibility**

Providers of primary medical services to a registered list of patients under a General Medical Services, Personal Medical Services or Alternative Provider Medical Services contract, will be eligible to apply for membership of this group[7].

4. VISION, VALUES AND AIMS

4.1. Vision

Southport and Formby: a sustainable healthy community.

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:

Responsive We will enable action, be accountable and transparent

Approachable We will listen and remain open minded

Respectful We will have integrity; we are fair, inclusive, and reflective and will respect each other

Efficient We will work informally, yet robustly, be innovative and flexible to make things happen.

4.3. Aims

4.3.1. The group's aims are to:

a) To collaborate with other organisations to ensure that the care people receive is delivered in a timely and effective manner
b) To improve health and reduce inequalities of practice populations
c) To consult with patients about the care we commission on their behalf
d) To ensure that our population receive the best possible outcomes
e) To ensure that services that we commission deliver good value for money.

4.4. Principles of Good Governance

4.4.1. In accordance with section 14L (2) (b) of the 2006 Act,[8] the group will at all times observe "such generally accepted principles of good governance" in the way it conducts its business. These include:

a) the highest standards of propriety involving impartiality, integrity and objectivity in relation to the stewardship of public funds, the management of the organisation and the conduct of its business;

b) *The Good Governance Standard for Public Services*;[9]

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

c) the standards of behaviour published by the *Committee on Standards in Public Life (1995)* known as the 'Nolan Principles'[10]

d) the seven key principles of the *NHS Constitution*;[11]

e) the Equality Act 2010.[12]

4.5. **Accountability**

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

a) publishing its constitution;
b) appointing independent lay members and non GP clinicians to its Governing Body;
c) holding meetings of its Governing Body in public (except where the group considers that it would not be in the public interest in relation to all or part of a meeting);
d) publishing annually a commissioning plan;

e) complying with Local Authority health overview and scrutiny requirements;
f) meeting annually in public to publish and present its annual report (which must be published);
g) producing annual accounts in respect of each financial year which must be externally audited;
h) having a published and clear complaints process;
i) complying with the Freedom of Information Act 2000;
j) providing information to NHS England as required.

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

a) publishing its principal commissioning and operational policies, e.g. a policy about funding exceptional cases
b) holding engagement events
c) engaging with the local medical committee in respect of its functions as these affect their constituent members
d) engaging with other relevant clinical and non-clinical bodies such as Local Optical Committee, Local Dental Committee, relevant nursing bodies.

4.5.3. The Governing Body of the group will throughout each year have an ongoing role in reviewing the group's governance arrangements to ensure that the group continues to reflect the principles of good governance.

5. FUNCTIONS AND GENERAL DUTIES

5.1. **Functions**

[9] *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
[10] See Appendix F
[11] See Appendix G
[12] See http://www.legislation.gov.uk/ukpga/2010/15/contents

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

a) commissioning certain health services (where NHS England is not under a duty to do so) that meet the reasonable needs of:

i) all people registered with member GP practices, and
ii) people who are usually resident within the area and are not registered with a member of any clinical commissioning group;

b) commissioning emergency care for anyone present in the group's area;
c) paying its employees' remuneration, fees and allowances in accordance with the determinations made by its Governing Body and determining any other terms and conditions of service of the group's employees;
d) determining the remuneration and travelling or other allowances of members of its Governing Body.

5.1.2. In discharging its functions the group will:

a) act[13], when exercising its functions to commission health services, consistently with the discharge by the Secretary of State and NHS England of their duty to ***promote a comprehensive health service***[14] *and* with the objectives and requirements placed on NHS England through *the mandate*[15] published by the Secretary of State before the start of each financial year by:

i) Delegating responsibility to the Governing Body
ii) Preparing and publishing your commissioning plans
iii) Consulting on those plans (with public, Overview and Scrutiny Committee, Health and Wellbeing Boards and other relevant stakeholders)
iv) Using effective procurements to secure quality health services.

b) **meet the public sector equality duty***[16]* by:

i) delegating responsibility for compliance to the Chief Nurse and Quality Officer through the Quality Committee, reporting to the Governing Body
ii) having arrangements in place for PSED reporting to the Governing Body
iii) the development and application of a Equality and Diversity policy
iv) ensuring staff compliance with mandatory E&D training
v) publish, at least annually, sufficient information to demonstrate compliance with this general duty across all CCG function
vi) prepare and publish specific and measurable equality objectives, revising these at least every four years.

c) work in partnership with its local authority to develop ***joint strategic needs assessments***[17] and ***joint health and wellbeing strategies***[18] by:

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

i) delegating responsibility for delivery of this objective to the Chief Corporate Delivery and Integration Officer who shall report to the Governing Body
ii) ensuring the Joint Strategic Needs Assessment (JSNA) and Health and Well-Being Strategy(HWBS) process is integral to the work of the localities and can be articulated by local practices
iii) that Patient Participation Groups, HealthWatch and Patient and Public Involvement networks have been involved in the JSNA and HWBS process
iv) accessing expertise on health and wellbeing demand modelling and forecasting
v) ensuring partner provider services are actively involved in the JSNA and HWBS
vi) producing an easy and relevant one page summary for all stakeholders that sets out the relevant strategies

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[19] by:

a) building on the developed and robust systems and processes and networks for patient and public involvement which were developed jointly by the Sefton Equalities Partnership, comprising the NHS, Local Authority and third sector. This framework is reflected in its Engagement and Communications Strategy
b) using a process of Managed engagement , Setting the context with realistic timeframes while enabling debate on clear areas of influence using ambassadors and understanding stakeholders while ensuring that everyone has a voice
c) consulting with the Overview and Scrutiny Committee
d) reporting to the Governing Body by the Lay advisor lead for Patient and Public Involvement.

5.2.2. **NHS Southport and Formby CCG Statement of Principles;**

We will:

a) work in partnership with patients and the local community to secure the best care for them
b) adapt engagement activities to meet the specific needs of the different patient groups and communities
c) publish information about health services on the group's website and through other media
d) encourage and act on feedback from all stakeholders
e) delegate responsibility for ensuring compliance with these principles to the Engagement and Patient Experience Group (EPEG).

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

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

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

5.2.3. ***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*[20] by:**

a) Delegating responsibility for delivery of this objective to the Chief Corporate Delivery and Integration Officer
b) Delegating responsibility for monitoring compliance with the NHS Constitution to the EPEG
c) Ensuring the princples are considered as part of any commissioning policy development
d) ensuring CCG support team is aware of significance through team meetings and in practice locality group work.

5.2.4. ***Act effectively, efficiently and economically*[21] by:**

a) delegating responsibility for compliance to the Governing Body
b) ensuring effective management of budgets in line with the scheme of reservation and delegation, Prime Financial Policies and Standing Orders
c) ensuring value for money in commissioned services through contract management and procurement.

5.2.5. ***Act with a view to securing continuous improvement to the quality of services***[22] by:

a) reporting to the Governing Body via Joint Quality Committee on the performance of providers
b) establishment of a Joint QIPP Committee
c) using real-time information to challenge the system
d) performance management of the quality of commissioned services.

5.2.6. ***Assist and support NHS England in relation to the NHS England's duty to improve the quality of primary medical services***[23] by:

a) delegated responsibility for compliance to the Joint Quality Committee
b) working in partnership with the NHS England
c) peer review and benchmarking
d) promoting and undertaking development of Practice Locality Groups
e) sharing best practice
f) development of QOF QP indicators by the localities

By:

i) using data and triangulation of information
ii) practice/practitioner dashboards
iii) measuring real time improvements.

5.2.7. ***Have regard to the need to reduce inequalities***[24] by:

[20] 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)
[21] See section 14Q of the 2006 Act, inserted by section 26 of the 2012 Act
[22] See section 14R of the 2006 Act, inserted by section 26 of the 2012 Act
[23] See section 14S of the 2006 Act, inserted by section 26 of the 2012 Act
[24] See section 14T of the 2006 Act, inserted by section 26 of the 2012 Act

a) delegating responsibility for this objective to the Governing Body via the Memorandum of Understanding with the Local Authority
b) being involved in the work with Sefton's Health and Wellbeing Board which will be essential in tackling existing health inequalities
c) working in partnership with local government to develop Joint Strategic Needs Assessment and robust joint health and wellbeing strategies
d) ensure there are mechanisms to monitor inequalities in health and to evaluate the effectiveness of measures taken to reduce them
e) evaluating all policies that may have direct or indirect effect on health inequalities.

5.2.8. ***Promote the involvement of patients, their carers and representatives in decisions about their healthcare***[25] by:

a) supporting the funding and development of a Sefton Public Engagement and Patient Experience group. The group will be a sub group to the Joint Quality Committee and will have representation from community, third sector, local authority, HealthWatch and the Governing Body. The group will report to the Joint Quality Committee and provide assurances that there are adequate and effective models are in place to ensure inclusion of Southport and Formby's patients and public in their locality commissioning plans
b) holding an annual commissioning patient and public conference will be held to set out the CCG Vision, Values, and priorities annually
c) establishing quarterly patient and public meetings to bring together and further develop GP patient participation groups, HealthWatch community champions and community group representatives as part of a quarterly cycle of "meet the commissioner events" . The annual conferences will then focus on "you said, we did" model of feedback.
d) targeting patient and carer engagement to inform care pathway programmes of work and will inform specific commissioning plans (e.g. long term conditions).

5.2.9. ***Act with a view to enabling patients to make choices***[26] by:

a) commissioning multiple providers to facilitate patient choice
b) developing Policy which promotes patient choice
c) promoting links to NHS Choices by including contact details on the CCG website
d) promotion of Choose and Book systems
e) delegating responsibility for this objective to the Chief Nurse and Quality Officer through the Joint Quality Committee.

