



Newham
Clinical Commissioning Group

NHS NEWHAM CLINICAL COMMISSIONING GROUP

CONSTITUTION

Version: 4.9
NHS England Approval Date: 9/2018

CONTENTS

Part	Description	Page
	Foreword	4
1	Introduction and Commencement	5
	1.1 Name	5
	1.2 Statutory framework	5
	1.3 Status of this Constitution	5
	1.4 Amendment and variation of this Constitution	5
2	Area Covered	6
3	Membership	7
	3.1 Membership of Newham CCG	7
	3.2 Membership Eligibility	7
4	Mission, Values and Aims	8
	4.1 Mission	8
	4.2 Values	8
	4.3 Aims	9
	4.4 Principles of good governance	8
	4.5 Accountability	9
	4.6 Role of Local Medical Committee	9
	4.7 Dispute Resolution	9
5	Functions and General Duties	10
	5.1 Functions	11
6	Decision Making: The Governing Structure	11
	6.1 Authority to act	11
	6.2 Scheme of Reservation and Delegation	11
	6.3 General	11
	6.4 Committees of Newham CCG	13
	6.4.1 The Practice Member Council	13
	6.4.3 The Board (Governing Body)	14
	6.4.4 Committees of the Board	15
	6.5 Joint arrangements	17
	6.6 Joint commissioning arrangements with NHS England - CCG functions	20
	6.7 Joint commissioning arrangements with NHS England - NHS England's functions	22
7	Roles and Responsibilities	25
	7.1 Members of the Practice Members Council	25
	7.1.1 Practice representatives	25
	7.2 Members of the Board	25
	7.2.1 All members of the Board	25
	7.2.2 The Chair of the Board	25
	7.2.3 The Deputy (Clinical) Chair of the Board	26
	7.2.4 The Deputy (Lay) Chair of the Board	26
	7.2.5 Role of the Chief Officer	26
	7.2.6 Role of the Chief Finance Officer	27
	7.3 Joint appointments with other organisations	28

Part	Description	Page
8	Standards of Business Conduct and Managing Conflicts of Interest	29
	8.1 Standards of business conduct	29
	8.2 Conflicts of interest	29
	8.3 Declaring and registering interests	30
	8.4 Managing conflicts of interest: general	31
	8.5 Managing conflicts of interest: contractors and people who provide services to Newham CCG	33
	8.6 Transparency in procuring services	33
9	Newham CCG as Employer	34
10	Transparency, Ways of Working and Standing Orders	36
	10.1 General	36
	10.2 Standing orders	36

Annexe	Description	Page
1	Membership of Newham CCG	37
2	Functions and General Duties	39

Appendix	Description	Page
A	Definitions of Key Descriptions used in this Constitution	45
B	Standing Orders	47
C	Scheme of Reservation and Delegation	62
D	Prime Financial Policies	77
E	The Nolan Principles	95
F	The Seven Key Principles of the NHS Constitution	96
G	Terms of Reference for Sub Committees	97

FOREWORD

The NHS Newham CCG Constitution sets out the governance framework under which Newham CCG operates to meet its responsibilities for commissioning care for the people for whom it is responsible. It describes the governing principles, rules and procedures that Newham CCG will establish to ensure probity and accountability in the day to day running of its activities. This will 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 Newham CCG.

1. INTRODUCTION AND COMMENCEMENT

1.1. Name

- 1.1.1 The name of this clinical commissioning group is NHS Newham Clinical Commissioning Group (Newham CCG).

1.2. Statutory Framework

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

- 1.2.2. NHS England is responsible for determining applications from prospective groups to be established as clinical commissioning groups⁴ and undertakes an annual assessment of each established group.⁵ 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.⁶

- 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.⁷

1.3. Status of this Constitution

- 1.3.1. This Constitution is made between the members of NHS Newham CCG and first came into effect from 1st day of April 2013, when NHS England established Newham CCG.⁸ The Constitution is published on the Newham CCG’s website at www.newhamccg.nhs.uk. A revised version was approved by NHS England on a) 30/4/15, b) 30.4.17

1.4. Amendment and Variation of this Constitution

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

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

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

⁴ See section 14C of the 2006 Act, inserted by section 25 of the 2012 Act

⁵ See section 14Z16 of the 2006 Act, inserted by section 26 of the 2012 Act

⁶ See sections 14Z21 and 14Z22 of the 2006 Act, inserted by section 26 of the 2012 Act

⁷ See in particular sections 14L, 14M, 14N and 14O of the 2006 Act, inserted by section 25 of the 2012 Act and Part 1 of Schedule 1A to the 2006 Act, inserted by Schedule 2 to the 2012 Act and any regulations issued

⁸ See section 14D of the 2006 Act, inserted by section 25 of the 2012 Act

- 1.4.1. This Constitution can only be varied in two circumstances.⁹
- a) where Newham CCG applies to NHS England and that application is granted;
 - b) where in the circumstances set out in legislation NHS England varies Newham CCG's Constitution other than on application by Newham CCG.

2. AREA COVERED

- 2.1. The geographical area covered by Newham CCG is coterminous with The London Borough of Newham.

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

3. MEMBERSHIP

3.1. Membership of the Clinical Commissioning Group

3.1.1 See Annexe 1

3.2. Membership Eligibility

3.2.1. A body which is a provider of primary care services (holding a General medical Services, Personal Medical Services or Alternative Personal Medical Services Contract) in the London Borough of Newham shall apply to become a Member of the Newham CCG under the following conditions.

If the provider:

- a) holds a contract for the provision of primary medical services and;
- b) is a primary care services provider in the London Borough of Newham and;
- c) has duly submitted an application to NHS England for Membership to the Newham CCG, such Membership having been approved by Newham CCG. Membership of NHS Newham CCG will automatically terminate where a practice ceases to hold a contract to provide primary medical services.¹⁰

3.3. Member Representation

Each member practice must nominate a "Practice Representative" to act on its behalf.

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. To achieve excellence in health and wellbeing in partnership with the local population. To commission accessible, effective care to meet local needs.

4.2. Values

4.2.1 The values of Newham CCG are:

- collective clinical leadership;
- an inclusive organisation;
- effective & collaborative communication;
- patient/public voice throughout our decision making;
- transparency with our decision-making and leadership;
- commitment to continuous Learning and Development;
- enhancing local experience and talents;
- accountability and responsibility;
- caring culture and behaviour;
- working with our partners to improve health outcomes.

4.3. Aims

4.3.1 The aims of Newham CCG are to:

- improve health outcomes through developing models of integrated care and focusing on prevention;
- reduce inequalities and improving accessibility;
- reduce quality variation;
- ensure equity of Health and Wellbeing outcomes for all;
- convert policy and strategy to action.

4.4. Principles of Good Governance

4.4.1. In accordance with section 14L(2)(b) of the 2006 Act,¹¹ Newham CCG will at all times observe “such generally accepted principles of good governance” in the way it conducts its business. These include:

- a) the highest standards of propriety involving impartiality, integrity and objectivity in relation to the stewardship of public funds, the management of the organisation and the conduct of its business;
- b) *The Good Governance Standard for Public Services*;¹²
- c) the standards of behaviour published by the *Committee on Standards in Public Life (1995)* known as the ‘Nolan Principles’¹³
- d) the seven key principles of the *NHS Constitution*;¹⁴
- e) the Equality Act 2010.¹⁵

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 E

¹⁴ See Appendix F

¹⁵ See <http://www.legislation.gov.uk/ukpga/2010/15/contents>

4.5. Accountability

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

- a) publishing its Constitution;
- b) appointing 2 independent lay members and non GP clinicians to its Board;
- c) holding meetings of its Board in public (except where Newham CCG considers that it would not be in the public interest in relation to all or part of a meeting);
- d) consulting and publishing an Annual Plan;
- e) complying with local authority health overview and scrutiny requirements;
- f) meeting annually in public to publish and present its annual report (which must be published);
- g) producing annual accounts in respect of each financial year which must be externally audited;
- h) having a published and clear complaints process;
- i) complying with the Freedom of Information Act 2000;
- j) providing information to NHS England as required.

4.5.2. In addition to these statutory requirements, Newham CCG will demonstrate its accountability by:

- a) publication of an Annual Report;
- b) holding of the Annual General Meeting;
- c) holding engagement events in line with its Communication & Engagement Strategy which will be published on its website and reviewed on an annual basis;
- d) publishing principal commissioning and operational policies as agreed by the Board.

4.5.3. The Board will throughout each year have an on-going role in reviewing Newham CCG's governance arrangements to ensure that Newham CCG continues to reflect the principles of good governance.

4.6. Role of Local Medical Committee (LMC)

4.6.1. In discharging its functions, the Newham CCG through its Board, Committees and Transformation Programmes shall consult the Local Medical Committee on decisions that impact on practices delivering Primary Care Services, and individual general practitioners in their professional roles. This shall be effected by holding regular meetings between representatives of the Board and representatives from the Local Medical Committee.

4.7. Dispute Resolution

4.7.1. Where a Practice Member wishes to raise a complaint or dispute in respect of any issue arising out of the obligations under the Constitution, then that individual or person raising such dispute or complaint shall write to the CCG Managing Director setting out the nature of the dispute or complaint, together with any supporting evidence within 30 days of the dispute having arisen, or within 30 days from such time as that individual or person could reasonably have been aware of the facts giving rise to the dispute.

4.7.2. **Stage 1**

The Board, shall convene an informal meeting between the parties, with the LMC present to attempt to facilitate an informal dialogue between the parties in an attempt to resolve the matter. Such meeting shall be facilitated within 30 days of the complaint/dispute having been received or such other time as agreed between the parties.

In the event that no informal resolution is achieved, the matter may be escalated to stage 2.

4.7.3. **Stage 2**

Where a dispute or complaint has not been successfully resolved by the informal process set out above, then any party to the dispute may within 30 days of the end of the informal process, request that the matter be dealt with via the formal dispute resolution procedure. This request shall be made in writing to the Chair of the Board.

The Board shall, within 30 days, of receipt of the request or engage a suitably qualified mediator, to hear the dispute and shall, as soon as practicable, but in any event before 21 days of the hearing inform all parties of the date of the hearing.

As an alternative to mediation, the Board may convene a panel hearing to determine the dispute. If a panel is convened, then the panel shall consist of 3 individuals, namely, a member of the LMC, a member of the Board and a third member to be agreed between the parties.

Either party may if they wish, obtain at their own cost legal assistance to represent them at a mediation or before a panel. The decision of the mediator or the panel shall be final and legally binding.

The panel shall have the power to make such recommendations and decisions as it thinks fit and shall after a reasonable time for deliberation inform the parties of their findings and decision.

4.7.4. **Stage 3**

Save for where a mediator is engaged, where any decision shall be made binding, in the event that the either party fails to adhere to the decision and/or recommendations of the panel, or the matter giving rise to the original dispute persists, then the matter shall be referred to NHS England.

5. FUNCTIONS AND GENERAL DUTIES

5.1. Functions

- 5.1.1. The functions that Newham CCG is responsible for exercising are largely set out in the 2006 Act, as amended by the 2012 Act. (See [Annexe 2](#))

6. DECISION MAKING: THE GOVERNING STRUCTURE

6.1. Authority to act

- 6.1.1. Newham CCG is accountable for exercising the statutory functions of Newham CCG. It may grant authority to act on its behalf to:
- a) any of its members;
 - b) its Board;
 - c) employees;
 - d) a Committee or Sub-Committee of the Practice Member Council or Board.
- 6.1.2. The extent of the authority to act of the respective bodies and individuals depends on the powers delegated to them by Newham CCG as expressed through:
- a) Newham CCG's Scheme of Reservation and Delegation (Appendix C) and;
 - b) for committees, their terms of reference (Appendix G).

6.2. Scheme of Reservation and Delegation¹⁶

- 6.2.1. Newham CCG'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 Board (and its Committees), Newham CCG's Committees and Sub-Committees, individual members and employees.
- 6.2.2. The Newham CCG remains accountable for all of its functions, including those that it has delegated.

6.3. General

- 6.3.1. In discharging functions of Newham CCG that have been delegated to its Board, its Committees and Programme Boards and individuals must:
- a) comply with Newham CCG's principles of good governance;¹⁷
 - b) operate in accordance with Newham CCG's Scheme of Reservation and Delegation;¹⁸
 - c) comply with Newham CCG's Standing Orders;¹⁹

¹⁶ See Appendix C

¹⁷ See Section 4.4 on Principles of Good Governance above

¹⁸ See Appendix C

¹⁹ See Appendix B

- d) comply with Newham CCG's arrangements for discharging its statutory duties;²⁰
 - e) where appropriate, ensure that member practices have had the opportunity to contribute to Newham CCG's decision making process.
- 6.3.2. When discharging their delegated functions, its 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.

²⁰ See Chapter 5 above

6.4. Committees of Newham CCG

The following committees have been established by Newham CCG:

- a) Practice Member Council;
- b) The Board.

6.4.1. The Practice Member Council (The CCG)

Functions - The Practice Member Council is made up of the Practice Member Representatives and is the forum where Newham CCG makes decisions on its Constitution and is held to account. The Practice Member Council delegates the majority of its responsibilities to the Board, as set out in the Scheme of Delegation. The Practice Member Council provides a platform for all member practices to scrutinise and the question work of its Board.

The Practice Member Council may amend the Constitution and submit the proposed changes to NHS England for approval. It cannot delegate this responsibility to the Board.

Composition of the Practice Member Council

Newham CCG member Practices Representatives or their deputy. In addition, non-voting attendance at Council meetings is available for practice clinicians (GP, Nurse) and practice management staff.

The Practice Member Council will be chaired by the Chair of the Newham CCG. In the absence of the Chair, the Deputy (Clinical) Chair or a nominated designate will stand in.

As required, a range of local and national stakeholders may be invited to present to Newham CCG. Stakeholders would include, but not be limited to:

- commissioning and contracting staff from CCG or CSU
- public health;
- local authority;
- primary and secondary care providers;
- 3rd sector organisations;
- patient representatives.

6.4.2. Committees of the Practice Member Council

Practice Clusters – Practice Clusters are accountable to the Practice Member Council and to the Board for delegated commissioning responsibilities. The Practice Clusters lead the development and implementation of Newham CCG Commissioning Strategy by:

- advising the Executive Committee and its sub-committees;
- directly commissioning services from delegated budgets.

The Board may delegate specific commissioning functions and budgets to the Practice Clusters as recorded in the Scheme of Delegation (Appendix C).

The Practice Member Council approves and keeps under review the Terms of Reference for the Practice Clusters as advised by the Board (Appendix G).

6.4.3. **The Board (Governing Body)**

Functions – Newham CCG has delegated to its Board the following functions (as required by sections 14L(2) and (3) of the 2006 Act, inserted by section 25 the 2012 Act), together with any other functions connected with its main functions as may be specified in regulations or in this Constitution.²¹ The Board has responsibility for:

- a) ensuring that Newham CCG has appropriate arrangements in place to exercise its functions *effectively, efficiently and economically* and in accordance with Newham CCGs *principles of good governance*²² (its main function);
- b) determining the remuneration, fees and other allowances payable to employees or other persons providing services to Newham CCG and the allowances payable under any pension scheme it may establish under paragraph 11(4) of Schedule 1A of the 2006 Act, inserted by Schedule 2 of the 2012 Act;
- c) managing any functions of Newham CCG that are conferred on it by regulations²³ or the Practice Member Council;
- d) developing a strategy for Newham CCG and monitoring its implementation;
- e) approving commissioning plans and the consultation arrangements and the performance monitoring of those plans;
- f) ensuring proper management of strategic risks;
- g) preparing Newham CCG's annual report and accounts;
- h) any other functions set out in the Scheme of Reservation and Delegation.

Composition of the Board - comprises of:

- a) the Chair, Deputy (Clinical) Chair and Joint Deputy (Clinical) Chair.

Voting Members

- b) eight representatives of member practices of which one is the Chair one is the Deputy (Clinical) Chair, and one is the Joint Deputy (Clinical) Chair.
- c) two non-Executive members:
 - i) one to lead on patient and public participation matters;
 - ii) one to lead on audit, conflict of interest matters and governance.

²¹ See section 14L(3)(c) of the 2006 Act, as inserted by section 25 of the 2012 Act

²² See section 4.4 on Principles of Good Governance above

²³ See section 14L(5) of the 2006 Act, inserted by section 25 of the 2012 Act

- d) one Registered Nurse;
- e) one Secondary Care specialist doctor;
- f) the Director of Adult Social Services, London Borough of Newham;
- g) the Single Accountable Officer;(In the absence of the Single Accountable Officer, the Managing Director will deputise as a voting Member)
- h) the Chief Finance Officer.

In the event of a vote of the Board being required, each member of the Board has one vote. The Chair may exercise a second or casting vote.

Non-voting members

- lay member, remuneration;
- lay member from HealthWatch;
- the Director of Public Health – London Borough of Newham;
- a Newham GP practice manager;
- a Newham GP practice nurse.
- The CCG Managing Director
- any co-opted member.

6.4.4. Committees of the Board

The following committees shall be established by the Board. Their terms of reference are available in Appendix G.

Audit Committee – the Audit Committee is accountable to Newham CCG’s Board. It provides the Board with an independent and objective view of Newham CCG’s financial systems, financial information and compliance with laws, regulations and directions governing Newham CCG in so far as they relate to finance. The Board has approved and keeps under review the terms of reference for the Audit Committee, which includes information on the membership of the Audit Committee²⁴.

In addition Newham CCG or the Board has conferred or delegated the following functions, connected with the Board’s main function²⁵, to its Audit Committee:

- a) Ensuring there is an effective internal audit function that meets mandatory NHS Internal Audit Standards and provides appropriate independent assurance to the Audit Committee, Single Accountable Officer and Board.

Remuneration Committee – the Remuneration Committee is accountable to Newham CCG’s Board, it makes decisions on determinations about the remuneration, fees and other allowances for employees and for people who provide services to Newham CCG and on determinations about allowances under any pension scheme that Newham CCG may establish as an

²⁴ See Appendix G for the terms of reference of the Audit Committee

²⁵ See section 14L(2) of the 2006 Act, inserted by section 25 of the 2012 Act

alternative to the NHS pension scheme. The Board has approved and keeps under review the terms of reference for the Remuneration Committee, which includes information on the membership of the Remuneration Committee²⁶.

In addition, the Board has delegated the following functions to its Remuneration Committee:

- a. agree remuneration fees and allowances for Board members;
- b. oversee arrangements for termination of employment and other contractual terms including the proper calculation and scrutiny of termination payments, taking account of such national guidance as is appropriate and ensuring that any required prior approval is obtained from NHS England before commitments are made.

Quality, Performance and Finance Committee – The Committee is accountable to the Board. The purpose of the Committee is to take an integrated approach to the delivery of commissioned services in respect of Quality, Performance and Finance. The Board has approved and keeps under review the terms of reference for the Quality, Performance and Finance Committee, which includes information on the membership of the Quality, Performance and Finance Committee

Commissioning Committee – The Committee is accountable to the Board. The purpose of the Committee is oversee delivery of commissioned services in respect of services not reserved to the Primary Care Commissioning Committee.. The Board has approved and keeps under review the terms of reference for the Commissioning Committee, which includes information on the membership of the Commissioning Committee

Executive Committee – the Executive Committee is accountable to Newham CCG’s Board. It has operational responsibility for ensuring a clear set of priorities for service delivery and development across Newham CCG and for monitoring and tracking performance of both. The Board has approved and keeps under review the terms of reference for the Executive Committee, which includes information on the membership of the Executive Committee²⁷.

Primary Care Commissioning Committee - the Primary Care Commissioning Committee is accountable to the Board. It has responsibility for;

- GMS, PMS and APMS contracts (including the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing branch/remedial notices, and removing a contract
- Newly designed enhanced services (“Local Enhanced Services” and “Directed Enhanced Services”);

²⁶ See Appendix G for the terms of reference of the Remuneration Committee

²⁷ See Appendix G for the terms of reference of the Executive Committee

²⁸ See Appendix G for the terms of reference of the Quality, Performance and Finance Committee

- Design of local incentive schemes as an alternative to the Quality Outcomes Framework (QOF);
- Decision making on whether to establish new GP practices in an area;
- Approving practice mergers
- Decisions on the management of practice vacancies including whether to disperse or procure
- Making decisions on ‘discretionary’ payment (e.g., returner/retainer schemes)
- Other areas as defined within the Terms of Reference as approved by the CCG Board.

