



North East London
Clinical Commissioning Group

NHS NORTH EAST LONDON CLINICAL COMMISSIONING GROUP

CONSTITUTION



NHS North East London CCG Constitution

Version	Effective Date	Changes
V1	1 April 2021	



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1 Introduction

1.1 Name

1.1.1 The name of this clinical commissioning group is **NHS North East London Clinical Commissioning Group** (“the CCG”).

1.1.2 The CCG was established following the merger of seven former CCGs: NHS Barking and Dagenham CCG, NHS Havering CCG, NHS Redbridge CCG, NHS Waltham Forest CCG, NHS Tower Hamlets CCG, NHS Newham CCG, and NHS City and Hackney CCG.

1.2 Statutory framework

1.2.1 CCGs are established under the NHS Act 2006 (“the 2006 Act”), as amended by the Health and Social Care Act 2012. The CCG is a statutory body with the function of commissioning health services in England and is treated as an NHS body for the purposes of the 2006 Act. The powers and duties of the CCG to commission certain health services are set out in sections 3 and 3A of the 2006 Act. These provisions are supplemented by other statutory powers and duties that apply to CCGs, as well as by regulations and directions (including, but not limited to, those issued under the 2006 Act).

1.2.2 When exercising its commissioning role, the CCG must act in a way that is consistent with its statutory functions. Many of these statutory functions are set out in the 2006 Act but there are also other specific pieces of legislation that apply to CCGs, including the Equality Act 2010 and the Children Acts. Some of the statutory functions that apply to CCGs take the form of statutory duties, which the CCG must comply with when exercising its functions. These duties include things like:

- a) acting in a way that promotes the NHS Constitution (section 14P of the 2006 Act);
- b) exercising its functions effectively, efficiently and economically (section 14Q of the 2006 Act);
- c) financial duties (under sections 223G-K of the 2006 Act);
- d) child safeguarding (under the Children Acts 2004, 1989);
- e) health services for children and young people with Special Educational Needs and Disability (SEND, under the Children and Families Act 2014 and associated guidance);
- f) equality, including the public-sector equality duty (under the Equality Act 2010); and

- g) information law, (for instance under data protection laws, such as the EU General Data Protection Regulation 2016/679, the Data Protection Act 2018, and The Freedom of Information Act 2000).

1.2.3 Our status as a CCG is determined by NHS England.

1.2.4 The CCG is subject to an annual assessment of its performance by NHS England which has powers to provide support or to intervene where it is satisfied that a CCG is failing, or has failed, to discharge any of our functions or that there is a significant risk that it will fail to do so.

1.2.5 CCGs are clinically-led membership organisations made up of general practices. The members of the CCG are responsible for determining the governing arrangements for the CCG, including arrangements for clinical leadership, which are set out in this constitution.

1.3 Status of this constitution

1.3.1 All CCGs are required to have a constitution and to publish it. This constitution has effect from **1 April 2021**, when the CCG was established by NHS England.

1.3.2 Changes to this constitution are effective from the date of approval by NHS England.

1.3.3 The constitution is published on the CCG website at:

www.northeastlondonccg.nhs.uk/about-the-ccg/what-we-do

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; and
- b) where in the circumstances set out in legislation NHS England varies the constitution other than on application by the CCG.

1.4.2 The Accountable Officer may periodically propose amendments to the constitution which shall be considered and approved by the Governing Body unless:

- a) Changes are thought to have a material impact;
- b) Changes are proposed to the reserved powers of the Members; or
- c) At least half (50%) of all the Governing Body Members formally request that the amendments be put before the membership for approval,

in which case changes will be referred to the membership of the CCG for approval.

1.4.3 The same process set out in paragraph 1.4.2 above shall apply in relation to the documents referred to below in clause 1.5.

1.5 Related documents

1.5.1 This constitution is also informed by a number of documents which provide further details on how the CCG will operate. With the exception of the Standing Orders and the extract from the Standing Financial Instructions setting out the Delegated Financial Limits (which are set out in an Appendix 4 to this constitution) these documents do not form part of the constitution for the purposes of 1.4.1 above. They are the CCG's:

- a) **Standing Orders** – which set out the arrangements for meetings and the selection and appointment processes for the CCG's Committees, and the CCG Governing Body (including its Committees).
- b) **The Scheme of Reservation and Delegation ('SoRD')** - which sets out those decisions that are reserved for the membership as a whole and those decisions that have been delegated by the CCG or the Governing Body.
- c) **Standing Financial Instructions ('SFIs')** - which are designed to ensure that the CCG's financial transactions are carried out in accordance with relevant statutory and policy requirements, so as to achieve probity, accuracy, economy, efficiency and effectiveness.
- d) **The CCG Governance Handbook ('The Handbook')** - which includes:
 - The documents mentioned above in paragraphs 1.5.1 b) and c) and above;
 - Standards of Business Conduct Policy – which includes the arrangements the CCG has made for the management of conflicts of interest;
 - Committee terms of reference for the committees of the CCG and Governing Body, save for the statutory committees which are contained in this constitution;
 - The governance structure organogram;
 - Other key policies and procedures; and
 - Collaborative and system-wide working arrangements.

2 Accountability and transparency

2.1.1 The CCG will demonstrate its accountability to its members, local people, stakeholders and NHS England in a number of ways, including by being transparent. We will meet our statutory requirements to:

- a) publish our constitution and other key documents including the CCG's Handbook;
- b) appoint independent Lay Members and non-GP clinicians to our Governing Body;
- c) manage actual or potential conflicts of interest in line with NHS England's statutory guidance [Managing Conflicts of Interest: Revised Statutory Guidance for CCGs 2017](#) and expected standards of good practice (see also part 5 of this constitution);
- d) hold Governing Body meetings in public (except where we believe that it would not be in the public interest to permit members of the public to attend a meeting or part of a meeting);
- e) publish an annual commissioning strategy that takes account of priorities in the health and wellbeing strategy;
- f) procure services in a manner that is open, transparent, non-discriminatory and fair to all potential providers and publish a Procurement Strategy;
- g) involve the public, in accordance with the CCG's duties under section 14Z2 of the 2006 Act, and as set out in more detail in the CCG's policies and procedures, including those in the Handbook. In addition, the CCG will adopt the measures set out in paragraph 2.1.2 below;
- h) when discharging its duties under section 14Z2, the CCG will ensure that it operates in an open, fair and transparent manner; will involve its stakeholders at an early stage and throughout change programmes, at varying degrees; and, by having due regard to its equalities duties;
- i) comply with local authority health overview and scrutiny requirements;
- j) meet annually in public to present an annual report which is then published;
- k) produce annual accounts which are externally audited;
- l) publish a clear complaints process;

- m) comply with the Freedom of Information Act 2000 and with the Information Commissioner's Office's requirements regarding the publication of information relating to the CCG;
- n) provide information to NHS England as required; and
- o) be an active member of the local Health and Wellbeing Boards.

2.1.2 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.northeastlondonccg.nhs.uk/about-the-ccg/

- b) holding engagement events (at such times and frequency as shall be determined by the CCG); and
- c) identifying a named Lay Member with a lead role in assurance of patient and public engagement.

2.1.3 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 including those referred to at paragraph 5.1.1 below.

2.2 Liability and indemnity

2.2.1 The CCG is a body corporate established and existing under the 2006 Act. All financial or legal liability for decisions or actions of the CCG resides with the CCG as a public statutory body and not with its Member Practices.

2.2.2 No Member or former Member, nor any person who is at any time a proprietor, officer or employee of any Member or former Member, shall be liable (whether as a Member or as an individual) for the debts, liabilities, acts or omissions, howsoever caused by the CCG in discharging its statutory functions.

2.2.3 No Member or former Member, nor any person who is at any time a proprietor, officer or employee of any Member or former Member, shall be liable on any winding-up or dissolution of the CCG to contribute to the assets of the CCG, whether for the payment of its debts and liabilities or the expenses of its winding-up or otherwise.

2.2.4 The CCG will indemnify any Member Practice Representative or other officer or individual exercising powers or duties on behalf of the CCG in respect of any civil liability incurred in the exercise of the CCG's business, provided that the person indemnified shall not have acted recklessly or with gross negligence.

3 Area covered by the CCG

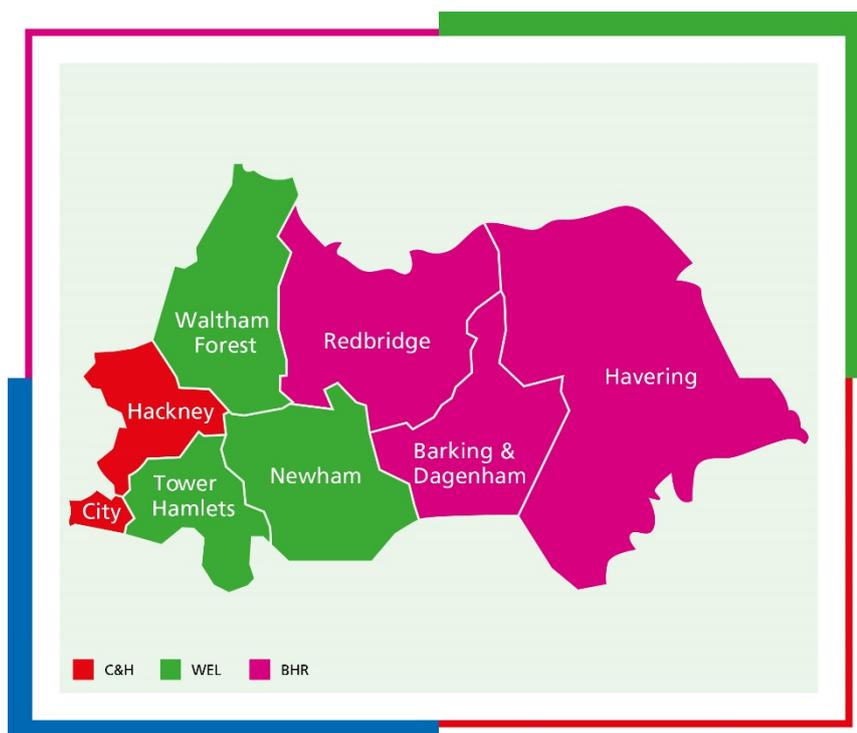
3.1.1 The CCG serves a population of approximately 2 million, and its geographical area is coterminous with the areas of the collective local authorities referred to in paragraph 3.1.2.

3.1.2 The CCG is comprised of seven places, referred to in this constitution as **Boroughs**, which are each coterminous with administrative boundaries of the following local authorities, namely:

- a) London Borough of Barking and Dagenham
- b) London Borough of Tower Hamlets
- c) London Borough of Newham
- d) London Borough of Waltham Forest
- e) London Borough of Havering
- f) London Borough of Redbridge
- g) London Borough of Hackney, together with the area of the City of London Corporation.

3.1.3 The Boroughs shall be grouped into local health and care partnership systems, operating within the CCG's area; the details of which shall be set out in the Handbook.

3.1.4 The geographical area covered by the CCG is shown in the map below:



4 Membership matters

4.1 Membership of the Clinical Commissioning Group

4.1.1 The CCG is a membership organisation.

4.1.2 All practices who provide primary medical services to a registered list of patients under a General Medical Services, Personal Medical Services or Alternative Provider Medical Services contract in the Area are eligible for membership of this CCG.