5.2.10. ***Obtain appropriate advice***[27] from persons who, taken together, have a broad range of professional expertise in healthcare and public health by:

a) delegated responsibility to Chief Officer to ensure that multi-professional input is available at relevant meetings
b) joint working with Local authority including the Director of Public Health
c) joint working across the health economy with groups such as:
   - the Wider Constituent Group
   - the local Acute Trust Clinical Senate and GP Operational Group
   - Practice Nurse forum
d) identifying Clinical leads in Wider Constituent Group

[25] See section 14U of the 2006 Act, inserted by section 26 of the 2012 Act
[26] See section 14V of the 2006 Act, inserted by section 26 of the 2012 Act
[27] See section 14W of the 2006 Act, inserted by section 26 of the 2012 Act

e) involvement in clinical senates across the wider health economy
f) appointing a Chief Nurse and Quality Officer to the Governing Body
g) appointing a secondary care doctor to the Governing Body
h) ensuring a range of skilled Governing Body members
i) involvement in Regional and National clinical network meetings
j) involvement in contractual performance and quality groups with providers.

5.2.11. ***Promote innovation***[28] by:

a) delegating responsibility for the promotion of innovation to the Chief Officer and members of Governing Body including the Chief Nurse and Quality Officer and relevant Clinical Leads
b) commitment to service redesign across providers
c) establishment of a Service Improvement and Redesign Committee that has responsibility for promoting innovation
d) empowering practitioners to develop themselves
e) supporting service developments identified and prioritised in primary care
f) providing opportunities for practitioners to be innovative through locality groups
g) entering into joint ventures using up to date technology as appropriate.

5.2.12. ***Promote research and the use of research***[29] by:

a) delegating responsibility for the promotion and use of research to the Chief Nurse and Quality Officer and members of the Joint Quality Committee
b) working with support from Cheshire and Merseyside Commissioning Support Unit (the CSU) Library Services function via the SLA
c) promoting the dissemination and use of research findings through the locality groups
d) promoting and support the development and delivery of research within the CCG
e) using research to support the redesign of services across the system
f) reporting from localities to Joint Quality Committee.

5.2.13. Have regard to the need to ***promote education and training***[30] 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[31] by:

a) delegating responsibility for promoting education and training to the Chief Corporate Delivery and Integration Officer
b) reporting on compliance to the Finance and Resources Committee
c) demonstrating commitment to education and training for all CCG employees
d) procuring Organisational Development and Human Resources expertise and support from the CSU via the SLA
e) demonstrating commitment to regional processes with links to education planning
f) supporting the provision of education and training for all primary care health professionals through maintenance of existing Protected Learning Times.

28 See section 14X of the 2006 Act, inserted by section 26 of the 2012 Act
29 See section 14Y of the 2006 Act, inserted by section 26 of the 2012 Act
30 See section 14Z of the 2006 Act, inserted by section 26 of the 2012 Act
31 See section 1F(1) of the 2006 Act, inserted by section 7 of the 2012 Act

5.2.14. Act with a view to ***promoting integration*** of *both* health services with other health services *and* health services with health-related and social care services where the group considers that this would improve the quality of services or reduce inequalities[32] by:

i) delegating responsibility for the promotion of integration to the Chief Officer and members of the Governing Body
ii) establishment of an Integrated Management Group that comprises members of the CCG and Local Authority
iii) working with the Strategic Integrated Commissioning Group (Local Authority)
iv) developing policies to reflect integration.

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***[33] by

a) The CCG Financial duties will be performance managed via the Finance and Resources Committee, reporting to the Governing Body. The Chief Finance Officer as accountable lead will ensure that all financial duties and requirements are identified for the Governing Body to enact its full statutory duty.

5.3.2. ***Ensure its use of resources*** *(both its capital resource use and revenue resource use)* ***does not exceed the amount specified by NHS England for the financial year***[34] by

a) The CCG Financial duties will be performance managed via the Finance and Resources Committee reporting to the Governing Body. The Chief Finance Officer as Accountable led will ensure that all financial duties and requirements are identified for the Governing Body to enact its full statutory duty.

5.3.3. ***Take account of any directions issued by NHS England, in respect of specified types of resource use in a financial year, to ensure the group does not exceed an amount specified by NHS England*** [35] by

a) The CCG Financial duties will be performance managed via the Finance and Resources Committee, reporting to the Governing Body. The Chief Finance Officer as Accountable led will ensure that all financial duties and requirements are identified for the Governing Body to enact its full statutory duty.

5.3.4. **Publish an explanation of how the group spent any payment in respect of quality** made to it by NHS England[36] by

a) delegating responsibility for publishing reports to the Chief Officer and Governing Body
b) managing and reporting on performance of all providers in relation to quality
c) providing, as part of corporate reporting process, information with regard to quality performance and payments for achievement of targets, including CQUIN
d) publication of appropriate Annual reports.

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32 See section 14Z1 of the 2006 Act, inserted by section 26 of the 2012 Act
33 See section 223H(1) of the 2006 Act, inserted by section 27 of the 2012 Act
34 See sections 223I(2) and 223I(3) of the 2006 Act, inserted by section 27 of the 2012 Act
35 See section 223J of the 2006 Act, inserted by section 27 of the 2012 Act
36 See section 223K(7) of the 2006 Act, inserted by section 27 of the 2012 Act

5.4. **Other Relevant Regulations, Directions and Documents**

5.4.1 The group will

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

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

6. DECISION MAKING: THE 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:

e) the group's scheme of reservation and delegation; and
f) for committees, their terms of reference.

6.2. **Scheme of Reservation and Delegation**[37]

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

a) those decisions that are reserved for the membership as a whole;
b) Those decisions that are the responsibilities of its Governing Body (and its committees), the group's committees and sub-committees, individual members and employees.

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

6.3. **General**

6.3.1. In discharging functions of the group that have been delegated to its Governing Body (and its committees), committees, Joint Committees, Sub-committees and individuals must:

[37] See Appendix D

a) comply with the group's principles of good governance,[38]
b) operate in accordance with the group's scheme of reservation and delegation,[39]
c) comply with the group's standing orders,[40]
d) comply with the group's arrangements for discharging its statutory duties,[41]
e) Where appropriate, ensure that member practices have had the opportunity to contribute to the group's decision making process.

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

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

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

6.4. **Committees of the group**

6.4.1. The following committees have been established by the group:

a) Joint Quality Committee
b) Finance and Resource Committee
c) Audit Committee
d) Remuneration Committee
e) Service Improvement and Redesign Committee
f) Approvals Committee
g) Southport and Formby CCG and NHS England Joint Commissioning Committee

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

[38] See section 4.4 on Principles of Good Governance above
[39] See appendix D
[40] See appendix C
[41] See chapter 5 above

6.5. **Joint Arrangements**

6.5.1. The group has entered into joint arrangements with the following clinical commissioning groups:

a) NHS Southport and Formby CCG has entered into a joint arrangement with respect to a shared management team, with NHS South Sefton CCG
b) under the terms of a memorandum of understanding
c) NHS Southport and Formby CCG has entered into a joint arrangement with The Merseyside CCG Network which acts as an advisory committee to each of the named CCGs below.

i) Halton CCG
ii) Knowsley CCG
iii) Liverpool CCG
iv) Southport & Formby CCG
v) South Sefton CCG
vi) St Helens CCG
vii) Warrington CCG
viii) West Lancashire CCG.

6.5.2. Memoranda of Agreement are available on the website: www.southportformbyccg.org.uk.

6.5.3. The group has joint committees with the following local authorities:

Strategic Integrated Commissioning group, Sefton Metropolitan Borough Council, whose purpose is to oversee the strategy for integrated commissioning of adult and children's care and public health programmes.

6.6. **Joint commissioning arrangements with other Clinical Commissioning Groups**

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

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

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

6.6.3. For the purposes of the arrangements described at paragraph [6.6.2], the CCG may:

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

6.6.4. 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.

6.6.5. For the purposes of the arrangements described at paragraph [6.6.2] above, the CCG may establish and maintain a pooled fund made up of contributions by any of the CCGs 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.

6.6.6. Where the CCG makes arrangements with another CCG as described at paragraph [6.6.2], the CCG shall develop and agree with that CCG an agreement setting out the arrangements for joint working, including details of:

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

6.6.7. The liability of the CCG to carry out its functions will not be affected where the CCG enters into arrangements pursuant to paragraph [6.6.2] above.

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

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

6.6.10. 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

6.6.11. 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

6.7. **Joint commissioning arrangements with NHS England for the exercise of CCG functions**

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

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

6.7.3. The arrangements referred to in paragraph [6.7.2] above may include other CCGs.

6.7.4. Where joint commissioning arrangements pursuant to [6.7.2] above are entered into, the parties may establish a joint committee to exercise the commissioning functions in question.

6.7.5. Arrangements made pursuant to [6.7.2] above may be on such terms and conditions (including terms as to payment) as may be agreed between NHS England and the CCG.

6.7.6. Where the CCG makes arrangements with NHS England (and another CCG if relevant) as described at paragraph [6.7.2] above, the CCG shall develop and agree with NHS England a framework setting out the arrangements for joint working, including details of:

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

6.7.7. The liability of the CCG to carry out its functions will not be affected where the CCG enters into arrangements pursuant to paragraph [6.7.2] above.

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

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

6.7.10. 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.

6.7.11. 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.

6.8. **Joint commissioning arrangements with NHS England for the exercise of NHS England's functions**

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

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

6.8.3. The CCG may enter into arrangements with NHS England and, where applicable, other CCGs to:

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

6.8.4. 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.

6.8.5. 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.

6.8.6. For the purposes of the arrangements described at paragraph [6.8.2] 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.

6.8.7. Where the CCG enters into arrangements with NHS England as described at paragraph [6.8.2] above, the parties will develop and agree a framework setting out the arrangements for joint working, including details of:

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

6.8.8. 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 [6.8.2] above.

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

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

6.8.11. 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.

