### CONTENTS

<table>
<thead>
<tr>
<th>Part</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Foreword</strong></td>
<td>3</td>
</tr>
<tr>
<td>1</td>
<td><strong>Introduction and Commencement</strong></td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>1.1 Name</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>1.2 Statutory framework</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>1.3 Status of this constitution</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>1.4 Amendment and variation of this constitution</td>
<td>5</td>
</tr>
<tr>
<td>2</td>
<td><strong>Area Covered</strong></td>
<td>6</td>
</tr>
<tr>
<td>3</td>
<td><strong>Membership</strong></td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>3.1 Membership of the clinical commissioning group</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>3.2 Eligibility</td>
<td>8</td>
</tr>
<tr>
<td>4</td>
<td><strong>Mission, Values and Aims</strong></td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>4.1 Mission</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>4.2 Values</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>4.3 Aims</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>4.4 Principles of good governance</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>4.5 Accountability</td>
<td>10</td>
</tr>
<tr>
<td>5</td>
<td><strong>Functions and General Duties</strong></td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>5.1 Functions</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>5.2 General duties</td>
<td>14</td>
</tr>
<tr>
<td></td>
<td>5.3 General financial duties</td>
<td>21</td>
</tr>
<tr>
<td></td>
<td>5.4 Other relevant regulations, directions and documents</td>
<td>21</td>
</tr>
<tr>
<td>6</td>
<td><strong>Decision Making: The Governing Structure</strong></td>
<td>23</td>
</tr>
<tr>
<td></td>
<td>6.1 Authority to act</td>
<td>23</td>
</tr>
<tr>
<td></td>
<td>6.2 Scheme of reservation and delegation</td>
<td>23</td>
</tr>
<tr>
<td></td>
<td>6.3 General</td>
<td>23</td>
</tr>
<tr>
<td></td>
<td>6.4 Joint arrangements</td>
<td>24</td>
</tr>
<tr>
<td></td>
<td>6.5 The governing body</td>
<td>25</td>
</tr>
<tr>
<td></td>
<td>6.8 Transparency of the Governing Body</td>
<td>30</td>
</tr>
<tr>
<td>7</td>
<td><strong>Roles and Responsibilities</strong></td>
<td>32</td>
</tr>
<tr>
<td></td>
<td>7.1 Practice representatives</td>
<td>32</td>
</tr>
<tr>
<td></td>
<td>7.2 Other GPs or primary care health professionals</td>
<td>32</td>
</tr>
<tr>
<td></td>
<td>7.3 All members of the group’s governing body</td>
<td>32</td>
</tr>
<tr>
<td></td>
<td>7.4 The chair of the governing body</td>
<td>33</td>
</tr>
<tr>
<td></td>
<td>7.5 The deputy chair of the governing body</td>
<td>34</td>
</tr>
<tr>
<td></td>
<td>7.6 Role of the accountable officer</td>
<td>34</td>
</tr>
<tr>
<td></td>
<td>7.7 Role of the chief finance officer</td>
<td>35</td>
</tr>
<tr>
<td>8</td>
<td><strong>Standards of Business Conduct and Managing Conflicts of Interest</strong></td>
<td>36</td>
</tr>
<tr>
<td></td>
<td>8.1 Standards of business conduct</td>
<td>36</td>
</tr>
<tr>
<td></td>
<td>8.2 Conflicts of interest</td>
<td>36</td>
</tr>
<tr>
<td>Part</td>
<td>Description</td>
<td>Page</td>
</tr>
<tr>
<td>------</td>
<td>-------------</td>
<td>------</td>
</tr>
<tr>
<td>8.3</td>
<td>Declaring and registering interests</td>
<td>37</td>
</tr>
<tr>
<td>8.4</td>
<td>Managing conflicts of interest: general</td>
<td>38</td>
</tr>
<tr>
<td>8.5</td>
<td>Managing conflicts of interest: contractors and people who provide services to the group</td>
<td>40</td>
</tr>
<tr>
<td>8.6</td>
<td>Transparency in procuring services</td>
<td>40</td>
</tr>
<tr>
<td>9</td>
<td>The Group as Employer</td>
<td>42</td>
</tr>
<tr>
<td>10</td>
<td>Transparency, Ways of Working and Standing Orders</td>
<td>43</td>
</tr>
<tr>
<td>10.1</td>
<td>General</td>
<td>43</td>
</tr>
<tr>
<td>10.2</td>
<td>Standing orders</td>
<td>43</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Appendix</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Definitions of Key Descriptions used in this Constitution</td>
<td>44</td>
</tr>
<tr>
<td>B</td>
<td>List of Member Practices</td>
<td>46</td>
</tr>
<tr>
<td>C</td>
<td>Standing Orders</td>
<td>48</td>
</tr>
<tr>
<td>D</td>
<td>Scheme of Reservation and Delegation</td>
<td>95</td>
</tr>
<tr>
<td>E</td>
<td>Prime Financial Policies</td>
<td>109</td>
</tr>
<tr>
<td>F</td>
<td>The Nolan Principles</td>
<td>120</td>
</tr>
<tr>
<td>G</td>
<td>The Seven Key Principles of the NHS Constitution</td>
<td>121</td>
</tr>
<tr>
<td>H</td>
<td>Agreement between Norfolk and Waveney Local medical Committee and NHS South Norfolk Clinical Commissioning Group</td>
<td>122</td>
</tr>
</tbody>
</table>
FOREWORD by Chair

NHS South Norfolk Clinical Commissioning Group is the body that undertakes the organisation and development of healthcare for the people of South Norfolk. This is in partnership with local government, provider bodies, and most importantly the people of South Norfolk. NHS South Norfolk Clinical Commissioning Group is made up of all GP Member Practices in the area, who together have elected a governing body to oversee, and orchestrate how this is done and implemented. The constitution contains the way the Group is run, and its principles. It details the confines within which it works, and the processes by which it is audited and overseen. This is an important document for those wanting to understand the process and how they can influence it. As a public body, we wish to hear from and understand the diverse needs and aspirations of all those in South Norfolk. We want to be inclusive and open, working together for a quality driven, efficient, effective and encompassing NHS.

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

The constitution applies to the entire Group’s Member Practices, employees, and individuals working on behalf of the Group, anyone who is a member of the Group’s governing body (including the governing body’s audit and remuneration committees) and anyone who is a member of any other committees or sub-committees established by the Group or its governing body.

I hope the details enclosed within this constitution are helpful and useful to all those wishing to influence healthcare within South Norfolk.

Dr Jonathan Bryson  
Chair, NHS South Norfolk Clinical Commissioning Group  
September 2012
1. INTRODUCTION AND COMMENCEMENT

1.1. Name

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

1.2. Statutory Framework

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

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

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

1.3. Status of this Constitution

1.3.1. This constitution is made between the members of NHS South Norfolk Clinical Commissioning Group and has effect from 15th day of February 2013, when the NHS Commissioning Board established the Group. The constitution is published on the

---

1. See section 11 of the 2006 Act, inserted by section 10 of the 2012 Act
2. See section 275 of the 2006 Act, as amended by paragraph 140(2)(c) of Schedule 4 of the 2012 Act
3. Duties of clinical commissioning groups to commission certain health services are set out in section 3 of the 2006 Act, as amended by section 13 of the 2012 Act
4. See section 14C of the 2006 Act, inserted by section 25 of the 2012 Act
5. See section 14Z16 of the 2006 Act, inserted by section 26 of the 2012 Act
6. See sections 14Z21 and 14Z22 of the 2006 Act, inserted by section 26 of the 2012 Act
7. See in particular sections 14L, 14M, 14N and 14O of the 2006 Act, inserted by section 25 of the 2012 Act and Part 1 of Schedule 1A to the 2006 Act, inserted by Schedule 2 to the 2012 Act and any regulations issued
8. See section 14D of the 2006 Act, inserted by section 25 of the 2012 Act
Group’s website at www.southnorfolkccg.nhs.uk. The constitution is also available upon request either by post or email or for inspection at our headquarters. Details are on the back of the constitution document.

1.4. Amendment and Variation of this Constitution

1.4.1. This constitution can only be varied in two circumstances.⁹

a) where the Group applies to the NHS Commissioning Board and that application is granted;

b) where in the circumstances set out in legislation the NHS Commissioning Board varies the Group’s constitution other than on application by the Group.

---

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

2.1. The geographical area covered by NHS South Norfolk Clinical Commissioning Group is as follows:

2.1.1. The entire area of South Norfolk District Council;

2.1.2. In the Breckland District Council local authority the Group covers the following LSOAs:

<table>
<thead>
<tr>
<th>LSOA Code</th>
<th>LSOA Name</th>
<th>LSOA Code</th>
<th>LSOA Name</th>
<th>LSOA Code</th>
<th>LSOA Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>E01026419</td>
<td>Breckland 010A</td>
<td>E01026446</td>
<td>Breckland 004A</td>
<td>E01026474</td>
<td>Breckland 017A</td>
</tr>
<tr>
<td>E01026420</td>
<td>Breckland 010B</td>
<td>E01026447</td>
<td>Breckland 011C</td>
<td>E01026475</td>
<td>Breckland 017B</td>
</tr>
<tr>
<td>E01026421</td>
<td>Breckland 013A</td>
<td>E01026448</td>
<td>Breckland 013C</td>
<td>E01026476</td>
<td>Breckland 017C</td>
</tr>
<tr>
<td>E01026422</td>
<td>Breckland 011A</td>
<td>E01026449</td>
<td>Breckland 011D</td>
<td>E01026477</td>
<td>Breckland 017D</td>
</tr>
<tr>
<td>E01026423</td>
<td>Breckland 011B</td>
<td>E01026450</td>
<td>Breckland 011E</td>
<td>E01026478</td>
<td>Breckland 017E</td>
</tr>
<tr>
<td>E01026425</td>
<td>Breckland 005A</td>
<td>E01026451</td>
<td>Breckland 008C</td>
<td>E01026479</td>
<td>Breckland 006A</td>
</tr>
<tr>
<td>E01026426</td>
<td>Breckland 005B</td>
<td>E01026452</td>
<td>Breckland 004B</td>
<td>E01026480</td>
<td>Breckland 006B</td>
</tr>
<tr>
<td>E01026427</td>
<td>Breckland 005C</td>
<td>E01026453</td>
<td>Breckland 004C</td>
<td>E01026481</td>
<td>Breckland 006C</td>
</tr>
<tr>
<td>E01026428</td>
<td>Breckland 003A</td>
<td>E01026454</td>
<td>Breckland 004D</td>
<td>E01026482</td>
<td>Breckland 001D</td>
</tr>
<tr>
<td>E01026429</td>
<td>Breckland 003B</td>
<td>E01026460</td>
<td>Breckland 001B</td>
<td>E01026483</td>
<td>Breckland 001E</td>
</tr>
<tr>
<td>E01026430</td>
<td>Breckland 003C</td>
<td>E01026461</td>
<td>Breckland 001C</td>
<td>E01026484</td>
<td>Breckland 006D</td>
</tr>
<tr>
<td>E01026431</td>
<td>Breckland 003D</td>
<td>E01026463</td>
<td>Breckland 010C</td>
<td>E01026485</td>
<td>Breckland 006E</td>
</tr>
<tr>
<td>E01026432</td>
<td>Breckland 005D</td>
<td>E01026464</td>
<td>Breckland 010D</td>
<td>E01026486</td>
<td>Breckland 009A</td>
</tr>
<tr>
<td>E01026433</td>
<td>Breckland 005E</td>
<td>E01026465</td>
<td>Breckland 015A</td>
<td>E01026487</td>
<td>Breckland 009B</td>
</tr>
<tr>
<td>E01026434</td>
<td>Breckland 005F</td>
<td>E01026466</td>
<td>Breckland 015B</td>
<td>E01026488</td>
<td>Breckland 009C</td>
</tr>
<tr>
<td>E01026435</td>
<td>Breckland 013B</td>
<td>E01026467</td>
<td>Breckland 015C</td>
<td>E01026489</td>
<td>Breckland 009D</td>
</tr>
<tr>
<td>E01026436</td>
<td>Breckland 001A</td>
<td>E01026468</td>
<td>Breckland 016A</td>
<td>E01026490</td>
<td>Breckland 009E</td>
</tr>
<tr>
<td>E01026437</td>
<td>Breckland 008A</td>
<td>E01026469</td>
<td>Breckland 016B</td>
<td>E01026491</td>
<td>Breckland 010E</td>
</tr>
<tr>
<td>E01026438</td>
<td>Breckland 008B</td>
<td>E01026470</td>
<td>Breckland 016C</td>
<td>E01026494</td>
<td>Breckland 014D</td>
</tr>
<tr>
<td>E01026439</td>
<td>Breckland 014A</td>
<td>E01026471</td>
<td>Breckland 016D</td>
<td>E01026495</td>
<td>Breckland 008D</td>
</tr>
<tr>
<td>E01026440</td>
<td>Breckland 014B</td>
<td>E01026472</td>
<td>Breckland 016E</td>
<td>E01026496</td>
<td>Breckland 008E</td>
</tr>
<tr>
<td>E01026441</td>
<td>Breckland 014C</td>
<td>E01026473</td>
<td>Breckland 016F</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

NHS South Norfolk Clinical Commissioning Group’s Constitution
Final 16.01.13, NHS Commissioning Board Effective Date : 1st April 2013
3. MEMBERSHIP

3.1. Membership of the Clinical Commissioning Group

3.1.1. The following practices comprise the Member Practices of NHS South Norfolk Clinical Commissioning Group.

<table>
<thead>
<tr>
<th>Practice Name</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attleborough Surgeries</td>
<td>Station Road, Attleborough, Norfolk NR17 2AS</td>
</tr>
<tr>
<td>Chet Valley Medical Practice</td>
<td>George House, 40-48 George Lane, Lodden, Norfolk NR14 6QH</td>
</tr>
<tr>
<td>Church Hill Surgery</td>
<td>Station Road, Pulham Market, Norfolk IP21 4TX</td>
</tr>
<tr>
<td>East Harling &amp; Kenninghall Medical Practice</td>
<td>The Surgery, Market Street, East Harling, Norfolk NR16 2AD</td>
</tr>
<tr>
<td>Elmham Surgery</td>
<td>59 Holt Road, North Elmham, East Dereham, Norfolk NR20 5JS</td>
</tr>
<tr>
<td>Grove Surgery</td>
<td>Grove Lane, Thetford, Norfolk IP24 2HY</td>
</tr>
<tr>
<td>Harleston Medical Practice</td>
<td>Bullock Fair Close, Harleston, Norfolk IP20 9AT</td>
</tr>
<tr>
<td>Heathgate Medical Practice</td>
<td>The Street, Poringland, Norfolk NR14 7JT</td>
</tr>
<tr>
<td>Hingham Surgery</td>
<td>Hardingham Street, Hingham, Norwich, Norfolk NR9 4JB</td>
</tr>
<tr>
<td>Humbleyard Practice</td>
<td>Cringleford Surgery, Cantley Lane, Cringleford, Norwich NR4 6TA</td>
</tr>
<tr>
<td>Lawns Medical Practice</td>
<td>Mount Street, Diss, Norfolk IP22 4WG</td>
</tr>
<tr>
<td>Long Stratton Medical Partnership</td>
<td>Swan Lane Surgery, Tharston, Norfolk NR15 2UY</td>
</tr>
<tr>
<td>Mattishall and Lenwade Surgeries</td>
<td>15 Dereham Road, Mattishall, East Dereham, Norfolk NR20 3QA</td>
</tr>
<tr>
<td>Old Mill &amp; Millgates Medical Practice</td>
<td>Old Mill Surgery, Stoke Road, Poringland, Norfolk NR14 7JL</td>
</tr>
<tr>
<td>Orchard Surgery</td>
<td>Commercial Road, Dereham, Norfolk NR19 1AE</td>
</tr>
<tr>
<td>Parish Fields Practice</td>
<td>Mount Street, Diss, Norfolk IP22 4WG</td>
</tr>
<tr>
<td>Roundwell Medical Centre</td>
<td>25 Dr Torrens Way, Costessey, Norwich, Norfolk NR5 0GB</td>
</tr>
<tr>
<td>School Lane Surgery</td>
<td>The Surgery, School Lane, Thetford, Norfolk IP24 2AG</td>
</tr>
<tr>
<td>School Lane Surgery PMS</td>
<td>The Surgery, School Lane, Thetford, Norfolk IP24 2AG</td>
</tr>
<tr>
<td>Shipdham Surgery</td>
<td>Chapel Street, Shipdham, Thetford, Norfolk IP25 7LA</td>
</tr>
<tr>
<td>Swanton Morley Greenfield Nurse Led Surgery</td>
<td>C/O Lincoln House, Dereham Road, Swanton Morley, Norfolk NR20 4LT</td>
</tr>
<tr>
<td>Theatre Royal Surgery</td>
<td>Theatre Street, Dereham, Norfolk NR19 2EN</td>
</tr>
<tr>
<td>Toftwood Medical Centre</td>
<td>2 Chapel Lane, Toftwood, Dereham, Norfolk NR19 1LD</td>
</tr>
</tbody>
</table>
3.1.2. Appendix B of this constitution contains the list of Member Practices, together with the signatures of the practice representatives confirming their agreement to this constitution.

3.2. Eligibility

3.2.1. Providers of primary medical services to a registered list of patients under a General Medical Services, Personal Medical Services or Alternative Provider Medical Services contract, will be eligible to apply for membership of this group.\(^\text{10}\)

3.3. LMC and CCG Engagement

3.3.1. NHS South Norfolk Clinical Commissioning Group will engage with the Norfolk and Waveney Local Medical Committee, as statutory representatives of the profession. The detail of this agreement is appended to the Constitution at Appendix H.

3.3.2. Disputes between a practice and NHS South Norfolk Clinical Commissioning Group, or between practices who are members of NHS South Norfolk Clinical Commissioning Group, will be addressed in accordance with the disputes resolution process. The detail of this agreement is included within Appendix H.

\(^{10}\) See section 14A(4) of the 2006 Act, inserted by section 25 of the 2012. Regulations to be made
4. MISSION, VALUES AND AIMS

4.1. Mission

4.1.1. The mission of NHS South Norfolk Clinical Commissioning Group is that we aspire to deliver the highest quality integrated healthcare, which is appropriate, effective, efficient and sustainable, in order to improve the health and well-being of the whole and diverse population of South Norfolk.

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

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:

a) Quality services that are evidence-based, focused on patient safety, with measurable outcomes;

b) Financial rigour in the planning, commissioning and on-going review of provision;

c) Inclusion of patients and affected others across all elements of clinical commissioning, with particular emphasis on hard to reach groups;

d) Locally-led clinical commissioning, placing our Member Practices and our patient population at the heart of every decision we make.

4.3. Aims

4.3.1. The Group’s aims are to:

a) Promote a culture of safety, continuous improvement and innovation through the commissioning of effective clinical services within a clear framework of quality standards;

b) Utilise local patient experience to inform and challenge process. Embedding patient participation and engagement across all elements of the commissioning cycle. Identifying hard to reach groups and looking to innovative approaches to achieve their involvement;

c) Avoid reactive approaches to commissioning, replacing short-termism with a planned and sustainable approach to pathways of care;
d) Work with key stakeholders on true collaboration and integration thereby delivering whole-systems approaches to clinical patient care;

e) Nurture the engagement of our clinicians by way of on-going support, development and training.

4.4. Principles of Good Governance

4.4.1. In accordance with section 14L(2)(b) of the 2006 Act, the Group will at all times observe “such generally accepted principles of good governance” 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;

c) the standards of behaviour published by the Committee on Standards in Public Life (1995) known as the ‘Nolan Principles’

d) the seven key principles of the NHS Constitution;

e) the Equality Act 2010.


4.5. Accountability

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

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);

---

11 Inserted by section 25 of the 2012 Act
12 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
13 See Appendix F
14 See Appendix G
15 See http://www.legislation.gov.uk/ukpga/2010/15/contents
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 the NHS Commissioning Board as required.

4.5.2. The Governing Body of the Group will throughout each year have an ongoing role in reviewing the Group’s governance arrangements to ensure that the Group continues to reflect the principles of good governance.
5. FUNCTIONS AND GENERAL DUTIES

5.1. Functions

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

a) commissioning certain health services (where the NHS Commissioning Board is not under a duty to do so) that meet the reasonable needs of:
   i. all people registered with member 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, when exercising its functions to commission health services, consistently with the discharge by the Secretary of State and the NHS Commissioning Board of their duty to *promote a comprehensive health service* and with the objectives and requirements placed on the NHS Commissioning Board through the mandate published by the Secretary of State before the start of each financial year by:
   i. delegating responsibility to the Group’s Governing Body to produce and approve an annual integrated commissioning plan which promotes a comprehensive health service, and respond to the mandate published annually by the Secretary of State; and
   ii. requiring progress of delivery of the duty to be monitored through the Group’s reporting mechanisms by the Governing Body.