4.1.3 The practices which make up the membership of the CCG are listed below.

Barking and Dagenham

	Practice Name	Practice Address
1	Abbey Medical Centre	1 Harpour Road, Barking IG11 8RJ
2	Aurora - King Edwards Medical Centre	1 King Edwards Road, Barking IG11 7TB
3	Barking Medical Group Practice	130 Upney Lane, Barking IG11 9LT
4	Becontree Medical Centre	645 Becontree Avenue, Dagenham RM8 3HP
5	Broad Street Medical Centre	Broad Street Resource Centre, Morland Rd, Dagenham RM10 9HU
6	Church Elm Lane Medical Practice	Church Elm Lane, Dagenham RM10 9RR
7	Dr M Fateh's Practice	2 First Avenue, Dagenham RM10 9AT
8	Dr R Chibber's Practice	7 Salisbury Avenue, Barking IG11 9XQ
9	Faircross Health Centre	51 Upney Lane, Barking IG11 9LP
10	Five Elms Medical Practice	Five Elms Road, Dagenham RM9 5TT
11	Gables Surgery	Markyate Road, Dagenham RM8 2LD
12	Green Lane Surgery	872 Green Lane, Dagenham RM8 1BX
13	Halbutt Street Surgery	2 Halbutt Street, Dagenham RM9 5AS
14	Heathway Medical Centre	Morland Road, Dagenham RM10 9HU

	Practice Name	Practice Address
15	Hedgemans Surgery	92 Hedgemans Road, Dagenham RM9 6HT
16	Highgrove Surgery	Barking Community Hospital, Upney Lane, Barking IG11 9LX
17	John Smith Medical Centre	John Smith House, Bevan Avenue, Barking IG11 9LL
18	Julia Engwell Health Centre	Woodward Road, Dagenham RM9 4SR
19	Laburnum Health centre	11 Althorne Way, Dagenham RM10 7DF
20	Longbridge Practice	620 Longbridge Road, Dagenham RM8 2AJ
21	Marks Gate Health Centre	Lawn Farm Grove, Dagenham RM6 5LL
22	Oval Road Practice	69 Oval Road North, Dagenham RM10 9ET
23	Parkview Medical Practice	199 Reede Road, Dagenham RM10 8EJ
24	Porters Avenue Doctors Surgery	234 Porters Avenue, Dagenham RM8 2EQ
25	Ripple Road Medical Centre	364-370 Ripple Road, Barking IG11 9RS
26	Shifa Medical Practice	Orchards Health and Family Centre, Gasgoine Road, Barking IG11 7RS
27	St Albans Surgery	Urswick Road, Dagenham RM9 6EA
28	The Surgery Dewey Road	281 Oxlow Lane, Dagenham RM10 7YU
29	The White House	12 Movers Lane, Barking IG11 7UN
30	Tulasi Medical Practice	10 Bennetts Castle Lane, Dagenham RM8 3XU
31	Urswick Medical Centre	Urswick Road, Dagenham RM9 6EA
32	Valence Medical Centre	563 Valence Avenue, Dagenham RM8 3RH
33	Victoria Medical Centre	1 Queens Road, Barking IG11 8GD

Havering

	Practice Name	Practice Address
1	AbbaMoor Surgery (Harold Hill Health Centre)	Harold Hill Health Centre, Gooshays Drive, Harold Hill RM3 9SU
2	Avon Road Surgery	Cranham Health Centre, 108 Avon Road, Upminster RM14 1RG
3	Berwick Surgery	17 Berwick Road, Rainham RM13 9QU
4	Billet Lane Medical Centre	58b Billet Lane, Hornchurch RM11 1XA
5	Central Park Surgery	Harold Hill Health Centre, Gooshays Drive, Harold Hill RM3 9SU
6	Chadwell Heath Health Centre (Dr A Patel)	Ashton Gardens, Chadwell Heath RM6 6RT
7	Chase Cross Medical Centre	13-15 Chase Cross Road, Collier Row RM5 3PJ
8	Cranham Village Surgery (Dr Dahs & Partners)	143 Ingrebourne Gardens, Cranham RM14 1BJ
9	Dr Gupta	206 Mawney Road, Romford RM67 8BU
10	Dr Marks Practice	107 Brentwood Road, Romford RM1 2SB
11	Dr Rahman & Tsoi	482 South End Road, Hornchurch RM12 5PA
12	Haiderian Medical Centre	181 Corbets Tey Road, Upminster RM14 2YN
13	Harlow Road Surgery	1 Harlow Road, Rainham RM13 7UP
14	High Street Surgery (Dr Pervez)	219 High Street, Hornchurch RM11 3XT
15	Hornchurch Healthcare	58b Billet Lane, Hornchurch RM11 1XA
16	Ingrebourne Medical Centre	135 Straight Road, Harold Hill RM3 0PT
17	Kings Park Surgery	Clements Avenue, off Gubbins Lane, Harold Wood RM3 0FE
18	Lynwood Medical Centre	4 Lynwood Drive, Collier Row RM5 3QL

	Practice Name	Practice Address
19	Maylands Health Care	300 Upper Rainham Road, Hornchurch RM12 4EQ
20	North Street Medical Care	274 North Street, Romford RM1 4QJ
21	Oak Road Surgery	6 Oak Road, Harold Wood RM3 0PT
22	Petersfield Surgery	70 Petersfield Avenue, Harold Hill RM3 9PD
23	Rainham Health Centre	Upminster Road South, Rainham RM13 9AB
24	Robins Surgery	Gooshays Drive, Harold Hill RM3 9SU
25	Rosewood Medical Centre	30 Astra Close, Elm Park RM12 5NJ
26	Rush Green Medical Centre (Dr Poolo & Partners)	261 Dagenham Road, Romford RM7 0XR
27	Rush Green Medical Centre (Dr Sanomi)	261 Dagenham Road, Romford RM7 0XR
28	South Hornchurch Medical Practice	South Hornchurch Health Centre, 106 South End Road, Rainham RM13 7XJ
29	St Edwards Medical Centre	7 St. Edwards Way, Romford RM1 3DQ
30	Straight Road Surgery	137 Straight Road, Harold Hill RM3 7JJ
31	Suttons Avenue Surgery	24 Suttons Avenue, Hornchurch RM12 4LF
32	The Greenwood Practice	89, Gubbins Lane, Harold Wood RM3 0DR
33	The Health Centre (Dr Kuchhai)	Harold Hill Health Centre, Gooshays Drive, Harold Hill RM3 9SU
34	The Modern Medical Centre	195 Rush Green Road, Romford RM7 0PX
35	The New Medical Centre	264 Brentwood Road, Romford RM2 5SU
36	The Surgery (Dr V Patel)	9 Glanville Drive, Hornchurch RM11 3SZ

	Practice Name	Practice Address
37	The Upstairs Surgery	1st Floor, Ashton Gardens, Chadwell Heath RM6 6RT
38	Upminster Bridge Surgery	126 Upminster Road, Hornchurch RM12 6PR
39	Upminster Medical Centre	226 St. Mary's Lane, Upminster RM14 3DH
40	Western Road Medical Centre	99 Western Road, Romford RM1 3LS
41	Wood Lane Surgery	39 Wood Lane, Hornchurch RM12 5HX

Redbridge

	Practice Name	Practice Address
1	Aldersbrook Medical Centre	65 Aldersbrook Rd, Manor Park, London E12 5DL
2	Balfour Medical Centre	92 Balfour Rd, Ilford IG1 4JE
3	Castleton Road Health Centre	19-21 Castleton Rd, Ilford IG3 9QW
4	Chadwell Heath Surgery	72-74 Chadwell Heath Lane, Romford RM6 4AF
5	Clayhall Group Practice	14 Clayhall Ave, Ilford IG5 0LG
6	Cranbrook Surgery	465 Cranbrook Rd, Ilford IG2 6EW
7	Eastern Avenue Medical Centre	167 Eastern Ave, Ilford IG4 5AW
8	Fencepiece Road Medical Centre	83 Fencepiece Road, Ilford IG6 2NB
9	Fullwell Cross Medical Centre	1 Tomswood Hill, Ilford IG6 2HG
10	Gants Hill Medical Centre	63-65 Ethelbert Gardens, Ilford IG2 6UP
11	Glebelands Practice	2 Glebelands Avenue, South Woodford E18 2AB
12	Goodmayes Medical Centre	4 Eastwood Road, Ilford IG3 8XB
13	Goodmayes Medical Practice	595 Green Lane, Ilford IG3 9RN

	Practice Name	Practice Address
14	Granville Medical Centre	4 Granville Road, Ilford IG1 4JY
15	Grove Surgery	202 Chadwell Heath Lane, Romford RM6 4YU
16	Hainault Surgery	34 New North Rd, Ilford IG6 2XG
17	Heathcote Primary Care Centre	24 Heathcote Avenue, Ilford IG5 0QS
18	Ilford Lane Surgery	417 Ilford Lane, Ilford IG1 2SN
19	Ilford Medical Centre	61 Cleveland Road, Ilford IG1 1EE
20	Kenwood Medical Centre	737 Cranbrook Road, Ilford IG2 6RJ
21	Mathukia's Surgery	281 Ilford Lane, Ilford IG1 2SF
22	Newbury Group Practice	40 Perrymans Farm Road, Ilford IG2 7LE
23	Oak Tree Medical Practice	273-275 Green Lane, Ilford IG3 9TJ
24	Queen Mary Surgery	South Woodford Health Centre, 114 High Road, London E18 2QS
25	Rydal	375 High Road, Woodford Green IG8 9QJ
26	Seven Kings Practice	1 Salisbury Road, Ilford IG3 8BG
27	Southdene Surgery	The Shrubberies, George Lane, South Woodford, E18 1BD
28	St. Clements Surgery	38 Bathurst Road, Ilford IG1 4LA
29	The Broadway Surgery	3 Broadway Gardens, Monkham's Avenue, Woodford Green IG8 0HF
30	The Doctors House	40 Cameron Road, Ilford IG3 8LF
31	The Drive Surgery	68 The Drive, Ilford IG1 3HZ
32	The Elmhurst Practice	South Woodford Health Centre, 114 High Road, London E18 2QS
33	The Evergreen Practice	26 High Street, Wanstead E11 2AQ
34	The Forest Edge Practice	98 Manford Way, Chigwell IG7 4DF

	Practice Name	Practice Address
35	The Fullwell Avenue Surgery	272 Fullwell Avenue, Clayhall, Ilford IG5 0SB
36	The Palms Medical Centre	97-101 Netley Road, Ilford IG2 7NW
37	The Practice Loxford PLC	417 Ilford Lane, Ilford IG1 2SN
38	The Redbridge Surgery	49 Windermere Gardens, Ilford IG4 5BZ
39	The Shrubberies Medical Centre	12 The Shrubberies, South Woodford E18 1BD
40	The Willows Practice	98 Manford Way, Chigwell IG7 4DF
41	Wanstead Place Surgery	45 Wanstead Place, Wanstead E11 2SW
42	York Road Surgery	55 York Road, Ilford IG1 3AF

City and Hackney

	Practice Name	Practice Address
1	Allerton Road Medical Centre	34a Allerton Road Stoke Newington London N16 5UF
2	Athena Medical Centre	21 Atherden Road London E5 0QP
3	Barretts Grove Surgery	6 Barretts Grove London N16 8AR
4	Barton House Group Practice	233 Albion Road London N16 9JT
5	Beechwood Medical Centre	86-86a Dalston Lane London E8 3AH
6	Brooke Road Surgery	40-42 Brooke Road, London N16 7LR
7	Cedar Practice	John Scott Health Centre Green Lanes London N4 2NU
8	Clapton Surgery	Theydon Road HC 14 Urban Hive Theydon Road London E5 9BQ
9	Cranwich Road Spitzer and Partners	62 Cranwich Road London N16 5JF
10	Dalston Practice	1B Madinah Road London E8 1PG

	Practice Name	Practice Address
11	De Beauvoir Surgery	30 Hertford Road, London, N1 5QT
12	Elm Practice	1a Fountayne Road London N16 7EA
13	Elsdale Street Surgery	28 Elsdale Street London E9 6QY
14	Gadhvi Practice	1a Fountayne Road London N16 7EA
15	Greenhouse Health Centre	19 Tudor Road, Hackney, London, E9 7SN
16	Healy Medical Centre	200 Upper Clapton Road, E5 9DH
17	Heron Practice	John Scott Health Centre Green Lanes London N4 2NU
18	Hoxton Surgery	12 Rushton Street, London N1 5DR
19	Kingsmead Healthcare	4 Kingsmead Way, E9 5QG
20	Latimer Health Centre	4 Homerton Terrace, E9 6RT
21	Lawson Practice	85 Nuttall Street, London N1 5HZ
22	Lea Surgery	Alfred Heath Centre, 186 Homerton High St, E9 6AG
23	London Fields Medical Centre	38-44 Broadway Market London E8 4QJ
24	Lower Clapton Group Practice	36 Lower Clapton Road London E5 OPD
25	Neaman Practice	15 Half Moon Court, London EC1A 7HF
26	Nightingale Practice	10 Kenninghall Road London E5 8BY
27	Queensbridge Group Practice	24 Holly Street London E8 3XP
28	Richmond Road Practice	136 Richmond Road, E8 3HN
29	Riverside Practice	14 Urban Hive, Theydon Road, E5 9BQ
30	Rosewood Practice	1a Fountayne Road London N16 7EA
31	Sandringham Practice	1 Madinah Road London E8 1PG
32	Shoreditch Park Surgery	10 Rushton Street London N1 5DR