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

6.9. The Governing Body

6.9.1. ***Functions*** - the Governing Body has the following functions conferred on it by sections 14L(2) and (3) of the 2006 Act, inserted by section 25 the 2012 Act, together with any other functions connected with its main functions as may be specified in regulations and in this constitution.[42] 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[43] (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;[44]
d) i) leading the setting of vision and strategy
ii) approving commissioning plans
iii) monitoring performance against plans
iv) providing assurance of strategic risk
e) the promotion a comprehensive health service
f) meeting public sector equality duty
g) Promoting 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
h) Acting effectively, efficiently and economically
i) securing continuous improvement to the quality of services
j) the improvement of the quality of primary medical services
k) promoting the involvement of patients, their carers and representatives in decisions about their healthcare
l) enabling patients to make choices
m) enabling patients to make choices
n) Promote innovation
o) Promote research and the use of research
p) promote education and training
q) promoting integration
r) Have regard to the need to reduce inequalities.

[42] See section 14L(3)(c) of the 2006 Act, as inserted by section 25 of the 2012 Act
[43] See section 4.4 on Principles of Good Governance above
[44] See section 14L(5) of the 2006 Act, inserted by section 25 of the 2012 Act

6.9.2. **Composition of the Governing Body** - the Governing Body shall not have less than 15 members and comprise of:

a) the chair; (GP)
b) 5 GP representatives of member practices;
c) 2 Practice Managers
d) two lay members:
    i) one to lead on audit, governance, remuneration and conflict of interest matters,
    ii) one to lead on patient and public participation matters;
e) registered nurse;
f) secondary care specialist doctor;
g) the Chief Officer;
h) the Chief Finance Officer;
i) 1 additional nurse.

6.9.3. **Committees of the Governing Body** – All Terms of Reference for the groups committees are published alongside this constitution and are available on the CCGs website. The Governing Body has appointed the following committees and sub-committees:

a) **Audit Committee** – the audit committee, which is accountable to the group's Governing Body, provides the Governing Body with an independent and objective view of the group's financial systems, financial information and compliance with laws, regulations and directions governing the group in so far as they relate to finance. The Governing Body has approved and keeps under review the terms of reference for the audit committee, which includes information on the membership of the audit committee[45].

In addition the group or the Governing Body has conferred or delegated the following functions, connected with the Governing Body's main function[46,] to its audit committee:

The committee shall critically review the clinical commissioning group's financial reporting and internal control principles and ensure an appropriate relationship with both internal and external auditors is maintained.

The key duties of an audit committee will be:

i) Integrated governance, risk management and internal control
ii) External audit
iii) Other assurance functions
iv) Counter fraud
v) Financial reporting.

b) **Remuneration Committee** – the remuneration committee, which is accountable to the group's Governing Body 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

[45] See appendix H for the terms of reference of the Audit Committee
[46] See section 14L(2) of the 2006 Act, inserted by section 25 of the 2012 Act

has approved and keeps under review the terms of reference for the remuneration committee, which includes information on the membership of the remuneration committee[47].

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) The committee shall make recommendations to the Governing Body on determinations about pay and remuneration for employees of the clinical commissioning group and people who provide services to the clinical commissioning group and allowances under any pension scheme it might establish as an alternative to the NHS pension scheme].

c) **The Joint Quality Committee** – is a joint committee of NHS Southport and Formby CCG and NHS Southport and Formby CCG which is accountable to the group's Governing Body, will monitor the quality of commissioned services, consider information from governance, risk management and internal control systems and; provide corporate focus, strategic direction and momentum for governance and risk management. The Governing Body has approved and keeps under review the terms of reference for the Joint Quality Committee which includes information on the membership of the Joint Quality Committee. [48]

d) **Finance and Resources Committee** which is accountable to the group's Governing Body, will oversee and monitor financial and workforce development strategies; monitor the annual revenue budget and planned savings; Develop and deliver capital investment; financial and workforce risk registers; financial, workforce and contracting performance.[49]

e) **Approvals Committee** which is accountable to the group's Governing Body and is responsible for ensuring that the CCG applies conflict of interest principles and policies rigorously and provides the CCG with independent advice and judgment where there is any doubt about how to apply them to individual or group cases involving commissioning clinical services. The role of the Committee will be to provide neutrality in the evaluation and decision making processes. It will be made up of non-conflicted members of the Governing Body and its decisions will be noted by the Governing Body[50].

f) **Joint Quality Improvement Productivity and Prevention (QIPP) Committee** which is a joint committee of NHS South Sefton CCG and NHS Southport and Formby CCG, is accountable to the Governing Body is established to enable thorough and open discussion about all QIPP priorities, quality issues and innovation. It will provide a forum for clinical leads and CCG officers to identify potential areas of improvement and support plans and proposals for implementation. The QIPP Committee is responsible for monitoring implementation and delivery of the CCGs QIPP plan.

g) [51].

[47] See appendix HI for the terms of reference of the remuneration committee
[48] See appendix H for the terms of reference of the Joint Quality Committee
[49] See appendix H for the terms of reference of the Finance and Resource Committee
[50] See Appendix H for the terms of Reference of the Approvals Committee
[51] See appendix H for the terms of reference of the Service Improvement and Redesign Committee

h) **Southport and Formby CCG and NHS England Joint Commissioning Committee** which is accountable to the Governing Body is established to deliver the main objective of aligning the commissioning of primary care with delivery of the CCG's Primary Care Quality Strategy to enable transformation in primary care.[52]

i) **Practice Locality Groups** – There are four locality groups; North, Central, Ainsdale and Birkdale, and Formby, determined by the Governing Body. Their role is as is determined by the Governing Body. [53]

[52] See appendix H for the terms of reference of Southport and Formby CCG and NHS England Joint Commissioning Committee

ROLES AND RESPONSIBILITIES

7.1. Practice Representatives

7.1.1. Practice representatives represent their practice's views and act on behalf of the practice in matters relating to the group. The role of each practice representative is to:

a) act as the designated lead GP for the CCG within each practice and should make him/herself available to meet Governing Body members or their representatives on a regular basis
b) attend meetings of the Wider Constituent Group
c) contribute to the CCG's goals by using their holistic understanding of patients' needs to help shape the design of services
d) understand how they can provide services in ways that enhance quality and promote the most effective use of NHS resources
e) feedback to the practice so that all GPs and their practice colleagues will have a broad understanding of how the CCG works.

7.2. Other GP and Primary Care Health Professionals

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

a) Lead GP for Quality who will be responsible for the development of and monitoring of quality indicators with providers and primary care quality with the GP membership and reports to the Governing Body
b) Lead GP for prescribing, responsible for the local development of prescribing initiatives, monitoring prescribing processes
c) Lead GPs for Clinical Care Pathways
d) Locality lead GP's, and Practice Nurses who will lead the localities work and report to the Governing Body.

7.3. All Members of the Group's Governing Body

7.3.1. Guidance on the roles of members of the group's Governing Body is set out in a separate document[53]. 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.

[53] Draft *clinical commissioning group Governing Body Members – Roles Attributes and Skills,* NHS Commissioning Board Authority, March 2012

7.4. **The Chair of the Governing Body**

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

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

7.4.2. 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 NHS England.

7.5. **The Deputy Chair of the Governing Body**

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

7.6. **Role of the Chief Officer**

7.6.1. The Chief Officer of the group is a member of the Governing Body.

7.6.2. This role of Chief Officer has been summarised in a national document[54] as:

a) being responsible for ensuring that the clinical commissioning group fulfils its duties to exercise its functions effectively, efficiently and economically thus ensuring improvement in the quality of services and the health of the local population whilst maintaining value for money
b) at all times ensuring that the regularity and propriety of expenditure is discharged, and that arrangements are put in place to ensure that good practice (as identified through such agencies as the Audit Commission and the National Audit Office) is embodied and that safeguarding of funds is ensured through effective financial and management systems
c) working closely with the chair of the Governing Body, the Chief Officer will ensure that proper constitutional, governance and development arrangements

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

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) Other duties as the Governing Body decides.

7.7. Role of the Chief Finance Officer

7.7.1. The Chief Finance Officer is a member of the Governing Body and is responsible for providing financial advice to the clinical commissioning group and for supervising financial control and accounting systems. The Chief Finance Officer will also act as deputy Chief Officer of the CCG.

7.7.2. This role of Chief Finance Officer has been summarised in a national document[55] 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 NHS England
f) and any other duties the Governing Body decides.

7.8. Role of Registered Nurse

7.8.1. As well as sharing responsibility with the other members for all aspects of the CCG Governing Body business, as a registered nurse on the governing body, this person will bring a broader view, from their perspective as a registered nurse, on health and care issues to underpin the work of the CCG especially the contribution of nursing to patient care.

7.8.2. This role has been summarised in a national document[56] as an individual that;

a) has a high level of professional expertise and knowledge
b) is competent, confident and willing to give an independent strategic clinical view on all aspects of CCG business
c) is highly regarded as a clinical leader, probably across more than one clinical discipline and/or specialty – demonstrably able to think beyond their own professional viewpoint
d) is able to take a balanced view of the clinical and management agenda and draw on their specialist skills to add value
e) is able to contribute a generic view from the perspective of a registered nurse whilst putting aside specific issues relating to their own clinical practice or employing organisation's circumstances; and

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

56 *Ibid*

f) is able to bring detailed insights from nursing and perspectives into discussions regarding service re-design, clinical pathways and system reform.

7.9. **Role of the Secondary Care Doctor**

7.9.1. As well as sharing responsibility with the other members for all aspects of the CCG Governing Body business, this clinical member will bring a broader view, on health and care issues to underpin the work of the CCG. In particular, they will bring to the Governing Body an understanding of patient care in the secondary care setting.[57]

7.9.2. This role has been summarised in a national document[58] as an individual that;

a) is a doctor that is, or has been, a secondary care specialist, who has a high level of understanding of how care is delivered in a secondary care setting
b) is competent, confident and willing to give an independent strategic clinical view on all aspects of CCG business
c) is highly regarded as a clinical leader, preferably with experience working as a leader across more than one clinical discipline and/or specialty with a track record of collaborative working
d) is able to take a balanced view of the clinical and management agenda, and draw on their in depth understanding of secondary care to add value
e) is able to contribute a generic view from the perspective of a secondary care doctor whilst putting aside specific issues relating to their own clinical practice or their employing organisation's circumstances; and
f) provides an understanding of how secondary care providers work within the health system to bring appropriate insight to discussions regarding service redesign, clinical pathways and system reform.