Committees in Common - All Governing Body Committees may meet with similar committees of other CCGs, using the “Committees in Common” arrangement, where the committee chair considers there is a value of working collaboratively on one or more specific issues. When the Committee Chair chooses to meet using a “Committees in Common” arrangement, the additional Terms of Reference for “Committees in Common” will be applied to the usual Committee’s Terms of Reference.

A WEL Advisory Group – (Tower Hamlets CCG, Newham CCG and Waltham Forest CCG) makes recommendations on designated areas of Primary Care Commissioning supporting the three WEL Primary Care Committees – decisions are made by CCG Committees.

6.5. Joint Arrangements

- 6.5.1. Newham CCG may enter into joint arrangements with other clinical commissioning groups.
- 6.5.2. Newham CCG shall have joint arrangements with the London Borough of Newham and shall include:
- a) Health and Well-Being Board;
 - b) Safeguarding Board (Adults and Children).
- 6.5.3 The clinical commissioning group (CCG) may wish to work together with other CCGs in the exercise of its commissioning functions.
- 6.5.4 The CCG may make arrangements with one or more CCG in respect of:
- 6.5.4.1 delegating any of the CCG’s commissioning functions to another CCG;
 - 6.5.4.2 exercising any of the commissioning functions of another CCG;
- or
- 6.5.4.3 exercising jointly the commissioning functions of the CCG and another CCG
- 6.5.5 For the purposes of the arrangements described at paragraph 6.5.4 the

CCG may:

6.5.5.1 make payments to another CCG;

6.5.5.2 receive payments from another CCG;

6.5.5.3 make the services of its employees or any other resources available to another CCG; or

6.5.5.4 receive the services of the employees or the resources available to another CCG.

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

6.5.7 For the purposes of the arrangements described at paragraph 6.5.4 above, the CCG may establish and maintain a pooled fund made up of contributions by any of the CCGs working together pursuant to paragraph 3 above. Any such pooled fund may be used to make payments towards expenditure incurred in the discharge of any of the commissioning functions in respect of which the arrangements are made.

6.5.8 Where the CCG makes arrangements with another CCG as described at paragraph 6.5.4 above, the CCG shall develop and agree with that CCG an agreement setting out the arrangements for joint working, including details of:

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

6.5.9 The liability of the CCG to carry out its functions will not be affected where the CCG enters into arrangements pursuant to paragraph [1.2] above.

6.5.10 The CCG will act in accordance with any further guidance issued by

NHS England on co-commissioning.

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

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

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

6.6 Joint commissioning arrangements with NHS England for the exercise of CCG functions

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

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

6.6.3 The arrangements referred to in paragraph 6.6.2 above may include other CCGs.

6.6.4 Where joint commissioning arrangements pursuant to 6.6.2 above are entered into, the parties may establish a joint committee to exercise the commissioning functions in question.

6.6.5 Arrangements made pursuant to 6.6.2 above may be on such terms and conditions (including terms as to payment) as may be agreed between NHS England and the CCG.

6.6.6 Where the CCG makes arrangements with NHS England (and another CCG if relevant) as described at paragraph 6.6.2 above, the CCG shall develop and agree with NHS England a framework setting out the arrangements for joint working, including details of:

- How the parties will work together to carry out their commissioning functions;

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

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

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

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

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

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

6.7 Joint commissioning arrangements with NHS England for the exercise of NHS England's functions

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

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

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

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

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

6.7.5 For the purposes of the arrangements described at paragraph 6.7.2 above, NHS England and the CCG may establish and maintain a pooled fund made up of contributions by the parties working together. Any such pooled fund may be used to make payments towards expenditure incurred in the discharge of any of the commissioning functions in respect of which the arrangements are made.

6.7.6 Where the CCG enters into arrangements with NHS England as described at paragraph 6.7.2 above, the parties will develop and agree a framework setting out the arrangements for joint working, including details of:

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

6.7.7 The liability of NHS England to carry out its functions will not be affected where it and the CCG enter into arrangements pursuant to paragraph 6.7.2 above.

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

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

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

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

6.8 Current Joint arrangements - Joint Commissioning Committee

6.8.1 The Joint Commissioning Committee has been established to include the seven North East London CCGs. The committee will exercise such commissioning powers as are delegated to it by the Governing Body and set out In the Terms of Reference approved by the Governing Body.

6.8.2 Any decision must be made unanimously (as described by the Committee Terms of Reference) with the other partner CCGs listed in the Terms of Reference.

7. ROLES AND RESPONSIBILITIES

7.1 Members of the Practice Members Council

7.1.1. Practice Representatives

Member Practice Representatives shall represent their practice's views and act on behalf of the practice in matters relating to Newham CCG. The role of each practice representative is to:

- a) work corporately so as to ensure that Newham CCG is able to fulfil its statutory duties;
- b) represent and take into account the views of their respective Practice Cluster;
- c) be an active link between the practice and Newham CCG in discharging Newham CCG's functions. The practice representative should ensure the practice has a sound understanding of commissioning issues;
- d) ensure their practice supports Newham CCG in meeting its statutory responsibilities and work with its Board in this regard;
- e) attend Practice Cluster meetings;
- f) fulfil their corporate responsibilities on the Board, where they are also appointed as a Board member.

7.2. Members of the Board

7.2.1. All Members the Board

Guidance on the roles of members of the Board is set out in a separate document²⁸. In summary, each member of the Board 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.

Specialist Roles for Members of the Board

Some members of the Board have a specialist role as set out below:

7.2.2. The Chair of the Board

The Chair of the Board is responsible for:

- a) leading the Board, ensuring it remains continuously able to discharge its duties and responsibilities as set out in this Constitution;
- b) building and developing the Board and its individual members;
- c) ensuring that Newham CCG has proper Constitutional and governance arrangements in place;

²⁸ Draft *clinical commissioning group Governing Body Members – Roles Attributes and Skills*, NHS Commissioning Board Authority, March 2012

- d) ensuring that, through the appropriate support, information and evidence, the Board is able to discharge its duties;
- e) supporting the Single Accountable Officer and Managing Director 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 Newham CCG to deliver its commissioning responsibilities;
- h) overseeing governance and particularly ensuring that the Board and the wider group behaves with the utmost transparency and responsiveness at all times;
- i) ensuring that public and patients' views are heard and their expectations understood and, where appropriate as far as possible, met;
- j) ensuring that the organisation is able to account to its local patients, stakeholders and NHS England;
- k) ensuring that Newham CCG builds and maintains effective relationships, particularly with the individuals involved in overview and scrutiny from the relevant local authority(ies).
- l) Providing the senior clinical voice in Newham CCG;
- m) Appointing the Deputy (Clinical) Chair, Joint Deputy (Clinical) Chair and Deputy (Lay) Chair as well as appointing the Chairs of the committees of the Board.

Where the chair of the Board is also the senior clinical voice of Newham CCG, they will take the lead in interactions with stakeholders, including NHS England.

7.2.3. The Deputy (Clinical) Chair of the Board and Joint Deputy (Clinical) Chair of the Board

The Deputy (Clinical) Chair of the Board and Joint Deputy (Clinical) Chair of the Board deputise for the Chair of the Board in his or her role as Lead Clinician where the Chair has a conflict of interest or is otherwise unable to act. If all three are conflicted then the Deputy (Lay) Chair will chair the meeting.

7.2.4. The Deputy (Lay) Chair of the Board

The Deputy (Lay) Chair of the Board deputises for the Chair of the Board and the Deputy (Clinical) Chair and Joint Deputy (Clinical) Chair of the Board where they are absent, have a conflict of interest or are otherwise unable to act.

7.2.5. Role of the Single Accountable Officer

The Single Accountable Officer of Newham CCG is a member of the Board.

The role of the Single Accountable Officer has been summarised in a national document²⁹ 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 Board, the Single Accountable Officer will ensure that proper constitutional, governance and development arrangements are put in place to assure the members (through the Board) of the organisation's on-going capability and capacity to meet its duties and responsibilities. This will include arrangements for the on-going developments of its members and staff;
- d) provide leadership and management innovation to develop and implement both short and long term strategies and ensure that agreed plans are effectively delivered.

In addition to the Single Accountable Officer's general duties, where the Single Accountable Officer is also the senior clinical voice of Newham CCG they will take the lead in interactions with stakeholders, including NHS England.

7.2.6. Role of the Chief Finance Officer

The Chief Finance Officer is a member of the Board and is responsible for providing financial advice to the clinical commissioning group and for supervising financial control and accounting systems

The role of Chief Finance Officer has been summarised in a national document³⁰ as:

- a) being the Board'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 and monitor Newham CCG's finances;

²⁹ See the latest version of NHS England Authority's *Clinical commissioning group governing body members: Role outlines, attributes and skills*

³⁰ See the latest version of NHS England's *Clinical commissioning group governing body members: Role outlines, attributes and skills*

- c) overseeing robust audit and governance arrangements leading to propriety in the use of Newham CCG's resources;
- d) being able to advise the Board on the effective, efficient and economic use of Newham CCG's allocation to remain within that allocation and deliver required financial targets and duties;
- e) producing the financial statements for audit and publication in accordance with the statutory requirements to demonstrate effective stewardship of public money and accountability to NHS England;
- f) providing effective financial reporting to the Board and its committees;
- g) providing strategic advice to the Single Accountable Officer and Board of Newham CCG on all aspects of the financial strategy and financial management.

The Chief Finance Officer may, with the approval of the Board, delegate these functions on a day to day basis to a CCG or System Director of Finance.

7.3. Joint Appointments with other Organisations

- 7.3.1. CCGs. Any such joint appointments will be supported by a memorandum of understanding between the organisations that are party to these joint appointments.
- 7.3.2. Where a Joint Appointment is made, the appointee may choose a named deputy in each of the CCGs. The named deputy must be agreed by the chair of the Governing Body.

7.4. Appointment of Co-optees

- 7.4.1 The Board may appoint co-optees as non-voting members of the Board in such a manner as it feels appropriate.

8 STANDARDS OF BUSINESS CONDUCT AND MANAGING CONFLICTS OF INTEREST

8.4 Standards of Business Conduct

- 8.4.1 Employees, group members, Committee and Transformation Programmes members of Newham CCG and members of the Board (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 Newham CCG and should follow the *Seven Principles of Public Life*, set out by the Committee on Standards in Public Life (the Nolan Principles). The Nolan Principles are incorporated into this Constitution at Appendix E.
- 8.4.2 They must comply with Newham CCG's policy on business conduct, including the requirements set out in the policy for managing conflicts of interest. This policy will be available on Newham CCG's website at www.newhamccg.nhs.uk
- 8.4.3 Bidders, potential contractors, service providers and individuals contracted to work on behalf of Newham CCG or otherwise providing services or facilities to Newham CCG will be made aware of their obligation with regard to declaring conflicts or potential conflicts of interest. This requirement will be written into their contract for services.

8.5 Conflicts of Interest

- 8.5.1 The CCG shall appoint a Conflict of Interest Guardian who will normally be the Audit Committee Chair and whose responsibilities shall be to:
- a. Act as a conduit for GP practice staff, members of the public and healthcare professionals who have any concerns with regards to conflicts of interest;
 - b. Be a safe point of contact for employees or workers of the CCG to raise any concerns in relation to this policy;
 - c. Support the rigorous application of conflict of interest principles and policies;
 - d. Provide independent advice and judgment where there is any doubt about how to apply conflicts of interest policies and principles in an individual situation;
 - e. Provide advice on minimising the risks of conflicts of interest.
- 8.5.2 As required by section 140 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 Newham CCG will be taken and seen to be taken without any possibility of the influence of external or private interest.
- 8.5.3 Where an individual, i.e. an employee, group member, member of the Board, or a member of a Committee or a Sub-Committee of Newham CCG or its Board has an interest, or becomes aware of an interest which could lead to a conflict of interests in the event of Newham CCG considering an action or decision in relation to that

interest, that must be considered as a potential conflict, and is subject to the provisions of this Constitution.

8.5.4 A conflict of interest will include:

8.5.4.1 a direct financial (pecuniary) interest: where an individual may financially benefit from the consequences of a commissioning decision (for example, as a provider of services);

8.5.4.2 an indirect financial (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;

8.5.4.3 a non financial (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);

8.5.4.4 a non financial (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);

8.5.4.5 where an individual is closely related to, or in a relationship, including friendship, with an individual in the above categories.

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

8.6 Declaring and Registering Interests

8.6.1 Newham CCG will maintain one or more registers of the interests of:

8.6.1.1 the members of Newham CCG;

8.6.1.2 the members of its Board;

8.6.1.3 the members of its Committees or Sub-Committees and the Committees or Sub-Committees of its Board;

8.6.1.4 its employees and contractors.

8.6.2 The registers will be published on Newham CCG's website at www.newhamccg.nhs.uk and can be made available upon request by post, email or at Newham CCG's head office.

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

- 8.6.4 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 where appropriate.
- 8.6.5 The Board will ensure that the register of interest is reviewed regularly, and updated as necessary.

8.7 Managing Conflicts of Interest: general

- 8.7.1 Individual members of Newham CCG, the Practice Member Council and its Committees or Sub-Committees, the Committees or Sub-Committees of the Board and employees will comply with the arrangements determined by the Board for managing conflicts or potential conflicts of interest.
- 8.7.2 The Board 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 Newham CCG's decision making processes.
- 8.7.3 Arrangements for the management of conflicts of interest are to be determined by the Single Accountable Officer 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:
- 8.7.3.1 when an individual should withdraw from a specified activity, on a temporary or permanent basis;
 - 8.7.3.2 monitoring of the specified activity undertaken by the individual, either by a line manager, colleague or other designated individual.
- 8.7.4 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 Newham CCG'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 Single Accountable Officer.
- 8.7.5 Where an individual member, employee or person providing services to Newham CCG is aware of an interest which:
- 8.7.5.1 has not been declared, either in the register or orally, they will declare this at the start of the meeting;
 - 8.7.5.2 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.

- 8.7.6 Where the Chair of any meeting of Newham CCG, including Committees, Sub-Committees, or the Board and the Board'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 (Lay) 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 (Lay) Chair may require the Chair to withdraw from the meeting or part of it. Where there is no Deputy (Lay) Chair, the members of the meeting will select one.
- 8.7.7 Any declarations of interests, and arrangements agreed in any meeting of the clinical commissioning group, Committees or Sub-Committees, or the Board, the Board's Committees or Sub-Committees, will be recorded in the minutes.
- 8.7.8 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 the Deputy [Lay] Chair) will determine whether or not the discussion can proceed.
- 8.7.9 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 Newham CCG'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 Single Accountable Officer and the Lay Member for Audit & Governance on the action to be taken.
- 8.7.10 This may include:
- 8.7.10.1 requiring another of Newham CCG's Committees or Sub-Committees, the Board or the Board's Committees or Sub-Committees (as appropriate) which can be quorate to progress the item of business, or if this is not possible;
- 8.7.10.2 inviting on a temporary basis one or more of the following to make up the quorum (where these are permitted members of the Board or Committee / Sub-Committee in question) so that Newham CCG can progress the item of business:
- i) a member of Newham CCG 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.

- 8.7.11 In any transaction undertaken in support of the Newham CCG'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), the Single Accountable Officer or the Managing Director of the transaction.
- 8.7.12 The Single Accountable Officer will take such steps as deemed appropriate, and request information deemed appropriate from individuals, to ensure that all conflicts of interest and potential conflicts of interest are declared.
- 8.7.13 The Board shall maintain a Conflict of Interest Policy.

8.8 Managing Conflicts of Interest: contractors and people who provide services to Newham CCG

- 8.8.1 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 Newham CCG, will be required to make a declaration of any relevant conflict / potential conflict of interest.
- 8.8.2 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.

8.9 Transparency in Procuring Services

- 8.9.1 Newham CCG recognises the importance in making decisions about the services it procures in a way that does not call into question the motives behind the procurement decision that has been made. Newham CCG will procure services in a manner that is open, transparent, non-discriminatory and fair to all potential providers.
- 8.9.2 Newham CCG will publish a Procurement Strategy approved by its Board which will ensure that:
 - 8.9.2.1 all relevant clinicians (not just members of Newham CCG) and potential providers, together with local members of the public, are engaged in the decision-making processes used to procure services;

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

8.9.3 Copies of this Procurement Strategy will be available on Newham CCG's website at www.newhamccg.nhs.uk and can be made available upon request by post, email or at Newham CCG's head office.

8.6.4 The CCG will hold and maintain a register of its procurement decisions taken. The register will include:

- the details of the decision
- who was involved in making the decision i.e. governing body or committee members with decision making responsibility (note: the awarding of a contract is prohibited where the integrity of the award has been, or appears to have been affected by a conflict of interest)
- a summary of any conflicts of interest in relation to the decision and how this is managed by the CCG.
- decisions regarding the approach to procurement for each separate procurement will be published on the CCG's website and made publically available to all
- The register of procurement decisions forms part of the CCGs annual accounts and is signed through the external auditors processes

9 NEWHAM CCG AS EMPLOYER

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

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

9.6 Newham CCG will ensure that it employs suitably qualified and experienced staff who will discharge their responsibilities in accordance with the high standards expected of staff employed by Newham CCG. All staff will be made aware of this Constitution, the Commissioning Strategy and the relevant internal management and control systems which relate to their field of work.

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

9.8 Newham CCG will ensure that its rules for recruitment and management of staff provide for the appointment and advancement on merit on the basis of equal opportunity for all applicants and staff.

9.9 Newham CCG will ensure that employees' behaviour reflects the values, aims and principles set out above.

9.10 Newham CCG will ensure that it complies with all aspects of employment law.

- 9.11 Newham CCG will ensure that its employees have access to such expert advice and training opportunities as they may require in order to exercise their responsibilities effectively.
- 9.12 Newham CCG 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.
- 9.13 Copies of this Code of Conduct, together with the other policies and procedures outlined in this chapter, will be available on Newham CCG's website at www.newhamccg.nhs.uk

10 TRANSPARENCY, WAYS OF WORKING AND STANDING ORDERS

10.4 General

- 10.4.1 Newham CCG will publish annually a commissioning plan and an annual report, presenting Newham CCG's annual report to a public meeting.
- 10.4.2 Key communications issued by Newham CCG, including the notices of procurements, public consultations, Board meeting dates, times, venues, and certain papers will be published on Newham CCG's website at www.newhamccg.nhs.uk
- 10.4.3 Newham CCG may use other means of communication, including circulating information by post, or making information available in venues or services accessible to the public.

10.5 Standing Orders

- 10.5.1 This Constitution also contains a number of documents which provide further details on how Newham CCG will operate. They are Newham CCG's:
 - 10.5.1.1 **Standing Orders** (Appendix B) – which sets out the arrangements for meetings and the appointment processes to elect Newham CCG's representatives and appoint to Newham CCG's committees, including the Board;
 - 10.5.1.2 **Scheme of Reservation and Delegation** (Appendix C) – which sets out those decisions that are reserved for the membership as a whole and those decisions that are the responsibilities of Newham CCG's Board, the Board's committees and sub-committees, Newham CCG's committees and sub-committees, individual members and employees;
 - 10.5.1.3 **Prime Financial Policies** (Appendix D) – which sets out the arrangements for managing Newham CCG's financial affairs.

10.6 Transitional Arrangements

This version of the Constitution became effective as at the date approval was given by NHS England (30th April 2015). The transition to the new arrangements for the Board composition will occur over two years as the existing Board members come to the end of their appointed terms.