---

16 See section 3(1F) of the 2006 Act, inserted by section 13 of the 2012 Act
17 See section 1 of the 2006 Act, as amended by section 1 of the 2012 Act
18 See section 13A of the 2006 Act, inserted by section 23 of the 2012 Act
b) **meet the public sector equality duty**\(^{19}\) by:

i. delegating responsibility to the accountable officer who has lead responsibility to oversee its discharge; and

ii. specifying an NHS Equality Delivery Systems Outcome Framework which sets out how the Group intends to discharge this duty to be approved by the Governing Body;

iii. requiring progress of delivery of the duty to be monitored through the Group’s reporting mechanisms by the Governing Body;

iv. Under the Equality Act 2010, ensuring in the exercise of their functions, NHS South Norfolk Clinical Commissioning Group have due regard to the need to:

   a. eliminating unlawful discrimination harassment and victimisation and other conduct prohibited by the 2010 Act;

   b. advancing equality of opportunity between people who share a protected characteristic and those who do not;

   c. fostering good relations between people who share a protected characteristic and those who do not.

v. delivering this public sector duty by:

   a. publishing annually, sufficient information to demonstrate compliance with this general duty across all their functions;

   b. by the end of April 2013 preparing and publishing specific and measurable equality objectives, with a commitment to revising and reviewing these at least every four years.

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

i. full engagement and participation at the Norfolk Health and Wellbeing Board through effective representation at this Board;

ii. working closely in partnership with Norfolk County Council, South Norfolk District Council and Breckland District Council to develop joint strategic needs assessments and joint health and well-being strategies to inform our commissioning priorities.

---

\(^{19}\) See section 149 of the Equality Act 2010, as amended by paragraphs 184 and 186 of Schedule 5 of the 2012 Act

\(^{20}\) See section 116 of the Local Government and Public Involvement in Health Act 2007, as amended by section 192 of the 2012 Act

\(^{21}\) See section 116A of the Local Government and Public Involvement in Health Act 2007, as inserted by section 191 of the 2012 Act
5.2. **General Duties** - in discharging its functions NHS South Norfolk Clinical Commissioning Group will:

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

a) Working in partnership with patients and the local community to secure the best care for them;

b) Adapting engagement activities to meet specific needs of the different patient groups and communities;

c) Publishing information about health services on the Group’s website and through other media;

d) Encouraging and acting on feedback;

e) The Governing Board will ensure that the Group complies with the principles set out above through the following;

i. Creating clear plans to ensure that the public are to get involved in commissioning;

ii. Meeting annually in public to present the Group’s Annual report;

iii. Having a lay member with responsibility for public and patient participation on the Governing Body;

iv. Where it is intended that services will change, engaging with Norfolk’s Overview and Scrutiny Committee;

v. Where the Group have to formally consult on changes to take account of the Cabinet office’s “Code of Practice on Consultation.”

5.2.2. **Promote awareness of, and act with a view to securing that health services are provided in a way that promotes awareness of, and have regard to the NHS Constitution**\(^{23}\) by delegating responsibility to the Group’s Governing Body to ensure that:

a) The principles upheld in the NHS Constitution are reflected in the Group’s values, plans and terms of reference for each committee within the governance structure;

\(^{22}\) See section 14Z2 of the 2006 Act, inserted by section 26 of the 2012 Act

\(^{23}\) See section 14P of the 2006 Act, inserted by section 26 of the 2012 Act and section 2 of the Health Act 2009 (as amended by 2012 Act)
b) The Group actively promote the NHS Constitution via its website and in its engagement with its staff, patients, public, providers of services and other key stakeholders;

c) There is a process of delivery of the duty monitored through the Groups reporting mechanisms to the Governing Body. This will be evidenced by a statement signed off by the author of every report to the Governing Body, committees or sub committees confirming that due regard to the NHS Constitution has been had in preparing the report.

d) The Group’s Annual Report will summarise how the Group has delivered against its intentions in this area.

5.2.3. Act **effectively, efficiently and economically**\(^2^4\) by:

a) delegating responsibility to the Governing Body for ensuring the CCG complies with its obligations under this duty;

b) delegating to the Accountable Officer the lead responsibility for overseeing the discharge of this duty.

The Governing Body will in turn receive assurance from

c) the Audit Committee, which will monitor and oversee systems of internal control, risk management and integrated governance;

d) the Quality and Patient Safety Assurance Committee, which will monitor, comment and act where necessary on the effectiveness of patient care;

e)

5.2.4. Act with a view to **securing continuous improvement to the quality of services**\(^2^5\) by:

a) Delegating responsibility to the Governing Body with the Quality and Patient Safety Assurance Committee providing the assurance to the Governing Body. This will be delivered by the Quality and Assurance Committee receiving routine reports from the Commissioning Support Unit from Serious incidents, Never Events, Complaints, Compliments, patient and public feedback. In addition the Committee will analyse outcomes from CQC reports and unannounced visits, CQUINs and other quality and safety indicators. The committee will produce, based on the triangulation of all received data and outcomes a comprehensive continuous improvement plan and identify any risks which will be reflected in the Risk register.

b) The Improvement Plan will inform the Group of any opportunities for learning events both at a local South Norfolk level and a Norfolk wide level.

---

\(^{2^4}\) See section 14Q of the 2006 Act, inserted by section 26 of the 2012 Act

\(^{2^5}\) See section 14R of the 2006 Act, inserted by section 26 of the 2012 Act
c) Requiring a progress of delivery of the duty monitored through the Group’s reporting mechanisms.

d) We will receive, review and comment and where appropriate act upon requests, and recommendations from Local and national Healthwatch reports.

e) The Head of Quality and Patient Safety will meet regularly with the CSU to review provider clinical quality and performance in addition to the receipt of routine quality and safety reports produced by the CSU on behalf of SNCG.

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

a) Delegating responsibility to the Governing Body with the Quality and Patient Safety Assurance Committee providing the assurance to the Governing Body;

b) Requiring progress of delivery of the duty to be monitored through the Group’s reporting mechanism;

c) Agreeing a mechanism with the NHS Commissioning Board for working in partnership with the NHS Commissioning Board to improve the quality of primary care.

5.2.6. Have regard to the need to reduce inequalities by:

a) Ensuring that needs are identified through review and development of the Group’s JSNA and the JHWS;

b) Appointing a named lead for this duty from within the Governing Body who champions this duty throughout the Group;

c) Ensuring that the Group’s vision, aims and values have strong regard to this duty;

d) Delegating responsibility to the Group’s Governing Body;

e) Requiring a progress of delivery of the duty annually in the Annual Report and also continually monitoring the duty through the Group’s reporting mechanisms as well as regularly through commissioning proposals.

5.2.7. Promote the involvement of patients, their carers and representatives in decisions about their healthcare by:

---

26 See section 14S of the 2006 Act, inserted by section 26 of the 2012 Act
27 See section 14T of the 2006 Act, inserted by section 26 of the 2012 Act
28 See section 14U of the 2006 Act, inserted by section 26 of the 2012 Act
a) Encouraging practices to use their patient participation groups and ensuring a minimum standard of excellence across the patient participation groups;

b) Ensuring that the patient is at the centre of all we do through the Group’s vision and values;

c) Maintaining close links with the local Healthwatch;

d) Encouraging patient representation on each clinical committee of the Governing Body who are actively trained and supported to develop expertise in that area.

e) The Quality and Patient Assurance Committee will ensure patient feedback is utilised to inform future learning and continuous improvement plans and processes. This will be reflected as part of the Group’s Continuous improvement plan;

f) Ensuring the website is used to actively engage and promote to patient participation groups and committees.

g) Delegating responsibility to the Group’s Governing Body

h) Requiring progress of delivery of the duty to be monitored through the Group’s reporting mechanisms. In particular the Quality and Patient Safety Assurance Committee will provide assurance to the Governing Body of any potential or known risks identified from patient public feedback.

5.2.8. Act with a view to enabling patients to make choices\(^{29}\) by:

a) Ensuring that patients are aware of the choices available to them;

b) Ensuring patients are involved in the decisions about their healthcare by giving them the information to enable them to do this;

c) Delegating responsibility to the Group’s Governing Body;

d) Requiring a progress of delivery of the duty annually monitored through the Group’s reporting mechanisms

5.2.9. Obtain appropriate advice\(^{30}\) from persons who, taken together, have a broad range of professional expertise in healthcare and public health by:

a) Ensuring all committees, working groups, sub committees are able to obtain advice from professional healthcare and public health expertise from a broad range of health areas;

\(^{29}\) See section 14V of the 2006 Act, inserted by section 26 of the 2012 Act

\(^{30}\) See section 14W of the 2006 Act, inserted by section 26 of the 2012 Act
b) Ensuring the members from a range of healthcare backgrounds make up the Governing Body;

c) Including a public health consultant within our senior management team;

d) Regular visits and communication to local providers to gather information;

e) Delegating responsibility to the relevant committee, sub committee or working group.

5.2.10. **Promote innovation**\(^{31}\) by:

a) Ensuring all key stakeholders are involved in service redesign to encourage wide ranging and dynamic innovation;

b) Reviewing best practice nationally and internationally, as well as in and outside of the NHS to encourage further innovation. This will be encouraged through direct observation, networking and experiential learning opportunities and shared learning events;

c) Using member practice and patient groups to drive the innovation process.

d) Ensuring innovation is considered in all commissioning proposals through requiring the author of each proposal to show how it has been considered.

e) Delegating responsibility to the Quality and Patient Safety Assurance committee as included in the Committees terms of reference. Innovation will be integrated as a fundamental element of the Group’s Continuous Improvement plans to drive service redesign.

f) Requiring progress of delivery of the duty *annually* monitored through the Group’s reporting mechanisms in the Annual Report. This will be by demonstrating to the Governing Body routine Quality and Patient Safety reports, presentations, and seminars that reflect how Innovation has been considered within continuous improvement plans and processes CQUINs and QIPP initiatives.

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

a) Championing a research culture by adopting policy and annual plans in respect of research to oversee discharge of this duty

b) Requiring progress of delivery of the duty to be monitored through the Group’s reporting mechanism annually through the Annual Report.

c) Maintain a strategic overview of local and national research.

---

\(^{31}\) See section 14X of the 2006 Act, inserted by section 26 of the 2012 Act

\(^{32}\) See section 14Y of the 2006 Act, inserted by section 26 of the 2012 Act
d) Delegated responsibility to the Accountable officer;

This will be supported by:

a) Clear arrangements under the Research and Development agreement with the designated Research Service hosting body;

b) CCG committees such as the Quality and Patient Safety Assurance Committee considering regular reports from the Research Service provider and identifying any relevant risks, learning or improvement opportunities based on research or benefiting from research investment;

c) Encouraging and directing research ideas from commissioners, providers and patients into local research development mechanisms;

d) Ensuring that appropriate facilities are made available, through the commissioning process, to Universities which have a medical or dental school in connection with research;

e) Agreeing a mechanism to ensure that the NHS meets the statutory requirements for awarding treatment costs for patients who are taking part in research funded by Government and research charity partner organisations;

5.2.12. Have regard to the need to **promote education and training**\(^{33}\) for persons who are employed, or who are considering becoming employed, in an activity which involves or is connected with the provision of services as part of the health service in England so as to assist the Secretary of State for Health in the discharge of his related duty\(^{34}\) by:

a) Regular appraisal and person development plans for all employed staff and the Governing Body;

b) Developing and updating of the Group’s organisational development plan;

c) Ensuring all employed staff are compliant with regard to mandatory training;

d) Delegating responsibility to the Group’s Governing Body who will look for assurance from the Senior Management Committee as to delivery.

e) Requiring a progress of delivery of the duty monitored through the Group’s reporting mechanisms.

5.2.13. Act with a view to **promoting integration** of both health services with other health services and health services with health-related and social care services where the

---

\(^{33}\) See section 14Z of the 2006 Act, inserted by section 26 of the 2012 Act

\(^{34}\) See section 1F(1) of the 2006 Act, inserted by section 7 of the 2012 Act
Group considers that this would improve the quality of services or reduce inequalities\textsuperscript{35} by:

\begin{enumerate}
  \item Working in partnership with the local authority as well as being an active member of the Norfolk Health and Wellbeing Board;
  \item Encouraging joint working across organisations at all levels;
  \item Working with provider organisations across health and social care to encourage the delivery of integrated care;
  \item Capturing specific plans in its annual Integrated Commissioning Plan;
  \item Delegating responsibility to the Group’s Governing Body;
  \item Requiring a progress of delivery of the duty \textit{annually} monitored through the Group’s reporting mechanisms through the Annual Report.
\end{enumerate}

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

5.3.1. \textbf{Ensure its expenditure does not exceed the aggregate of its allotments for the financial year}\textsuperscript{36} by:

\begin{enumerate}
  \item Delegating responsibility to the Governing Body for ensuring the CCG complies with its obligations under this duty
  \item Delegating to the Chief Finance Officer the lead responsibility for overseeing the discharge of this duty
  \item Describing within the Prime Financial Policies the mechanisms by which the CCG will discharge this duty.
  \item Monitoring performance and financial management through the Group’s reporting mechanisms.
\end{enumerate}

5.3.2. \textbf{Ensure its use of resources (both its capital resource use and revenue resource use) does not exceed the amount specified by the NHS Commissioning Board for the financial year}\textsuperscript{37} by

\begin{enumerate}
  \item Delegating responsibility to the Governing Body for ensuring the CCG complies with its obligations under this duty.
\end{enumerate}

\textsuperscript{35} See section 14Z1 of the 2006 Act, inserted by section 26 of the 2012 Act
\textsuperscript{36} See section 223H(1) of the 2006 Act, inserted by section 27 of the 2012 Act
\textsuperscript{37} See sections 223I(2) and 223I(3) of the 2006 Act, inserted by section 27 of the 2012 Act
b) Delegating to the Chief Finance Officer the lead responsibility for overseeing the discharge of this duty.

c) Describing within the Prime Financial Policies the mechanisms by which the CCG will discharge this duty.

d) Monitoring performance and financial management through the Group’s reporting mechanisms.

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

a) Delegating responsibility to the Governing Body for ensuring the CCG complies with its obligations under this duty.

b) Delegating to the Chief Finance Officer the lead responsibility for overseeing the discharge of this duty.

c) Describing within the Prime Financial Policies the mechanisms by which the CCG will discharge this duty.

d) Monitoring performance and financial management through the Group’s reporting mechanisms.

5.3.4. **Publish an explanation of how the Group spent any payment in respect of quality** made to it by the NHS Commissioning Board 39 by:

a) Delegating responsibility to the Governing Body for ensuring the CCG complies with its obligations under this duty.

b) Delegating to the Chief Finance Officer the lead responsibility for overseeing the discharge of this duty.

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 of the NHS Commissioning Board; and

   c) Take account, as appropriate, of documents issued by the NHS Commissioning Board.

---

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

39 See section 223K(7) of the 2006 Act, inserted by section 27 of the 2012 Act
5.4.2. The Group will develop and implement the necessary systems and processes to comply with these regulations and directions, documenting them as necessary in this constitution, its scheme of reservation and delegation and other relevant group policies and procedures.
6. **DECISION MAKING: THE GOVERNING STRUCTURE**

6.1. **Authority to act**

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

   a) any of its members;
   
   b) its Governing Body;
   
   c) employees;
   
   d) a committee or sub-committee of the Group.

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

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

6.2. **Scheme of Reservation and Delegation**\(^{40}\)

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, and individuals must:

   a) comply with the Group’s principles of good governance,\(^{41}\)

\(^{40}\) See Appendix D
\(^{41}\) See section 4.4 on Principles of Good Governance above
b) operate in accordance with the Group’s scheme of reservation and delegation,\textsuperscript{42}

c) comply with the Group’s standing orders,\textsuperscript{43}

d) comply with the Group’s arrangements for discharging its statutory duties,\textsuperscript{44}

e) where appropriate, ensure that Member Practices have had the opportunity to contribute to the Group’s decision making process.

6.3.2. When discharging their delegated functions, committees and 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. Joint Arrangements

6.4.1. The Group may enter into collaborative governance arrangements with other clinical commissioning groups for the purposes of collaboratively commissioning health services.

a) The establishment of a Joint Quality Committee with NHS Great Yarmouth and Waveney Clinical Commissioning Group, NHS Norwich Clinical Commissioning Group, NHS South Norfolk Clinical Commissioning Group and NHS West Norfolk Clinical Commissioning Group;

\textsuperscript{42} See appendix D
\textsuperscript{43} See appendix C
\textsuperscript{44} See chapter 5 above
The establishment of Collaborative Commissioning Boards for acute care; mental health services (including elements of Learning Difficulties); community services (including primary care out of hours and 111) and Children & Families with North Norfolk Clinical Commissioning Group, South Norfolk Clinical Commissioning Group, West Norfolk Clinical Commissioning Group and Great Yarmouth and Waveney Clinical Commissioning Group. The group will enter into wider collaborative arrangements with other clinical commissioning groups concerning the delivery of emergency ambulance and patient transport services as necessary.

c) The CCG will be represented at each Collaborative Commissioning Group by the governing body elected clinician with responsibility for the relevant commissioning area or the Director of Operations. Where it is necessary for the elected clinician or Director of Operations to be represented by a deputy at the Collaborative Commissioning Group, the deputy will have such authority as delegated through the existing Scheme of Delegation.

d) The group will agree and maintain Collaborative Commissioning Agreements to support these arrangements.

e) The group reserves the right to review and amend these joint arrangements.

6.4.2. The Group may under section 75 framework arrangements with the local authority establish joint governance arrangements for the purposes of commissioning integrated health and social care services.

6.5. **The Governing Body**

6.5.1. *Functions* - the Governing Body has the following functions conferred on it by sections 14L(2) and (3) of the 2006 Act, inserted by section 25 the 2012 Act, together with any other functions connected with its main functions as may be specified in this constitution.\(^{45}\) The Governing Body may also have functions of the clinical commissioning group delegated to it by the Group. Where the Group has conferred additional functions on the Governing Body connected with its main functions, or has delegated any of the Group’s functions to its Governing Body, these are set out from paragraph 6.6.1(d) below. 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*\(^{46}\) (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

---

\(^{45}\) See section 14L(3)(c) of the 2006 Act, as inserted by section 25 of the 2012 Act

\(^{46}\) See section 4.4 on Principles of Good Governance above
paragraph 11(4) of Schedule 1A of the 2006 Act, inserted by Schedule 2 of the 2012 Act;

c) leading the setting of the vision and strategy;
d) monitoring performance against plan;
e) providing assurance of strategic risks;
f) ensuring that the registers of interests are reviewed regularly (in any event at least every quarter), and updated as necessary;
g) approval of the Group’s operational scheme of delegation that underpins the Group’s ‘overarching scheme of reservation and delegation’ as set out in its constitution;
h) approve arrangements for identifying the Group’s proposed accountable officer;
i) approval of the arrangements for discharging the Group’s statutory duties as an employer including approving terms and conditions of services for the Group’s employees;
j) reviewing financial reports concerning significant changes to the Group’s allocation and the use of such funds;
k) approving the Group’s budgets prior to the start of each financial year;
l) reviewing reports on the financial variance against budget and plan, which will include explanations for variances;
m) approving consultation arrangements for the Group’s commissioning plan.

6.5.2. Composition of the Governing Body - the Governing Body shall not have less than fourteen of whom the majority shall be practicing clinicians and comprises of:

a) the chair;
b) Seven of other GPs or primary care health professionals;
c) two lay members:
   i. one to lead on audit, remuneration and conflict of interest matters,
   ii. one to lead on patient and public participation matters;
d) one registered nurse;
e) one secondary care specialist doctor;
f) the accountable officer;

g) the chief finance officer;

6.5.3. **Committees of the Governing Body** - 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.

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 audit committee:

b) 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 the Committee are:

a. The committee shall review the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the clinical commissioning group’s activities that support the achievement of the clinical commissioning group’s objectives.

b. Its work will dovetail with that of the Quality Committee, which the clinical commissioning group has established to seek assurance that robust clinical quality is in place.

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

a. All risk and control related disclosure statements (in particular the governance statement), together with any appropriate independent assurances, prior to endorsement by the clinical commissioning group.

b. The underlying assurance processes that indicate the degree of achievement of clinical commissioning group objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements.

c. The policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements and related reporting and self-certification.