7.10. **Role of the Lay Member for Governance**

7.10.1. This role has been summarised in a national document[59]. At a meeting of the Governing Body on 28th September 2016 the CCG agreed not to appoint a third lay member for governance as recommended in guidance issued by NHSE in respect of conflicts of interest. To ensure that additional support could be obtained as and when required it was also agreed that additional lay member support should be sought from the Lay Member for Governance from NHS South Sefton CCG. This was confirmed by the Governing Body of NHS South Sefton CCG at its meeting on 29th September 2016. It was also further agreed that the NHS Southport and Formby CCG lay member for governance could also provide conflict of interest support to NHS South Sefton CCG should the need arise

7.10.2. The role of this lay member is to bring specific expertise and experience to the work of the Governing Body. Their focus is strategic and impartial, providing an external view of the work of the CCG that is removed from the day-to-day running of the organisation. Their role is to oversee key elements of governance including audit, remuneration and managing conflicts of interest.
This member is also the Chair of the Audit Committee. This member has a lead role in ensuring that the governing body and the wider CCG behaves with the utmost probity at all times. This person is responsible for ensuring that appropriate and effective whistle blowing and anti-fraud systems are in place.

[57] See the latest version of NHS England Authority's *Clinical commissioning group Governing Body members: Role outlines, attributes and skills*
[58] See the latest version of NHS England Authority's *Clinical commissioning group Governing Body members: Role outlines, attributes and skills*

7.11. **Role of the Lay Member for Patient and Public Involvement**

7.11.1. This role has been summarised in a national document[60].

7.11.2. As well as sharing responsibility with the other members for all aspects of the CCG Governing Body business, as a lay member on the CCG's Governing Body this lay member knowledge of the local community and is integral to the work of the governing body. Their focus is strategic and impartial, providing an independent view of the work of the CCG that is external to the day-to-day running of the organisation.

This member will help to ensure that, in all aspects of the CCG's business the public voice of the local population is heard and that opportunities are created and protected for patient and public empowerment in the work of the CCG. In particular, they are responsible for ensuring that:

a) public and patients' views are heard and their expectations understood and met as appropriate
b) the CCG builds and maintains an effective relationship with Local Healthwatch and draws on existing patient and public engagement and involvement expertise; and
c) the CCG has appropriate arrangements in place to secure public and patient involvement and responds in an effective and timely way to feedback and recommendations from patients, carers and the public.

7.12. **Joint Appointments with other Organisations**

7.12.1. The group has the following joint appointments with NHS South Sefton CCG:

a) Chief Officer
b) Chief Finance Officer.

And others as identified within the memorandum of understanding

7.12.2. These joint appointments are supported by a memorandum of understanding (available on CCG website) 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 policies on business conduct, including the requirements set out in the policy for managing conflicts of interest and gifts and hospitality that was developed in accordance with guidance issued by NHSE in June 2016[61]. This policy will be available on the group's website at www.southportformbyccg.org.uk.

8.1.3. Individuals contracted to work on behalf of the group or otherwise providing services or facilities to the group will be made aware of their obligation with regard to declaring conflicts or potential conflicts of interest. This requirement will be written into their contract for services.

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

8.2.3. A conflict of interest will include:

a) a direct pecuniary interest: where an individual may financially benefit from the consequences of a commissioning decision (for example, as a provider of services)
b) an indirect pecuniary interest: for example, where an individual is a partner, member or shareholder in an organisation that will benefit financially from the consequences of a commissioning decision
c) a non-pecuniary interest: where an individual holds a non-remunerative or not-for profit interest in an organisation, that will benefit from the consequences of a commissioning decision (for example, where an individual is a trustee of a voluntary provider that is bidding for a contract)
d) a non-pecuniary personal benefit: where an individual may enjoy a qualitative benefit from the consequence of a commissioning decision which cannot be given a monetary value (for example, a reconfiguration of hospital services which might result in the closure of a busy clinic next door to an individual's house)
e) where an individual is closely related to, or in a relationship, including friendship, with an individual in the above categories.

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

8.3. Declaring and Registering Interests

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

[61] *Managing conflicts of interest*: *revised statutory guidance for CCGs* available at https://www.england.nhs.uk/commissioning/pc-co-comms/coi/

a) the members of the group (as defined in the CCG's Policy on Managing Conflicts of Interest and Gifts and Hospitality Policy that was developed in accordance with NHSE guidance issued in June 2016[62])
b) the members of its Governing Body
c) the members of its committees or sub-committees and the committees or sub-committees of its Governing Body; and
d) its employees.

8.3.2. The registers will be published on the group's website at www.southportformbyccg.org.uk.

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

8.3.5. The Governing Body will ensure that the register of interest is reviewed regularly, and updated as necessary.

8.4. **Managing Conflicts of Interest: General**

8.4.1. Individual members of the group, the Governing Body, committees or sub-committees, the committees or sub-committees of its Governing Body and employees will comply with the arrangements determined by the group for managing conflicts or potential conflicts of interest.

8.4.2. The Chief Corporate Delivery and Integration 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. Arrangements for the management of conflicts of interest are contained within the CCG's Policy on Managing Conflicts of Interest and will include the requirement to put in writing to the relevant individual arrangements for managing the conflict of interests or potential conflicts of interests, within a week of declaration. The arrangements will confirm the following:

a) when an individual should withdraw from a specified activity, on a temporary or permanent basis

b) monitoring of the specified activity undertaken by the individual, either by a line manager, colleague or other designated individual.

8.4.4. Where an interest has been declared, either in writing or by oral declaration, the declarer will ensure that before participating in any activity connected with the group's exercise of its commissioning functions, they have received confirmation of

[62] *Managing conflicts of interest*: *revised statutory guidance for CCGs* available at https://www.england.nhs.uk/commissioning/pc-co-comms/coi/

the arrangements to manage the conflict of interest or potential conflict of interest from the Chief Corporate Delivery and Integration Officer.

8.4.5. Where an individual member, employee or person providing services to the group is aware of an interest which:

a) has not been declared, either in the register or orally, they will declare this at the start of the meeting

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

8.4.6. In accordance with the CCG's Policy on Managing Conflicts of Interest, the chair of the meeting will then determine how this should be managed and inform the member of their decision. Where no arrangements have been confirmed, the chair of the meeting may require the individual to withdraw from the meeting or part of it. The individual will then comply with these arrangements, which must be recorded in the minutes of the meeting.

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

8.4.8. Any declarations of interests, and arrangements agreed in any meeting of the clinical commissioning group, committees or sub-committees, or the Governing Body, the Governing Body's committees or sub-committees, will be recorded in the minutes.

8.4.9. Where more than 50% of the members of a meeting are required to withdraw from a meeting or part of it, owing to the arrangements agreed for the management of conflicts of interests or potential conflicts of interests, the chair (or deputy) will determine whether or not the discussion can proceed.

8.4.10. In making this decision the chair will consider whether the meeting is quorate, in accordance with the number and balance of membership set out in the group's standing orders. Where the meeting is not quorate, owing to the absence of certain members, the discussion will be deferred until such time as a quorum can be convened. Where a quorum cannot be convened from the membership of the meeting, owing to the arrangements for managing conflicts of interest or potential conflicts of interests, the chair of the meeting shall consult the Head of Corporate Delivery on the action to be taken.

8.4.11. This may include:

a) requiring another of the group's committees or sub-committees, the group's Governing Body or the Governing Body's committees or sub-committees (as

appropriate) which can be quorate to progress the item of business, or if this is not possible

b) inviting on a temporary basis one or more of the following to make up the quorum (where these are permitted members of the Governing Body or committee / sub-committee in question) so that the group can progress the item of business:

i) a member of the clinical commissioning group who is an individual;

c) an individual appointed by a member to act on its behalf in the dealings between it and the clinical commissioning group:

i) a member of a relevant Health and Wellbeing Board;

ii) a member of a Governing Body of another clinical commissioning group.

These arrangements must be recorded in the minutes.

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

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

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

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

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

8.6. **Transparency in Procuring Services**

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

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

a) all relevant clinicians (not just members of the group) and potential providers, together with local members of the public, are engaged in the decision-making processes used to procure services;

b) service redesign and procurement processes are conducted in an open, transparent, non-discriminatory and fair way

8.6.3. Copies of this Procurement Strategy will be available on the group's website at www. southortformbyccg.org.uk and;

a) available upon request for inspection at SFCCG headquarters

b) available upon application, either by post to 5 Curzon Rd Southport PR8 6PN or by

c) email from melanie.wright@southseftonccg.nhs.uk.

9. THE GROUP AS EMPLOYER

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

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

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

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

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

9.6. The group will ensure that employees' behaviour reflects the values, aims and principles set out above.

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

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

a) The group will adopt a Code of Conduct for staff and will maintain and promote effective 'whistleblowing' procedures to ensure that concerned staff have means through which their concerns can be voiced. Copies of this Code of Conduct, together with the other policies and procedures outlined in this chapter, will be available on the group's website at www. Southportformbyccg.org.uk available upon request for inspection at SFCCG headquarters

b) available upon application, either by post to 5 Curzon Rd, Southport PR8 6PN or by

c) email from melanie.wright@southseftonccg.nhs.uk.

9.9. 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. TRANSPARENCY, WAYS OF WORKING AND STANDING ORDERS

10.1. **General**

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

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

a) available upon request for inspection at SFCCG headquarters

b) available upon application, either by post to 5 Curzon Rd Southport PR8 6PN or by

c) email from melanie.wright@southseftonccg.nhs.uk.