NHS Newham Clinical Commissioning Group GP Practices

Annexe 1

Membership

1.1 The following practices comprise the members of NHS Newham Clinical Commissioning Group.

Practice Code	Practice Name	Practice Address		
F84111	Abbey Road Medical Practice	28A Abbey Road	Stratford	E15 3LT
F84681	Balaam Street Practice	113 Balaam Street	Plaistow	E13 8AF
F84641	Birchdale Road Medical Practice	2 Birchdale Road	Forest Gate	E7 8AR
F84050	Boleyn Medical Centre	152 Barking Road	East Ham	E6 3BD
F84734	Boleyn Road Practice	162 Boleyn Road	Forest Gate	E7 9QJ
Y02928	Britannia Village (Branch of Albert Road)	12a Wesley Avenue	London	E16 1TU
F84097	Claremont Clinic	459-463 Romford Road	Forest Gate	E7 8AB
F84657	Cumberland Road Medical Practice	179 Cumberland Road	Plaistow	E13 8LS
F84047	Custom House Surgery	16 Freemasons Road	Canning Town	E16 3NA
F84631	Dr Abiola - Lord Lister Health Centre	121 Woodgrange Road	Forest Gate	E7 0EP
F84729	Dr Bhadra Surgery	778 Romford Road	Manor Park	E12 5JG
F84660	Dr CM Patel	2 Jephson Road	Forest Gate	E7 8LZ
F84086	Dr Driver - Lord Lister Health Centre	121 Woodgrange Road	Forest Gate	E7 OEP
F84741	Dr Krishnamurthy Surgery	East Ham Memorial Hospital	Forest Gate	E7 8QR
F84708	Dr Lwin Medical Practice	343 Prince Regent Lane	Plaistow	E16 3JL
F84730	Dr PCL Knight's Practice	10 Vicarage Lane	Stratford	E15 4ES
F84666	Dr Ruiz – St Lukes Medical Centre	2 St Luke's Squire, Tarling Rd	Canning Town	E16 1HT
F84077	Dr Samuel & Dr Khan's Practice	10 Vicarage Lane	Stratford	E15 4ES
F84706	Dr Swedan - Lord Lister Health Centre	121 Woodgrange Road	Forest Gate	E7 OEP
F84121	E12 Health Centre	The Centre, 30 Church Road	Manor Park	E12 6AQ
F84739	E12 Medical Practice	243 High Street North	Manor Park	E12 6SH
F84677	East End Medical Centre	61 Plashet Road	Plaistow	E13 0QA
F84673	Esk Road Medical Practice	12 Esk Road	Plaistow	E13 8LJ
F84052	Essex Lodge	94 Greengate Street	Plaistow	E13 0AS
F84092	Glen Road Medical Centre	1-9 Glen Road	Plaistow	E13 8RU
F84053	Greengate Medical Practice	497 Barking Road	Plaistow	E13 8PS
F84749	Lantern Health - Carpenters Road (Main Site)	Carpenters Road, 236-252 High Street	Stratford	E15 2JA
F84749	Lantern Health - Church Road (Branch Site)	Church Road, 30 Church Road	Manor Park	E12 6AQ

F84749	Lantern Health - St Lukes Medical Centre (Branch Site)	2 St Luke's Squire, Tarling Rd	Canning Town	E16 1HT
F84070	Lathom Medical Centre	2A Lathom Road	East Ham	E6 2DU
F84672	Leytonstone Medical Practice	157 Leytonstone Road	Stratford	E15 1LH
Y04273	Liberty Bridge Road	40 Liberty Bridge Road	East Village, Olympic Park	E20 1AS
F84642	Lucas Avenue Surgery	1A Lucas Avenue	Plaistow	E13 0QP
F84004	Market Street	52 Market Street	East Ham	E6 2RA
F84669	Newham Medical Centre	576 Green Street	Plaistow	E13 9DA
F84740	Newham Transitional Team - Church Road	Church Road, 30 Church Road	Manor Park	E12 6AQ
F84740	Newham Transitional Team - Vicarage Lane (Branch)	10 Vicarage Lane	Stratford	E15 4ES
F84088	Plasht Medical Centre	152 Plasht Road	Plaistow	E13 0QT
F84717	Royal Docks Medical Centre	21 East Ham Manor Way	Royal Docks	E6 5NA
F84658	Sangam Surgery - Gladstone Avenue (Branch Site)	57 Gladstone Avenue	Manor Park	E12 6NR
F84658	Sangam Surgery - Katherine Road (Branch Site)	511 Katherine Road	Forest Gate	E7 8DR
F84658	Sangam Surgery - Snowhill Road (Main Site)	31A Snowhill Road	Manor Park	E12 6BE
F84010	St Bartholomew Surgery	292A Barking Road	East Ham	E6 3BA
F84017	Star Lane Medical Centre	121 Star Lane	Canning Town	E16 4QH
F84022	Stratford Health Centre	121-123 The Grove	Stratford	E15 1EN
F84009	Stratford Village Surgery	50C Romford Road	Stratford	E15 4BZ
F84735	The Azad Practice	152 Barking Road	East Ham	E6 3BD
Y02928	The Practice - Albert Road	76 Albert Road	North Woolwich	E16 2DY
F84124	The Project Surgery	10 Lettsom Walk	Plaistow	E13 0LN
F84006	The Shrewsbury Surgery	Shrewsbury Road	Forest Gate	E7 8QP
F84742	The Summit Practice	Old East Ham Memorial Hospital	East Ham	E7 8QR
F84093	Tollgate Health Centre	220 Tollgate Road	Beckton	E6 5JS
F84014	Upton Lane Medical Centre	75/77 Upton Lane	Forest Gate	E7 9PB
F84661	West Ham Medical Practice	401 Corporation Street	Stratford	E15 3DJ
F84670	Westbury Road Medical Centre	45 Westbury Road	Forest Gate	E7 8BU
F84724	Woodgrange Medical Practice	40 Woodgrange Road	Forest Gate	E7 0QH
F84074	Wordsworth Health Centre	19 Wordsworth Avenue	Manor Park	E12 6SU

- 1.2 The Single Accountable Officer will hold a Register of CCG Members and their declarations to confirm agreement to the Constitution.
- 1.3 Each practice must identify a practice member representative and a deputy. At least one of these must be a GP.

Annexe 2

FUNCTIONS AND GENERAL DUTIES

1 Functions

1.1 The functions, along with how they will be discharge by Newham CCG are set out in Appendix C. They relate to:

- a) commissioning certain health services (where NHS England is not under a duty to do so) that meet the reasonable needs of:
 - i) all people registered with member GP practices, and
 - ii) people who are usually resident within the area and are not registered with a member of any clinical commissioning group.
- b) commissioning emergency care for anyone present in Newham CCG's area;
- c) paying its employees' remuneration, fees and allowances in accordance with the determinations made by its Board and determining any other terms and conditions of service of Newham CCG's employees;
- d) determining the remuneration and travelling or other allowances of members of its Board.

1.2 In discharging its functions Newham CCG will:

- a) act³¹, when exercising its functions to commission health services, consistently with the discharge by the Secretary of State and NHS England of their duty to **promote a comprehensive health service**³² and with the objectives and requirements placed on NHS England through *the mandate*³³ published by the Secretary of State before the start of each financial year by:
 - i) delegating responsibility to the Board;
 - ii) requiring progress of delivery of the duty to be monitored through Newham CCG's reporting mechanisms.
- b) **meet the public sector equality duty**³⁴ by adhering to and recognising the Public Sector Equality Duty: Equality Act 2010 and by have due regard to the need to:
 - i) eliminating unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act;
 - ii) advancing equality of opportunity between people who share a protected characteristic and those who do not;
 - iii) fostering good relations between people who share a protected characteristic and those who do not.

³¹ See section 3(1F) of the 2006 Act, inserted by section 13 of the 2012 Act

³² See section 1 of the 2006 Act, as amended by section 1 of the 2012 Act

³³ See section 13A of the 2006 Act, inserted by section 23 of the 2012 Act

³⁴ See section 149 of the Equality Act 2010, as amended by paragraphs 184 and 186 of Schedule 5 of the 2012 Act

- c) working in partnership with the local authority to develop **joint strategic needs assessments**³⁵ and **joint health and wellbeing strategies**³⁶ by inter alia:
 - i) membership of the Health and Well-being Board;
 - ii) ensuring that its overall commissioning strategy is consistent with the findings of Joint Strategic Needs Assessment (JSNA) and that specific plans, policies and contract specifications are informed by robust Health Needs Assessment (HNA) to ensure that, as far as is possible, all service provision is proportionate to need;
 - iii) working closely with London Borough of Newham to ensure that health services in the borough are of high quality, proportionate to need and accessible to vulnerable groups, and will make best use of the specialist support provided by the local authority, to constantly improve the quality of commissioned services, maximise health gain and narrow inequalities in health.

2 General Duties - in discharging its functions Newham CCG will:

- 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 arrangements³⁷ by:
 - a) implementing its Communication and Engagement Strategy which will be reviewed on an annual basis;
 - b) working in partnership with patients and the local community to secure the best care for them;
 - c) adapting engagement activities to meet the specific needs of the different patient groups and communities;
 - d) publishing information about health services on Newham CCG's website and through other media;
 - e) encouraging and acting on feedback;
 - f) identifying how Newham CCG will monitor and report its compliance against this statement of principles (i.e. the committee / mechanism to oversee this);
 - g) carry out Equality Impact Analysis (EIA) on all major policy changes and significant service reviews.

³⁵ See section 116 of the Local Government and Public Involvement in Health Act 2007, as amended by section 192 of the 2012 Act

³⁶ See section 116A of the Local Government and Public Involvement in Health Act 2007, as inserted by section 191 of the 2012 Act

³⁷ See section 14Z2 of the 2006 Act, inserted by section 26 of the 2012 Act

- 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 Constitution³⁸** by:
- a) producing and publishing an Annual Commissioning Plan, which will promote awareness of, and have regard to the NHS Constitution.
- 2.3 Act **effectively, efficiently and economically³⁹** by inter alia:
- a) operating within the assurance framework in terms of accountability for financial management, QIPP delivery, quality and established systems of performance management;
 - b) managing within approved resource and cash limit funding;
 - c) using best practice commissioning procedures to ensure economy and value for money in our purchasing decisions.
- 2.4 Act with a view to **securing continuous improvement to the quality of services⁴⁰** by inter alia:
- a) ensuring the Board, its Committees are cognisant of their quality and performance responsibilities;
 - b) asking all members to drive continuous improvement within their own organisations;
 - c) ensuring the Board reports progress in its annual report.
- 2.5 Assist and support NHS England in relation to its duty to **improve the quality of primary medical services⁴¹** by:
- a) setting out in a Primary Care Strategy how it intends to improve services and review and report progress on an annual basis;
 - b) establishing and developing links to practices through Practice Clusters;
 - c) working with practices to develop and use performance data to drive improvements;
 - d) arranging regular GP Practice peer support and education sessions.
- 2.6 Have regard to the need to **reduce inequalities⁴²** by inter alia:
- a) producing a Commissioning Strategy Plan, which seeks to reduce health inequalities;
 - b) reporting on this duty in its annual report;
 - c) ensuring that Newham CCG's overall commissioning strategy is consistent with the findings of Joint Strategic Needs Assessment (JSNA) and that specific plans, policies and contract specifications are informed by robust Health Needs Assessment (HNA) to ensure that, as far as is possible, all service provision is proportionate to need;

³⁸ 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)

³⁹ See section 14Q of the 2006 Act, inserted by section 26 of the 2012 Act

⁴⁰ See section 14R of the 2006 Act, inserted by section 26 of the 2012 Act

⁴¹ See section 14S of the 2006 Act, inserted by section 26 of the 2012 Act

⁴² See section 14T of the 2006 Act, inserted by section 26 of the 2012 Act

- d) ensuring that the impact of commissioned services on health inequalities is built in to contract monitoring frameworks as a matter of routine;
- e) using robust, well-analysed information to understand health inequalities locally and use this as an essential first step in the development of effective plans. In line with the principles of good information governance, Newham CCG will work to improve the information it has and make that information publically available;
- f) working with statutory, private, voluntary and community sector agencies to reduce health inequalities through the Health and Wellbeing Board and other forums.

2.7 **Promote the involvement of patients, their carers and representatives in decisions about their healthcare**⁴³ by:

- a) producing and implementing a Communications and Engagement Strategy;
- b) reporting on this duty in its annual report.

2.8 Act with a view to **enabling patients to make choices**⁴⁴ by:

- a) enabling patients to make choices through the commissioning strategy which will be evidence based, provide value for money and lead to better health outcomes for the population.

2.9 **Obtain appropriate advice**⁴⁵ from persons who, taken together, have a broad range of professional expertise in healthcare and public health by:

- a) delegating to the Board the production and delivery of an Organisational Development Plan that ensures appropriate skills at the Board and operational levels.

2.10 **Promote innovation**⁴⁶ by:

- a) delegating responsibility to the Board for including innovation within its strategic planning and Annual Commissioning Plan;
- b) allocating the responsibility for championing and working on innovation to one of its Board members and a senior manager within Newham CCG management team.

2.11 **Promote research and the use of research**⁴⁷ by:

- a) allocating the duty of promoting research to one its clinical leads or Board Members (as appropriate).

2.12 Have regard to the need to **promote education and training**⁴⁸ 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

⁴³ See section 14U of the 2006 Act, inserted by section 26 of the 2012 Act

⁴⁴ See section 14V of the 2006 Act, inserted by section 26 of the 2012 Act

⁴⁵ See section 14W of the 2006 Act, inserted by section 26 of the 2012 Act

⁴⁶ See section 14X of the 2006 Act, inserted by section 26 of the 2012 Act

⁴⁷ See section 14Y of the 2006 Act, inserted by section 26 of the 2012 Act

⁴⁸ See section 14Z of the 2006 Act, inserted by section 26 of the 2012 Act

in England so as to assist the Secretary of State for Health in the discharge of his related duty⁴⁹ by:

- a) requiring that the Board agree an Organisational Development Plan, including education and training which is reviewed on a yearly basis.

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 Newham CCG considers that this would improve the quality of services or reduce inequalities⁵⁰ by:

- a) requiring the Board to agree a joint health and wellbeing strategy and report on progress in its annual report.

3 General Financial Duties – Newham CCG will perform its functions so as to:

3.1 ***Ensure its expenditure does not exceed the aggregate of its allotments for the financial year***⁵¹ by

- a) delegating responsibility to the Board for exercising financial supervision and control;
- b) appointing a Chief Financial Officer to take a lead responsibility for ensuring financial duties are met and formulating the financial strategy;
- c) requiring the submission and approval of budgets within approved allocations/overall income and the Board regularly monitoring performance against budgets;
- d) implementing its statutory audit functions;
- e) appointing suitably trained finance staff including a dedicated CCG finance lead as the main identified support to the Single Chief Finance Officer for the Board.

3.2 ***Ensure its use of resources (both its capital resource use and revenue resource use) does not exceed the amount specified by NHS England for the financial year***⁵² by

- a) delegating to the Board the production of a clear and credible commissioning plan;
- b) setting appropriate budgets and monitoring performance against budgets.

3.3 ***Take account of any directions issued by NHS England, in respect of specified types of resource use in a financial year, to ensure Newham CCG does not exceed an amount specified by NHS England***⁵³ by

⁴⁹ See section 1F(1) of the 2006 Act, inserted by section 7 of the 2012 Act

⁵⁰ See section 14Z1 of the 2006 Act, inserted by section 26 of the 2012 Act

⁵¹ See section 223H(1) of the 2006 Act, inserted by section 27 of the 2012 Act

⁵² See sections 223I(2) and 223I(3) of the 2006 Act, inserted by section 27 of the 2012 Act

⁵³ See section 223J of the 2006 Act, inserted by section 27 of the 2012 Act

- a) delegating to the Board the production of a clear and credible commissioning plan and overall budget in accordance with national guidance;
- b) the Audit Committee exercising its delegated duties;
- c) delegating to its Chief Financial Officer and its Audit Committee to ensure advise the Board on effective internal control arrangements;
- d) establishing internal controls, which ensure that Newham CCG can meet the directions within its Resource Limit.

3.4 ***Publish an explanation of how Newham CCG spent any payment in respect of quality*** made to it by NHS England⁵⁴ by

- a) delegating responsibility to the Board to publish in an explanation in its annual report.

4 Other Relevant Regulations, Directions and Documents

4.1 Newham CCG will

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

4.2 Newham CCG will develop and implement the necessary systems and processes to comply with these regulations and directions, documenting them as necessary in this Constitution, its Scheme of Reservation and Delegation and other relevant group policies and procedures.

⁵⁴ See section 223K(7) of the 2006 Act, inserted by section 27 of the 2012 Act

Appendix A

DEFINITIONS OF KEY DESCRIPTIONS USED IN THIS CONSTITUTION

2006 Act	National Health Service Act 2006
2012 Act	Health and Social Care Act 2012 (this Act amends the 2006 Act)
Single Accountable Officer	<p>An individual, as defined under paragraph 12 of Schedule 1A of the 2006 Act (as inserted by Schedule 2 of the 2012 Act), appointed by NHS England, with responsibility for ensuring Newham CCG:</p> <ul style="list-style-type: none"> • complies with its obligations under: <ul style="list-style-type: none"> ○ sections 14Q and 14R of the 2006 Act (as inserted by section 26 of the 2012 Act); ○ sections 223H to 223J of the 2006 Act (as inserted by section 27 of the 2012 Act); ○ paragraphs 17 to 19 of Schedule 1A of the NHS Act 2006 (as inserted by Schedule 2 of the 2012 Act); ○ any other provision of the 2006 Act (as amended by the 2012 Act) specified in a document published by the Board for that purpose. • exercises its functions in a way which provides good value for money.
Area	The geographical area that Newham CCG has responsibility for, as defined in Chapter 2 of this Constitution ie The London Borough of Newham.
Board (Governing body)	<p>The body appointed under section 14L of the NHS Act 2006 (as inserted by section 25 of the 2012 Act), with the main function of ensuring that a clinical commissioning group has made appropriate arrangements for ensuring that it complies with:</p> <ul style="list-style-type: none"> • its obligations under section 14Q under the NHS Act 2006 (as inserted by section 26 of the 2012 Act); • such generally accepted principles of good governance as are relevant to it.
Board member	Any member appointed to the Board of Newham CCG
Single Chief finance officer	The qualified accountant employed by Newham CCG with responsibility for financial strategy, financial management and financial governance
Clinical commissioning group	A body corporate established by NHS England in accordance with Chapter A2 of Part 2 of the 2006 Act (as inserted by section 10 of the 2012 Act)
Clinical Session	A clinical session consists of a half day work period in which there is patient contact.
Committee	<p>A committee or sub-committee created and appointed by:</p> <ul style="list-style-type: none"> • the membership of Newham CCG; • the Board; • a committee created / appointed by the Board.
Financial year	This runs from 1 April to 31 March.
NHS Newham	NHS Newham Clinical Commissioning Group, whose Constitution this is.
Lay member	A lay member of the Board, appointed by Newham CCG. A lay member is an individual who is not a member of Newham CCG or a healthcare professional

	(i.e. an individual who is a member of a profession regulated by a body mentioned in section 25(3) of the National Health Service Reform and Health Care Professions Act 2002) or as otherwise defined in regulations.
Managing Director	The senior officer appointed by the Board answerable to provide dedicated senior support and functions under the delegation of the Single Accountable Officer to the CCG Board and Chair .
Member	A Practice which has successfully completed the application process for Membership of Newham CCG and whose name is recorded in the Register of Members in accordance with clause 3.1.2 of this Constitution (and "Membership") shall be construed accordingly.
Operating Structure	Tiers of CCG (Where Tier 1 is the Board) and the respective responsibilities and authorisations as outlined in the Constitution and Appendices.
Practice representatives	An individual appointed by a practice (which is a member of Newham CCG) to act on the practice's behalf in the dealings between it and Newham CCG, under regulations made under section 89 or 94 of the 2006 Act (as amended by section 28 of the 2012 Act) or directions under section 98A of the 2006 Act (as inserted by section 49 of the 2012 Act).
Registers of interests	Registers the interests of: <ul style="list-style-type: none"> • the members of Newham CCG; • the members of its Board; • the members of its committees or sub-committees and committees or sub-committees of its Board; • its employees; • contractors, bidders and service providers (CCGs are required to maintain and make these publicly available under section 140 of the 2006 Act ,as inserted by section 25 of the 2012 Act)
Regulations	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.

Appendix B

STANDING ORDERS

1. STATUTORY FRAMEWORK AND STATUS

1.1. Introduction

- 1.1.1. These standing orders regulate the proceedings of the NHS Newham Clinical Commissioning Group (Newham CCG) so that Newham CCG can fulfil its obligations, as set out largely in the 2006 Act, as amended by the 2012 Act and related regulations. They are effective from the date Newham CCG is established.
- 1.1.2. The standing orders, together with Newham CCG's scheme of reservation and delegation⁵⁵ and Newham CCG's prime financial policies⁵⁶, provide a procedural framework within which Newham CCG discharges its business. They set out:
- a) the arrangements for conducting the business of Newham CCG;
 - b) the appointment of Governing Body (Board) Members;
 - c) the appointment of member practice representatives;
 - d) the procedure to be followed at meetings of Newham CCG, the Board and any Committees or Sub-Committees of Newham CCG or the Board;
 - e) the process to delegate powers;
 - f) 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 appropriate⁵⁷ 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 Newham CCG's Constitution. Newham CCG members, employees, members of the Board, members of the Board's Committees and Sub-Committees, members of Newham CCG's Committees and Sub-committees and persons working on behalf of Newham CCG 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.