---

47 See annex 1 of the Standing Orders for the terms of reference of the Audit Committee

48 See section 14L(2) of the 2006 Act, inserted by section 25 of the 2012 Act
d) The policies and procedures for all work related to fraud and corruption as set out in Secretary of State Directions and as required by the NHS Counter Fraud and Security Management Service.

d) In carrying out this work the committee will primarily utilise the work of internal audit, external audit and other assurance functions, but will not be limited to these sources. It will also seek reports and assurances from directors and managers as appropriate, concentrating on the over-arching systems of integrated governance, risk management and internal control, together with indicators of their effectiveness. This will be evidenced through the committee’s use of an effective assurance framework to guide its work and that of the audit and assurance functions that report to it.

e) The committee shall ensure that there is an effective internal audit function that meets mandatory NHS Internal Audit Standards and provides appropriate independent assurance to the audit committee, accountable officer and clinical commissioning group. This will be achieved by:

a. Consideration of the provision of the internal audit service, the cost of the audit and any questions of resignation and dismissal.

b. Review and approval of the internal audit strategy, operational plan and more detailed programme of work, ensuring that this is consistent with the audit needs of the organisation, as identified in the assurance framework.

c. Considering the major findings of internal audit work (and management’s response) and ensuring co-ordination between the internal and external auditors to optimise audit resources.

d. Ensuring that the internal audit function is adequately resourced and has appropriate standing within the clinical commissioning group.

e. An annual review of the effectiveness of internal audit.

f) The committee shall review the work and findings of the external auditors and consider the implications and management’s responses to their work. This will be achieved by:

a. Consideration of the performance of the external auditors, as far as the rules governing the appointment permit.

b. Discussion and agreement with the external auditors, before the audit commences, on the nature and scope of the audit as set out in the annual plan, and ensuring co-ordination, as appropriate, with other external auditors in the local health economy.

c. Discussion with the external auditors of their local evaluation of audit risks and assessment of the clinical commissioning group and associated impact on the audit fee.
d. Review of all external audit reports, including the report to those charged with governance, agreement of the annual audit letter before submission to the clinical commissioning group and any work undertaken outside the annual audit plan, together with the appropriateness of management responses.

g) The audit committee shall review the findings of other significant assurance functions, both internal and external and consider the implications for the governance of the clinical commissioning group.

h) These will include, but will not be limited to, any reviews by Department of Health arm’s length bodies or regulators/inspectors (for example, the Care Quality Commission and NHS Litigation Authority) and professional bodies with responsibility for the performance of staff or functions (for example, Royal Colleges and accreditation bodies).

i) The committee shall satisfy itself that the clinical commissioning 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.

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

k) The committee may also request specific reports from individual functions within the clinical commissioning group as they may be appropriate to the overall arrangements.

l) The audit committee shall monitor the integrity of the financial statements of the clinical commissioning group and any formal announcements relating to the clinical commissioning group’s financial performance.

m) The committee shall ensure that the systems for financial reporting to the clinical commissioning group, including those of budgetary control, are subject to review as to completeness and accuracy of the information provided to the clinical commissioning group.

n) The audit committee shall review the annual report and financial statements before submission to the Governing Body and the clinical commissioning group, focusing particularly on:

a. The wording in the governance statement and other disclosures relevant to the terms of reference of the committee;

b. Changes in, and compliance with, accounting policies, practices and estimation techniques;

c. Unadjusted mis-statements in the financial statements;
d. Significant judgements in preparing of the financial statements;

e. Significant adjustments resulting from the audit;

f. Letter of representation; and

g. Qualitative aspects of financial reporting.

o) **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 has approved and keeps under review the terms of reference for the remuneration committee, which includes information on the membership of the remuneration committee⁴⁹.

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.

ii. The Committee shall determine the remuneration and conditions of service of the senior team.

iii. The Committee shall review the performance of the accountable officer and other senior team members and determining annual salary awards, if appropriate.

iv. The Committee shall consider the severance payments of the accountable officer and usually of other senior staff, seeking HM Treasury approval as appropriate in accordance with the guidance ‘Managing Public Money’.

v. Remuneration of the members of the Remuneration Committee will be reviewed by a neighbouring CCG under reciprocal agreement.

p) **Quality and Patient Safety Assurance Committee** – the Quality and Patient Safety Assurance Committee, which is accountable to the Group’s Governing Body, will provide the Governing Body with assurance in relation to the quality and safety of its commissioned services and internal processes to support

⁴⁹ See annex 2 of the Standing Orders for the terms of reference of the remuneration committee
safe, effective continuous improvement. The Governing Body has approved and keeps under review the terms of reference for the Quality and Patient Safety Assurance Committee, which includes information on the membership of the Quality and Patient Safety Assurance Committee 50.

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 Quality and Patient Safety Assurance Committee:

i. Scrutiny and approval of any recommended actions with regard to clinical and patient safety practices

6.6. Transparency of the Governing Body

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

6.6.2. The Governing Body shall publish the following information relating to determinations made under subsection (3) (a) and (b) of section 14L of the 2006 Act (which relates to remuneration, fees and allowances, including allowances payable under certain pension schemes)

(a) In relation to each senior employee of the CCG, any determination of the employee’s salary (which need only specify a band of £5000 into which the salary falls) or any travelling and other allowances payable to the employee including any allowances payable under a pension scheme established under paragraph 11(4) of Schedule 1A to the 2006 Act;

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

The Governing Body must not publish the above information if it considers that it would not be in the public interest to publish it.

50 See annex 3 of the Standing Orders for the terms of reference of the Quality and patient safety assurance Committee
7. 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 clinical contact and two way direct communication conduit between the member practices and the Governing Body;

b) Lead clinical commissioning discussion on behalf of the member practice with the Group’s officers, including feedback from and to member practice on clinical quality issues;

c) Hold the Governing Body to account for delivery of its functions duty and roles;

d) Co-ordinate clinical review of practice level activity and resource to identify outliers and work with the Group’s officers to address this;

e) Be the representative of their appointing member practice at the Council of Members Meetings and be part of this Council so that it can exercise its powers.

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) If elected on to the Governing Body to fulfil the role of Governing Body member in accordance with this constitution as well as national legislation and guidance;

b) If elected on to the Governing Body to be the assistant to the Chair or take a lead on one of the following portfolios of work on behalf of the Group:

i. Planned Care;
ii. Children and Families;
iii. Emergency and Urgent Care;
iv. Mental Health and Learning Disability;
v. Integrated Care and Out of Hospital;
vi. Quality in Primary Care.
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. 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.

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

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

   a) leading the Governing Body, ensuring it remains continuously able to discharge its duties and responsibilities as set out in this constitution;

   b) building and developing the Group’s Governing Body and its individual members;

   c) ensuring that the Group has proper constitutional and governance arrangements in place;

   d) ensuring that, through the appropriate support, information and evidence, the Governing Body is able to discharge its duties;

   e) supporting the accountable officer in discharging the responsibilities of the organisation;

   f) contributing to building a shared vision of the aims, values and culture of the organisation;

   g) leading and influencing to achieve clinical and organisational change to enable the Group to deliver its commissioning responsibilities;

   h) overseeing governance and particularly ensuring that the Governing Body and the wider group behaves with the utmost transparency and responsiveness at all times;

   i) ensuring that public and patients’ views are heard and their expectations understood and, where appropriate as far as possible, met;

   j) ensuring that the organisation is able to account to its local patients, stakeholders and the NHS Commissioning Board;

---

51 Draft clinical commissioning group Governing Body Members – Roles Attributes and Skills, NHS Commissioning Board Authority, March 2012
k) ensuring that the Group builds and maintains effective relationships, particularly with the individuals involved in overview and scrutiny from the relevant local authority.

7.4.2. Where the chair of the Governing Body is also the senior clinical voice of the Group they will take the lead in interactions with stakeholders, including the NHS Commissioning Board.

7.5. 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 Accountable Officer

7.6.1. The accountable officer of the Group is a member of the Governing Body.

7.6.2. This role of accountable officer has been summarised in a national document52 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 accountable officer will ensure that proper constitutional, governance and development arrangements are put in place to assure the members (through the Governing Body) of the organisation’s ongoing capability and capacity to meet its duties and responsibilities. This will include arrangements for the ongoing developments of its members and staff.

---

52 See the latest version of the NHS Commissioning Board Authority’s Clinical commissioning group governing body members: Role outlines, attributes and skills
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.

7.7.2. This role of chief finance officer has been summarised in a national document\(^\text{53}\) as:

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

b) making appropriate arrangements to support, monitor on the Group’s finances;

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

d) being able to advise the Governing Body on the effective, efficient and economic use of the Group’s allocation to remain within that allocation and deliver required financial targets and duties; and

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

---

\(^{53}\) See the latest version of the NHS Commissioning Board Authority’s Clinical commissioning group governing body members: Role outlines, attributes and skills
8. **STANDARDS OF BUSINESS CONDUCT AND MANAGING CONFLICTS OF INTEREST**

8.1. **Standards of Business Conduct**

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

8.1.2. They must comply with the Group’s policy on business conduct, including the requirements set out in the policy for managing conflicts of interest. This policy will be available on the Group’s website at www.southnorfolkccg.nhs.uk. The policy is also available upon request either by post or email or for inspection at our headquarters. Details are on the back of this constitution document.

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:

a) the members of the Group;

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.southnorfolkccg.nhs.uk. The registers of interests are also available upon request either by post or email or for inspection at our headquarters. Details are on the back of this constitution document.

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 registers of interests are reviewed regularly (in any event at least every quarter), 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 Governing Body 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 to be determined by the Governing Body 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 the arrangements to manage the conflict of interest or potential conflict of interest from the Governing Body.

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.

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.

8.4.6. 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.

8.4.7. 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.

8.4.8. 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.

8.4.9. 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 with the Governing Body on the action to be taken.

8.4.10. 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;

   ii. an individual appointed by a member to act on its behalf in the dealings between it and the clinical commissioning group;

   iii. a member of a relevant Health and Wellbeing Board;

   iv. a member of a Governing Body of another clinical commissioning group.

These arrangements must be recorded in the minutes.
8.4.11. 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 Governing Body of the transaction.

8.4.12. The Governing Body 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.southnorfolkccg.nhs.uk. The strategy is also available upon request either by
post or email or for inspection at our headquarters. Details are on the back of this constitution document.
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.

9.9. 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.

9.9.1. 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.southnorfolkccg.nhs.uk. The Code of Conduct is also available upon request either by post or email or for inspection at our headquarters. Details are on the back of this constitution document.
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.southnorfolkccg.nhs.uk. Key communications are also available upon request either by post or email or for inspection at our headquarters. Details are on the back of this constitution document.

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

10.2. Standing Orders

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

a) **Standing orders (Appendix C)** – which sets out the arrangements for meetings and the appointment processes to elect the Group’s representatives and appoint to the Group's committees, including the Governing Body;

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

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2006 Act</strong></td>
<td>National Health Service Act 2006</td>
</tr>
<tr>
<td><strong>2012 Act</strong></td>
<td>Health and Social Care Act 2012 (this Act amends the 2006 Act)</td>
</tr>
<tr>
<td><strong>Accountable officer</strong></td>
<td>an individual, as defined under paragraph 12 of Schedule 1A of the 2006 Act (as inserted by Schedule 2 of the 2012 Act), appointed by the NHS Commissioning Board, with responsibility for ensuring the group: &lt;ul&gt; &lt;li&gt;complies with its obligations under:&lt;ul&gt; &lt;li&gt;sections 14Q and 14R of the 2006 Act (as inserted by section 26 of the 2012 Act),&lt;/li&gt; &lt;li&gt;sections 223H to 223J of the 2006 Act (as inserted by section 27 of the 2012 Act),&lt;/li&gt; &lt;li&gt;paragraphs 17 to 19 of Schedule 1A of the NHS Act 2006 (as inserted by Schedule 2 of the 2012 Act), and&lt;/li&gt; &lt;li&gt;any other provision of the 2006 Act (as amended by the 2012 Act) specified in a document published by the Board for that purpose;&lt;/li&gt; &lt;/ul&gt; &lt;/li&gt; &lt;li&gt;exercises its functions in a way which provides good value for money. &lt;/li&gt; &lt;/ul&gt;</td>
</tr>
<tr>
<td><strong>Area</strong></td>
<td>the geographical area that the group has responsibility for, as defined in Chapter 2 of this constitution</td>
</tr>
<tr>
<td><strong>Chair of the governing body</strong></td>
<td>the individual appointed by the group to act as chair of the governing body</td>
</tr>
<tr>
<td><strong>Chief finance officer</strong></td>
<td>the qualified accountant employed by the group with responsibility for financial strategy, financial management and financial governance</td>
</tr>
<tr>
<td><strong>Clinical commissioning group</strong></td>
<td>a body corporate established by the NHS Commissioning Board in accordance with Chapter A2 of Part 2 of the 2006 Act (as inserted by section 10 of the 2012 Act)</td>
</tr>
<tr>
<td><strong>Committee</strong></td>
<td>a committee or sub-committee created and appointed by: &lt;ul&gt; &lt;li&gt;the membership of the group&lt;/li&gt; &lt;li&gt;a committee / sub-committee created by a committee created / appointed by the membership of the group&lt;/li&gt; &lt;li&gt;a committee / sub-committee created / appointed by the governing body&lt;/li&gt; &lt;/ul&gt;</td>
</tr>
<tr>
<td><strong>Council of Members</strong></td>
<td>A Council consisting of the Practice Representative from each Member practice.</td>
</tr>
<tr>
<td><strong>Financial year</strong></td>
<td>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</td>
</tr>
<tr>
<td><strong>Group</strong></td>
<td>NHS South Norfolk Clinical Commissioning Group, whose constitution this is</td>
</tr>
<tr>
<td><strong>Governing body</strong></td>
<td>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:&lt;ul&gt; &lt;li&gt;its obligations under section 14Q under the NHS Act 2006 (as inserted by section 26 of the 2012 Act), and&lt;/li&gt; &lt;li&gt;such generally accepted principles of good governance as are relevant to it. &lt;/li&gt; &lt;/ul&gt;</td>
</tr>
<tr>
<td><strong>Governing body member</strong></td>
<td>any member appointed to the Governing Body of the group</td>
</tr>
<tr>
<td><strong>Lay member</strong></td>
<td>a lay member of the governing body, appointed by the group. A lay member is an individual who is not a member of the group or a healthcare professional (i.e. an individual who is a member of a profession regulated by a body mentioned in section 25(3) of the National Health Service Reform and Health Care Professions Act 2002) or as otherwise defined in regulations</td>
</tr>
<tr>
<td><strong>Member Practices</strong></td>
<td>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)</td>
</tr>
<tr>
<td><strong>Practice representatives</strong></td>
<td>an individual appointed by a practice (who is a member of the group) to act on its behalf in the dealings between it and the group, under regulations made under section 89 or 94 of the 2006 Act (as amended by section 28 of the 2012 Act) or directions under section 98A of the 2006 Act (as inserted by section 49 of the 2012 Act)</td>
</tr>
</tbody>
</table>
| **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:  
  - the members of the group;  
  - the members of its governing body;  
  - the members of its committees or sub-committees and committees or sub-committees of its governing body; and  
  - its employees. |
# APPENDIX B - LIST OF MEMBER PRACTICES

<table>
<thead>
<tr>
<th>Practice Name</th>
<th>Address</th>
<th>Practice Representative’s Signature &amp; Date Signed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attleborough Surgeries</td>
<td>Station Road, Attleborough, Norfolk NR17 2AS</td>
<td><img src="signature1" alt="Signature" /> 23/01/13</td>
</tr>
<tr>
<td>Chet Valley Medical Practice</td>
<td>George House, 40-48 George Lane, Lodden, Norfolk NR14 6QH</td>
<td><img src="signature2" alt="Signature" /> 23/01/13</td>
</tr>
<tr>
<td>Church Hill Surgery</td>
<td>Station Road, Pulham Market, Norfolk IP21 4TX</td>
<td><img src="signature3" alt="Signature" /> 23/01/13</td>
</tr>
<tr>
<td>East Harling &amp; Kenninghall Medical Practice</td>
<td>The Surgery, Market Street, East Harling, Norfolk NR16 2AD</td>
<td><img src="signature4" alt="Signature" /> 23/01/13</td>
</tr>
<tr>
<td>Elmham Surgery</td>
<td>59 Holt Road, North Elmham, East Dereham, Norfolk NR20 5JS</td>
<td></td>
</tr>
<tr>
<td>Grove Surgery</td>
<td>Grove Lane, Thetford, Norfolk IP24 2HY</td>
<td><img src="signature5" alt="Signature" /> 23/01/13</td>
</tr>
<tr>
<td>Harleston Medical Practice</td>
<td>Bullock Fair Close, Harleston, Norfolk IP20 9AT</td>
<td><img src="signature6" alt="Signature" /> 23/01/13</td>
</tr>
<tr>
<td>Heathgate Medical Practice</td>
<td>The Street, Poringland, Norfolk NR14 7JT</td>
<td><img src="signature7" alt="Signature" /> 23/01/13</td>
</tr>
<tr>
<td>Hingham Surgery</td>
<td>Hardingham Street, Hingham, Norwich, Norfolk NR9 4JB</td>
<td><img src="signature8" alt="Signature" /> 23/01/13</td>
</tr>
<tr>
<td>Humbleyard Practice</td>
<td>Cringleford Surgery, Cantley Lane, Cringleford, Norwich NR4 6TA</td>
<td><img src="signature9" alt="Signature" /> 23/01/13</td>
</tr>
<tr>
<td>Lawns Medical Practice</td>
<td>Mount Street, Diss, Norfolk IP22 4WG</td>
<td><img src="signature10" alt="Signature" /> 23/01/13</td>
</tr>
<tr>
<td>Long Stratton Medical Partnership</td>
<td>Swan Lane Surgery, Tharston, Norfolk NR15 2UY</td>
<td><img src="signature11" alt="Signature" /> 23/01/13</td>
</tr>
<tr>
<td>Mattishall and Lenwade Surgeries</td>
<td>15 Dereham Road, Mattishall, East Dereham, Norfolk NR20 3QA</td>
<td><img src="signature12" alt="Signature" /> 23/01/13</td>
</tr>
<tr>
<td>Old Mill &amp; Millgates Medical Practice</td>
<td>Old Mill Surgery, Stoke Road, Poringland, Norfolk NR14 7JL</td>
<td><img src="signature13" alt="Signature" /> 23/01/13</td>
</tr>
<tr>
<td>Orchard Surgery</td>
<td>Commercial Road, Dereham, Norfolk NR19 1AE</td>
<td><img src="signature14" alt="Signature" /> 23/01/13</td>
</tr>
<tr>
<td>Parish Fields Practice</td>
<td>Mount Street, Diss, Norfolk IP22 4WG</td>
<td><img src="signature15" alt="Signature" /> 23/01/13</td>
</tr>
<tr>
<td>Roundwell Medical Centre</td>
<td>25 Dr Torrens Way, Costessey, Norwich, Norfolk NR5 0GB</td>
<td><img src="signature16" alt="Signature" /> 23/01/13</td>
</tr>
<tr>
<td>School Lane Surgery</td>
<td>The Surgery, School Lane, Thetford, Norfolk IP24 2AG</td>
<td><img src="signature17" alt="Signature" /> 23/01/13</td>
</tr>
<tr>
<td>School Lane Surgery PMS</td>
<td>The Surgery, School Lane, Thetford, Norfolk IP24 2AG</td>
<td><img src="signature18" alt="Signature" /> 23/01/13</td>
</tr>
<tr>
<td>Shipdham Surgery</td>
<td>Chapel Street, Shipdham, Thetford, Norfolk IP25 7LA</td>
<td><img src="signature19" alt="Signature" /> 23/01/13</td>
</tr>
<tr>
<td>Swanton Morley Greenfield Nurse Led Surgery</td>
<td>C/O Lincoln House, Dereham Road, Swanton Morley, Norfolk NR20 4LT</td>
<td><img src="signature20" alt="Signature" /> 23/01/13</td>
</tr>
<tr>
<td>Practice Name</td>
<td>Address</td>
<td>Practice Representative's Signature &amp; Date Signed</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>--------------------------------------------------------------</td>
<td>---------------------------------------------------</td>
</tr>
<tr>
<td>Theatre Royal Surgery</td>
<td>Theatre Street, Dereham, Norfolk NR19 2EN</td>
<td></td>
</tr>
<tr>
<td>Toftwood Medical Centre</td>
<td>2 Chapel Lane, Toftwood, Dereham, Norfolk NR19 1LD</td>
<td></td>
</tr>
<tr>
<td>Watton Medical Practice</td>
<td>24 Gregor Shanks Way, Watton, Thetford, Norfolk IP25 6FA</td>
<td></td>
</tr>
<tr>
<td>Windmill Surgery</td>
<td>London Road, Wymondham, Norfolk NR18 0AF</td>
<td></td>
</tr>
<tr>
<td>Wymondham Medical Partnership</td>
<td>Postmill Close, Wymondham, Norfolk NR18 0RF</td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX C – STANDING ORDERS

1. STATUTORY FRAMEWORK AND STATUS

1.1. Introduction

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

1.1.2. The standing orders, together with the Group’s scheme of reservation and delegation and the Group’s prime financial policies, provide a procedural framework within which the Group discharges its business. They set out:

   a) the arrangements for conducting the business of the Group;
   b) the appointment of member practice representatives;
   c) the procedure to be followed at meetings of the Group, the Governing Body and any committees or sub-committees of the Group or the Governing Body;
   d) the process to delegate powers,
   e) the declaration of interests and standards of conduct.

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

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

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

1.2.1. The 2006 Act (as amended by the 2012 Act) provides the Group with powers to delegate the Group’s functions and those of the Governing Body to certain bodies...
(such as committees) and certain persons. The Group has decided that certain decisions may only be exercised by the Group in formal session. These decisions and also those delegated are contained in the Group’s scheme of reservation and delegation (see Appendix D).