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

10.2. **Standing Orders**

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

10.2.2. 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;

10.2.3. 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;

10.2.4. Prime Financial Policies (Appendix E) – which sets out the arrangements for managing the group's financial affairs.

APPENDIX A
DEFINITIONS OF KEY DESCRIPTIONS USED IN THIS CONSTITUTION

2006 Act	National Health Service Act 2006
2012 Act	Health and Social Care Act 2012 (this Act amends the 2006 Act)
Chief 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 NHS England, with responsibility for ensuring the group: a) complies with its obligations under: i. sections 14Q and 14R of the 2006 Act (as inserted by section 26 of the 2012 Act), ii. sections 223H to 223J of the 2006 Act (as inserted by section 27 of the 2012 Act), iii. paragraphs 17 to 19 of Schedule 1A of the NHS Act 2006 (as inserted by Schedule 2 of the 2012 Act), and iv. any other provision of the 2006 Act (as amended by the 2012 Act) specified in a document published by the Governing Body for that purpose; b) exercises its functions in a way which provides good value for money.
Area	the geographical area that the group has responsibility for, as defined in Chapter 2 of this constitution
Chair of the Governing Body	the individual appointed by the group to act as chair of the Governing Body
Chief Finance Officer	the qualified accountant employed by the group with responsibility for financial strategy, financial management and financial governance
Clinical commissioning group	a body corporate established by NHS England in accordance with Chapter A2 of Part 2 of the 2006 Act (as inserted by section 10 of the 2012 Act)
Committee	a committee or sub-committee created and appointed by: a) the membership of the group b) a committee / sub-committee created by a committee created / appointed by the membership of the group c) a committee / sub-committee created / appointed by the Governing Body
Financial year	this usually runs from 1 April to 31 March, but under paragraph 17 of Schedule 1A of the 2006 Act (inserted by Schedule 2 of the 2012 Act), it can for the purposes of audit and accounts run from when a clinical commissioning group is established until the following 31 March
Group	NHS Southport & Formby 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: a) its obligations under section 14Q under the NHS Act 2006 (as inserted by section 26 of the 2012 Act), and b) such generally accepted principles of good governance as are relevant to it.

Governing Body member	any member appointed to the Governing Body of the group
Lay member	a lay member of the Governing Body, appointed by the group. A lay member is an individual who is not a member of the group or a healthcare professional (i.e. an individual who is a member of a profession regulated by a body mentioned in section 25(3) of the National Health Service Reform and Health Care Professions Act 2002) or as otherwise defined in regulations
Member	a provider of primary medical services to a registered patient list, who is a members of this group (see tables in Chapter 3 and Appendix B)
Practice representatives	an individual appointed by a practice (who is a member of the group) to act on its behalf in the dealings between it and the group, under regulations made under section 89 or 94 of the 2006 Act (as amended by section 28 of the 2012 Act) or directions under section 98A of the 2006 Act (as inserted by section 49 of the 2012 Act)
Registers of interests	registers a group is required to maintain and make publicly available under section 14O of the 2006 Act (as inserted by section 25 of the 2012 Act), of the interests of: a) the members of the group; b) the members of its Governing Body; c) the members of its committees or sub-committees and committees or sub-committees of its Governing Body; and d) its employees.

APPENDIX B - LIST OF MEMBER PRACTICES

Practice Name and Address	Locality	Practice Representative Signature
Churchtown Medical Centre Cambridge Rd, Southport, PR9 7TL	**North**	
The Corner Surgery 117 Flyde Road, Southport, PR9 9XL	**North**	
Marshside Surgery 117 Fylde Road, Southport, PR9 9XL	**North**	
Norwood 11 Norwood Avenue, Southport, PR9 7EG	**North**	
Roe Lane 172 Roe Lane, Southport, PR9 7PN	**North**	
Trinity Practice Houghton St Southport	**Central**	
Curzon Rd Surgery 5 Curzon Rd, PR8 6PN	**Central**	
Cumberland House 58 Scarisbrick New Road, Southport, PR8 6PG	**Central**	
Kew Surgery 85 Town Lane PR8 6RG	**Central**	
St Marks 42 Derby Road, Southport, PR9 0TZ	**Central**	
The Grange 41 York Road, Southport, PR8 2AD	**Ainsdale & Birkdale**	
Family Surgery 107 Liverpool Road, Southport, PR8 4DB	**Ainsdale & Birkdale**	
Lincoln 33 Lincoln Road, Southport, PR8 4PR	**Ainsdale & Birkdale**	
Ainsdale Medical Centre 66 Station Road, Ainsdale, Southport, PR8 3HW	**Ainsdale & Birkdale**	
Ainsdale Village 2 Leamington Road, Ainsdale, Southport, PR8 3LB	**Ainsdale & Birkdale**	
Chapel Lane 13 Chapel Lane, Formby, L37 4DL	**Formby**	
The Hollies Elbow Lane, Formby, L37 4AD	**Formby**	
The Village Surgery Elbow Lane, Formby, L37 4AD	**Formby**	
Freshfield 61 Gores Lane, Formby, L37 3NU	**Formby**	

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 Southport and Formby 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 and prime financial policies must be read in conjunction with the following guidance and other issued by the Secretary of State for Health and of NHS England.

a) The Human Rights Act 1998

b) Caldicott Guardian 1997

c) Freedom of Information Act 2000

1.1.3. The standing orders, together with the group's scheme of reservation and delegation[63] and the group's prime financial policies[64], 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 and the members of the group's Governing Body;

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[65] of any relevant guidance.

1.1.4. 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

63 See Appendix D

64 See Appendix E

65 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.

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 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, NOMINATION 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 membership council and its Governing Body. These standing orders set out how the group appoints individuals to these key roles.

2.2.2. The Chair of the Governing Body, as listed in 6.6.2 of the group's constitution, is subject to the following appointment process:

a) Election – as per the arrangements set out in Section 2.3 of this Constitution
b)
c) **Appointment process** – one vote per voting member of the CCG
d) **Term of office** – 3 years
e) **Eligibility for reappointment** - as above for 2 terms only
f) **Grounds for removal from office** - gross misconduct in office as brought to the governing bodies attention and removal sanctioned by them after due investigation
g) **Notice period** – one month.

2.2.3. The Deputy Chair, as listed in paragraph 6.6.2] of the group's constitution, is subject to the following appointment process:

a) **Nominations** – by 2 voting members of the Governing Body
b) **Eligibility** – Governing Body member assessed to meet the required attributes and skills
c) **Appointment process** – one vote per voting member of the Governing Body

d) **Term of office** – 3 years
e) **Eligibility for reappointment** - as above for 2 terms only
f) **Grounds for removal from office** - gross misconduct in office as brought to the governing bodies attention and removal sanctioned by them after due
g) **Notice period** – one month.

2.2.4. The Chief Officer, as listed in paragraph 6.6.2of the group's constitution, is subject to the national appointment process

2.2.5. The Chief Finance officer, as listed in paragraph 6.6.2 of the group's constitution, is subject to the national appointment process.

2.2.6. The Practice representatives, as listed in paragraph 6.6.2 of the group's constitution, are subject to the following appointment process:

a) **Nominations** – self with partner approval
b) **Eligibility** – GP with a practice in the geographical area
c) **Appointment process** – Voted by practice
d) **Term of office** – 3 years
e) **Eligibility for reappointment** - as above for 2 terms only
f) **Grounds for removal from office** - gross misconduct in office as brought to the governing bodies attention and removal sanctioned by them after due investigation
g) **Notice period** – one month.

2.2.7. The Nurse, as listed in 6.6.2 of the groups constitution are subject to the following appointment process:

a) **Nominations** – self with employer agreement
b) **Eligibility** – working within Sefton
c) **Appointment process** – Voted by member practices
d) **Term of office** – 3 years
e) **Eligibility for reappointment** - as above for 2 terms only
f) **Grounds for removal from office** - gross misconduct in office as brought to the governing bodies attention and removal sanctioned by them after due investigation
g) **Notice period** – one month.

2.2.8. The Practice Managers as listed in paragraph 6.6.2 of the group's constitution, is subject to the following appointment process:

a) **Nominations** –self with partner approval
b) **Eligibility** – working as a Practice Manager in a practice within the geographical area
c) **Appointment process** – voted by member practices
d) **Term of office** – 3 years
e) **Eligibility for reappointment** - as above for 2 terms only
f) **Grounds for removal from office** - gross misconduct in office as brought to the governing bodies attention and removal sanctioned by them after due investigation
g) **Notice period** – one month.

2.2.9. The Lay Member for Governance, as listed in paragraph 6.6.2 of the group's constitution, is subject to the following appointment process:

a) **Nominations** – advert and recruitment
b) **Eligibility** – able to demonstrate attribute and skills as outlined by NHS England
c) **Appointment process** – Interview by Governing Body members
d) **Term of office** – 3 years
e) **Eligibility for reappointment** - as above
f) **Grounds for removal from office** - gross misconduct in office as brought to the governing bodies attention and removal sanctioned by them after due investigation
g) **Notice period** – one month.

2.2.10. The Lay Member for Patient \and public involvement as listed in paragraph 6.6.2 the group's constitution, is subject to the following appointment process:

a) **Nominations** – advert and recruitment
b) **Eligibility** – able to demonstrate attribute and skills as outlined by NHS England
c) **Appointment process** – interview by Governing Body members
d) **Term of office** – 3 years
e) **Eligibility for reappointment** - as above
f) **Grounds for removal from office** - gross misconduct in office as brought to the governing bodies attention and removal sanctioned by them after due investigation
g) **Notice period** – one month.

2.2.11. The Secondary Care Clinician as listed in paragraph 6.6.2 of the group's constitution, is subject to the following appointment process:

a) **Nominations** – advert and recruitment
b) **Eligibility** – able to demonstrate attribute and skills as outlined by the NHSCB
c) **Appointment process** – Interview by Governing Body members
d) **Term of office** – 3 years
e) **Eligibility for reappointment** - as above
f) **Grounds for removal from office** - gross misconduct in office as brought to the governing bodies attention and removal sanctioned by them after due investigation
g) **Notice period** – one month.