⁵⁵ See Appendix C

⁵⁶ See Appendix D

⁵⁷ Under some legislative provisions the group is obliged to have regard to particular guidance but under other circumstances guidance is issued as best practice guidance.

1.2. Schedule of matters reserved to Newham CCG and the scheme of reservation and delegation

- 1.2.1. The 2006 Act (as amended by the 2012 Act) provides Newham CCG with powers to delegate Newham CCG's functions and those of its Board to certain bodies (such as Committees) and certain persons. Newham CCG has decided that certain decisions may only be exercised by Newham CCG in formal session. These decisions and also those delegated are contained in Newham CCG's Scheme of Reservation and Delegation (see Appendix C).

2. THE CLINICAL COMMISSIONING GROUP: COMPOSITION OF MEMBERSHIP, KEY ROLES AND APPOINTMENT PROCESS, ROTATION OF RETIREMENT, MAXIMUM TERMS OF OFFICE AND ELECTIONS

2.1. Composition of membership

- 2.1.1. Chapter 3 of Newham CCG's Constitution provides details of the membership of Newham CCG.
- 2.1.2. Chapter 6 of Newham CCG's Constitution provides details of the governing structure used in Newham CCG's decision-making processes, whilst Chapter 7 of the Constitution outlines certain key roles and responsibilities within Newham CCG and its Board, including the role of practice representatives (section 7.1.1 of the Constitution).

2.2. Key Roles

- 2.2.1. Paragraph 6.4.3 of Newham CCG's Constitution sets out the composition of Newham CCG's Board whilst Chapter 7 of Newham CCG's Constitution identifies certain key roles and responsibilities within Newham CCG and its Board. These standing orders set out how Newham CCG appoints individuals to these key roles.
- 2.2.2. **The Chair of the Board**, as listed in paragraph 6.4.3 of Newham CCG's Constitution, is subject to the following appointment process:
- a) **Eligibility** – Any GP member of the Board. A candidate must comply with Regulations in terms of capabilities to meet the role requirements of the Chair. Where the candidate is the current Newham CCG chair then the candidate must be undertaking a minimum of one clinical session per week;
 - b) **Nominations** –Nominations can be self-nominated or by another GP member of the Board;
 - c) **Appointment process** – All Board Members in a secret ballot;
 - d) **Term of office** – Two years from first Board meeting following GP Member elections;

- e) **Grounds for removal from office –**
 - i) Any five voting members of the Board (at least one GP and one other) can propose a vote of no confidence in the Chair of the Board. This should be given in writing to the Chief Officer and signed by the five voting members. The Chair can be removed from office if the majority of voting members of the Board support a vote of no confidence at the subsequent Board Meeting;
 - ii) If the Chair ceases to be a provider of primary medical services, or engaged in or employed to deliver primary medical services;
 - iii) If the Chair is suspended from providing primary medical services in which case the removal or suspension from the Board shall be at the discretion of the Board.
- f) **Notice period –** The Chair shall be required to serve up to a three month notice period upon serving written notice of his resignation to the Single Accountable Officer.

2.2.3. **The Deputy (Lay) Chair of the Board** as listed in paragraph 6.4.3 of Newham CCG's Constitution, is subject to the following appointment process:

The Lay Member appointed as in paragraph 2.2.6 with the specialist skills so as to express informed views about the discharge of Newham CCG's functions is ex officio the deputy (lay) chair.

2.2.4. **The Deputy (Clinical) Chair of the Board** and Joint Deputy (Clinical) Chair of the Board, as listed in paragraph 6.4.3 of Newham CCG's Constitution, are subject to the following appointment process:

- a) **Nominations –** The Deputy (Clinical) Chair and Joint Deputy (Clinical) Chair of the Board shall be nominated from amongst GP Board members and can be self-nominated or nominated by another member of the Board;
- b) **Eligibility –** GP Board Members;
- c) **Appointment process –** through nominations to the Chair, who will agree the appointment;
- d) **Term of office –** two years from the first Board meeting following the GP member elections;
- e) **Grounds for removal from office –**
 - i) By vote of no-confidence in line with the process detailed in paragraph 2.2.2.e);
 - ii) If the Deputy (Clinical) Chair or Joint Deputy (Clinical) Chair ceases to be a provider of primary medical services, or engaged in or employed to deliver primary medical services;
 - iii) If the Deputy (Clinical) Chair or Joint Deputy (Clinical) Chair is suspended from providing primary medical services in which case the removal or suspension from the Board shall be at the discretion of the Board.
- f) **Notice period –** The Deputy (Clinical) Chair and Joint Deputy (Clinical) Chair shall be required to serve up to a three month notice period upon serving written notice of his resignation to the Chief Officer.

2.2.5. **Practice Representative Board Members**, as listed in paragraph 6.4.3 of Newham CCG's Constitution, is subject to the following appointment process:

- a) **Nominations** – A Practice Representative will be elected from each of the Practice Clusters and can be self-nominated or nominated by another GP from that Practice Cluster;
- b) **Eligibility** – All Newham GPs (partners, salaried and locums undertaking more than one regular clinical sessions per week in Newham during the previous year) from practices that are members of Newham CCG. Where the candidate is the current Newham CCG chair then the candidate must be undertaking a minimum of one clinical session per week;
- c) **Term of office** – Two years from the first Board meeting following the GP member elections;
- d) **Appointment process** – by election in each Practice Cluster. The arrangements for elections are set out in section 2.5 of these standing orders.
- e) **Grounds for removal from office** – a majority vote of no-confidence from the GPs in the Practice Cluster with reasons presented to the Board. An election for a replacement candidate will be run by the Newham CCG;

f)

2.2.6. **Lay Members**, as listed in paragraph 6.4.3 of Newham CCG's Constitution, are subject to the following eligibility and appointment process:

- a) **Eligibility** – All lay members shall meet the requirements set out in the Regulations, in particular:
 - At least one lay person must have qualifications, expertise or experience such as to enable the person to express informed views about financial management;
 - At least one lay person must be a person who has knowledge about the area specified in the Newham CCG's Constitution such as to enable the person to express informed views about the discharge of Newham CCG's functions.

and the role function and specification that the Board shall approve;

- b) **Appointment process** –A job description and person specification will be advertised followed by interview / test. The interview panel shall be determined by the Chair of the Board;
- c) **Term of office** – The office holders will be appointed to the office for a period of up to two years and may be re-appointed at the discretion of the Board subject to serving a maximum term of office of four years;
- d) **Grounds for removal from office** – The lay member is an individual who is excluded from being a lay member or is otherwise disqualified from membership of a CCG Board under the CCG Regulations; or the Board passes a resolution for the removal of the Lay Member;

- e) **Notice period** – three months but immediately if the lay member is removed from office in accordance with paragraph d) above.

2.2.7. **Secondary Care Specialist**, as listed in paragraph 6.4.3 of Newham CCG's Constitution, is subject to the following eligibility and appointment process:

- a) **Eligibility** The secondary care specialist:
- is a secondary care specialist within the meaning of the CCG Regulations and does not fall within regulation 12(1) of the CCG Regulations;
 - shall meet the requirements of the role function and specification that the Board shall approve.
- b) **Appointment process** – A job description and person specification will be advertised followed by interview / test. The interview panel shall be determined by the Chair of the Board;
- c) **Term of office** – the office holder will be appointed to the office for a period of up to two years and may be re-appointed at the discretion of the Board, subject to serving a maximum continuous term of office of four years;
- d) **Grounds for removal from office** – The secondary care specialist is an individual who is excluded from being a secondary care specialist or is otherwise disqualified from membership of a CCG Board under the CCG Regulations; or the Board passes a resolution for the removal from office of the secondary care specialist;
- e) **Notice period** – three months but immediately if the secondary care consultant is removed from office in accordance with paragraph d) above.

2.2.8. **Independent Nurse**, as listed in paragraph 6.4.3 of Newham CCG's Constitution, is subject to the following eligibility and appointment process:

- a) **Eligibility** The Independent Nurse:
- is a registered nurse who does not fall within regulation 12(1) of the CCG Regulations;
 - shall meet the requirements of the role function and specification that the Board shall approve.
- b) **Appointment process** – A job description and person specification will be advertised followed by an interview / test. The interview panel shall be determined by the Chair of the Board;
- c) **Term of office** – the office holder will be appointed to the office for a period of up to two years and may be re-appointed at the discretion of the Board, subject to serving a maximum continuous term of office of four years;
- d) **Grounds for removal from office** – The Independent Nurse is an individual who is excluded from being a nurse or is otherwise disqualified from

membership of a CCG Board under the CCG Regulations; or the Board passes a resolution for the removal from office of the Independent Nurse;

- e) **Notice period** – three months but immediately if the Independent Nurse is removed from office in accordance with paragraph d) above.

2.2.9. **The Single Accountable Officer**, as listed in paragraph 6.4.3 of Newham CCG's Constitution, is subject to the following appointment process:

- a) **Appointment process** – The Single Accountable Officer is subject to an appointment process of recruitment and interview and other requirements as may be set out in guidelines or regulation and / or Newham CCG's HR policies and procedures;
- b) **Term of office** – In accordance with the post holder's Contract of Employment;
- c) **Grounds for removal from office** – In accordance with the post holder's Contract of Employment and Employment legislation;
- d) **Notice period** – In accordance with the post holder's Contract of Employment.

2.2.10. **The Chief Financial Officer**, as listed in paragraph 6.4.3 of Newham CCG's Constitution, is subject to the following appointment process:

- a) **Appointment process** – The Chief Financial Officer is subject to an appointment process of recruitment and interview and other requirements as may be set out in guidelines or regulation and / or Newham CCG's HR policies and procedures;
- b) **Term of office** – In accordance with the post holder's Contract of Employment;
- c) **Grounds for removal from office** – In accordance with the post holder's Contract of Employment and Employment legislation;
- d) **Notice period** – In accordance with the post holder's Contract of Employment.

2.2.11. **Non-Voting Member** – The Board shall appoint to the Board any non-voting member listed in 6.4.3 in a manner that is appropriate to their role.

2.2.12. The roles and responsibilities of each of these key roles are set out in paragraph 6.4.3 and Chapter 7 of Newham CCG's Constitution.

2.3 Maximum Terms of Office

2.3.1 The following posts have a maximum term of office of 6 years for an individual;

- Elected GP Members
- Secondary Care Consultant
- Registered Nurse
- Co-opted Member
- Elected Practice Manager Member
- Elected Practice Nurse Member
- Lay Members

2.3.2 The effective implementation date for the maximum term of office is 1st April 2013.

2.4 **Rotation of Retirement**

2.4.1 Elected GP Board Members will retire from the Board with effect from 30/6/18 in the following cycle of rotation;

- 30/6/18 – Four GP Board Members will retire.
- 30/6/19 – Four remaining GP Board Members will retire.

2.4.2 The determination of which GP Board Members will retire will be made by consensus between the eight elected GP Board Members.

2.4.3 Where no consensus can be reached, the cycle of rotation of retirement shall be determined by drawing lots.

2.4.4 Once determined the four clusters in each retiring “group” shall remain fixed.

2.5 **Election Methodology for GP Board Members.**

2.5.1 GP Board Members are appointed by an election in each practice cluster.

2.5.2 Eligible GPs are those that are practicing for a minimum of two clinical sessions per week within a Newham Practice or Practices. Candidates must meet the eligibility criteria at 31st March in the year the election is taking place. Eligible GPs will stand for election in the cluster in which the candidate carries out the majority of clinical sessions. Where candidates carry

out an equal number or sessions in more than one cluster, the candidate is permitted to make a choice of cluster in which they intend to stand for election. An open register of a candidate's declarations will be maintained in order that the candidates declarations may be reviewed. Eligible candidates will be required to submit an election statement which will form part of the voting papers. Eligible candidates may vote for themselves.

- 2.5.3 Where no candidate for election in a cluster is forthcoming, then GPs within that cluster are re-approached within a three month period to see if a candidate may now be forthcoming. Where no candidate is still forthcoming then all GPs in Newham who meet the eligibility criteria for election may be permitted to stand for election in that cluster.
- 2.5.4 Eligible GP voting members are those GP Members practicing for a minimum of two clinical sessions per week within a Newham practice or practices. Eligible voters must meet the criteria at 31st March in the year the election is taking place. Eligible voters will vote in the cluster in which they carry out the majority of their clinical sessions. Where a voter carries out an equal number of sessions in more than one cluster the voter is permitted to make a choice of cluster in which they intend to vote.
An open register of voters will be maintained in order that voter declarations may be reviewed.
- 2.5.5 Both eligible candidates and voters must declare that they are not voting or standing for election in another CCG.
- 2.5.6 The mechanism for ruling in matters of dispute or interpretation will be made in accordance with Section 4.6 of these standing orders (Chair's ruling).

3. MEETINGS OF NEWHAM CCG (PRACTICE MEMBER COUNCIL) (Subject to change)

3.1. Membership

The membership consists of all Practice Representatives, as described in the Constitution.

3.2. Quorum

One third of the total number of Practice Representatives, except when the Practice Member Council is making decisions reserved as described in the Scheme of Reservation & Delegation when the quorum will be 50% of the Practice Representatives.

3.3. Frequency of meetings

A calendar of meetings for the year shall be produced to allow members to plan their time effectively. Extraordinary meetings may be called by the Chair as required with a minimum of 14 days notice.

3.4. Notice of meetings

Formal notice of a meeting including the agenda and decision papers that are available shall be sent to members at least five working days before a meeting, not including the day of despatch unless circumstances determine otherwise.

3.5. Decision Making

Where the meeting must make a decision, this is normally through using a simple majority of the Members present with each Member having one vote.

Any Member may request, prior to the vote being held, that the alternative voting system is used. The alternative voting system provides each member with one vote plus an additional vote for every 2,500 registered patients with the practice member above the first 2,500 patients, as on the date of the previous GP Board election.

- One vote = less than 5,000 registered patients
- Two votes = 5,000 – 7,499 registered patients
- Three votes = 7,500 – 9,999 registered patients
- Four or more votes for every additional 2,500 registered patients

The alternative voting system may be either used during the meeting or in an immediately subsequent postal ballot. The chairman of the meeting will decide according to the nature of the decision to be made.

3.6. Authority

As described in the Scheme of Reservation & Delegation.

3.7. Sub-committees

Practice Clusters

3.8. Other

The Board has agreed a practice re-imbusement scheme linked partly to the engagement of practices in clinical commissioning. The Practice Member Council provides a vital forum for the engagement of practices in commissioning and as

such, reasonable attendance at this this council meeting and other commissioning meetings will result in payment of this part of the scheme. This scheme will be the responsibility of Newham CCG's statutory Remuneration Committee (which may be a Joint Committee)

4. MEETINGS OF THE NEWHAM CCG BOARD

4.1. Calling meetings

4.1.1. Ordinary meetings of Board shall be held at regular intervals at such times and places as Board may determine.

4.1.2. Extraordinary meetings may be called by the Chair or the Single Accountable Officer or the Managing Director at any time.

4.1.3. One third or more members of the Board may requisition a meeting in writing. If the Chair refuses, or fails, to call a meeting within seven days of a requisition being presented, the members signing the requisition may forthwith call a meeting.

4.2. Agenda, supporting papers and business to be transacted

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

4.2.2. Agendas and certain papers for Newham CCG's Board – including details about meeting dates, times and venues - will be published on Newham CCG's website at www.newhamccg.nhs.uk

4.3. Petitions

4.3.1. Where a petition has been received by Newham CCG, the chair of the Board shall include the petition as an item for the agenda of the next meeting of the Board.

4.4. Motions

4.4.1. A Member of Newham CCG may move a motion by sending a written notice to the Single Accountable Officer or CCG Managing Director at least ten working days prior to a meeting of the Board.

4.4.2. Such motion shall be formally proposed by the Chair. It must be seconded by another member. Voting on the motion will be by a simple majority.

4.4.3. Notice of motion to rescind any resolution which has been passed by the Board within the preceding six calendar months shall bear the signature of the Practice Member who gives it and also the signature of three other members. Before considering any such motion of which notice shall have been given, the Board

may refer the matter to any appropriate Committee or the Managing Director for recommendation.

When any such motion has been dealt with by the Board, it shall not be permissible for any member other than the Chair to propose a motion to the same effect within six months.

4.5. Chair of a meeting

4.5.1. At any meeting of the Board or of a Committee or Sub-Committee, the Chair of Newham CCG, Board, Committee or Sub-Committee, if any and if present, shall preside. If the Chair is absent from the meeting, the Deputy (Clinical) Chair, then the Joint Deputy (Clinical) Chair if any and if present, shall preside.

4.5.2. If the Chair is absent temporarily on the grounds of a declared conflict of interest the Deputy (Lay) Chair, if present, shall preside. If the Chair, Deputy (Clinical) Chair, Joint Deputy (Clinical) Chair and Deputy (Lay) Chair are all absent or disqualified from participating, a member of Newham CCG, Board, Committee or Sub-Committee respectively shall be chosen as the chair by the members present, or by a majority of them, and shall preside.

4.6. Chair's ruling

4.6.1. The decision of the Chair of the Board 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. The Chair's ruling or interpretation may only take place having consulted with the three Lay Members, and that the Chair of this group when doing so will be the Lay Member for Audit and Governance.

4.7. Quorum

4.7.1. The quorum of the Board shall be at least a third of all voting members, at least three of whom should be elected GPs.

4.7.2. Where no quorum exists then no decision can be made by the meeting. In this situation, the chair and chief officer may invoke the Emergency Powers.

4.8. Decision making

4.8.1. Chapter 6 of this Constitution, together with the scheme of reservation and delegation, sets out the governing structure for the exercise of Newham CCG's statutory functions. Generally it is expected that at Practice Member Council / Board 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** – voting members of the Practice Member Council / Board as defined in this Constitution, as relevant;
- b) **Majority necessary to confirm a decision** – a simple majority of the voting members present;
- c) **Casting vote** – the Chair may exercise a second or casting vote;

d) **Dissenting views** – may be recorded in the minutes following a formal vote on request of the relevant member(s).

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

4.8.3. For all other of Newham CCG's Committees and Sub-Committees, including the Board's committees and Sub-Committees, the details of the process for holding a vote are set out in the appropriate terms of reference.

4.9. Emergency powers and urgent decisions

4.9.1. The powers which the Board has reserved to itself within these Standing Orders may in emergency or for an urgent decision to be exercised by the Single Accountable Officer and the Chair after having consulted at least two non-executive members. The exercise of such powers by the Single Accountable Officer and Chair shall be reported to the next formal meeting of the Board in public session for formal ratification.

4.10. Committees & Sub-Committees

4.10.1. The Board shall agree from time to time to the delegation of executive powers to be exercised by the Board's Committees which it has formally constituted. The Constitution and terms of reference of these Committees or Sub Committees and their specific executive powers shall be approved by the Board or by a committee of the Board for a Sub Committee.

4.11. Suspension of Standing Orders

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

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

4.11.3. A separate record of matters discussed during the suspension shall be kept. These records shall be made available to the Board's Audit Committee for review of the reasonableness of the decision to suspend standing orders.

4.12. Record of Attendance

4.12.1. The names of all members of the meeting present at the meeting shall be recorded in the minutes of Newham CCG's meetings. The names of all members of the Board present shall be recorded in the minutes of the Board meetings. The names of all members of the Board's Committees / Sub-Committees present shall be recorded in the minutes of the respective Board, Committee / Sub-Committee meetings.

4.13. Minutes

4.13.1. The Practice Member Council and Board shall keep records and proper minutes of all Council and Board meetings, resolutions and business conducted.

4.14. Admission of public and the press

- 4.14.1. The Board shall meet in public. Every Board member shall be given at least five working days' notice to attend.
- 4.14.2. The public and representatives of the press may attend all meetings of the Board, but shall be required to withdraw from the meeting as follows:
- i) To protect individual patient or employee confidentiality;
 - ii) Where content is commercially sensitive e.g., revealing price would affect negotiations;
 - iii) Where public disclosure might prejudice legal or internal disciplinary actions;
 - iv) Where public discussion would inhibit 'free and frank exchange of views for the purpose of deliberation' e.g., strategic scenario planning;
 - v) Where disclosure in public would cause concern/ panic and would prejudice CCG's ability to offer an effective service.