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

2.1. Composition of membership

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

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

2.2. Key Roles

2.2.1. Paragraph 6.5.2 of the Group’s constitution sets out the composition of the Group’s Governing Body whilst Chapter 7 of the Group’s constitution identifies certain key roles and responsibilities within the Group and its Governing Body. These standing orders set out how the Group appoints individuals to these key roles.

2.2.2. The Chair of the Governing Body, as listed in paragraph 6.5.2 (a) and 7.4 of the Group’s constitution, is subject to the following appointment process:

a) **Nominations** – The Chair will be nominated by the Governing Body;

b) **Eligibility** – The Chair must:

   i) be a member of the Governing Body but cannot be the Accountable Officer, Chief Finance Officer, the mandatory secondary care specialist, the registered nurse or the lay person with a lead role in overseeing elements of governance in accordance with the NHS (Clinical Commissioning Groups) Regulations 2012;

   ii) not be an individual of the description set out in paragraph 2.2.12 below;

   iii) have passed the national assessment centre process or equivalent if this is changed in the future.

c) **Appointment process** – The Governing Body will recommend to the Members via the Practice Representative Committee their nomination for Chair. The Practice Representative Committee will consider the nomination and decide whether the nominated Chair should be appointed;

d) **Term of office** – Two years;
e) **Eligibility for reappointment** – A Chair shall be eligible for reappointment at the end of his term but may not serve more than two terms of office;

f) **Grounds for removal from office** – A Chair shall cease to hold office if:

i) He/she ceases to meet the eligibility criteria set out in paragraph (b) above; and/or

ii) If any of the grounds set out in paragraph 2.2.12 below apply.

g) **Notice period** – The Chair shall give three (3) months’ notice in writing to the Governing Body of his/her resignation from office at any time during his/her term of office.

2.2.3. The Other GP and Primary Care Health Professionals as listed in paragraph 6.5.2(b) and 7.2 of the Group’s constitution, are subject to the following appointment process:

a) **Nominations** – Interested persons may apply for the role demonstrating how they meet the essential requirements of the person specification and how they would undertake the role;

b) **Eligibility** – The other GP or Primary Care Health Professional on the Governing Body must:

i) Be a partner of an employee within a Member; or

ii) A locum that is active for the majority of their time within the NHS South Norfolk CCG geography;

iii) Not serve in an executive capacity in any provider organisation that provides or may wish to provide health related services within the scope of clinical commissioning (this does not include GMS or PMS organisations which will be commissioned by the NHS commissioning Board); and

iv) not be an individual of the description set out in paragraph 2.2.12 below.

c) **Appointment process** –

i) Applications will be received and assessed against the selection criteria by a selection panel made up of the Accountable Officer and at least one lay member;

ii) The selection panel will make recommendations for candidates for election;

iii) For contested posts each eligible voter will have the same number of votes as there are vacancies. Therefore if the Group has 3 vacancies
then each voter selects the 3 candidates they would like see filling those vacancies;

iv) The Group is a clinically led organisation therefore 5 posts will be reserved for clinical members. If the Group is following a locality model then all candidates will be put in order of number of votes and elected as follows:

- The top clinician from each of the geographical localities, Kett's Oak, Breckland, SNHIP and Mid Norfolk;
- The next top clinician;
- Remaining candidates will then be put in order with the top ones being elected to the remaining vacancies;
- Otherwise the top five clinicians will be elected with the remaining candidates put in order and the top ones elected to the remaining vacancies.

v) For uncontested posts each candidate must secure at least 20% of the number of votes who voted;

vi) Each GP Partner, GPs holding a contract of employment with a Member and all locums active for the majority of their time within the South Norfolk geography are eligible to vote;

vii) If a geographical locality does not have a clinician candidate at all or with the requisite number of votes then the locality will not have a clinician on the Governing Body. The top remaining clinician candidate will take this place regardless of their locality;

viii) Elections will be fair, transparent, quality focussed, democratic, free from conflict and compliant with all current guidance and legislation. To aid the Group in this, oversight of elections will be provided by Norfolk and Waveney LMC. The returning officer will not be employed by the Group and will be completely impartial.

h) **Term of office** – Two years or three years upon agreement with the Chair;

i) **Eligibility for reappointment** – Another GP or Primary Care Health Professional on the Governing Body shall be eligible for re appointment at the end of his/her term but may not serve more than two terms of office;

j) **Grounds for removal from office** – An other GP or Primary Care Health Professional on the Governing Body shall cease to hold office if;

i) He/she ceases to meet the eligibility criteria set out in paragraph (b) above; and/or
ii) If any of the grounds set out in paragraph 2.2.12 below apply.

k) **Notice period** – An other GP or Primary Care Health Professional on the Governing Body shall give three (3) months’ notice in writing to the Governing Body of his/her resignation from office at any time during his/her term of office.

2.2.4 The Lay members, as listed in paragraph 6.5.2 (c) of the Group’s constitution, are subject to the following appointment process:

a) **Nominations** – Interested candidates may apply for the role, demonstrating how they meet the essential requirements of the person specification and how they would undertake the role;

b) **Eligibility** –

i) A Lay member must be an individual who is not excluded from being a lay member in accordance with Schedule 4 of the National Health Service (Clinical Commissioning Group) Regulations 2012. These state that an individual is excluded from being a member of a CCG Governing Body if they are:

- An employee of a local authority in England and Wales (or equivalent bodies in Scotland and Northern Ireland) and PCTs;
- an officer, or employee of the Department of Health;
- a member or employee of the Care Quality Commission or Monitor;
- a chairman, director, member or employee of an NHS body (other than a CCG, PCT or FT);
- a chairman, director, governor, member or employee of an NHS Foundation Trust;
- providers of health services pursuant to arrangements made by CCGs or the NHS Commissioning Board in the exercise of their commissioning functions, or an employee, member (including a shareholder) of or a partner, in a body which does so;
- authority person who contracts with a local authority to provide services in pursuance of the social services functions of the authority or an employee of such a person; and
- persons employed by parties to arrangements to provide primary medical services, ophthalmic services, dental services or pharmaceutical services in Scotland or Wales who are employed for purposes connected with the provision of those services.
In addition an individual will be excluded from being a lay member if they are:

- serving in an executive capacity in any provider organisation that provides or may wish to provide health related services within the scope of clinical commissioning (this does not include GMS or PMS organisations which will be commissioned by the NHS Commissioning Board);

- an individual of the description set out in paragraph 2.2.12 below;

- a Member of the Group.

ii) The Lay member must be a resident or have a significant relationship with the South Norfolk area.

iii) The Lay member who is the lead for overseeing key elements of financial management and audit must have qualifications, expertise or experience such as to enable the person to express informed views about financial management and audit matters.

iv) The Lay member who is the lead in championing patient and public involvement must have knowledge of the area specified in this constitution such as to enable them to express informed views about the discharge of the Group’s functions.

c) Appointment process – Appointment to the Lay member posts will be made via advertisement in local media. A recruitment process will be carried out and selection made against competences set out in current national guidance, by the Governing Body;

d) Term of Office: Two years;

e) Eligibility for reappointment – A Lay member shall be eligible for reappointment at the end of his/her term but may not serve more than two terms of office;

f) Grounds for removal from office – A Lay member shall cease to hold office if;

i) He/she ceases to meet the eligibility criteria set out in paragraph (b) above; and/or

ii) If any of the grounds set out in paragraph 2.2.12 below apply.

g) Notice period – A Lay member shall give three (3) month’s notice in writing to the Governing Body of his/her resignation from office at any time during his/her term of office.
2.2.5. The registered nurse, as listed in paragraph 6.5.2(d) of the Group’s constitution, is subject to the following appointment process:

a) **Nominations** – Interested candidates may apply for the role, demonstrating how they meet the essential requirements of the person specification and how they would undertake the role;

b) **Eligibility** – The registered nurse must;

   Be a current registered nurse other than one who is excluded by virtue of section 12(1) and (2) of the National Health Service (Clinical Commissioning Group) Regulations 2012. These state that the nurse cannot be employed, a member (including shareholder) of, a partner in or a person who is a provider of primary medical services for the purposes of Chapter A2 of the 2006 Act or a body which provides any relevant service to a person for whom the CCG has responsibility. ‘Relevant service’ means a service provided as part of the health service pursuant to arrangements made by the CCG in the exercise of its functions, other than either of the following—a) a service provided as a result of arrangements made pursuant to the person’s exercise of a choice about where to receive the service;(b) a specialist service provided pursuant to a special arrangement made by the CCG in the person’s particular case.

   i) Not be an individual of the description set out in paragraph 2.2.12 below;

   ii) Not be a Member of the Group;

   iii) Be a resident or have a significant relationship with the South Norfolk area.

c) **Appointment Process**: Appointment to the registered nurse post will be made via advertisement in NHS Jobs, a trade publication or equivalent. A recruitment process will be carried out and selection made against competencies set out in current national guidance, by the Governing Body;

d) **Term of Office**: Two years;

e) **Eligibility for reappointment** – The registered nurse shall be eligible for reappointment at the end of his/her term but may not serve more than two terms of office;

f) **Grounds for removal from office** – The registered nurse shall cease to hold office if;

   i) He/she ceases to meet the eligibility criteria set out in paragraph (b) above; and/or

   ii) If any of the grounds set out in paragraph 2.2.12 below apply.
g) **Notice period** – The registered nurse shall give three (3) month’s notice in writing to the Governing Body of his/her resignation from office at any time during his/her term of office.

2.2.6. The secondary care specialist doctor as listed in paragraph 6.5.2(e) of the Group’s constitution is subject to the following appointment process:

a) **Nominations** – Interested candidates may apply for the role, demonstrating how they meet the essential requirements of the person specification and how they would undertake the role;

b) **Eligibility** – The secondary care specialist doctor must:

Fulfil the conditions set out at section 11(6) of the National Health Service (Clinical Commissioning Group) Regulations 2012. These state that the secondary care specialist must be a registered medical practitioner who is, or has been at any time in the period of 10 years ending with the date of the individual’s appointment to the governing body, an individual who fulfils (or fulfilled) all the following conditions; (a) the individual’s name is included in the Specialist Register kept by the General Medical Council under section 34D of the Medical Act 1983, or the individual is eligible to be included in that Register by virtue of the scheme referred to in subsection (2)(b) of that section; (b) the individual holds a post as an NHS consultant or in a medical specialty in the armed forces; (c) the individual’s name is not included in the General Practitioner Register kept by the General Medical Council under section 34C of the Medical Act 1983.

i) Not be excluded by virtue of section 12(1) and (2) of the National Health Service (Clinical Commissioning Group) Regulations 2012. These state that the secondary care specialist cannot be employed, a member (including shareholder) of, a partner in or a person who is a provider of primary medical services for the purposes of Chapter A2 of the 2006 Act or a body which provides any relevant service to a person for whom the CCG has responsibility. ‘Relevant service’ means a service provided as part of the health service pursuant to arrangements made by the CCG in the exercise of its functions, other than either of the following—a) a service provided as a result of arrangements made pursuant to the person’s exercise of a choice about where to receive the service; (b) a specialist service provided pursuant to a special arrangement made by the CCG in the person’s particular case;

ii) Not be an individual of the description set out in paragraph 2.2.12 below;

iii) Not be a Member of the Group;

iv) Be a resident or have a significant relationship with the South Norfolk area;
v) Have no conflicts of interest as defined by current NHS Commissioning Board national guidance.

c) **Appointment Process:** Appointment to the secondary care specialist doctor post will be made via advertisement in NHS Jobs, a trade publication or equivalent. A recruitment process will be carried out and selection made against competences set out in current national guidance, by the Governing Body;

d) **Term of Office:** Two years;

e) **Eligibility for reappointment** – The secondary care specialist doctor shall be eligible for reappointment at the end of his/her term but may not serve more than two terms of office;

f) **Grounds for removal from office** – The secondary care specialist doctor shall cease to hold office if;

i) He/she ceases to meet the eligibility criteria set out in paragraph (b) above; and/or

ii) If any of the grounds set out in paragraph 2.2.12 below apply.

h) **Notice period** – The secondary care specialist doctor shall give three (3) month’s notice in writing to the Governing Body of his/her resignation from office at any time during his/her term of office

2.2.7. The accountable officer, as listed in 6.5.2(f) and 7.6 of the Group’s constitution, is subject to the following appointment process:

a) **Nominations** – The Group will nominate an individual to take on the Accountable Officer role having followed a fair and transparent recruitment process. This will involve the Accountable Officer post being advertised on NHS Jobs and any other relevant media. Selection will be made against competencies and following process set out in current national guidance, by the Governing Body. Interested candidates may apply for the role, demonstrating how they meet the essential requirements of the person specification and how they would undertake the role;

b) **Eligibility** – The Accountable Officer must

i) Be an individual who is a member of the Group (e.g. a GP), or a member of any body which is a member of the Group (such as a partner in a GP practice); or

ii) an employee of the Group, or of any member of the Group; or

iii) in the case of a joint appointment, an employee or member of any of the Groups in question or an employee or member of any of the bodies which
are members of the Groups in question;

iv) Not be an individual of the description set out in paragraph 2.2.12 below;

v) Have passed the national assessment centre process or equivalent if this is reviewed in the future.

c) **Appointment process** – The Accountable Officer shall be appointed by the NHS Commissioning Board. Appointment to the Accountable Officer post will be made via advertisement on NHS Jobs and any other relevant media. A recruitment process will be carried out and selection made against competences set out in current national guidance, by the Governing Body;

d) **Term of office** – Substantive appointment;

e) **Grounds for removal from office** – The Accountable Officer shall cease to hold office if;

i) He/she ceases to meet the eligibility criteria set out in paragraph (b) above; and/or

ii) If any of the grounds set out in paragraph 2.2.12 below apply

f) **Notice period** – The Accountable Officer shall give three (3) month’s notice in writing to the Governing Body of his/her resignation from office at any time during his/her term of office.

2.2.8. The chief finance officer, as listed in paragraph 6.5.2 (g) and 7.7 of the Group’s constitution, is subject to the following appointment process:

a) **Nominations** – Interested candidates may apply for the role, demonstrating how they meet the essential requirements of the person specification and how they would undertake the role;

b) **Eligibility** – The Chief Finance Officer must:

i) Not be an individual of the description set out in paragraph 2.2.12 below;

ii) Have passed the national assessment centre process or equivalent if this is reviewed in the future;

iii) Hold a professional qualification of one of the individual CCAB bodies or CIMA and have the expertise or experience to lead the financial management of the Group.

c) **Appointment process** – Appointment to the Chief Finance Officer post will be made via advertisement in NHS Jobs or equivalent. A recruitment process will be carried out and selection made against competences set out in current national guidance, by the Governing Body;
d) **Term of office** – Substantive appointment;

e) **Grounds for removal from office** – The Chief Finance Officer shall cease to hold office if;

i) He/she ceases to meet the eligibility criteria set out in paragraph (b) above; and/or

ii) If any of the grounds set out in paragraph 2.2.12 below apply

f) **Notice period** – The Chief Finance Officer shall give three (3) month’s notice in writing to the Governing Body of his/her resignation from office at any time during his/her term of office.

2.2.9. The deputy chair of the Governing Body, as listed in paragraph 7.5 of the Group’s constitution, is subject to the following appointment process:

a) **Nominations**: The deputy chair will be nominated by the Governing Body;

b) **Eligibility** – The deputy chair must

i) be a Lay member of the Governing Body if the Chair is a health care professional as defined in the National Health Service (Clinical Commissioning Group) Regulations 2012;

ii) be competent in accordance with current national guidance;

iii) not be an individual of the description set out in paragraph 2.2.12 below.

c) **Appointment process** – The Governing Body will select and appoint the deputy chair;

d) **Term of office** – Two years;

e) **Eligibility for reappointment** – A deputy chair shall be eligible for reappointment at the end of his term but may not serve more than two terms of office;

f) **Grounds for removal from office** – A deputy chair shall cease to hold office if;

i) He/she ceases to meet the eligibility criteria set out in paragraph (b) above; and/or

ii) If any of the grounds set out in paragraph 2.2.12 below apply.

g) **Notice period** – The deputy chair shall give three (3) month’s notice in writing to the Governing Body of his/her resignation from office at any time during his/her term of office.
2.2.10. The Practice representatives, as listed in paragraph 7.1 of the Group’s constitution, is subject to the following appointment process:

a) **Nominations** – Each Member shall nominate one (1) Practice representative.

b) **Eligibility** – The Practice representative must be a GP of a Member practice but not on the Governing Body of the Group;

c) **Appointment process** – The name of the Practice representative must be submitted to the Governing Body;

d) **Term of office** – Each Member may permanently remove and replace their Practice representative at any time;

e) **Grounds for removal from office** – It is for Members to determine if they wish to remove and replace their Practice representative;

f) **Notice period** – Each Member shall give one (1) months’ notice in writing to the Governing Body of the removal and replacement of their Practice representation at any time.

2.2.11. The roles and responsibilities of each of these key roles are set out either in paragraph 6.5.2 or Chapter 7 of the Group’s constitution.

2.2.12. A member of the Governing Body shall not be eligible to become or continue in office as a member of the Governing Body if he/she is disqualified from membership of the Governing Body by virtue of Schedule 5 of the National Health Service (Clinical Commissioning Group) Regulations 2012. Individuals are disqualified under this schedule if they are:

a) An MPs, MEPs, members of the London Assembly,

b) A member of a local authority in England and Wales or of an equivalent body in Scotland or Northern Ireland;

c) An individual who, by arrangement with the CCG, provides it with any service or facility in order to support the CCG in discharging its commissioning functions, or an employee or member (including shareholder) of, or a partner in, a body which does so;

d) A person who, within the period of five years immediately preceding the date of the proposed appointment, has been convicted—

i. in the United Kingdom of any offence, or

ii. outside the United Kingdom of an offence which, if committed in any part of the United Kingdom, would constitute a criminal offence in that part, and, in either case, the final outcome of the proceedings was a sentence of imprisonment (whether suspended or not) for a period of not less than three months without the option of a fine person subject to a bankruptcy
restrictions order or interim bankruptcy restrictions order under Schedule 4A to the Insolvency Act 1986 (33), sections 56A to 56K of the Bankruptcy (Scotland) Act 1985 (34) or Schedule 2A to the Insolvency (Northern Ireland) Order 1989(35) (which relate to bankruptcy restrictions orders and undertakings).

e) A person who within the period of five years immediately preceding the date of the proposed appointment has been dismissed (other than because of redundancy), from paid employment by any of the following: the Board, a CCG, SHA, PCT, NHS Trust or Foundation Trust, a Special Health Authority, a Local Health Board, a Health Board, or Special Health Board, a Scottish NHS Trust, a Health and Social Services Board, the Care Quality Commission, the Health Protection Agency, Monitor, the Wales Centre for Health, the Common Services Agency for the Scottish Health Service, Healthcare Improvement Scotland, the Scottish Dental Practice Board, the Northern Ireland Central Services Agency for the Health and Social Services, a Regional Health and Social Care Board, the Regional Agency for Public Health and Wellbeing, the Regional Business Services Organisation, Health and Social Care trusts, Special health and social care agencies, the Patient and Client Council, and the Health and Social Care Regulation and Quality Improvement Authority.

f) For the purposes of the paragraph above, a person is not to be treated as having been in paid employment merely because of being—(a) in the case of a body listed in sub-paragraph (1) which is not an NHS trust or an NHS foundation trust, its chairman, or one of its members whom it does not employ; (b) in the case of an NHS trust, its chairman or one of its non-executive directors; (c) in the case of an NHS foundation trust, its chairman or one of its governors or non-executive directors.

g) A healthcare professional or other professional person who has at any time been subject to an investigation or proceedings, by any regulatory body, in connection with the person’s fitness to practise or any alleged fraud, the final outcome of which was suspension or erasure from the register (where this still stands), or a decision by the regulatory body which had the effect of preventing the person from practising the profession in question or imposing conditions, where these have not been superseded or lifted;

h) A person who is subject to: a disqualification order or disqualification undertaking under the Company Directors Disqualification Act 1986(57) or the Company Directors Disqualification (Northern Ireland) Order 2002(58), or b) an order made under section 429(2) of the Insolvency Act 1986(59) (disabilities on revocation of administration order against an individual);

i) A person who has at any time been removed from the office of charity trustee or trustee for a charity by an order made by the Charity Commissioners for England and Wales(60), the Charity Commission, the Charity Commission for Northern Ireland or the High Court, on the grounds of misconduct or mismanagement in the administration of the charity for which the person was
responsible, to which the person was privy, or which the person by their conduct contributed to or facilitated.

j) A person who has at any time been removed, or is suspended, from the management or control of any body under— (a) section 7 of the Law Reform (Miscellaneous Provisions) (Scotland) Act 1990\(^{(61)}\) (powers of the Court of Session to deal with the management of charities), or (b) section 34(5)(e) or (ea) of the Charities and Trustee Investment (Scotland) Act 2005\(^{(62)}\) (powers of the Court of Session to deal with the management of charities).

k) a person who shall have behaved in a manner or exhibited conduct which in the opinion of the Governing Body has or is likely to be detrimental to the honour and interest of the Group or Governing Body and/or bring the Group into disrepute. This includes but is not limited to dishonesty, misrepresentative (either knowingly or not) defamation of any member of the Governing Body, abuse of position non declaration of a known conflict of interest, seeking to lead or manipulate a decision of the Governing Body in a manner that would ultimately be in favour of that member or a member of their family whether financially or otherwise.
3. **MEETINGS OF THE GOVERNING BODY AND COUNCIL OF MEMBERS OF THE CLINICAL COMMISSIONING GROUP**

**COUNCIL OF MEMBERS**

3.1. **Membership of the Council of Members**

3.1.1. The Council of Members is comprised of one clinical practice representative from each member practice of the Group selected by the practice that they represent.