	Practice Name	Practice Address
33	Somerford Grove Practice	The Health Centre Somerford Grove Stoke Newington London N16 7UA
34	Southgate Road Medical Centre Whiston Road Surgery	101-103 Southgate Road London N1 3JS
35	Spring Hill Practice	19-21 Oldhill Street Hackney London N16 6LD
36	Stamford Hill Group Practice	2 Egerton Road London N16 6UA
37	Statham Grove Surgery	Statham Grove Stoke Newington London N16 9DP
38	Trowbridge Surgery	18 Merriam Av, London, E9 5NE
39	Well Street Surgery	28 Shore Road, London E9 7TA
40	The Wick Health Centre	10 Kenworthy Rd, London, E9 5TD

Tower Hamlets

	Practice Name	Practice Address
1	Aberfeldy Practice	2A Ettrick St, Poplar, London E14 0PU
2	Albion Health Centre	333 Whitechapel Rd, Shadwell, London E1 1BU
3	Barkantine Practice	121 Westferry Rd, Isle of Dogs, London E14 8JH
4	Bethnal Green Health Centre	60 Florida St, London E2 6LL
5	Blithehale Medical Practice	22 Dunbridge St, Bethnal Green, London E2 6JA
6	Brayford Square Practice (Varma)	5 Brayford Square, Stepney Green, London E1 0SG
7	Chrip Street Health Centre	100 Chrip St, Poplar, London E14 6PG
8	City Wellbeing Practice	Tower Medical Centre, 129 Cannon St Rd, Whitechapel, London E1 2LX

	Practice Name	Practice Address
9	Docklands Medical Centre	100 Spindrift Ave, Isle of Dogs, London E14 9WU
10	East One Health - Deancross Street	14 Deancross St, Shadwell, London E1 2QA
11	Globe Town Surgery	Roman Rd, Bethnal Green, London E2 0PJ
12	Gough Walk Practice (Selvan)	74 Gough Walk, Poplar, London E14 6HR
13	Grove Road Practice (Shah)	Flat 4, Ivanhoe House, 130 Grove Road, Bow, London E3 5TW
14	Harford Health (Stepney)	115 Harford St, London E1 4FG
15	Harley Grove Medical Centre	15 Harley Grove, Bow, London E3 2AT
16	Health E1	9-11 Brick Ln, Spitalfields, London E1 6PU
17	Island Health	145 E Ferry Rd, Isle of Dogs, London E14 3BQ
18	Island Medical Centre	Roserton St, Isle of Dogs, London E14 3PG
19	Jubilee Street Practice	368-374 Commercial Rd, London E1 0LS
20	Limehouse Practice	11 Gill St, Poplar, London E14 8HQ
21	Merchant Street Practice (Rana)	Wellington Way Health Centre, 1A Wellington Way, London E3 4NE
22	Mission Practice	208 Cambridge Heath Rd, Cambridge Heath, London E2 9LS
23	Pollard Row Practice	47 Pollard Row, London E2 6NA
24	Ruston Street Practice	Clinic, Ruston St, Old Ford, London E3 2LR
25	Spitalfields Practice	20 Old Montague St, Spitalfields, London E1 5PB

	Practice Name	Practice Address
26	St Andrews Health Centre	2 Hannaford Walk, London E3 3FF
27	St Katherine Docks Practice	Flat 12/14 Nightingale House, 50 Thomas More St, London E1W 1UA
28	St Pauls Way Medical Centre	First Floor, 11 Selsey St, London E14 7LJ
29	St Stephens Health Centre	Bow Community Hall, William Pl, Bow, London E3 5ED
30	Stroudley Walk Practice	38 Stroudley Walk, London E3 3EW
31	Strouts Place Medical Centre	3 Strouts Pl, London E2 7QU
32	Tredegar Practice	35 St Stephen's Rd, Old Ford, London E3 5JD
33	Wapping Group Practice	Wapping Health Centre, 22 Wapping Ln, London E1W 2RL
34	Whitechapel Health (Hessel Street) - AT Medics	44-56 Hessel St, Shadwell, London E1 2LP
35	XX Place	Alderney Building, Mile End Hospital Site, Bancroft Road, London E1 4DG

Waltham Forest

	Practice Name	Practice Address
1	The Firs	26 Stephenson Rd, Walthamstow, London E17 7JT
2	Handsworth Medical Practice	Lakeview Court, 5 Handsworth Ave, Highams Park, London E4 9PD
3	Penrhyn Surgery	2 Penrhyn Ave, Walthamstow, London E17 5DB
4	Seymour Practice	266 Lea Bridge Rd, Leyton, London E10 7LD
5	The Manor Practice	454 Lea Bridge Rd, Leyton, London E10 7DY

	Practice Name	Practice Address
6	The Ecclesbourne Practice	Ecclesbourne Warwick Terrace, Lea Bridge Rd, Leyton, London E17 9DP
7	The Forest Surgery	2 MacDonald Rd, Walthamstow, London E17 4BA
8	Queens Road Medical Centre	48 Queens Rd, Walthamstow, London E17 8PX
9	The Allum Practice	Fairlop Rd, London E11 1BN
10	SMA Medical Centre	693 High Rd Leyton, Leyton, London E10 6RA
11	Crawley Road Medical Centre	479 High Rd Leyton, Leyton, London E10 5EL
12	High Road Surgery	287 High Rd Leytonstone, Leytonstone, London E11 4HH
13	St. James Medical Practice	47 St James St, Walthamstow, London E17 7NH
14	Grove Surgery	103-105 Grove Rd, Walthamstow, London E17 9BU
15	Leyton Healthcare	75 Oliver Rd, Leyton, London E10 5LG
16	The Ridgeway Surgery	1 Mount Echo Ave, London E4 7JX
17	Wood Street Health Centre - Dr RP Dhital	6 Linford Rd, Walthamstow, London E17 3LA
18	The Lyndhurst Surgery	53 Lyndhurst Dr, Leyton, London E10 6JB
19	Addison Road Medical Practice	46 Ravenswood Rd, Walthamstow, London E17 9LY
20	Old Church Surgery	2 Friars Cl, London E4 6UN
21	Green Man Medical Centre	1 High Rd Leytonstone, Hanbury Dr, Leytonstone, London E11 1GA
22	LL Medical Care (Agarwal & Agrwal Practice)	13 Langthorne Rd, London E11 4HX

	Practice Name	Practice Address
23	Dr Shantir Practice	354-358 Forest Rd, Walthamstow, London E17 5JL
24	Churchill Medical Centre	1 Churchill Terrace, Chingford Mount, London E4 8DG
25	The Microfaculty	107 Chingford Mount Rd, London E4 8LT
26	Waltham Forest Community & Family Health Services Ltd	354-358 Forest Rd, Walthamstow, London E17 5JG
27	Lime Tree Surgery	321 High Rd Leytonstone, Leytonstone, London E11 4JT
28	Larkshall Medical Centre	1 Larkshall Rd, Chingford, London E4 7HS
29	Harrow Road GP Practice	2-8 Harrow Rd, Leytonstone, London E11 3QF
30	Higham Hill Medical Centre	258-260 Higham Hill Rd, Walthamstow, London E17 5RQ
31	The Bailey Practice	107A Shernhall St, Walthamstow, London E17 9HS
32	Francis Road Medical Centre	94 Francis Rd, Leyton, London E10 6PP
33	Kings Head Medical Practice	178 Kings Head Hill, London E4 7NX
34	Kiyani Medical Practice	13 Langthorne Rd, London E11 4HX
35	The Langthorne Sharma Family Practice	13 Langthorne Rd, London E11 4HX
36	Claremont Medical Centre	27 Claremont Rd, Walthamstow, London E17 5RJ
37	Hampton Medical Centre	1 Pretoria Rd, Leytonstone, London E11 4BB
38	Chingford Medical Practice	109 York Rd, London E4 8LF
39	Lime Tree & Sinnott Healthcare Ltd	12A Sinnott Rd, Walthamstow, London E17 5QB

Newham

	Practice Name	Practice Address
1	Royal Docks Medical Practice	21 E Ham Manor Way, London E6 5NA
2	Boleyn Medical Centre	152 Barking Rd, East Ham, London E6 3BD
3	Market Street Health Group	52 Market Street East Ham London E6 2RA
4	Shrewsbury Road Surgery	Shrewsbury Rd, East Ham, London E7 8QP
5	Stratford Village Practice	50C Romford Rd, London E15 4BZ
6	St Bartholomew's Surgery	292A Barking Rd, East Ham, London E6 3BA
7	Upton Lane Medical Centre	75-77 Upton Ln, Forest Gate, London E7 9PB
8	Star Lane Medical Centre	121 Star Ln, Canning Town, London E16 4QH
9	Stratford Health Centre - Dr. Anil Shah	123 The Grove, London E15 1EN
10	Custom House Teaching & Training Medical Practice	16 Freemasons Rd, London E16 3NA
11	Essex Lodge	94 Greengate St, London E13 0AS
12	Greengate Medical Centre	497 Barking Rd, Plaistow, London E13 8PS
13	Lathom Road Medical Centre	2A Lathom Rd, East Ham, London E6 2DU
14	Wordsworth Health Centre	19 Wordsworth Ave, Manor Park, London E12 6SU
15	Dr Samuel & Dr Khan's Surgery	10 Vicarage Ln, London E15 4ES
16	The Forest Practice	26 Pyrles Ln, Loughton IG10 2NH
17	Plashet Medical Centre	152 Plashet Rd, Upton Park, London E13 0QT
18	Glen Road Medical Centre	1-9 Glen Rd, Plaistow, London E13 8RU
19	Claremont Clinic	459-463 Romford Rd, Forest Gate, London E7 8AB
20	Abbey Road Medical Practice	28a Abbey Rd, London E15 3LG

	Practice Name	Practice Address
21	First 4 Health - Church Road	1st Floor, The Centre, Upstairs, 30 Church Rd, Manor Park, London E12 6AQ
22	The Project Surgery	10 Lettsom Walk, Plaistow, London E13 0LN
23	Birchdale Road Medical Centre	2 Birchdale Rd, Forest Gate, London E7 8AR
24	Lucas Avenue practice	1A Lucas Ave, Upton Park, London E13 0QP
25	Cumberland Medical Centre	179 Cumberland Rd, Plaistow, London E13 8LS
26	Sangam Surgery	Snowhill Rd, Manor Park, London E12 6BE
27	Dr C M Patel's Surgery	2 Jephson Rd, Forest Gate, London E7 8LZ
28	St Lukes Medical Centre-The Ruiz Medical Practice	2 St Luke's Square, London E16 1HT
29	Newham Medical Centre	576 Green St, East Ham, London E13 9DA
30	Westbury Road Medical Practice	32 Westbury Rd, Forest Gate, London E7 8BU
31	E7 Health	121 Woodgrange Rd, Forest Gate, London E7 0EP
32	Esk Road Medical Centre	12 Esk Rd, Plaistow, London E13 8LJ
33	East End Medical Centre	61 Plashet Rd, Upton Park, London E13 0QA
34	Balaam Street Practice	113 Balaam St, Plaistow, London E13 8AF
35	Woodgrange Medical Practice	40 Woodgrange Rd, Forest Gate, London E7 0QH
36	The Manor Park Practice	778 Romford Rd, Manor Park, London E12 5JG
37	Vicarage Lane Surgery (previously Dr P Knight and Dr V. Ashar)	10 Vicarage Ln, London E15 4ES
38	The Azad Practice (The Boleyn Centre)	152 Barking Rd, East Ham, London E6 3BD

	Practice Name	Practice Address
39	E12 Medical Centre (Dr Kugapala's Practice)	243 High St N, Manor Park, London E12 6SJ
40	Newham Transitional Practice	30 Church Rd, Manor Park, London E12 6AQ
41	Dr Krishnamurthy's Surgery	Eastham Memorial Hospital, London E7 8QR
42	The Summit Practice	Old East Ham Memorial Hospital, Shewsbury Road, Forest Gate, London E7 8QR
43	Albert Road Surgery	76 Albert Rd, Royal Docks, London E16 2DY
44	Liberty Bridge Road Practice	40 Liberty Bridge Rd, East Village, London E20 1AS
45	Tollgate Medical Centre	220 Tollgate Rd, London E6 5JS
46	Lantern Health (AT Medics)	30 Church Rd, Manor Park, London E12 6AQ

4.2 Nature of membership and relationship with CCG

- 4.2.1** The CCG's Members are integral to the functioning of the CCG. Those exercising delegated functions on behalf of the membership, including the Governing Body, remain accountable to the membership.
- 4.2.2** The CCG has established a system of local governance at Borough level, through which the membership of each of the seven Boroughs can come together to discuss and make decisions reserved to the members.
- 4.2.3** A description of the CCG's local governance arrangements is set out at paragraphs 3.1.2 and 3.1.3 above, and in more detail in the Handbook.
- 4.2.4** Each Borough shall be represented by a Borough Clinical Chair, elected by Member Practices in their Borough in accordance with Standing Order 2.4.4 contained in Appendix 3 to this constitution.