5. APPOINTMENT OF COMMITTEES, JOINT COMMITTEES AND SUB-COMMITTEES

5.1. Appointment of Committees, Joint Committees and Sub-Committees

- 5.1.1. Newham CCG may appoint Committees and Sub-Committees of Newham CCG, subject to any regulations made by the Secretary of State⁵⁸, and make provision for the appointment of Committees, Joint Committees and Sub-Committees of its Board. Where such Committees, Joint Committees and Sub-Committees of Newham CCG, or Committees, Joint Committees and Sub-Committees of its Board, are appointed they are included in Chapter 6 of Newham CCG's Constitution.
- 5.1.2. Other than where there are statutory requirements, such as in relation to the Board's Audit Committee or Remuneration Committee, Newham CCG or its Board shall determine the membership and terms of reference of Committees, Joint Committees and Sub-Committees and shall, if it requires, receive and consider reports of such Committees at the next appropriate meeting of Newham CCG.
- 5.1.3. The provisions of these standing orders shall apply where relevant to the operation of the Practice Member Council, Board, the Board's Committees, Joint Committees and Sub-Committees and all Committees, Joint Committees and Sub-Committees unless stated otherwise in the Committee, Joint Committee or Sub-Committee's terms of reference.

5.2. Terms of Reference

- 5.2.1. Terms of reference shall have effect as if incorporated into the Constitution and shall be added to this document as Appendix G.

⁵⁸ See section 14N of the 2006 Act, inserted by section 25 of the 2012 Act

5.3. Delegation of Powers by Committees to Sub-Committees

- 5.3.1. Where Committees are authorised to establish Sub-Committees they may not delegate executive powers to the Sub-Committee unless expressly authorised by Newham CCG or its Board, as appropriate.

5.4. Approval of Appointments to Committees and Sub-Committees

- 5.4.1. Newham CCG or its Board shall approve the appointments to each of the Committees, Joint Committees and Sub-Committees which it has formally constituted. The Board shall agree such travelling or other allowances as it considers appropriate.

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

- 6.1. If for any reason these standing orders are not complied with, full details of the non-compliance and any justification for non-compliance and the circumstances around the non-compliance, shall be reported to the next formal meeting of the Board for action or ratification. All members of Newham CCG, its Board and staff have a duty to disclose any non-compliance with these standing orders to the Single Accountable Officer as soon as possible.

7. USE OF SEAL AND AUTHORISATION OF DOCUMENTS

7.1. Newham CCG's seal

- 7.1.1. The Seal shall be used in the following circumstances:

- all contracts for the purchase/lease of land and/or building;
- all contracts for capital works exceeding £100,000;
- all lease agreements where the annual lease exceeds beyond five years;
- any other lease agreement where the total payable under the lease exceeds £100,000.

- 7.1.2. Any contract or agreement with organisations other than NHS or other government bodies including local authorities where the annual costs exceed or are expected to exceed £100,000.

- 7.1.3. Newham CCG may have a seal for executing documents where necessary. The following individuals or officers are authorised to authenticate its use by their signature subject to the scheme of delegation:

- a) the Single Accountable Officer;
- b) the Chair of the Board or (if the Chair is available) Deputy (Lay) Chair;
- c) the Chief Finance Officer;

7.2. Execution of a document by signature

7.2.1. The following individuals are authorised to execute a document on behalf of Newham CCG by their signature.

- a) the Single Accountable Officer;
- b) the Chair of the Board;
- c) the Chief Finance Officer;
- d) third tier senior managers.

8. OVERLAP WITH OTHER NEWHAM CCG POLICY STATEMENTS / PROCEDURES AND REGULATIONS

8.1. Policy statements: general principles

8.1.1. Newham CCG will from time to time agree and approve policy statements / procedures which will apply to all or specific groups of staff employed by Newham CCG. The decisions to approve such policies and procedures will be recorded in an appropriate CCG meeting minute and will be deemed where appropriate to be an integral part of Newham CCG's standing orders.

Appendix C

SCHEME OF RESERVATION & DELEGATION

1. **SCHEDULE OF MATTERS RESERVED TO THE NEWHAM CCG AND SCHEME OF DELEGATION**
 - 1.1. The arrangements made by Newham CCG as set out in this Scheme of Reservation and Delegation of decisions shall have effect as if incorporated in Newham CCG's Constitution.
 - 1.2. The Newham CCG remains accountable for all of its functions, including those that it has delegated.

Policy Area	Decision	Reserved to the Membership	Quality Performance & Finance Committee	Reserved or delegated to Board	Single Accountable Officer	Chief Finance Officer	Executive Committee	Joint Commissioning Committee	Audit Committee	Remuneration Committee	Chair
REGULATION AND CONTROL	Determine the arrangements by which the members of Newham CCG approve those decisions that are reserved for the membership.	✓									
REGULATION AND CONTROL	Consideration and approval of applications to NHS England on any matter concerning changes to Newham CCG's Constitution, including terms of reference for Newham CCG's governing body, its committees, membership of committees, the overarching scheme of reservation and delegated	✓									

Policy Area	Decision	Reserved to the Membership	Quality Performance & Finance Committee	Reserved or delegated to Board	Single Accountable Officer	Chief Finance Officer	Executive Committee	Joint Commissioning Committee	Audit Committee	Remuneration Committee	Chair
	powers, arrangements for taking urgent decisions, standing orders and prime financial policies.										

Policy Area	Decision	Reserved to the Membership	Quality, Performance & Finance Committee	Reserved or delegated to Board	Single Accountable Officer	Chief Finance Officer	Exec Ctee	JCC	Audit Ctee	Rem Ctee	Primary CC Ctee	Chair
REGULATION AND CONTROL	Exercise or delegation of those functions of the clinical commissioning group which have not been retained as reserved by Newham CCG, delegated to the Board or other committee or sub-committee or [specified] member or employee				 (in consultation with the Chair)							
REGULATION AND CONTROL	Prepare Newham CCG's overarching scheme of reservation and delegation, which sets out those decisions of Newham CCG reserved to the membership and those delegated to the: <ul style="list-style-type: none"> • Board • Committees and sub-committees or • Members or employees and sets out those decisions of the Board reserved to the Board and those delegated to the: <ul style="list-style-type: none"> • Board's sub-committees, • Members of the Board, • an individual who is member of Newham CCG but not the Board or a specified person for inclusion in Newham CCG's Constitution. 											

Policy Area	Decision	Reserved to the Membership	Quality, Performance & Finance Committee	Reserved or delegated to Board	Single Accountable Officer	Chief Finance Officer	Exec Ctee	JCC	Audit Ctee	Rem Ctee	Primary CC Ctee	Chair
REGULATION AND CONTROL	Approval of Newham CCG's overarching scheme of reservation and delegation.			✓								
REGULATION AND CONTROL	Prepare Newham CCG'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 Newham CCG's Constitution.				✓							
REGULATION AND CONTROL	Approval of Newham CCG's operational scheme of delegation that underpins Newham CCG's 'overarching scheme of reservation and delegation' as set out in its Constitution.			✓								
REGULATION AND CONTROL	Prepare detailed financial policies that underpin the clinical commissioning group's prime financial policies.					✓						
REGULATION AND CONTROL	Approve detailed financial policies.			✓								

Policy Area	Decision	Reserved to the Membership	Quality, Performance & Finance Committee	Reserved or delegated to Board	Single Accountable Officer	Chief Finance Officer	Exec Ctee	JCC	Audit Ctee	Rem Ctee	Primary CC Ctee	Chair
REGULATION AND CONTROL	Approve arrangements for managing exceptional funding requests.						✓					✓
REGULATION AND CONTROL	Set out who can execute a document by signature / use of the seal				✓	✓						✓
REGULATION AND CONTROL	Primary Care decisions relating to; <ul style="list-style-type: none"> GMS, PMS and APMS contracts Newly designed enhanced services Local incentive schemes as an alternative to the Quality Outcomes Framework Decision making on whether to establish new GP practices in an area; Approving practice mergers Decisions on the management of practice vacancies Decisions on 'discretionary' payment (e.g., returner/retainer schemes) 									✓		

Policy Area	Decision	Reserved to the Membership	Quality, Performance & Finance Committee	Reserved or delegated to Board	Single Accountable Officer	Chief Finance Officer	Exec Ctee	JCC	Audit Ctee	Rem Ctee	Primary CC Ctee	Chair
PRACTICE MEMBERS	Approve the arrangements for: <ul style="list-style-type: none"> o identifying practice members to represent practices in matters concerning the work of Newham CCG; and o appointing clinical leaders to represent Newham CCG's membership on the Board, for example through election (if desired). 	✓										
PRACTICE MEMBERS	Approve the appointment of Board members, the process for recruiting and removing non-elected members to the Board (subject to any regulatory requirements) and succession planning.			✓								
PRACTICE MEMBERS	Approve arrangements for identifying Newham CCG's proposed Chief officer.			✓								
STRATEGY & PLANNING	Agree the vision, values and overall strategic direction of Newham CCG.			✓								
STRATEGY & PLANNING	Approval of Newham CCG's operating structure.			✓								

Policy Area	Decision	Reserved to the Membership	Quality, Performance & Finance Committee	Reserved or delegated to Board	Single Accountable Officer	Chief Finance Officer	Exec Ctee	JCC	Audit Ctee	Rem Ctee	Primary CC Ctee	Chair
STRATEGY & PLANNING	Approval of Newham CCG's commissioning plan.			✓								
STRATEGY & PLANNING	Approval of Newham CCG's corporate budgets that meet the financial duties as set out in section 5.3 of the main body of the Constitution.			✓								
STRATEGY & PLANNING	Approval of variations to the approved budget where variation would have a significant impact on the overall approved levels of income and expenditure or Newham CCG's ability to achieve its agreed strategic aims.			✓								
ANNUAL REPORTS & ACCOUNTS	Approval of Newham CCG's annual report and annual accounts.			✓					Recommends to the Board			
ANNUAL REPORTS & ACCOUNTS	Approval of the arrangements for discharging Newham CCG's statutory financial duties.			✓					Recommends to the Board			
HUMAN RESOURCES	Approve the terms and conditions, remuneration and travelling or other									✓		

Policy Area	Decision	Reserved to the Membership	Quality, Performance & Finance Committee	Reserved or delegated to Board	Single Accountable Officer	Chief Finance Officer	Exec Ctee	JCC	Audit Ctee	Rem Ctee	Primary CC Ctee	Chair
	allowances for VSM posts, Board members, clinical and cluster leads including pensions and gratuities.											
HUMAN RESOURCES	Approve recruitment and remuneration proposals for VSM posts or interims on day rates over £900 including variations.									✓		
HUMAN RESOURCES	Approve terms and conditions of services for Newham CCG's employees.						✓			✓		
HUMAN RESOURCES	Determine the terms and conditions of employment for all AFC employees of Newham CCG.						✓					
HUMAN RESOURCES	Determine pensions, remuneration, fees and allowances payable to AFC employees and to other persons providing services to Newham CCG.						✓					
HUMAN RESOURCES	Recommend pensions, remuneration, fees and allowances payable to AFC employees and to other persons providing services to Newham CCG.						✓					

Policy Area	Decision	Reserved to the Membership	Quality, Performance & Finance Committee	Reserved or delegated to Board	Single Accountable Officer	Chief Finance Officer	Exec Ctee	JCC	Audit Ctee	Rem Ctee	Primary CC Ctee	Chair
HUMAN RESOURCES	Approve disciplinary arrangements for employees, including the Chief officer (where he/she is an employee or member of the clinical commissioning group) and for other persons working on behalf of Newham CCG.				✓							✓ (discipline of the AO)
HUMAN RESOURCES	Review disciplinary arrangements where the Chief officer is an employee or member of another clinical commissioning group						✓					
HUMAN RESOURCES	Approval of the arrangements for discharging Newham CCG's statutory duties as an employer.						✓					
HUMAN RESOURCES	Approve human resources policies for employees and for other persons working on behalf of Newham CCG						✓					
QUALITY & SAFETY	Approve arrangements, including supporting policies, to minimise clinical risk, maximise patient safety and to secure continuous improvement in quality and patient outcomes.		✓									

Policy Area	Decision	Reserved to the Membership	Quality, Performance & Finance Committee	Reserved or delegated to Board	Single Accountable Officer	Chief Finance Officer	Exec Ctee	JCC	Audit Ctee	Rem Ctee	Primary CC Ctee	Chair
QUALITY & SAFETY	Approve arrangements for supporting NHS England in discharging its responsibilities in relation to securing continuous improvement in the quality of general medical services.		✓									
OPERATIONAL & RISK MANAGEMENT	Prepare and recommend an operational scheme of delegation that sets out who has responsibility for operational decisions within Newham CCG.				✓							
OPERATIONAL & RISK MANAGEMENT	Approve Newham CCG's counter fraud and security management arrangements.					✓			✓			
OPERATIONAL & RISK MANAGEMENT	Approval of Newham CCG's risk management arrangements.			✓								
OPERATIONAL & RISK MANAGEMENT	Approve arrangements for risk sharing and or risk pooling with other organisations (for example arrangements for pooled			✓								

Policy Area	Decision	Reserved to the Membership	Quality, Performance & Finance Committee	Reserved or delegated to Board	Single Accountable Officer	Chief Finance Officer	Exec Ctee	JCC	Audit Ctee	Rem Ctee	Primary CC Ctee	Chair
	funds with other clinical commissioning groups or pooled budget arrangements under section 75 of the NHS Act 2006).											
OPERATIONAL & RISK MANAGEMENT	Approval of a comprehensive system of internal control, including budgetary control, that underpin the effective, efficient and economic operation of Newham CCG.			✓		✓			✓			
OPERATIONAL & RISK MANAGEMENT	Approve proposals for action on litigation against or on behalf of the clinical commissioning group.				✓							
OPERATIONAL & RISK MANAGEMENT	Approve Newham CCG's arrangements for business continuity and emergency planning.				✓							
INFORMATION GOVERNANCE	Approve the group's arrangements for handling complaints.				✓							
INFORMATION GOVERNANCE	Approval of the arrangements for ensuring appropriate and											

Policy Area	Decision	Reserved to the Membership	Quality, Performance & Finance Committee	Reserved or delegated to Board	Single Accountable Officer	Chief Finance Officer	Exec Ctee	JCC	Audit Ctee	Rem Ctee	Primary CC Ctee	Chair
	safekeeping and confidentiality of records and for the storage, management and transfer of information and data.						✓					
TENDERING & CONTRACTING	Approval of Newham CCG's contracts for any commissioning support.						✓					
TENDERING & CONTRACTING	Approval of Newham CCG's contracts for corporate support (for example finance provision).						✓					
PARTNERSHIP WORKING	Approve decisions that individual members or employees of Newham CCG participating in joint arrangements on behalf of Newham CCG can make. Such delegated decisions must be disclosed in this scheme of reservation and delegation.			✓								
PARTNERSHIP WORKING	Approve decisions delegated to joint committees established under section 75 of the 2006 Act.			✓								

Policy Area	Decision	Reserved to the Membership	Quality, Performance & Finance Committee	Reserved or delegated to Board	Single Accountable Officer	Chief Finance Officer	Exec Ctee	JCC	Audit Ctee	Rem Ctee	Primary CC Ctee	Chair
COMMISSIONING & CONTRACTING FOR CLINICAL SERVICES	Approval of the arrangements for discharging Newham CCG's statutory duties associated with its commissioning functions, including but not limited to promoting the involvement of each patient, patient choice, reducing inequalities, improvement in the quality of services, obtaining appropriate advice and public engagement and consultation.			✓								
COMMISSIONING & CONTRACTING FOR CLINICAL SERVICES	Approve arrangements for co-ordinating the commissioning of services with Practice Clusters, other groups and or with the local authority(ies), where appropriate			✓								
COMMISSIONING & CONTRACTING FOR CLINICAL SERVICES	The committee will exercise such delegated powers as are transferred to it by the Governing Body and set out In the Terms of Reference approved by the Governing Body. Any decision must be made unanimously (as described by							✓				

Policy Area	Decision	Reserved to the Membership	Quality, Performance & Finance Committee	Reserved or delegated to Board	Single Accountable Officer	Chief Finance Officer	Exec Ctee	JCC	Audit Ctee	Rem Ctee	Primary CC Ctee	Chair
	the Committee Terms of Reference) with the other partner CCGs listed in the Terms of Reference.											
COMMUNICA'TIONS	Approving arrangements for handling Freedom of Information requests.				✓							
COMMUNICA'TIONS	Determining arrangements for handling Freedom of Information requests.				✓							

Appendix D

PRIME FINANCIAL POLICIES

1 General

1.1 Context

- 1.1.1 The prime financial policies are part of Newham CCG's control environment for managing the organisation's financial affairs. They contribute to good corporate governance, internal control and managing risks. They enable sound administration, lessen the risk of irregularities and support commissioning and delivery of effective, efficient and economical services. They also support the Single Accountable Officer and Chief Finance Officer to effectively perform their responsibilities. They should be used in conjunction with the Scheme of Reservation and Delegation in Newham CCG's Constitution.
- 1.1.2 In support of these prime financial policies, Newham CCG has prepared more detailed policies, approved by the Chief Finance Officer, known as detailed financial policies. Newham CCG refers to these prime and detailed financial policies together as the clinical commissioning group's Financial Policies.
- 1.1.3 These prime financial policies identify the financial responsibilities which apply to everyone working for Newham CCG and its constituent organisations. They do not provide detailed procedural advice and should be read in conjunction with the detailed financial policies. The Chief Finance Officer is responsible for approving all detailed financial policies.
- 1.1.4 A list of Newham CCG's detailed financial policies will be published and maintained on Newham CCG's website at www.newhamccg.nhs.uk
- 1.1.5 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 Newham CCG's Constitution, standing orders and scheme of reservation and delegation.
- 1.1.6 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 Newham CCG Board's audit committee for referring action or ratification. All of Newham CCG's members, Board 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 Newham CCG's Board (Board), members of the Board's committees and sub-committees, members of Newham CCG's committee, joint committees and sub-committee (if any) and persons working on behalf of Newham CCG are set out in chapters 6 and 7 of the Constitution.
- 1.3.2 The financial decisions delegated by members of Newham CCG are set out in Newham CCG's Scheme of Reservation and Delegation.

1.4 Contractors and their employees

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

1.5 Amendment of Prime Financial Policies

- 1.5.1 To ensure that these prime financial policies remain up-to-date and relevant, the Chief Finance Officer will review them at least annually. Following consultation with the Chief Officer and scrutiny by the Board's Audit Committee, the Chief Finance Officer will recommend amendments, as fitting, to Board for approval.

2 INTERNAL CONTROL

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

- 2.1 The Board has established an audit committee with terms of reference agreed by the Board (see paragraph 6.4.4 of Newham CCG's Constitution for further information).

2.2 The Single Accountable Officer has overall responsibility for Newham CCG's systems of internal control.

The Chief Finance Officer will ensure that:

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

3 AUDIT

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

3.1 In line with the terms of reference for the Board's audit committee, the person appointed by Newham CCG 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 Board, Single 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 Newham CCG to be responsible for internal audit and the external auditor will have access to the audit committee and the Chief Officer to review audit issues as appropriate. All audit committee members, the chair of Board and the Single 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:

- Newham CCG has a professional and technically competent internal audit function;
- the Board approves any changes to the provision or delivery of assurance services to Newham CCG.

4 FRAUD AND CORRUPTION

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

- 4.1 The Board's audit committee will satisfy itself that Newham CCG has adequate arrangements in place for countering fraud and shall review the outcomes of counter fraud work. It shall also approve the counter fraud work programme.
- 4.2 The Board's audit committee will ensure that Newham CCG has arrangements in place to work effectively with NHS Protect.

5 EXPENDITURE CONTROL

- 5.1 Newham CCG is required by statutory provisions to ensure that its expenditure does not exceed the aggregate of allotments from NHS England and any other sums it has received and is legally allowed to spend.
- 5.2 The Single Accountable Officer has overall executive responsibility for ensuring that Newham CCG complies with certain of its statutory obligations, including its financial and accounting obligations, and that it exercises its functions effectively, efficiently and economically and in a way which provides good value for money.
- 5.3 The Chief Finance Officer will:
 - a) provide reports in the form required by NHS England;
 - b) ensure money drawn from NHS England is required for approved expenditure only is drawn down only at the time of need and follows best practice;
 - c) be responsible for ensuring that an adequate system of monitoring financial performance is in place to enable Newham CCG to fulfil its statutory responsibility not to exceed its expenditure limits, as set by direction of NHS England.

