

**NHS BRIGHTON AND HOVE
CLINICAL COMMISSIONING GROUP**

CONSTITUTION

NHS England Effective Date: [1st April 2016]

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FOREWORD

NHS Brighton and Hove Clinical Commissioning Group (CCG) is a membership organisation made up of 44 GP practices. It is responsible for commissioning a range of health services on behalf of people in Brighton and Hove.

This constitution sets how we are structured and what processes we have to make sure decisions are made in an open and transparent way with the interests of patients and the public at the very centre of what we do. The constitution, together with the Brighton and Hove CCG Membership Agreement, covers the responsibilities of individual member practices and the CCG Governing Body and its sub committees.

Our vision is

'to be an excellent clinical commissioning group bringing clinicians, local people and managers together to make sure that there is help to stay healthy, as well as high quality, easy to use comprehensive health care for those who are unwell'.

Our mission is that we are driven by the desire to improve the health of all the people in Brighton and Hove. We are proud to live and work in such a vibrant and diverse city and we will strive to ensure that the needs of all our communities are well served.

The constitution applies to the following people:

- *The CCGs member practices*
- *The CCGs staff*
- *All individuals working on behalf of the CCG (including people working on the CCGs behalf, such as those employed by the Commissioning Support Units)*
- *All members of the CCGs Governing Body and committees, sub committees or sub groups*

Dr Xavier Nalletamby GP Chair & Dr Christa Beesley Clinical Chief Officer

INTRODUCTION AND COMMENCEMENT

1.1. Name

- 1.1.1. The name of this Clinical Commissioning Group is NHS Brighton and Hove Clinical Commissioning Group.

1.2. Statutory Framework

- 1.2.1. Clinical Commissioning Groups are established under the Health and Social Care Act 2012 (“the 2012 Act”). They are statutory bodies which have the function of commissioning services for the purposes of the health service in England and are treated as NHS bodies for the purposes of the National Health Service Act 2006 (“the 2006 Act”). The duties of Clinical Commissioning Groups to commission certain health services are set out in section 3 of the 2006 Act, as amended by section 13 of the 2012 Act, and the regulations made under that provision.
- 1.2.2. The NHS Commissioning Board, hereafter known as NHS England is responsible for determining applications from prospective groups to be established as Clinical Commissioning Groups and undertakes an annual assessment of each established group. It has powers to intervene in a Clinical Commissioning Group where it is satisfied that a group is failing or has failed to discharge any of its functions or that there is a significant risk that it will fail to do so.
- 1.2.3. Clinical Commissioning Groups are clinically led membership organisations made up of general practices. The members of the Clinical Commissioning Group are responsible for determining the governing arrangements for their organisations, which they are required to set out in a constitution.

1.3. Status of this Constitution

- 1.3.1. This Constitution is made between the members of NHS Brighton and Hove Clinical Commissioning Group and has effect from 1st day of April 2016. The Constitution is published on the CCG’s website at www.brightonandhoveccg.nhs.uk/. Alternatively, interested persons will be able to obtain a hard copy upon application to the CCG's headquarters at Lanchester House, Trafalgar Place, Brighton, BN1 4FU

1.4. Amendment and Variation of this Constitution

- 1.4.1. This Constitution can only be varied in two circumstances.
- a) where the CCG applies to NHS England and that application is granted;
 - b) where in the circumstances set out in legislation NHS England varies the CCG’s Constitution other than on application by the CCG.
- 1.4.2. Where the CCG applies to NHS England to make a variation to this constitution, it shall specify the date at which the CCG intended that the variation shall be effective.

2. AREA COVERED

2.1 Save for the three (3) Lower-layer Super Output Areas (LSOAs) in the Local Authority areas referred to in the table below, the geographical area covered by NHS Brighton and Hove Clinical Commissioning Group is co-terminus with Brighton and Hove City Council.

2.1.1

| Local Authority | Lower-layer Super Output Areas (LSOAs) | | |
|----------------------------|--|------------|------------------------------------|
| | LSOA Code | LSOA Name | Ward |
| East Sussex County Council | E01021030 | Lewes 006D | East Saltdean and Telscombe Cliffs |
| East Sussex County Council | E01021027 | Lewes 006A | East Saltdean and Telscombe Cliffs |
| West Sussex County Council | E01031348 | Adur 004B | Eastbrook |

2.2 The Area of the CCG shall be divided into Local Member Groups. The initial Local Member Groups of the CCG are set out in Annex 2 to Appendix C (Standing Orders).

3. MEMBERSHIP

3.1. Membership of the CCG

3.1.1. The following practices comprise the Members of NHS Brighton and Hove Clinical Commissioning Group.

| Practice Name | Address |
|---|--|
| Brighton Health and Wellbeing Centre | 18/19 Western Road, Hove, BN3 1AE |
| The Central Hove Surgery | Ventnor Villas, Hove, BN3 3DD |
| The Charter Medical Centre | 88 Davigdor Road, Hove, BN3 1RF |
| Hangleton Manor Surgery | 96 Northease Drive, Hove, BN3 8LH |
| Hove Medical Centre | West Way, Hove, BN3 8LD |
| Wish Park Surgery | 124 New Church Road, Hove, BN3 4JB |
| Hove ParkVillas Surgery | 18 Hove Park Villas, Hove, BN3 6HG |
| Links Road Surgery | 27-29 Links Road, Portslade, BN41 1XH |
| Matlock Road Surgery | 10 Matlock Road, Brighton, BN1 5BF |
| Mile Oak Medical Centre | Chalky Road, Portslade, BN41 2WF |
| Benfeild Valley Healthcare Hub | Old Shoreham Road, Portslade, BN41 1XR |
| Portslade Health Centre | Church Road, Portslade, BN41 1LX |
| Sackville Medical Centre | 20 Sackville Road, Hove, BN3 3FF |
| Beaconsfield Medical Practice | 175 Preston Road, Brighton, BN1 6AG |
| Brighton Station Health Centre | Aspect House, 84 - 87 Queens Road, Brighton, BN1 3XE |
| Carden Surgery | County Oak Medical Centre, Carden Hill, Brighton, BN1 8DD |
| The Haven Practice | 100 Beaconsfield Villas, Brighton, BN1 6HE |
| New Larchwood Surgery | Waldron Avenue, Coldean, Brighton, BN1 9EZ |
| Montpelier Surgery | 2 Victoria Road, Brighton, BN1 3FS |
| North Laine Medical Centre | 12-14 Gloucester Street, Brighton, BN1 4EW |
| Preston Park Surgery | 2A Florence Road, Brighton, BN1 6DJ |
| St Peter's Medical Centre | 30-36 Oxford Street, Brighton, BN1 4LA |
| Ship Street Surgery | 65-67 Ship Street, Brighton, BN1 1AE |
| Stanford Medical Centre | 175 Preston Road, Brighton, BN1 6AG |
| The Practice (Boots) | First Floor Boots the Chemist, 129/132 North Street, Brighton, BN1 2BE |
| The Seven Dials Medical Centre | 24 Montpelier Crescent, Brighton, BN1 3JJ |
| University of Sussex Health Centre | University of Sussex, Falmer, Brighton, BN1 9RW |
| Warmdean Surgery | Carden Hill, Brighton, BN1 8DD |
| Albion Street Surgery | 9 Albion Street, Brighton, BN2 9PS |
| School House Surgery | Hertford Road, Brighton, BN1 7GF |
| Ardingly Court Surgery | 1 Ardingly Street, Brighton, BN2 1SS |
| Brighton Homeless Healthcare | The Practice, Morley Street, Brighton, BN2 9DH |
| Broadway Surgery | Wellsbourne Health Centre, 179 Whitehawk Road, Brighton, BN2 5FL |
| Lewes Road Surgery | 188/189 Lewes Road, Brighton, BN2 3LA |
| Park Crescent Health Centre | 1 Lewes Road, Brighton, BN2 3HP |
| Pavilion Surgery | 2-3 Old Steine, Brighton, BN1 1FZ |
| Regency Surgery | 4 Old Steine, Brighton, BN1 1EJ |
| Ridgeway Surgery | 130 The Ridgeway, Woodingdean, Brighton, BN2 6PB |
| Saltdean & Rottingdean Medical Practice | 20 & 21 Grand Ocean, Longridge Avenue, Brighton, BN2 8LG |
| St Luke's Surgery | 20 & 21 Grand Ocean, Longridge Avenue, Brighton, BN2 8SN |
| The Avenue Surgery | 1 The Avenue, South Moulsecoomb, Brighton, BN2 4GF |
| Whitehawk Medical Practice | Wellsbourne Health Centre, 179 Whitehawk Road, Brighton, BN2 5FL |
| Willow Medical Centre | 50 Heath Hill Avenue, Lower Bevendean, Brighton, BN2 4FH |
| Woodingdean Medical centre | Warren Road, Woodingdean, Brighton, BN2 6BA |

- 3.1.2. Appendix B of this Constitution contains the list of practices and the Local Member Group which the practice sits within.
- 3.1.3. The Membership of the CCG confirmed their acceptance of this Constitution, including any amendments made from previous versions of the CCG's Constitution, by a vote of the membership at a City Wide Membership meeting as required in accordance with the CCG's standing orders attached at Appendix C of this constitution.
- 3.2. **Eligibility**
- 3.2.1. Providers of primary medical services to a registered list of patients under a General Medical Services, Personal Medical Services or Alternative Provider Medical Services contract that meet the requirements of the Regulations and whose practice is based within the geographical area identified in paragraph 2 of this constitution will be eligible for membership of this Group.
- 3.3. **Application for Membership**
- 3.3.1. No practice shall become a Member of the CCG unless that practice:
- a) is eligible to become a Member in accordance with paragraph 3.2 above;
 - b) has confirmed acceptance of the Constitution; and
 - c) following approval of its application by NHS England has been entered into the Register of Members set out in Appendix B to this Constitution.
- 3.3.2. Any dispute between a practice and the CCG in respect of eligibility for membership of the CCG shall be referred to NHS England for determination. The Governing Body shall determine any dispute in terms of allocation of the Members to a Local Member Group.
- 3.4. **Cessation of Membership**
- 3.4.1. A Member ceases to be a Member if it is no longer able to comply with the eligibility requirements for membership contained in paragraph 3.2 above or the provisions of paragraph 1.4 above result in cessation of membership.
- 3.4.2. The CCG shall notify NHS England in the event that it becomes aware that any Member no longer meets the requirements of paragraph 3.2 or is proposing to merge with another Member or a member of another Clinical Commissioning Group. The CCG shall propose any such amendments to this Constitution under the terms of paragraph 1.4 as are appropriate to reflect the circumstances.
- 3.4.3. Membership of the CCG is not transferable and any proposed changes to the membership (including those arising from a merger of Members) shall be subject to the approval of NHS England.

4. MISSION, VALUES AND AIMS

4.1. Mission

4.1.1. NHS Brighton and Hove Clinical Commissioning Group is driven by the desire to improve the health of all the people in Brighton and Hove. We are proud to live and work in such a vibrant and diverse city and we will strive to ensure that the needs of all our communities are well served.

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

4.2. Values

4.2.1. The values that lie at the heart of the CCG's work are that we:

- a) Are accountable to the people of Brighton and Hove as well as our Member practices;
- b) Are committed to making decision openly in a way that is easily understood;
- c) Place patients, with their families and the public at the centre of everything we do;
- d) Value innovation and will create an environment that supports good ideas;
- e) Take time to celebrate achievements;
- f) Listen to and respect patient, the public, staff and clinicians;
- g) Value the highest standards of excellence and professionalism in the provision of healthcare that is safe, effective and focussed on patient experience; and
- h) Value and uphold the NHS Constitution in all that we do.

4.3. Aims

4.3.1. The CCG's aims are to:

- a) Clinically lead our local healthcare system to improve the quality, effectiveness and outcomes of NHS healthcare;
- b) Ensure the best possible stewardship of NHS funds;
- c) Promote equality through the services we commission and 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;
- d) Work to reduce health inequalities and seek to identify and eliminate discrimination;
- e) Involve patients, their families and the public in all decisions about their care and treatment and the design of NHS services in our City;
- f) Support the education, training and development that the staff of the CCG and Member practices receives to improve the current and future healthcare of the population;
- g) Bring our Member practices together to work effectively for the benefit of the whole population;
- h) Work across organisational boundaries and in partnership with other organisations in the interest of patients, local communities and the wider population, to create a happier healthier City;

- i) Promote the fair and sustainable use of finite resources, and
- j) Minimise waste and bureaucracy.

4.4. **Principles of Good Governance**

4.4.1. In accordance with section 14L(2)(b) of the 2006 Act, the 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*;
- c) the standards of behaviour published by the *Committee on Standards in Public Life (1995)* known as the ‘Nolan Principles’;
- d) the seven key principles of the *NHS Constitution*;
- e) the Equality Act 2010; and
- f) *the Standards for Members of NHS Boards and Governing Bodies in England*.

4.5. **Accountability**

4.5.1. The 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 independent Lay Members and non GP clinicians to its Governing Body;
- c) holding meetings of its Governing Body in public (except where the CCG considers that it would not be in the public interest in relation to all or part of a meeting);
- d) publishing commissioning plans in such frequency and the format as may be required by NHS England, and additionally as may be deemed necessary by the CCG;
- e) participating in local authority health overview and scrutiny processes as required by Section 244 of the 2006 Act;
- 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; and
- j) providing information to NHS England as required.

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

- a) publishing its principal commissioning and operational policies on the CCG's website at www.brightonandhoveccg.nhs.uk/;

- b) holding engagement events (at such times and frequency as shall be determined by the CCG);
- c) identifying a named Lay Member with responsibility for public and patient engagement;
- d) supporting a Patient and Public Engagement Network and Patient and Public City Wide Participation Forum; and
- e) ensuring the Governing Body is accountable to its Members via the City Wide Membership Meetings held not less than twice a year, and the Local Member Group arrangements.

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

5. FUNCTIONS AND GENERAL DUTIES

5.1. Functions

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

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

5.1.2. In discharging its functions the CCG will:

- a) act, when exercising its functions to commission health services, consistently with the discharge by the Secretary of State and NHS England of their duty to **promote a comprehensive health service** and with the objectives and requirements placed on NHS England through *the mandate* published by the Secretary of State before the start of each Financial Year by:
 - i) delegating responsibility for this function to the Governing Body;
 - ii) producing and publishing commissioning plans, which promote a comprehensive health service and responds to the mandate published on an annual basis by the Secretary of State; and
 - iii) requiring the commissioning plans to be approved by the Governing Body on an annual basis, and for progress of delivery against the plan to be performance monitored by the Governing Body;

- b) **meet the public sector equality duty** by:
- i) delegating appropriate responsibility to a committee or sub-committee of the CCG or its Accountable Officer or a Member or employee the requirement to produce an equality plan to meet the public sector equality duty;
 - ii) requiring the equality plan to be approved by the Governing Body on an annual basis, and for delivery against the plan to be performance monitored by the Governing Body;
 - iii) requiring the equality plan to set out how the Governing Body, for the t protected characteristics, will have due regard to the need to:
 - eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010;
 - advance equality of opportunity between people who share a protected characteristic and those who do not;
 - foster good relations between people who share a protected characteristic and those who do not; and
 - iv) delegating responsibility for monitoring arrangements in place with the CCG relating to equality and diversity issues and compliance with statutory obligations to the Quality Assurance Committee.
- c) work in partnership with Brighton and Hove City Council to develop **joint strategic needs assessments** and **joint health and wellbeing strategies** by being an active member of the Health and Wellbeing Board. The Health and Wellbeing Strategy and the Joint Strategic Needs Assessment will be reported to the Governing Body as will all subsequent revisions.

5.2. **General Duties** - in discharging its functions the CCG will:

5.2.1. make arrangements to **secure public involvement** in the planning, development and consideration of proposals for changes and decisions affecting the operation of commissioning arrangements by:

- a) having a Patient Representative on the Local Member Group supporting team;
- b) establishing a Patient and Public Engagement Network and Patient and Public City Wide Participation Forum to harness the contributions of patients, their carers and representatives and the public;
- c) publishing a statement of principles that is approved and monitored by the Governing Body;
- d) meeting annually in public to publish and present the CCG's annual report;
- e) having a Lay Member with responsibility for public and patient participation who shall be the Chair of the Patient and Public Participation Group Network and who shall be recruited from the membership of Patient Participation Groups within Brighton and Hove ;
- f) where it is intended that services will change, engaging the Brighton and Hove City Council's health and wellbeing overview and scrutiny committee;
- g) where it has to formally consult on changes, taking account of the seven criteria laid out in the Cabinet Officer's Code of Practice on Consultation;
- h) delegating responsibility for the management of consultation processes to the Quality Assurance Committee; and

- i) publishing a procurement strategy.

5.2.2. **Promote awareness of, and act with a view to securing that health services are provided in a way that promotes awareness of, and have regard to the NHS Constitution** by delegating appropriate responsibility to its Governing Body who will be responsible for preparing the CCG's commissioning plans, which will set out how the CCG will promote awareness and have regard to the NHS Constitution. The CCG's annual report will summarise how the CCG has delivered against its intentions in this area.

5.2.3. Act **effectively, efficiently and economically** by:

- a) delegating appropriate responsibility to its Governing Body to oversee how it discharges the duty;
- b) delegating responsibility for seeking assurance on the effectiveness, efficiency and economy of arrangements to the Audit Committee;
- c) embedding the requirement to consider the effectiveness, efficiency and economy in individual strategies, policies and decision-making processes; and
- d) reviewing and reporting on the effectiveness, efficiency and economy of management arrangements and commissioned services.

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

- a) delegating appropriate responsibility for acting with a view to securing continuous improvement to the quality of services to the Governing Body;
- b) delegating responsibility for the review of quality of services to its Quality Assurance Committee who will monitor and drive forward the quality and safety of all commissioned care, and oversee and provide assurance on the quality of commissioned services, including serious incidents, Never Events and patient experience; and
- c) adopting a quality framework that is approved by the Governing Body.

5.2.5. Assist and support NHS England in relation to the Board's duty to **improve the quality of Primary Medical Services** by:

- a) delegating appropriate responsibility for assisting and supporting NHS England in relation to the Board's duty to improve the quality of primary medical services to the Governing Body; and
- b) participating, as required, in arrangements locally established by NHS England for the purpose of collaborating with NHS England in respect of the duty referred to herein.

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

- a) adopting an annual commissioning plan which reflects the CCG's commitment to reducing inequalities in access to services and outcomes achieved; and
- b) embedding the requirement to consider the reduction of inequalities in individual strategies, policies and decision-making processes.

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

- a) the Governing Body embedding the principles of "No Decision About Me Without Me" and "Shared Decision Making" throughout the organisation and ensuring that this informs commissioning, service development, service redesign and pathway development, whilst understanding and taking account of limitations necessary for some aspects of urgent care;

- b) designating the Lay Member for patient and public involvement as lead Governing Body member for patient, carer and representative involvement in decision making about healthcare; and
- c) publishing accessible information for patients, carers and representatives on involvement in decisions about their healthcare.

5.2.8. Act with a view to **enabling patients to make choices** by:

- a) delegating appropriate responsibility for enabling patients to make choices to the Governing Body; and
- b) in preparing the CCG's annual commissioning plan, and delivering the CCG's commissioning responsibilities, having regard to the requirement for patient choice.

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

- a) delegating appropriate responsibility for obtaining advice to its Governing Body;
- b) having a secondary care specialist doctor and a registered nurse on the CCG's Governing Body; and
- c) engaging, where appropriate, with primary care and secondary care providers and bodies representing their views.

5.2.10. **Promote innovation** by:

- a) delegating appropriate responsibility for the promotion of innovation to the Governing Body;
- b) securing commitment to innovation through contractual arrangements with providers; and
- c) preparing, and delivering on, a commissioning plans which pay due regard to promoting innovation.

5.2.11. **Promote research and the use of research** by:

- a) delegating appropriate responsibility for research and the use of research to the Governing Body; and
- b) adopting a research policy that is approved by the Governing Body.

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

- a) delegating appropriate responsibility to the Governing Body for the promotion of education and training;
- b) ensuring that the CCG's contracts and contract monitoring arrangements require contracted providers to promote education and training; and
- c) having regard to national and regional arrangements relating to education and training.

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

- a) delegating appropriate responsibility for promoting integration to the Chief Operating Officer who will support joint commissioning arrangements with local authorities and other partners as part of the whole system responsibility; and
- b) being an active member of the Health and Wellbeing Board; and
- c) setting out specific plans to its commissioning plans (where appropriate).

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

5.3.1. ***Ensure its expenditure does not exceed the aggregate of its allotments for the Financial Year*** by:

- a) delegating responsibility for ensuring expenditure does not exceed aggregated allotments to the Governing Body;
- b) delegating responsibility for ensuring robust financial strategies, policies, systems and processes are in place to the Chief Finance Officer;
- c) delegating responsibility for seeking assurance on the robustness of financial arrangements to the Audit Committee;
- d) adopting an annual financial plan designed to meet the CCG's financial duties; and
- e) requiring the Chief Finance Officer to regularly monitor financial performance against the annual financial plan, and report to the Governing Body on the same.

5.3.2. ***Ensure its use of resources (both its capital resource use and revenue resource use) does not exceed the amount specified by NHS England for the Financial Year*** by:

- a) delegating responsibility for ensuring its use of resources does not exceed the amount specified by NHS England for the Financial Year to the Governing Body;
- b) delegating responsibility for ensuring robust financial strategies, policies, systems and processes are in place to the Chief Finance Officer;
- c) delegating responsibility for seeking assurance on the robustness of financial arrangements to the Audit Committee;
- d) adopting an annual financial plan designed to meet the CCG's financial duties; and
- e) requiring the Chief Finance Officer to regularly monitor financial performance against the annual financial plan, and report to the Governing Body on the same.

5.3.3. ***Take account of any directions issued by NHS England, in respect of specified types of resource use in a Financial Year, to ensure the CCG does not exceed an amount specified by NHS England*** by:

- a) delegating responsibility for complying with directions issued by the National England, in respect of specified types of resource use, to the Governing Body;
- b) delegating responsibility for ensuring robust financial strategies, policies, systems and processes are in place to enable the CCG to fulfil its statutory responsibility not to exceed its expenditure limits, as set by direction of NHS England, to the Chief Finance Officer;
- c) delegating responsibility for seeking assurance on the robustness of financial arrangements to the Audit Committee;
- d) adopting and updating an annual financial plan designed to comply with directions issued by NHS England; and

- e) requiring the Chief Finance Officer to regularly monitor the use of specified types of resource which are subject to directions issued by NHS England from time to time, and reporting to the Governing Body on the same

5.3.4. ***Publish an explanation of how the CCG spent any payment in respect of quality*** made to it by NHS England by requiring the Chief Finance Officer to regularly monitor and review payments in respect of quality made to it by NHS England, and reporting on the same to the Governing Body.

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

5.4.1. The CCG will

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

5.4.2. The 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.

6. **DECISION MAKING: THE GOVERNING STRUCTURE**

6.1. **Authority to act**

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

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

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

- a) the CCG's Scheme of Reservation and Delegation; and
- b) for committees, their terms of reference.

6.2. **Scheme of Reservation and Delegation**

6.2.1. The 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 Governing Body (and its committees), the CCG's committees and sub-committees, individual Members and employees.

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

6.3. **General**

- 6.3.1. In discharging functions of the CCG that have been delegated to its Governing Body (and its committees), committees, joint committees, sub-committees and individuals must:
- a) comply with the CCG's principles of good governance;
 - b) operate in accordance with the CCG's Scheme of Reservation and Delegation;
 - c) comply with the CCG's Standing Orders;
 - d) comply with the CCG's arrangements for discharging its statutory duties; and
 - e) where appropriate, ensure that Member practices have had the opportunity to contribute to the CCG's decision making process.
- 6.3.2. When discharging their delegated functions, committees, joint committees, sub-committees must also operate in accordance with their approved terms of reference.
- 6.3.3. Where delegated responsibilities are being discharged collaboratively, the joint (collaborative) arrangements must:
- a) identify 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; and
 - f) specify how decisions are communicated to the collaborative partners.

6.4. **Committees of the CCG**

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

- a) Audit Committee;
- b) Remuneration and Nominations Committee;
- c) Performance & Governance Committee;
- d) Clinical Strategy Group; and
- e) Quality Assurance Committee,
- f) Participation and Communication Committee
- g) Primary Care Commissioning Committee

and each of the above committees is accountable to the Governing Body.