2.2.12. The roles and responsibilities of each of these key roles are set out either in paragraph 6.6.2 or Chapter 7 of the group's constitution.

2.3. **Election Process**

2.3.1. The election of the Chair will be conducted by ballot arranged by the CCG.

2.3.2. Each Member Practice casts one (weighted) vote.

2.3.3. Voting will be by the nominated Member Practice Lead GP.

2.4. **General Principles of Appointment to Key Roles and Removal Of Office**

2.4.1. As a general principle all selections and appointments will be conducted in a fair and transparent manner.

2.4.2. The following individuals will not be eligible to either represent their practice, or to put themselves forward for election as chair of the group or for election to the group's Governing Body or to apply for position on the group's Governing Body if they are:

a) not eligible to work in the UK;

b) a clinician practising with conditions;

c) the subject to bankruptcy restrictions or an interim bankruptcy restrictions order;

d) a person who has been dismissed from employment in the last five years [other than by means of redundancy];

e) a person who has received a prison sentence or suspended sentence of three months or more in the last five years;

f) a person who has been disqualified from serving as a company director;

g) a person who has been removed from the management or control of a charity;

h) a serving civil servant with the Department of Health or members/employees of the Care Quality Commission; or

i) intending to serve as a chair or non-executive of another NHS body beyond the formal establishment of the relevant CCG.

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

a) where appropriate, they cease to be eligible to provide primary medical services or to carry out their clinical role;

b) they are unable to meet the specified attendance requirement for meetings;

c) they fail, without good reason, to meet the attendance requirement for meetings or, where permitted, fail to send a deputy to those meetings;

d) they have conflicts with the work of the group that cannot be managed;

e) in the opinion of the membership council or where appropriate the Governing Body the individual is no longer able to contribute to the work of the group;

f) they behave in a manner or exhibit conduct which is likely to undermine public confidence in the group;

g) they are declared bankrupt.

2.4.4. In all of the aforementioned circumstances, the group will adhere to best human resources practices. In respect of nominated practice members clinicians, elected clinicians or employees of the group, the group will consult with the appropriate representative bodies in drawing up the relevant procedures.

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

2.5. Representatives of Member Practice.

3. MEETINGS OF THE CLINICAL COMMISSIONING GROUP

3.1. **Openness**

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

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

a) concerning a member of staff

b) concerning a patient

c) that could commercially disadvantage the group if discussed in public; or

d) could be detrimental to the operation of the group

3.1.3. Meetings of the membership council will be held in private.

3.2. **Calling meetings**

3.2.1. Ordinary meetings of the Governing Body shall be held at least bi-monthly, at such times and places determined by the chair of the Governing Body. Members of the Governing Body will be given at least 6 weeks' notice of the date of the meeting.

3.2.2. Ordinary meetings of the membership council shall be held at least quarterly at such times and places determined by the chair of the group. Members of the membership council will be given at least 6 weeks' notice of the date of the meeting.

3.2.3. An extraordinary meeting of the membership council or Governing Body may be called by the chair at any time, or by not less than a third of the members of the respective bodies lodging a written request with the Chief Officer stating the business to be transacted. No business shall be transacted at that meeting other than that specified in the notice of the meeting.

3.2.4. The written requests should ask for the meeting to take place within 28 days and the Chief Officer will give 21 days' notice of the date of the meeting.

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

3.3.1. Items of business to be transacted for inclusion on the agenda of a meeting need to be notified to the chair of the meeting or deputy 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 10 working days before the meeting takes place. The agenda and supporting papers will be circulated to all members of a meeting at least 7 working days before the date the meeting will take place.

3.3.2. Agendas and certain papers for the group's Governing Body – including details about meeting dates, times and venues - will be published on the group's website at www.southportformbyccg.org.uk or are available on request from melanie.wright@southseftonccg.nhs.uk

3.4. **Petitions**

3.4.1. Where a petition has been received by the group, the chair of the Governing Body shall include the petition as an item for the agenda of the next meeting of the Governing Body.

3.5. **Chair of a meeting**

3.5.1. At any meeting of the membership council or its Governing Body or of a committee or sub-committee, the chair of the membership council, Governing Body, committee or sub-committee, if any and if present, shall preside. If the chair is absent from the meeting, the deputy chair, if any and if present, shall preside.

3.5.2. If the Chair is absent temporarily on the grounds of a declared conflict of interest the Deputy Chair, if present, shall preside. If both the Chair and Deputy Chair are absent, or are disqualified from participating, or there is neither a chair 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.

3.6. **Chair's ruling**

3.6.1. 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.

3.7. **Quorum**

3.7.1. The Governing Body - quoracy of 65% of the Governing Body membership.

3.7.2. The Governing Body shall specify that no business will be transacted unless 5 members present (including)

a) at least one lay member
b) either Chief Officer/Chief Finance Officer
c) at least 3 clinicians.

3.7.3. The Practice Locality Groups – must have practices representing 50% of the vote present.

3.7.4. Representation on behalf of the designated GP lead for CCG is permitted by proxy, so long as the chair has been informed in writing and the representative GP.

3.7.5. 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.

3.8. **Decision making**

3.8.1. 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 membership council or Governing Body meetings, decisions will be reached by consensus. Should this not be possible then a vote of members will be required, the process for which is set out below:

a) **Eligibility** – must have been elected to the Governing Body
b) **Majority necessary to confirm a decision** – 51% plus of vote
c) **Casting vote** - Chair
d) **Dissenting views** – will be recorded.

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

3.8.3. 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.

3.9. **Emergency Powers and Urgent Decisions**

3.9.1. In exceptional circumstances, where the Chair of the Governing Body authorises urgent action in respect of a matter on behalf of the group which would have been considered by the membership council or the Governing Body respectively, such action will be reported at the next meeting of the respective bodies. In taking such action, the chair in conjunction with the Chief Officer should consult with at least two members of the membership council, in respect of decisions reserved to the membership council, or two members of the Governing Body, for decisions reserved to the Governing Body.

3.9.2. In dealing with such issues requiring an urgent decision and if timescales and practicalities allow, the chair may call a meeting of the membership council or Governing Body using video or telephone conferencing facilities. All such decisions will be ratified by the respective bodies at their next meeting.

3.10. **Suspension of Standing Orders**

3.10.1. Except where it would contravene any statutory provision or any direction made by the Secretary of State for Health or NHS England, any part of these standing orders may be suspended at any meeting, provided the Chief Finance Officer, Chair or Chief Officer is present and 8 group members are in agreement.

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

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

3.11. **Record of Attendance**

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

3.12. **Minutes**

Will:

a) Record names of individuals
b) record the individual responsible for taking and drafting minutes
c) be formally signed off by the chair of the meeting at the next meeting
d) available internally within 2 weeks
e) will be available to the public when next meeting takes place
f) record additional/late attendances and leavers
g) record proxies and who they are representing.

3.13. **Admission of public and the press**

3.13.1. Ordinary meetings of the Governing Body will be open to the press and public (Part A). These meetings will also hold a meeting with a separate agenda (Part B) which will be closed to the press and public for the consideration of sensitive information, not for sharing within the public domain.

3.13.2. The chair of the Governing Body shall determine which items are considered in Part A and Part B of the ordinary meeting.

3.13.3. If the chair decides to exclude the press or public for any reason during Part A of an ordinary meeting, then the reason will be noted in the minutes.

3.14. **Annual General Meeting (AGM)**

The CCG will hold an annual general meeting (an "AGM") once a year. The AGM will be in public and a matter of public record. The CCG Chair or Deputy Chair will chair the AGM.

The matters to be considered at the AGM will be sent out in the notice, but will include:

a) consideration and (if thought appropriate) approval of the CCG's annual report, accounts, annual operating plan and commissioning strategy

b) consideration of an annual report describing all public consultations undertaken by the CCG, the findings and the actions it has taken as a result

c) review of the selection and appointment processes for members of the Governing Body for the relevant year

d) the transaction of any other business included in the notice.

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 State[66], and make provision for the appointment of committees, joint committees, sub-committees and advisory bodies of its Governing Body and its membership council. Where such committees, joint committees, sub-committees and advisory bodies of the group, its Governing Body or its membership council, 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 membership council and Governing Body respectively shall determine the membership and terms of reference of committees, joint committees, sub-committees and advisory bodies 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 membership council and the Governing Body's committees, joint committees, sub-committees and advisory unless stated otherwise in the committee, joint committee, sub-committee or advisory body'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 public website at www.southportandformbyccg.org.uk.

4.3. Delegation of Powers by Committees to Sub-committees

4.3.1. Where committees are authorised to establish advisory groups they may not delegate executive powers to the sub-committee unless expressly authorised by either the membership council or Governing Body or appropriate body or advisory group.

4.4. Approval of Appointments to Committees and Sub-Committees

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

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

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

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

b) the Chair of the Governing Body

c) the Chief Finance Officer.

6.1.2 The Chief Officer shall keep a register of every sealing made and numbered consecutively in a book for that purpose.

6.1.3 A report of all sealings shall be made to the Audit Committee at least bi-annually.

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 Chief Officer

b) the chair of the Governing Body

c) the Chief Finance Officer.

7. OVERLAP WITH OTHER CLINICAL COMMISSIONING GROUP POLICY STATEMENTS / PROCEDURES AND REGULATIONS

7.1. **Policy statements: general principles**

7.1.1. The group will from time to time agree and approve policy statements / procedures which will apply to all or specific groups of staff employed by NHS Southport and Formby 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 as per CCG scheme of delegation.

APPENDIX D – Scheme of Reservation and Delegation

Schedule of Matters Reserved to the Clinical Commissioning Group and Scheme of Delegation

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 into the Group's constitution.