6 ALLOTMENTS

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

7 COMMISSIONING STRATEGY, BUDGETS, BUDGETARY CONTROL AND MONITORING

POLICY – Newham CCG will produce and publish an annual commissioning plan⁵⁹ that explains how it proposes to discharge its financial duties. Newham CCG will support this with comprehensive medium term financial plans and annual budgets

- 7.1.1 The Managing Director will compile and submit to the Board a commissioning strategy which takes into account financial targets and forecast limits of available resources.
- 7.1.2 Prior to the start of the financial year the Chief Finance Officer will, on behalf of the Single Accountable Officer, prepare and submit budgets for approval by the Board.
- 7.1.3 The Chief Financial Officer shall monitor financial performance against budget and plan, periodically review them, and report to the Board. This report should include explanations for variances. These variances must be based on any significant departures from agreed financial plans or budgets.
- 7.1.4 The Single Accountable Officer is responsible for ensuring that information relating to Newham CCG's accounts or to its income or expenditure, or its use of resources is provided to NHS England as requested.
- 7.1.5 The Managing Director will approve consultation arrangements for Newham CCG's commissioning plan.

8 ANNUAL ACCOUNTS AND REPORTS

POLICY – Newham CCG will produce and submit to NHS England accounts and reports in accordance with all statutory obligations⁶⁰, relevant accounting standards and accounting best practice in the form and content and at the time required by NHS England

8.1 Annual accounts

- 8.1.1 The Chief Finance Officer will ensure Newham CCG:
- prepares a timetable for producing the annual report and accounts and agrees it with external auditors and the Board;
 - prepares the accounts according to the timetable approved by the Board;

⁵⁹ See section 14Z11 of the 2006 Act, inserted by section 26 of the 2012 Act.

⁶⁰ See paragraph 17 of Schedule 1A of the 2006 Act, as inserted by Schedule 2 of the 2012 Act.

- complies with statutory requirements and relevant directions for the publication of annual report;
- considers the external auditor's management letter and fully address all issues within agreed timescales;
- publishes the external auditor's management letter on Newham CCG's website at www.newhamccg.nhs.uk.

8.2 *Monthly reports*

8.2.1 The Chief Financial Officer is responsible for providing the Board with a financial report on a monthly basis. The purpose of this is to ensure that the Board is kept apprised of Newham CCG's financial performance. The report will include reporting Newham CCG's performance in the following areas –

- Expenditure year to date, in month and forecast outturn for all subjective spend headings and individually on all significant contracts;
- Performance year to date, in month and forecast outturn on Newham CCG's QIPP plan including individually reporting on all high value QIPPs (>£0.5m);
- Capital expenditure year to date, in month and forecast outturn;
- Cash flow in month, bank balances and forecast outturn;
- Risk analysis setting out the principle risks affecting Newham CCG in achieving its financial targets;
- Details of any mitigation plans in place should the above risks materialise.

8.2.2 Where practical such reports are to be sent to Board members no later than five working days before each Board.

9 **INFORMATION TECHNOLOGY**

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

9.1.1 **The Chief Finance Officer is responsible for the accuracy and security of Newham CCG's computerised financial data and shall:**

- devise and implement any necessary procedures to ensure adequate (reasonable) protection of Newham CCG's data, programs and computer hardware from accidental or intentional disclosure to unauthorised persons, deletion or modification, theft or damage, having due regard for the Data Protection Act 1998;
- 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;

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

9.1.2 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 – Newham CCG will run an accounting system that creates management and financial accounts

10.1.1 The Chief Finance Officer will ensure:

- a) Newham CCG has suitable financial and other software to enable it to comply with these policies and any consolidation requirements of NHS England;
- b) that contracts for computer services for financial applications with another health organisation or any other agency shall clearly define the responsibility of all parties for the security, privacy, accuracy, completeness, and timeliness of data during processing, transmission and storage. The contract should also ensure rights of access for audit purposes.

10.1.2 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 – Newham CCG will keep enough liquidity to meet its current commitments

11.1.1 The Chief Finance Officer will:

- a) review the banking arrangements of Newham CCG at regular intervals to ensure they are in accordance with Secretary of State directions⁶¹, best practice and represent best value for money;
- b) manage Newham CCG's banking arrangements and advise Newham CCG on the provision of banking services and operation of accounts;
- c) prepare detailed instructions on the operation of bank accounts.

11.1.2 The Board shall approve the banking arrangements.

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

POLICY – Newham CCG will

- operate a sound system for prompt recording, invoicing and collection of all monies due
- seek to maximise its potential to raise additional income only to the extent that it does not interfere with the performance of Newham CCG or its functions⁶²
- ensure its power to make grants and loans is used to discharge its functions effectively⁶³

12.1.1 The Chief Financial Officer is responsible for:

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

⁶¹ See section 223H(3) of the NHS Act 2006, inserted by section 27 of the 2012 Act

⁶² See section 14Z5 of the 2006 Act, inserted by section 26 of the 2012 Act.

⁶³ See section 14Z6 of the 2006 Act, inserted by section 26 of the 2012 Act.

13 TENDERING AND CONTRACTING PROCEDURE

POLICY – Newham CCG:

- will ensure proper competition that is legally compliant within all purchasing to ensure we incur only budgeted, approved and necessary spending
- will seek value for money for all goods and services
- shall ensure that competitive tenders are invited for
 - the supply of goods, materials and manufactured articles;
 - the rendering of services including all forms of management consultancy services (other than specialised services sought from or provided by the Department of Health); and
 - for the design, construction and maintenance of building and engineering works (including construction and maintenance of grounds and gardens) for disposals

13.1.1 Newham CCG shall ensure that the firms / individuals invited to tender (and where appropriate, quote) are among those on approved lists or where necessary a framework agreement. Where in the opinion of the Chief Finance Officer it is desirable to seek tenders from firms not on the approved lists, the reason shall be recorded in writing to the Single Accountable Officer.

13.1.2 The Board may only negotiate contracts on behalf of Newham CCG, and Newham CCG 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) Newham CCG's standing orders;
- b) the Public Contracts Regulation 2006, any successor legislation and any other applicable law;
- 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.

13.1.3 In all contracts entered into, Newham CCG shall endeavour to obtain best value for money. The Managing Director shall nominate an individual who shall oversee and manage each contract on behalf of Newham CCG.

13.2 Quotations: competitive

13.2.1 Quotations are required where formal tendering procedures are not adopted and where the intended expenditure or income exceeds, or is reasonably expected to exceed £5,000 but not exceed £50,000:

- quotations should be obtained from at least three firms/individuals based on specifications or terms of reference prepared by, or on behalf of, Newham CCG;
- quotations should be in writing unless the Managing Director or his/her nominated executive determines that it is impractical to do so in which case quotations may be obtained by telephone. Confirmation of telephone quotations should be obtained as soon as possible and the reasons why the telephone quotation was obtained should be set out in a permanent record;
- all quotations should be treated as confidential and should be retained for inspection;
- the Managing Director or his/her nominated officer should evaluate the quotation and select the quote which gives the best value for money. If this is not the most economically advantageous quotation if payment is to be made by Newham CCG, or the highest if payment is to be received by Newham CCG, then the choice made and the reasons why should be recorded in a permanent record and reported to the Audit Committee.

13.2.2 Where possible services should be purchased through NHS/Public sector framework works such as operated by the Cabinet Office.

13.2.3 All purchases above £50,000 should be subject to a formal tendering process. All purchase above the current OJEU limit (currently 200,000 Euros) are subject to EU legislation and will require Newham CCG to follow OJEU procedures as advised by the CSU procurement team.

<http://www.cabinetoffice.gov.uk/resource-library/consultancyone-framework-agreement-phase-i-suppliers>

13.3 Contract / Procurement Procedures – Financial Threshold

CONTRACT VALUE	METHOD OF TENDERING	FORM OF CONTRACT	MINIMUM NUMBER INVITED TO TENDER	AUTHORITY TO LET CONTRACT OR ORDER ^
Less than £5,000	No Quotations required	Official Order	No minimum	Nominated Officer up to level of delegated authority
Up to £20,000	Quotations in writing if value in excess of £5,000	Official Order (with all Quotations attached if value in excess of £5,000)	At least three for quotes over £5,000	Deputy Directors (band 8d and above) Tier 4 or above
Up to £50,000	Quotations in writing if value in excess of £5,000	Official Order (with all Quotations attached if value in excess of £5,000)	At least three for quotes over £5,000	Directors (band 9 or above) Tier 3 or above
Tender Threshold £50,000				
Up to £250,000	By sealed tender (or electronic alternative) Select list compiled for each contract	As specified in tender	All contractors on select list (at least three)	Tier 3 Officers and above
£250,000 to £500,000 (but see note 1)	By sealed tender (or electronic alternative) Select list compiled for each contract	As specified in tender	All contractors on select list (at least three)	Tier 3 Officers and above
£500,000 to £1,000,000 (but see note 1)	By sealed tender (or electronic alternative) Select list compiled for each contract	As specified in tender	All contractors on select list (at least three)	Chief Finance Officer, Single Accountable Officer, Managing Director and other Tier 2 level officers
Over £1,000,000 (but see note 1)	By sealed tender (or electronic alternative) Select list compiled for each contract.	As specified in tender	All contractors on select list (at least three)	Full Board Authority# (Tier 1)
<p>Note 1 If the contract value exceeds the OJEU limit (£172,514 for goods & services, £3,497,313m for works exc of VAT) and the firm is not on the PASA list, formal OJEU tendering procedures are required to be followed. Please refer to SFIs and Procurement Policy for detailed guidance</p>				

There should be non-executive agreement in advance of any decision to waive the tender process and all waivers to be presented to the Chair of the Board for prior approval.

13.4 Budgetary delegation (inc limits for non-pay single orders)

DELEGATED TO	DELEGATION OF AUTHORITY APPROVED BY	LEVEL OF AUTHORITY
Non-Budget Managers who are requisitioners	Budget Manager against budgets they are responsible for, notified to the CFO	Up to £5,000
Budget Managers (Tier 5 or above)	Budget Holder (Director), notified to the CFO	Up to £15,000
Deputy Directors (Tier 4 or above)	Budget Holder (Director), notified to the CFO	Up to £50,000
Directors (Tier 3 or above)	Managing Director notified to the CFO	Up to £150,000
Budget Holders, Chief Finance Officer AND Managing Director	Single Accountable Officer, notified to the CFO	Up to £1,000,000
Budget Holders, Chief Finance Officer AND Single Accountable Officer, Managing Director (Tier 3 or above)	Board must approve award of tender and will delegate authority to authorise payment arising to the SAO and CFO & Executive Directors	Over £1,000,000

13.5 Delegated Limits for Budget Virements

Budget Virement Value	Proposed By:	Approved By:
Up to £20,000	Grade 8c or above	Executive Director and Chief Finance Officer
Up to £50,000	Executive Director	Chief Finance Officer, Managing Director or Single Accountable Officer
Up to £250,000	Executive Director	Chief Finance Officer, Managing Director or Single Accountable Officer
Over £250,000 to £1,000,000	Director or Executive Director	Chief Finance Officer, Managing Director or Single Accountable Officer

Over £1,000,000	Director or Executive Director (Tier 3 or above)	Chief Finance Officer, Managing Director or Single Accountable Officer plus ratification at a Board meeting
-----------------	--------------------------------------------------	-------------------------------------------------------------------------------------------------------------

The Board will be notified of changes to the overall Resource Limit for approval

13.6 Instances where formal competitive tendering or competitive quotation is not required

13.6.1 Where competitive tendering or a competitive quotation is not required, Newham CCG should adopt one of the following alternatives:

- use the Buying Solutions Agency for procurement of all goods and services unless the Managing Director or nominated executives deem it inappropriate. The decision to use alternative sources must be documented;
- procure goods and services in accordance with procurement procedures approved by the Chief Finance Officer.

13.6.2 Formal tendering procedures may be waived in the following circumstances:

- in very exceptional circumstances where the Managing Director decides that formal tendering procedures would not be practicable or the estimated expenditure or income would not warrant formal tendering procedures, and the circumstances are detailed in an appropriate Newham CCG record;
- where the requirement is covered by an existing contract;
- where Buying Solutions Framework agreements, or other forms of national and/or regional agreements such as S-CAT OGC, ProCure, FESC are in place and have been approved by the Board;
- where a consortium arrangement is in place and a lead organisation has been appointed to carry out tendering activity on behalf of the consortium members;
- where specialist expertise is required and is available from only one source;
- where there is a clear benefit to be gained from maintaining continuity with an earlier project. However in such cases the benefits of such continuity must outweigh any potential financial advantage to be gained by competitive tendering;
- for the provision of legal advice and services providing that any legal firm or partnership commissioned by Newham CCG is regulated by the Law Society for England and Wales for the conduct of their business (or by the Bar Council for England and Wales in relation to the obtaining of Counsel's opinion) and are generally recognised as having sufficient expertise in the area of work for which they are commissioned. The Chief Finance Officer will ensure that any fees paid are reasonable and within commonly accepted rates for the costing of such work;
- where allowed and provided for in the Capital Investment Manual.

13.6.3 The waiving of competitive tendering procedures should not be used to avoid competition or for administrative convenience or to award further work to a consultant originally appointed through a competitive procedure.

13.6.4 Where it is decided that competitive tendering is not applicable and should be waived, the fact of the waiver and the reasons should be documented and recorded in an appropriate Newham CCG record and reported to the Audit Committee at each meeting. The authority to waive is vested in the Managing Director, Chief Financial Officer and Tier 3 Officers.

14 COMMISSIONING

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

- 14.1.1 Newham CCG will coordinate its work with NHS England, other clinical commissioning groups, local providers of services, local authority(ies), including through Health & Wellbeing Boards, patients and their carers and the voluntary sector and others as appropriate to develop robust commissioning plans.
- 14.1.2 The Single Accountable Officer will establish arrangements to ensure that regular reports are provided to the Board detailing actual and forecast expenditure and activity for each contract.
- 14.1.3 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 ROLE OF COMMISSIONING SUPPORT UNIT (CSU)

15.1 Introduction

15.1.1 **Newham CCG** may commission from an external organisation the following services:

- health needs opportunity assessment;
- business intelligence, informatics and information technology;
- communications and Freedom of Information;
- support for commissioning/QIPP planning and service redesign;
- procurement and market management;
- quality and provider management;
- Corporate support outside of the £25 per head running cost allowance.

16 RISK MANAGEMENT AND INSURANCE

POLICY – Newham CCG will put arrangements in place for evaluation and management of its risks

- 16.1 The Audit Committee will 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. The committee will review the corporate

risk register and the robustness of any associated controls and mitigations. The Audit Committee will advise the Board on the Board's responsibilities in these areas.

17 PAYROLL

POLICY – Newham CCG will put arrangements in place for an effective payroll service

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

- is supported by appropriate (i.e. contracted) terms and conditions;
- has adequate internal controls and audit review processes;
- has suitable arrangements for the collection of payroll deductions and payment of these to appropriate bodies.

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

18 NON-PAY EXPENDITURE

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

18.1.1 The Executive Committee will approve the level of non-pay expenditure on an annual basis and the Single Accountable Officer will determine the level of delegation to budget managers.

18.1.2 The Single Accountable Officer shall set out procedures on the seeking of professional advice regarding the supply of goods and services.

18.1.3 The Chief Finance Officer will:

- advise the Audit Committee and through them, the Board, on the setting of thresholds above which quotations (competitive or otherwise) or formal tenders must be obtained; and, once approved, the thresholds should be incorporated in the scheme of reservation and delegation;
- be responsible for the prompt payment of all properly authorised accounts and claims;
- be responsible for designing and maintaining a system of verification, recording and payment of all amounts payable.

19 CAPITAL INVESTMENT, FIXED ASSET REGISTERS AND SECURITY OF ASSETS

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

19.1.1 The Single Accountable Officer will

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

19.1.2 The Chief Finance Officer will prepare detailed procedures for the disposals of assets.

20 RETENTION OF RECORDS

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

20.1.1 The Single Accountable Officer shall:

- 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;
- ensure that arrangements are in place for effective responses to Freedom of Information requests;
- publish and maintain a Freedom of Information Publication Scheme.

21 TRUST FUNDS AND TRUSTEES

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

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

Appendix E

NOLAN PRINCIPLES

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

- 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 responsible 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)⁶⁴

⁶⁴ Available at <http://www.public-standards.gov.uk/>

Appendix F

NHS CONSTITUTION

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

1. **The NHS provides a comprehensive service, available to all** - irrespective of gender, race, disability, age, sexual orientation, religion or belief. It has a duty to each and every individual that it serves and must respect their human rights. At the same time, it has a wider social duty to promote equality through the services it provides and to pay particular attention to groups or sections of society where improvements in health and life expectancy are not keeping pace with the rest of the population.
2. **Access to NHS services is based on clinical need, not an individual's ability to pay** - NHS services are free of charge, except in limited circumstances sanctioned by Parliament.
3. **The NHS aspires to the highest standards of excellence and professionalism** - in the provision of high-quality care that is safe, effective and focused on patient experience; in the planning and delivery of the clinical and other services it provides; in the people it employs and the education, training and development they receive; in the leadership and management of its organisations; and through its commitment to innovation and to the promotion and conduct of research to improve the current and future health and care of the population.
4. **NHS services must reflect the needs and preferences of patients, their families and their carers** - patients, with their families and carers, where appropriate, will be involved in and consulted on all decisions about their care and treatment.
5. **The NHS works across organisational boundaries and in partnership with other organisations in the interest of patients, local communities and the wider population** - the NHS is an integrated system of organisations and services bound together by the principles and values now reflected in the Constitution. The NHS is committed to working jointly with local authorities and a wide range of other private, public and third sector organisations at national and local level to provide and deliver improvements in health and well-being.
6. **The NHS is committed to providing best value for taxpayers' money and the most cost-effective, fair and sustainable use of finite resources** - public funds for healthcare will be devoted solely to the benefit of the people that the NHS serves.
7. **The NHS is accountable to the public, communities and patients that it serves** - the NHS is a national service funded through national taxation, and it is the Government which sets the framework for the NHS and which is accountable to Parliament for its operation. However, most decisions in the NHS, especially those about the treatment of individuals and the detailed organisation of services, are rightly taken by the local NHS and by patients with their clinicians. The system of responsibility and accountability for taking decisions in the NHS should be transparent and clear to the public, patients and staff. The Government will ensure that there is always a clear and up-to-date statement of NHS accountability for this purpose.

Source: *The NHS Constitution: The NHS belongs to us all* (March 2012)⁶⁵

⁶⁵

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

Appendix G

TERMS OF REFERENCE

for Newham CCG Sub-Committees

Committees of the CCG (Practice Member Council)

1. Practice Clusters

Committees of the Board

1. Audit Committee
2. Remuneration Committee
3. Quality, Performance and Finance Committee
4. Executive Committee
5. Primary Care Commissioning Committee

NHS Newham Clinical Commissioning Group

Practice Clusters

Terms of Reference

1) Purpose of Practice Clusters

Practice Clusters are designed to improve the health and healthcare for their local population by:

- Delivering Newham CCG's Commissioning Strategy as appropriate to their local population, based on an understanding of the health needs of communities in the Cluster geography;
- Contributing to the commissioning work (Priorities, Pathway Design, Specification, Performance) of other commissioners for the Practice Cluster population;
- Co-ordinating and optimising the take-up of, and referral to commissioned services;
- Commissioning of local health care with delegated budgets (See Scheme of Delegation);
- Minimising quality variation within the Practice Cluster.

Practice Clusters achieve their purpose by:

- Sharing skills and workload amongst member practices;
- Working collectively so as to have a population size that allows providers to provide bespoke services;
- Working in partnership with other commissioners (NCCG, LNB, NHSE);
- Engaging with local people in the commissioning of local services.

The Practice Clusters meet to review success, to learn, and to problem solve. They develop local shared service. Cluster meetings are an important element of Newham CCG's governance structure as practices act as the 'powerhouse' to generate solutions to improve patient care and health outcomes. Local intelligence is communicated to inform wider commissioning intentions within the commissioning cycle. They collectively assess the local quality of care achievement against CCG standards and best practice

2) Practice Cluster Configuration

The configuration of Practice Clusters will change over time to reflect population growth, change in health need or the health care market. However any configuration will comply with the criteria below:

- Each Practice Cluster serves a population of 45-80,000 people;
- Each Practice Cluster is made up of a collection of whole practices;
- A Newham CCG Practice must belong to one Practice Cluster;
- The Practice Cluster must have a geographical boundary made of contiguous wards. The majority of the population for a ward should be registered with a practice with in the Practice Cluster;
- All Newham CCG wards are included within a Practice Cluster.

Where a practice draws its patients from a wide geographical area or has a branch practice in a neighbouring Practice Cluster then special arrangements will apply.