3.1.2. In addition the Head of Governance and Strategy will be in attendance to support the Council of Members but is not a member.

3.1.3. The Chair, Chief Officer, Chief Finance officer or any other clinical or senior officer may be requested to attend the Council of Members meetings as directed by members of the Council of Members.

3.2. **Powers of the Council of Members**

3.2.1. Consideration and ratification of applications to the NHS Commissioning Board on any matter concerning changes to the Group's constitution;

3.2.2. Ratification of the vision, values and overall strategic direction of the Group;

3.2.3. Ratification of the Group’s overarching scheme of reservation and delegation;

3.2.4. Subject to regulatory requirements, approval of arrangements for:

   a) Appointing and removal of clinical leaders to represent the Group’s membership on the Governing Body;

   b) Recruiting, appointing and removal of non-elected members to the Governing Body and succession planning

   c) Identifying practice representatives for each member practice.

3.2.5. Ratification of the Group’s Annual Report.

**CALLING MEETINGS**

3.3. **Ordinary Meetings**

3.3.1. The Group shall hold at least one ordinary meeting of the Council of Members quarterly at such times and places as the Group may determine.

3.3.2. Unless specifically agreed to the contrary by the Governing Body, the minutes of these quarterly meeting will be a matter for public record.
3.4. Extraordinary Meetings

3.4.1. The Governing Body or any 6 members of the Governing Body can call an Extraordinary meeting of the Council of Members (in addition to the quarterly meetings) by giving all members at least twenty one days (21) days’ notice.

3.4.2. Member Practices can request that the Governing Body call an Extraordinary Meeting of the Council of Members (in addition to the quarterly meetings) if not less than one third of the constituent member practices submit a written request to the Governing Body within a fourteen day (14) day period giving all members at least twenty one (21) days’ notice.

3.4.3. Practice Representatives may participate in Extraordinary Meetings by the use of telephone, video conferencing facilities and/or webcam where such facilities are available (subject to the approval of the Chair.) Participation in a meeting in any of these manners shall be deemed as presence in person at the meeting.

3.4.4. The accidental omission to give notice of a meeting to or the non-receipt of notice of a meeting by any person entitled to receive notice shall not invalidate proceedings at that meeting.

3.4.5. Notice of all extraordinary and ordinary meetings shall be in writing. Such notices shall be given (i) by delivery in person (ii) by a nationally recognised next day courier service, (iii) by first class, registered or certified mail, postage prepaid, to the address set out in appendix B or such other address as either party may specify in writing or (v) by electronic mail to the practice manager of the member practice.

3.4.6. Notice of all ordinary and extraordinary meetings shall be published on the group’s website at www.southnorfolkccg.nhs.uk at least 21 days in advance of the meeting.

3.5. Agenda, supporting papers and business to be transacted

3.5.1. Items of business to be transacted for inclusion on the agenda of a meeting need to be notified to the administrator for the meeting at least 25 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 20 working days before the meeting takes place. The agenda and supporting papers will be circulated to all members of the meeting at least 15 working days before the date the meeting will take place.

3.5.2. Agendas and certain papers for the Council of Members – including details about meeting dates, times and venues - will be published on the group’s website at www.southnorfolkccg.nhs.uk.

3.6. Chair of the Council of Members
3.6.1. The chair and the deputy chair will be one of the 24 practice representatives selected by the Practice Representatives on the Council of Members.

3.6.2. At any meeting of the Council of Members the Chair of the Council of Members if present, shall preside. If the chair is absent from the meeting, the deputy chair, if any and if present, shall preside.

3.6.3. If the chair is absent temporarily on the grounds of a declared conflict of interest the deputy chair, if present, shall preside. If both the chair and deputy chair are absent, or are disqualified from participating, or there is neither a chair nor deputy present, another practice representative shall be chosen by the members present, or by a majority of them, and shall preside at that meeting.

3.7. Chair’s ruling

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

3.8. Quorum

3.8.1. At least two thirds of the practice representatives shall be a quorum for both an Ordinary and Extraordinary meeting. For the avoidance of doubt practice representatives from member practices which have a common partnership with another member practice do not count towards the quorum.

3.8.2. If members have sent representation rather than their practice representative then they will count towards the quorum provided the Chair is notified of the representative at the start of the meeting and receives confirmation from the representative that they have authority to act on behalf of their practice. If they do not have authority to act on behalf of their practice they will not count towards the quorum.

3.8.3. If the quorum is lost due to member(s) being disqualified from taking part in a vote or discussion due to a declared interest then the Group’s Managing Conflict of Interest Policy will be followed.

3.9. Decision making

3.9.1. 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 Council of Members 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 – Each Practice Representative physically present at the meeting or present in accordance with section 3.4.3 above in the case of Extraordinary meetings or a mandated representative from the member practice in accordance with section 3.8.2 above is entitled to one vote. For the avoidance
of doubt practice representatives from member practices which have a common partnership with another member practice are not eligible to vote.

b) **Majority necessary to confirm a decision** – Each question put to the vote at either an ordinary or extraordinary meeting shall be determined by seventy five per cent of votes of those practice representative voting on the question;

c) **Casting vote** - In the case of an equal vote, the Chair of the meeting shall have an additional and casting vote;

d) **Dissenting views** – Should a vote be taken the outcome of the vote, along with any dissenting views, must be recorded in the minutes of the 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 the NHS Commissioning Board, any part of these standing orders may be suspended at any meeting, provided all Practice Representatives on the Council of Members are in agreement.

3.10.2. A decision to suspend the terms of reference 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 supervision 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. Minutes

3.11.1. The minutes will record the names of the individuals and the names of the member practices in attendance and will also include any names any representatives attending in accordance with section 3.8.2. The name of the minute taker will also be included.

3.11.2. The minutes will be drawn up and circulated in accordance with members wishes and then formally signed off by the Chair of the meeting as a true record of the meeting.

3.11.3. Where providing a record of a public meeting the minutes shall be made available to the public save that minutes or sections of the minutes which are confidential in nature will not be made available on the Group’s website.

### 3.12. Admission of public and the press
3.12.1. The public and representatives of the press will be admitted to that meeting of the Council of Members, to be publicised in advance at which the Annual Report is received and considered.

3.12.2. The public and representatives of the press may attend all meetings of the Council of Members that are held in public according to a quarterly schedule to be published annually in advance, but shall be required to withdraw upon the Council of Members resolving as follows:

‘that representatives of the press, and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest’, Section 1 (2), Public Bodies (Admission to Meetings) Act 1960

3.13. General disturbances

3.13.1. Where providing a record of a public meeting the minutes shall be made available to the public save that minutes or sections of the minutes which are confidential in nature will not be made available on the Group’s website.

3.13.2. The Chair or deputy Chair or the person presiding over meetings held in public shall give such directions as he/she thinks fit with regard to the arrangements for meetings and accommodation of the public and representatives of the press such as to ensure that the Council of Members’ business shall be conducted without interruption and disruption and, without prejudice to the power to exclude on grounds of the confidential nature of the business to be transacted, the public will be required to withdraw upon the Council of Members resolving as follows:

‘that in the interests of public order the meeting adjourn for (the period to be specified) to enable the group to complete its business without the presence of the public’. Section 1(8) Public Bodies (Admissions to Meetings) Act 1960.

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

3.14.1. Matters to be dealt with by the Council of Members following the exclusion of representatives of the press, and other members of the public, as provided for above, shall be confidential to the Council of Members.

3.14.2. Members and officers or any employee of the group in attendance shall not reveal or disclose the contents of papers without the express permission of the Council of Members. This prohibition shall apply equally to the content of any discussion during the meeting which may take place on such reports or papers and to the minutes of the meeting arising.

3.15. Conduct of the Council of Members

The Council of Members shall conduct its business in accordance with national
guidance, relevant codes of practice including the Nolan Principles, the Managing Conflicts of Interest and Standards of Business Conduct Policies.

**Governing Body**

3.16. **Calling meetings**

3.16.1. The Group shall hold at least one ordinary meeting of the Governing Body monthly at such times and places as the Governing Body may determine.

3.16.2. These meetings shall be open to the public unless the Governing Body resolves that the public be excluded from the meeting, whether for the whole or part of the proceedings on the grounds that publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution and arising from the nature of the business to be transacted or the proceedings.

3.16.3. Meeting dates will be set in April for the financial year and published on the Group’s website [www.southnorfolkccg.nhs.uk](http://www.southnorfolkccg.nhs.uk). It will be made clear on the website whether the public have been excluded from whole or part of the meeting.

3.16.4. Meetings in addition to the monthly meetings can be called in accordance with section 3.23 of these standing orders below.

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

3.17.1. Items of business to be transacted for inclusion on the agenda of a meeting need to be notified to the administrator at least 20 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 15 working days before the meeting takes place. The agenda and supporting papers will be circulated to all members of the meeting at least 10 working days before the date the meeting will take place.

3.17.2. Agendas and 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.southnorfolkccg.nhs.uk](http://www.southnorfolkccg.nhs.uk). This information is also available upon request either by post or email or for inspection at our headquarters. Details are on the back of this constitution document. Papers considered at meetings of the Governing Body will only not be published if the Governing Body considers that it would not be in the public interest to do so in relation to a particular paper or part of a paper.

3.18. **Petitions**

3.18.1. 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.
3.19. Chair of a meeting

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

3.19.2. 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.

3.20. Chair’s ruling

3.20.1. 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.

3.21. Quorum

3.21.1. At least 9 members (5 of which must be clinical) of the Governing Body must be present for there to be a quorum for both an ordinary and an emergency meeting.

3.21.2. If members have sent representation rather than be present in person then they will not count towards the quorum in any circumstances.

3.21.3. If the quorum is lost due to member(s) being disqualified from taking part in a vote or discussion due to a declared interest then the Group’s Managing Conflict of Interest Policy will be followed.

3.21.4. 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.

3.22. Decision making

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

   a) **Eligibility** – The members of the Governing Body set out at section 6.5.2 of the Constitution are eligible to vote. Each member has one vote.
b) **Majority necessary to confirm a decision** – Any decision of the Governing Body put to vote must be decided by simple majority decision. The vote will be decided by a show of hands;

c) **Casting vote** - If the numbers of votes for and against a proposal are equal, the Chair or other person chairing the meeting has a casting vote.

d) **Dissenting views** - Should a vote be taken the outcome of the vote, and any dissenting views, must be recorded in the minutes of the meeting.

3.22.2. 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.

3.23. **Emergency powers and urgent decisions**

3.23.1. An urgent decision is defined as a decision that must be taken by the Governing Body before the next scheduled meeting of the Governing Body.

3.23.2. If there is an urgent decision to be made, then in the first instance an emergency meeting of the Governing Body should be called following the procedure set out below.

3.23.3. If an urgent decision needs to be made before an emergency meeting can be arranged then the Chair or the Accountable Officer has the mandate to make that decision provided he/she has consulted with as many Governing Body members as possible but in any event at least 2 other Governing Body members.

3.23.4. Urgent decisions need to be communicated to all Governing Body members via email within 24 hours of being made.

3.23.5. Any urgent decisions made will be put on the agenda of the next ordinary Governing Body meeting and will be formally noted on the minutes.

3.23.6. The Governing Body or any 7 members of the Governing Body can call an emergency meeting of the Governing Body (in addition to the monthly) by giving all members at least seven days (7) days’ notice.

3.23.7. Member Practices can request that the Governing Body call an Emergency Meeting of the Governing Body (in addition to the monthly meetings) if not less than one third of the constituent member practices submit a written request to the Governing Body within a seven day (7) day period giving all members at least fourteen (14) days’ notice.

3.23.8. Members may participate in emergency meetings by the use of telephone, video conferencing facilities and/or webcam where such facilitates are available (subject to the approval of the Chair.) Participation in a meeting in any of these manners shall be deemed as presence in person at the meeting.
3.23.9. The accidental omission to give notice of a meeting to or the non-receipt of notice of a meeting by any person entitled to receive notice shall not invalidate proceedings at that meeting.

3.23.10. Notice of all emergency meetings shall be in writing. Such notices shall be given (i) by delivery in person (ii) by a nationally recognised next day courier service, (iii) by first class, registered or certified mail, postage prepaid, to the address any member may specify in writing or (if relevant) (v) by electronic mail to the practice manager of the member practice of which the member is employed.

3.23.11. Notice of all emergency meetings shall be published on the Group’s website at www.southnorfolkccg.nhs.uk at least 14 days in advance of the meeting.

3.24. Suspension of Standing Orders

3.24.1. Except where it would contravene any statutory provision or any direction made by the Secretary of State for Health or the NHS Commissioning Board, any part of these standing orders may be suspended at any meeting, provided 10 group members are in agreement.

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

3.24.3. 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.

3.25. Record of Attendance

3.25.1. 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.

3.26. Minutes

3.26.1. The minutes will record the names of the individuals. The name of the minute taker will also be included.

3.26.2. The minutes will be drawn up and circulated in accordance with members wishes and then formally signed off by the Chair of the meeting as a true record of the meeting.
3.26.3. Where providing a record of a public meeting the minutes shall be made available to the public save that minutes or sections of the minutes which are confidential in nature will not be made available on the Group’s website.
3.27. Admission of public and the press

3.27.1. The public and representatives of the press will be admitted to all meetings of the Governing Body (unless section 2.1.2 above applies) which will be publicised in advance, on the Group’s website www.southnorfolkccg.nhs.uk.

3.27.2. The public and representatives of the press may attend all meetings of the Governing Body that are held in public according to a monthly schedule to be published annually in advance, but shall be required to withdraw upon the Governing Body resolving as follows:

‘that representatives of the press, and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest’, Section 1 (2), Public Bodies (Admission to Meetings) Act 1960

3.28. General disturbances

3.28.1. The Chair or deputy Chair or the person presiding over meetings held in public shall give such directions as he/she thinks fit with regard to the arrangements for meetings and accommodation of the public and representatives of the press such as to ensure that the Governing Body’s business shall be conducted without interruption and disruption and, without prejudice to the power to exclude on grounds of the confidential nature of the business to be transacted, the public will be required to withdraw upon the Governing Body resolving as follows:

‘that in the interests of public order the meeting adjourn for (the period to be specified) to enable the Group to complete its business without the presence of the public’. Section 1(8) Public Bodies (Admissions to Meetings) Act 1960.

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

3.29.1. Matters to be dealt with by the Governing Body following the exclusion of representatives of the press, and other members of the public, as provided for above, shall be confidential to the members of the Group.

3.29.2. Members and officers or any employee of the Group in attendance shall not reveal or disclose the contents of papers without the express permission of the Governing Body. This prohibition shall apply equally to the content of any discussion during the meeting which may take place on such reports or papers and to the minutes of the meeting arising.
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\(^{57}\), and make provision for the appointment of committees and sub-committees of its Governing Body. Where such committees and sub-committees of the Group, or committees and sub-committees of its Governing Body, are appointed they are included in Chapter 6 of the Group’s constitution.

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

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

4.2 Terms of Reference

4.2.1 Terms of reference shall have effect as if incorporated into the constitution and shall be added to this document as annexes to these Standing Orders.

4.3 Delegation of Powers by Committees to Sub-committees

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

4.4 Approval of Appointments to Committees and Sub-Committees

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

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

5.1. If for any reason these standing orders are not complied with, full details of the non-compliance and any justification for non-compliance and the circumstances around the non-compliance, shall be reported to the next formal meeting of the Governing Body.

\(^{57}\) See section 14N of the 2006 Act, inserted by section 25 of the 2012 Act
Body for action or ratification. All members of the Group and staff have a duty to disclose any non-compliance with these standing orders to the accountable officer as soon as possible.

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

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

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

a) the accountable officer;
b) the chair of the Governing Body;
c) the chief finance officer;

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

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

a) the accountable officer
b) the chair of the Governing Body
c) the chief finance officer

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

7.1. **Policy statements: general principles**

7.1.1. The Group will from time to time agree and approve policy statements / procedures which will apply to all or specific groups of staff employed by NHS South Norfolk 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.
Annex 1

The Governing Body’s Audit Committee
Terms of Reference

1. Introduction

1.1. The audit committee (“the Committee”) is established in accordance with NHS South Norfolk clinical commissioning group’s constitution. These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the committee and shall have effect as if incorporated into the constitution.

1.2. The Committee is authorised by the Governing Body to act within its terms of reference. All members and employees of the Group are directed to co-operate with any request made by the committee.

2. Membership

2.1. The committee shall be appointed by the clinical commissioning group as set out in the clinical commissioning group’s constitution and may include individuals who are not on the governing body.

2.2. The lay member on the governing body, with a lead role in overseeing key elements of governance, will chair the audit committee for the length of their tenure as lay member on the Governing Body. In the event of the chair of the audit committee being unable to attend all or part of the meeting he or she will nominate a replacement from within the membership to deputise for that meeting.

2.3. The Chair of the governing body will not be a member of the committee.

The Committee is comprised of:

2.3.1. The lay member with a lead role in overseeing financial management and audit;

2.3.2. The lay member with a lead role in championing patient and public involvement;

2.3.3. Another Governing Body member but not the Chief Financial Officer or Accountable Officer.

2.4. Appointment to the Committee will be selected by the Governing Body.

2.5. The term of office for each member of the committee will be two years. A committee member shall be eligible for reappointment at the end of his term but may not serve more than two terms of office.

2.6. A Committee member shall cease to hold office if;
2.6.1. He/she ceases to meet the eligibility criteria for their role as set out in the Constitution;

2.6.2. If any of the grounds set out in paragraph 2.2.3 of the Standing orders in the NHS South Norfolk CCG Constitution apply.

3. **Attendance**

3.1. The Chief Finance Officer and appropriate Internal and External Audit representatives shall normally attend meetings.

3.2. At least once a year the committee should meet privately with the external and internal auditors.

3.3. Representatives from local counter fraud and security management (NHS Protect) may be invited to attend meetings and will normally attend at least one meeting each year. Regardless of attendance, external audit, internal audit, local counter fraud and security management (NHS Protect) providers will have full and unrestricted rights of access to the audit committee.

3.4. The accountable officer would normally be invited to attend and discuss, at least annually with the committee, the process for assurance that supports the Annual Governance Statement and should also attend when the committee considers the draft internal audit plan and the annual accounts.

3.5. Any other directors may be invited to attend, particularly when the committee is discussing areas of risk or operation that are the responsibility of that director.

3.6. The chair of the governing body will be invited to attend one meeting each year in order to form a view on, and understanding of, the committee’s operations.

4. **Secretary**

4.1. The Head of Governance and Strategy shall be secretary to the Committee and will provide administrative support and advice. The duties of the secretary in this regard shall include but are not limited to:

4.1.1. Supporting the chair in management of committee business;

4.1.2. Agreement of the agenda with the chair of the committee and attendees together with the collation of connected papers;

4.1.3. Taking of the minutes and keeping a record of matters arising and issues to be carried forward;

4.1.4. Advising the committee as appropriate on best practice, national guidance and other relevant documents.
5. **Quorum**

5.1. A quorum shall be 2 members

6. **Decision Making**

6.1. Generally it is expected that at the Committee’s 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** – Each member physically present at the meeting or present in accordance with section 7.8 below in the case of Extraordinary meetings is entitled to one vote.

b) **Majority necessary to confirm a decision** – Each question put to the vote at either an ordinary or extraordinary meeting shall be determined by a majority of votes of those members voting on the question;

c) **Casting vote** - In the case of an equal vote, the Chair of the meeting shall have an additional and casting vote;

d) **Dissenting views** – Should a vote be taken the outcome of the vote, along with any dissenting views, must be recorded in the minutes of the meeting.

7. **Frequency and notice of meetings**

7.1. There will be a minimum of 5 meetings per annum.

7.2. Agendas will normally be issued seven days prior to a meeting, requests for items to be included on the agenda should be sent to the Chair/secretary at least ten working days before the meeting.

7.3. Any urgent items for the committee’s attention can be agreed by the Chair with 24 hours’ notice and “notification of urgent items” will be a standing agenda item.

7.4. If separate papers require circulation, these should, wherever possible, be issued with the agenda.

7.5. In the interests of confidentiality papers will be circulated and disposed of as required by the committee secretary.

7.6. The Chair of the Governing Body and/or the Chair of the Committee or the external auditors or head of internal audit can call an Extraordinary meeting of the Committee (in addition to the scheduled meetings) by giving all members of the Committee at least twenty one days (21) days’ notice.

7.7. Member Practices can request that the Chair of the Governing Body call an Extraordinary Meeting of the Committee (in addition to the scheduled meetings) if not
less than one third of the constituent Member Practices submit a written request to
the Governing Body within a fourteen day (14) day period giving all Committee
members at least twenty one (21) days’ notice.