4.3 Speaking, writing or acting in the name of the CCG

- 4.3.1** Members are not restricted from giving personal views on any matter. However, members should make it clear that their personal views are not necessarily the view of the CCG.
- 4.3.2** 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.

4.4 Members' rights

- 4.4.1** The Members' rights are contained in detail in the Standing Orders and the Handbook but include the following rights, to:
 - a)** call a general meeting of the Members;
 - b)** submit a proposal for amendment of the constitution to the Governing Body, which must then be duly considered by the Governing Body. Such a proposal must be submitted by at least half (50%) of all the Borough Clinical Chairs (with the Chair of the Governing Body being considered as a Borough Clinical Chair for these purposes);
 - c)** within each Borough, elect a Borough Clinical Chair to represent them on the Governing Body;

- d) remove the Chair of the Governing Body on the basis of the grounds for removal from office, as set out in this constitution;
- e) remove their Borough Clinical Chair on the basis of the grounds for removal from office, as set out in this constitution and subject to the specific process that applies where the Borough Clinical Chair is also the Chair of the Governing Body;
- f) raise concerns regarding any appointed Governing Body Member on the basis of the grounds for removal from office that applies to that Member, as set out in this constitution;
- g) participate in the development of the Handbook and submit a proposal for amendment of the Handbook to the Governing Body. Such a proposal must be submitted by at least half (50%) of all the Borough Clinical Chairs (with the Chair of the Governing Body being considered as a Borough Clinical Chair for these purposes).
- h) guide and oversee the CCG through the Transition Period, as set out in the Merger Transition Agreement.

4.5 Members' meetings

- 4.5.1 Meetings of the members shall be held at such times and in such manner as is provided in this constitution, in the Standing Orders and/or in the Handbook.

4.6 Member Practice Representatives

- 4.6.1 Each Member Practice has a nominated lead healthcare professional who represents their practice in the dealings with the CCG. Information about the role of the Member Practice Representative and the arrangements the CCG has put in place to engage with them shall be set out in the Handbook.

5 Arrangements for the Exercise of our Functions

5.1 Good Governance

5.1.1 The CCG will, at all times, observe generally accepted principles of good governance. These include:

- a) use of the governance toolkit for toolkit for CCGs:
www.ccggovernance.org/tools.html
- b) undertaking regular governance reviews, including a requirement that the Accountable Officer reviews the constitution on an annual basis and presents the findings of that review to the Governing Body and, as appropriate, the Members of the CCG;
- c) adoption of standards and procedures that facilitate speaking out and the raising of concerns, including a Freedom to Speak Up Guardian;
- d) adopting CCG values that include standards of propriety in relation to the stewardship of public funds, impartiality, integrity and objectivity (which shall be set out in the Handbook);
- e) the [Good Governance Standard for Public Services](#);
- f) the standards of behaviour published by the Committee on Standards in Public Life (1995) known as the '[Nolan Principles](#)';
- g) the seven key [principles](#) of the NHS Constitution;
- h) relevant legislation, including the Equality Act 2010; and
- i) the standards set out in the Professional Standards Authority for Health and Social Care's guidance '[Standards for Members of NHS Boards and Clinical Commissioning Group Governing Bodies in England](#)'.

5.2 General

5.2.1 The CCG will:

- a) comply with all relevant laws, including regulations;
- b) comply with directions issued by the Secretary of State for Health and Social Care or NHS England;
- c) have regard to statutory guidance, including that issued by NHS England; and
- d) take account, as appropriate, of other documents, advice and guidance.

5.2.2 The CCG will develop and implement the necessary systems and processes to comply with a)-d) above, documenting them as necessary in this constitution, its scheme of reservation and delegation and in other relevant policies and procedures as appropriate.

5.3 Authority to act: the CCG

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

- a) any of its members or employees;
- b) its Governing Body;
- c) a Committee or Sub-Committee of the CCG.

5.4 Authority to act: the Governing Body

5.4.1 The Governing Body may grant authority to act on its behalf to:

- a) any Governing Body Member;
- b) a Committee or Sub-Committee of the Governing Body;
- c) a Member of the CCG who is an individual (but not a Governing Body Member); and
- d) any other individual who may be from outside the organisation and who can provide assistance to the CCG in delivering its functions.

6 Procedures for Making Decisions

6.1 Scheme of Reservation and Delegation

6.1.1 The CCG has agreed a scheme of reservation and delegation (SoRD) which is published in full in the Handbook, available here:

www.northeastlondonccg.nhs.uk/about-the-ccg/what-we-do

6.1.2 The CCG's SoRD sets out:

- a) those decisions that are reserved for the membership as a whole; and
- b) those decisions that have been delegated by the CCG, the Governing Body or other individuals.

6.1.3 The CCG remains accountable for all of its functions, including those that it has delegated. All those with delegated authority, including the Governing Body, are accountable to the members for the exercise of their delegated functions.

6.1.4 The SoRD does not form part of this constitution.

6.2 Standing Orders

6.2.1 The CCG has agreed a set of standing orders which describe the processes that are employed to undertake its business. They include procedures for:

- a) conducting the business of the CCG;
- b) the appointments to key roles including Governing Body Members;
- c) the procedures to be followed during meetings; and
- d) the process to delegate powers.

6.2.2 A full copy of the Standing Orders is included in Appendix 3.

6.2.3 The Standing Orders form part of this constitution.

6.3 Standing Financial Instructions (SFIs)

6.3.1 The CCG has agreed a set of SFIs, which include the Delegated Financial Limits of financial authority in relation to the functions set out in the SoRD.

6.3.2 A copy of the Delegated Financial Limits is included at Appendix 4 and form part of this constitution.

6.3.3 The full SFIs are set out in the Handbook. Only the Delegated Financial Limits form part of this constitution.

6.4 Transition arrangements during the Transition Period

6.4.1 The CCG has agreed certain arrangements that will apply during the Transition Period. These transition arrangements are set out in the Merger Transition Agreement, contained in the Handbook, and may only be amended with the approval of the membership.

6.5 The Governing Body: Its Role and Functions

6.5.1 The Governing Body has statutory 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); and for
- 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 established.

6.5.2 The CCG has also delegated the following additional functions to the Governing Body which are also set out in the SoRD (any delegated functions must be exercised within the procedural framework established by the CCG and primarily set out in the Standing Orders and SFIs):

- a)** leading the development of vision and strategy for the CCG;
- b)** overseeing and monitoring quality improvement;
- c)** approving the CCG's Commissioning Plans and its consultation arrangements;
- d)** approving the CCG's financial plan and ensuring that appropriate arrangements are in place to implement it;
- e)** stimulating innovation and modernisations;
- f)** overseeing and monitoring performance;
- g)** overseeing risk assessment and securing assurance actions to mitigate identified strategic risks;
- h)** promoting a culture of strong engagement with patients, their carers, members, the public and other stakeholders about the activity and progress of the CCG; and
- i)** ensuring good governance and leading a culture of good governance throughout the CCG.

6.5.3 The detailed procedures for the Governing Body, including voting arrangements, are set out in the Standing Orders.

6.6 Composition of the Governing Body

6.6.1 This part of the constitution describes the make-up of the Governing Body. Further information about these roles is contained within the role descriptions which form part of the Handbook, and information about the individuals who fulfil these roles can be found on our website:

www.northeastlondonccg.nhs.uk/about-the-ccg/our-governing-body

6.6.2 The National Health Service (Clinical Commissioning Groups) Regulations 2012 set out minimum membership requirements of the Governing Body, as follows:

- a) **The Chair;**
- b) **The Accountable Officer;**
- c) **The Chief Finance Officer;**
- d) A secondary care specialist ("**the Independent Secondary Care Specialist**");
- e) A registered nurse ("**the Independent Registered Nurse**");
- f) Two Lay Members:
 - one who has qualifications expertise or experience to enable them to lead on finance and audit matters ("**the Lay Member for Governance**"); and
 - one who has knowledge about the CCG's area enabling them to express an informed view about discharge of the CCG functions ("**the Lay Member for Performance**").

6.6.3 The CCG has agreed the following additional Governing Body Members:

- a) A third Lay Member who is the chair of the Primary Care Commissioning Committee, and shall be the deputy chair of the CCG ("**the Deputy Chair**");
- b) A fourth Lay Member who shall have such responsibilities for public and patient involvement as agreed by the CCG ("**the Lay Member for Patient and Public Involvement**");
- c) Seven GPs drawn from the Member Practices of each of the Boroughs, known as the **Borough Clinical Chairs**. One of whom shall be the Chair of the CCG as referred to above, in addition to their role as a Borough Clinical Chair.

6.6.4 In total the Governing Body shall have 16 members.

6.7 Additional attendees at the Governing Body meetings

6.7.1 The CCG Governing Body may invite other person(s) to attend all or any of its meetings, or part(s) of a meeting, in order to assist it in its decision-making and in its discharge of its functions as it sees fit. Any such person may be invited by the Chair to speak and participate in discussion, but may not vote.

6.7.2 The CCG Governing Body will regularly invite the following individuals to attend any or all of its meetings as attendees:

- a) Local authority representatives as requested in order to contribute to matters being considered by the Governing Body.
- b) Directors of the CCG as requested in order to contribute to matters being considered by the Governing Body.
- c) Local LMC leaders and patient body representatives.

6.8 Appointments to the Governing Body

6.8.1 The process of appointing GPs to the Governing Body, the selection of the Chair, and the appointment procedures for other Governing Body Members are set out in the Standing Orders.

6.8.2 Also set out in Standing Orders are the details regarding the tenure of office for each role and the procedures for resignation and removal from office.

6.9 Committees and Sub-Committees

6.9.1 The CCG may establish Committees and Sub-Committees of the CCG.

6.9.2 The Governing Body may establish Committees and Sub-Committees.

6.9.3 Each Committee and Sub-Committee established by either the CCG or the Governing Body operates under terms of reference and membership agreed by the CCG or Governing Body as relevant. Appropriate reporting and assurance mechanisms must be developed as part of agreeing terms of reference for Committees and Sub-Committees.

6.9.4 With the exception of the Remuneration Committee, any Committee or Sub-Committee established in accordance with clause 6.9 may consist of or include persons other than members or employees of the CCG.

6.9.5 All members of the Remuneration Committee will be Governing Body Members.

6.9.6 The CCG has established one committee for each of the seven Boroughs, to be known as Borough Members Forums as follows:

- a) Barking and Dagenham Borough Members Forum;
- b) Tower Hamlets Borough Members Forum;
- c) Newham Borough Members Forum;
- d) Waltham Forest Borough Members Forum;
- e) Havering Borough Members Forum;
- f) Redbridge Borough Members Forum; and
- g) City & Hackney Borough Members Forum.