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

6.5. **Joint Arrangements**

6.5.1 The CCG has the following joint committees with Brighton and Hove City Council:

- a) The Health and Wellbeing Board
- b) Joint England (Adult) and Children and Young People Committee pursuant to a Section 75 Agreement with the Council

6.6. **The Governing Body**

6.6.1. **Functions** - the Governing Body has the following functions conferred on it by sections 14L(2) and (3) of the 2006 Act together with any other functions connected with its main functions as may be specified in regulations or in this Constitution. The Governing Body may also have functions of the CCG delegated to it by the CCG. Where the CCG has conferred additional functions on the Governing Body connected with its main functions, or has delegated any of the CCG's functions to its Governing Body, these are set out from paragraph 6.6.1(d) below. The Governing Body has responsibility for:

- a) ensuring that the CCG has appropriate arrangements in place to exercise its functions *effectively, efficiently and economically* and in accordance with the CCG's *principles of good governance* (its main function);
- b) determining the remuneration, fees and other allowances payable to employees or other persons providing services to the CCG and the allowances payable under any pension scheme it may establish under paragraph 11(4) of Schedule 1A of the 2006 Act;
- c) approving any functions of the CCG that are specified in regulations;
- d) leading the setting of vision and strategy;
- e) recommending to the CCG the annual commissioning plan, annual report and annual accounts by presentation of the same to the Members at a City Wide Membership Meeting;
- f) monitoring performance against plans;
- g) providing assurance of strategic risk;
- h) approving a report, received from the Chief Finance Officer, showing the total allocations received and their proposed distribution including any sums held in reserve;
- i) approving budgets prepared and submitted by the Chief Finance Officer prior to the start of the Financial Year;
- j) receiving and approving (where necessary) reports from the Chief Finance Officer which monitor financial performance against budget and plan;
- k) approving the timetable for producing the annual report and preparing the accounts;
- l) performing any of the functions in paragraph 5.2 and/or any other paragraph of this Constitution and the Scheme of Reservation and Delegation, which have been identified as being delegated to the Governing Body; and

- m) such other functions as may be conferred or delegated to the Governing Body from time to time.

6.6.2. **Composition of the Governing Body** – the Governing Body shall not have less than six (6) members and comprises of:

- a) the Chair (who shall be a GP);
- b) three (3) Local Member Group GP Leads (who shall be GPs);
- c) four (4) Independent Members who shall be:
 - i) two (2) Lay Members (one of whom, shall be the Deputy Chair where the Chair is a GP or other Healthcare Professional):
 - one to lead on audit, remuneration and conflict of interest matters, and
 - one to lead on patient and public participation matters;
 - ii) one (1) registered nurse;
 - iii) one (1) secondary care doctor;
- d) the Chief of Clinical Leadership and Engagement (who shall be a GP);
- e) the Accountable Officer ;
- f) the Chief Finance Officer;
- g) the Chief Operating Officer; and
- h) the Director of Clinical Quality and Patient Safety(who shall be a registered clinician).
- i) the Director of Delivery and Performance

6.6.3. The Governing Body may invite other persons to attend their meetings (in a non-voting capacity) as it sees fit from time to time including but not limited to the Director of Public Health and the Director of Adult Services from Brighton & Hove City Council.

6.6.4. **Committees of the Governing Body** – the Governing Body has appointed the following committees and sub-committees:

- a) **Audit Committee** – the Audit Committee, which is accountable to the Governing Body, provides the Governing Body with an independent and objective view of the CCG’s financial systems, financial information and compliance with laws, regulations and directions governing the CCG in so far as they relate to finance. The Governing Body has approved and keeps under review the terms of reference for the Audit Committee, which includes information on the membership of the Audit Committee. The Governing Body may amend these terms of reference from time to time and shall publish the latest version on its website and make available on request.

In addition the CCG or the Governing Body has conferred or delegated the following functions, connected with the Governing Body's main functions, to its Audit Committee:

- i) performing any of the functions in paragraphs 5.2 and 5.3 and Appendix E, which are conferred or delegated to the Audit Committee;
- ii) performing any of the functions in any paragraph of this Constitution, the Scheme of Delegation and/or the Audit Committee terms of reference, which have been identified as being delegated to the Audit Committee; and

- iii) such other functions as may be conferred or delegated to the Audit Committee from time to time.

- b) **Remuneration and Nominations Committee** – the Remuneration and Nominations Committee, which is accountable to the Governing Body, makes recommendations to the Governing Body on determinations about the remuneration, fees and other allowances for employees and for people who provide services to the CCG and on determinations about allowances under any pension scheme that the CCG may establish as an alternative to the NHS pension scheme. The Governing Body has approved and keeps under review the terms of reference for the Remuneration and Nominations Committee, which includes information on the membership and role of the Remuneration and Nominations Committee. The Governing Body may amend these terms of reference from time to time and shall publish the latest version on its website and make available on request.

In addition the CCG or the Governing Body has conferred or delegated the following functions, connected with the Governing Body's main function, to its Remuneration and Nominations Committee:

- i) setting the terms of office for members of the Governing Body;
 - ii) performing any of the functions in paragraph 5.2 and/or any other paragraph of this Constitution, the Scheme of Reservation and Delegation, and the Remuneration and Nominations Committee terms of reference, which have been identified as being delegated to the Remuneration and Nominations Committee; and
 - iii) such other functions as may be conferred or delegated to the Remuneration and Nominations Committee from time to time.
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- c) **Performance & Governance Committee** - The Performance & Governance Committee, which is accountable to the Governing Body, supports the Governing Body and supports operational delivery and management of agreed strategy, including strategic commissioning intentions and operating plan. Performance & Governance Committee has operational responsibility for matters relating to the CCG's governance, performance of the CCG, performance of contracts held by the CCG and organisational development, Performance & Governance Committee is a senior team within the CCG with management oversight of corporate matters and provides assurance to the Governing Body in relation to Corporate and workforce affairs. The Performance & Governance Committee is authorised to approve corporate policies on behalf of the Governing Body and ensure the effective management of the CCG on a day to day basis.

The Performance & Governance Committee shall carry out its duties by performing:

- i) any of the functions in paragraph 5.2 and/or any other paragraph of this Constitution, the Scheme of Reservation and Delegation, and the Performance & Governance Committee terms of reference, which have been identified as being delegated to the Performance & Governance Committee; and
- ii) such other ancillary functions and/or activities that are appropriate to the Performance & Governance Committee role and as otherwise may be conferred or delegated to the Performance & Governance Committee from time to time.

The Governing Body has approved and keeps under review the terms of reference for the Performance & Governance Committee, which includes information on the membership and role of the Performance & Governance Committee. The Governing Body may amend these terms of reference from time to time and shall publish the latest version on its website and make available on request.

- d) **Clinical Strategy Group** – the Clinical Strategy Group, which is accountable to the CCG's Governing Body, is responsible for the following functions delegated to it:
- i) developing and recommending a commissioning strategy to the Governing Body informed by each Local Member Group and aligned with the Health & Well-Being Strategy;
 - ii) ensuring the CCG has regard to the need to reduce health inequalities and has integrated within strategies and the integrated plan, actions which will seek to address these;
 - iii) developing and overseeing the necessary programme and/or project arrangements to effectively inform the development of clinical strategy and to develop annual commissioning plans for certain categories of care e.g. planned care, urgent care, mental health, community services etc;
 - iv) supporting joint commissioning arrangements with local authorities and other partners;
 - v) generating new QIPP ideas and recommending to the Governing Body QIPP business cases for approval and release of finance from reserves;
 - vi) assessing the clinical outcomes for provider contracts e.g. CQUINs; and
 - vii) determining tactical investments/interventions within the authority delegated to it.

The Governing Body has approved and keeps under review the terms of reference for the Clinical Strategy Group, which includes information on the membership and role of the Clinical Strategy Group. The Governing Body may amend these terms of reference from time to time and shall publish the latest version on its website and make available on request .

- e) **The Quality Assurance Committee** – the Quality Assurance Committee, which is accountable to the CCG's Governing Body, provides assurance on the quality of services commissioned, providing a culture of continuous improvement and innovation with respect to patient safety, clinical effectiveness and patient experience. The Governing Body has approved and keeps under review the terms of reference for the Quality Assurance Committee, which includes information on the membership and role of the Quality Assurance Committee. The Governing Body may amend these terms of reference from time to time and shall publish the latest version on its website and make available on request.

In addition, the CCG or the Governing Body has conferred or delegated the following functions connected with the Governing Body's main function, to its Quality Assurance Committee:

- i) monitoring and driving forward the quality of all commissioned care, recommending courses of action where concerns have been identified;
- ii) receiving and discussing reports on primary care with a view to assisting and supporting NHS England in its duty to improve the quality of such care;
- iii) receiving and reviewing reports on quality in respect of commissioned services to include performance against CQUINs; patient experience (including complaints & compliments) and clinical performance indicators;
- iv) ensuring the patient voice is captured and changes in commissioning strategies are recommended to improve patient experience;
- v) ensuring there are robust systems and processes in place to safeguard adults and children;

- vi) monitoring arrangements in place within the CCG relating to equality & diversity issues, ensuring compliance with statutory obligations;
 - vii) ensuring adequate systems are in place for the governance of research in line with Department of Health requirements;
 - viii) overseeing and providing assurance on the clinical governance arrangements in commissioned services;
 - ix) receiving, reviewing and scrutinising reports on serious incidents (SIs) and Never Events occurring in commissioned services and monitoring associated action plans;
 - x) ensuring delivery of the requirements for procurement processes; and
 - xi) ensuring that there are robust systems and processes in place to monitor and reduce inequalities.
- f) **The Participation and Communication Assurance Committee** – The Participation and Communication Assurance Committee (PCAC), which is accountable to the governing body is responsible for providing assurance that the views of patients and the public shape the services commissioned by the CCG. The PARC also provides an opportunity to ensure that the CCG works collaboratively with partners across the city, avoiding duplication and strengthening partnership working. The Governing Body has approved and keeps under review the terms of reference for the Participation and Communication Assurance Committee, which includes information on the membership and role of the Participation and Communication Assurance Committee. The Governing Body may amend these terms of reference from time to time and shall publish the latest version on its website and make available on request.

In addition, the Governing Body has conferred or delegated the following functions connected with the Governing Body's main function, to the Participation and Communication Committee:

- i) Considering all aspects of patient and public participation and the development and implementation of the CCG's Patient and Public Participation Strategy.
 - ii) Development and implementation of external communication plans
 - iii) Evaluating feedback on existing services and ensuring the involvement of patients in programs of service redesign
 - iv) Ensuring that due consideration to equalities has been given in the commissioning of services
 - v) Develop communication strategies and channels which support effective two-way communication with PPGs, the Community and Voluntary Sector, Healthwatch and groups with protected characteristic/marginalised groups.
- g) **The Primary Care Commissioning Committee** - The Primary Care Commissioning Committee is a subcommittee of the Governing Body and will make decisions on behalf of the CCG in respect developing primary care including investment and commissioning decisions. The committee has been created to oversee the governance of developments in primary care and will become the committee responsible for commissioning primary care should the CCG's membership agree to take on such a responsibility.

The Governing Body has approved and keeps under review the terms of reference for the Primary Care Commissioning Committee, which includes information on the membership and role of the Primary Care Commissioning Committee. The Governing Body may amend these terms of reference from time to time and shall publish the latest version on its website and make available on request

7. ROLES AND RESPONSIBILITIES

Key roles outside of the Governing Body

7.1. Clinical Commissioning Leads

7.1.1. Clinical Commissioning Leads are Health Care Professionals appointed by their Member practice in accordance with paragraph 2.2.13 of Appendix C whose role is to:

- a) represent his/her appointing Member's views and act on behalf of it in respect of Group matters;
- b) be the representative of his/ her appointing Member at City Wide Membership Meetings and Local Member Group Meetings;
- c) attend the City Wide Membership Meetings and Local Member Group Meetings;
- d) share information (both hard and soft) between Members;
- e) ensure that his/ her Member signs and adheres to obligations and responsibilities contained in the CCG membership agreement and Constitution;
- f) engage with his/ her relevant Local Member Group GP Lead both individually and as part of the Local Member Group activities and with Clinical Programme Leads; and
- g) engage with the Governing Body via the City Wide Membership Meetings and Local Member Group Meetings.

7.2. Roles within Local Member Groups

7.2.1. Local Member Group GP Lead

A GP who is elected by the Members within the Local Member Group in accordance with paragraph 4 of Annex 2 to Appendix C to:

- a) represent the Members of their Local Member Group on the Governing Body;
- b) be part of the Local Member Group Team, and chair the Local Member Group Meetings; and
- c) lead on and ensure fulfilment of the role of the Local Member Group as referred to in paragraph 2 of Annex 2 to Appendix C.

7.2.2. Practice Nurse Lead

A practice nurse who is elected by the practice nurses of the Members within each Local Member Group to bring practice nurse perspectives, views and skills into the Local Member Group discussions and provide support to the Local Member Group GP Lead.

7.2.3. Practice Manager Lead

A practice manager who is elected by the practice managers of the Members within each Local Member Group to bring practice manager perspectives, views and skills into the Local Member Group discussions and provide support to the Local Member Group GP Lead.

7.2.4. **Patient Representative**

A Patient Representative elected from the Patient Participation Groups within a Local Member Group or neighbourhood/community groups to bring the patient/user perspectives, views and skills into the Local Members Group discussions and provide support to the Local Member Group GP Lead.

7.3. **Clinical Programme Leads**

7.3.1. The CCG has identified Clinical Programme Leads, each with responsibility for a distinct clinical programme provided within the Area, who will work closely with the Members and who will be accountable to the CCG pursuant to their membership of the Clinical Strategy Group. The role of each Clinical Programme Lead, in relation to the clinical programme for which he/ she is responsible, is to:

- a) lead the clinical strategy and delivery within the CCG;
- b) engage the views of Members and patients to identify key quality outcomes and care pathway improvements, and represent those views via membership of the Clinical Strategy Group; and
- c) provide senior clinical leadership and oversight of the implementation of the relevant clinical programme.

Key roles on the Governing Body

7.4. **Role of the Local Member Group GP Leads**

7.4.1. As identified in paragraph 7.2.1 above, the CCG has identified three (3) Local Member Group GP Leads from its Members who shall be members of the Governing Body and whose role is to lead the work of their Local Member Group and represent the Members of their Local Member Group on the Governing Body. These Local Member Group GP Leads undertake the role outlined in paragraph 3 of Annex 2 of Appendix C of this Constitution on behalf of the CCG.

7.5. **Role of the Chief of Clinical Leadership and Engagement**

7.5.1. The Chief of Clinical Leadership and Engagement is a member of the Governing Body and is responsible for providing the strategic oversight and leadership to the CCG's clinical programmes, leading the CCG's clinical strategy and providing senior clinical leadership and support to the CCG.

7.5.2. The role of the Chief of Clinical Leadership and Engagement is:

- a) to be responsible for providing the senior clinical oversight and leadership to the CCG's clinical programmes and providing support and direction to the Clinical Programme Leads;
- b) to have the role of assistant clinical chair; generally assisting the Chair to fulfil his role including attending meetings where requested to do so on his behalf where other commitments mean that he/she is unable to attend and otherwise providing a clinical voice for the CCG as and when required;
- c) to perform any of the functions and/or duties in paragraph 5.2 and/or any other paragraph of this Constitution, which have been identified as being delegated to the Chief of Clinical Leadership and Engagement;
- d) to perform such other functions or duties as may be conferred or delegated to the Chief of Clinical Leadership and Engagement from time to time; and

- e) to engage and consult with the LMC for the Area in its role as the local representative body for GPs as he/she considers it appropriate for the effective discharge of the CCG's functions.

7.6. **All Members of the Governing Body**

- 7.6.1. Guidance on the roles of members of the CCG's Governing Body has been published by NHS England and the role of each Governing Body Member has been with regards to this guidance. Each member of the Governing Body shares responsibility as part of a team to ensure that the CCG exercises its functions effectively, efficiently and economically, with good governance and in accordance with the terms of this Constitution. Each brings their unique perspective, informed by their expertise and experience.
- 7.6.2. Members of the Governing Body will perform their roles in accordance with legislation and regulation published in respect of CCG Governing Body Members, including best practice guidance published by NHS England from time to time.

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

- 7.7.1. The Chair of the Governing Body is responsible for:
 - a) leading the Governing Body, ensuring it remains continuously able to discharge its duties and responsibilities as set out in this Constitution;
 - b) building and developing the CCG's Governing Body and its individual members;
 - c) ensuring that the CCG has proper constitutional and governance arrangements in place;
 - d) ensuring that, through the appropriate support, information and evidence, the Governing Body is able to discharge its duties;
 - e) providing leadership and supporting the Accountable Officer in discharging the responsibilities of the organisation;
 - f) contributing to building a shared vision of the aims, values and culture of the organisation;
 - g) leading and influencing to achieve clinical and organisational change to enable the CCG to deliver its commissioning responsibilities;
 - h) overseeing governance and particularly ensuring that the Governing Body and the wider Group behave 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; and
 - k) ensuring that the CCG builds and maintains effective relationships, particularly with the individuals involved in overview and scrutiny from the relevant local authorities.
- 7.7.2. Where the Chair of the Governing Body is also the senior clinical voice of the CCG he or she will take the lead in interactions with stakeholders, including NHS England.

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

7.8.1. The Deputy Chair of the Governing Body deputises for the Chair where he or she has a conflict of interest or is otherwise unable to act. Where the Chair is a GP or other Healthcare Professional, the Deputy Chair shall be the Lay Member responsible for audit, remuneration and conflict of interest matters.

7.9. **Role of the Accountable Officer**

7.9.1. The Accountable Officer of the CCG is a member of the Governing Body.

7.9.2. This role of Accountable Officer is:

- a) being responsible for ensuring that the CCG 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; and
- c) working closely with the Chair of the Governing Body, to ensure that proper constitutional, governance and development arrangements are put in place to assure the Members (through the Governing Body) 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.

7.9.3. In addition the CCG or the Governing Body has conferred or delegated the following duties to the Accountable Officer:

- a) performing any of the functions and/or duties in paragraph 5.2 and/or any other paragraph of this Constitution, and the Scheme of Reservation and Delegation, which have been identified as being delegated to, or performed by, the Accountable Officer;
- b) approving consultation arrangements for the CCG's commissioning plans; and
- c) such other functions or duties as may be conferred or delegated to the Accountable Officer from time to time.

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

7.9.5. The CCG is a clinically lead organisation the CCG and, where the Accountable Officer is a GP, the CCG may refer to the Accountable Officer as the Chief Clinical Officer in its public meetings and in its general communication with patients, members of the public and other NHS organisations.

7.10. **Role of the Chief Finance Officer**

7.10.1. The Chief Finance Officer is a member of the Governing Body and is responsible for providing financial advice to the CCG and for supervising financial control and accounting systems.

7.10.2. This role of Chief Finance Officer is:

- a) being the Governing Body's professional expert on finance and ensuring, through robust systems and processes, the regularity and propriety of expenditure is fully discharged;
- b) making appropriate arrangements to support and monitor the CCG's finances;

- c) overseeing robust audit and governance arrangements leading to propriety in the use of the CCG's resources;
- d) being able to advise the Governing Body on the effective, efficient and economic use of the CCG's allocation to remain within that allocation and deliver required financial targets and duties; and
- e) producing the financial statements for audit and publication in accordance with the statutory requirements to demonstrate effective stewardship of public money and accountability to NHS England.

7.10.3. In addition the CCG or the Governing Body has conferred or delegated the following duties to the Chief Finance Officer:

- a) performing any of the functions and/or duties in paragraph 5.2, 5.3 and/or any other paragraphs of this Constitution, which have been identified as being delegated to the Chief Finance Officer;
- b) ensuring that the Register of Interests is regularly reviewed and updated as necessary;
- c) overseeing the management of conflict of interests on behalf of the CCG; and
- d) such other functions or duties as may be conferred or delegated to the Chief Finance Officer from time to time.

7.11. **Role of the Director of Clinical Quality and Patient Safety**

7.11.1. The Director of Clinical Quality and Patient Safety is a member of the Governing Body and is responsible for the strategic development of primary care and for monitoring patient safety and the quality of commissioned services.

7.11.2. The role of the Director of Clinical Quality and Patient Safety is:

- a) ensuring that Governing Body support is provided to its Members to improve the quality of local primary medical services and facilitate Member level clinical commissioning improvement;
- b) ensuring systems and processes for monitoring and acting on patient and Member feedback with regards quality and safety are in place;
- c) providing strategic leadership, assurance and management of clinical quality and clinical risk, including delivering effective frameworks, processes and systems to ensure the CCG commissions for quality, holds providers to account through regular monitoring and reviews, and develops programmes of work with providers to ensure continuous quality improvement across the local healthcare economy;
- d) ensuring that any systems and processes for quality assurance comply with national and legal requirements and new NHS structures;
- e) being an ambassador for clinical quality, ensuring it is at the heart of Group decision making; and
- f) being the Governing Body's professional expert on clinical quality and risk, including patient safety.

7.11.3. In addition the CCG or the Governing Body has conferred or delegated the following duties to the Director of Clinical Quality and Patient Safety:

- a) performing any of the functions and/or duties in paragraph 5.2, 5.3 and/or any other paragraphs of this Constitution, which have been identified as being delegated to the Director of Clinical Quality and Patient Safety;
- b) being the member of the Governing Body accountable for discharging the CCG's responsibilities for the Mental Capacity Act;
- c) being the member of the Governing Body accountable for discharging the CCG's responsibilities for Safeguarding adults and children;
- d) such other functions or duties as may be conferred or delegated to the Director of Clinical Quality and Patient Safety from time to time; and
- e) being the Caldecott Guardian for the CCG

7.12. **Role of the Chief Operating Officer**

7.12.1. The Chief Operating Officer is a member of the Governing Body and is responsible for the operational management and leadership for the CCG functions and staff.

7.12.2. The role of the Chief Operating Officer is:

- a) ensuring the safe and efficient running of the CCG;
- b) ensuring appropriate systems and processes are in place to enable the CCG to exercise its functions effectively, efficiently and economically;
- c) ensuring the CCG has sufficient internal capacity and capability and shared services to deliver its commissioning and statutory requirements;
- d) ensuring effective management systems are in place and for directing the operation of the CCG according to the strategic commissioning priorities set by the CCG; and
- e) developing and implementing effective working arrangement to enable the CCG and its Members to deliver the CCG's objective as set out in the annual commissioning plan.

7.12.3. In addition the CCG or the Governing Body has conferred or delegated the following duties to the Chief Operating Officer:

- a) performing any of the functions and/or duties in paragraph 5.2, 5.3 and/or any other paragraphs of this Constitution, which have been identified as being delegated to the Chief Operating Officer;
- b) being the member of the Governing Body accountable for discharging the CCG's responsibilities for Equality and Diversity statutory requirements;
- c) being the member of the Governing Body accountable for promoting integration and supporting joint commissioning arrangements with local authorities and other partners as part of the whole system responsibility;
- d) being the member of the Governing Body accountable for discharging the CCG's responsibilities for the need to reduce health inequalities in access to, and the outcomes from healthcare;
- e) such other functions or duties as may be conferred or delegated to the Chief Operating Officer Care from time to time; and
- f) being the Senior Information Risk Owner (SIRO) for the CCG

7.13. **Role of the Director of Delivery and Performance**

7.13.1. The Director of Delivery and Performance is a member of the Governing Body and is responsible ensuring the adequate performance of the CCG and its providers.

7.13.2. The role of the Director of Delivery and Performance is to have:

- a) executive oversight, reporting and delivery of all operational performance and national standards aligned to delivery of the CCG strategic objectives
- b) executive leadership of acute, community and mental health contracts
- c) executive leadership of technical planning function and Programme Management Office (PMO) for performance improvement and QiPP delivery

7.13.3. In addition the CCG or the Governing Body has conferred or delegated the following duties to the Director of Delivery and Performance:

- a) performing any of the functions and/or duties in paragraph 5.2, 5.3 and/or any other paragraphs of this Constitution, which have been identified as being delegated to the Director of Delivery and Performance;
- b) providing strategic leadership and oversight for matters relating to operational performance, co-ordinating development and overseeing delivery of agreed recovery plans
- c) ensuring that the CCG has an effective performance framework in place with appropriate accountability to operate within its resource limit.
- d) maintaining oversight of all matters of operational performance against local and national standards
- e) developing an effective mechanism for negotiating contracts jointly with partner organisations, ensuring that these contracts reflect the requirements of Brighton and Hove CCG and the resident population
- f) ensuring that there are effective management systems in place to assure the CCG that there is full compliance with contractual and statutory requirements.