7.8. Committee Members may participate in Extraordinary Meetings by the use of
telephone, video conferencing facilities and/or webcam where such facilitates are
available (subject to the approval of the Chair.) Participation in a meeting in any of
these manners shall be deemed as presence in person at the meeting.

7.9. The accidental omission to give notice of a meeting to or the non-receipt of notice of
a meeting by any person entitled to receive notice shall not invalidate proceedings at
that meeting.

7.10. Notice of all extraordinary and ordinary meetings shall be in writing. Such notices
shall be given (i) by delivery in person (ii) by a nationally recognised next day courier
service, (iii) by first class, registered or certified mail, postage prepaid, to the office
address of the Committee member or such other address as either party may specify
in writing or (v) by electronic mail to the committee member.

7.11. Notice of all ordinary and extraordinary meetings shall be published on the group’s
website at www.southnorfolkccg.nhs.uk at least 21 days in advance of the meeting.

8. **Remit and responsibilities of the committee**

8.1. 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 the Committee
are:

8.2. **Integrated governance, risk management and internal control**

8.2.1. The committee shall review the establishment and maintenance of an effective
system of integrated governance, risk management and internal control, across the
whole of the clinical commissioning group’s activities that support the achievement of
the clinical commissioning group’s objectives.

8.2.2. Its work will dovetail with that of the Quality and patient safety assurance Committee,
which the clinical commissioning group has established to seek assurance that
robust clinical quality is in place.

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

8.2.4. All risk and control related disclosure statements (in particular the governance
statement), together with any appropriate independent assurances, prior to
endorsement by the clinical commissioning group.

8.2.5. The underlying assurance processes that indicate the degree of achievement of
clinical commissioning group objectives, the effectiveness of the management of
principal risks and the appropriateness of the above disclosure statements.
8.2.6. The policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements and related reporting and self-certification.

8.2.7. The policies and procedures for all work related to fraud and corruption as set out in Secretary of State Directions and as required by the NHS Counter Fraud and Security Management Service.

8.2.8. In carrying out this work the committee will primarily utilise the work of internal audit, external audit and other assurance functions, but will not be limited to these sources. It will also seek reports and assurances from directors and managers as appropriate, concentrating on the over-arching systems of integrated governance, risk management and internal control, together with indicators of their effectiveness.

8.2.9. This will be evidenced through the committee’s use of an effective assurance framework to guide its work and that of the audit and assurance functions that report to it.

8.3. Internal audit

8.3.1. The committee shall ensure that there is an effective internal audit function that meets mandatory NHS Internal Audit Standards and provides appropriate independent assurance to the audit committee, accountable officer and clinical commissioning group. This will be achieved by:

8.3.1.1. Consideration of the provision of the internal audit service, the cost of the audit and any questions of resignation and dismissal.

8.3.1.2. Review and approval of the internal audit strategy, operational plan and more detailed programme of work, ensuring that this is consistent with the audit needs of the organisation, as identified in the assurance framework.

8.3.1.3. Considering the major findings of internal audit work (and management’s response) and ensuring co-ordination between the internal and external auditors to optimise audit resources.

8.3.1.4. Ensuring that the internal audit function is adequately resourced and has appropriate standing within the clinical commissioning group.

8.3.1.5. An annual review of the effectiveness of internal audit.

8.4. External audit

8.4.1. The committee shall review the work and findings of the external auditors and consider the implications and management’s responses to their work. This will be achieved by:
8.4.1.1. Consideration of the performance of the external auditors, as far as the rules governing the appointment permit.

8.4.1.2. Discussion and agreement with the external auditors, before the audit commences, on the nature and scope of the audit as set out in the annual plan, and ensuring co-ordination, as appropriate, with other external auditors in the local health economy.

8.4.1.3. Discussion with the external auditors of their local evaluation of audit risks and assessment of the clinical commissioning group and associated impact on the audit fee.

8.4.1.4. Review of all external audit reports, including the report to those charged with governance, agreement of the annual audit letter before submission to the clinical commissioning group and any work undertaken outside the annual audit plan, together with the appropriateness of management responses.

8.5. Other assurance functions

8.5.1. The audit committee shall review the findings of other significant assurance functions, both internal and external and consider the implications for the governance of the clinical commissioning group.

8.5.2. These will include, but will not be limited to, any reviews by Department of Health arm’s length bodies or regulators/inspectors (for example, the Care Quality Commission and NHS Litigation Authority) and professional bodies with responsibility for the performance of staff or functions (for example, Royal Colleges and accreditation bodies).

8.6. Counter fraud

8.6.1. The committee shall satisfy itself that the clinical commissioning 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.

8.7. Management

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

8.7.2. The committee may also request specific reports from individual functions within the clinical commissioning group as they may be appropriate to the overall arrangements.

8.8. Financial reporting

8.8.1. The audit committee shall monitor the integrity of the financial statements of the clinical commissioning group and any formal announcements relating to the clinical
commissioning group’s financial performance.

8.8.2. The committee shall ensure that the systems for financial reporting to the clinical commissioning group, including those of budgetary control, are subject to review as to completeness and accuracy of the information provided to the clinical commissioning group.

8.8.3. The audit committee shall review the annual report and financial statements before submission to the governing body and the clinical commissioning group, focusing particularly on:

- 8.8.3.1. The wording in the governance statement and other disclosures relevant to the terms of reference of the committee;
- 8.8.3.2. Changes in, and compliance with, accounting policies, practices and estimation techniques;
- 8.8.3.3. Unadjusted mis-statements in the financial statements;
- 8.8.3.4. Significant judgements in preparing of the financial statements;
- 8.8.3.5. Significant adjustments resulting from the audit;
- 8.8.3.6. Letter of representation; and
- 8.8.3.7. Qualitative aspects of financial reporting.

9. **Relationship with the governing body**

9.1. The minutes of Committee meetings shall be formally recorded by the secretary of the committee and submitted, together with recommendations where appropriate to the Governing Body.

9.2. The submission to the Governing Body shall also include details of any matters in respect of which actions or improvements are needed. This will include details of any evidence of potentially ultra vires, otherwise unlawful or improper transactions, acts, omissions or practices or any other important matters. To the extent that such matters arise, the chair of the Committee shall present details to a meeting of the Governing Body in addition to submission of the minutes.

9.3. The Committee will report annually to the Governing Body in respect of the fulfilment of its functions in connection with these terms of reference. Such report shall include but not be limited to:

- 9.3.1. Functions undertaken in connection with the statement of internal control; the assurance framework;
- 9.3.2. The effectiveness of risk management within the group;
9.3.3. The integration and adherence to governance arrangements;

9.3.4. Its view as to whether the self-assessment against standards for better health is appropriate; and

9.3.5. Any pertinent matters in respect of which the audit committee has been engaged.

9.4. The Group’s annual report shall include a section describing the work of the audit committee in discharging its responsibilities.

10. Policy and best practice

10.1. The Committee will apply best practice in the decision making process.

10.2. The Committee is authorised by the Governing Body to instruct professional advisors and request the attendance of individuals and authorities form outside the Group with relevant experience and expertise if it considers this necessary or expedient to exercise its functions. The Committee also has full authority to commission any reports or surveys it deems necessary to help fulfil its obligations.

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

11. Conduct of the committee

11.1. The Committee will conduct its business in accordance with national guidance and relevant codes of conduct and good governance practice, including the Nolan Principles.

11.2. The Committee will assess its performance, membership and terms of reference annually and draw up its own plans for improvement. The Governing Body will approve any subsequent amendment to the terms of reference.

Date agreed
Annex 2
The Governing Body’s Remuneration Committee
Terms of Reference

1. Introduction

i. The remuneration committee (“the Committee”) is established in accordance with NHS South Norfolk clinical commissioning group’s constitution, standing orders and scheme of delegation. These terms of reference set out the membership, remit responsibilities and reporting arrangements of the committee and shall have effect as if incorporated into the clinical commissioning group’s constitution and standing orders.

ii. The Committee is authorised by the Governing Body to act within its terms of reference. All members and employees of the Group are directed to co-operate with any request made by the committee.

2. Membership

i. The committee shall be appointed by the clinical commissioning group from amongst its governing body members.

ii. Only members of the governing body may be members of the remuneration committee.

iii. Only members of the committee have the right to attend committee meetings. However, other individuals such as the accountable officer, any HR lead and external advisers may be invited to attend for all or part of any meeting as and when appropriate, however, should not be in attendance for discussions about their own remuneration and terms of service.

iv. The membership of the Committee shall consist of:

   - The lay member with a lead role in overseeing financial management and audit;
   - The lay member with a lead role in championing patient and public involvement;
   - Either the registered nurse or secondary care doctor on the Governing Body.
v. The Committee will appoint its chair but it must be one of the lay members of the Governing Body. They will sit as Chair for the length of their tenure as a lay member on the Governing Body or a shorter time upon agreement with the Governing Body.

3. Secretary

i. Head of Governance and Strategy shall be secretary to the Committee and will provide administrative support and advice. The duties of the secretary in this regard shall include but are not limited to:

3.i.1. Supporting the chair in management of remuneration business;

3.i.2. Agreement of the agenda with the chair of the committee and attendees together with the collation of connected papers;

3.i.3. Taking of the minutes and keeping a record of matters arising and issues to be carried forward;

3.i.4. Advising the committee as appropriate on best practice, national guidance and other relevant documents.

4. Quorum

i. A quorum shall be 2 members.

5. Frequency and notice of meetings

i. There will be a minimum of 1 meeting per annum.

ii. Agendas will normally be issued seven days prior to a meeting, requests for items to be included on the agenda should be sent to the Chair/secretary at least ten working days before the meeting.

iii. Any urgent items for the committee's attention can be agreed by the Chair with 24 hours' notice and "notification of urgent items" will be a standing agenda item.

iv. If separate papers require circulation, these should, wherever possible, be issued with the agenda.

v. In the interests of confidentiality papers will be circulated and disposed of as required by the committee secretary.

vi. The Chair of the Governing Body and or the Chair of the Committee can call an Extraordinary meeting of the Committee (in addition to the scheduled meetings) by giving all members of the Committee at least twenty one days (21) days' notice.
vii. Member Practices can request that the Governing Body call an Extraordinary Meeting of the Committee (in addition to the scheduled meetings) if not less than one third of the constituent Member Practices submit a written request to the Governing Body within a fourteen day (14) day period giving all Committee members at least twenty one (21) days’ notice.

viii. Committee Members may participate in Extraordinary Meetings by the use of telephone, video conferencing facilities and/or webcam where such facilitates are available (subject to the approval of the Chair.) Participation in a meeting in any of these manners shall be deemed as presence in person at the meeting.

ix. The accidental omission to give notice of a meeting to or the non-receipt of notice of a meeting by any person entitled to receive notice shall not invalidate proceedings at that meeting.

x. Notice of all extraordinary and ordinary meetings shall be in writing. Such notices shall be given (i) by delivery in person (ii) by a nationally recognised next day courier service, (iii) by first class, registered or certified mail, postage prepaid, to the office address of the Committee member or such other address as either party may specify in writing or (v) by electronic mail to the committee member.

xi. Notice of all ordinary and extraordinary meetings shall be published on the group’s website at www.southnorfolkccg.nhs.uk at least 21 days in advance of the meeting.

6. Remit and responsibilities of the 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.

ii. The Committee shall determine the remuneration and conditions of service of the senior team.

iii. The Committee shall review the performance of the accountable officer and other senior team members and determining annual salary awards, if appropriate.

iv. The Committee shall consider the severance payments of the accountable officer and usually of other senior staff, seeking HM Treasury approval as appropriate in accordance with the guidance ‘Managing Public Money.’

v. Remuneration of the members of the Remuneration Committee will be reviewed by a neighbouring CCG under reciprocal agreement.
7. **Relationship with the governing body**

   i. The minutes of Committee meetings shall be formally recorded by the secretary of the committee and submitted, together with recommendations where appropriate, to the Governing Body.

   ii. The Committee should provide the Governing Body with formal reports of its work and assurances that have been received and validated.

   iii. The Committee will report to the Governing Body after every meeting on its work.

8. **Policy and best practice**

   i. The Committee will apply best practice in the decision making process, in particular when considering individual remuneration the Committee will:

      8.i.1. Comply with current disclosure requirements for remuneration;

      8.i.2. On occasion seek independent advice including legal advice about remuneration for individuals;

      8.i.3. Ensure decisions are based on clear and transparent criteria.

   ii. The Committee is authorised by the Governing Body to instruct professional advisors and request the attendance of individuals and authorities from outside the Group with relevant experience and expertise if it considers this necessary or expedient to exercise its functions. The Committee also has full authority to commission any reports or surveys it deems necessary to help fulfil its obligations.

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

9. **Conduct of the committee**

   i. The Committee will conduct its business in accordance with national guidance and relevant codes of conduct and good governance practice, including the Nolan Principles.

   ii. The Committee will assess its performance, membership and terms of reference annually and draw up its own plans for improvement. The Governing Body will approve any subsequent amendment to the terms of reference.

   **Date agreed**
# Annex 3
The Governing Body’s Quality and Patient Safety Assurance Committee Terms of Reference

## 1. Introduction

1.1. The Quality and Patient Safety Committee (“the Committee”) is established in accordance with NHS South Norfolk Clinical Commissioning Group’s (“the Group”) Constitution, standing orders and scheme of delegation. These terms of reference set out the remit, responsibilities and reporting arrangements of the Committee and are included in the Group’s Constitution at annex 4 to the Standing orders. Accordingly they shall have effect as if incorporated into the Group’s constitution and standing orders.

1.2. The Committee is authorised by the Governing Body to act within its terms of reference. All members and employees of the Group are directed to co-operate with any request made by the committee.

## 2. Membership

2.1. The Quality and Patient Safety Committee will be chaired by the Registered Nurse of the Governing Body.

2.2. CCG GP (Quality Lead)

2.3. Head of Quality & Patient Safety

2.4. Representative clinicians from Clinical Committees

2.5. CSS Quality lead for the Group

2.6. Patient representative / patient champion

2.7. Others by invite e.g. education facilitator

2.8. The Chair, Chief Officer, Chief Finance officer or any other clinical or senior officer may be requested to attend the Committee meetings as directed by members of the Committee.

2.9. The committee will be supported by a note taker who will maintain a comprehensive actions and decisions log of the meeting and provide appropriate support to the Chair and members.

## 3. Remit and Responsibilities of the Committee

3.1. The Quality and Patient Safety Assurance Committee shall provide the Governing body with assurance in relation to the quality and safety of its commissioned services and internal processes to support continuous improvement. It will undertake this function by providing scrutiny of information and feedback from the Commissioning Support Unit (CSU) and other sources
available to the Group. The CSU will work closely with the Group to provide routine analysis and highlight reports to the Committee to enable effective scrutiny and assurance in decision making.

3.1.1. The Quality and Patient Safety Assurance Committee will receive and review quality and patient safety reports. The Committee will comment and agree any recommended actions specified for potential and known clinical risks and agree/sign off specific actions to minimise or prevent such risks. It will ensure all such risks are documented within the organisational integrated risk register for the Committee and where relevant on the Governing Body Assurance Framework.

3.1.2. The Committee will decide if learning and improvement opportunities from available information and data sources have been appropriately identified and communicated to relevant groups. The Committee will agree and ensure any identified learning or improvements and risks to inform the continuous improvement plan /action log which will be delivered through the Quality and Patient Safety operational delivery group.

3.1.3. The Committee will provide reports as required to any external bodies (i.e. the national reporting and learning system, National Commissioning board) supported by the head of Quality and Patient Safety and Director of Commissioning and contracts liaison.

3.2. The following decisions have been set out in the Group’s Constitution as reserved for the Committee:

3.2.1. To scrutinise quality and safety of providers, through inspection of the minutes of the provider quality review meetings, soft intelligence and patient feedback.

3.2.2. To draw out themes and early warnings for South Norfolk.

3.2.3. To identify strategy, tactics and actions to address quality and safety issues in provision.

3.2.4. To ensure that the Governing body is informed of risks and acts upon these.

3.2.5. To monitor and mitigate the quality and safety risks for South Norfolk.

3.2.6. To analyse soft intelligence regarding providers.

3.2.7. To develop and implement a series of visits (announced and unannounced) to providers.

3.2.8. To review information pertaining to Serious Incidents (SIs), significant clinical incidents, complaints trends and Serious Case Reviews, ensuring that corrective and preventative action is taken and that lessons learned are disseminated throughout the local Health System.
3.2.9. To ensure the services commissioned by the Group meet all national standards, legislation and Monitor, CQC and NHSLA requirements.

3.2.10. To ensure the services commissioned by the Group are safe, effective, high quality and patient focused.

3.2.11. To ensure there are appropriate clinical governance, safety and risk management processes in place within the Group to ensure a sound system of internal control.

3.2.12. To ensure effective Safeguarding arrangements are in place.

3.2.13. The Group promotes learning from national and local reviews, inspections and adverse events, incidents, Serious Incidents, complaints, claims and patient experience. (Within both providers and CCGs)

3.2.14. Ensure that primary care have appropriate mechanisms in place for clinical quality and patient safety.

3.2.15. Ensure there are systems and processes for monitoring and acting on patient feedback and particularly in identifying quality including safety issues.

3.2.16. Responses and actions, upon receipt of information/reports, are timely and reviewed.

3.2.17. Receive and respond to information from the clinical committees that has quality and or safety implications.

3.2.18. The Quality and Patient Safety Assurance Committee will be responsible for signing off recommended actions relating to all aspects of:

- Serious Incidents
- Never Events
- Safeguarding concerns
- CQC findings from internal and external announced and unannounced visits
- Quality issue reports
- Complaints, PALs and FOI
- Clinical quality review reports
- National guidelines and legislation
- Emergency planning and Prevent
- Nice Guidelines and Technologies
- Winter Pressures
- Patient Safety Alerts
- Innovation
- Research
- Emergency planning (Prevent)
4. **Meetings of the Committee**

4.1. **Ordinary Meetings**

4.1.1. The Quality and Patient Safety Assurance Committee shall usually meet monthly, with a minimum of 10 scheduled meetings per meeting per year, at such times and places as the Group may determine.

4.2. **Extraordinary Meetings**

4.2.1. The Chair of the Governing Body and/or the Chair of the Quality and Patient Safety Assurance Committee can call anExtraordinary meeting of the Quality and Patient Safety Assurance Committee (in addition to the scheduled meetings) by giving all members at least fourteen days (14) days’ notice.

4.2.2. Member Practices can request that the Governing Body call an Extraordinary Meeting of the Committee (in addition to the scheduled meetings) if not less than one third of the constituent Member Practices submit a written request to the Governing Body within a seven day (7) day period giving all members at least fourteen (14) days’ notice.

4.2.3. Quality and Patient Safety Assurance Committee members may participate in Extraordinary Meetings by the use of telephone, video conferencing facilities and/or webcam where such facilitates are available (subject to the approval of the Chair.) Participation in a meeting in any of these manners shall be deemed as presence in person at the meeting.

4.2.4. The accidental omission to give notice of a meeting to or the non-receipt of notice of a meeting by any person entitled to receive notice shall not invalidate proceedings at that meeting.

4.2.5. Notice of all extraordinary and ordinary meetings shall be in writing. Such notices shall be given (i) by delivery in person (ii) by a nationally recognised next day courier service, (iii) by first class, registered or certified mail, postage prepaid, to the address set out in appendix B or such other address as either party may specify in writing or (v) by electronic mail to the practice manager of the member practice.

4.2.6. Notice of all ordinary and extraordinary meetings shall be published on the group’s website at www.southnorfolkccg.nhs.uk at least 14 days in advance of the meeting.

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

4.3.1. Items of business to be transacted for inclusion on the agenda of a meeting need to be notified to the administrator at least 6 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 6 working days before the meeting takes place. The agenda and supporting papers will be circulated to all
members of the meeting at least 5 working days before the date the meeting will take place.

4.3.2. Agendas and certain papers for this committee – including details about meeting dates, times and venues - will be published on the group’s website at www.southnorfolkccg.nhs.uk.

4.4. Chair of the Quality and Patient Safety Assurance Committee

4.4.1. The chair will be the registered nurse from the Governing Body and the deputy chair will be one of the members of the Quality and Patient Safety Assurance Committee selected by the members.

4.4.2. At any meeting of the Quality and Patient Safety Assurance Committee the Chair of the Committee if present, shall preside. If the chair is absent from the meeting, the deputy chair, if present, shall preside.

4.4.3. If the chair is absent temporarily on the grounds of a declared conflict of interest the deputy chair, if present, shall preside. If both the chair and deputy chair are absent, or are disqualified from participating, or there is neither a chair nor deputy present, another practice representative shall be chosen by the members present, or by a majority of them, and shall preside at that meeting.

4.5. Chair’s ruling

4.5.1. The decision of the chair of the member practice committee 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.

4.6. Quorum

4.6.1. At least 4 of the members shall be a quorum, 2 of which will be clinical members for both an Ordinary and Extraordinary meeting.