3) Requests for a Practice Cluster re-Configuration

A practice(s) may request a change of the Practice Cluster of which it is a member. This request triggers a Practice Cluster re-Configuration if the following conditions are met:

- The criteria for Practice Clusters as set in the Paragraph 2 above is met by the proposed Practice Cluster new configuration;
- There has been a change in service configuration that has resulted in the new Cluster being preferential to the old Cluster e.g.:
 - Change in practice population geography through organic growth or merger/split of a practice;
 - Change in geographical coverage of a service provider that differentially affects the requesting practice(s).

Practice Cluster re-configurations take effect on the following 1st April.

4) Membership

The Practice Cluster membership consists of the Practice Representative (or deputy) from each of the constituent practices.

5) Quorum

One third of the total membership of the Practice Cluster.

6) Frequency of meetings

The Practice Clusters will be scheduled to meet each month. Extraordinary meetings may be called by the Chair of the Practice Cluster and Chief Officer as required.

7) Notice of meetings

A calendar of meetings for the year shall be produced to allow members to plan their time effectively. Formal notice of a meeting including the agenda and papers that are available shall be sent to members at least two working days before a meeting, not including the day of despatch unless circumstances determine otherwise.

8) Reporting responsibilities

Reports to the Board.

9) Authority

As described in the Scheme of Delegation.

10) Sub-committees

None

NHS Newham Clinical Commissioning Group

Audit Committee

Terms of Reference

1) Constitution

The audit committee (the committee) is established in accordance with Newham 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. The Committee is a non-executive committee of the Governing Body and has no executive powers, other than those specifically delegated in these terms of reference.

2) Membership and Quorum

The Committee shall be appointed by the Board from amongst the lay members and independent clinical directors of the Board and shall consist of not less than three members. A quorum shall be two members. The lay member on the Board with a lead role in overseeing key elements of governance shall be appointed to and shall chair the Committee. The Chair of the Clinical Commissioning Group shall not be a member of the Committee. Voting on recommendations will be by simple majority. In the event of an equal number of votes, the chair may exercise a second or casting vote.

3) Attendance

Attendance at meetings by non-members of the committee shall be at the discretion of the Committee but subject to:

- the Chief Finance Officer and appropriate internal and external audit representatives shall normally attend meetings. At least once a year, the Committee should meet privately with the external and internal auditors;
- the Accountable Officer should normally be invited to attend and should discuss at least annually with the Committee the process for assurance that supports the Annual Governance Statement. He or she should also attend when the Committee considers the draft internal audit plan and the annual accounts;
- all other executive directors may be invited to attend particularly when the Committee is discussing areas of risk or operation that are the responsibility of that director.

The [Head of Governance and Engagement / Board Secretary] shall be Secretary to the Committee and shall attend to take minutes of the meeting and provide appropriate support to the Chair and Committee members.

4) Frequency

The Committee must consider the frequency and timing of meetings needed to allow it to discharge all of its responsibilities but will normally meet at least four times a year. The external auditors or Head of Internal Audit may request a meeting if they consider that one is necessary.

5) Authority

The Committee is authorised by the Board to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee. The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary.

6) Duties

The duties of the Committee can be categorised as follows:

a) Governance, risk management and internal control

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 (both clinical and non-clinical), that supports the achievement of the clinical commissioning group's objectives. In particular, the Committee will review the adequacy and effectiveness of:

- All risk and control related disclosure statements (in particular the Annual Governance Statement), together with any accompanying Head of Internal Audit statement, external audit opinion or other appropriate independent assurances, prior to endorsement by the Board;
- The underlying assurance processes that indicate the degree of achievement of corporate objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements;
- The policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements and related reporting and self-certification;
- The policies and procedures for all work related to fraud and corruption as required by NHS Protect;
- The North East London Commissioning Support Unit (CSU) Assurance Group and associated assurance statements as provided through the work of the Service Auditor Report, as carried out by the Internal Auditors for NHS England and through any individual quality assurance reports carried out on behalf of the Clinical Commissioning Groups who use the CSU.

In carrying out this work the Committee will primarily use 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.

The Committee will consider the effectiveness of the Board Assurance Framework and how it is used within the organisation to ensure effective management and escalation of the principal risks and how assurance is gained as to the management of these risks.

b) Internal audit

The Committee shall ensure that there is an effective internal audit function that meets mandatory Public Sector Internal Audit Standards and provides appropriate independent assurance to the Committee, Accountable Officer and Board. This will be achieved by:

- consideration of the provision of the internal audit service, the cost of the audit and any questions of resignation and dismissal;
- review and approval of the internal audit strategy, operational plan and more detailed programme of work, ensuring that this is consistent with the audit needs of the clinical commissioning group as identified in the Assurance Framework;
- 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;
- ensuring that the internal audit function is adequately resourced and has appropriate standing within the clinical commissioning group;
- an annual review of the effectiveness of internal audit.

c) External audit

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

- consideration of the appointment and performance of the external auditors, as far as the rules governing the appointment permit;
- discussion and agreement with the external auditors, before the audit commences, of the nature and scope of the audit as set out in the annual plan, and ensuring co-ordination, as appropriate, with other external auditors in the local health economy;
- discussion with the external auditors of their local evaluation of audit risks and assessment of the clinical commissioning group and associated impact on the audit fee;
- review of all external audit reports, including the report to those charged with governance, agreement of the annual audit letter before submission to the Board and any work undertaken outside the annual audit plan, together with the appropriateness of management responses.

d) Other assurance functions

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

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, NHS

Litigation Authority, etc.) and professional bodies with responsibility for the performance of staff or functions (for example, Royal Colleges, accreditation bodies, etc.)

In addition, the Committee will review the work of other committees within the clinical commissioning group, whose work can provide relevant assurance to the Committee's own scope of work.

e) Counter fraud

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 will consider and agree the annual Counter Fraud Plan and associated assurance statements, as well as considering the provision of the counter fraud service, the cost of the service and any questions of resignation and dismissal.

f) Management

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.

The Committee may also request specific reports from individual functions within the clinical commissioning group (for example, clinical audit) as they may be appropriate to the overall arrangements.

The Committee will regularly review any extensions to contract or waiving of the financial policies, with particular regard to tender waivers, in order to confirm the appropriateness of the processes followed.

g) Financial reporting

The 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.

The Committee should ensure that the systems for financial reporting to the Board, including those of budgetary control, are subject to review as to completeness and accuracy of the information provided to the Board.

The Committee shall review the annual report and financial statements before submission to the Board, focusing particularly on:

- the wording in the Annual Governance Statement and other disclosures relevant to the terms of reference of the Committee;
- changes in, and compliance with, accounting policies, practices and estimation techniques;
- unadjusted mis-statements in the financial statements;
- significant judgements in preparation of the financial statements;
- significant adjustments resulting from the audit;
- letter of representation;
- qualitative aspects of financial reporting.

7) Other matters

The minutes of Committee meetings shall be formally recorded by the Secretary to the Committee and submitted to the Board. The Chair of the Committee shall draw to the attention of the Board any issues that require disclosure to the full Board, or require executive action. The Committee will report to the Board at least annually on its work in support of the Annual Governance Statement, specifically commenting on the fitness for purpose of the Assurance Framework, the completeness and 'embeddedness' of risk management in the organisation and the integration of governance arrangements.

The Committee shall be supported administratively by the Secretary to the Committee, whose duties in this respect will include:

- agreement of agendas with Chair and attendees and collation of papers;
- taking the minutes;
- keeping a record of matters arising and issues to be carried forward;
- advising the Committee on pertinent issues/areas;
- enabling the development and training of Committee members.

NHS Newham Clinical Commissioning Group

Remuneration Committee

Terms of Reference

1. Overview

The Committee is established in accordance with Newham CCG'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 Newham CCG's Constitution and standing orders. The Committee reports to the Board.

2. Remit and responsibilities

The Remuneration committee has the delegated authority of the Board in relation to;

- Approving recruitment proposals for VSM posts their and terms and conditions and remuneration prior to any appointment
- Approval of recruitment and remuneration proposals for VSM posts or interims on day rates over the value of £900 (as recommended by NHSE) prior to any appointment.
- Approval of proposed variances for remuneration proposals for VSM posts or interims on day rates over the value of £900
- Carrying out an annual review of VSM remuneration and terms and conditions
- Approval of Board / Clinical / Cluster terms and conditions and remuneration
- Recommend re-organisational arrangements as they relate to the Operating Structure (defined as Tier 1, 2 and 3 Officers of CCG, where Tier 1 is the Chief Office, and their respective responsibilities) to the Board

In making decisions the Committee will:

- comply with current disclosure requirements for remuneration;
- ensure that all remuneration packages are linked to Newham CCG's performance management framework with clear performance targets;
- have regard to national legislation relating to equal pay acts and equality acts;
- on occasion seek independent advice about remuneration for individuals;
- ensure that decisions are based on clear and transparent criteria;
- have full authority to commission any reports or surveys it deems necessary to help it fulfil its obligations

3. Membership

- Two Lay Members - Lay member for remuneration and Lay member for Governance and Audit
- GP Board Member
- Single Accountable Officer (by invitation of the Committee only)
- Managing Director (by invitation of the Committee only)
- Chief Finance Officer (by invitation of the Committee only)

4. Quorum and alternate members

The Committee will be considered quorate when at least 2 members are present, of which one must be a Lay Member. Where no quorum is present then urgent action requiring approval shall be dealt with outside the meeting using Chairs Actions. Alternate members are permitted for Officers but not Lay or Clinical Members of the Committee.

5. Chairing

The meeting will be chaired by the Lay member for remuneration. Where the Chair is not available then an alternate member of the Committee will chair the meeting which would normally be the Lay member. The Chair has a second or casting vote should voting be required where there is no majority on a decision.

6. Chair's Actions

The Chair, or in their absence the committee member who chaired the last meeting, may take a chairs action outside of the normal cycle of meetings for decisions within the terms of reference of the Committee. The Chair is responsible for ensuring a chair's action report is thereafter submitted in writing seeking retrospective approval of the Committee at its next meeting.

7. Frequency

The Committee will meet on a frequency determined by the Committee.

8. Accountability

The Committee will be accountable to the Board. The Board will determine its reporting requirements from the Committee. In so far as applicable the Committee will conduct its business in accordance with the relevant sections of the Constitution relating to Committees.

9. Sub-committees

The Committee may establish its own other committees to assist in discharging its respective responsibilities.

10. Secretary Support

Administrative Support is provided by the Committee Team.

NHS Newham Clinical Commissioning Group Quality Performance & Finance (QP&F) Committee Terms of Reference

1. Overview

The QP&F Committee is established in accordance with Newham 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. The Committee reports to the Board.

2. Remit and Responsibilities

Overview:

The Committee will have a general responsibility for the control and oversight of the quality, performance and financial performance of the CCGs Commissioned programme that includes:

- Delegated authority from the Board to monitor the performance and quality of all providers commissioned and contracted by the CCG ensuring the services are provided within agreed budgets, performance and quality standard, identifying and agreeing plans for remedial action as required.
- Delegated authority from the Board to clarify with other Committees the expectations and reporting responsibilities to the Committee to ensure its oversight can be effectively maintained
- Delegated authority of the Board to recommend to the Board the format and frequency of reporting to the Board on matters of Quality, Performance, Finance and Patient & Public Engagement

Quality:

- Have oversight of the quality of commissioned services for the resident population of Newham and identify and deliver contracted improvements in quality of service and patient experience
- Provide appropriate assurances to the CCG Board about the quality of the services it commissions for the local residents
- Ensure the Approach to Commissioning for Quality as a strategic document is rolled out to encourage and ensure quality begins to be embedded into the business of the CCG
- Ensure the Francis Report recommendations for Commissioners are embedded in the business of the CCG
- Take the strategic lead for and eventual approval of the development of the CQUINs
- Receive Quality reports (relating to Patient Safety, Patient Experience and Clinical Effectiveness) on the CCG's main providers to encourage members of the

Committee to partake in informed debates about quality and understand the quality of services provided

- Monitor the performance of providers against quality indicators and CQUIN's
- Seek assurance on primary care quality improvement from the Primary Care Commissioning Committee
- Provide input and advice on quality issues to any Transformation Programme
- Review CQC guidance and CQC Provider reports and subsequently work with providers to improve the quality of care provided
- Review and monitor actions plans to support quality improvements to ensure that they are fit for purpose
- Receive reports regular updates and reports from the Joint Integrated Commissioning Safeguarding Committee for matters relating to the safeguarding of children and adults
- Review the results of quality assurance and peer review visits to providers and determine courses of action required
- Hold the commission Committee to account for quality improvement and seek assurance from that Committee on improvements made following the implementation of action plans
- Work with the National Commissioning Board to help improve the quality of specialised services

Performance:

- Review the CCG's benchmarked performance against the NHS Outcomes Framework
- Review the CCG's benchmarked performance against the CCG Assurance Framework
- Decide upon escalation actions where it has been reported to the Committee that contractually agreed activity levels (in particular in relation to required

constitutional, operating plan or other locally agreed standards) have not been met

- Approve the CCG's mechanisms for performance reporting including scope, format and presentation
- Make annual recommendations on operating plan and locally agreed standards

Patient & Public Engagement (PPE):

- Agree the Patient & Public Engagement Strategy
- Review the Strategy action plan
- Monitor the effective delivery of the PPE contract on behalf of the Executive Committee.
- Assure the Board that commissioning activity is informed by PPE
- Review the NHSE annual statutory report on PPE
- Recommend to the Board a community provider(s) for PPE
- Monitor the effectiveness of the complaints process

Finance:

- Oversee and approve core financial processes, timetable and plans including Operating financial plans, CCG and STP Financial strategies and agreements, budget setting and risk assessment.
- Review, monitor and have oversight of programme, administrative, collaborative (STP/TST/BCF/LBN etc.) and capital budgets and financial performance.
- Review business case and proposed procurement financial components to ensure appropriate identification and management of financial risk (including QIPP schemes, Transformation schemes, investment proposals and funding bids).
- Identify and recommend the allocation or reallocation of resources where appropriate to improve performance or ad hoc performance and financial issues that may arise.
- Review reporting arrangements on a regular basis to ensure these remain fit for purpose and appropriate to meet the CCG Board, Executive and Committee accountabilities and assurance in collaborative arrangements.

3. Membership

- Three GP Board Members
- Director of Quality and Development
- Deputy Chief Officer
- Chief Finance Officer
- Two Lay Members of the Board;
- Registered Nurse Member of the Board;
- Secondary Care Consultant Member of the Board;
- Public Health representative – London Borough of Newham;

4. Quorum and alternate members

The Committee will be considered quorate when at least 4 members are present, of which there must be;

- A GP Board Member;
- A Lay Member or the Registered Nurse or Secondary Care Consultant Member
- One other officer member

Where no quorum is present the urgent action requiring approval shall be dealt with outside the meeting using Chairs Actions. Alternate members are permitted for Officers but not clinical members of the Committee.

5. Chairing

The meeting will be chaired by a clinical member nominated by the Chair of the Newham CCG Board. Where the Chair is not available then an alternate clinical member of the Committee will chair the meeting. The Chair has a second or casting vote should voting be required and there is no majority decision.

6. Chairs Actions

The Chair, or in their absence the clinical member who chaired the last meeting, may take a chairs action outside of the normal cycle of meetings for decisions within the terms of reference of the Committee. The Chair is responsible for ensuring a chairs action report is thereafter submitted in writing seeking retrospective approval of the Committee at its next meeting.

7. Frequency

The Committee will meet on a frequency determined by the Committee

8. Accountability

The Committee will be accountable to the Board. The Board will determine its reporting requirements from the Committee. In so far as applicable the Committee

will conduct its business in accordance with the relevant sections of the Constitution relating to Committees.

9. Sub-committees

The Committee may establish its own sub-committees, to assist in discharging its respective responsibilities.

10. Secretary Support

Administrative Support is provided by the Committee Team

**NHS Newham Clinical Commissioning Group
Executive Committee
Terms of Reference**

1. Overview

The Executive Committee is established in accordance with Newham CCG'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 Newham CCG's Constitution and standing orders. The Committee reports to the Board.

2. Remit and responsibilities

The purpose of the committee is to take an holistic view of the work of Newham CCG with a focus on ensuring an efficient and effective organisation and effective delivery. The Committee has a general remit to oversee and review any aspect of CCG operations to ensure the core Board functions and priorities are properly reflected and delivered, and to make any recommendation it considers appropriate to the Board in pursuit of this requirement.

Specific remit and responsibilities are as follows:

Corporate Policy and Strategy

- Reviews, monitors and approves corporate policy and strategy – procurement, HR, IT, IG ,Risk management, Equalities, corporate governance, other issues as determined relevant to corporate policy and strategy.
- Approves and oversees delivery of corporate contracts (identified as corporate contracts by the CO) including monitoring of performance and remedial action.
- Approve the terms of reference for the Commissioning Committee, Adults and Children's Integrated Health & Care Boards and Better Care Fund Delivery Group (changes to the terms of reference for the Adults and Children's Integrated Health & Care Boards and Better Care Fund Delivery Group require prior consultation with the Directors of Adult and Children's Social Care, LBN).

Programme Management and Committee delivery

- Reviews and monitors by exception the performance of the Commissioning Division in relation to delivery of its programmes determined against Board priorities and requirements including BCF delivery (not the performance of providers).

Contracting and Procurement

- Monitors the performance of the BCF section 75 arrangements and all other section 75 arrangements

- Monitors and reviews the CCG contract register ensuring timely and appropriate procurement decision and processes within relevant statutory requirements, best practice guidelines and CCG priorities.
- Determines the route to market for all health service provision other than where the scheme of delegation requires the Board to do so or where waiver is applicable.

Financial monitoring and control

- Reviews the overall corporate financial position including QIPP i.e. the “helicopter view” of organisational finance and what actions / virements are required in order to appropriately manage organisational finance.
- Identify specific aspects of financial performance where the Committee requires additional scrutiny and assurance
- Oversee development of the CCG financial strategy to ensure it meets Board Priorities, statutory requirements, national guidance and is aligned to the commissioning strategy as determined by the Board.

3. Membership

- 1) The Chair of the CCG
- 2) The Deputy (Clinical) Chair
- 3) The Deputy (Clinical) Joint Chair
- 4) The Managing Director ; who will Chair the Committee;
- 5) The Chief Finance Officer;
- 6) The Director of Quality and Development, the Director of Partnerships and Governance.

4. Quorum and alternate members

The quorum sufficient for conduct of business will be 3 members, one of whom must be a GP member and one an Officer. Where no quorum is present then urgent action requiring approval shall be dealt with outside the meeting using Chairs Actions. Alternate members are permitted for Officers but not clinical members of the Committee.

5. Chairing

The meeting will be chaired by the Managing Director . Where the Chair is not available then an alternate member of the Committee will chair the meeting. The Chair has a second or casting vote should voting be required where there is no majority on a decision.

6. Chairs Actions

The Chair, or in their absence the committee member who chaired the last meeting, may take a chairs action outside of the normal cycle of meetings for decisions within

the terms of reference of the Committee. The Chair will ensure that the CCG Chair, the AO and CFO are made aware in writing of any such action at the earliest opportunity. The Chair is responsible for ensuring a chairs action report is thereafter submitted in writing seeking retrospective approval of the Committee at its next meeting.

7. Frequency

The Committee will meet on a frequency determined by the Committee.

8. Accountability

The Committee will be accountable to the Board. The Board will determine its reporting requirements from the Committee. In so far as applicable the Committee will conduct its business in accordance with the relevant sections of the Constitution relating to Committees.

9. Sub-committees

The Committee has established its own other committees to assist in discharging its respective responsibilities. These are the Commissioning Committee, the Urgent Care Working Group and the IM&T Group.

10. Secretary Support

Administrative Support is provided by the Committee Team.