8. **STANDARDS OF BUSINESS CONDUCT AND MANAGING CONFLICTS OF INTEREST**

8.1. **Standards of Business Conduct**

8.1.1. Employees, Members, committee and sub-committee members of the CCG and members of the Governing Body (and its committees) will at all times comply with this Constitution and be aware of their responsibilities as outlined in it. They should act in good faith and in the interests of the 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 F.

8.1.2. They must comply with the 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 the CCG's website at www.brightonandhoveccg.nhs.uk. Alternatively, interested persons will be able to obtain a hard copy upon application to the CCG's headquarters at Lanchester House, Trafalgar Place, Brighton, BN4 1FU.

8.1.3. Individuals contracted to work on behalf of the CCG or otherwise providing services or facilities to the 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.

8.2. **Conflicts of Interest**

- 8.2.1. As required by section 14O of the 2006 Act, the CCG will make arrangements to manage conflicts and potential conflicts of interest to ensure that decisions made by the CCG will be taken and seen to be taken without any possibility of the influence of external or private interest.
- 8.2.2. Where an individual, i.e. an employee, Group Member, member of the Governing Body, or a member of a committee or a sub-committee of the CCG or its Governing Body has an interest, or becomes aware of an interest which could lead to a conflict of interests in the event of the 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 paragraphs 8.3 and Paragraph 8.5 of this Constitution.
- 8.2.3. A conflict of interest will include:
- a) a direct pecuniary interest: where an individual may financially benefit from the consequences of a commissioning decision (for example, as a provider of services);
 - b) an indirect pecuniary interest: for example, where an individual is a partner, member or shareholder in an organisation that will benefit financially from the consequences of a commissioning decision;
 - c) a non-pecuniary interest: where an individual holds a non-remunerative or not-for profit interest in an organisation, that will benefit from the consequences of a commissioning decision (for example, where an individual is a trustee of a voluntary provider that is bidding for a contract);
 - d) a non-pecuniary personal benefit: where an individual may enjoy a qualitative benefit from the consequence of a commissioning decision which cannot be given a monetary value (for example, a reconfiguration of hospital services which might result in the closure of a busy clinic next door to an individual's house);
 - e) where an individual is closely related to, or in a relationship, including friendship, with an individual in the above categories.
- 8.2.4. If in doubt, the individual concerned should assume that a potential conflict of interest exists.

8.3. **Declaring and Registering Interests**

- 8.3.1. The CCG will maintain one or more registers of the interests of:
- a) the Members of the CCG;
 - b) the members of its Governing Body;
 - c) the members of its committees or sub-committees and the committees or sub-committees of its Governing Body; and
 - d) its employees.
- 8.3.2. The Register of Interests will be published on the CCG's website at www.brightonandhoveccg.nhs.uk. Alternatively, interested persons will be able to obtain a hard copy upon application to the CCG's headquarters at Lanchester House, Trafalgar Place, Brighton, BN1 4FU.
- 8.3.3. Individuals will declare any interest that they have, in relation to a decision to be made in the exercise of the commissioning functions of the CCG, in writing to the Governing Body, as soon as they are aware of it and in any event no later than 28 days after becoming aware.

- 8.3.4. Where an individual is unable to provide a declaration in writing, for example, if a conflict becomes apparent in the course of a meeting, they will make an oral declaration before witnesses, and provide a written declaration as soon as possible thereafter.
- 8.3.5. The Chief Finance Officer will ensure that the Register of Interest is reviewed regularly, and updated as necessary.
- 8.4. **Managing Conflicts of Interest: general**
- 8.4.1. Individual Members of the CCG, the Governing Body, committees or sub-committees, the committees or sub-committees of its Governing Body and employees will comply with the arrangements determined by the CCG for managing conflicts or potential conflicts of interest.
- 8.4.2. The Chief Finance Officer will ensure that for every interest declared, either in writing or by oral declaration, arrangements are in place to manage the conflict of interests or potential conflict of interests, to ensure the integrity of the CCG's decision making processes.
- 8.4.3. Arrangements for the management of conflicts of interest are to be determined by the Chief Finance 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:
- a) when an individual should withdraw from a specified activity, on a temporary or permanent basis;
 - b) monitoring of the specified activity undertaken by the individual, either by a line manager, colleague or other designated individual.
- 8.4.4. Where an interest has been declared, either in writing or by oral declaration, the declarer will ensure that before participating in any activity connected with the 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 Chief Finance Officer.
- 8.4.5. Where an individual Member, employee or person providing services to the CCG is aware of an interest which:
- a) has not been declared, either in the register or orally, they will declare this at the start of the meeting;
 - b) has previously been declared, in relation to the scheduled or likely business of the meeting, the individual concerned will bring this to the attention of the chair of the meeting, together with details of arrangements which have been confirmed for the management of the conflict of interests or potential conflict of interests.
- The chair of the meeting will then determine how this should be managed and inform the member of their decision. Where no arrangements have been confirmed, the chair of the meeting may require the individual to withdraw from the meeting or part of it. The individual will then comply with these arrangements, which must be recorded in the minutes of the meeting.
- 8.4.6. Where the chair of any meeting of the CCG, including committees, sub-committees, or the Governing Body and the Governing Body's committees and sub-committees, has a personal interest, previously declared or otherwise, in relation to the scheduled or likely business of the meeting, they must make a declaration and the Deputy Chair will act as chair for the relevant part of the meeting. Where arrangements have been confirmed for the management of the conflict of interests or potential conflicts of interests in relation to the chair, the meeting must ensure these are followed. Where no arrangements have been confirmed, the Deputy Chair may require the chair to withdraw from the meeting or part of it. Where there is no Deputy Chair, the members of the meeting will select one.

- 8.4.7. Any declarations of interests, and arrangements agreed in any meeting of the CCG, committees or sub-committees, or the Governing Body, the Governing Body's committees or sub-committees, will be recorded in the minutes.
- 8.4.8. Where more than fifty per cent (50%) of the members of a meeting are required to withdraw from a meeting or part of it, owing to the arrangements agreed for the management of conflicts of interests or potential conflicts of interests, the chair (or deputy) will determine whether or not the discussion can proceed.
- 8.4.9. In making this decision the chair will consider whether the meeting is quorate, in accordance with the number and balance of membership set out in the 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 the Accountable Officer on the action to be taken.
- 8.4.10. The actions referred to in paragraph 8.4.9 may include:
- a) requiring another of the CCG's committees or sub-committees, the CCG's Governing Body or the Governing Body's committees or sub-committees (as appropriate) which can be quorate to progress the item of business, or if this is not possible,
 - b) inviting on a temporary basis one or more of the following to make up the quorum (where these are permitted members of the Governing Body or committee / sub-committee in question) so that the CCG can progress the item of business:
 - i) a member of the 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 the Health and Wellbeing Board;
 - iv) a member of a governing body of another Clinical Commissioning Group.
- These arrangements must be recorded in the minutes.
- 8.4.11. In any transaction undertaken in support of the 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), or the Accountable Officer of the transaction.
- 8.4.12. The 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.
- 8.4.13. The CCG will have regard to the Department of Health Code of Conduct: Managing conflicts of interest where GP practices are potential providers of CCG-commissioned services as amended from time to time.

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

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

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

8.6. **Transparency in Procuring Services**

8.6.1. The 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. The CCG will procure services in a manner that is open, transparent, non-discriminatory and fair to all potential providers.

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

- a) all relevant clinicians (not just Members of the CCG) and potential providers, together with local members of the public, are engaged in the decision-making processes used to procure services;
- b) service redesign and procurement processes are conducted in an open, transparent, non-discriminatory and fair way.

8.6.3. Copies of this Procurement Strategy will be available on the CCG's website at www.brightonandhoveccg.nhs.uk. Alternatively, interested persons will be able to obtain a hard copy upon application to the CCG's headquarters at Lanchester House, Trafalgar Place, Brighton, BN1 4FU

9. THE CCG AS EMPLOYER

- 9.1. The 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 the CCG.
- 9.2. The 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.
- 9.3. The 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 the 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.
- 9.4. The 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. The CCG will also maintain and publish policies on all aspects of human resources management, including grievance and disciplinary matters.
- 9.5. The 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.
- 9.6. The CCG will ensure that employees' behaviour reflects the values, aims and principles set out above.
- 9.7. The CCG will ensure that it complies with all aspects of employment law.
- 9.8. The 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.
- 9.9. The 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.
- 9.10. Copies of this code of conduct, together with the other policies and procedures outlined in this chapter, will be available on the CCG's website at www.brightonandhoveccg.nhs.uk. Alternatively, interested persons will be able to obtain a hard copy upon application to the CCG's headquarters at Lanchester House, Trafalgar Place, Brighton, BN1 4FU.
- 9.11. **Whistleblowing**

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

10. TRANSPARENCY, WAYS OF WORKING AND STANDING ORDERS

- 10.1.1. The CCG will publish annually a commissioning plan and an annual report, presenting the CCG's annual report to a public meeting.
- 10.1.2. Key communications issued by the CCG, including the notices of procurements, public consultations, Governing Body meeting dates, times, venues, and certain papers will be published on the CCG's website at www.brightonandhoveccg.nhs.uk. Alternatively, interested persons will be able to obtain a hard copy upon application to the CCG's headquarters at Lanchester House, Trafalgar Place, Brighton, BN1 4FU
- 10.1.3. The CCG may use other means of communication, including circulating information by post, or making information available in venues or services accessible to the public.

10.2. Standing Orders

- 10.2.1. This Constitution is also informed by a number of documents which provide further details on how the CCG will operate. They are the CCG's:
- a) **Standing orders (Appendix C)** – which set out the arrangements for meetings and the appointment processes to elect the CCG's representatives and appoint to the CCG's committees, including the Governing Body;
 - b) **Scheme of Reservation and Delegation (Appendix D)** – which sets out those decisions that are reserved for the membership as a whole and those decisions that are the responsibilities of the CCG's Governing Body, the Governing Body's committees and sub-committees, the CCG's committees and sub-committees, individual members and employees;
 - c) **Prime Financial Policies (Appendix E)** – which set out the arrangements for managing the CCG's financial affairs.

11. EXTERNAL BODIES

- 11.1. The CCG shall act in line with the 2006 Act ensure that its plans are shaped and informed by the Health and Wellbeing Board's strategy and priorities.
- 11.2. The CCG will play a full and active involvement in the Health and Wellbeing Board attending meetings and contributing to the development of the local Health and Wellbeing Strategy.
- 11.3. The CCG shall develop relationships with other Clinical Commissioning Groups to develop plans for the wider transformation of services.
- 11.4. The CCG will engage and consult with the LMC for the Area in its role as the local representative body for GPs as the CCG considers it appropriate for the effective discharge of its functions.
- 11.5. The CCG will look to further develop integrated care arrangements including the pooling of budgets with local partners where this is deemed in the best interests of the people of the Area and is in line with legislation including section 75 agreements under the 2006 Act.
- 11.6. The CCG will seek to comply with any requirements set out by NHS England as a requirement of Authorisation.

**APPENDIX A
DEFINITIONS OF KEY DESCRIPTIONS USED IN THIS CONSTITUTION**

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| 2006 Act | National Health Service Act 2006 |
| 2012 Act | Health and Social Care Act 2012 (this Act amends the 2006 Act) |
| Accountable Officer | <p>an individual, as defined under paragraph 12 of Schedule 1A of the 2006 Act, appointed by NHS England, with responsibility for ensuring the 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; ○ sections 223H to 223J of the 2006 Act; ○ paragraphs 17 to 19 of Schedule 1A of the NHS Act 2006; and ○ any other provision of the 2006 Act specified in a document published by NHS England for that purpose; • exercises its functions in a way which provides good value for money <p>the Accountable Officer in the official name of the role as stated in the 2006 Act, however the CCG may designate the Accountable Officer as the Chief Clinical Officer where the Accountable Officer is a GP.</p> |
| Area | the geographical area that the CCG has responsibility for, as defined in Chapter 2 of this Constitution |
| Audit Committee | a committee of the Governing Body set up in accordance with paragraph 6.6.4(a), the terms of reference of which are included at Annex 4 of the CCG's Standing Orders |
| Business Day | 9.00am to 5.00pm on a day (other than a Saturday or Sunday) on which clearing banks in the City of London are open for the transaction of normal sterling banking business |
| Chair | the individual appointed by the CCG to act as chair of the Governing Body |
| Chief Finance Officer | the employee of the CCG who has a professional qualification in accounting and the expertise or experience to lead the financial management of the CCG, and who has the responsibility for financial strategy, financial management and financial governance |
| Chief of Clinical Leadership and Engagement | the individual appointed by the CCG to act as the chief of clinical leadership and engagement as further described in sub-paragraph 7.5 of this Constitution |
| Chief Operating Officer | the employee of the CCG who is responsible for ensuring that arrangements are put in place to allow the CCG successfully to deliver its strategic business objectives |
| City Wide Membership Meetings | any meeting of the Practice Clinical Commissioning Leads, including its annual general meeting, called in accordance with the process set out in paragraph 3 of Appendix C |

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| Clinical Commissioning Group | a body corporate established by NHS England in accordance with Chapter A2 of Part 2 of the 2006 Act |
| Clinical Programme Lead | an individual appointed by the CCG to be responsible for a distinct clinical programme, as further described in paragraph 7.3 of this Constitution |
| Clinical Strategy Group | a committee of the Governing Body set up in accordance with paragraph 6.6.4(d), the terms of reference of which are included at Annex 7 of the CCG's Standing Orders |
| Constitution | this constitution as amended from time to time in accordance with its terms |
| Deputy Chair | the individual appointed by the CCG to act as deputy chair of the Governing Body as further described in paragraph 7.8 |
| Director of Clinical Quality and Patient Safety | an employee of the CCG who is responsible for ensuring the strategic primary care development and for monitoring patient safety and the quality of commissioned services (including primary care) |
| Financial Year | this usually runs from 1 April to 31 March, but under paragraph 17 of Schedule 1A of the 2006 Act, it can for the purposes of audit and accounts run from when a Clinical Commissioning Group is established until the following 31 March |
| GP | a medical practitioner whose name is included in the General Practice Register kept by the General Medical Council who is either a Member or engaged by a Member of the CCG |
| GP Forum | a group of GPs representing the interests of GPs set up in accordance with paragraph 2 of Annex 3 of Appendix C (Standing Orders) |
| Governing Body | the body appointed under section 14L of the NHS Act 2006, with the main function of ensuring that the CCG has made appropriate arrangements for ensuring that it complies with: <ul style="list-style-type: none"> • its obligations under section 14Q under the NHS Act 2006, and • such generally accepted principles of good governance as are relevant to it |
| Group | NHS Brighton and Hove Clinical Commissioning Group, whose Constitution this is |
| Health and Wellbeing Board | a body established by Brighton and Hove City Council for the purpose of advancing the health and wellbeing of the people in its area and encouraging persons who arrange for the provision of any health or social care services in that area to work in an integrated manner |
| Health and Wellbeing Strategy | a strategy developed with Brighton and Hove City Council for the purpose of advancing the health and wellbeing of the people in its area and implemented by the Health and Wellbeing Board |
| Healthcare Professional | 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 |

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| <i>Independent Members</i> | those members of the Governing Body that are independent of the Members and which shall comprise two (2) Lay Members, one secondary care specialist and one registered nurse |
| <i>Lay Member</i> | a lay member of the Governing Body, appointed by the CCG. A lay member is an individual who is not a member of the CCG or a Healthcare Professional or an individual of the description set out in Schedule 4 to the Regulations |
| <i>Local Medical Committee</i> | a committee formed under Section 97 of the 2006 Act |
| <i>Local Member Group</i> | a sub-divided area of the Area as set out in paragraph 1 of Annex 2 to Appendix C |
| <i>Local Member Group GP Lead</i> | a person elected by the Members of each Local Member Group in accordance with paragraph 4 of Annex 2 to Appendix C |
| <i>Local Member Group Meetings</i> | meetings held by a Local Member Group in accordance with paragraph 8.1 of Annex 2 to Appendix C (Standing Orders) |
| <i>Local Member Group Team</i> | a team of individuals who represent and support a Local Member Group, as further described in paragraph 7 of Annex 2 to Appendix C (Standing Orders) |
| <i>Member</i> | a provider of primary medical services to a registered patient list during core hours that meets the requirements of the Regulations, who is a member of this Group (see tables in Chapter 3 and Appendix B) |
| <i>Never Event</i> | events or occurrences that should never occur in delivering clinical services |
| <i>Performance & Governance Committee</i> | the operational team of the CCG as set out in paragraph 6.6.4(c) , the terms of reference of which are included at Annex 6 of the CCG's Standing Orders |
| <i>Ordinary Resolution</i> | a resolution of the Members passed by a simple majority of the votes cast by those Members attending (by their Practice Clinical Commissioning Leads or by proxy) at a City Wide Membership Meeting or by the execution of a written resolution by Members holding at least a simple majority of the total voting rights of all the Members |
| <i>Participation and Communication Assurance Committee</i> | committee of the Governing Body set up in accordance with paragraph 6.6.4(f) , the terms of reference of which are included at Annex 9 of the CCG's Standing Orders |
| <i>Patient and Public City Wide Participation Forum</i> | a CCG wide patient and public engagement group, comprising of Patient Representatives, Health Watch and third sector agencies. This forum is often referred to as the Patient and Public Advisory Forum and meets each Quarter. |
| <i>Patient and Public Engagement Network</i> | a network that brings together members from Patient Participation Groups from across the Area |
| <i>Patient Participation Group</i> | a group of patients representing the interests of patients of each Member set up in accordance with paragraph 5 of Annex 2 of Appendix C (Standing Orders) |
| <i>Patient Representative</i> | a person elected, nominated or appointed from a Patient Participation Group or neighbourhood/community groups within a Local Member Group to bring the patient perspective, views and skills to Local Member Group Meetings and to represent patients from within the Local Medical Group on the Patient and Public Engagement Network and Patient and Public City Wide Participation Forum |

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| <i>Practice Clinical Commissioning Lead</i> | an individual appointed by a practice (who is a Member of the CCG) to act on its behalf in the dealings between it and the CCG, under regulations made under section 89 or 94 of the 2006 Act or directions under section 98A of the 2006 Act |
| <i>Practice Manager Forum</i> | a group of practice managers representing the interests of practice managers as referred to in Annex 3 of Appendix C (Standing Orders) |
| <i>Practice Manager Lead</i> | a practice manager elected as practice manager lead on behalf of a Local Member Group in accordance with paragraph 6 of Annex 2 to Appendix C |
| <i>Practice Nurse Forum</i> | a group of practice nurses representing the interests of practice nurses as referred to in Annex 3 of Appendix C (Standing Orders) |
| <i>Practice Nurse Lead</i> | a practice nurse who is elected as practice nurse lead from practice nurses employed or engaged by Members within a Local Member Group on behalf of that Local Member Group in accordance with paragraph 6 of Annex 2 to Appendix C |
| <i>Prime Financial Policies</i> | the prime financial policies of the CCG from time to time set out in Appendix E of this Constitution |
| <i>Primary Care Commissioning Committee</i> | committee of the Governing Body set up in accordance with paragraph 6.6.4(g) , the terms of reference of which are included at Annex 10 of the CCG's Standing Orders |
| <i>Procurement Strategy</i> | the CCG's strategy for procuring healthcare services as further described in paragraph 8.6.2 |
| <i>Quality Assurance Committee</i> | a committee of the Governing Body set up in accordance with paragraph 6.6.4(e) , the terms of reference of which are included at Annex 8 of the CCG's Standing Orders |
| <i>Registers of Interest</i> | registers a Group is required to maintain and make publicly available under section 14O of the 2006 Act, of the interests of: <ul style="list-style-type: none"> • the Members of the CCG; • the members of its Governing Body; • the members of its committees or sub-committees and committees or sub-committees of its Governing Body; and • its employees. |
| <i>Register of Members</i> | the list of practices that are Members of the CCG, contained in Appendix B |
| <i>Regulations</i> | The National Health Service (Clinical Commissioning Groups) Regulations 2012 |
| <i>Relevant Service</i> | a service provided as part of the health service pursuant to arrangements made by the CCG in the exercise of its functions, other than either of the following: <ul style="list-style-type: none"> (i) a service provided as a result of arrangement made pursuant to the person's exercise of a choice about where to receive the service; (ii) a specialist service provided pursuant to a special arrangement made by the CCG in the person's particular case |

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| <i>Remuneration and Nominations Committee</i> | a committee of the Governing Body set up in accordance with paragraph 6.6.4(b) , the terms of reference of which are included at Annex 5 of the CCG's Standing Orders |
| <i>Scheme of Reservation and Delegation</i> | the scheme of reservation and delegation of the CCG from time to time set out in Appendix D of this Constitution |
| <i>Secretary</i> | the person appointed to conduct activities as described in the Standing Orders for which the Secretary is identified as being responsible |
| <i>Special Resolution</i> | a resolution of the Members passed by at least seventy-five percent (75%) of the votes cast by those Members attending (by their Practice Clinical Commissioning Leads or by proxy) at a City Wide Membership Meeting or by the execution of a written resolution by Members holding at least seventy-five per cent (75%) of the votes of all the Members |
| <i>Standing Orders</i> | the standing orders of the CCG from time to time set out in Appendix C |

APPENDIX B - LIST OF MEMBER PRACTICES

| West Brighton Local Member Group | |
|---|--|
| Brighton Health and Wellbeing Centre | 18/19 Western Road, Hove, BN3 1AE |
| The Central Hove Surgery | Ventnor Villas, Hove, BN3 3DD |
| The Charter Medical Centre | 88 Davigdor Road, Hove, BN3 1RF |
| Hangleton Manor Surgery | 96 Northease Drive, Hove, BN3 8LH |
| Hove Medical Centre | West Way, Hove, BN3 8LD |
| Wish Park Surgery | 124 New Church Road, Hove, BN3 4JB |
| Hove ParkVillas Surgery | 18 Hove Park Villas, Hove, BN3 6HG |
| Links Road Surgery | 27-29 Links Road, Portslade, BN41 1XH |
| Matlock Road Surgery | 10 Matlock Road, Brighton, BN1 5BF |
| Mile Oak Medical Centre | Chalky Road, Portslade, BN41 2WF |
| Benfield Valley Health Care Hub | Old Shoreham Road, Portslade, BN41 1XR |
| Portslade Health Centre | Church Road, Portslade, BN41 1LX |
| Sackville Medical Centre | 20 Sackville Road, Hove, BN3 3FF |

| Central Brighton Local Member Group | |
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| Beaconsfield Medical Practice | 175 Preston Road, Brighton, BN1 6AG |
| Brighton Station Health Centre | Aspect House, 84 - 87 Queens Road, Brighton, BN1 3XE |
| Carden Surgery | County Oak Medical Centre, Carden Hill, Brighton, BN1 8DD |
| The Haven Practice | 100 Beaconsfield Villas, Brighton, BN1 6HE |
| New Larchwood Surgery | Waldron Avenue, Coldean, Brighton, BN1 9EZ |
| Montpelier Surgery | 2 Victoria Road, Brighton, BN1 3FS |
| North Laine Medical Centre | 12-14 Gloucester Street, Brighton, BN1 4EW |
| Preston Park Surgery | 2A Florence Road, Brighton, BN1 6DJ |
| St Peter's Medical Centre | 30-36 Oxford Street, Brighton, BN1 4LA |
| Ship Street Surgery | 65-67 Ship Street, Brighton, BN1 1AE |
| Stanford Medical Centre | 175 Preston Road, Brighton, BN1 6AG |
| The Practice (Boots) | First Floor Boots the Chemist, 129/132 North Street, Brighton, BN1 2BE |
| The Seven Dials Medical Centre | 24 Montpelier Crescent, Brighton, BN1 3JJ |
| University of Sussex Health Centre | University of Sussex, Falmer, Brighton, BN1 9RW |
| Warmdean Surgery | Carden Hill, Brighton, BN1 8DD |

East Brighton Local Member Group

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| Albion Street Surgery | 9 Albion Street, Brighton, BN2 9PS |
| School House Surgery | Hertford Road, Brighton, BN1 7GF |
| Ardingly Court Surgery | 1 Ardingly Street, Brighton, BN2 1SS |
| Brighton Homeless Healthcare | The Practice, Morley Street, Brighton, BN2 9DH |
| Broadway Surgery | Wellsbourne Health Centre, 179 Whitehawk Road, Brighton, BN2 5FL |
| Lewes Road Surgery | 188/189 Lewes Road, Brighton, BN2 3LA |
| Park Crescent Health Centre | 1 Lewes Road, Brighton, BN2 3HP |
| Pavilion Surgery | 2-3 Old Steine, Brighton, BN1 1FZ |
| Regency Surgery | 4 Old Steine, Brighton, BN1 1EJ |
| Ridgeway Surgery | 130 The Ridgeway, Woodingdean, Brighton, BN2 6PB |
| Saltdean & Rottingdean Medical Practice | 20 & 21 Grand Ocean, Longridge Avenue, Brighton, BN2 8LG |
| St Luke's Surgery | 20 & 21 Grand Ocean, Longridge Avenue, Brighton, BN2 8SN |
| The Avenue Surgery | 1 The Avenue, South Moulsecoomb, Brighton, BN2 4GF |
| Whitehawk Medical Practice | Wellsbourne Health Centre, 179 Whitehawk Road, Brighton, BN2 5FL |
| Willow Medical Centre | 50 Heath Hill Avenue, Lower Bevendean, Brighton, BN2 4FH |
| Woodingdean Medical Centre | Warren Road, Woodingdean, Brighton, BN2 6BA |

APPENDIX C – STANDING ORDERS

1. STATUTORY FRAMEWORK AND STATUS

1.1. Introduction

1.1.1. These Standing Orders have been drawn up to regulate the proceedings of the NHS Brighton and Hove Clinical Commissioning Group so that the CCG can fulfil its obligations, as set out largely in the 2006 Act and related regulations. They are effective from the date the CCG is established.