2 Nothing in the scheme of reservation and delegation should impair the discharge of the direct accountability to the Membership Council or Governing Body of the Chief Finance Officer (Chief Finance Officer). Outside of these requirements the Chief Finance Officer shall be accountable to the Group's Chief Officer.

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

4 Unless stated in the Group's Constitution or in its Scheme of Reservation and Delegation, the Group's Chief Officer has responsibility for the operational management of the Group.

Reserved or Delegated Matter	Matter Reserved to the Membership	Matter Reserved to the Governing Body	Delegated to		Responsible for Preparing or Recommending a Course of Action	Operational Responsibility
			Governing Body or Committee	Individual Member or Officer		
Regulation and Control						
Determine the arrangements by which the members of the Group approve those decisions that are reserved for the membership.	Wider Constituent Meeting			Chair		Chief Officer
Consideration and approval of applications to NHS England on matters concerning changes to the Group's constitution, including proposed changes to the appendices to the Constitution.	Wider Constituent Meeting				Governing Body	Chief Officer
Exercise or delegation of those functions of the Clinical Commissioning Group which have not been retained as reserved by the Group or delegated to the Governing Body or to a committee or sub-committee of the Group or				Chief Officer		Chief Officer

Reserved or Delegated Matter	Matter Reserved to the Membership	Matter Reserved to the Governing Body	Delegated to		Responsible for Preparing or Recommending a Course of Action	Operational Responsibility
			Governing Body or Committee	Individual Member or Officer		
to one of its members.						
Approval of the Group's overarching scheme of reservation and delegation, which sets out those decisions that are in statute the responsibility of the Group and that are reserved to the membership and those delegated to the: a) Governing Body b) Committees, sub committees c) Its members or employees.	Wider Constituent Meeting				Governing Body	Chief Officer
Final authority on interpretation of the Group's constitution and supporting appendices (i.e. standing orders, prime financial policies and scheme of reservation and delegation).				Chair		Chief Officer
Prepare the Scheme of Reservation and Delegation, which sets out those decisions that are in statute, and are the responsibility of the Governing Body, those reserved to the Governing Body and those delegated to the a) Governing Body b) Committees, sub committees c) Its members or employees.		Governing Body			Chief Officer	Chief Officer
Disclosure of non-compliance with the Group's Constitution (incorporating the standing orders, prime financial policies and scheme of reservation and Delegation).				All Staff All Members		Chief Officer
Suspension of provisions within the Constitution (incorporating the standing orders, prime financial policies and Scheme of Reservation and Delegation) due to extreme cause or emergency.				Chair and either Chief Officer or Chief Finance Officer together	Chief Officer	Chief Officer

Reserved or Delegated Matter	Matter Reserved to the Membership	Matter Reserved to the Governing Body	Delegated to		Responsible for Preparing or Recommending a Course of Action	Operational Responsibility
			Governing Body or Committee	Individual Member or Officer		
Review of any such suspensions of the Constitution.			Audit Committee		Head of Internal Audit	Head of Internal Audit
0. Approval of the Group's operational scheme of delegation that underpins the Group's Scheme of Reservation and Delegation within the Constitution.		Governing Body			Chief Officer	Chief Officer
1. Approval of the Group's detailed financial policies that are underpinned by the Prime Financial Policies within the Constitution including a) thresholds above which quotations or formal tenders must be obtained b) arrangements for seeking professional advice regarding the supply of goods and services c) delegated limits for the certification of invoices d) raising of orders.		Governing Body	Audit Committee		Chief Finance Officer	Chief Finance Officer
2. Executing a document by signature or use of the Group's seal.				Chair or Chief Finance Officer or Chief Officer		Chief Officer
Practice Member Representatives & Members of the Governing Body						
Approve the arrangements for identifying practice representatives for the Wider Constituent Meeting	Wider Constituent Meeting				Chair	Chief Officer
Approve the arrangements for appointing clinical leaders to the Group's Governing Body.	Wider Constituent Meeting				Chair	Chief Officer
Approve the arrangements for appointing the non-GP members to the Group's Governing Body (other than Chief Officer).	Wider Constituent Meeting				Chair	Chief Officer

Reserved or Delegated Matter	Matter Reserved to the Membership	Matter Reserved to the Governing Body	Delegated to		Responsible for Preparing or Recommending a Course of Action	Operational Responsibility
			Governing Body or Committee	Individual Member or Officer		
Approve arrangements for recruiting the Group's Chief Officer.	Wider Constituent Meeting				Chair	Chair
Strategy and Planning						
Approve the Group's vision, values and overall strategic direction.	Wider Constituent Meeting				Chair	Chief Officer
Approve the Group's Operating Structure.		Governing Body			Chief Officer	Chief Officer
Approve the Group's Commissioning Plan.	Wider Constituent Meeting				Chief Officer	Chief Officer
Approve the Group's Financial Strategy and Annual Budget which meet the financial duties of the Group.		Governing Body			Chief Finance Officer	Chief Finance Officer
Approve the Group's arrangements for engaging the public and key stakeholders in the Group's planning and commissioning arrangements.		Governing Body			Chief Officer	Chief Officer
Approve variations to the approved budgets where variation would impact on the overall approved levels of income and expenditure or the Group's ability to achieve its strategic aims.		Governing Body			Chief Finance Officer	Chief Finance Officer
Approve a recovery plan where the CCG is faced with a deficit in excess of 1% or poor performance puts the Group's continued authorisation in doubt.		Governing Body			Chief Officer and Chief Finance Officer	Chief Officer and Chief Finance Officer
Annual Reports and Accounts						
Approval of the Group's Annual Accounts.			Audit Committee		Chief Finance Officer	Chief Finance Officer
Approval of the Group's Annual Report.			Audit		Chief Officer	Chief Officer

Reserved or Delegated Matter	Matter Reserved to the Membership	Matter Reserved to the Governing Body	Delegated to		Responsible for Preparing or Recommending a Course of Action	Operational Responsibility
			Governing Body or Committee	Individual Member or Officer		
			Committee			
Approval of appointment of auditors and their annual audit plans.			Audit Committee		Chief Finance Officer	Chief Finance Officer
Approval of arrangements for discharging the Group's statutory financial duties.			Audit Committee		Chief Officer	Chief Finance Officer
Human Resources and Organisational Development						
Approve the terms and conditions, remuneration and travelling or other allowances for Governing Body members and including pensions and gratuities.	Wider Constituent Meeting		Remuneration Committee		Chief Officer (exc. own post)	Chief Officer (exc. own post)
Approve other terms and conditions of service 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.		Governing Body	Remuneration Committee		Chief Officer	Chief Officer
Approve disciplinary arrangements for employees, including the Chief Officer (where he/she is an employee or member of the Group) and for other persons working on behalf of the Group.			Remuneration Committee		Chief Officer / Chair (if Chief Officer)	Chief Officer / Chair (if Chief Officer)
Approve disciplinary arrangements where the Group has joint appointments with another Group and the individuals are employees of that Group.			Remuneration Committee		Chief Officer	Chief Officer
Approve the Group's succession planning for elected members on the Governing Body.	Wider Constituent Meeting				Chief Officer	Chief Officer
Approve the arrangements for discharging the Group's statutory duties as an employer.		Governing Body			Chief Officer	Chief Officer

Reserved or Delegated Matter	Matter Reserved to the Membership	Matter Reserved to the Governing Body	Delegated to		Responsible for Preparing or Recommending a Course of Action	Operational Responsibility
			Governing Body or Committee	Individual Member or Officer		
Approve Organisational Development Plans.		Governing Body			Chief Officer	Chief Officer
Approve HR policies.			Joint Quality Committee		Chief Officer	Chief Officer
Quality and Safety						
Approve arrangements including supporting policies to minimise clinical risk, maximise patient safety and to secure continuous improvement in quality and patient outcomes.			Joint Quality Committee		Chief Officer	Chief Nurse and Quality Officer
Approve the arrangements for handling complaints.			Joint Quality Committee		Chief Nurse and Quality Officer	Chief Nurse and Quality Officer
Approve arrangements for safeguarding children and adults.		Governing Body			Chief Nurse and Quality Officer	Chief Nurse and Quality Officer
Approve the Group's arrangements for engaging patients and their carers in decisions concerning their healthcare.			Joint Quality Committee		Chief Nurse and Quality Officer	Chief Nurse and Quality Officer
Approve arrangements for supporting the NHSCB in discharging its responsibilities to secure continuous improvement in the quality of general medical services.			Joint Quality Committee		Chief Officer	Chief Nurse and Quality Officer
Operational and Risk Management						
Approve counter fraud and security management arrangements.			Audit Committee		Chief Finance Officer	Chief Finance Officer
Approve risk management arrangements			Audit Committee		Chief Nurse and Quality Officer	Chief Nurse and Quality Officer
Approve arrangements for risk sharing and or risk pooling with other organisations including Section 75 agreements.		Governing Body	Governing Body		Chief Officer	Chief Officer
Approve a comprehensive system of internal control, including budgetary control, which underpins the effective,			Audit Committee		Chief Officer	Chief Finance Officer

Reserved or Delegated Matter	Matter Reserved to the Membership	Matter Reserved to the Governing Body	Delegated to		Responsible for Preparing or Recommending a Course of Action	Operational Responsibility
			Governing Body or Committee	Individual Member or Officer		
efficient and economic operation of the Group.						
Approve the thresholds above which quotations or formal tenders must be obtained.		Governing Body			Chief Finance Officer	Chief Finance Officer
Approve the arrangements for seeking professional advice regarding the supply of goods and services.		Governing Body			Chief Finance Officer	Chief Finance Officer
Approve proposals for action on litigation against or on behalf of the Group.				Chief Officer and Chief Finance Officer together	Chief Officer	Chief Officer
Approve arrangements for emergency planning and business continuity.			Joint Quality Committee		Chief Officer	Chief Officer
Approve banking arrangements.			Finance & Resource Committee		Chief Finance Officer	Chief Finance Officer
0. Approve the arrangements for the proper safekeeping of records in accordance with NHS procedures and information governance requirements.			Joint Quality Committee	Chief Finance Officer and Chief Nurse and Quality Officer and Quality Officer	Chief Nurse and Quality Officer	Chief Nurse and Quality Officer
Partnership, Joint and Collaborative Working						
Approve the arrangements governing joint or collaborative working between the Group and other statutory bodies where those arrangements incorporate decision making responsibilities.		Governing Body			Chief Officer	Chief Officer
Approve the delegated decision making responsibilities of		Governing			Chief Officer	Chief Officer