6.9.7 Terms of Reference for the Borough Members Forums are contained within the Handbook.

6.10 Committees of the Governing Body

6.10.1 The Governing Body will maintain the following statutory or mandated Committees:

6.10.2 **Audit Committee:** This Committee, which will be known as the **Audit and Risk Committee**, is accountable to the Governing Body and provides the Governing Body with an independent and objective view of the CCG's compliance with its statutory responsibilities. The Committee is responsible for arranging appropriate internal and external audit.

6.10.3 The Audit and Risk Committee will be chaired by a Lay Member who has qualifications, expertise or experience to enable them to lead on finance and audit matters (i.e. the Lay Member for Governance who will also be known as the '**the Audit Chair**'). Members of the Audit and Risk Committee may include people who are not Governing Body Members.

6.10.4 **Remuneration Committee:** This Committee is accountable to the Governing Body and makes recommendations to the Governing Body about the remuneration, fees and other allowances (including pension schemes) for employees and other individuals who provide services to the CCG.

6.10.5 The Remuneration Committee will be chaired by a Lay Member other than the Audit Chair. Only Governing Body Members may be members of the Remuneration Committee.

6.10.6 **Primary Care Commissioning Committee:** This committee is required by the terms of the delegation from NHS England in relation to primary care commissioning functions. The Primary Care Commissioning Committee reports to the Governing Body and to NHS England. Membership of the Committee is determined in accordance with the

requirements of *Managing Conflicts of Interest: Revised statutory Guidance for CCGs 2017*. This includes the requirement for a Lay Member chair and a Lay Member vice chair.

- 6.10.7** None of the above Committees may operate on a joint committee basis with another CCG(s).
- 6.10.8** The terms of reference for each of the above Committees are included in Appendix 2 to this constitution and form part of the constitution.
- 6.10.9** The Governing Body has also established a number of additional committees. The detail relating to those committees is set out in the SoRD and further information about these Committees, including their terms of reference, is published in the Handbook.

6.11 Collaborative commissioning arrangements

- 6.11.1** The CCG wishes to work collaboratively with its partner organisations in order to assist it with meeting its statutory duties, particularly those relating to integration. The following provisions set out the framework that will apply to such arrangements.
- 6.11.2** In addition to the formal joint working mechanisms envisaged below, the Governing Body may enter into strategic or other transformation discussions with its partner organisations, on behalf of the CCG.
- 6.11.3** The Governing Body must ensure that appropriate reporting and assurance mechanisms are developed as part of any partnership or other collaborative arrangements. This will include:
 - a)** reporting arrangements to the Governing Body, at appropriate intervals;
 - b)** engagement events or other review sessions to consider the aims, objectives, strategy and progress of the arrangements; and
 - c)** progress reporting against identified objectives.
- 6.11.4** When delegated responsibilities are being discharged collaboratively, the collaborative arrangements, whether formal joint working or informal collaboration, must:
 - a)** identify the roles and responsibilities of those CCGs or other partner organisations that have agreed to work together and, if formal joint working is being used, the legal basis for such arrangements;
 - b)** specify how performance will be monitored and assurance provided to the Governing Body on the discharge of responsibilities, so as to enable the Governing Body to have appropriate oversight as to how system integration and strategic intentions are being implemented;

- c) set out any financial arrangements that have been agreed in relation to the collaborative arrangements, including identifying any pooled budgets and how these will be managed and reported in annual accounts;
- d) specify under which of the CCG's supporting policies the collaborative working arrangements will operate;
- e) specify how the risks associated with the collaborative working arrangement will be managed and apportioned between the respective parties;
- f) set out how contributions from the parties, including details around assets, employees and equipment to be used, will be agreed and managed;
- g) identify how disputes will be resolved and the steps required to safely terminate the working arrangements;
- h) specify how decisions are communicated to the collaborative partners.

6.12 Joint commissioning arrangements with Local Authority partners

6.12.1 The CCG will work in partnership with its Local Authority partners to reduce health and social inequalities and to promote greater integration of health and social care.

6.12.2 Partnership working between the CCG and its Local Authority partners might include collaborative commissioning arrangements, including joint commissioning under section 75 of the 2006 Act, where permitted by law. In this instance, and to the extent permitted by law, the CCG delegates to the Governing Body the ability to enter into arrangements with one or more relevant Local Authorities in respect of:

- a) Delegating specified commissioning functions to the Local Authority;
- b) Exercising specified commissioning functions jointly with the Local Authority;
- c) Exercising any specified health-related functions on behalf of the Local Authority.

6.12.3 For purposes of the arrangements described in 6.12.2, the Governing Body may:

- a) agree formal and legal arrangements to make payments to, or receive payments from, the Local Authority, or pool funds for the purpose of joint commissioning;

- b) make the services of its employees or any other resources available to the Local Authority; and
- c) receive the services of the employees or the resources from the Local Authority.

6.12.4 Where the Governing Body makes an agreement with one or more Local Authorities as described above, the agreement will set out the arrangements for joint working, including details of:

- a) how the parties will work together to carry out their commissioning functions;
- b) the duties and responsibilities of the parties, and the legal basis for such arrangements;
- c) how risk will be managed and apportioned between the parties;
- d) financial arrangements, including payments towards a pooled fund and management of that fund;
- e) contributions from each party, including details of any assets, employees and equipment to be used under the joint working arrangements; and
- f) the liability of the CCG to carry out its functions, notwithstanding any joint arrangements entered into.

6.12.5 The liability of the CCG to carry out its functions will not be affected where the CCG enters into arrangements pursuant to paragraph 6.12.2 above.

6.13 Joint commissioning arrangements – other CCGs

6.13.1 The CCG may work together with other CCGs in the exercise of its Commissioning Functions.

6.13.2 The CCG delegates its powers and duties under 6.13 to the Governing Body and all references in this part to the CCG should be read as the Governing Body, except to the extent that they relate to the continuing liability of the CCG under any joint arrangements.

6.13.3 The CCG may make arrangements with one or more other CCGs in respect of:

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

- 6.13.4** For the purposes of the arrangements described at 6.13.3, the CCG may:
- a) make payments to another CCG;
 - b) receive payments from another CCG; or
 - c) make the services of its employees or any other resources available to another CCG; or
 - d) receive the services of the employees or the resources available to another CCG.
- 6.13.5** Where the CCG makes arrangements which involve all the CCGs exercising any of their commissioning functions jointly, a joint committee may be established to exercise those functions.
- 6.13.6** For the purposes of the arrangements described above, the CCG may establish and maintain a pooled fund made up of contributions by all of the CCGs working together jointly pursuant to paragraph 6.13.3 above. Any such pooled fund may be used to make payments towards expenditure incurred in the discharge of any of the commissioning functions in respect of which the arrangements are made.
- 6.13.7** Where the CCG makes arrangements with another CCG as described at paragraph 6.13.3 above, the CCG shall develop and agree with that CCG an agreement setting out the arrangements for joint working including details of:
- a) how the parties will work together to carry out their commissioning functions;
 - b) the duties and responsibilities of the parties, and the legal basis for such arrangements;
 - c) how risk will be managed and apportioned between the parties;
 - d) financial arrangements, including payments towards a pooled fund and management of that fund;
 - e) contributions from the parties, including details around assets, employees and equipment to be used under the joint working arrangements.
- 6.13.8** The responsibility of the CCG to carry out its functions will not be affected where the CCG enters into arrangements pursuant to paragraph 6.13.1 above.
- 6.13.9** The liability of the CCG to carry out its functions will not be affected where the CCG enters into arrangements pursuant to paragraph 6.13.1 above.
- 6.13.10** Only arrangements that are safe and in the interests of patients registered with Member practices will be approved by the Governing Body.

- 6.13.11** The Governing Body shall require, in all joint commissioning arrangements, that the lead Governing Body Member for the joint arrangements:
- a) make a quarterly written report to the Governing Body;
 - b) hold at least one annual engagement event to review the aims, objectives, strategy and progress of the joint commissioning arrangements; and
 - c) publish an annual report on progress made against objectives.
- 6.13.12** Should a joint commissioning arrangement prove to be unsatisfactory the Governing Body of the CCG can decide to withdraw from the arrangement, but has to give six months' notice to partners to allow for credible alternative arrangements to be put in place, with new arrangements starting from the beginning of the next new financial year after the expiration of the six months' notice period.

6.14 Joint Commissioning Arrangements with NHS England

- 6.14.1** The CCG may work together with NHS England. This can take the form of joint working in relation to the CCG's functions or in relation to NHS England's functions.
- 6.14.2** The CCG delegates its powers and duties under 6.14 to the Governing Body and all references in this part to the CCG should be read as the Governing Body, except to the extent that they relate to the continuing liability of the CCG under any joint arrangements.
- 6.14.3** In terms of either the CCG's functions or NHS England's functions, the CCG and NHS England may make arrangements to exercise any of their specified commissioning functions jointly.
- 6.14.4** The arrangements referred to in paragraph 6.14.3 above may include other CCGs, a combined authority or a local authority.
- 6.14.5** Where joint commissioning arrangements pursuant to 6.14.3 above are entered into, the parties may establish a Joint Committee to exercise the commissioning functions in question. For the avoidance of doubt, this provision does not apply to any functions fully delegated to the CCG by NHS England, including but not limited to those relating to primary care commissioning.
- 6.14.6** Arrangements made pursuant to 6.14.3 above may be on such terms and conditions (including terms as to payment) as may be agreed between NHS England and the CCG.
- 6.14.7** Where the CCG makes arrangements with NHS England (and another CCG if relevant) as described at paragraph 6.14.3 above, the CCG shall

develop and agree with NHS England a framework setting out the arrangements for joint working, including details of:

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

6.14.8 Where any joint arrangements entered into relate to the CCG's functions, the liability of the CCG to carry out its functions will not be affected where the CCG enters into arrangements pursuant to paragraph 6.14.3 above. Similarly, where the arrangements relate to NHS England's functions, the liability of NHS England to carry out its functions will not be affected where it and the CCG enter into joint arrangements pursuant to 6.14.

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

6.14.10 Only arrangements that are safe and in the interests of patients registered with Member Practices will be approved by the Governing Body.

6.14.11 The Governing Body of the CCG shall require, in all joint commissioning arrangements that the lead Governing Body Member for the joint arrangements make:

- a) make a quarterly written report to the Governing Body;
- b) hold at least one annual engagement event to review the aims, objectives, strategy and progress of the joint commissioning arrangements; and
- c) publish an annual report on progress made against objectives.

6.14.12 Should a joint commissioning arrangement prove to be unsatisfactory the Governing Body of the CCG can decide to withdraw from the arrangement but has to give six months' notice to partners to allow for credible alternative arrangements to be put in place, with new arrangements starting from the beginning of the next new financial year after the expiration of the six months' notice period.

7 Provisions for conflict of interest management and Standards of Business Conduct

7.1 Conflicts of Interest

- 7.1.1** As required by section 14O of the 2006 Act, the CCG has made 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 being unduly influenced by external or private interest.
- 7.1.2** The CCG has agreed policies and procedures for the identification and management of conflicts of interest.
- 7.1.3** Employees, members, Committee and Sub-Committee members of the CCG and Governing Body Members (and Committees, Sub-Committees, Joint Committees) will comply with the CCG policy on conflicts of interest. Where an individual, including any individual directly involved with the business or decision-making of the CCG and not otherwise covered by one of the categories above, 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 this constitution and the Standards of Business Conduct Policy.
- 7.1.4** The CCG has appointed the Audit Chair to be the Conflicts of Interest Guardian. In collaboration with the CCG's governance lead, the Director of Corporate Affairs, their role is to:
- a)** Act as a conduit for GP practice staff, members of the public and healthcare professionals who have any concerns with regards to conflicts of interest;
 - b)** Be a safe point of contact for employees or workers of the CCG to raise any concerns in relation to conflicts of interest;
 - c)** Support the rigorous application of conflict of interest principles and policies;
 - d)** Provide independent advice and judgment to staff and members where there is any doubt about how to apply conflicts of interest policies and principles in an individual situation;
 - e)** Provide advice on minimising the risks of conflicts of interest.