1.1.2. The Standing Orders, together with the CCG's Scheme of Reservation and Delegation and the CCG's Prime Financial Policies provide a procedural framework within which the CCG discharges its business. They set out:

- a) the arrangements for conducting the business of the CCG;
- b) the appointment of Member Practice Clinical Commissioning Leads and Clinical Programme Leads;
- c) the procedure to be followed at meetings of the CCG, the Governing Body and any committees or sub-committees of the CCG or the Governing Body;
- d) the process to delegate powers; and
- e) the declaration of interests and standards of conduct.

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

1.1.3. The Standing Orders, Scheme of Reservation and Delegation and Prime Financial Policies have effect as if incorporated into the CCG's Constitution. Group Members, employees, members of the Governing Body, members of the Governing Body's committees and sub-committees, members of the CCG's committees and sub-committees and persons working on behalf of the CCG should be aware of the existence of these documents and, where necessary, be familiar with their detailed provisions. Failure to comply with the Standing Orders, Scheme of Reservation and Delegation and Prime Financial Policies may be regarded as a disciplinary matter that could result in dismissal.

1.2. Schedule of matters reserved to the CCG and the Scheme of Reservation and Delegation

1.2.1. The 2006 Act provides the CCG with powers to delegate the CCG's functions and those of the Governing Body to certain bodies (such as committees) and certain persons. The CCG has decided that certain decisions may only be exercised by the CCG in formal session. These decisions and also those delegated are contained in the CCG's Scheme of Reservation and Delegation (see Appendix D).

2. THE CCG: COMPOSITION OF MEMBERSHIP, KEY ROLES AND APPOINTMENT PROCESS

2.1. Composition of Membership

2.1.1. Chapter 3 of the CCG's Constitution provides details of the membership of the CCG (also see Appendix B).

2.1.2. Chapter 6 of the CCG's Constitution provides details of the governing structure used in the CCG's decision-making processes, whilst Chapter 7 of the Constitution outlines certain key roles and responsibilities within the CCG and its Governing Body, including the role of Practice Clinical Commissioning Leads (paragraph 7.1 of this Constitution).

2.2. Key Roles

2.2.1. Paragraph 6.6.2 of the CCG's Constitution sets out the composition of the CCG's Governing Body whilst Chapter 7 of the CCG's Constitution identifies certain key roles and responsibilities within the CCG and its Governing Body. These Standing Orders set out how the CCG appoints individuals to these key roles.

2.2.2. **The Chair**, as listed in paragraph 6.6.2(a) of the CCG's Constitution, is subject to the following appointment process:

- a) **Nominations** – Interested candidates may apply for the role, demonstrating how they meet the essential requirements of the person specification and how they would undertake the role. A panel consisting of the Remuneration and Nominations Committee and any others deemed appropriate may assess the candidates' suitability for the role of Chair by holding screening interviews and produce a shortlist of suitable candidates for the role.
- b) **Eligibility** – the Chair must:
 - i) not be the Accountable Officer, the Chief Finance Officer; the registered nurse, the secondary care specialist doctor or the Lay Member who leads on audit, remuneration and conflict of interest matters;
 - ii) have passed any nationally mandated assessment process for Clinical Commissioning Group clinical leaders;
 - iii) subject to paragraph 2.2.19 below; and
 - iv) not be an individual of the description set out in paragraph 2.2.17 below.
- c) **Appointment process** – Election process for all short listed candidates, with election by simple majority voting of the Members.
- d) **Term of Office** – Unless specified otherwise in paragraph 2.2.18, the Chair may hold office for a period of up to three (3) years;
- e) **Eligibility for reappointment** – The Chair shall be eligible for re-appointment at the end of his/her term but may not serve more than two (2) consecutive terms or six (6) years whichever is the lesser;
- f) **Grounds for removal from office** – The Chair shall cease to hold office if:
 - i) he/she ceases to meet the eligibility criteria set out in sub-paragraph 2.2.2(b) (Eligibility) above; and/or
 - ii) if any of the grounds set out in paragraph 2.2.17 below apply;
- g) **Notice Period** - The Chair shall give three (3) months' notice in writing to the Governing Body of his/her resignation from office at any time during his/her terms of office.

2.2.3. **The Local Member Group GP Leads** as listed in paragraph 6.6.2(b) of the CCG's Constitution are elected by the Members in each Local Member Group in accordance with, and subject to, the provisions set out in Paragraph 4 of Annex 2 to Appendix C (Standing Orders).

2.2.4. **The Lay Members** as listed in paragraph 6.6.2(c)(i) of the CCG's Constitution are subject to the following appointment process:

- a) **Nominations** – n/a;
- b) **Eligibility** :
 - i) a Lay Member must be an individual who is not:
 - a Member of the CCG or an employee of a Member of the CCG;
 - a Healthcare Professional;
 - an individual of the description set out in Schedule 4 to the Regulations;
 - an individual of the description set out in paragraph 2.2.17 below;
 - ii) the Lay Member who is to lead on audit, remuneration and conflict of interest matters must have qualifications, expertise or experience such as to enable the person to express informed views about financial management and audit matters; and
 - iii) the Lay Member who is to lead on patient and public participation matters must be a person who has knowledge about the Area such as to enable the person to express informed views about the discharge of the CCG's functions. The Lay Member who is to lead on patient and public engagement must be a member of a patient participation group and will become the act as the chair of the CCG's Patient Participation Group Network in in accordance with paragraph 5.2.1.(e) of the CCG's Constitution
- c) **Appointment process** – Open advert. Selection against competencies based on current national guidance on NHS England's website by the Governing Body;
- d) **Term of Office** – A Lay Member may hold office for a period of up to three (3) years;
- e) **Eligibility for reappointment** – A Lay Member shall be eligible for re-appointment at the end of his term but may not serve more than two (2) consecutive terms or six (6) years whichever is the lesser;
- f) **Grounds for removal from office** – A Lay Member shall cease to hold office if:
 - i) he/she ceases to meet the eligibility criteria set out in sub-paragraph 2.2.4(b) (Eligibility) above; and/or
 - ii) if any of the grounds set out in paragraph 2.2.17 below apply;
- g) **Notice Period** - A Lay Member shall give three (3) months' notice in writing to the Governing Body of his/her resignation from office at any time during his/her term of office.

2.2.5. **The registered nurse** as listed in paragraph 6.6.2(c)(ii) of the CCG's Constitution is subject to the following appointment process:

- a) **Nominations** – n/a;

- b) **Eligibility** – the registered nurse must:
- i) be a current registered nurse, other than one who is an employee or member (including shareholder) of, or a partner in, any of the following:
 - a provider of Primary Medical Services for the purposes of Chapter A2 of the 2006 Act;
 - a body which provides any Relevant Service to a person for whom the CCG has responsibility as provided for in the subsection (1A), and regulations made under subsections (1B) and (1D) of section 3 of the 2006 Act;
 - ii) not be an individual of the description set out in paragraph 2.2.17 below; and
 - iii) have no conflicts of interest as defined by national guidance on NHS England website;
- c) **Appointment process** – Open advert. Selection against competencies based on current national guidance on the National England website by the Governing Body;
- d) **Term of Office** – A registered nurse may hold office for a period of up to three (3) years;
- e) **Eligibility for reappointment** – A registered nurse shall be eligible for re-appointment at the end of his/her term but may not serve more than two (2) consecutive terms or six (6) years whichever is the lesser;
- f) **Grounds for removal from office** – A registered nurse shall cease to hold office if:
- i) he/she ceases to meet the eligibility criteria set out in sub-paragraph 2.2.5(b) (Eligibility) above; and/or
 - ii) if any of the grounds set out in paragraph 2.2.17 below apply;
- g) **Notice Period** - A registered nurse shall give three (3) months' notice in writing to the Governing Body of his/her resignation from office at any time during his/her term of office

2.2.6. **The secondary care doctor** as listed in paragraph 6.6.2(c)(iii) of the CCG's Constitution is subject to the following appointment process:

- a) **Nominations** – n/a;
- b) **Eligibility** – the secondary care specialist doctor must:
 - i) be a registered medical practitioner who is, or has been at any time in the period of ten (10) years ending with the date of the individual's appointment to the Governing Body, an individual who fulfils (or fulfilled) all the following conditions:
 - the individual's name is included in the Specialist Register kept by the General Medical Council under section 34D of the Medical Act 1983, or the individual is eligible to be included in that Register by virtue of the scheme referred to in subsection (2)(b) of that section;
 - the individual holds a post as an NHS consultant (as defined in section 55(1) of the Medical Act 1983) or in a medical speciality in the armed forces (meaning the naval, military, or air forces of the Crown, and includes the reserve forces within the meaning of section 1(2) of the Reserve Forces Act 1996 (power to maintain reserve forces));
 - the individual's name is not included in the General Practitioner Register kept by the General Medical Council under section 34C of the Medical Act 1983

- ii) not be an employee or member (including shareholder) of, or a partner in, any of the following:
 - a person who is a provider of primary medical services for the purposes of Chapter A2 of the 2006 Act;
 - a body which provides any Relevant Service to a person for whom the CCG has responsibility as provided for in the subsection (1A), and regulations made under subsections (1B) and (1D) of section 3 of the 2006 Act;
- iii) not be an individual of the description set out in paragraph 2.2.17 below; and
- iv) have no conflicts of interest as defined by national guidance on NHS England website;
- c) **Appointment process** – Open advert. Selection against competencies based on current national guidance from NHS England by the Governing Body;
- d) **Term of Office** – A secondary care specialist doctor may hold office for a period of up to three (3) years;
- e) **Eligibility for reappointment** – A secondary care specialist doctor shall be eligible for re-appointment at the end of his term but may not serve more than two (2) consecutive terms or six (6) years whichever is the lesser;
- f) **Grounds for removal from office** – A secondary care specialist doctor shall cease to hold office if:
 - i) he ceases to meet the eligibility criteria set out in sub-paragraph 2.2.6(b) (Eligibility) above; and/or
 - ii) if any of the grounds set out in paragraph 2.2.17 below apply;
- g) **Notice Period** - A secondary care specialist doctor shall give three (3) months' notice in writing to the Governing Body of his/her resignation from office at any time during his/her term of office

2.2.7. **The Chief of Clinical Leadership and Engagement** as listed in paragraph 6.6.2(d) of the CCG's Constitution, is subject to the following appointment process:

- a) **Nominations** – n/a;
- b) **Eligibility** – The Chief of Clinical Leadership and Engagement must:
 - i) be a GP; and
 - ii) not be an individual of the description set out in paragraph 2.2.17 below.
- c) **Appointment process** – Open advert. Selection by the Governing Body against competencies based on current national guidance from NHS England.;
- d) **Term of office** – the Chief of Clinical Leadership and Engagement may hold office for a period of up to three (3) years;
- e) **Eligibility for reappointment** – the Chief of Clinical Leadership and Engagement shall be eligible for re-appointment at the end of his term but may not serve more than two (2) consecutive terms or six (6) years whichever is the lesser;
- f) **Grounds for removal from office** – the Chief of Clinical Leadership and Engagement shall cease to hold office if:

- i) he ceases to meet eligibility criteria set out in sub-paragraph 2.2.7(b); and/ or
 - ii) if any of the ground sets out in paragraph 2.2.17 below apply.
- g) **Notice period** – the Chief of Clinical Leadership and Engagement shall give three (3) months' notice in writing to the Governing Body of his resignation from office at any time during his term of office.

2.2.8. **The Accountable Officer** as listed in paragraph 6.6.2(e) of the CCG's Constitution, is subject to the following appointment process:

- a) **Appointment process** – The Accountable Officer shall be appointed by NHS England. Subsequent appointments to be made via open advert and selection against competencies on the person specification and based on current national guidance by NHS England, following which the Governing Body shall nominate the selected Accountable Officer to NHS England;
- b) **Term of Office** – Substantive appointment
- c) **Eligibility for reappointment** – n/a
- d) **Grounds for removal from office** – in accordance with his/her contract of employment terms.
- e) **Notice Period** - in accordance with his/her contract of employment terms
- f) **Eligibility** – The Accountable Officer must:
 - i) not be an individual of the description set out in paragraph 2.2.17 below;
 - ii) have passed any nationally mandated assessment process.

2.2.9. **The Chief Finance Officer** as listed in paragraph 6.6.2(f) of the CCG's Constitution is subject to the following appointment process:

- a) **Nominations** – n/a;
- b) **Eligibility** – The Chief Finance Officer must:
 - i) not be the CCG's Accountable Officer;
 - ii) hold a qualification of one of the individual CCAB bodies or CIMA;
 - iii) not be an individual of the description set out in paragraph 2.2.17 below; and
 - iv) have passed any nationally mandated assessment process.
- c) **Appointment process** – Appointments, to be made by the Governing Body, shall be via open advert and selection against competencies based on current national guidance by NHS England.
- d) **Term of Office** – Substantive appointment
- e) **Eligibility for reappointment** – n/a
- f) **Grounds for removal from office** – in accordance with his/her contract of employment terms.
- g) **Notice Period** - in accordance with his/her contract of employment terms

2.2.10. **The Chief Operating Officer** as listed in paragraph 6.6.2(g) of the CCG's Constitution is subject to the following appointment process:

- a) **Nominations** – n/a;
- b) **Eligibility** – The Chief Operating Officer must not be:
 - i) the CCG's Accountable Officer;
 - ii) an individual of the description set out in paragraph 2.2.17 below;
- c) **Appointment process** – Appointments, to be made by the Governing Body, shall be via open advert and selection against competencies based on current national guidance by NHS England.
- d) **Term of Office** – Substantive appointment
- e) **Eligibility for reappointment** – n/a
- f) **Grounds for removal from office** – in accordance with his/her contract of employment terms.
- g) **Notice Period** - in accordance with his/her contract of employment terms

2.2.11. **The Director of Clinical Quality and Patient Safety** as listed in paragraph 6.6.2(h) of the CCG's Constitution is subject to the following appointment process:

- a) **Nominations** – n/a;
- b) **Eligibility** – The Director of Clinical Quality and Patient Safety must:
 - i) not be an individual of the description set out in paragraph 2.2.17 below;
 - ii) subject to paragraph 2.2.19, be a clinician .
- c) **Appointment process** – Appointments, to be made by the Governing Body, shall be via open advert and selection against competencies based on current national guidance by NHS England.
- d) **Term of Office** – Substantive appointment;
- e) **Eligibility for reappointment** – n/a
- f) **Grounds for removal from office** – in accordance with his/her contract of employment terms
- g) **Notice period** – in accordance with his/her contract of employment terms

2.2.12. **The Director of Delivery and Performance** as listed in paragraph 6.6.2(i) of the CCG's Constitution is subject to the following appointment process:

- a) **Nominations** – n/a;
- b) **Eligibility** – The Director of Delivery and Performance must:
 - i) not be the CCG's Accountable Officer;
 - ii) not be an individual of the description set out in paragraph 2.2.17 below;

- c) **Appointment process** – Appointments, to be made by the Governing Body, shall be via open advert and selection against competencies based on current national guidance by NHS England.
- d) **Term of Office** – Substantive appointment
- e) **Eligibility for reappointment** – n/a
- f) **Grounds for removal from office** – in accordance with his/her contract of employment terms.
- g) **Notice Period** - in accordance with his/her contract of employment terms

2.2.13. **The Deputy Chair**, as listed in paragraph 7.8 of the CCG's Constitution, is subject to the following appointment process:

- a) **Nominations** – n/a
- b) **Eligibility** – the Deputy Chair must:
 - i) be the Lay Member responsible for audit, remuneration and conflict of interest matters where the Char is a GP or other Healthcare Professional;
 - ii) not be an individual of the description set out in paragraph 2.2.17 below;
- c) **Appointment process** – Selection based on eligibility and against competencies based on current national guidance from NHS England by the Governing Body;
- d) **Term of Office** – The Deputy Chair may hold office for a period of up to three (3) years;
- e) **Eligibility for reappointment** – The Deputy Chair shall be eligible for re-appointment at the end of his/her term but may not serve more than two (2) consecutive terms or six (6) years, whichever is the lesser;
- f) **Grounds for removal from office** – The Deputy Chair shall cease to hold office if:
 - i) he/she ceases to meet the eligibility criteria set out in sub-paragraph 2.2.12(b) (Eligibility) above; and/or
 - ii) if any of the grounds set out in paragraph 2.2.17 below apply;
- g) **Notice Period** - The Deputy Chair shall give three (3) months' notice in writing to the Governing Body of his/her resignation from office at any time during his/her terms of office.

2.2.14. **Practice Clinical Commissioning Leads** as referred to in paragraph 7.1 of the CCG's Constitution are subject to the following appointment process:

- a) each Member shall nominate one (1) Practice Clinical Commissioning Lead who is either a GP or other Healthcare Professional of the practice that appoints it. The name of the Practice Clinical Commissioning Lead must be submitted to the Governing Body;
- b) each Member may permanently remove and replace their Practice Clinical Commissioning Lead at any time, by providing written notice to the Governing Body;

- c) for the avoidance of doubt, the Governing Body shall be entitled to treat any Practice Clinical Commissioning Lead as having continuing authority given to him/her until it is notified in writing of the removal of that Practice Clinical Commissioning Lead in accordance with Paragraph 2.2.13(b) and any provision of this Constitution that requires delivery or notification to a Member shall be deemed to have been satisfied if delivery or notification is made to or served on the relevant Practice Clinical Commissioning Lead.

2.2.15. Clinical Programme Leads as referred to in paragraph 7.3 of the CCG's Constitution are subject to the following appointment process:

- a) the Governing Body shall issue a role description and minimum requirements for each Clinical Programme Lead role to the Members;
- b) Appointments will be available to Member clinicians only and will be subject to a selection against competencies based on the role description and minimum requirements;
- c) The selection panel will consist of the Chief of Clinical Leadership and Engagement and Accountable Officer and any others deemed appropriate.

2.2.16. A Clinical Programme Lead shall:

- a) be elected for a term not exceeding three (3) years;
- b) cease to hold office if:
 - i) his/her term of office is terminated in accordance with paragraph 2.2.17 below; or
 - ii) he/she resigns in notice to the Governing Body by giving three (3) months' written notice.

2.2.17. The roles and responsibilities of each of these key roles are set out either in paragraph 6.6.2 or Chapter 7 of the CCG's Constitution.

2.2.18. A member of the Governing Body shall not be eligible to become or continue in office as a member of the Governing Body if he/she:

- a) is a Member of Parliament, Member of the European Parliament or member of the London Assembly;
- b) is a member of a local authority in England and Wales or of an equivalent body in Scotland or Northern Ireland;
- c) is an individual who, by arrangement with the CCG, provides it with any service or facility in order to support the CCG in discharging the commissioning functions of the CCG in arranging for the provision of services as part of the health service, or an employee or member (including shareholder) of, or a partner in, a body which does so, save that services and facilities do not include services commissioned by the CCG in the exercise of its commissioning functions;
- d) is a person who, within the period of five (5) years immediately preceding the date of the proposed appointment, has been convicted-
 - i) in the United Kingdom of any offence, or
 - ii) outside the United Kingdom of an offence which, if committed in any part of the United Kingdom, would constitute a criminal offence in that part,

and, in either case, the final outcome of the proceedings was a sentence of imprisonment (whether suspended or not) for a period of not less than three (3) months without the option of a fine;

- e) is a person who is subject to a bankruptcy restrictions order or an interim bankruptcy restrictions order under Schedule 4A to the Insolvency Act 1986, sections 56A to 56K of the Bankruptcy (Scotland) Act 1985 or Schedule 2A to the Insolvency (Northern Ireland) Order 1989 (which relate to bankruptcy restrictions orders and undertakings);
- f) is a person who has been dismissed within the period of five (5) years immediately preceding the date of the proposed appointment, otherwise than because of redundancy, from paid employment by any of the bodies referred to in Regulation 6(1) of Schedule 5 to the Regulations. For the purposes of this paragraph (f), a person is not to be treated as having been in paid employment if any of the criteria in Regulation 6(2) of Schedule 5 to the Regulations apply;
- g) is a GP or other Healthcare Professional or other professional person who has at any time been subject to an investigation or proceedings, by any body which regulates or licenses the profession concerned (the "regulatory body"), in connection with the person's fitness to practise or alleged fraud, the final outcome of which was:
 - i) the person's suspension from a register held by the regulatory body, where that suspension has not been terminated;
 - ii) the person's erasure from such a register, where the person has not been restored to the register;
 - iii) a decision by the regulatory body which had the effect of preventing the person from practising the profession in question, where that decision has not been superseded; or
 - iv) a decision by the regulatory body which had the effect of imposing conditions on the person's practice of the profession in question, where those conditions have not been lifted;
- h) is subject to:
 - i) a disqualification order or disqualification undertaking under the Company Directors Disqualification Act 1986 or the Company Directors Disqualification (Northern Ireland) Order 2002;
 - ii) an order made under section 429(2) of the Insolvency Act 1986 (disabilities on revocation of administration order against an individual);
- i) has at any time been removed from the office of charity trustee for a charity or trustee for a charity by an order made by the Charity Commissioners for England and Wales, the Charity Commission, the Charity Commission for Northern Ireland or the High Court, on the grounds of misconduct or mismanagement in the administration of the charity for which the person was responsible, to which the person was privy, or which the person by their conduct contributed to or facilitated;
- j) has at any time been removed, or is suspended, from the management or control of any body under:
 - i) section 7 of the Law Reform (Miscellaneous Provisions) (Scotland) Act 1990 (powers of the Court of Session to deal with management of charities),
 - ii) section 34(5)(e) or (ea) of the Charities and Trustee Investment (Scotland) Act 2005 (powers of Court of Session to deal with the management of charities);
- k) is not eligible to work in the British Islands;
- l) in the reasonable opinion of the Governing Body (having taken appropriate professional advice in cases where it is deemed necessary) becomes or is deemed to have developed mental or physical illness which prohibits or inhibits his/her ability to undertake his/her role;

- m) has for a period of five (5) consecutive meetings of the Governing Body been absent and a simple majority of the Governing Body requires that he/she be vacated from his/her office;
- n) shall have behaved in a manner or exhibited conduct which in the opinion of the Governing Body has or is likely to be detrimental to the honour and interest of the Governing Body or the CCG and is likely to bring the Governing Body and/or the CCG into disrepute. This includes but is not limited to dishonesty, misrepresentation (either knowingly or fraudulently), defamation of any member of the Governing Body (being slander or libel), abuse of position, non-declaration of a known conflict of interest, seeking to lead or manipulate a decision of the Governing Body in a manner that would ultimately be in favour of that member whether financially or otherwise.