Reserved or Delegated Matter	Matter Reserved to the Membership	Matter Reserved to the Governing Body	Delegated to		Responsible for Preparing or Recommending a Course of Action	Operational Responsibility
			Governing Body or Committee	Individual Member or Officer		
individuals who represent the Group in joint or collaborative arrangements with other statutory bodies.		Body				
Review the minutes of meetings of, or reports from, joint or collaborative arrangements with other statutory bodies.		Governing Body			Chief Officer	Chief Officer
Authorise an individual to act on behalf of the Group in discharging the Group's duty in respect of statutory and local joint working arrangements within the financial limits determined under sections 9 and 10 of this scheme of reservation and delegation.		Governing Body			Chief Officer	Chief Officer
Tendering						
Approve the group's tendering arrangements for any commissioned or corporate support service in excess of £500,000 per annum.		Governing Body			Chief Finance Officer	Chief Finance Officer
Approve the group's tendering arrangements for any commissioned or corporate support service with a value below £500,000 per annum.				Chief Officer and Chair together	Chief Finance Officer	Chief Finance Officer
Approve the award of tender for any service or contract in excess of £500,000 per annum.		Governing Body			Chief Finance Officer	Chief Finance Officer
Approve the award of tender for any service or contract less than £500,000 per annum.				Chief Officer and Chair together	Chief Finance Officer	Chief Finance Officer
Commissioning and Contracting for Clinical Services						
1. Approve arrangements (including individual authority to act, where appropriate) for discharging the Group's statutory responsibilities for commissioning clinical services including collaborative arrangements with a) other CCGs		Governing Body			Chief Officer	Chief Officer

Reserved or Delegated Matter	Matter Reserved to the Membership	Matter Reserved to the Governing Body	Delegated to		Responsible for Preparing or Recommending a Course of Action	Operational Responsibility
			Governing Body or Committee	Individual Member or Officer		
b) NHS England c) Local Authorities.						
2. Sign off annual contract renewals for clinical services with health care providers.				Chair or Chief Finance Officer or Chief Officer	Chief Finance Officer	Chief Finance Officer
3. Determine arrangements for handling requests for exceptional or "novel" individual patient treatments.			Finance & Resources Committee		Chief Officer	Chief Finance Officer
Commissioning and Contracting for Non-Clinical Services						
1. Approve arrangements (including individual authority to act, where appropriate) for discharging the Group's statutory responsibilities for commissioning clinical services including collaborative arrangements with a) other CCGs b) NHS England c) Local Authorities.		Governing Body			Chief Officer	Chief Officer
2. Sign off annual contract renewals for non-clinical services with providers.				Chair or Chief Finance Officer or Chief Officer	Chief Finance Officer	Chief Finance Officer
Communications						
1. Approve arrangements and policies for communication including a) handling Freedom of Information requests b) public engagement on commissioning decisions c) press enquiries.		Governing Body			Chief Officer	Chief Officer

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 Chief 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 Schedule 15.

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 www.southportformbyccg.org.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 Schedule 14).

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 Chief 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 Chief 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 NHS England and that application is granted.

2. INTERNAL CONTROL

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

2.1. The Governing Body is required to establish an Audit Committee with terms of reference agreed by the Governing Body (see Schedule 9).

2.2. The Chief Officer has overall responsibility for the group's systems of internal control.

2.3. The Chief Finance Officer will ensure that:

a) prime financial policies are considered for review and updated when appropriate annually;
b) detailed financial policies are considered for review and updated where appropriate at least bi-annually;
c) a system is in place for proper checking and reporting of all breaches of financial policies; and
d) a proper procedure is in place for regular checking of the adequacy and effectiveness of the control environment.

3. AUDIT

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

3.1.1. 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, Chief 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.

3.1.2. 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 Chief Officer to review audit issues as appropriate. All audit committee members, the chair of the Governing Body and the Chief Officer will have direct and unrestricted access to the head of internal audit and external auditors.

3.1.3. The Chief Finance Officer will ensure that:

a) the group has a professional and technically competent internal audit function; and
b) the Governing Body approves any changes to the provision or delivery of assurance services to the group.

4. FRAUD AND CORRUPTION

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

4.1. The 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 NHS England and any other sums it has received and is legally allowed to spend.

5.2. The Chief Officer has overall executive responsibility for ensuring that the group complies with certain of its statutory obligations, including its financial and accounting

obligations, and that it exercises its functions effectively, efficiently and economically and in a way which provides good value for money.

5.3. The Chief Finance Officer will:

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

6. ALLOTMENTS

6.1. The group's Chief Finance Officer will:

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

7. COMMISSIONING STRATEGY, BUDGETS, BUDGETARY CONTROL AND MONITORING

POLICY – the group 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 Chief 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 Chief Officer, prepare and submit budgets for approval by the Governing Body.

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

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

7.5. The Chief Officer will approve consultation arrangements for the group's commissioning plan.

8. ANNUAL ACCOUNTS AND REPORTS

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

8.1. The Chief Finance Officer will ensure the group:

a) prepares a timetable for producing the annual report and accounts and agrees it with external auditors and the Governing Body
b) prepares the accounts according to the timetable approved by the Governing Body
c) complies with statutory requirements and relevant directions for the publication of annual report
d) considers the external auditor's management letter and fully address all issues within agreed timescales; and
e) publishes the external auditor's management letter on the group's website at www.southportformbyccg.org.uk.

9. INFORMATION TECHNOLOGY

POLICY – the group will ensure the accuracy and security of the group's computerised financial data

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

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

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

10. ACCOUNTING SYSTEMS

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

10.1. The Chief Finance Officer will ensure:

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

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

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

11. BANK ACCOUNTS

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

11.1. The Chief Finance Officer will:

a) review the banking arrangements of the group at regular intervals to ensure they are in accordance with Secretary of State directions, best practice and represent best value for money
b) manage the group's banking arrangements and advise the group on the provision of banking services and operation of accounts
c) prepare detailed instructions on the operation of bank accounts.

11.2. The Chief Finance Officer shall approve the banking arrangements.

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

POLICY – the group will

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

12.1. The Chief Financial Officer is responsible for:

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

13. TENDERING AND CONTRACTING PROCEDURE

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

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

13.1. The group shall ensure that the firms / individuals invited to tender (and where appropriate, quote) are among those on approved lists or where necessary a framework agreement. Where in the opinion of the Chief Finance Officer it is desirable to seek tenders from firms not on the approved lists, the reason shall be recorded in writing to the Chief Officer or the group's finance and remuneration committee.

13.2. Contracts may only be negotiated on behalf of the group by those committees or individuals authorised to do so in the group's scheme of reservations and delegation, 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 constitution
b) the Public Contracts Regulation 2006, any successor legislation and any other applicable law; and
c) take into account as appropriate any applicable NHS England or the Independent Regulator of NHS Foundation Trusts (Monitor) guidance that does not conflict with (b) above.

13.3. In all contracts entered into, the group shall endeavour to obtain best value for money. The Chief Officer shall nominate an individual who shall oversee and manage each contract on behalf of the group. The scope of individual responsibilities in relation to contracting and contract values shall be set out in the group's detailed scheme of reservation and delegation which will be published on the group's website www.southportformbyccg.org.uk.

14. COMMISSIONING

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

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

14.2. The Chief Officer will establish arrangements to ensure that regular reports are provided to the Finance and Resources committee detailing actual and forecast expenditure and activity for each contract. The Chief Officer will also ensure that the group's membership council is kept informed of the group's expenditure against contracts in accordance with arrangements for reporting agreed with the membership council.

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

15. RISK MANAGEMENT AND INSURANCE

POLICY – the group will put arrangements in place for evaluation and management of its risks. Where available and appropriate insurance arrangements will support evaluated key risks.

15.1. The group's Chief Officer will ensure that the group has a robust and effective risk management policy, which has been approved by the group's Governing Body. This will include:

a) a procedure for identifying and qualifying risks and potential liabilities throughout the group

b) suitable management procedures to mitigate all significant risks and potential liabilities; and

c) arrangements to review risk management procedures periodically.

15.2. The group's Chief Officer will ensure that a report will be presented to the Governing Body's Audit Committee at least bi-annually on the key risks and the procedures for managing them. The Chief Finance Officer will undertake to present this report on behalf of the Chief Officer.

15.3. The Governing Body's Audit Committee must approve any significant changes to insurance arrangements that increase the risk to the group.

16. PAYROLL

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

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

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

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

17. NON-PAY EXPENDITURE

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

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

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

19.1. The Chief Officer shall:

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

20. TRUST FUNDS AND TRUSTEES

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

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

APPENDIX F - NOLAN PRINCIPLES

The 'Nolan Principles' set out the ways in which holders of public office should behave in discharging their duties. The seven principles are as follows.

a) **Selflessness** – Holders of public office should act solely in terms of the public interest. They should not do so in order to gain financial or other benefits for themselves, their family or their friends.

b) **Integrity** – Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might seek to influence them in the performance of their official duties.

c) **Objectivity** – In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.

d) **Accountability** – Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.

e) **Openness** – Holders of public office should be as open as possible about all the decisions and actions they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.

f) **Honesty** – Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.

g) **Leadership** – Holders of public office should promote and support these principles by leadership and example.

Source: *The First Report of the Committee on Standards in Public Life* (1995)[67]

[67] 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)[68]

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

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