7.2 Declaring and registering interests

- 7.2.1** The CCG will maintain registers of the interests of those individuals listed in the CCG's policy.

- 7.2.2** The CCG will, as a minimum, publish the registers of conflicts of interest and gifts and hospitality of decision-making staff at least annually on the CCG website and make them available at our headquarters upon request.
- 7.2.3** All relevant persons for the purposes of NHS England's statutory guidance *Managing Conflicts of Interest: Revised Statutory Guidance for CCGs 2017* must declare any interests. Declarations should be made as soon as reasonably practicable and by law within 28 days after the interest arises. This could include interests an individual is pursuing. Interests will also be declared on appointment and during relevant discussion in meetings.
- 7.2.4** The CCG will ensure that, as a matter of course, declarations of interest are made and confirmed, or updated at least annually. All persons required to, must declare any interests as soon as reasonably practicable and by law within 28 days after the interest arises.
- 7.2.5** Interests (including gifts and hospitality) of decision-making staff will remain on the public register for a minimum of six months. In addition, the CCG will retain a record of historic interests and offers/receipt of gifts and hospitality for a minimum of six years after the date on which it expired. The CCG's published register of interests states that historic interests are retained by the CCG for the specified timeframe and details of whom to contact to submit a request for this information.
- 7.2.6** Activities funded in whole or in part by third parties who may have an interest in CCG business such as sponsored events, posts and research will be managed in accordance with the CCG policy to ensure transparency and that any potential for conflicts of interest are well-managed.

7.3 Training in relation to conflicts of interest

- 7.3.1** The CCG ensures that relevant staff and all Governing Body Members receive training on the identification and management of conflicts of interest and that relevant staff undertake the NHS England mandatory training.

7.4 Standards of Business Conduct

- 7.4.1** Employees, Members, Committee and Sub-Committee members of the CCG and Governing Body Members (and Committees, Sub-Committees, Joint Committees) will at all times comply with this constitution and be aware of their responsibilities as outlined in it. They should:
- a)** act in good faith and in the interests of the CCG;
 - b)** follow the Seven Principles of Public Life; set out by the Committee on Standards in Public Life (the Nolan Principles);

- c) comply with the standards set out in the Professional Standards Authority guidance - *Standards for Members of NHS Boards and Clinical Commissioning Group Governing Bodies in England*; and
- d) comply with the CCG's Standards of Business Conduct, including the requirements set out in the policy for managing conflicts of interest which is available on the CCG's website and will be made available on request.

7.4.2 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 and is also outlined in the CCG's Standards of Business Conduct policy.

Appendix 1: Definitions of terms used in this constitution

2006 Act	National Health Service Act 2006, as amended by the Health and Social Care Act 2012.
2012 Regulations	The National Health Service (Clinical Commissioning Groups) Regulations 2012, issued under the 2006 Act and the Health and Social Care Act 2012 and which set out certain requirements about the composition of CCG Governing Bodies; restrictions on membership of the Governing Body; and requirements in terms of chairing and deputy chairing arrangements (among other matters).
Accountable Officer (AO)	<p>An individual, as defined under paragraph 12 of Schedule 1A of the 2006 Act, appointed by NHS England, with responsibility for ensuring the group:</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 the Board for that purpose; • exercises its functions in a way which provides good value for money.
Area	The geographical area that the CCG has responsibility for, as defined in part 3 of this constitution.
Associate Lay Member	An individual with non-clinical expertise appointed by the CCG. An Associate Lay Member shall not be a Governing Body Member, a Member of the CCG or a Healthcare Professional (as defined below or as otherwise defined in law). The role specification and further detail about this position shall be contained in the Handbook.
Borough	One of seven individual places within the Area as set out in part 3 of this constitution, and which shall each be represented by a Borough Clinical Chair. The CCG shall establish one members committee per Borough, to be known as Borough Members Forums .

Borough Clinical Chair	A GP drawn from each of the Boroughs and who shall be a Governing Body Member.
CCG Governance Handbook (“the Handbook”)	The Handbook maintained and published by the CCG that collates key corporate governance documents and provides further information about its committees; roles and responsibilities for senior roles; and collaborative arrangements.
Chair of the Governing Body / Chair of the CCG / The Chair	The individual appointed by the CCG to act as chair of the Governing Body and shall be a GP member and a Borough Clinical Chair.
Chief Finance Officer (CFO)	A qualified accountant employed by the group with responsibility for financial strategy, financial management and financial governance and who is a Governing Body Member.
Clinical Commissioning Groups (CCG)	A body corporate established by NHS England in accordance with Chapter A2 of Part 2 of the 2006 Act.
Committee	A Committee created and appointed by the membership of the CCG or the Governing Body.
Delegated Financial Limits	The delegated financial limits set out at Appendix 4 to the constitution which form part the CCG’s Standing Financial Instructions and shall also form part of this constitution.
Deputy Chair/Deputy Chair of the CCG	The Lay Member appointed by the CCG to act as the deputy chair of the Governing Body, in addition to their Lay Member role and responsibilities.
Freedom to Speak Up Guardian	A person designated by the CCG to act as an independent and impartial source of advice to staff at any stage of raising a concern, who shall have access to anyone in the organisation, including the Chair of the Governing Body and the Accountable Officer, or if necessary others outside the CCG, for the purposes of fulfilling their role.
Governing Body	The body appointed under section 14L of the NHS Act 2006, with the main function of ensuring that a Clinical Commissioning Group has made appropriate

	arrangements for ensuring that it complies with its obligations under section 14Q under the NHS Act 2006, and such generally accepted principles of good governance as are relevant to it.
Governing Body Member	Any individual appointed to the Governing Body of the CCG.
Healthcare Professional	A Member of a profession that is regulated by one of the following bodies: <ul style="list-style-type: none"> • the General Medical Council (GMC) • the General Dental Council (GDC) • the General Optical Council • the General Osteopathic Council • the General Chiropractic Council • the General Pharmaceutical Council • the Pharmaceutical Society of Northern Ireland • the Nursing and Midwifery Council • the Health and Care Professions Council • Social Work England • any other regulatory body established by an Order in Council under Section 60 of the Health Act 1999
Independent Clinical Member	Collectively refers to the Independent Secondary Care Specialist and the Independent Registered Nurse.
Independent Member	Collectively refers to the Independent Clinical Members, together with the Lay Members.
Joint Committee	Committees from two or more organisations that work together with delegated authority from both organisations to enable joint decision-making.
Lay Member	A lay member of the CCG Governing Body, appointed by the CCG. A lay member is an individual who is not a Member of the CCG or a Healthcare Professional (as defined above) or as otherwise defined in law.
Lay Member for Governance	The Lay Member with qualifications, expertise or experience to enable them to lead on finance and audit matters, and who shall also perform the role of Audit Chair.

Lay Member for Patient and Public Involvement	The Lay Member with such responsibilities for public and patient involvement matters as set out in the role description.
Lay Member for Performance	The Lay Member who has knowledge about the CCG's area enabling them to express an informed view about the discharge of the CCG's functions, and who shall also perform the role of chair of the Remuneration Committee.
Lay Member for Primary Care	The Lay Member with such responsibilities as set out in the role description and who will chair the Primary Care Commissioning Committee, and who shall also perform the role of Deputy Chair.
Member/ Member Practice	A provider of primary medical services to a registered patient list, who is a Member of this CCG.
Member Practice Representative	Member practices appoint a healthcare professional to act as their practice representative in 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.
Merger Transition Agreement	The agreement entered into between the governing bodies of the seven CCGs which existed before 1 April 2021 and which merged to create this CCG. The Merger Transition Agreement is contained in the Handbook.
NHS England	The operational name for the National Health Service Commissioning Board.
Primary Care Commissioning Committee	A Committee required by the terms of the delegation from NHS England in relation to primary care commissioning functions. The Primary Care Commissioning Committee reports to NHS England and the Governing Body.
Professional Standards Authority for Health and Social Care	An independent body accountable to the UK Parliament which helps Parliament monitor and improve the protection of the public. It published: <i>Standards for Members of NHS Boards and Clinical Commissioning Group Governing Bodies in England</i> in 2013.
Registers of Interests	Registers the CCG is required to maintain and make publicly available under section 140 of the 2006 Act and

	<p>the statutory guidance issued by NHS England, of the interests of:</p> <ul style="list-style-type: none"> • the members of the CCG; • Governing Body Members; • the members of Committees or Sub-Committees and Committees or Sub-Committees of its CCG Governing Body; and • the CCG's employees.
Sub-Committee	A Committee created by and reporting to a Committee.
Transition Period	The period following merger as defined in the Merger Transition Agreement during which the agreed transition arrangements will apply (1 April 2021 to 31 March 2022).



Appendix 2: Committee Terms of Reference

Audit and Risk Committee

Remuneration Committee

Primary Care Commissioning Committee



Audit and Risk Committee

NHS North East London CCG

Audit and Risk Committee

Terms of Reference

1. Authority

- 1.1. These terms of reference are applicable to the NHS North East London CCG (“the CCG”) Audit and Risk Committee (“the Committee”).
- 1.2. The Committee is constituted as a committee of the CCG’s Governing Body. The Committee is established in accordance with the CCG Constitution, Standing Orders and Scheme of Reservation and Delegation. These terms of reference set out the membership, remit and responsibilities and reporting arrangements of the Committee and shall have effect as if incorporated into the CCG’s Constitution and Standing Orders.
- 1.3. 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, employee or agent/consultant who is directed to co-operate with any request made by the Committee. All members of staff and members of the CCG are directed to co-operate with any request made by the Audit and Risk Committee.
- 1.4. The Committee is authorised to obtain such internal information as is necessary and expedient to the fulfilment of its functions.
- 1.5. The Committee is authorised to instruct professional advisors and to request the attendance of such advisors and other individuals from outside of the CCG with relevant expertise, where it considers this necessary for or expedient to the exercise of its functions.
- 1.6. The Committee will undertake when required ‘deep dives’ into specific issues that will enable the Committee to gain a greater level of understanding and assurance into specific issues that fall within its remit.
- 1.7. These terms of reference and the composition of the Committee will, at a minimum, accord with any published national guidance.

2. Purpose of the Committee

- 2.1. The Governing Body is responsible for ensuring effective internal control including:

- Exercising its functions effectively, efficiently and economically;
- Complying with such generally accepted principles of good governance as are relevant to it;
- Managing the CCG's activities in accordance with statute, regulations and guidance; and
- Establishing and maintaining a system of internal control to give reasonable assurance that assets are safeguarded, waste or inefficiency avoided and reliable financial information produced, and that value for money is continuously sought.

2.2. The Committee is responsible for providing assurance to the Governing Body on the CCG's system of internal control. It will do this by means of an independent and objective review of financial and corporate governance and risk management arrangements, including compliance with law, guidance, and regulations governing the NHS.

2.3. In addition the Committee shall:

- Assist the CCG in discharging its functions under paragraph 2.1 above;
- Provide assurance of independence for external and internal audit;
- Ensure that appropriate standards are set and compliance with them is monitored, in non-financial, non-clinical areas that fall within the remit of the Committee; and
- Monitor corporate governance (e.g. compliance with the Constitution, Standing Orders, Standing Financial Instructions, the Scheme of Reservation and Delegation and maintenance of Registers of Interests). This shall include reviewing the CCG Register of Interests, Register of Gifts and Hospitality and other corporate registers as deemed appropriate at each meeting of the Committee.

3. **Membership**

3.1. The Committee shall be appointed by the Governing Body as set out in the CCG's Constitution.

3.2. The Lay Member on the Governing Body, with a lead role in overseeing key elements of governance, namely the Lay Member for Governance, will 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.

3.3. There will be four other Independent Members of the Governing Body on the Committee, namely:

- The Lay Member for Performance (who will be the Deputy Chair of the Committee);
- The Lay Member for Patient and Public Involvement;
- The Deputy Chair of the CCG; and
- The Independent Secondary Care Specialist.