- 2.2.19. The first appointment into the role of Chair shall be for a term of three (3) years, any second or subsequent appointment (whether a re-appointment or a new appointment) then being for three (3) years.-
- 2.2.20. Having regard to the CCG's intention to always appoint into those of its Governing Body member roles which require Group election, those persons that it considers are the most suitably qualified and experienced for the role, the CCG shall be entitled (save to the extent otherwise required by law or where such action would result in the composition of the Governing Body no longer having a clinical majority) from time to time and by passing a Special Resolution to disapply any particular qualification or limitation referred to in this Constitution in respect of any such election.
- 2.2.21. For the avoidance of doubt, those members of the Governing Body who are appointed pursuant to an election process by the Members of the CCG may also be removed from the Governing Body by the Members of the CCG by passing a Special Resolution in accordance with paragraph 3.7A of this Appendix C.
- 2.2.22. Without in any way delegating its responsibilities in respect of the same, the CCG shall be entitled, from time to time, to request that the Local Medical Committee observe and oversee its election processes in respect of those members of the Governing Body that are appointed by such election processes.

3. MEETINGS OF THE CCG

3.1. Calling City Wide Membership Meetings

- 3.1.1. Ordinary City Wide Membership Meetings of the CCG shall be held at regular intervals at such times and places as the CCG may determine but not less than twice a year.
- 3.1.2. The Chair or one third of the total number of Members can call a special City Wide Membership Meeting of the Members by giving all Members at least twenty-one (21) days' notice.
- 3.1.3. Planned ordinary meeting dates of the City Wide Membership Meetings will be notified to Members at least annually. Planned meeting dates will be published at the offices of the CCG and on the CCG's website.
- 3.1.4. Not later than three (3) days prior to an ordinary City Wide Membership Meeting, notice of any business to be transacted and any resolutions to be passed shall be published at the offices of the CCG and on the CCG's website.

3.2. Agenda, supporting papers and business to be transacted

- 3.2.1. Items of business to be transacted for inclusion on the agenda of a meeting need to be notified to the Chair at least fifteen (15) Business Days before the meeting takes place. Supporting papers for such items need to be submitted at least seven (7) Business Days before the meeting takes place. The agenda and supporting papers will be circulated to all members of a meeting at least five (5) Business Days before the date the meeting will take place.
- 3.2.2. Agendas and certain papers for the City Wide Membership Meetings including details about meeting dates, times and venues – will be published on the CCG's website at www.brightonandhoveccg.nhs.uk. Alternatively, interested persons will be able to obtain a hard copy upon application to the CCG's headquarters at Lanchester House, Trafalgar Place, Brighton, BN1 4FU.

3.3. Petitions

- 3.3.1. Where a petition has been received by the CCG, the Chair of the Governing Body shall include the petition as an item for the agenda of the next meeting of the Governing Body.

3.4. Chair of a meeting

- 3.4.1. The Chair, if present, shall chair City Wide Membership Meetings. If the Chair is absent from the meeting, the Deputy Chair, if any and if present, shall preside.
- 3.4.2. If the Chair is absent temporarily on the grounds of a declared conflict of interest the Deputy Chair, if present, shall preside. If both the Chair and Deputy Chair are absent, or are disqualified from participating, or there is neither a chair or deputy, the Chief of Clinical Leadership and Engagement or a Local Member Group GP Lead present at the City Wide Membership Meeting shall be chosen by the Members present, or by a majority of them, and shall preside.

3.5. Chair's ruling

- 3.5.1. The decision of the Chair of the Governing Body on questions of order, relevancy and regularity and their interpretation of the Constitution, Standing Orders, Scheme of Reservation and Delegation and Prime Financial Policies at the meeting, shall be final.

3.6. Quorum

- 3.6.1. One third of persons entitled to vote upon the business to be transacted, each being a Practice Clinical Commissioning Lead, shall be a quorum for the City Wide Membership Meeting.
- 3.6.2. Proxies for Practice Clinical Commissioning Leads validly appointed in accordance with paragraph 3.8 below will count towards the quorum.
- 3.6.3. If any Practice Clinical Commissioning Lead is disqualified from participating in discussions or decision-making on any matter due to their having declared a conflict of interest, they shall not count towards the quorum for that specific matter. If the quorum as set out in paragraph 3.6.1 is not then met for the specific matter, no further discussion or decision-making may take place on that matter.
- 3.6.4. For all other of the CCG's committees and sub-committees, including the Governing Body's committees and sub-committees, the details of the quorum for these meetings and status of representatives are set out in the appropriate terms of reference.

3.7. Decision making

- 3.7.1. Chapter 6 of the CCG's Constitution, together with the Scheme of Reservation and Delegation, sets out the governing structure for the exercise of the CCG's statutory functions. Generally it is expected that at the CCG's/Governing Body's meetings decisions will be reached by consensus. Should this not be possible then a vote of members will be required.
- 3.7.2. At any City Wide Membership Meeting a resolution put to the vote of the meeting shall be decided on a show of hands or submission of ballot papers.
- 3.7.3. At City Wide Membership Meetings resolutions shall be put to the vote by the chair of the meeting and there shall be no requirement for the resolution to be proposed or seconded by any person.
- 3.7.4. A declaration by the Chair at a City Wide Membership Meeting that a resolution has, on a show of hands or following the count of ballot papers, been carried or lost and an entry into the minutes of the meeting shall be conclusive evidence of the fact.
- 3.7.5. For each matter requiring a decision each Practice Clinical Commissioning Lead shall have one vote.
- 3.7.6. Every question which is not the subject of a formal resolution but is nevertheless to be put to the vote at a City Wide Membership Meeting shall be determined by a majority of the votes of those Practice Clinical Commissioning Leads present and voting on the question. In the case of an equal vote, the chair of the meeting shall have an additional and casting vote.
- 3.7.7. Should a vote be taken the outcome of the vote, and any dissenting views, must be recorded in the minutes of the meeting.
- 3.7.8. For all other of the CCG's committees and sub-committees, including the Governing Body's committees and sub-committee, the details of the process for holding a vote are set out in the appropriate terms of reference.

3.7A Special Resolutions

- 3.7A.1 The following matters are considered by the CCG to be of such significance that, in place of passing an Ordinary Resolution, they require a Special Resolution to be passed:
- a) any change to the Constitution which also requires the approval of NHS England;
 - b) any resolution proposed by a Member to remove any member of the Governing Body. In these circumstances, the Member proposing such a resolution must notify the Governing Body not less than twenty-one (21) days in advance of the next City Wide Membership Meeting of such proposal, a separate resolution must be proposed in respect of each member of the Governing Body and not more than one such resolution may be voted upon at any City Wide Membership Meeting. Where resolutions are proposed in respect of multiple members of the Governing Body, they will be presented, in a phased manner, at successive City Wide Membership Meetings, in the same order as they are received. The member of the Governing Body that is the subject of such resolution shall be entitled to circulate written representations to any or all Members of the CCG before the City Wide Membership Meeting at which such resolution is to be voted upon and shall also be entitled to address the Members at such meeting, in advance of any such vote. If a vote is carried in respect of such removal, that person shall accept the termination of their appointment on the same period of notice as would have applied had they voluntarily resigned (to afford the CCG the opportunity to then elect a replacement);
 - c) disapplying any qualification or limitation otherwise applicable to an applicant for a Governing Body role, as described in paragraph 2.2.19;
 - d) suspension of any of the Standing Orders at City Wide Membership Meetings, as described at paragraph 3.11 below.

3.8. Proxy Notices

- 3.8.1. Proxies for Practice Clinical Commissioning Leads may only validly be appointed by a notice in writing (a "proxy notice") which:
- a) states the name and address of the Practice Clinical Commissioning Lead appointing the proxy;
 - b) identifies the person appointed to be that Practice Clinical Commissioning Lead's proxy and the City Wide Membership Meeting (or the AGM) in relation to which that person is appointed;
 - c) is signed by or on behalf of the Practice Clinical Commissioning Lead appointing the proxy, or is authenticated by the relevant Member; and
 - d) is delivered to the City Wide Membership Meeting in accordance with this Constitution and any instructions contained in the notice of the City Wide Membership Meeting to which it relates.
- 3.8.2. The Governing Body may require proxy notices to be delivered in a particular form, and may specify different forms for different purposes.
- 3.8.3. Proxy notices may specify how the proxy appointed under them is to vote (or that the proxy is to abstain from voting) on one or more resolutions.
- 3.8.4. Unless a proxy notice indicates otherwise, it must be treated as:
- a) allowing the person appointed under it as a proxy discretion as to how to vote on any ancillary or procedural resolutions put to the meeting; and
 - b) appointing that person as a proxy in relation to any adjournment of the City Wide Membership Meeting (or AGM) to which it relates as well as the meeting itself.
- 3.8.5. An appointment under a proxy notice may be revoked by delivering to the Governing Body a notice in writing given by or on behalf of the Practice Clinical Commissioning Lead by whom or on whose behalf the proxy notice was given.
- 3.8.6. A notice revoking a proxy appointment only takes effect if it is delivered before the start of the meeting or adjourned meeting to which it relates.
- 3.8.7. If a proxy notice is not executed by the Practice Clinical Commissioning Lead appointing the proxy, it must be accompanied by written evidence of the authority of the person who executed it to execute it on the relevant Member's behalf.

3.9. Resolutions in writing

- 3.9.1. A resolution in writing signed or approved by a sufficient number of Practice Clinical Commissioning Leads that would have been required to pass a resolution had it been voted on at a City Wide Membership Meeting shall be as valid and effective as if it had been passed at a City Wide Membership Meeting duly convened and held. The resolution may consist of more than one document in the same form each signed or approved by one or more persons.

3.10. Emergency powers and urgent decisions

- 3.10.1. Emergency meetings may be called by the Chair on provision of at least three (3) Business Days' notice to Members. Emergency meeting dates will be published on the CCG's website at www.brightonandhoveccg.nhs.uk and a hard copy posted at the CCG's headquarters.
- 3.10.2. The powers which are reserved to the Governing Body may in an emergency or for an urgent decision be exercised by the Chair and the Accountable Officer after consultation with at least one (1) Lay Member and one other member of the Governing Body. This shall be reported to the next meeting of the Governing Body for ratification.
- 3.10.3. If it is necessary to exercise the powers in paragraph 3.10.2 above and in the event that, following all reasonable attempts to contact them, either the Chair or the Accountable Officer cannot be contacted, the Chair or the Accountable Officer (as appropriate) may consult with another member of the Governing Body in their absence.
- 3.10.4. If the Chair or the Accountable Officer are aware that they will not be contactable for a period of time, they may delegate their obligations under paragraph 3.10.2 above to another member of the Governing Body for a period of time, and must notify the other in writing that they have made this delegation.

3.11. Suspension of Standing Orders

- 3.11.1. 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 City Wide Membership Meeting subject to the passing of a Special Resolution by the Members.
- 3.11.2. A decision to suspend Standing Orders together with the reasons for doing so shall be recorded in the minutes of the meeting. Any decision to suspend Standing Orders must take into consideration any Conflicts of Interest and the CCG's obligation to act fairly and transparently at all times.
- 3.11.3. A separate record of matters discussed during the suspension shall be kept. These records shall be made available to the Governing Body's Audit Committee for review of the reasonableness of the decision to suspend the Standing Orders.

3.12. Record of Attendance

- 3.12.1. The names of all members of the meeting present at the City Wide Membership Meeting shall be recorded in the minutes of the City Wide Membership Meeting.

3.13. Minutes

- 3.13.1. The Chair will identify a suitable individual to record the minutes of each City Wide Membership Meeting.
- 3.13.2. The minutes of each City Wide Membership Meeting shall record the names of those in attendance. Where an attendee is present as a representative of a Member this shall also be recorded.
- 3.13.3. The draft minutes of the City Wide Membership Meeting shall be submitted at the next meeting for review as to accuracy. Acceptance of the minutes, with any amendments, shall be recorded in the minutes of the City Wide Membership Meeting at which they are presented for review.
- 3.13.4. Where appropriate, approved minutes will be made available to the public by publishing them with the agenda and papers of the meeting to which they relate. Minutes or sections of the minutes which are of a confidential nature which would not be disclosed under the Freedom of Information Act will not be made available on the CCG's website.

3.14. Admission of public and the press

- 3.14.1. The annual general meeting of the City Wide Membership Meetings, at which the CCG presents the annual report to the public, shall be public. All other City Wide Membership Meetings will not normally be held in public unless the Chair determines otherwise having considered the nature of the subject matter of such meeting. Where a City Wide Membership Meeting is open to the public, the Chair may resolve that the public be excluded from the meeting, whether for the whole or part of the proceedings on the grounds that publicity would be prejudicial to the public interest or the interests of the CCG by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution and arising from the nature of the business to be transacted or the proceedings.
- 3.14.2. Discussions and decision-making following exclusion of the public and representatives of the press shall be minuted in accordance with paragraph 3.13, except that such minutes shall be treated in accordance with the confidential nature of the business.

4. APPOINTMENT OF COMMITTEES AND SUB-COMMITTEES

4.1. Appointment of committees and sub-committees

- 4.1.1. The CCG may appoint committees and sub-committees of the CCG, subject to any regulations made by the Secretary of State and make provision for the appointment of committees and sub-committees of its Governing Body. Where such committees and sub-committees of the CCG, or committees and sub-committees of its Governing Body, are appointed they are included in Chapter 6 of the CCG's Constitution.
- 4.1.2. Other than where there are statutory requirements, such as in relation to the Governing Body's Audit Committee or Remuneration and Nominations Committee, the CCG shall determine the membership and terms of reference of committees and sub-committees and shall, if it requires, receive and consider reports of such committees at the next appropriate meeting of the CCG.
- 4.1.3. The provisions of these Standing Orders shall apply where relevant to the operation of the Governing Body, the Governing Body's committees and sub-committee and all committees and sub-committees unless stated otherwise in the committee or sub-committee's terms of reference.

4.2. Terms of Reference

- 4.2.1. Terms of reference (as amended from time to time) shall have effect as if incorporated into the Constitution.
- 4.2.2. The Governing Body may make variations to the Terms of Reference of any of its Committees at any time without the need to seek permission of the membership. Where the Governing Body agree to amend the Terms of Reference of any Committee or Sub-Committee it shall publish the revised Terms or reference on the CCG's Website and note the variation at the next Public Meeting of Governing Body/Local Member Group Meeting.

4.3. Delegation of Powers by Committees to Sub-committees

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

4.4. Approval of Appointments to Committees and Sub-Committees

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

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

- 5.1. If for any reason these Standing Orders are not complied with, full details of the non-compliance and any justification for non-compliance and the circumstances around the non-compliance, shall be reported to the next formal meeting of the Governing Body for action or ratification. All members of the CCG and staff have a duty to disclose any non-compliance with these Standing Orders to the Accountable Officer as soon as possible.

6. USE OF SEAL AND AUTHORISATION OF DOCUMENTS

6.1. Group's seal

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

- a) the Accountable Officer;
- b) the Chair of the Governing Body;
- c) the Chief Finance Officer;
- d) the Chief Operating Officer

6.2. Execution of a document by signature

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

- a) the Accountable Officer;
- b) the Chair of the Governing Body;
- c) the Chief Finance Officer;
- d) the Chief Operating Officer.

6.3. Use of Seal

- 6.3.1 The seal **must** be used for all the following documents:

- a) All contracts for the purchase/lease of land and/or building.
- b) All contracts for capital works exceeding £100,000.
- c) All lease agreements where the annual lease charge exceeds £10,000 per annum and the period of the lease exceeds beyond five years.
- d) Any other lease agreement where the total payable under the lease exceeds £100,000.
- e) 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 £500,000

6.4. Custody of the Seal

- 6.4.1. The seal shall be held the Chief Financial Officer who shall ensure that the seal is kept securely

6.5. Register of Sealing

- 6.5.1. The Chief Financial Officer shall be responsible for ensuring that a register is maintained in respect of each document which is sealed by the CCG.
- 6.5.2. The seal must be affixed by the authorised individual in the presence of a witness. The authorised individual must then complete the register, including the detail of the witness to the sealing.

6.6. Reporting the Use of the Seal

- 6.6.1. The Chief Financial Officer shall report each use of the seal to the Governing Body at the Governing Body meeting in Public following the use of the seal.

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

7.1. Policy statements: general principles

- 7.1.1. The CCG will from time to time agree and approve policy statements/procedures which will apply to all or specific groups of staff employed by NHS Brighton and Hove Clinical Commissioning Group. The decisions to approve such policies and procedures will be recorded in an appropriate Group minute and will be deemed where appropriate to be an integral part of the CCG's Standing Orders.

Annex 1

Meetings of The Governing Body

Calling Meetings

- 1.1 The Governing Body shall meet on a regular basis at least six (6) times per year and no more than two (2) months apart.
- 1.2 Meetings of the Governing Body must be open to the public unless the Governing Body resolves that the public be excluded from the meeting, whether for the whole or part of the proceedings on the grounds that publicity would be prejudicial to the public interest or the interests of the CCG by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution and arising from the nature of the business to be transacted or the proceedings.
- 1.3 The Secretary, on receiving a request from one third of the total number of members of the Governing Body to call a meeting of the Governing Body or, if no Secretary has been appointed, any member of the Governing Body receiving such a request, shall call a meeting of the Governing Body by issuing a notice within five (5) Business Days of being requested to do so.

Notice of Meetings

- 1.3 Notice of any Governing Body meeting must indicate:
 - 1.3.1 its proposed date and time, which must be at least fourteen (14) days after the date of the notice, except where a meeting to discuss an urgent issue is required (in which case as much notice as reasonably practicable in the circumstances should be given);
 - 1.3.2 where it is to take place;
 - 1.3.3 an agenda of the items to be discussed at the meeting and any supporting papers; and
 - 1.3.4 if it anticipated that members of the Governing Body participating in the meeting will not be in the same place, how it is proposed that they should communicate with each other during the meeting.

Agenda and Supporting Papers

- 1.4 The agenda will be agreed between the Accountable Officer and the Chair.
- 1.5 The date, time, venue, agenda and all papers related to the agenda of all Governing Body meetings will be made public with at least seven (7) days notice on the CCG's website.
- 1.6 Notice of a Governing Body meeting must be given to each member of the Governing Body in writing.
- 1.7 Failure to effectively serve notice on all members of the Governing Body does not affect the validity of the meeting, or of any business conducted at it.
- 1.8 The Chair can determine items that need to be discussed in private in line with statute and national guidance for example matters of staff discipline, or where patient or commercial confidentiality is likely to be breached.

Quorum

- 1.9 The quorum of the meeting of the Governing Body shall be not less than one third of the members of the Governing Body present, at least one of whom shall be an Independent Member, one an employee of the CCG and two (2) Local Member Group GP Leads or one (1) Local Member Group GP Lead and the Chief of Clinical Leadership and Engagement.

- 1.10 If the total number of members of the Governing Body for the time being is less than the quorum required, the Governing Body must not take any decision other than a decision to call a City Wide Membership Meeting so as to enable the Members acting through their Practice Clinical Commissioning Leads to appoint further members of the Governing Body to fill any vacancies.
- 1.11 The Governing Body may co-opt such other person(s) to attend all or any of its meetings, or part(s) of a meeting, in order to assist in its decision making and in its discharge of its functions as it sees fit. Any such person may speak and participate in debate but may not vote.
- 1.12 If any member of the Governing Body is disqualified from participating in discussions or decision-making on any matter due to their having declared a conflict of interest, they shall not count towards the quorum for that specific matter. If the quorum as set out in paragraph 1.9 is not then met for the specific matter, no further discussion or decision-making may take place on that matter.

Chair of Meeting

- 1.13 At any meeting of the Governing Body the Chair, if present, shall preside. If the Chair is absent from the meeting, the Deputy Chair, if any, will preside.

Chair's Ruling

- 1.14 The decision of the Chair 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.

Voting at Governing Body meetings

- 1.15 Any decision of the Governing Body must be decided by a simple majority decision.
- 1.16 At any meeting of the Governing Body, on a show of hands, every member of the Governing Body present shall have one vote. If the numbers of votes for and against a proposal are equal, the Chair or other person chairing the meeting has a casting vote.
- 1.17 At any Governing Body meeting a resolution put to a vote of the meeting shall be decided on a show of hands.
- 1.18 At Governing Body meetings resolutions shall be put to the vote by the chair of the meeting and there shall be no requirement for the resolution to be proposed or seconded by any person.
- 1.19 A declaration by the chair of the meeting that a resolution has on a show of hands been carried or lost and an entry into the minutes of the meeting shall be conclusive evidence of the fact.

Written Resolutions

- 1.20 A resolution in writing signed or approved by the required majority of the members of the Governing Body entitled to receive notice of a meeting of the Governing Body shall be as valid and effective as if it had been passed at a meeting of the Governing Body duly convened and held. The resolution may consist of more than one document in the same form each signed or approved by one or more persons.

Emergency Powers

- 1.21 Emergency meetings may be called by the Chair on provision of at least three (3) Business Days' notice to members of the Governing Body. Emergency meeting dates will be published on the CCG's website at www.brightonandhoveccg.nhs.uk and a hard copy posted at the CCG's headquarters.
- 1.22 The powers which are reserved to the Governing Body may in an emergency or for an urgent decision be exercised by the Chair and the Accountable Officer, after consultation with at least one (1) Lay Member and one Local Member Group GP Lead or the Chief of Clinical Leadership and Engagement. This shall be reported to the next meeting of the Governing Body for ratification.

Record of Attendance

- 1.23 The names of all members present at the meeting of the Governing Body shall be recorded in the minutes of the Governing Body meetings.

Minutes

- 1.24 The Chair will identify a suitable individual to record the minutes of each Governing Body Meeting.
- 1.25 The minutes of each Governing Body meeting shall record the names of those in attendance.
- 1.26 The draft minutes of the Governing Body meeting shall be submitted at the next meeting for review as to accuracy. Acceptance of the minutes, with any amendments, shall be recorded in the minutes of the Governing Body meeting at which at which they are presented for review. Draft minutes will be made available to members of the Governing Body no later than three (3) Business Days before the Governing Body meeting at which they are to be reviewed.
- 1.27 Where appropriate, approved minutes will be made available to the public by publishing them with the agenda and papers of the meeting to which they relate. Minutes or sections of the minutes which are of a confidential nature which would not be disclosed under the Freedom of Information Act will not be made available on the CCG's website.

Suspension of Standing Orders

- 1.28 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 City Wide Membership Meeting provided a minimum of two-thirds of the members of the Governing Body present, and entitled to vote, are in agreement.
- 1.29 A decision to suspend Standing Orders together with the reasons for doing so shall be recorded in the minutes of the meeting.
- 1.30 A separate record of matters discussed during the suspension shall be kept. These records shall be made available to the Governing Body's Audit Committee for review of the reasonableness of the decision to suspend the Standing Orders.

Transparency

- 1.31 The Governing Body will publish papers considered at meetings of the Governing Body, except where the Governing Body considers that it would not be in the public interest to do so in relation to a particular paper or part of a paper.
- 1.32 Subject to paragraphs 1.33 and 1.34, the Governing Body shall publish the following information relating to determinations made under subsection (3)(a) and (b) of section 14L of the 2006 Act (which relates to remuneration, fees and allowances, including allowances payable under certain pension schemes):
- 1.32.1 in relation to each senior employee of the CCG, any determination of the employee's salary or of any travelling and other allowances payable to the employee, including any allowances payable under a pension scheme established under paragraph 11(4) of Schedule 1A to the 2006 Act;
- 1.32.2 any recommendation of the Remuneration and Nominations Committee in relation to any such determination.
- 1.33 Information as to the determination of a senior employee's salary need specify only a band of £5,000 into which the salary determined falls.
- 1.34 The Governing Body must not publish any information referred to in paragraph 1.32 if the Governing Body considers that it would not be in the public interest to publish it.

- 1.35 In paragraph 1.32.1, a 'senior employee' means an employee who has authority over or responsibility for directing or controlling the exercise of the CCG's functions.

Indemnity

- 1.36 Members of the Governing Body who act honestly and in good faith will not have to meet out of their personal resources any personal civil liability which is incurred in the execution or purported execution of their Governing Body functions, save where they have acted recklessly.