4.6.2. If members have sent representation rather than themselves they will count towards the quorum provided the Chair is notified of the representative at the start of the meeting and receives confirmation from the representative that they have authority to act on behalf of member. If they do not have authority to act on behalf of the member they will not count towards the quorum.

4.6.3. If the quorum is lost due to member(s) being disqualified from taking part in a vote or discussion due to a declared interest then the Group’s Managing Conflict of Interest Policy will be followed as set out in the Group’s Standards of Business Conduct and at section 8 of this Constitution.

4.7. Decision making

4.7.1. Chapter 6 of the Group’s constitution, together with the scheme of reservation and delegation, sets out the governing structure for the exercise of the group’s
statutory functions. Generally it is expected that at the Committee’s 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** – Each member physically present at the meeting or present in accordance with section 4.2.3 above in the case of Extraordinary meetings or a mandated representative from the member practice in accordance with section 4.6.2 above is entitled to one vote.

b) **Majority necessary to confirm a decision** – Each question put to the vote at either an ordinary or extraordinary meeting shall be determined by a majority of votes of those members voting on the question;

c) **Casting vote** - In the case of an equal vote, the Chair of the meeting shall have an additional and casting vote;

d) **Dissenting views** – Should a vote be taken the outcome of the vote, along with any dissenting views, must be recorded in the minutes of the meeting.

4.8. **Suspension of Standing Orders**

4.8.1. Except where it would contravene any statutory provision or any direction made by the Secretary of State for Health or the NHS Commissioning Board, any part of these terms of reference may be suspended at any meeting, provided all group members are in agreement.

4.8.2. A decision to suspend the terms of reference together with the reasons for doing so shall be recorded in the minutes of the meeting.

4.8.3. 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.

4.9. **Minutes**

4.9.1. The minutes will record the names of the individuals in attendance and will also include any names any representatives attending in accordance with section 4.2.3. The name of the administrator will also be included.

4.9.2. The minutes will be drawn up and circulated in accordance with members wishes and then formally signed off by the Chair of the meeting as a true record of the meeting.

5. **Support and Development**

5.1. The Group will provide an initial programme of induction for the members to help them understand the commissioning process and the work of the group. There will be a wider support and development programme. The detail of this will be co designed by the Group and the members.
6. **Remuneration**

6.1. In acknowledgement of the time required by the Member Practices to support this, reimbursement based on a number of GP sessions will be made to the member Practice who employs the member. The details of this will be worked through the Remuneration Committee to ensure openness and transparency.

7. **Relationship with the Governing Body**

7.1. The minutes of Quality and Patient Safety Assurance Committee meetings shall be formally recorded by the note taker of the committee and submitted, together with recommendations where appropriate, to the Governing Body.

7.2. The Quality and Patient Safety Assurance Committee is a committee of the South Norfolk CCG Governing Body and therefore reports directly to the South Norfolk CCG board.

7.3. The Quality and Patient Safety Assurance Committee should provide the Governing Body with formal reports of its work and assurances that have been received and validated.

7.4. The Quality and Patient Safety Committee will report to the Governing Body after every meeting on its work.

7.5. The following meetings share information with the South Norfolk CCG Quality and Patient Safety Assurance Committee:
   - Joint Quality and Patient Safety Committee (Norfolk Cluster)(TBC)
   - Clinical Quality Review meetings (or equivalent)

8. **Policy and best practice**

8.1. The Quality and Patient Safety Assurance Committee will apply best practice in the decision making process.

8.2. The Quality and Patient Safety Assurance Committee is authorised by the Governing Body to instruct professional advisors and request the attendance of individuals and authorities form outside the Group with relevant experience and expertise if it considers this necessary or expedient to exercise its functions. The Committee also has full authority to commission any reports or surveys it deems necessary to help fulfil its obligations with agreed financial budgets.

8.3. The Quality and Patient Safety Assurance Committee is authorised to obtain such internal information as is necessary and expedient to the fulfilment of its functions.
9. Conduct of the Quality and Patient Safety Assurance Committee

9.1. The Quality and Patient Safety Assurance Committee shall conduct its business in accordance with national guidance and relevant codes of conduct and good governance practice, including the Nolan Principles, managing conflicts of interest and standards of business conduct policies.

9.2. The Quality and Patient Safety Assurance Committee will assess its performance, membership and terms of reference annually or sooner if required and draw up its own plans for improvement. The Governing Body will approve any subsequent amendment to the terms of reference.
APPENDIX D – SCHEME OF RESERVATION & DELEGATION

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

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

1.2. The clinical commissioning group remains accountable for all of its functions, including those that it has delegated.
<table>
<thead>
<tr>
<th>Policy Area</th>
<th>Decision</th>
<th>Reserved to the Membership (Via the Council of Members)</th>
<th>Reserved or delegated to Governing Body</th>
<th>Accountable Officer</th>
<th>Committee</th>
<th>Specified Individual</th>
</tr>
</thead>
<tbody>
<tr>
<td>REGULATION AND CONTROL</td>
<td>Determine the arrangements by which the members of the group approve those decisions that are reserved for the membership.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>REGULATION AND CONTROL</td>
<td>Consideration and ratification of applications to the NHS Commissioning Board on any matter concerning changes to the group’s constitution, including terms of reference for the group’s governing body, its committees, membership of committees, the overarching scheme of reservation and delegated powers, arrangements for taking urgent decisions, standing orders and prime financial policies.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>REGULATION AND CONTROL</td>
<td>Exercise or delegation of those functions of the clinical commissioning group which have not been retained as reserved by the group, delegated to the governing body or other committee or sub-committee or a specified member or employee</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>REGULATION AND CONTROL</td>
<td>Prepare the group’s overarching scheme of reservation and delegation, which sets out those decisions of the group reserved to the membership and those delegated to the group’s governing body, committees and sub-committees of the group, or its members or employees and sets out those decisions of the governing body reserved to the governing body.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Policy Area</td>
<td>Decision</td>
<td>Reserved to the Membership (Via the Council of Members)</td>
<td>Reserved or delegated to Governing Body</td>
<td>Accountable Officer</td>
<td>Committee</td>
<td>Specified Individual</td>
</tr>
<tr>
<td>-------------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>----------------------------------------------------------</td>
<td>-----------------------------------------</td>
<td>---------------------</td>
<td>-----------</td>
<td>----------------------</td>
</tr>
<tr>
<td></td>
<td>body and those delegated to the</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>o governing body's committees and sub-committees,</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>o members of the governing body,</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>o an individual who is member of the group but not the governing body or a specified person for inclusion in the group's constitution.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>REGULATION AND CONTROL</td>
<td>Ratification of the group's overarching scheme of reservation and delegation.</td>
<td>✅</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>REGULATION AND CONTROL</td>
<td>Prepare the group's operational scheme of delegation, which sets out those key operational decisions delegated to individual employees of the clinical commissioning group, not for inclusion in the group's constitution.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>REGULATION AND CONTROL</td>
<td>Approval of the group's operational scheme of delegation that underpins the group's 'overarching scheme of reservation and delegation' as set out in its constitution.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>REGULATION AND CONTROL</td>
<td>Prepare detailed financial policies that underpin the clinical commissioning group's prime financial policies.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Policy Area</td>
<td>Decision</td>
<td>Reserved to the Membership (Via the Council of Members)</td>
<td>Reserved or delegated to Governing Body</td>
<td>Accountable Officer</td>
<td>Committee</td>
<td>Specified Individual</td>
</tr>
<tr>
<td>------------------------------------------------</td>
<td>--------------------------------------------------------------------------</td>
<td>---------------------------------------------------------</td>
<td>----------------------------------------</td>
<td>---------------------</td>
<td>-----------</td>
<td>----------------------</td>
</tr>
<tr>
<td>REGULATION AND CONTROL</td>
<td>Approve detailed financial policies</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>REGULATION AND CONTROL</td>
<td>Approve arrangements for managing exceptional funding requests.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>REGULATION AND CONTROL</td>
<td>Set out who can execute a document by signature / use of the seal</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>REGULATION AND CONTROL</td>
<td>Reviewing the Group’s governance arrangements to ensure that the Group continues to reflect the principles of good governance. (Section 4.5.2)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>REGULATION AND CONTROL</td>
<td>Exercise the powers that the Governing Body has reserved to itself in an emergency or for an urgent decision. (Section 2.8.3 Standing Orders)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>REGULATION AND CONTROL</td>
<td>Approval of amendments to the Terms of Reference of the Committees of the Governing Body</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
</tbody>
</table>
| PRACTICE MEMBER REPRESENTATIVES AND MEMBERS OF THE GOVERNING BODY | • Approve the arrangements for  
  o identifying practice members to represent Member Practices practices in matters concerning the work of the group; and  
  o appointing clinical leaders to represent the group’s membership on the group’s governing body, for example |                                                         |                                        |                     |           | ✓                    |
<table>
<thead>
<tr>
<th>Policy Area</th>
<th>Decision</th>
<th>Reserved to the Membership (Via the Council of Members)</th>
<th>Reserved or delegated to Governing Body</th>
<th>Accountable Officer</th>
<th>Committee</th>
<th>Specified Individual</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRACTICE MEMBER REPRESENTATIVES AND MEMBERS OF THE GOVERNING BODY</td>
<td>Approve the appointment of governing body members, the process for recruiting and removing non-elected members to the governing body (subject to any regulatory requirements) and succession planning.</td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PRACTICE MEMBER REPRESENTATIVES AND MEMBERS OF THE GOVERNING BODY</td>
<td>Approve arrangements for identifying the group’s proposed accountable officer.</td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>STRATEGY AND PLANNING</td>
<td>Leading the setting of the vision and strategy (As per section 6.6.1)</td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>STRATEGY AND PLANNING</td>
<td>Ratification of the vision, values and overall strategic direction of the group.</td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>STRATEGY AND PLANNING</td>
<td>Approval of the group’s operating structure.</td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>STRATEGY AND PLANNING</td>
<td>Monitoring performance of the Group against plans. (As per section 6.6.1)</td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>STRATEGY AND PLANNING</td>
<td>Providing assurance of strategic risk. (As per section 6.6.1)</td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Policy Area</td>
<td>Decision</td>
<td>Reserved to the Membership (Via the Council of Members)</td>
<td>Reserved or delegated to Governing Body</td>
<td>Accountable Officer</td>
<td>Committee</td>
<td>Specified Individual</td>
</tr>
<tr>
<td>--------------------------</td>
<td>--------------------------------------------------------------------------</td>
<td>--------------------------------------------------------</td>
<td>----------------------------------------</td>
<td>---------------------</td>
<td>-----------</td>
<td>---------------------</td>
</tr>
<tr>
<td>STRATEGY AND PLANNING</td>
<td>Approval of the group’s corporate budgets that meet the financial duties as set out in section 5.3 of the main body of the constitution.</td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>STRATEGY AND PLANNING</td>
<td>Approval of variations to the approved budget where variation would have a significant impact on the overall approved levels of income and expenditure or the group’s ability to achieve its agreed strategic aims.</td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>STRATEGY AND PLANNING</td>
<td>Approve consultation arrangements for the Group’s commissioning plan. (Appendix E section 7.5)</td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANNUAL REPORTS AND ACCOUNTS</td>
<td>Ratification of the group’s annual report</td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANNUAL REPORTS AND ACCOUNTS</td>
<td>Approval of the group’s annual accounts.</td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANNUAL REPORTS AND ACCOUNTS</td>
<td>Approval of the arrangements for discharging the group’s statutory financial duties</td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HUMAN RESOURCES</td>
<td>Approve the terms and conditions, remuneration and travelling or other allowances for governing body members, including pensions and gratuities</td>
<td></td>
<td>✓</td>
<td></td>
<td>Remuneration committee</td>
<td></td>
</tr>
<tr>
<td>HUMAN RESOURCES</td>
<td>Approve terms and conditions of employment for all employees of the group including, pensions, remuneration, fees and travelling or other allowances payable</td>
<td></td>
<td>✓</td>
<td></td>
<td>Remuneration committee</td>
<td></td>
</tr>
<tr>
<td>Policy Area</td>
<td>Decision</td>
<td>Reserved to the Membership (Via the Council of Members)</td>
<td>Reserved or delegated to Governing Body</td>
<td>Accountable Officer</td>
<td>Committee</td>
<td>Specified Individual</td>
</tr>
<tr>
<td>-------------------</td>
<td>--------------------------------------------------------------------------</td>
<td>--------------------------------------------------------</td>
<td>----------------------------------------</td>
<td>---------------------</td>
<td>----------------------------</td>
<td>----------------------</td>
</tr>
<tr>
<td>HUMAN RESOURCES</td>
<td>Approve any other terms and conditions of the services for the group's employees</td>
<td>√</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HUMAN RESOURCES</td>
<td>Determine the terms and conditions of employment for all employees of the group</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HUMAN RESOURCES</td>
<td>Determine pensions, remuneration, fees and allowances payable to employees and to other persons providing services to the group</td>
<td>√</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HUMAN RESOURCES</td>
<td>Recommend pensions, remuneration, fees and allowances payable to employees and to other persons providing services to the group</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>√ Remuneration committee</td>
</tr>
<tr>
<td>HUMAN RESOURCES</td>
<td>Approve disciplinary arrangements for employees, including the accountable office (where he/she is an employee or member of the clinical commissioning group) and for other persons working on behalf of the group</td>
<td>√</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HUMAN RESOURCES</td>
<td>Review disciplinary arrangements where the accountable officer is an employee or member of another clinical commissioning group</td>
<td>√</td>
<td></td>
<td></td>
<td></td>
<td>If applicable</td>
</tr>
<tr>
<td>HUMAN RESOURCES</td>
<td>Approval of the arrangements for discharging the group’s statutory duties as an employer</td>
<td>√</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HUMAN RESOURCES</td>
<td>Approve human resources policies for employees and for other persons working on behalf of the group</td>
<td>√</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Policy Area</td>
<td>Decision</td>
<td>Reserved to the Membership (Via the Council of Members)</td>
<td>Reserved or delegated to Governing Body</td>
<td>Accountable Officer</td>
<td>Committee</td>
<td>Specified Individual</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>--------------------------------------------------------------------------</td>
<td>--------------------------------------------------------</td>
<td>----------------------------------------</td>
<td>---------------------</td>
<td>-----------</td>
<td>---------------------</td>
</tr>
<tr>
<td>QUALITY AND SAFETY</td>
<td>Approve arrangements, including supporting policies, to minimise clinical risk, maximise patient safety and to secure continuous improvement in quality and patient outcomes</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
<td>Quality and patient Safety Assurance committee</td>
</tr>
<tr>
<td>QUALITY AND SAFETY</td>
<td>Approve arrangements for supporting the NHS Commissioning Board in discharging its responsibilities in relation to securing continuous improvement in the quality of general medical services</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
<td>Quality and patient Safety Assurance committee</td>
</tr>
<tr>
<td>OPERATIONAL AND RISK MANAGEMENT</td>
<td>Prepare and recommend an operational scheme of delegation that sets out who has responsibility for operational decisions within the group</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
<td>Audit Committee</td>
</tr>
<tr>
<td>OPERATIONAL AND RISK MANAGEMENT</td>
<td>Approve the group’s counter fraud and security management arrangements</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
<td>Audit Committee</td>
</tr>
<tr>
<td>OPERATIONAL AND RISK MANAGEMENT</td>
<td>Approval of the group’s risk management arrangements. (As per Appendix E section 15.)</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
<td>Audit Committee</td>
</tr>
<tr>
<td>OPERATIONAL AND RISK MANAGEMENT</td>
<td>Approve arrangements for risk sharing and or risk pooling with other organisations (for example arrangements for pooled funds with other clinical commissioning groups or pooled budget arrangements under section 75 of the NHS Act 2006)</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
<td>Audit Committee</td>
</tr>
<tr>
<td>OPERATIONAL AND RISK MANAGEMENT</td>
<td>Review of risk sharing or risk pooling arrangements.</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
<td>Audit Committee</td>
</tr>
<tr>
<td>Policy Area</td>
<td>Decision</td>
<td>Reserved to the Membership (Via the Council of Members)</td>
<td>Reserved or delegated to Governing Body</td>
<td>Accountable Officer</td>
<td>Committee</td>
<td>Specified Individual</td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>--------------------------------------------------------------------------</td>
<td>---------------------------------------------------------</td>
<td>----------------------------------------</td>
<td>---------------------</td>
<td>-----------</td>
<td>---------------------</td>
</tr>
<tr>
<td>OPERATIONAL AND RISK MANAGEMENT</td>
<td>Approval of a comprehensive system of internal control, including budgetary control that underpins the effective, efficient and economic operation of the group. (As per Appendix E section 15.)</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>OPERATIONAL AND RISK MANAGEMENT</td>
<td>Approve the Group’s banking arrangements. (As per Appendix E section 11.2)</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
<td>Audit Committee</td>
</tr>
<tr>
<td>OPERATIONAL AND RISK MANAGEMENT</td>
<td>Approve the level of non pay expenditure. (As per Appendix E section 17.1)</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>OPERATIONAL AND RISK MANAGEMENT</td>
<td>Approve proposals for action on litigation against or on behalf of the clinical commissioning group</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>OPERATIONAL AND RISK MANAGEMENT</td>
<td>Approve the group’s arrangements for business continuity and emergency planning</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>OPERATIONAL AND RISK MANAGEMENT</td>
<td>Ensuring that the Registers of Interest are reviewed regularly and updated as necessary. (To be completed as per Para 8.3.5)</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>OPERATIONAL AND RISK MANAGEMENT</td>
<td>Responsibility for overseeing conflicts of Interest. (To be completed as per Para 8.4.2)</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>INFORMATION GOVERNANCE</td>
<td>Approve the group’s arrangements for handling complaints</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>INFORMATION GOVERNANCE</td>
<td>Approval of the arrangements for ensuring appropriate safekeeping and</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Policy Area</td>
<td>Decision</td>
<td>Reserved to the Membership (Via the Council of Members)</td>
<td>Reserved or delegated to Governing Body</td>
<td>Accountable Officer</td>
<td>Committee</td>
<td>Specified Individual</td>
</tr>
<tr>
<td>-------------------------------------------------</td>
<td>--------------------------------------------------------------------------</td>
<td>----------------------------------------------------------</td>
<td>----------------------------------------</td>
<td>---------------------</td>
<td>-----------</td>
<td>---------------------</td>
</tr>
<tr>
<td>TENDERING AND CONTRACTING</td>
<td>Approval of the group’s contracts for any commissioning support</td>
<td></td>
<td>√</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TENDERING AND CONTRACTING</td>
<td>Approval of the group’s contracts for corporate support (for example finance provision)</td>
<td></td>
<td>√</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TENDERING AND CONTRACTING</td>
<td>Oversee and Manage each contract on behalf of the Group. (As per appendix E section 13.3)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Director of Commissioning and Contract Liaison (nominated by the Accountable officer)</td>
</tr>
<tr>
<td>PARTNERSHIP WORKING</td>
<td>Approve decisions that individual members or employees of the group participating in joint arrangements on behalf of the group can make. Such delegated decisions must be disclosed in this scheme of reservation and delegation</td>
<td></td>
<td>√</td>
<td></td>
<td></td>
<td>If applicable</td>
</tr>
<tr>
<td>PARTNERSHIP WORKING</td>
<td>Approve decisions delegated to joint committees established under section 75 of the 2006 Act</td>
<td></td>
<td>√</td>
<td></td>
<td></td>
<td>If applicable</td>
</tr>
<tr>
<td>COMMISSIONING AND CONTRACTING FOR CLINICAL SERVICES</td>
<td>Production of the Group’s annual integrated Commissioning Plan</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>√</td>
</tr>
<tr>
<td>COMMISSIONING AND CONTRACTING FOR</td>
<td>Review of the Group’s annual integrated Commissioning Plan</td>
<td></td>
<td>√</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Policy Area</td>
<td>Decision</td>
<td>Reserved to the Membership (Via the Council of Members)</td>
<td>Reserved or delegated to Governing Body</td>
<td>Accountable Officer</td>
<td>Committee</td>
<td>Specified Individual</td>
</tr>
<tr>
<td>-------------</td>
<td>---------------------------------------------------------------------------</td>
<td>--------------------------------------------------------</td>
<td>----------------------------------------</td>
<td>---------------------</td>
<td>-----------</td>
<td>---------------------</td>
</tr>
<tr>
<td>CLINICAL SERVICES</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COMMISSIONING AND CONTRACTING FOR CLINICAL SERVICES</td>
<td>Approval of the Group’s annual integrated commissioning plan.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COMMISSIONING AND CONTRACTING FOR CLINICAL SERVICES</td>
<td>Approval of the arrangements for discharging the group’s statutory duty associated with its commissioning functions to promote a comprehensive health service.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COMMISSIONING AND CONTRACTING FOR CLINICAL SERVICES</td>
<td>Approval of the arrangements for discharging the group’s statutory duty associated with its commissioning functions to meet the public sector equality duty.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COMMISSIONING AND CONTRACTING FOR CLINICAL SERVICES</td>
<td>Monitoring of progress of delivery of public sector equality duty.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COMMISSIONING AND CONTRACTING FOR CLINICAL SERVICES</td>
<td>Responsibility to oversee discharge of public sector equality duty.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COMMISSIONING AND CONTRACTING FOR CLINICAL SERVICES</td>
<td>Approval of the arrangements for discharging the group’s statutory duty associated with its commissioning functions to secure public involvement</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COMMISSIONING AND CONTRACTING FOR CLINICAL SERVICES</td>
<td>Approval of the arrangements for discharging the group’s statutory duty associated with its commissioning functions to promote awareness of and have regard of the NHS Constitution.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Policy Area</td>
<td>Decision</td>
<td>Reserved to the Membership (Via the Council of Members)</td>
<td>Reserved or delegated to Governing Body</td>
<td>Accountable Officer</td>
<td>Committee</td>
<td>Specified Individual</td>
</tr>
<tr>
<td>------------------------------------------------</td>
<td>------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------</td>
<td>----------------------------------------</td>
<td>-------------------</td>
<td>-----------------------------------------------------</td>
<td>----------------------</td>
</tr>
<tr>
<td>COMMISSIONING AND CONTRACTING FOR CLINICAL SERVICES</td>
<td>Approval of the arrangements for discharging the group’s statutory duty associated with its commissioning functions to act effectively, efficiently and economically.</td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COMMISSIONING AND CONTRACTING FOR CLINICAL SERVICES</td>
<td>Lead responsibility for discharge of the group’s statutory duty associated with its commissioning functions to act effectively, efficiently and economically.</td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COMMISSIONING AND CONTRACTING FOR CLINICAL SERVICES</td>
<td>Approval of the arrangements for discharging the group’s statutory duty associated with its commissioning functions to act with a view to securing continuous improvements to the quality of services.</td>
<td></td>
<td></td>
<td></td>
<td>✓ Quality and Patient Safety Assurance Committee</td>
<td></td>
</tr>
<tr>
<td>COMMISSIONING AND CONTRACTING FOR CLINICAL SERVICES</td>
<td>Approval of the arrangements for discharging the group’s statutory duty associated with its commissioning functions to assist and support the NS Commissioning Board in relation to its duty to improve the quality of primary medical services.</td>
<td></td>
<td></td>
<td></td>
<td>✓ Quality and Patient Safety Assurance Committee</td>
<td></td>
</tr>
<tr>
<td>COMMISSIONING AND CONTRACTING FOR CLINICAL SERVICES</td>
<td>Approval of the arrangements for discharging the group’s statutory duty associated with its commissioning functions to have regard to the need to reduce inequalities</td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COMMISSIONING AND CONTRACTING FOR CLINICAL SERVICES</td>
<td>Approval of the arrangements for discharging the group’s statutory duty associated with its commissioning functions to promote the involvement of patients, their carers and representatives in decisions about their healthcare.</td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Policy Area</td>
<td>Decision</td>
<td>Reserved to the Membership (Via the Council of Members)</td>
<td>Reserved or delegated to Governing Body</td>
<td>Accountable Officer</td>
<td>Committee</td>
<td>Specified Individual</td>
</tr>
<tr>
<td>-------------</td>
<td>----------</td>
<td>---------------------------------------------------------</td>
<td>----------------------------------------</td>
<td>---------------------</td>
<td>-----------</td>
<td>----------------------</td>
</tr>
<tr>
<td>COMMISSIONING AND CONTRACTING FOR CLINICAL SERVICES</td>
<td>Approval of the arrangements for discharging the group’s statutory duty associated with its commissioning functions to enable patients to make choices</td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COMMISSIONING AND CONTRACTING FOR CLINICAL SERVICES</td>
<td>Approval of the arrangements for discharging the group’s statutory duty associated with its commissioning functions to obtain appropriate advice.</td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COMMISSIONING AND CONTRACTING FOR CLINICAL SERVICES</td>
<td>Approval of the arrangements for discharging the group’s statutory duty associated with its commissioning functions to promote innovation</td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COMMISSIONING AND CONTRACTING FOR CLINICAL SERVICES</td>
<td>Approval of the arrangements for discharging the group’s statutory duty associated with its commissioning functions to promote research and the use of research.</td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COMMISSIONING AND CONTRACTING FOR CLINICAL SERVICES</td>
<td>Approval of the arrangements for discharging the group’s statutory duty associated with its commissioning functions to promote education and training for persons who are employed or are considering becoming employed in an activity which is connected with the health service.</td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COMMISSIONING AND CONTRACTING FOR CLINICAL SERVICES</td>
<td>Approval of the arrangements for discharging the group’s statutory duty associated with its commissioning functions to promote integration.</td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COMMISSIONING AND CONTRACTING FOR CLINICAL SERVICES</td>
<td>Approve arrangements for co-ordinating the commissioning of services with other groups and or with the local authority.</td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Policy Area</td>
<td>Decision</td>
<td>Reserved to the Membership (Via the Council of Members)</td>
<td>Reserved or delegated to Governing Body</td>
<td>Accountable Officer</td>
<td>Committee</td>
<td>Specified Individual</td>
</tr>
<tr>
<td>-------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------</td>
<td>----------------------------------------</td>
<td>---------------------</td>
<td>-----------</td>
<td>----------------------</td>
</tr>
<tr>
<td>COMMISSIONING AND CONTRACTING FOR CLINICAL SERVICES</td>
<td>Approval of the Group's procurement strategy. (As per section 8.6.2)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COMMISSIONING AND CONTRACTING FOR CLINICAL SERVICES</td>
<td>Approve proposals as presented to the Collaborative Commissioning Board and made in accordance with the individual Board signed agreement</td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>COMMUNICATIONS</td>
<td>Approving arrangements for handling Freedom of Information requests</td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COMMUNICATIONS</td>
<td>Determining arrangements for handling Freedom of Information requests (As per Appendix E section 19.1)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
</tbody>
</table>
APPENDIX E – PRIME FINANCIAL POLICIES