4. **Attendance and Quorum**

4.1. In addition to the Committee members, the Chief Finance Officer and the Director of Corporate Affairs and any other relevant parties where appropriate shall generally attend routine meetings of the Committee.

4.2. The Chief Finance Officer will act as the lead director for the Committee.

4.3. A representative of each of the internal and external auditors may also be invited to attend meetings of the Committee.

4.4. A representative of the local counter-fraud service may be invited to attend meetings of the Committee.

4.5. Governing Body Members and/or CCG senior employees shall be invited to attend those meetings in which the Committee will consider areas of risk or operation that are their responsibility.

4.6. The Chair of the Governing Body and the Accountable Officer may be invited to attend meetings of the Committee as required.

4.7. The Committee may request the ad-hoc attendance of others to advise it on specific matters within its terms of reference from time to time as appropriate. Where such assistance is sought, any such individual will participate in discussion as an attendee and not a member.

4.8. A quorum shall be the Chair of the Committee and one other member.

5. **Frequency of Meetings**

5.1. Meetings shall be held at least four times per year, with additional meetings where necessary.

5.2. The Committee members shall be afforded the opportunity to meet at least once per year with no others present.

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

6. **Specific Duties and Responsibilities**

6.1. 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

6.2. 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, including that:

- The Accountable Officer has ensured that proper constitutional, governance and development arrangements are put in place, and thus assure the organisation's ongoing capability and capacity to discharge its statutory duties and responsibilities effectively, efficiently and economically; and
- Robust processes are in place to support the CCG in discharging its statutory duties in relation to securing continuous improvement in the quality of services provided to individuals for or in connection with the prevention, diagnosis or treatment of illness and in the outcomes that are achieved from the provision of the services.

6.3. In particular, the Committee will review the adequacy and effectiveness of:

- All risk and control related disclosure statements (in particular the annual governance statement or equivalent), together with any appropriate independent assurances, prior to endorsement by the Governing Body;
- The risk register and defined mitigating actions, particularly relating to the most significant risks, to assure that risks are being properly reviewed and effectively managed;
- The underlying assurance processes that indicate the degree of achievement of the CCG's objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements;

- The effectiveness of the arrangements in place for allowing staff to raise (in confidence) concerns about possible improprieties in financial, clinical or safety matters and ensure that any such concerns are investigated proportionately and independently.
 - The policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements and related reporting and self-certification; and
 - The policies and procedures for all work related to fraud and corruption as set out in Secretary of State Directions and as required by NHS Counter Fraud Authority.
- 6.4. The Committee shall seek reports and assurances from Governing Body Members and senior employees as appropriate, concentrating on the overarching systems of integrated governance, risk management and internal control, together with indicators of their effectiveness evidenced through the Committee's use of an effective Board Assurance Framework to guide its work and that of the audit and assurance functions that report to it.
- 6.5. The Committee will review the adequacy of the CCG's arrangements by which staff may, in confidence, raise concerns about possible improprieties in matters of financial reporting and control, or related matters or other matters of concern.
- 6.6. The Committee will assure that the CCG meets the requirements for information governance.

Internal Audit

- 6.7. The Committee shall ensure that there is an effective internal audit function that meets mandatory Public Sector Internal Audit Standards (Department of Health, March 2017) and provides appropriate independent assurance to the Committee, Accountable Officer, the Governing Body and the CCG.
- 6.8. The Committee shall achieve an effective internal audit function by:
- Consideration of the provision of the internal audit service, the cost of the audit and any questions of resignation and dismissal of that service;
 - 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 Board Assurance Framework;

- 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;
- Ensuring that the internal audit function is adequately resourced and has appropriate standing within the CCG;
- An annual review of the effectiveness of internal audit; and
- 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, making a recommendation to the Governing Body with respect to the appointment of the auditor.

External Audit

6.9. 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.

6.10. The Committee shall achieve this by:

- Consideration of the performance of the external auditors, as far as the rules governing the appointment permit;
- Discussion and agreement with the external auditors, before the audit commences, 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;
- Discussion with the external auditors of their local evaluation of audit risks and assessment of the CCG and associated impact on the audit fee;
- Review of all external audit reports, including the report to those charged with governance, agreement of the annual audit letter before submission to the Governing Body and any work undertaken outside the annual audit plan, together with the appropriateness of management responses;
- 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, making a recommendation to the Governing Body with respect to the appointment of the auditor;

- Developing and implementing a policy on the engagement of the external auditor to supply non-audit services; and
- Considering the provision of the external audit service, the cost of the audit and any questions of resignation and dismissal.

Other Assurance Functions

- 6.11. The Committee shall review the findings of other significant assurance functions, both internal and external, including but not limited to:
- Any reviews by Department of Health and Social Care arm's length bodies or regulators/inspectors (for example, the Care Quality Commission and NHS Resolution); and
 - Professional bodies with responsibility for the performance of staff or functions (for example, Royal Colleges and accreditation bodies).

Counter Fraud

- 6.12. 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

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

Financial Reporting

- 6.15. The Committee shall monitor the integrity of the financial statements of the CCG and any formal announcements relating to the CCG's financial performance.
- 6.16. The Committee shall ensure that the systems for financial reporting to the Governing Body, including those of budgetary control, are subject to review as to completeness and accuracy of the information provided to the Governing Body.

- 6.17. The Committee shall review the annual report and financial accounts before submission, focusing particularly on:
- The wording in the annual governance statement and other disclosures relevant to the terms of reference of the Committee;
 - Changes in, and compliance with, accounting policies, practices and estimation techniques;
 - Unadjusted misstatements in the financial accounts;
 - Significant judgements in preparing of the financial accounts;
 - Significant adjustments resulting from the audit;
 - Letter of representation; and
 - Qualitative aspects of financial reporting.

7. **Sub-Committees**

- 7.1. There are no formal subcommittees of the Committee. However, the Committee has established an Information Governance Group which will report to the Committee and assist with its role described under paragraph 6.6 above.

8. **Administrative Support**

- 8.1. The Director of Corporate Affairs will ensure the provision of suitable administrative support to the Committee and their role will include but not be limited to:
- Collation of all Committee papers and their circulation in a timely manner;
 - Taking the minutes and keeping a record of matters arising and issues to be carried forward and issuing draft minutes to the chair of the Committee in a timely manner;
 - Advising the Committee as appropriate on best practice, national guidance and other relevant documents.
- 8.2. The Director of Corporate Affairs will be responsible for supporting the chair in forward planning, agenda-setting, follow up of actions and circulation of minutes.

9. **Accountability and Reporting Arrangements**

- 9.1. The Committee shall be directly accountable to the Governing Body.
- 9.2. A summary annual report from the Committee shall be formally submitted, together with recommendations where appropriate, to the Governing Body. The submission to the Governing Body shall include details of work undertaken and 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.
- 9.3. The approved minutes of each Committee meeting will also be provided to the Governing Body.
- 9.4. The Committee will review the work of the other Governing Body Committees annually by reviewing their formal report on their work over the past year.
- 9.5. To ensure there are no assurance gaps, the Audit and Risk Committee will work closely with other committees established by the Governing Body, including through facilitating regular meetings between the chair of the Committee and the chairs of the Primary Care Commissioning Committee, the Finance and Performance Committee and the Quality Committee.
10. **Conduct of the Committee**
- 10.1. At the beginning of each meeting of the Committee, the chair will ask members whether they have any interests to declare, in accordance with the CCG's Gifts, Hospitality and Declarations of Interests Policy.
- 10.2. If any member has an interest, financial or otherwise, in any matter and is present at the meeting at which the matter is under discussion, he/she will declare that interest as early as possible and act in accordance with the CCG's Conflicts of Interests Policy and Procedure. Subject to any previously agreed arrangements for managing a conflict of interest, the chair of the meeting may require the individual to withdraw from the meeting or part of it. The individual must comply with these arrangements, which must be recorded in the minutes of the meeting.
- 10.3. Decision making will be by a simple majority of those present and voting at the relevant meeting. In the event that a vote is tied, the chair will have the casting vote.
- 10.4. Members of the Committee have a duty to demonstrate leadership in the observation of the NHS Code of Conduct and to work to the Nolan

Principles, which are: selflessness, integrity, objectivity, accountability, openness, honesty and leadership.

- 10.5. Committee papers will be stored and archived.
- 10.6. When there is an urgent matter where a decision is required outside of the meeting, the chair may make a decision after conferring with at least one other member ("chair's action"). When chair's action has been taken then it must be ratified by the next quorate meeting of the Committee. Urgent decisions will only be taken when there is insufficient time available for the decision to be delayed until the next meeting.
- 10.7. The Committee will apply best practice in its deliberations and in the decision making processes. It will conduct its business in accordance with national guidance and relevant codes of conduct and good governance practice.
- 10.8. All members of the Committee are expected to comply with all relevant policies and procedures relating to confidentiality and information governance, noting the sensitivity of the information that will be considered by the Committee.
11. **Monitoring Effectiveness and Compliance with Terms of Reference**
 - 11.1. The Committee will carry out an annual review of its functioning and provide an annual report to the Governing Body on its work in discharging its responsibilities, delivering its objectives and complying with its terms of reference, specifically commenting on relevant aspects of the Board Assurance Framework and relevant regulatory frameworks.
 - 11.2. As part of its annual review, the Committee will also consider any specific training or development requirements that Committee members may have and inform the Governing Body of these.
12. **Review of Terms of Reference**
 - 12.1. The terms of reference of the Committee shall be reviewed by the Governing Body at least annually.

Version Control:

Version: 1.1

Review frequency: Annual

Document Owner: Director of Corporate Affairs

Remuneration Committee

NHS North East London CCG

Remuneration Committee

Terms of Reference

1. **Authority**
 - 1.1. These terms of reference are applicable to the NHS North East London CCG (“the CCG”) Remuneration Committee (“the Committee”), whether it meets on an “in common” basis or when it is locally managed.
 - 1.2. The Committee is constituted as a committee of the CCG’s Governing Body. The Committee is established in accordance with the CCG Constitution, Standing Orders and Scheme of Reservation and Delegation. These terms of reference set out the membership, remit and responsibilities and reporting arrangements of the Committee and shall have effect as if incorporated into the CCG’s Constitution and Standing Orders.
 - 1.3. 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.
 - 1.4. The Committee can require the lead director for the Committee 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 of its functions.
 - 1.5. The Committee is authorised to obtain such internal information as is necessary and expedient to the fulfilment of its functions.
2. **Purpose of the Committee**
 - 2.1. The Committee shall make recommendations to the Governing Body on determinations about remuneration, benefits and allowances under any pension scheme it might establish as an alternative to the NHS pension scheme, for employees of the CCG and others providing services to the CCG but who are not otherwise provided for in paragraph 2.4 and 2.5 below.
 - 2.2. The Committee’s role as set out in 2.1 above includes making recommendations in relation to any employee who is also a Governing Body Member.

- 2.3. Where any alternative pension scheme has been established for Borough Clinical Chairs (who are members of the Governing Body) and any other Member Practice Representatives, the Committee shall make recommendations to the Governing Body in relation to any remuneration, benefits and allowances under such a scheme.
- 2.4. The Committee shall make decisions on determinations about remuneration, benefits and allowances under any pension scheme it might establish as an alternative to the NHS pension scheme for all Governing Body Members, except in relation to:
- those Governing Body Members who are also employees, in respect of which paragraph 2.1, above, will apply;
 - any alternative pension schemes that fall within the scope of paragraph 2.1 or 2.3, above.
- 2.5. To guard against actual or potential conflicts of interest, the remuneration, benefits and allowances for those Governing Body Members who are also members of the Committee shall be determined by the Governing Body (as provided for in the CCG's Constitution and Scheme of Reservation and Delegation).