ANNEX 2

LOCAL MEMBER GROUPS

1. Configuration of Local Member Groups

- 1.1 The Area of the CCG shall initially be divided into three (3) Local Member Groups or such other configuration of Local Member Groups as the Governing Body may agree from time to time in accordance with paragraph 1.3 below. The initial Local Member Groups shall be referred to as:
- 1.1.1 Central Brighton;
 - 1.1.2 East Brighton; and
 - 1.1.3 West Brighton
- and, for ease, a map indicating the boundaries of the same is included in the Attachment to this Annex 2 of Appendix C.
- 1.2 Each Member of the CCG shall also be a member of a Local Member Group in which their practice is based subject to the ability of NHS England to determine otherwise.
- 1.3 The Governing Body shall determine the boundaries of the Local Member Groups and the configuration of practices within each Local Member Group provided that any Local Member Group must fall within the Area. Any Member shall be entitled to request a change to the boundary of the Local Member Group but all such changes shall be considered by the Governing Body and either confirmed or amended but not more than once annually.

2. ROLE OF LOCAL MEMBER GROUPS

- 2.1 The proposed role of each Local Member Group is to:
- 2.1.1 elect a Local Member Group GP Lead on to the Governing Body in accordance with Paragraph 4 below;
 - 2.1.2 contribute to shaping the commissioning strategy for the CCG, including early idea generation;
 - 2.1.3 engage with and hear perspectives from patients, through the Patient Participation Groups and the Patient Representative for the Local Member Group;
 - 2.1.4 implement agreed Group strategies and priorities at Local Member Group and Member level;
 - 2.1.5 offer peer review and challenge in relation to Member performance in respect of their duties and responsibilities as Members of the CCG;
 - 2.1.6 create opportunities for exchanges of ideas between Members and encourage a positive learning environment, to encourage GPs and clinical leaders to learn from and with each other to continually improve practice;
 - 2.1.7 feed the views of its Members into the management and governance processes of the CCG;
 - 2.1.8 engage with Clinical Programme Leads in relation to new service delivery options;
 - 2.1.9 be a locus for understanding community health needs at the Local Member Group level;

- 2.1.10 be a locus for informing the commissioning of services, that reflect local needs as defined within the Joint Strategic Needs Assessment, and which are aligned to the overall commissioning strategy and framework for the CCG as a whole; and
- 2.1.11 provide an opportunity for emerging clinical leaders to develop strategy and leadership skills and to provide a talent management pool for Clinical Commissioning Group leadership in the future.

3. LOCAL MEMBER GROUP GP LEADS & ROLES

- 3.1 There shall be three (3) Local Member Group GP Leads, one for each Local Member Group, elected from the Members within each Local Member Group in accordance with paragraph 4 below.
- 3.2 Candidates for the role of Local Member Group GP Lead must be a GP employed or engaged by a Member within the Local Member Group and must not be an individual of the description set out in paragraph 2.2.17 of Appendix C above and they must not, at any time during their tenure as a Local Member Group GP Lead, be a Practice Clinical Commissioning Lead.
- 3.3 The Local Member Group GP Leads shall sit on the Governing Body.
- 3.4 The role of the Local Member Group GP Leads is to:
 - 3.4.1 represent the Members of their Local Member Group;
 - 3.4.2 be part of the Local Member Group Team, and chair Local Member Group Meetings; and
 - 3.4.3 lead on, and ensure fulfilment of, the role of the Local Member Group as referred to in paragraph 2 above.

4. LOCAL MEMBER GROUP GP LEADS - ELECTION PROCESS/TENURE

- 4.1 The Members within a Local Member Group shall be entitled to elect a Local Member Group GP Lead up to the limit listed in paragraph 3.1 above. Local Member Group GP Leads are subject to the following election process:
 - 4.1.1 the Governing Body shall issue a role description and minimum requirements for the role of Local Member Group GP Lead. Interested candidates may apply for the role, demonstrating how they meet the essential requirements of the person specification and how they would undertake the role. A panel consisting of the Remuneration and Nominations Committee, plus the Chair and/or the Accountable Officer may assess the candidates' suitability for the role of Local Member Group GP Lead by holding screening interviews and producing a shortlist of suitable candidates for the role;
 - 4.1.2 there shall be an election process for all short listed candidates, with election by Ordinary Resolution of the Members.
- 4.2 A Local Member Group GP Lead shall:
 - 4.2.1 be elected for a term not exceeding three (3) years;
 - 4.2.2 be eligible for re-election at the end of that term but may not serve as a Local Member Group GP Lead for more than (2) terms or a total of six (6) years; and
 - 4.2.3 cease to hold office if:
 - (a) his/her term of office is terminated in accordance with paragraph 4.3 below; or

- (b) he/she resigns on notice to the Governing Body by giving three (3) months written notice.

4.3 A Local Member Group GP Lead shall not be eligible to become or continue in office as a Local Member Group GP Lead if any of the grounds contained in paragraph 2.2.17 of Appendix C of the Constitution apply to him/her.

5. PATIENT PARTICIPATION GROUPS

Each Member shall set up a Patient Participation Group (or equivalent as determined by the CCG) to encourage feedback from its patients. Members of Patient Participation Groups within each Local Member Group shall be entitled to elect, nominate or appoint a Patient Representative to take part in Local Member Group Meetings and to represent patients from within the Local Member Group on the Patient and Public Engagement Network and Patient and Public City Wide Participation Forum.

6. PRACTICE NURSE AND PRACTICE MANAGER LEADS

Practice Nurse Lead

6.1 Each Local Member Group shall elect a Patient Nurse Lead to serve on its Local Member Group and attend the relevant Local Member Group Meetings.

6.2 The role of the Practice Nurse Lead is to:

6.2.1 represent practice nurses who are employed or engaged by the Members within the relevant Local Member Group;

6.2.2 bring the practice nurses' perspectives, views and skills to the Local Member Group discussions; and

6.2.3 provide support to the Local Member Group GP Lead in discharging the functions of the Local Member Group.

Practice Manager Lead

6.3 Each Local Member Group shall elect a Practice Manager Lead to serve on its Local Member Group and attend the relevant Local Member Group Meetings.

6.4 The role of the Practice Manager Lead is to:

6.4.1 represent practice managers who are employed or engaged by the Members within the relevant Local Member Group;

6.4.2 bring the practice managers' perspectives, views and skills to the Local Member Group discussions; and

6.4.3 provide support to the Local Member Group GP Lead in discharging the functions of the Local Member Group.

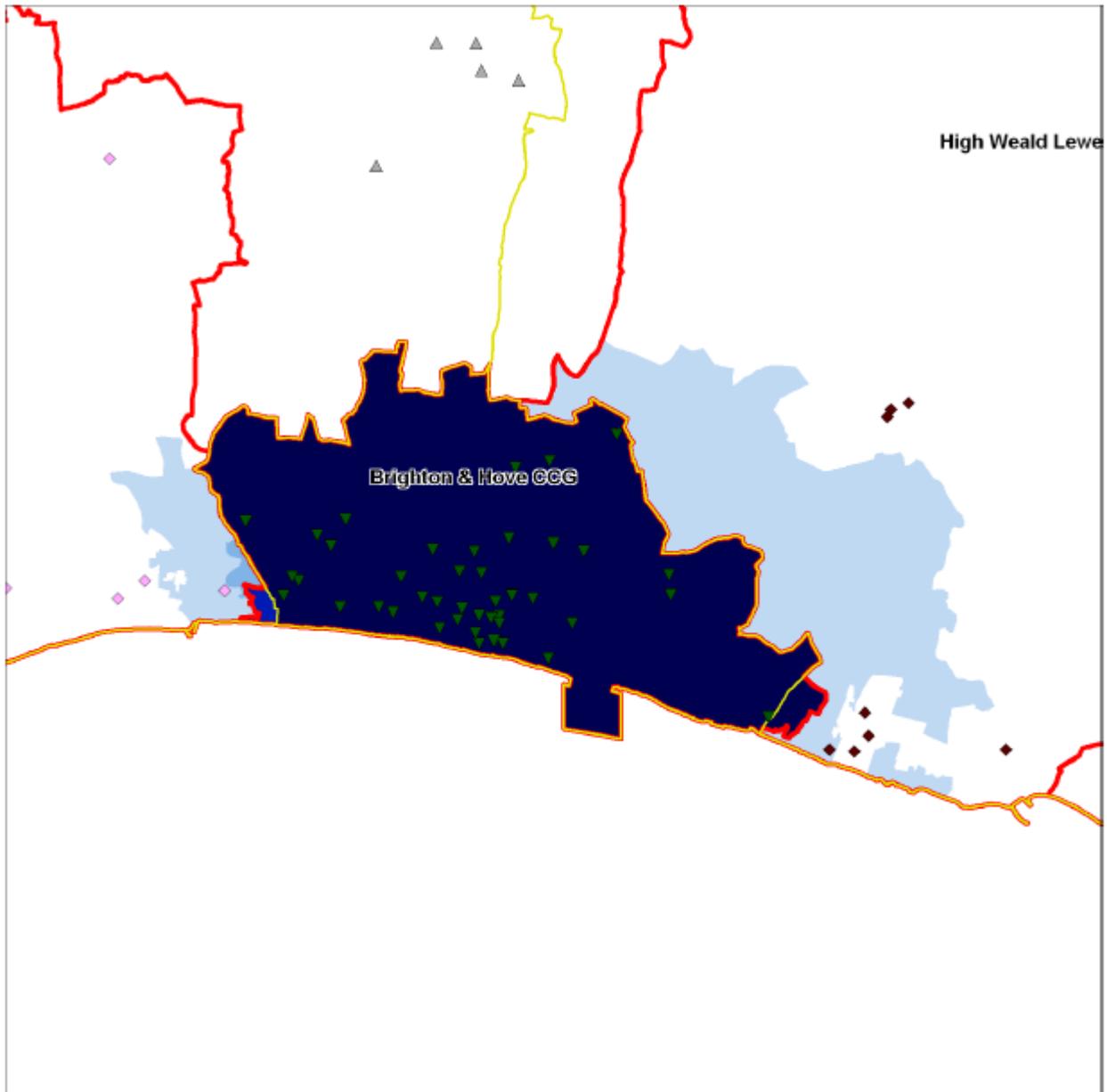
7. LOCAL MEMBER GROUP TEAM

- 7.1 There shall be one Local Member Group Team that will support the work of each Local Member Group comprising of the:
 - 7.1.1 Local Member Group GP Lead for the relevant Local Member Group;
 - 7.1.2 Practice Nurse Lead;
 - 7.1.3 Practice Manager Lead; and
 - 7.1.4 Patient Representative.
- 7.2 The Local Member Group Team shall have the power to co-opt other non-voting persons from the Members to attend its meetings as it sees fit from time to time.
- 7.3 The Local Member Group Team shall have access to general management and professional leadership support of the CCG to carry out administrative tasks on behalf of the Local Member Group Team.
- 7.4 A person shall not be eligible to be a member of the Local Member Group Team and shall cease to be a member of the Local Member Group Team as soon as that person:
 - 7.4.1 (if a Local Member Group GP Lead) ceases to be a Local Member Group GP Lead or is removed in accordance with paragraph 4;
 - 7.4.2 (if a Practice Manager Lead or a Practice Nurse Lead) ceases to be the Practice Manager Lead or Practice Nurse Lead for the Local Member Group; and/or
 - 7.4.3 (if a Patient Representative) ceases to be the Patient Representative for the Local Member Group.

8. LOCAL MEMBER GROUP MEETINGS

- 8.1 The Local Member Group Team shall hold Local Member Group Meetings on a regular basis and in any event shall meet not less than six (6) times per year

ATTACHMENT TO ANNEX 2– Map of Brighton & Hove CCG Geographical Area



ANNEX 3

PROFESSIONAL FORA

1. PRACTICE NURSE AND PRACTICE MANAGER FORUMS

- 1.1 The CCG shall have a Practice Nurse Forum and a Practice Manager Forum, consisting of practice managers and practice nurses employed by Members in the Area to encourage feedback from practice managers and practice nurses from the Members of the CCG on the provision of healthcare in the Area.

2. GP FORUM

- 2.1 The CCG shall have a GP Forum, consisting of GPs from Member practices including salaried GPs and locums in the area to encourage engagement with the CCG.

3. PATIENT AND PUBLIC CITY WIDE PARTICIPATION FORUM

- 3.1 The CCG shall have a Patient and Public City Wide Participation Forum, comprising of Patient Representatives, HealthWatch and third sector agencies.

ANNEX 4

AUDIT COMMITTEE

NHS Brighton and Hove Clinical Commissioning Group

Governing Body Audit Committee

Terms of Reference

1. Introduction

- 1.1 The audit committee (the Committee) is established in accordance with NHS Brighton and Hove Clinical Commissioning Group's (the CCG's) Constitution. These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the Committee and shall have effect as if incorporated into the Constitution.
- 1.2 The Committee is authorised by the Governing Body to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any Member, officer or employee who is directed to co-operate with any request made by the Committee.

2. Membership

- 2.1 The Committee shall be appointed by the CCG as set out in the CCG's Constitution and may include individuals who are not on the Governing Body.
- 2.2 The Lay Member on the Governing Body, with a lead role in overseeing key elements of governance, will need to be able to chair the Committee and must have qualifications, expertise or experience such as to enable the person to express informed views about financial management and audit matters.
- 2.3 There will be two other Independent Members of the Governing Body on the Committee.

3. Attendance

- 3.1 In addition to the Committee members, the Accountable Officer, Chief Finance Officer and any other relevant parties where appropriate shall generally attend routine meetings of the Committee.
- 3.2 A representative of each of the internal and external auditor may also be invited to attend meetings of the Committee.
- 3.3 Members of the Governing Body shall be invited to attend those meetings in which the Committee will consider areas of risk or operation that are their responsibility.
- 3.4 The Chair of the CCG may be invited to attend meetings of the Committee as required.
- 3.5 A representative of the local counter fraud service may be invited to attend meetings of the Committee.

4. Secretary

- 4.1 The Secretary shall be the secretary to the Committee and will provide administrative support and advice. The duties of the secretary in this regard include but are not limited to:
- 4.1.1 agreement of the agenda with the chair of the Committee and attendees together with the collation of connected papers;
 - 4.1.2 taking the minutes and keeping a record of matters arising and issues to be carried forward;
 - 4.1.3 advising the Committee as appropriate on best practice, national guidance and other relevant documents.

5. Quorum

- 5.1 A quorum shall be the chair of the Committee and one other member.

6. Frequency and notice of meetings

- 6.1 Meetings shall be held at least four (4) times per year, with additional meetings where necessary.
- 6.2 The external auditor shall be afforded the opportunity at least once per year to meet with the Committee without members of the Governing Body present.
- 6.3 The Committee members shall be afforded the opportunity to meet at least once per year with no others present. Arrangements for calling meetings will be in writing to the chair of the Committee with a minimum of ten (10) days' notice.

7. Remit and responsibilities of the Committee

- 7.1 The Committee shall critically review the CCG's financial reporting and internal control principles and ensure an appropriate relationship with both internal and external auditors is maintained.

Integrated governance, risk management and internal control

- 7.2 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 CCG's activities that support the achievement of the CCG's objectives.
- 7.3 In particular, the Committee will review the adequacy and effectiveness of:
- 7.3.1 all risk and control related disclosure statements (in particular the governance statement), together with any appropriate independent assurances, prior to endorsement by the CCG;
 - 7.3.2 the underlying assurance processes that indicate the degree of achievement of Group objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements;
 - 7.3.3 the policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements and related reporting and self-certification; and
 - 7.3.4 the policies and procedures for all work related to fraud and corruption as set out in Secretary of State Directions and as required by the NHS Counter Fraud and Security Management Service.
- 7.4 The Committee shall seek reports and assurances from members of the Governing Body and senior employees as appropriate, concentrating on the over-arching systems of integrated governance, risk management and internal control, together with indicators of their effectiveness evidenced through the Committee's use of an effective assurance framework to guide its work and that of the audit and assurance functions that report to it.

Internal audit

- 7.5 The Committee shall ensure that there is an effective internal audit function that meets mandatory NHS Internal Audit Standards and provides appropriate independent assurance to the Committee, Accountable Officer and the CCG.
- 7.6 The Committee shall achieve an effective internal audit function by:
- 7.6.1 consideration of the provision of the internal audit service, the cost of the audit and any questions of resignation and dismissal;
 - 7.6.2 review and approval of the internal audit strategy, operational plan and more detailed programme of work, ensuring that this is consistent with the audit needs of the organisation, as identified in the assurance framework;
 - 7.6.3 considering the major findings of internal audit work (and the senior team's response) and ensuring co-ordination between the internal and external auditors to optimise audit resources;
 - 7.6.4 ensuring that the internal audit function is adequately resourced and has appropriate standing within the CCG; and
 - 7.6.5 an annual review of the effectiveness of internal audit.

External audit

- 7.7 The Committee shall review the work and findings of the external auditors and consider the implications and the senior team's responses to their work.
- 7.8 The Committee shall achieve this by:
- 7.8.1 consideration of the performance of the external auditors, as far as the rules governing the appointment permit;
 - 7.8.2 discussion and agreement with the external auditors, before the audit commences, on the nature and scope of the audit as set out in the annual plan, and ensuring co-ordination, as appropriate, with other external auditors in the local health economy;
 - 7.8.3 discussion with the external auditors of their local evaluation of audit risks and assessment of the CCG and associated impact on the audit fee;
 - 7.8.4 review of all external audit reports, including the report to those charged with governance, agreement of the annual audit letter before submission to the CCG and any work undertaken outside the annual audit plan, together with the appropriateness of management responses;
 - 7.8.5 overseeing the conduct of a market testing exercise for the appointment of an auditor at least once every five years and, based on the outcome, make a recommendation to the Governing Body with respect to the appointment of the auditor;
 - 7.8.6 developing and implementing a policy on the engagement of the external auditor to supply non-audit services; and
 - 7.8.7 considering the provision of the external audit service, the cost of the audit and any questions of resignation and dismissal.

Other assurance functions

- 7.9 The Committee shall review the findings of other significant assurance functions, both internal and external, including but not limited to:

- 7.9.1 any reviews by Department of Health arm's length bodies or regulators/inspectors (for example, the Care Quality Commission and NHS Litigation Authority); and
- 7.9.2 professional bodies with responsibility for the performance of staff or functions (for example, Royal Colleges and accreditation bodies),

and consider the implications for the governance of the CCG.

Counter fraud

- 7.10 The Committee shall satisfy itself that the CCG has adequate arrangements in place for countering fraud and shall review the outcomes of counter fraud work. It shall also approve the counter fraud work programme.

Management

- 7.11 The Committee shall request and review reports and positive assurances from members of the Governing Body and senior employees on the overall arrangements for governance, risk management and internal control.
- 7.12 The Committee may also request specific reports from individual functions within the CCG as they may be appropriate to the overall arrangements.

Financial reporting

- 7.13 The Committee shall monitor the integrity of the financial statements of the CCG and any formal announcements relating to the CCG's financial performance.
- 7.14 The Committee shall ensure that the systems for financial reporting to the CCG, including those of budgetary control, are subject to review as to completeness and accuracy of the information provided to the CCG.
- 7.15 The Committee has delegated authority to approve the annual report and financial statements and shall approve them on behalf of the Governing Body and the CCG having reviewed them, focused particularly on the CCG:
 - 7.15.1 the wording in the governance statement and other disclosures relevant to the terms of reference of the Committee;
 - 7.15.2 changes in, and compliance with, accounting policies, practices and estimation techniques;
 - 7.15.3 unadjusted mis-statements in the financial statements;
 - 7.15.4 significant judgements in preparing of the financial statements;
 - 7.15.5 significant adjustments resulting from the audit;
 - 7.15.6 letter of representation; and
 - 7.15.7 qualitative aspects of financial reporting.

8. Relationship with the Governing Body

- 8.1 The minutes of all meetings of the Committee shall be formally recorded and submitted, together with recommendations where appropriate, to the Governing Body. The submission to the Governing Body shall include details of any matters in respect of which actions or improvements are needed. This will include details of any evidence of potentially ultra vires, otherwise unlawful or improper transactions, acts, omissions or practices or any other important matters. To the extent that such matters arise, the chair of the Committee shall present details to a meeting of the Governing Body in addition to submission of the minutes.

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

8.2.1 functions undertaken in connection with the statement of internal control;

8.2.2 the assurance framework;

8.2.3 the effectiveness of risk management within the CCG;

8.2.4 the integration of and adherence to governance arrangements;

8.2.5 its view as to whether the self-assessment against standards for better health is appropriate; and

8.2.6 any pertinent matters in respect of which the audit committee has been engaged.

8.3 The CCG's annual report shall include a section describing the work of the audit committee in discharging its responsibilities.

9. Policy and best practice

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

10. Conduct of the Committee

10.1 The terms of reference of the Committee shall be reviewed by the Governing Body at least annually.

10.2 Members of the Committee must attend at least three (3) of all meetings each financial year but should aim to attend all scheduled meetings.

ANNEX 5

REMUNERATION AND NOMINATIONS COMMITTEE

NHS Brighton and Hove Clinical Commissioning Group

Governing Body Remuneration and Nominations Committee

Terms of Reference

1. Introduction

- 1.1 The remuneration and nominations committee (the Committee) is established in accordance with NHS Brighton and Hove Clinical Commissioning Group's (the CCG's) Constitution, Standing Orders and Scheme of Reservation and 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 CCG's Constitution and Standing Orders.
- 1.2 The Committee is authorised by Governing Body to act within its terms of reference. All Members and employees of the CCG are directed to co-operate with any request made by the Committee.

2. Membership

- 2.1 The Committee shall be appointed by the CCG from amongst its Governing Body members.
- 2.2 The membership of the Committee shall consist of:
 - 2.2.1 the Lay Member for governance (who will chair the Committee). All members of the Governing Body other than the Lay Members are disqualified from being the chair of the Committee;
 - 2.2.2 the Lay Members for patient and public participation matters, the secondary care specialist doctor and the registered nurse

3. Secretary

- 3.1 The Governing Body Secretary shall record the minutes of all meetings of the Committee. These will be retained by the chair and not shared with members of the Governing Body who are not members of the Committee.

4. Quorum

- 4.1 A quorum shall be two (2) members.

5. Frequency and notice of meetings

- 5.1 Meetings shall be held at least every six months and additional meetings shall be held as and when required to act as a screening panel for Governing Body appointments.
- 5.2 Arrangements for calling meetings will be in writing to the Chair of the Committee with a minimum of ten (10) days' notice.

6. Remit and responsibilities of the Committee

6.1 The Committee shall:

- 6.1.1 make recommendations on determinations of the remuneration and conditions of service of employees of the CCG, the members of the Governing Body and people who provide services to the CCG including:
 - (a) salary, including any performance-related pay or bonus;
 - (b) provisions for other benefits, including pensions and cars;
 - (c) allowances under any pension scheme it might establish as an alternative to the NHS pension scheme; and
 - (d) other allowances;
- 6.1.2 consider the severance payments of the Accountable Officer and other senior employees, seeking HM Treasury approval as appropriate in accordance with HM Treasury guidance;
- 6.1.3 monitor and evaluate the performance of members of the Governing Body;
- 6.1.4 adhere to all relevant laws, regulations and policy in all respects, including:
 - (a) national guidance;
 - (b) the management cost cap;
 - (c) benchmarked information of other Clinical Commissioning Groups' costs; and
 - (d) the competing earnings potential in primary care,to determine levels of remuneration that are sufficient to attract, retain and motivate members of the Governing Body and senior employees whilst remaining cost effective;
- 6.1.5 advise upon and oversee contractual arrangements for members of the Governing Body and senior employees, including but not limited to termination payments;
- 6.1.6 ensure that the Governing Body has the right balance of skills, knowledge and perspectives required for members of the Governing Body;
- 6.1.7 oversee the appointment or election process for members of the Governing Body, and acting as a screening panel for the clinical members of the Governing Body;
- 6.1.8 develop an approach to succession planning for key members of the Governing Body;
- 6.1.9 set the terms of office for members of the Governing Body;
- 6.1.10 oversee the performance review process for all members of the Governing Body including the Chair; and
- 6.1.11 arrange regular performance evaluation of the effectiveness of the Governing Body and its committees.

7. Relationship with the Governing Body

- 7.1 The Committee will report to the Governing Body after each meeting.

8. **Policy and best practice**

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

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

9. **Conduct of the Committee**

9.1 The terms of reference of the Committee shall be reviewed by Governing Body at least annually.

ANNEX 6

NHS Brighton and Hove Clinical Commissioning Group Performance and Governance Committee

Terms of Reference

1. Introduction

- 1.1 The Performance and Governance Committee (the Committee) is established in accordance with NHS Brighton and Hove Clinical Commissioning Group's (the Group's) Constitution, Standing Orders and Scheme of Reservation and 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 Group's Constitution and Standing Orders.
- 1.2 The Committee is authorised by the Governing Body to act within its terms of reference. All Members and employees of the Group are directed to co-operate with any request made by the Committee.