**NHS Newham Clinical Commissioning Group
Primary Care Commissioning Committee
Terms of Reference**

Introduction

1. Simon Stevens, the Chief Executive of NHS England, announced on 1 May 2014 that NHS England was inviting CCGs to expand their role in primary care commissioning and to submit expressions of interest setting out the CCG's preference for how it would like to exercise expanded primary medical care commissioning functions. One option available was that NHS England would delegate the exercise of certain specified primary care commissioning functions to a CCG.
2. In accordance with its statutory powers under section 13Z of the National Health Service Act 2006 (as amended), NHS England has delegated the exercise of the functions specified in Schedule 2 to these Terms of Reference to Newham CCG. The delegation is set out in Schedule 1.
3. The CCG has established the CCG Primary Care Commissioning Committee ("Committee"). The Committee will function as a corporate decision-making body for the management of the delegated functions and the exercise of the delegated powers.
4. It is a committee comprising representatives of the following organisations:
 - Newham CCG;
 - NHS England

Statutory Framework

5. NHS England has delegated to the CCG authority to exercise the primary care commissioning functions set out in Schedule 2 in accordance with section 13Z of the NHS Act.
6. Arrangements made under section 13Z may be on such terms and conditions (including terms as to payment) as may be agreed between the Board and the CCG.
7. Arrangements made under section 13Z do not affect the liability of NHS England for the exercise of any of its functions. However, the CCG acknowledges that in

exercising its functions (including those delegated to it), it must comply with the statutory duties set out in Chapter A2 of the NHS Act and including:

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

8. The CCG will also need to specifically, in respect of the delegated functions from NHS England, exercise those set out below:

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

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

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

Role of the Committee

11. The Committee has been established in accordance with the above statutory provisions to enable the members to make collective decisions on the review, planning and procurement of primary care services in Newham under delegated authority from NHS England.

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

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

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

15. This includes the following:

- GMS, PMS and APMS contracts (including the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing branch/remedial notices, and removing a contract);
- Newly designed enhanced services (“Local Enhanced Services” and “Directed Enhanced Services”);
- Design of local incentive schemes as an alternative to the Quality Outcomes Framework (QOF);
- Decision making on whether to establish new GP practices in an area;
- Approving practice mergers; and
- Making decisions on ‘discretionary’ payment (e.g., returner/retainer schemes).

16. The CCG will also carry out the following activities:

See Appendix A for the scope of co-commissioning activities

Geographical Coverage

17. The Committee will comprise of decisions relating to primary care in Newham

Membership

18. The Committee shall consist of:

Voting members:

Lay chair (from CCG), Lay vice chair (from CCG), Board Nurse, CCG Chief Finance Officer, CCG GP (Primary Care Lead), CCG Accountable Officer (or in his/her absence the Managing Director),

Non-voting members:

HWBB rep (LA member), Public Health rep, Health watch rep, LMC, 2 x additional CCG GPs, NHS England Representative

19. The Chair of the Committee shall be a CCG Lay Member

20. The Vice Chair of the Committee shall be a CCG Lay Member
21. Non-voting members will be Healthwatch, LMC, Public Health and HWBB member (Local Authority rep)

Meetings and Voting

22. The Committee will operate in accordance with the CCG's Standing Orders. The Secretary to the Committee will be responsible for giving notice of meetings. This will be accompanied by an agenda and supporting papers and sent to each member representative no later than **7** days before the date of the meeting. When the Chair of the Committee deems it necessary in light of the urgent circumstances to call a meeting at short notice, the notice period shall be such as s/he shall specify.
23. Each member of the Committee shall have one vote. The Committee shall reach decisions by a simple majority of members present, but with the Chair having a second and deciding vote, if necessary. However, the aim of the Committee will be to achieve consensus decision-making wherever possible.

Quorum

24. The Committee will be Quorate with three of the six voting members in attendance, with at least one Lay member present. The voting GP or non-voting GP observers will be excluded from Committee discussions and decisions regarding topics where they have a conflict of interest. The Independent GP advisor to the WEL collaborative will be involved in those decisions where all of the local GPs are conflicted.

Frequency of meetings

25. The committee shall meet monthly.
26. Meetings of the Committee shall:
 - a) be held in public, subject to the application of 23(b);
 - b) the Committee may resolve to exclude the public from a meeting that is open to the public (whether during the whole or part of the proceedings) whenever publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution and arising from the nature of that business or of the proceedings or for any other reason

permitted by the Public Bodies (Admission to Meetings) Act 1960 as amended or succeeded from time to time.

27. Members of the Committee have a collective responsibility for the operation of the Committee. They will participate in discussion, review evidence and provide objective expert input to the best of their knowledge and ability, and endeavour to reach a collective view.
28. The Committee may delegate tasks to such individuals, sub-committees or individual members as it shall see fit, provided that any such delegations are consistent with the parties' relevant governance arrangements, are recorded in a scheme of delegation, are governed by terms of reference as appropriate and reflect appropriate arrangements for the management of conflicts of interest.
29. The Committee may call additional experts to attend meetings on an ad hoc basis to inform discussions.
30. Members of the Committee shall respect confidentiality requirements as set out in the CCG Constitution or Standing Orders.
31. The Committee will present its minutes to the London Area Team of NHS England and the governing body of Newham CCG each month for information, including the minutes of any sub-committees to which responsibilities are delegated under paragraph 27 above.
32. The CCG will also comply with any reporting requirements set out in its constitution.
33. It is envisaged that these Terms of Reference will be reviewed annually, reflecting experience of the Committee in fulfilling its functions. NHS England may also issue revised model terms of reference from time to time.

Accountability of the Committee

34. For the avoidance of doubt, in the event of any conflict between the terms of this Scheme of Delegation and Terms of Reference and the Standing Orders of Standing Financial Instructions of any of the members, the latter will prevail.

Procurement of Agreed Services

Newham CCG will adhere to the Conflicts of Interest guidance release 2014

Decisions

35. The Committee will make decisions within the bounds of its remit.
36. The decisions of the Committee shall be binding on NHS England and Newham, CCG.
37. The Committee will produce an executive summary report which will be presented to NHS England and the governing body of Newham CCG each month for information.
38. The Committee will take advice from a Joint Forum (WEL Advisory Group) consisting of representatives from the CCGs in WEL (Waltham Forest, Tower Hamlets and Newham).
39. The advice provided by the Forum will be actively considered but decisions on the issue in question will be made by the Committee. The Committee will be responsible for ensuring that in providing advice on the issue in question, the Forum have provided sufficient information for the Committee to make a decision.
40. The Committee will be provided with up to date Conflicts of Interest declarations and formal minutes of the Forum at each meeting of the Committee, with the Forum taking place prior to the Committee within each calendar month.
41. The Committee is not bound to accept the advice provided by the WEL Advisory Group.

North East London CCG

Joint Commissioning Committee

Terms of Reference

1. Introduction

These Terms of Reference set out the purpose, membership, remit and responsibilities of the North East London Joint Committee.

2. Background

The National Health Service ('NHS') faces unprecedented financial and clinical challenges including rising demand for services and a significant financial gap. A System-wide solution is required to address these challenges for the benefits of patients.

The following organisations have agreed to work together to meet these challenges and jointly commission services, where it is appropriate to do so:

- NHS Barking & Dagenham Clinical Commissioning Group ('Barking & Dagenham CCG');
- NHS City & Hackney Clinical Commissioning Group ('City & Hackney CCG');
- NHS Havering Clinical Commissioning Group ('Havering CCG');
- NHS Newham Clinical Commissioning Group ('Newham CCG');
- NHS Redbridge Clinical Commissioning Group ('Redbridge CCG');
- NHS Tower Hamlets Clinical Commissioning Group ('Tower Hamlets CCG');
- NHS Waltham Forest Clinical Commissioning Group ('Waltham Forest CCG').

The above Clinical Commissioning Groups are collectively referred to as the 'NEL CCGs.' The NEL CCGs have a history of collaborative working. The establishment of the Joint Committee, as well as work conducted together as the health commissioners in the North East London STP will formalise collaborative working between all seven CCGs.

3. Purpose of the Joint Commissioning Committee

The Joint Committee is comprised of members of the Governing Bodies (GB) from Barking & Dagenham CCG, City & Hackney CCG, Havering CCG, Newham CCG, Redbridge CCG, Tower Hamlets CCG and Waltham Forest CCG to jointly commission goods and services for the residents off the City of London Corporation and London Boroughs of Barking & Dagenham, Hackney, Havering, Newham, Redbridge, Tower Hamlets and Waltham Forest.

4. Role of the Joint Commissioning Committee

The role of the JCC is to deliver the delegated functions and powers transferred to it by the seven NEL CCG Governing Bodies. These functions are where the Governing Bodies consider there is additional value in working collaboratively with other CCGs.

At least once each year, the Governing Bodies will receive a recommendation from the JCC of opportunities for collaborative work. The Governing Bodies decide those functions that will be transferred to the JCC. If a single CCG Governing Body does not transfer a function to the JCC then the JCC is unable to take responsibility for that function.

The current list of delegated functions and powers is attached to this document as Schedule 1 (Detailed Scheme of Delegation).

The JCC will retain a strong link between its collaborative work and the individual CCGs commissioning. This will be achieved by each CCG informing the JCC of local care strategies and undertaking local engagement of the public and key stakeholders, where relevant and appropriate. This may include but is not limited to engagement on service change.

Although all the CCG Chair and CCG lay representatives will have a particular focus on the interests of their CCG, the decisions they make in the NEL JCC are for whole of North East London. There will be occasions when the interests for a part of a regional commissioning decision are not favourable for one of the CCGs. The representatives from the adversely affected CCG will need to make a judgement call on whether the benefits of the total decision for their CCG outweigh any local unfavourable affects.

The Committee's role is supported by a statutory framework contained in Section 6 (Statutory Framework) below.

5. Quality and Safety

In performing its role, the JCC shall have due regard to any relevant quality and safety issues which may arise as agreed by JCC members.

6. Statutory Framework

The main statute is the NHS Act 2006 (as amended) with the key clauses being 13Z, 14Z3 and 14Z9.

Section 13Z provides that:

- NHS England's functions may be exercised jointly with a CCG or CCGs;
- Functions exercised jointly in accordance with section 13Z may be exercised by a joint committee of NHS England and each CCG;
- Arrangements made under section 13Z may be on such terms and conditions as may be agreed between NHS England and the CCG.

Section 14Z3 provides that:

- Two or more CCGs may exercise any of their commissioning functions jointly including by a joint committee of those CCGs;
- For the purposes of any arrangements made under this section a CCG may make payments, make the services of its employees or any other resources available to another CCG.

Section 14Z9 provides that:

- NHS England and one or more CCGs may make arrangements for any of the functions of the CCG under section 3 or 3A of the NHS Act or for any functions of the

CCG(s) which are related to the exercise of those functions, to be exercised jointly by NHS England and the CCG(s);

- For functions exercised jointly in accordance with the section to be exercised by a Joint Committee of NHS England and the CCG(s);
- Arrangements under that section may be on such terms and conditions as may be agreed between NHS England and the CCG.

7. Membership

The JCC's membership shall meet the requirement of each of the NEL CCG's constitutions. The JCC shall comprise of the following voting members:

- The Chair of City & Hackney CCG;
- The Chair of Barking & Dagenham CCG
- The Chair of Havering CCG;
- The Chair of Newham CCG;
- The Chair of Redbridge CCG;
- The Chair of Tower Hamlets CCG;
- The Chair of Waltham Forest CCG;
- A lay representative from City & Hackney CCG
- A lay representative from Barking & Dagenham CCG;
- A lay representative from Havering CCG;
- A lay representative from Newham CCG;
- A lay representative from Redbridge CCG;
- A lay representative from Tower Hamlets CCG;
- A lay representative from Waltham Forest CCG;
- The NEL Accountable Officer;

Each CCG Board may nominate a deputy to, in the absence of their representative, make decisions on their behalf. The deputy for a Chair will be a clinician from that CCG Board and the deputy for the Lay Member will be a lay member from that CCG Board.

The JCC shall have the following non-voting members:

- Financial representative
- Two independent clinical advisors (Secondary Care Consultant and Registered Nurse)
- A representative from LB Barking & Dagenham
- A representative from City of London Corporation
- A representative from LB City & Hackney
- A representative from LB Havering
- A representative from LB Newham
- A representative from LB Redbridge
- A representative from LB Tower Hamlets
- A representative from LB Waltham Forest

At least once each year, the names of the members will be published in Schedule 2 (List of Members).

8. Chair and Vice Chair (Independent/Lay Member/Deputy Clinical Chair)

The Chair of the JCC shall be elected from amongst the CCG Chairs. An individual may nominate themselves to the AO and in the event that more than one Chair nominates themselves a secret ballot will be held and organised by the AO to determine the Chair on the basis of one CCG one vote. The Chair of the JCC shall be elected for one year but may stand for re-election at the end of their term of office.

The Vice Chair will be elected on the basis of self- nomination to the Chair. The Vice Chair will be a JCC lay member. In the event that more than one member nominates themselves a secret ballot will be held and organised by the Chair to determine the Vice Chair on the basis of one CCG one vote. The Vice Chair shall be elected for one year but may stand again at the end of their term of office.

Where the Chair is unable to participate in a meeting or vote due to absence or a conflict of interest the Vice Chair may chair the meeting.

The Deputy Clinical Chair shall be appointed by the Chair from amongst the remaining CCG Chairs.

9. Quorum

The quorum of the JCC is 12 voting members (of whom more than 50% must be clinicians) and all CCGs must be present.

If any representative is conflicted on a particular item of business, they will not count towards the quorum for that item of business. If this renders a meeting or part of a meeting inquorate a non-conflicted person may be temporarily appointed or co-opted onto the JCC to satisfy the quorum requirements. If a clinician is conflicted, the person temporarily appointed or co-opted onto the Committee to satisfy the quorum requirements must be a clinician from that CCG.

If a meeting is not quorate, the Chair may adjourn the meeting to permit the appointment or co-option of additional members if necessary. If the conflicted person is a Chair or lay member of a CCG the person temporarily appointed or co-opted onto the Committee must be from the same CCG as the conflicted person. The final decision as to the suitability of any person who is temporarily appointed or co-opted onto the JCC shall be made by the JCC Chair.

In the unlikely event that all the GP JCC members are conflicted and that there are no suitable alternative CCG GPs who are not conflicted, the JCC chair will agree with the other 6 CCG chairs that:

- The vice-chair chairs that part of the meeting for the decision making of that item;
- any decision making will be made by the non-GP members of the JCC;
- a clinical majority will be waived for that item;
- a clear record will be made in the minutes that the decision was made using special provisions.

10. Voting

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

The seven CCG Chairs (or deputies) must be in agreement to call a vote on a recommendation.

A successful vote on a recommendation occurs when all seven CCGs unanimously vote for the recommendation, using the provisions below. This protects the interests of individual CCGs in matters that concern their operation.

Provisions for JCC voting:

- Each member of the JCC has one vote
- Each CCG Chair will declare whether their CCG has voted for the recommendation. This is calculated by a majority of the following votes:
 - CCG Chair
 - CCG Lay Member
 - NEL Accountable Officer
- In exceptional circumstances, the CCG chair may after consulting the Lay member and NEL Accountable Officer may declare that their vote solely is the CCG vote on that matter. Where this provision is used, the minutes will include a record of this action.

11. Decisions

All decisions of the JCC unanimously agreed by the seven CCGs shall be binding on each of the NEL CCGs.

12. Conflicts of Interest

Conflicts of interest shall be dealt with in accordance with the NEL Conflicts of Interest Policy (to be developed).

The NEL Conflicts of Interest Policy is a document which is a master document containing the Conflicts of Interest Policies agreed by all of the NEL CCGs. During the interim, the Newham CCG Conflicts of Interest Policy will be used.

13. Frequency of JCC Meetings

The JCC shall meet monthly or as otherwise agreed.

14. Meetings Held in Public

Meetings of the JCC shall be held in public unless the JCC resolves to exclude non-voting attendees and/or observers and/or the public from a meeting. In which case the meeting, in whole or part, may be held in private.

Observers and the public may be excluded, following approval of a resolution by the JCC to exclude the public whenever it wishes to go into private session, from all or part of a meeting whenever publicity would be prejudicial to the public interest by reason of:

- The confidential nature of the business to be transacted; or
- The matter is commercially sensitive; or
- The matter being discussed is part of an on-going investigation; or
- Other special reason stated in the resolution and arising from the nature of that business or of the proceedings; or
- Any other reason permitted by the Public Bodies (Admission to Meetings) Act 1960 as amended or succeeded from time to time; or
- General disturbance.

15. Secretary

The JCC shall have secretariat support. The secretariat function will be provided by the office of the NEL Accountable Officer.

16. Standing Orders

The Standing Orders for the JCC are contained in Annex 1 (Standing Orders) and form part of these Terms of Reference. The Standing Orders must be adhered to.

17. Sub-Committees

The JCC may not delegate any of its powers to a committee or sub-committee. However, it may appoint sub-committees to advise and assist the JCC in carrying out its role. The sub-committee may make recommendations for decision by the JCC. The sub-committee must be chaired by a JCC member but may appoint non-JCC members to the committee.

18. Standards of Business Conduct

JCC members and any attendees or observers must maintain the highest standards of personal conduct and in this regard must comply with:

- The law of England and Wales;
- The NHS Constitution;
- The Nolan Principles;
- The standards of behaviour set out in each NEL CCG Constitution;
- Any additional regulations or codes of practice relevant to the JCC.

19. Review of the Terms of Reference

These Terms of Reference shall be kept under review by the JCC to ensure that they meet the needs of the JCC and the NEL CCGs. Any changes to the Terms of Reference must be agreed by the governing bodies of the NEL CCGs in accordance with their Constitutions. These Terms of Reference shall be reviewed by the NEL CCGs annually in March of each year following the establishment of the JCC.

Newham CCG

Terms of Reference

Addendum for Committees in Common arrangement

Introduction

1. This Terms of Reference Addendum is to be added to the CCG's Committee Terms of Reference, when the Committee wishes to meet with other similar committees from other CCGs using the "Committee in Common" (CiC) meeting arrangement. The terms in this paper should be read in conjunction with the main Terms of Reference of the Committee wishing to use them.
2. The CCG has a number of established Governing Body Committees. The NEL CCG Governing Bodies have instructed that their Committees may meet using a CiC arrangement where the business is common to two or more CCGs. These additional Terms of Reference set out the special membership, remit, responsibilities and reporting arrangements of a meeting using the CiC arrangement and are incorporated into each Clinical Commissioning Group's Constitution.

Purpose

3. The purpose of the Committee wishing to use the CiC meeting arrangement remains unchanged from its Terms of Reference and the Scheme of Reservation and Delegation.
4. The CiC may consider any matter that is of interest to two or more CCGs.
5. The CiC has the same authority, as its constituent committees, to commission any reports or surveys it deems necessary to help fulfil its obligations.

Membership

6. The CiC membership is made up of:
 - The participating CCG Committees (Voting)

Meetings

7. The CiC will adopt the Newham CCG Standing Orders relating to the conduct of meetings, agendas and declaration of interest with the exception of the clauses in this addendum.

Meeting Chair

8. The CiC membership will appoint a CCG lay member to be the chair.

Frequency

9. The Committee Chairs will agree an annual schedule of meetings with the CiC meeting secretary. The programme will be circulated to all CiC members.

Quoracy

10. Quorum for each of the participating committees will be the current quorum specified for each CCG within their current terms of reference.

Decision making

11. A decision made at a CiC meeting shall be binding on the constituent CCGs when the following criteria have been met:
 - The decision is within the bounds of the CiC delegated functions;
 - Each CCG Committee has one vote;
 - A decision has been unanimously agreed.

Voting

12. Voting will be by consensus with the outcome clearly recorded in the minutes of each Committee.
13. Should the participating Committees have a differing view and decision, a vote will be taken with each CCG Committee having one vote. A record will be made in the minutes and the item deferred to the following meeting with advice sought from the participating CCG Chairs.
14. Should consensus still not be achieved at the next meeting, the decision made will represent that of each of the individual Committees. A record of the decisions will be added to the minutes and a notification made to each of the CCG Governing Bodies. For clarity, in this scenario the different decisions of each of the committees are not binding on the other participating CCG Governing Bodies.

In Attendance

15. The CiC Convenor will agree with the Committee Chairs the attendance of other individuals required to enable effective decision-making.
16. Where individuals attend a CiC meeting, this will be noted as “in-attendance” in the minutes.

Conflicts of Interest

17. For clarity - The Conflicts of Interest policies of Newham CCG apply to the working of the CiC.

Reporting arrangements

18. The minutes of the CiC will consist of a set of identical minutes for each of the participating CCGs.
19. The minutes of each Committee will be reported to each of the participating Governing Bodies for information when agreed as accurate by the CiC. The individual CCG reporting arrangements to the Governing Body is set out in their Constitution.
20. The CiC will present an Annual Report to each Governing Body on the actions taken by the CiC to comply with its Terms of Reference.

Administration

21. Support for the CiC will be arranged by the Accountable Officer.

Review of Terms of Reference Addendum

22. The Audit Committee will review this Terms of Reference Addendum annually at one of its meetings. Changes in the Terms of Reference Addendum need to be approved by each Governing Body and reflected in each CCG's Constitution.