1. INTRODUCTION

1.1. General

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

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

1.1.3. In support of these prime financial policies, the group has prepared more detailed policies, approved by the chief finance officer, and ratified by the Audit Committee, 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.southnorfolkccg.nhs.uk. This information is also available upon request either by post or email or for inspection at our headquarters. Details are on the back of this constitution document.

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

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

1.2. Overriding Prime Financial Policies

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

1.3. Responsibilities and delegation

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

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

1.4. Contractors and their employees

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

1.5. Amendment of Prime Financial Policies

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

2. INTERNAL CONTROL

POLICY – 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 paragraph 6.5.3(a) of the group’s constitution for further information).

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

2.3. The chief finance officer will ensure that:

a) financial policies are considered for review and update annually;
b) a system is in place for proper checking and reporting of all breaches of financial policies; and

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

3. **AUDIT**

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

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

3.3. The chief finance officer will ensure that:

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

b) the audit committee 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\(^{58}\) to ensure that its expenditure does not exceed the aggregate of allotments from the NHS Commissioning Board and any other sums it has received and is legally allowed to spend.

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

5.3. The chief finance officer will:

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

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

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

6. **ALLOTMENTS\(^{59}\)**

6.1. The group’s chief finance officer will:

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

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

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

7. **COMMISSIONING STRATEGY, Budgets, Budgetary Control and Monitoring**

   **POLICY** – the group will produce and publish an annual commissioning plan\(^{60}\)

\(^{58}\) See section 223H of the 2006 Act, inserted by section 27 of the 2012 Act

\(^{59}\) See section 223(G) of the 2006 Act, inserted by section 27 of the 2012 Act.

---

**NHS South Norfolk Clinical Commissioning Group’s Constitution**

Final 16.01.13, NHS Commissioning Board Effective Date : 1\(^{st}\) April 2013
that explains how it proposes to discharge its financial duties. The group will support this with comprehensive medium term financial plans and annual budgets.

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

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

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

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

7.5. The governing body will approve consultation arrangements for the group’s commissioning plan.

8. ANNUAL ACCOUNTS AND REPORTS

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

8.1. The chief finance officer will ensure the group:

a) prepares a timetable for producing the annual report and accounts and agrees it with external auditors, confirming that the plan is in place at the audit committee;

b) prepares the accounts according to the timetable;

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

---

60 See section 14Z11 of the 2006 Act, inserted by section 26 of the 2012 Act.
61 See section 14Z13 of the 2006 Act, inserted by section 26 of the 2012 Act
62 See paragraph 17 of Schedule 1A of the 2006 Act, as inserted by Schedule 2 of the 2012 Act.
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 the NHS Commissioning Board;

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

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

11. BANK ACCOUNTS

**POLICY** – 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\(^{63}\), 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 audit committee 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\(^{64}\)
- ensure its power to make grants and loans is used to discharge its functions effectively\(^{65}\)

\(^{63}\) See section 223H(3) of the NHS Act 2006, inserted by section 27 of the 2012 Act

\(^{64}\) See section 14Z5 of the 2006 Act, inserted by section 26 of the 2012 Act.

\(^{65}\) See section 14Z6 of the 2006 Act, inserted by section 26 of the 2012 Act.
12.1. The Chief Financial Officer is responsible for:

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

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

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

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

13. TENDERING AND CONTRACTING PROCEDURE

POLICY – 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 audit committee.

13.2. The governing body may only negotiate contracts on behalf of the group, and the group may only enter into contracts, within the statutory framework set up by the 2006 Act, as amended by the 2012 Act. Such contracts shall comply with:

a) the group’s standing orders;

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

c) take into account as appropriate any applicable NHS Commissioning Board or the Independent Regulator of NHS Foundation Trusts (Monitor) guidance that does not conflict with (b) above.
13.3. In all contracts entered into, the group shall endeavour to obtain best value for money. The accountable officer shall nominate an individual who shall oversee and manage each contract on behalf of the group.

14. COMMISSIONING

**POLICY** – working in partnership with relevant national and local stakeholders, 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 the NHS Commissioning Board, other clinical commissioning groups, local providers of services, local authority, 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 accountable officer will establish arrangements to ensure that regular reports are provided to the governing body detailing actual and forecast expenditure and activity for each contract.

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

15. RISK MANAGEMENT AND INSURANCE

**POLICY** – the group will put arrangements in place for evaluation and management of its risks

15.1. The governing body will approve the Integrated Risk Management Framework and Strategy which sets out the approach to the group’s management of corporate, clinical and financial risks.

15.2 The audit committee and governing body will review the Assurance Framework on a regular basis to provide strategic challenge and scrutiny of risk mitigation.

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 arrangements for the collection of payroll deductions and payment of these to appropriate bodies.

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

17. **NON-PAY EXPENDITURE**

| POLICY  | 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 accountable officer will determine the level of delegation to budget managers

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

17.3. The chief finance officer will:

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

   a) ensure that there is an adequate appraisal and approval process in place for determining capital expenditure priorities and the effect of each proposal upon plans;
b) be responsible for the management of all stages of capital schemes and for ensuring that schemes are delivered on time and to cost;

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

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

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

19. RETENTION OF RECORDS

POLICY – 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 Accountable Officer shall:

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

b) ensure that arrangements are in place for effective responses to Freedom of Information requests;

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

20. TRUST FUNDS AND TRUSTEES

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 in line with the requirement to be separately accountable to the Charity Commission for Charitable Funds held on trust and to the Secretary of State for all funds held on trust.
APPENDIX F - NOLAN PRINCIPLES

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

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

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

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

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

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

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

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

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

---

66 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. **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.

5. **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.

6. **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)\(^{67}\)

---

APPENDIX H – AGREEMENT BETWEEN NORFOLK AND WAVENEY LOCAL MEDICAL COMMITTEE AND NHS SOUTH NORFOLK CLINICAL COMMISSIONING GROUP

MEMORANDUM OF UNDERSTANDING

NHS South Norfolk CCG in its Constitution has committed to engage with the Local Medical Committee. The purpose of this document is to outline some of the working principles underpinning the relationship between the LMC and CCG.

1. The LMC

1.1 At the date of signing of the Constitution the LMC for this area is the Norfolk and Waveney Local Medical Committee as recognised under statute in the NHS Act 1977 and as per its Constitution ratified by NHS Norfolk and Waveney cluster (2012). The CCG will in the future recognise such statutorily constituted LMCs as representing general practitioners within its boundaries.

1.2. The LMC also has a relationship with the NHS Commissioning Board (NHSCB). It is expected that these relationships will develop and mature in time, and will need to reflect current thinking and adapt to new challenges and developments.

1.3. The LMC acts as the local representatives of the profession. This role is not in any way diminished by the appointment of local GPs as clinical leaders in commissioning groups. The LMC also has links with the BMA’s General Practitioners Committee and is well placed to help interpret national guidance at a local level.

1.4. The LMC consider it has a crucial role in providing advice, information and support to all GPs working in the area. The legislation introduces a number of significant changes, some contractual, that, if not handled sensitively and fairly at a local level, could threaten the constructive working relationship between Member Practices and CCGs.

2. The CCG

2.1. It is recognised that the CCG is a membership organisation made up of Member Practices that fulfil the eligibility criteria set out in the CCG constitution. The prime responsibility of the CCG is to commission services for its population that demonstrably improve quality and outcomes for patients, whilst at the same time maintaining financial balance. Due to the two way line of responsibility between Member Practices and the CCG, the LMC has an important supportive role in the oversight of the electoral process for the Governing Body of the CCG, the dispute resolution processes, and in supporting appropriate engagement with member Member Practices, including accountability of Member Practices to the CCG. As a Committee body made up of a cross section of General Practitioners in the area, the
LMC is well placed to recognise Conflicts of Interest, interpret decision making processes and adopt the role of a critical friend. Membership of a CCG is mandatory for all Member Practices, but it does not materially change any other rights or responsibilities Member Practices have as part of their existing GMS/PMS/APMS contracts with the NHSCB.

3. **Primary Medical Contract**

3.1. The Primary Medical Contract will be held by the NHSCB, and, due to its statutory responsibility to represent every levy paying GMS/PMS/APMS practice in its area, the Norfolk and Waveney LMC must therefore be consulted by the NHSCB about any proposed change to this contract.

3.2. The key elements of the Primary Medical Contract for GMS and PMS are described in the document “new GMS Contract 2003 Investing in General Practice” (known as the blue book). These are:

3.3. **Essential Services**
- Management of patients who are ill or believe themselves to be ill
- General; management of patients who are terminally ill,
- Management of chronic disease in the manner determined by the practice, in discussion with the patient

3.4. **Additional Service**
- Cervical Screening, Contraceptive Services, Vaccinations and Immunizations, Child Health Surveillance
- Maternity Services - excluding intra-partum care
- Minor Surgery procedures of curettage, cautery, cryocautery

3.5. No unilateral changes can be made to the minimum agreed national arrangements unless negotiated and agreed by the BMA General Practice Committee.

4. **Enhanced Services**

4.1. New procurement arrangements may have a bearing on enhanced services and other locally procured services.

4.2. The LMC, as the statutory representative body of General Practitioners, should be involved in the discussions about service change and development, and in some cases will need to adopt a negotiating position. The exact mechanism for this is not clear, but will need to be agreed with the LMC and it would be expected that the LMC will be informed about CCGs’ and the NHSCB’s strategic directions, and specifically involved in the negotiations surrounding those services procured in primary care, including those already commissioned, those provided via a list based system and those developed via public health.

4.3. It is expected that arrangements for directed enhanced services will remain unaltered. Local enhanced and locally commissioned services need to be discussed
with the LMC. It is important that local arrangements honour the minimum nationally agreed limits underpinned by the national agreements. The LMC is well placed to recognise Conflicts of Interest that may arise here.

4.4. Future remodelling of care pathways and moving care into the community setting sets out challenges and opportunities. A successful and safe transfer of services from secondary to primary care is, however, entirely reliant on a commensurate transfer of resources. Properly resourced, high quality and accessible services close to patients’ homes is a concept that the LMC would support. BMA guidance (2007) “Safeguarding Patient Services, Maintaining Cost Effectiveness”. Sets out the background that Member Practices should not be expected to accept non-obligatory, unfunded work.

5. Performance Management

5.1. The NHSCB holds the contracts for all managed Member Practice and it is their role to performance manage compliance with GMS/PMS contracts.

5.2. The LMC will encourage Member Practice to participate actively in the work of the CCG and can, if necessary, mediate if any disputes were to develop. Disagreements should be dealt with under dispute resolution.

6. Dispute Resolution

6.1. CCGs should make decisions that are robust and in-line with the process agreed in their constitution. If a member practice has legitimate grounds that the CCG has not followed the agreed process, or has made a decision that goes against the GP contract, or would detrimentally impact on a Member Practices ability to deliver their contract, this should be clearly articulated at the outset of a Dispute Resolution Process, as outlined in Appendix 1.

7. Electoral Process

7.1. The LMC should act as an independent arbiter to the CCG’s electoral processes. Any appointment process must be conducted fairly and impartially.

8. Constitutional Changes

8.1. The LMC should be consulted on any proposed constitutional changes prior to submission to the NHSCB to ensure transparency and democracy is maintained.

9. Quality and Performance

9.1. CCGs are required to support the NHSCB in developing and maintaining high quality services to secure continuous improvement in the quality of primary care medical services.

9.2. The LMC must be aware of the direction of travel adopted by the CCG and will be interacting with the NHSCB via the Local Area Team in order to enable it to take an overview position.
9.3. Legislation allows use of some financial incentives referred to in the Act as a Quality Reward.

9.4. The commissioning group must consult with the LMC each year in good time on its plans and proposals for the operation of the local “Quality Reward” and in any event before any decision is made.

9.5. While recognising the importance and focus of quality in primary care and the key role that the CCG has in supporting Member Practices, both informally through support, advice, training, workforce planning and through the commissioning process in the provision of services, it must be clear that the CCG’s role is in commissioning and not performance management. In cases where there are performance concerns the CCG should discuss these worries with the LMC as there maybe ways of addressing such issues through an informal mechanism. If the concerns require a level of escalation then there needs to be tripartite discussions between the LMC, NHSCB and CCG. Any contractual sanctions are a matter to involve the NHSCB and LMC.

**DISPUTE RESOLUTION PROCEDURES**

10. **Background**

10.1 It is almost inevitable that on occasions Member Practices will disagree with decisions made by their commissioning group or in some cases, actions taken by other Member Practices that impact on them. It is important that all Member Practices have the ability to raise a legitimate appeal (as defined under ‘Dispute Resolution’ above) against any such decisions and have the right to request that any dispute is resolved by means of an agreed Dispute Resolution Procedure that forms part of the commissioning group’s constitution.

10.2 The arrangements to deal with disputes arising from the new commissioning responsibilities will follow closely existing procedures already in place in a number of PCTs, which involve a three-staged process.

11. **Stage 1: The Informal Process**

11.1. Informal resolution helps develop and sustain a partnership approach between Member Practices and between Member Practices and commissioning groups.

11.2. Each party should involve the LMC at this stage in either an advisory or mediation role. Both parties should work with the LMC to try to find a resolution to the dispute within a reasonable amount of time.
11.3. It is a requirement that the Informal Process must have been exhausted before either party is able to escalate the dispute to Stage 2: The Local Dispute Resolution Panel.

12. **Stage 2: The Formal Local Process**

12.1. In cases where either party remains dissatisfied with the outcome of Stage 1, then they have the right to request Formal Local Dispute Resolution in writing, including grounds for the request to Norfolk and Waveney LMC, copying in the other party to the dispute. The LMC will ensure all parties are aware of the letter as soon as possible and will consider the grounds stated in the request. Provided that the LMC are satisfied that in their reasonable opinion the ground(s) stated are a legitimate ground as set out above under “dispute resolution” they will convene a Local Dispute Resolution Panel (“LDRP”) to hear the dispute and make a recommendation.

Members of the LDRP:

The Panel will consist of:

- A clinical member of the Board of another commissioning group.
- A GP conciliator (from a Panel to be established by the LMCs).
- An LMC representative (from a different area).
- Panel Secretary (non-voting).

The Panel will agree its own Chairman.

12.2. For the avoidance of doubt, it is envisaged that the Stage 2 Formal Process will be used in the main to deal with disputes between individual Member Practices and commissioning groups.

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

12.4. **The Hearing**

12.4.1. The hearing will be held within 28 working days of the request being lodged. At least 7 working days notice of the hearing date will be given to all participants.

12.5. **Documentation**

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

12.6. **Procedure at the LDRP Hearing**

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

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

12.6.4. The Appellant and the Respondent will then withdraw.

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

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

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

13. **Stage 3: Appeal to the Secretary of State through the NHS Dispute Resolution Procedure**

13.1. Written requests must be directed to the FHSAU, 1 Trevelyan Square, Boar Lane, Leeds, LS1 6AE (or its equivalent after 01st April 2013) within three years beginning on the date on which the matter giving rise to the dispute happened or should reasonably have come to the attention of the party wishing to refer the dispute.

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

- The names and addresses of the parties to the dispute.
- A copy of the documents relevant to the dispute.
- A brief statement describing the nature and circumstances of the dispute.
If you would like a copy of the Constitution then please contact:

Business Administration Assistant
South Norfolk CCG
Lakeside 400
Broadland Business Park
Old Chapel Way
Norwich
NR7 0WG

Or telephone 01603 257119