2. Membership

- 2.1 The Committee shall be appointed by the Group as set out in the Group's Constitution and may include individuals who are not on the Governing Body.
- 2.2 The Lay Member for Governance will chair the Committee.
- 2.3 The core membership of the Committee shall consist of:
 - 2.3.1 Accountable Officer (Deputy Chair)
 - 2.3.2 Chief Finance Officer;
 - 2.3.3 Chief Operating Officer;
 - 2.3.4 Director of Clinical Quality and Patient Safety
 - 2.3.5 Director of Performance
 - 2.3.6 CCG Chair
 - 2.3.7 Local Member Group Chair(s)
- 2.4 The Committee shall have additional attendance for specific elements of the agenda as required, including, but not limited to:
 - 2.4.1 Head of Corporate Affairs
 - 2.4.2 Head of Planning and Delivery
 - 2.4.3 Heads of Commissioning
 - 2.4.4 Head of Contracting
 - 2.4.5 Deputy Chief Finance Officer
 - 2.4.6 Head of Medicines Management
 - 2.4.7 Head of Quality
 - 2.4.8 Head of Continuing Health Care

3. **Secretary**

- 3.1 The Secretary shall record the minutes of all meetings of the Committee. As a formal sub-committee of the Governing Body, the minutes of the Committee will be made available at public meeting of the Governing Body.

4. **Quorum**

- 4.1 A quorum shall be four (4) members (or appropriate deputies) and must include the Chair or Deputy Chair and one Non-Executive Member of the Governing Body.

5. **Frequency and notice of meetings**

- 5.1 Meetings shall be held monthly

6. **Remit and responsibilities of the Committee**

6.1 **Contract Performance and Annual Operating Plan Development and Delivery:**

- 6.1.1 be responsible for the operational delivery of agreed strategy and strategic commissioning intentions;
- 6.1.2 Monitor the performance of commissioned services in relation to activity, finance, and compliance with national and local targets and KPIs.
- 6.1.3 Where performance is deviating, agree and oversee required action to mitigate impact.
- 6.1.4 Oversee the development and delivery of annual QIPP programme, regularly monitoring savings and recommending appropriate action as required.
- 6.1.5 Agree and oversee the planning process and contract negotiation strategy
- 6.1.6 Review and approve significant business cases over a value of £50,000 relating to the Annual Operating Plan, in year service redesign and primary care development. These business cases should be developed and reported via the agreed Brighton and Hove CCG PMO process prior to discussion at P&G. Business cases under £50,000 or as otherwise indicated by the CCG executive team will be agreed by Senior Management team and the CCG executive.
- 6.1.7 recommend to the Governing Body the strategic, business and financial plan for the Group taking into account the input of the committees and the Local Member Groups;
- 6.1.8 monitor Member performance against their duties and responsibilities as Members of the Group in line with the membership agreement and Constitution, QIPP Plans and overall use of resources;
- 6.1.9 Ensure that a collaborative approach is taken with neighbouring CCGs
- 6.1.10 Ensure that joint commissioning arrangements with local authorities and other partners are overseen and developed appropriately

6.2 **Integrated Governance**

- 6.2.1 ensure the Group is aware of and complies with its legal and statutory obligations and operates in a safe and legally compliant manner, taking appropriate professional advice where necessary;
- 6.2.2 Provide leadership and commitment to the management of risk across the organisation including development of the corporate risk register and Assurance Framework.
- 6.2.3 Develop and review the CCG's risk management policies and strategies.

- 6.2.4 Ensure that risk management is embedded across the CCG and monitor and scrutinise directorate and team risk registers and progress with action plans.
- 6.2.5 Monitor the delivery of action plans developed in response to the findings of external reviews e.g. special reviews conducted by the Care Quality Commission
- 6.2.6 Monitor and report to the Governing Body on the CCG's high level risks as contained in the corporate risk register.
- 6.2.7 Review all strategic human resources policies advising the Board on their adoption as required.
- 6.2.8 Provide assurances to the Board on information governance compliance and the appropriate identification and management of information risks.
- 6.2.9 Provide oversight of risks to the health and safety of staff and visitors and link to the Pan Sussex Health and Safety Committee.
- 6.2.10 To oversee the review and updating of the CCG Constitution

6.3 **CCG Performance and Organisational Development**

- 6.3.1 To oversee the development and implementation of the CCG Organisational Development Plan
- 6.3.2 Receive and oversee the annual review of staff turnover, staff appointments, sickness absence and staff survey results
- 6.3.3 Ensure that robust systems and processes are in place - and adhered to - in relation to the recruitment, line management and development of all staff aligned to the CCG;
- 6.3.4 Sign off annual and longer term budgets relating to the running costs of the CCG, regularly receive and review financial reports, identify and agree action in relation to any areas of risk.
- 6.3.5 Consider and disseminate all new guidance and other relevant information relating to commissioning and ensure appropriate action taken

7. **Relationship with the Governing Body**

- 7.1 The Committee will report to the Governing Body after each meeting.

8. **Policy and best practice**

- 8.1 The Committee is authorised by the Governing Body to instruct professional advisors and request the attendance of individuals and authorities from outside the Group with relevant experience and expertise if it considers this necessary for or expedient to the exercise its functions.
- 8.2 The Committee is authorised to obtain such internal information as is necessary and expedient to the fulfilment of its functions.

9. **Conduct of the Committee**

- 9.1 The terms of reference of the Committee shall be reviewed by Governing Body at least annually.

ANNEX 7
CLINICAL STRATEGY GROUP

NHS Brighton and Hove Clinical Commissioning Group

Governing Body Clinical Strategy Group

Terms of Reference

1. Introduction

- 1.1 The Clinical Strategy Group (the Committee) is established in accordance with NHS Brighton and Hove Clinical Commissioning Group's (the Group's) Constitution, Standing Orders and Scheme of Reservation and 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 Group's Constitution and Standing Orders.
- 1.2 The Committee is authorised by the Governing Body to act within its terms of reference. All Members and employees of the Group are directed to co-operate with any request made by the Committee.

2. Membership

- 2.1 The Committee shall be appointed by the Group as set out in the Group's Constitution and may include individuals who are not on the Governing Body.
- 2.2 The membership of the Committee shall consist of:
- 2.2.1 the Chief of Clinical Leadership and Engagement (who will chair the Committee);
 - 2.2.2 six Clinical Programme Leads;
 - 2.2.3 the Director of Clinical Quality and Patient Safety;
 - 2.2.4 Accountable Officer;
 - 2.2.5 Director of Public Health;
 - 2.2.6 Chief Finance Officer
 - 2.2.7 the Chief Operating Officer; and
 - 2.2.8 members of the Local Member Group Teams.

3. Secretary

- 3.1 The Secretary shall record the minutes of all meetings of the Committee.

4. Quorum

- 4.1 A quorum shall be five (5) members.

5. Frequency and notice of meetings

- 5.1 Meetings shall be held monthly.
- 5.2 Arrangements for calling meetings will be in writing to the Chair of the Committee with a minimum of ten (10) day's notice.

6. Remit and responsibilities of the Committee

6.1 The Committee shall:

- 6.1.1 develop and recommend a commissioning strategy to the Governing Body informed by each Local Member Group and aligned with the Joint Health & Well-Being Strategy;
- 6.1.2 develop and oversee the necessary programme and/or project management arrangements to effectively inform the development of clinical strategy and to develop annual commissioning plans for certain categories of care e.g. planned care, urgent care, long term conditions, etc.;
- 6.1.3 support joint commissioning arrangements with local authorities and other partners;
- 6.1.4 generate new QIPP ideas and recommend to the Governing Body QIPP business cases for approval and release of finance from reserves;
- 6.1.5 assess the clinical outcomes for provider contracts (e.g. CQUINs);
- 6.1.6 determine tactical investments/interventions with authority delegated to it;
- 6.1.7 [promoting] education and training;
- 6.1.8 supporting innovation; and
- 6.1.9 assist and support the NHS Commissioning Board in its duty to improve the quality of tertiary care.

7. Relationship with the Governing Body

7.1 The Committee will report to the Governing Body after each meeting.

8. Policy and best practice

- 8.1 The Committee is authorised by the Governing Body to instruct professional advisors and request the attendance of individuals and authorities from outside the Group with relevant experience and expertise if it considers this necessary for or expedient to the exercise its functions.
- 8.2 The Committee is authorised to obtain such internal information as is necessary and expedient to the fulfilment of its functions.

9. Conduct of the Committee

9.1 The terms of reference of the Committee shall be reviewed by Governing Body at least annually.

ANNEX 8
QUALITY ASSURANCE COMMITTEE

NHS Brighton and Hove Clinical Commissioning Group

Governing Body Quality Assurance Committee

Terms of Reference

1. Introduction

- 1.1 The Quality Assurance Committee (the Committee) is established in accordance with NHS Brighton and Hove Clinical Commissioning Group's (the CCG's) Constitution, Standing Orders and Scheme of Reservation and 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 CCG's Constitution and Standing Orders.
- 1.2 The Committee is authorised by the Governing Body to act within its terms of reference. All Members and employees of the CCG are directed to co-operate with any request made by the Committee.

2. Membership

- 2.1 The Committee shall be appointed by the CCG as set out in the CCG's Constitution and may include individuals who are not on the Governing Body.
 - 2.2 The Independent Registered Nurse on the Governing Body will chair the Committee.
 - 2.3 The membership of the Committee shall consist of:
 - 2.3.1 The Independent Registered Nurse on the Governing Body (who will chair the Committee) as referred to in paragraph 2.2 above;
 - 2.3.2 The Lay Members on the CCG Governing Body;
 - 2.3.3 The Independent Members on the CCG Governing Body;
 - 2.3.4 The Local Member Group Chair members of the CCG Governing Body.
 - 2.3.5 the Chief of Clinical Leadership and Engagement;
 - 2.3.6 the Director of Clinical Quality and Patient Safety; and
 - 2.3.7 the Accountable Officer; and
 - 2.4 The Committee shall be supported by:
 - 2.4.1 a public health consultant.
 - 2.4.2 Chief Operating Officer
 - 2.4.3 Group clinicians and managers with responsibility for corporate governance and safeguarding,
- but such persons shall not be members of the Committee.

3. Secretary

3.1 The Secretary shall record the minutes of all meetings of the Committee.

4. Quorum

4.1 A quorum shall be four members including one member of the CCG Executive , one clinician and one Lay or Independent member of the CCG .

5. Frequency and notice of meetings

5.1 Meetings shall be held at least six (6) times a year.

5.2 Arrangements for calling meetings will be in writing to the Chair of the Committee with a minimum of ten (10) days' notice.

6. Remit and responsibilities of the Committee

6.1 The Committee shall:

6.1.1 monitor and drive forward the quality of all commissioned care, recommending courses of action where concerns have been raised;

6.1.2 receive and discuss reports on primary care with a view to assisting and supporting NHS England in its duty to improve the quality of such care;

6.1.3 receive and review reports on quality in respect of commissioned services to include performance against CQUINs, patient experience (including complaints and compliments) and clinical performance indicators;

6.1.4 ensure the patient voice is captured and changes in commissioning strategies are recommended to improve patient experience;

6.1.5 ensure that there are robust systems and processes in place to safeguard adults and children and the Mental Capacity Act (including DOLS);

6.1.6 monitor arrangements in place with the CCG relating to equality and diversity issues, ensuring compliance with statutory obligations;

6.1.7 ensure delivery of the requirements for Information Governance;

6.1.8 ensure delivery of the requirements for procurement processes;

6.1.9 ensure adequate systems are in place for the governance of research in line with the Department of Health's requirements;

6.1.10 oversee and provide assurance on the clinical governance arrangements in commissioned services;

6.1.11 receive, review and scrutinise reports on serious incidents (SIs), Patient Safety Alerts and Never Events occurring in commissioned services and monitoring associated action plans and;

6.1.12 ensure that there are robust systems and processes in place to monitor and reduce inequalities

7. Relationship with the Governing Body

7.1 The Committee will report to the Governing Body after each meeting.

8. Policy and best practice

- 8.1 The Committee is authorised by the Governing Body to instruct professional advisors and request the attendance of individuals and authorities from outside the CCG with relevant experience and expertise if it considers this necessary for or expedient to the exercise its functions.
- 8.2 The Committee is authorised to obtain such internal information as is necessary and expedient to the fulfilment of its functions.

9. Conduct of the Committee

- 9.1 The terms of reference of the Committee shall be reviewed by Governing Body at least annually.

Annex 9

NHS Brighton and Hove Clinical Commissioning Group

Participation and Communication Assurance Committee

Terms of Reference

1.0 Introduction

The Participation and communication Assurance Committee (PCAC) is established as a subcommittee of the CCG's Governing Body. These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the committee.

2.0 Membership

2.1 The membership of the group shall comprise:

- CCG Governing Body Lay Member for Participation (Chair)
- CCG Chief Clinical Officer
- CCG Chief Operating Officer (Chair)
- CCG Head of Planning and Delivery
- CCG Head of Engagement
- CCG Head of Communications
- CCG Heads of Commissioning
- Brighton & Hove City Council – Community Engagement Lead
- Brighton and Hove Community Works representative
- Public Health representative
- Healthwatch Chief Executive Officer
- PPG Network elected representatives x 2
- CCG Clinical lead (tbc)
- CCG Practice Manager lead (tbc)

2.2 The Lay Member for Participation on the Governing Body will Chair the committee. In the event of the Chair being unable to attend, he/she will nominate a replacement from within the meeting membership in order to deputise.

3.0 Attendance

3.1 Only members of the committee have the right to attend committee meetings; other individuals may be invited to attend for all or part of the meeting as appropriate.

4.0 Minutes and Administration

4.1 The CCG will provide a minute taker who will :

- minute the meetings
- provide administrative support to the Chair in developing the agenda
- co-ordinate and issue papers

5.0 Quorum

5.1 No business will be agreed unless at least three committee members are present, including the Chair or his/her nominated deputy.

6.0 Frequency and notice of meetings

- 6.1 The committee will meet bi monthly for two hours.
- 6.2 The agenda will be sent to members no less than seven days before the meeting; supporting papers should, where possible, accompany the agenda or be despatched no later than three days prior to the meeting.
- 6.3 The committee may determine that certain matters be standing items on the agenda.
- 6.4 No business shall be discussed at the meeting other than that on the agenda.
- 6.5 Members wishing to place an item on the agenda should put this in writing to the Chair no less than 14 days before the meeting. Requests made less than 14 days before the meeting may be included at the Chair's discretion.

7.0 Remit and Responsibilities of the committee

- 7.1 The committee will consider all aspects of patient and public participation, including the thematic findings of engagement activity and the quality of engagement carried out, and be responsible for developing, reviewing and overseeing implementation of the CCG's Patient and Public Participation Strategy.
- 7.2 The committee will be responsible for developing, reviewing and overseeing implementation of the Communications plan.
- 7.3 The committee will be responsible for assuring the CCG's Governing Body on PPP and Communications
- 7.4 The general areas of responsibility for the committee relating to PPP are:
 - 7.4.1 Ensuring that principles of good PPP are applied in all areas of the CCG's work
 - 7.4.2 Ensure that meaningful PPP is used effectively to influence the commissioning processes and the setting of commissioning intentions
 - 7.4.3 Ensure that findings of the CCG's PPP activity influence all stages of the Commissioning Cycle, specifically in:
 - Strategic planning: engaging with the groups, communities and individuals and meaningfully involving them in decisions about priorities and strategies.
 - Service (re) design: involving service users and carers in service (re) design and improvement
 - Specifying outcomes and procuring services : involving patients and carers in specifying service outcome measures for improving quality, and ensuring patient centred procurement and contracting
 - Patient centred monitoring, evaluation and performance management: involving patients and carers in the monitoring, evaluation and performance management of commissioned services and in managing demand
- 7.5 Oversee the quality of PPP in all stages of the commissioning cycle
- 7.6 Oversee the quality, appropriateness and value of engagement with a range of stakeholders, including:
 - patients and carers
 - patient forums and user led groups (including PPG's)
 - Healthwatch
 - the Community and Voluntary Sector
 - the Local Authority
 - community networks

ensuring that opportunities for joint working are explored and developed appropriately.

7.7 Oversee equalities based participation, ensuring that the city's protected characteristic groups are consulted and involved appropriately.

7.8 The general areas of responsibility for the committee related to communications are:

7.8.1 Oversee the quality and content of CCG e-communications, including websites, social media platforms and e-bulletins.

7.8.2 Ensure that CCG media relations promote and explain CCG priorities and encourage PPP.

7.8.3 Ensure that CCG communication strategies and channels support effective two-way communication with PPGs, the Community and Voluntary Sector, Healthwatch and protected characteristic/marginalised groups

8.0 Relationship with the Governing Body

8.1 The committee shall present its approved minutes and a bi monthly PPP/Communications report to the Governing Body

8.2 The committee shall produce an annual summary of its work and outcomes

8.3 The Chair of the committee will bring to the attention of the Quality Assurance Committee, executive and Governing Body any matter that the committee considers a significant risk.

Annex 10

NHS Brighton and Hove Clinical Commissioning Group

Terms of Reference

Brighton & Hove CCG Primary Care Commissioning Committee

Introduction

1. The CCG has established the Brighton and Hove CCG Primary Care Commissioning Committee (“Committee”). The Committee is a subcommittee of the Governing Body and will make decisions on behalf of the CCG in respect developing primary care including investment and commissioning decisions.
2. The Membership of Brighton and Hove Clinical Commissioning Group (the “CCG”) have not yet agreed to formally seek responsibility for the Co-Commissioning of Primary Care. However, the CCG has recognised that it is necessary to create a formal committee to oversee the governance of developments in primary care. In the event that the CCG’s membership decides to take on a greater responsibility for commissioning primary care the CCG will review these terms of reference to incorporate those changes.

Role of the Committee

3. The purpose of the committee is to oversee the strategic development and implementation of transformational change in primary care in Brighton & Hove as commissioned by the CCG. This will include oversight of the development of practice clusters and working with the membership to develop options for different organisational forms across the city.
4. In the event that the CCG membership takes greater responsibility for the co-commissioning of primary care the terms of reference for this committee will be revised to ensure that it will be in a position to take more commissioning decisions around primary care. Until such time as the CCG receives either joint or delegated authority from NHS England for the Co-commissioning of Primary Care, this committee shall oversee the strategic commissioning of primary care and shall advise the Governing Body regarding whether the CCG is in a position to take on further responsibility for co-commissioning.
5. The Committee will oversee the work of the Primary Care Transformation Board and shall be authorised to make decisions based on the recommendations from the membership.

6. The Committee shall consist of:
 - Independent Clinical Member (Nurse) (Chair)
 - Independent Clinical Member (Secondary Care) (Co-Chair)
 - Lay Member (PPE)
 - Lay member (Governance)
 - Chief Operating Officer
 - Chief Financial Officer
 - Director of Clinical Quality and Patient Safety
 - Director of Public Health
 - Director of Adult Social Care
 - Head of Primary Care, NHS England
7. The Chair of the Committee shall be the Independent Nurse Member of the CCG's Governing Body.
8. The Co-Chair of the Committee shall be the Independent Secondary Care Clinician Member of the CCG's Governing Body.
9. In addition to the list of Members above, the following non-voting members shall be invited to all meetings of the Committee:
 - HealthWatch
 - Local Medical Council
10. On occasion, other non-voting representatives shall be invited from:
 - NHS England
 - CCG Staff
 - Members of the Primary Care workforce within Brighton and Hove
 - Other Stakeholders

Meetings and Voting

11. The Committee will operate in accordance with the CCG's Standing Orders. Notice of the meeting, the agenda and supporting papers will be sent to each member representative no later than 5 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 they shall specify.

12. 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

13. A Quorum shall require 4 voting members of the committee, including at least 1 lay or independent member (who shall be Chair). A majority of lay and executive members of the CCG Governing body shall be maintained

Frequency of meetings

14. The Committee shall meet as frequently as is required for the performance of its functions and in any event not less than 4 times time in any financial year. Each meeting shall not be more than 3 month since the following meeting.
15. 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.
16. 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.
17. 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.
18. The Committee may call additional experts to attend meetings on an ad hoc basis to inform discussions.
19. Members of the Committee shall respect confidentiality requirements as set out in the CCG's policy and code of conduct.

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

21. These Terms of Reference will be reviewed annually to reflect the experience of the Committee in fulfilling its functions

Accountability of the Committee

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

Decisions

23. The Committee will make decisions within the bounds of its remit.

24. The decisions of the Committee shall be binding on the CCG.

APPENDIX D – SCHEME OF RESERVATION & DELEGATION

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

| Policy Area | Decision | Reserved to the Membership | Reserved or delegated to Governing Body | Accountable Officer | Committee or Sub-Committee | Specified Individual |
|------------------------|--|----------------------------|---|---------------------|----------------------------|----------------------|
| REGULATION AND CONTROL | Determine the arrangements by which the Members of the 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 the CCG's Constitution | ✓ | | | | |
| REGULATION AND CONTROL | Exercise of delegation of those functions of the CCG which have not been retained as reserved by the CCG, delegated to the Governing Body or other committee or sub-committee or Member or employee | | | ✓ | | |
| REGULATION AND CONTROL | <p>Prepare the CCG's overarching scheme of reservation and delegation, which sets out those decisions of the CCG <u>reserved</u> to the membership and those <u>delegated</u> to the</p> <ul style="list-style-type: none"> ○ Group's Governing Body ○ committees and sub-committees of the CCG, or ○ its members or employees <p>and sets out those decisions of the Governing Body <u>reserved</u> to the Governing Body and those <u>delegated</u> to the</p> <ul style="list-style-type: none"> ○ Governing Body's committees and sub- | | | ✓ | | |

| Policy Area | Decision | Reserved to the Membership | Reserved or delegated to Governing Body | Accountable Officer | Committee or Sub-Committee | Specified Individual |
|------------------------|--|----------------------------|---|---------------------|----------------------------|----------------------------|
| | <ul style="list-style-type: none"> o committees, o members of the Governing Body, o an individual who is member of the CCG but not the Governing Body or a specified person <p>for inclusion in the CCG's Constitution.</p> | | | | | |
| REGULATION AND CONTROL | Approval of the CCG's overarching scheme of reservation and delegation. | ✓ | | | | |
| REGULATION AND CONTROL | Prepare the CCG's operational Scheme of Reservation and Delegation, which sets out those key operational decisions delegated to individual employees of the CCG, not for inclusion in the CCG's Constitution. | | | ✓ | | |
| REGULATION AND CONTROL | Approval of the CCG's operational Scheme of Reservation and Delegation that underpins the CCG's 'overarching scheme of reservation and delegation' as set out in its Constitution. | | ✓ | | | |
| REGULATION AND CONTROL | Prepare detailed financial policies that underpin the CCG's Prime Financial Policies. | | | | | ✓ Chief Finance Officer |
| REGULATION AND CONTROL | Approve detailed financial policies. | | | ✓ (Appendix E, | | |

| Policy Area | Decision | Reserved to the Membership | Reserved or delegated to Governing Body | Accountable Officer | Committee or Sub-Committee | Specified Individual |
|------------------------|--|----------------------------|---|---------------------|------------------------------------|--------------------------------------|
| | | | | Para 1.1.3 & 1.1.4) | | |
| REGULATION AND CONTROL | Approve amendments to Prime Financial Policies | | ✓ (Appendix E, para 1.5.1) | | | |
| 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 | Approve any changes to the provision or delivery of assurance services to the CCG | | | | ✓ (See Appendix E, para 3.3(b)) | |
| REGULATION AND CONTROL | Receive information relating to allotments to the CCG, and approve as necessary | | ✓ (Appendix E, para 6.1(b)) | | | |
| REGULATION AND CONTROL | Reviewing the CCG's governance arrangements to ensure that the CCG continues to reflect the principles of good governance. | | ✓ (Para 4.5.3) | | | |
| REGULATION AND CONTROL | Exercise the powers that the Governing Body has reserved to itself in an emergency or for an urgent decision. | | | | | ✓ (Accountable Officer and Chair) |

| Policy Area | Decision | Reserved to the Membership | Reserved or delegated to Governing Body | Accountable Officer | Committee or Sub-Committee | Specified Individual |
|---|---|--|---|---------------------|----------------------------|----------------------|
| PRACTICE Clinical Commissioning Leads AND MEMBERS OF GOVERNING BODY | <p>Approve the arrangements for</p> <ul style="list-style-type: none"> ○ identifying practice members to represent Members in matters concerning the work of the CCG; and ○ appointing clinical leaders to represent the CCG's membership on the CCG's Governing Body, for example through election (if desired). | <p>✓</p> <p>Appendix C, para 2.2.13</p> <p>✓</p> <p>Appendix C - Various</p> | | | | |
| PRACTICE CLINICAL COMMISSIONING LEADS AND MEMBERS OF GOVERNING BODY | Approve the appointment of Governing Body members, the process for recruiting and removing non-elected members to the Governing Body (subject to any regulatory requirements) and succession planning. | <p>✓</p> <p>Appendix C, para 2.2.8</p> | | | | |
| PRACTICE CLINICAL COMMISSIONING LEADS AND MEMBERS OF GOVERNING BODY | Approve arrangements for identifying the CCG's proposed Accountable Officer. | <p>✓</p> | | | | |
| STRATEGY AND PLANNING | Agree the vision, values and overall strategic direction of the CCG. | <p>✓</p> | | | | |
| STRATEGY AND PLANNING | Approval of the CCG's commissioning plan. | | <p>✓</p> <p>(Para 6.6.1)</p> | | | |

| Policy Area | Decision | Reserved to the Membership | Reserved or delegated to Governing Body | Accountable Officer | Committee or Sub-Committee | Specified Individual |
|-----------------------|---|----------------------------|---|-----------------------------|--|----------------------|
| STRATEGY AND PLANNING | Monitoring performance of the CCG against plans | | ✓ (Para 6.6.1) | | | |
| STRATEGY AND PLANNING | Providing assurance of strategic risk | | ✓ (Para 6.6.1) | | | |
| STRATEGY AND PLANNING | Approval of the CCG's operating structure. | ✓ Paragraph 6 | | | | |
| STRATEGY AND PLANNING | Approval of the CCG's corporate budgets that meet the financial duties as set out in section 5.3 of the main body of the Constitution. | | ✓ Para 7.2 of Appendix E | | | |
| STRATEGY AND PLANNING | Approval of variations to the approved budget where variation would have a significant impact on the overall approved levels of income and expenditure or the CCG's ability to achieve its agreed strategic aims. | | ✓ | | | |
| STRATEGY AND PLANNING | Approval of spending or other commitment of funds and resources under a joint Commissioning Strategy, or use of Joint Commissioning funds | | | | ✓ Joint England/Health and Wellbeing Board) | |
| STRATEGY AND PLANNING | Approve consultation arrangements for the CCG's commissioning plan. | | | ✓ Para 7.5 of Appendix E | | |
| STRATEGY AND | Prepare the CCG's annual | | ✓ | | | |

| Policy Area | Decision | Reserved to the Membership | Reserved or delegated to Governing Body | Accountable Officer | Committee or Sub-Committee | Specified Individual |
|-----------------------------|---|----------------------------|---|---------------------|--|----------------------|
| PLANNING | commissioning plan setting out how the CCG will promote awareness and have regard to the NHS Constitution. | | (Para. 5.2.2(a)) | | | |
| STRATEGY AND PLANNING | Approve the CCG's annual commissioning plan | | ✓ (Para. 5.1.2) | | | |
| ANNUAL REPORTS AND ACCOUNTS | Approval of the CCG's annual report and annual accounts. | | | | ✓ Para 8.2 of Appendix E Audit Committee | |
| ANNUAL REPORTS AND ACCOUNTS | Approving a timetable for producing the annual report and account | | | | ✓ Para 8.1(b) of Appendix E Audit Committee | |
| ANNUAL REPORTS AND ACCOUNTS | Approval of the arrangements for discharging the CCG's statutory financial duties. | | ✓ | | | |
| HUMAN RESOURCES | Recommend the terms and conditions, remuneration and travelling or other allowances for Governing Body members, including pensions and gratuities | | | | ✓ Remuneration & Nominations Committee | |
| HUMAN RESOURCES | Recommend terms and conditions of employment for all employees of the CCG including, pensions, remuneration, fees and travelling or other allowances payable to employees and to other persons providing services to the CCG. | | | | ✓ Remuneration & Nominations Committee | |

| Policy Area | Decision | Reserved to the Membership | Reserved or delegated to Governing Body | Accountable Officer | Committee or Sub-Committee | Specified Individual |
|-----------------|---|----------------------------|---|---------------------|---|----------------------|
| HUMAN RESOURCES | Approve any other terms and conditions of services for the CCG's employees | | ✓ | | | |
| HUMAN RESOURCES | Determine the terms and conditions of employment for all employees of the CCG. | | ✓ | | | |
| HUMAN RESOURCES | Determine pensions, remuneration, fees and allowances payable to employees and to other persons providing services to the CCG. | | ✓ | | | |
| HUMAN RESOURCES | Recommend pensions, remuneration, fees and allowances payable to employees and to other persons providing services to the CCG. | | | | ✓ Remuneration & Nominations Committee (Para 6.6.5(b)) | |
| HUMAN RESOURCES | Approve disciplinary arrangements for employees, including the Accountable Officer (where he/she is an employee or Member of the CCG) and for other persons working on behalf of the CCG. N/A | | ✓ | | | |
| HUMAN RESOURCES | Review disciplinary arrangements where the Accountable Officer is an employee or member of another Clinical Commissioning Group | | ✓ | | | |
| HUMAN RESOURCES | Approval of the arrangements for discharging the CCG's statutory duties as an employer. | | ✓ | | | |
| HUMAN RESOURCES | Approve human resources policies for employees and for other persons working on behalf of the CCG | | ✓ | | | |

| Policy Area | Decision | Reserved to the Membership | Reserved or delegated to Governing Body | Accountable Officer | Committee or Sub-Committee | Specified Individual |
|---------------------------------|---|----------------------------|---|---------------------|--|----------------------|
| QUALITY AND SAFETY | Approve arrangements, including supporting policies, to minimise clinical risk, maximise patient safety and to secure continuous improvement in quality and patient outcomes. | | ✓ | | | |
| QUALITY AND SAFETY | Approve arrangements for supporting NHS England in discharging its responsibilities in relation to securing continuous improvement in the quality of general medical services | | ✓ | | | |
| OPERATIONAL AND RISK MANAGEMENT | Prepare and recommend an operational Scheme of Reservation and Delegation that sets out who has responsibility for operational decisions within the CCG. | | ✓ | | | |
| OPERATIONAL AND RISK MANAGEMENT | Approve the CCG's counter fraud and security management arrangements. | | | | ✓ Audit Committee (Appendix E, Para 4.1) | |
| OPERATIONAL AND RISK MANAGEMENT | Approval of the CCG's risk management arrangements. | | ✓ Appendix E, Para 15 | | | |
| OPERATIONAL AND RISK MANAGEMENT | Approve arrangements for risk sharing and or risk pooling with other organisations (for example arrangements for pooled funds with other Clinical Commissioning Groups or pooled budget arrangements under section 75 of the NHS Act 2006). | | ✓ | | | |

| Policy Area | Decision | Reserved to the Membership | Reserved or delegated to Governing Body | Accountable Officer | Committee or Sub-Committee | Specified Individual |
|---------------------------------|---|----------------------------|---|---------------------------------|----------------------------|--|
| OPERATIONAL AND RISK MANAGEMENT | Approval of a comprehensive system of internal control, including budgetary control, that underpins the effective, efficient and economic operation of the CCG. | | | ✓ (Appendix E, Para 2.2) | | |
| OPERATIONAL AND RISK MANAGEMENT | Approve proposals for action on litigation against or on behalf of the CCG. | | ✓ | | | |
| OPERATIONAL AND RISK MANAGEMENT | Approve the CCG's arrangements for business continuity and emergency planning. | | ✓ | | | |
| OPERATIONAL AND RISK MANAGEMENT | Approve the CCG's banking arrangements | | | | | ✓ Appendix E, Para 11.2 |
| OPERATIONAL AND RISK MANAGEMENT | Approve the level of all fees and charges other than those determined by NHS England or by statute. | | | | | ✓ Chief Finance Officer (Appendix E, Para 12.1(c)) |
| OPERATIONAL AND RISK MANAGEMENT | Ensuring that the Registers of Interest are reviewed regularly, and updated as necessary | | | | | ✓ Chief Finance Officer Para 8.3.5 of Appendix E |
| OPERATIONAL AND RISK MANAGEMENT | Responsibility for overseeing conflicts of interest | | | | | ✓ Chief Finance Officer Para 8.4.2 of Appendix E |
| OPERATIONAL AND RISK MANAGEMENT | Approving the level of non-pay expenditure | | ✓ Appendix E, Para 17.1 | | | |

| Policy Area | Decision | Reserved to the Membership | Reserved or delegated to Governing Body | Accountable Officer | Committee or Sub-Committee | Specified Individual |
|---------------------------|--|----------------------------|---|---------------------|---|---|
| INFORMATION GOVERNANCE | Approve the CCG's arrangements for handling complaints. | | | | ✓ Quality Assurance Committee | |
| INFORMATION GOVERNANCE | Approval of the arrangements for ensuring appropriate and safekeeping and confidentiality of records and for the storage, management and transfer of information and data. | | ✓ | | | |
| TENDERING AND CONTRACTING | Approval of the CCG's contracts for any commissioning support. | | ✓ | | | |
| TENDERING AND CONTRACTING | Approval of the CCG's contracts for corporate support (for example finance provision). | | ✓ | | | |
| TENDERING AND CONTRACTING | Scrutiny of Procurement processes in advance of and during the procurement process | | | | ✓ Procurement Committee – a subcommittee of the Audit Committee | |
| TENDERING AND CONTRACTING | Negotiate contracts on behalf of the CCG | | | | ✓ Performance & Governance Committee Appendix E, para 13.2 | |
| TENDERING AND CONTRACTING | Oversee and manage each contract on behalf of the CCG | | | | | ✓ Individual nominated through detailed scheme of delegation |

| Policy Area | Decision | Reserved to the Membership | Reserved or delegated to Governing Body | Accountable Officer | Committee or Sub-Committee | Specified Individual |
|---|--|----------------------------|---|---------------------|----------------------------|----------------------|
| PARTNERSHIP WORKING | Approve decisions that individual members [of the Governing Body] or employees of the CCG participating in joint arrangements on behalf of the 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. | | ✓ | | | |
| COMMISSIONING AND CONTRACTING FOR CLINICAL SERVICES | Approval of the arrangements for discharging the CCG's statutory duties associated with its commissioning functions, including but not limited to promoting the involvement of each patient, patient choice, reducing inequalities, improvement in the quality of services, obtaining appropriate advice and public engagement and consultation. | | ✓ | | | |
| COMMISSIONING AND CONTRACTING FOR CLINICAL SERVICES | Approve arrangements for co-ordinating the commissioning of services with other Clinical Commissioning Groups and or with the local authority(ies), where appropriate | | ✓ | | | |
| COMMISSIONING AND CONTRACTING | Approval of the CCG's procurement strategy | | ✓ Para 8.6.2 | | | |

| Policy Area | Decision | Reserved to the Membership | Reserved or delegated to Governing Body | Accountable Officer | Committee or Sub-Committee | Specified Individual |
|-----------------------|--|----------------------------|---|-------------------------------|----------------------------|----------------------|
| FOR CLINICAL SERVICES | | | | | | |
| COMMUNICATIONS | Determining arrangements for handling Freedom of Information requests. | | | ✓ Appendix E, Para 19.1 | | |

APPENDIX E – PRIME FINANCIAL POLICIES

1. INTRODUCTION

1.1. General

- 1.1.1. These Prime Financial Policies and supporting detailed financial policies shall have effect as if incorporated into the CCG's Constitution.
- 1.1.2. The Prime Financial Policies are part of the CCG's control environment for managing the organisation's financial affairs. They contribute to good corporate governance, internal control and managing risks. They enable sound administration, lessen the risk of irregularities and support commissioning and delivery of effective, efficient and economical services. They also help the Accountable Officer and Chief Finance Officer to effectively perform their responsibilities. They should be used in conjunction with the Scheme of Reservation and Delegation found at Appendix D.
- 1.1.3. In support of these Prime Financial Policies, the CCG has prepared more detailed policies, approved by the Accountable Officer, known as *detailed financial policies*. The CCG refers to these prime and detailed financial policies together as the CCG's financial policies.
- 1.1.4. These Prime Financial Policies identify the financial responsibilities which apply to everyone working for the CCG and its constituent organisations. They do not provide detailed procedural advice and should be read in conjunction with the detailed financial policies. The Chief Finance Officer is responsible for approving all detailed financial policies.
- 1.1.5. A list of the CCG's detailed financial policies will be published and maintained on the CCG's website at www.brightonandhoveccg.nhs.uk.
- 1.1.6. Should any difficulties arise regarding the interpretation or application of any of the Prime Financial Policies then the advice of the Chief Finance Officer must be sought before acting. The user of these Prime Financial Policies should also be familiar with and comply with the provisions of the CCG's Constitution, Standing Orders and Scheme of Reservation and Delegation.
- 1.1.7. Failure to comply with Prime Financial Policies and Standing Orders can in certain circumstances be regarded as a disciplinary matter that could result in dismissal.
- 1.1.8. The CCG will make specific policies, updated from time to time, available on its website.

1.2. Overriding Prime Financial Policies

- 1.2.1. If for any reason these Prime Financial Policies are not complied with, full details of the non-compliance and any justification for non-compliance and the circumstances around the non-compliance shall be reported to the next formal meeting of the Governing Body's Audit Committee for referring action or ratification. All of the CCG's Members and employees have a duty to disclose any non-compliance with these Prime Financial Policies to the Chief Finance Officer as soon as possible.

1.3. Responsibilities and delegation

- 1.3.1. The roles and responsibilities of Group's Members, employees, members of the Governing Body, members of the Governing Body's committees and sub-committees, members of the CCG's committee and sub-committee (if any) and persons working on behalf of the CCG are set out in chapters 6 and 7 of this Constitution.
- 1.3.2. The financial decisions delegated by members of the CCG are set out in the CCG's Scheme of Reservation and Delegation (see Appendix D).

1.4. Contractors and their employees

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

1.5. Amendment of Prime Financial Policies

- 1.5.1. To ensure that these Prime Financial Policies remain up-to-date and relevant, the Chief Finance Officer will review them at least annually. Following consultation with the Accountable Officer and scrutiny by the Governing Body's Audit Committee, the Chief Finance Officer will recommend amendments, as fitting, to the Governing Body for approval. As these Prime Financial Policies are an integral part of the CCG's Constitution, any amendment will not come into force until the CCG applies to NHS England and that application is granted.

2. INTERNAL CONTROL

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

- 2.1. The Governing Body is required to establish an Audit Committee with terms of reference agreed by the Governing Body (see paragraph 6.6.5(a) of the CCG's Constitution for further information).
- 2.2. The Accountable Officer has overall responsibility for the CCG's systems of internal control.
- 2.3. The Chief Finance Officer will ensure that:
- a) financial policies are considered for review and update annually;
 - b) a system is in place for proper checking and reporting of all breaches of financial policies; and
 - c) a proper procedure is in place for regular checking of the adequacy and effectiveness of the control environment.

3. AUDIT

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

- 3.1. In line with the terms of reference for the Governing Body's Audit Committee the person appointed by the 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 Governing Body, Accountable Officer and Chief Finance Officer for any significant issues arising from audit work that management cannot resolve, and for all cases of fraud or serious irregularity.
- 3.2. The person appointed by the CCG to be responsible for internal audit and the external auditor will have access to the Audit Committee and the Accountable Officer to review audit issues as appropriate. All Audit Committee members, the Chair of the Governing Body and the Accountable Officer will have direct and unrestricted access to the head of internal audit and external auditors.

- 3.3. The Chief Finance Officer will ensure that:
- a) the CCG has a professional and technically competent internal audit function; and
 - b) the Governing Body's Audit Committee approves any changes to the provision or delivery of assurance services to the CCG.

4. FRAUD AND CORRUPTION

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

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

5. EXPENDITURE CONTROL

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

6. ALLOTMENTS

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

7. COMMISSIONING STRATEGY, BUDGETS, BUDGETARY CONTROL AND MONITORING

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

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

8. ANNUAL ACCOUNTS AND REPORTS

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

- 8.1. The Chief Finance Officer will ensure the CCG:
 - a) prepares a timetable for producing the annual report and accounts and agrees it with external auditors, the Audit Committee and the Governing Body;
 - b) prepares the accounts according to the timetable approved by the Audit Committee;
 - c) complies with statutory requirements and relevant directions for the publication of annual report;
 - d) considers the external auditor's management letter and fully address all issues within agreed timescales; and
 - e) publishes the external auditor's management letter on the CCG's website at <http://www.brightonandhoveccg.nhs.uk/>
- 8.2. The Governing Body is responsible for approving the CCG annual report and accounts and shall delegate this responsibility to the Audit Committee to ensure timely consideration and approval of the annual report and accounts.

9. INFORMATION TECHNOLOGY

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

- 9.1. The Chief Finance Officer is responsible for the accuracy and security of the CCG's computerised financial data and shall:
- a) devise and implement any necessary procedures to ensure adequate (reasonable) protection of the CCG's data, programs and computer hardware from accidental or intentional disclosure to unauthorised persons, deletion or modification, theft or damage, having due regard for the Data Protection Act 1998;
 - b) ensure that adequate (reasonable) controls exist over data entry, processing, storage, transmission and output to ensure security, privacy, accuracy, completeness, and timeliness of the data, as well as the efficient and effective operation of the system;
 - c) ensure that adequate controls exist such that the computer operation is separated from development, maintenance and amendment;
 - d) ensure that an adequate management (audit) trail exists through the computerised system and that such computer audit reviews as the Chief Finance Officer may consider necessary are being carried out.
- 9.2. In addition the Chief Finance Officer shall ensure that new financial systems and amendments to current financial systems are developed in a controlled manner and thoroughly tested prior to implementation. Where this is undertaken by another organisation, assurances of adequacy must be obtained from them prior to implementation.

10. ACCOUNTING SYSTEMS

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

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

11. BANK ACCOUNTS

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

11.1. The Chief Finance Officer will:

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

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

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

POLICY – the CCG will

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

12.1. The Chief Finance Officer is responsible for:

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

13. TENDERING AND CONTRACTING PROCEDURE

POLICY – the 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. The CCG shall ensure that where it is appropriate and necessary for a contract to for services to be procured, the CCG shall advertise the opportunity appropriately and in such publications as to ensure that the opportunity is available to a wide and suitably qualified range of potential

providers. Any such procurement will be carried out in an open, fair and transparent manor and in compliance with relevant legislative provisions.

- 13.2. The CCG shall appoint a Procurement Governance Committee which shall have oversight of all procurement matters on behalf of CCG.
- 13.3. The CCG may only negotiate or enter into contracts, within the statutory framework set up by the 2006 Act, as amended by the 2012 Act. Such contracts shall comply with:
- a) the CCG's Standing Orders;
 - b) the Public Contracts Regulation 2006, any successor legislation and any other applicable law; and
 - c) take into account as appropriate any applicable NHS England or the Independent Regulator of NHS Foundation Trusts (Monitor) guidance that does not conflict with (b) above.
- 13.4. In all contracts entered into, the CCG shall endeavour to obtain best value for money. The Accountable Officer shall nominate an individual who shall oversee and manage each contract on behalf of the CCG.

14. COMMISSIONING

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

- 14.1. The 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.
- 14.2. The Accountable Officer will establish arrangements to ensure that regular reports are provided to the Governing Body detailing actual and forecast expenditure and activity for each contract.
- 14.3. The Chief Finance Officer will maintain a system of financial monitoring to ensure the effective accounting of expenditure under contracts. This should provide a suitable audit trail for all payments made under the contracts whilst maintaining patient confidentiality.

15. RISK MANAGEMENT AND INSURANCE

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

- 15.1 The Accountable Officer shall ensure that the CCG has a programme of risk management, in accordance with latest Department of Health assurance framework requirements, which must be approved and monitored by the Governing Body.

The programme of risk management shall include:

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

- d) contingency plans to offset the impact of adverse events;
- e) audit arrangements including; internal audit, clinical audit, health and safety review;
- f) a clear indication of which risks shall be insured;
- g) arrangements to review the risk management programme.

The Governing Body shall decide if the CCG will insure through available risk pooling schemes administered by the NHS Litigation Authority or self-insure for some or all of the risks covered by the risk pooling schemes. Where the Governing Body decides not to use the risk pooling schemes for any of the risk areas (clinical, property and employers/third party liability) covered by the scheme this decision will be reviewed annually.

15.2 Insurance arrangements with commercial insurers

Commercial insurers will be considered in the following circumstances:

- a) for **insuring motor vehicles** owned by the CCG including insuring third party liability arising from their use;
- b) where the CCG is involved with a consortium in a **Private Finance Initiative contract** and the other consortium members require that commercial insurance arrangements are entered into;
- c) where **income generation activities** take place. If the income generation activity is also an activity normally carried out by the CCG for a NHS purpose the activity may be covered by the risk pooling arrangements. Confirmation of coverage in the risk pool will be obtained from the NHS Litigation Authority. In any case of doubt concerning a Group's powers to enter into commercial insurance arrangements the Chief Finance Officer will consult the Department of Health.

15.3 Arrangements to be followed by the Governing Body in agreeing Insurance cover

Where the Governing Body decides to use the risk pooling schemes administered by the NHS Litigation Authority the Chief Finance Officer will ensure that the arrangements entered into are appropriate and complementary to the risk management programme. The Chief Finance Officer will ensure that documented procedures cover these arrangements.

Where the Governing Body decides not to use the risk pooling schemes administered by the NHS Litigation Authority for one or other of the risks covered by the schemes, the Chief Finance Officer shall ensure that the Board is informed of the nature and extent of the risks that are self insured as a result of this decision.

The Chief Finance Officer will draw up formal documented procedures for the management of any claims arising from third parties and payments in respect of losses which will not be reimbursed.

Where risk pooling schemes require Scheme members to make some contribution to the settlement of claims (the 'deductible'). The Chief Finance Officer will ensure documented procedures also cover the management of claims and payments below the deductible in each case.

16. PAYROLL

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

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

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

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

17. NON-PAY EXPENDITURE

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

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

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

17.3. The Chief Finance Officer will:

- a) advise the Governing Body on the setting of thresholds above which quotations (competitive or otherwise) or formal tenders must be obtained; and, once approved, the thresholds should be incorporated in the Scheme of Reservation and Delegation;
- b) be responsible for the prompt payment of all properly authorised accounts and claims;
- c) be responsible for designing and maintaining a system of verification, recording and payment of all amounts payable.

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

POLICY – the 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 the CCG's fixed assets

18.1. The Accountable Officer will:

- a) ensure that there is an adequate appraisal and approval process in place for determining capital expenditure priorities and the effect of each proposal upon plans;
- b) be responsible for the management of all stages of capital schemes and for ensuring that schemes are delivered on time and to cost;
- c) shall ensure that the capital investment is not undertaken without confirmation of purchaser(s) support and the availability of resources to finance all revenue consequences, including capital charges;
- d) be responsible for the maintenance of registers of assets, taking account of the advice of the Chief Finance Officer concerning the form of any register and the method of updating,

and arranging for a physical check of assets against the asset register to be conducted once a year.

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

19. RETENTION OF RECORDS

POLICY – the 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

19.1. The Accountable Officer shall:

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

20. TRUST FUNDS AND TRUSTEES

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

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

APPENDIX F - NOLAN PRINCIPLES

1. The 'Nolan Principles' set out the ways in which holders of public office should behave in discharging their duties. The seven principles are:
 - a) **Selflessness** – Holders of public office should act solely in terms of the public interest. They should not do so in order to gain financial or other benefits for themselves, their family or their friends.
 - b) **Integrity** – Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might seek to influence them in the performance of their official duties.
 - c) **Objectivity** – In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.
 - d) **Accountability** – Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.
 - e) **Openness** – Holders of public office should be as open as possible about all the decisions and actions they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.
 - f) **Honesty** – Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.
 - g) **Leadership** – Holders of public office should promote and support these principles by leadership and example.

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

APPENDIX G – THE SEVEN KEY PRINCIPLES OF THE 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)