3. **Membership**

- 3.1. The Committee shall be appointed by the Governing Body as set out in the CCG's Constitution. Only Governing Body Members may be members of the Committee.
- 3.2. Paragraph 2.5 above sets out the arrangements made by the CCG for the determination of remuneration and other terms of service for the members of the Committee. Where any other conflict of interest issue arises in relation to the members of the Committee, the Committee may co-opt another non-conflicted Governing Body Member onto the Committee, in order to manage the conflict(s) of interest. The ability to co-opt an additional member in this situation is subject always to the requirement that the Committee must be chaired by a Lay Member.
- 3.3. The Lay Member for Performance will chair the Committee (unless paragraph 3.2 applies in which case another Lay Member shall chair the Committee).
- 3.4. The membership of the Committee shall consist of:
- The lay Chair of the Committee, as referred to in paragraph 3.3 above, namely the Lay Member for Performance;
 - The Deputy Chair (who is also a Lay Member);

- The Lay Member for Patient and Public Involvement;
- The Chair of the Governing Body.

4. **Attendance and Quorum**

- 4.1. The Accountable Officer will attend the meeting but should leave the meeting during any discussions about their own remuneration.
- 4.2. The Director of People and Organisational Development will attend the meeting, as the lead director, and provide support to ensure the Committee functions effectively but should leave the meeting during any discussions about their own remuneration.
- 4.3. Other Directors, CCG members or external advisors (such as HR) may be invited to attend the meeting for the purpose of providing advice and/or clarification to the Committee. No individual should be in attendance for discussions about their own remuneration.
- 4.4. A quorum shall be 3 of 4 members of the Committee, which must include the Committee chair or any alternative chair appointed in accordance with 3.2 above.

5. **Frequency of Meetings**

- 5.1. Meetings shall be held at least every six months and additional meetings shall be held as and when required, including to give consideration to nominations and confirming changes to the membership of the Governing Body.
- 5.2. Arrangements for calling meetings will be in writing to the chair of the Committee with a minimum of ten days' notice.

6. **Specific Duties and Responsibilities**

- 6.1. The Committee shall:
- Make recommendations on determinations of the remuneration and conditions of service for all employees of the CCG, including:
 - Salary, including any performance-related pay or bonus;
 - Provisions for other benefits, including pensions and cars;
 - Allowances under any pension scheme it might establish as an alternative to the NHS pension scheme;
 - Other allowances.

- In considering the remuneration and conditions of service of the CCG's Directors and senior managers, the Committee will be guided by the recommendations of the Accountable Officer;
- Make recommendations on determinations of the remuneration and conditions of service for other individuals providing services to the CCG, except as otherwise provided in paragraphs 2.4 and 2.5 above;
- Make decisions on the remuneration and conditions of service of Governing Body Members, subject to the exclusions set out above at paragraph 2.4;
- Apply best practice to the decision making process. When considering remuneration the Committee will:
 - Adhere to the CCG Standards for Business Conduct Policy;
 - Where necessary seek independent advice about remuneration for individuals, including the use of benchmarking data;
 - Ensure that decisions are based on clear and transparent procedures;
- Consider and make recommendations on the severance payments of senior employees, seeking HM Treasury approval as appropriate in accordance with HM Treasury guidance;
- Consider and make recommendations on the terms of settlement agreements for employees, before submission through the necessary approval process;
- Make decisions on the severance payments and any settlement agreements relating to non-employed Governing Body Members, seeking HM Treasury approval as appropriate in accordance with HM Treasury guidance and subject to the arrangements for members of the Committee, which will be dealt with in accordance with paragraph 2.5 above;
- Ensure processes are in place to monitor and evaluate the performance of Governing Body Members;
- Adhere to all relevant laws, regulations and policy in all respects, including:
 - National guidance;

Appendix 2: Committee Terms of Reference

Remuneration Committee

- The management cost cap;
- Benchmarked information of other CCGs' costs;
- The competing earnings potential in primary care;
- To determine levels of remuneration that are sufficient to attract, retain and motivate Governing Body Members and senior employees whilst remaining cost effective;
- Ensure proper calculation and scrutiny of termination payments taking account of appropriate national guidance, advise on and oversee appropriate contractual arrangements for such staff;
- Advise on and oversee appropriate contractual arrangements for staff, including redundancy arrangements in line with national or local contracts of employment and appropriate guidance or legislation;
- Receive six-monthly reports on redundancies across all staff levels within the CCG and analysis of trends; impact and mitigations;
- Ensure that the Governing Body has the right balance of skills, knowledge and perspectives required for the Governing Body to function effectively;
- Oversee the appointment or election process for Governing Body Members, and consider nominations and confirm changes to the membership of the Governing Body;
- Develop an approach to succession planning for key Governing Body Members;
- Set the terms of office for Governing Body Members, ensuring that they are consistent with the provisions set out in the CCG's Constitution;
- Oversee the performance review process for all Governing Body Members including the Chair of the Governing Body;
- Work with the Workforce Oversight Group, to ensure appropriate linkage between the role of the Group and that of the Committee; and
- Undertake any other appropriate duties as directed by the CCG Governing Body.

Appendix 2: Committee Terms of Reference

Remuneration Committee

7. **Sub-Committees**

7.1. The Committee has no established sub-committees.

8. **Administrative Support**

8.1. The Director of Corporate Affairs will ensure that a suitably appointed person, shall record the minutes of all meetings of the Committee. These will be retained by the chair and will be shared with members of the Committee and relevant attendees as determined by the chair.

8.2. The Director of People and Organisational Development and Director of Corporate Affairs will be responsible for supporting the chair in forward planning, agenda-setting, follow up of actions and circulation of minutes.

9. **Accountability and Reporting Arrangements**

9.1. The Committee will report to the Governing Body after each meeting, setting out its recommendations for Governing Body approval and determination on those matters where this is required. On matters where the Committee has delegated decision-making, it shall report to the Governing Body on its decision-making and note any matters arising for consideration by the Governing Body.

9.2. The approved minutes of each Committee meeting will also be provided to the Governing Body.

10. **Conduct of the Committee**

10.1. At the beginning of each meeting, the chair will ask members whether they have any interests to declare, in accordance with the CCG's Gifts, Hospitality and Declarations of Interests Policy.

10.2. If any member has an interest, financial or otherwise, in any matter and is present at the meeting at which the matter is under discussion, he/she will declare that interest as early as possible and act in accordance with the CCG's Conflicts of Interests Policy and Procedure. Subject to any previously agreed arrangements for managing a conflict of interest, the chair of the meeting may require the individual to withdraw from the meeting or part of it. The individual must comply with these arrangements, which must be recorded in the minutes of the meeting.

10.3. Decision making will be by a simple majority of those present and voting at the relevant meeting. In the event that a vote is tied, the chair will have the casting vote.

10.4. Members of the Committee have a duty to demonstrate leadership in the observation of the NHS Code of Conduct and to work to the Nolan

Principles, which are: selflessness, integrity, objectivity, accountability, openness, honesty and leadership.

- 10.5. Committee papers will be stored and archived.
- 10.6. When there is an urgent matter where a decision is required outside of the meeting, the Committee may convene virtually in order to enable a decision to be made. Any decisions taken in this way must be properly minuted and reported, in accordance with the requirements set out in paragraph 9 above. Urgent decisions will only be taken when there is insufficient time available for the decision to be delayed until the next in-person meeting.
- 10.7. The Committee will apply best practice in its deliberations and in the decision making processes. It will conduct its business in accordance with national guidance and relevant codes of conduct and good governance practice.
- 10.8. All members of the Committee are expected to comply with all relevant policies and procedures relating to confidentiality and information governance, noting the sensitivity of the information that will be considered by the Committee.
11. **Monitoring Effectiveness and Compliance with Terms of Reference**
 - 11.1. The Committee will carry out an annual review of its functioning and provide an annual report to the Audit and Risk Committee on its work in discharging its responsibilities, delivering its objectives and complying with its terms of reference.
12. **Review of Terms of Reference**
 - 12.1. The terms of reference of the Committee shall be reviewed by the Governing Body at least annually.

Version Control:

Version: 1.1

Review frequency: Annual

Document Owner: Director of Corporate Affairs

Primary Care Commissioning Committee

NHS North East London CCG

Primary Care Commissioning Committee

Terms of Reference

1. Introduction

- 1.1. It was announced on 1 May 2014 that NHS England was inviting CCGs to expand their role in primary care commissioning and to submit expressions of interest setting out the CCG's preference for how it would like to exercise expanded primary medical care commissioning functions. One option available was that NHS England would delegate the exercise of certain specified primary care commissioning functions to a CCG.
- 1.2. In accordance with its statutory powers under section 13Z of the National Health Service Act 2006 (as amended), NHS England has delegated the exercise of the functions specified in Annex 1 to these Terms of Reference to NHS North East London Clinical Commissioning Group ("the CCG"). The delegation is set out in Annex 1.
- 1.3. The CCG has established the NHS North East London CCG Primary Care Commissioning Committee ("the PCC Committee") as a Committee of the CCG Governing Body ("the Governing Body") in accordance with Schedule 1A of the "NHS Act".
- 1.4. The Committee will function as a corporate decision-making body for the management of the delegated functions and the exercise of the delegated powers as outlined in these Terms of Reference.

2. Statutory Framework for the CCG

- 2.1. NHS England has delegated to the CCG authority to exercise the primary care commissioning functions set out in Schedule 2 of the Delegation Agreement in accordance with section 13Z of the NHS Act.
- 2.2. Arrangements made under section 13Z may be on such Terms and Conditions (including terms as to payment) as may be agreed between NHS England and the CCG.
- 2.3. Arrangements made under section 13Z do not affect the liability of NHS England for the exercise of any of its functions. However, the CCG acknowledges that in exercising its functions (including those delegated to

it), it must comply with the statutory duties set out in Chapter A2 of the NHS Act and including:

- 2.3.1 Management of conflicts of interest (section 14O);
 - 2.3.2 Duty to promote the NHS Constitution (section 14P);
 - 2.3.3 Duty to exercise its functions effectively, efficiently and economically (section 14Q);
 - 2.3.4 Duty as to improvement in quality of services (section 14R);
 - 2.3.5 Duty in relation to quality of primary medical services (section 14S);
 - 2.3.6 Duties as to reducing inequalities (section 14T);
 - 2.3.7 Duty to promote the involvement of each patient (section 14U);
 - 2.3.8 Duty as to patient choice (section 14V);
 - 2.3.9 Duty as to promoting integration (section 14Z1);
 - 2.3.10 Public involvement and consultation (section 14Z2).
- 2.4. In addition, when exercising the delegated functions, the CCG, through the PCC Committee, will also need to ensure that it complies with the following statutory duties:
- 2.4.1 Duty to have regard to impact on services in certain areas (section 13O);
 - 2.4.2 Duty as respects variation in provision of health services (section 13P).

3. **Role of the Committee**

- 3.1. The PCC Committee has been established in accordance with the above statutory provisions to enable the membership of the committee to make collective decisions related to primary care services in North East London, under delegated authority from NHS England.
- 3.2. The PCC Committee will work closely with each ICP/Borough Based Committee and Sub-committee, where established by the Governing Body (or, in the case of sub-committees, by the relevant committee acting in accordance with its terms of reference). The PCC Committee may ask such committees and/or sub-committees to support it in the exercise of its delegated functions.

- 3.3. Where such arrangements have been made, the terms of reference for each ICP/Borough Based Committee and Sub-committee will specify what their role is in relation to primary care and ensure appropriate reporting and accountability arrangements from the committee and/or sub-committee, to the PCC Committee. This will include, in particular, requiring assurance around how conflicts of interest have been managed at the ICP/Borough level, consistent with the obligations that the PCC Committee is subject to, under the terms of its Delegation and the Delegation Agreement, as well as the general statutory duties the CCG operates under.
- 3.4. Except where otherwise provided for in these terms of reference, the operating model adopted by the PCC Committee will be to receive recommendations on functions that it has asked the ICP/Borough Based Committees and Sub-committees to support it on. The PCC Committee will then consider these recommendations and make a formal decision on the matter in question.
- 3.5. In performing its role the PCC Committee will exercise its management of the functions in accordance with the agreement entered into between NHS England and the CCG, which will sit alongside the delegation and terms of reference.
- 3.6. The functions of the committee are undertaken in the context of a desire to promote increased co-commissioning to increase quality, efficiency, productivity and value for money and to remove administrative barriers.
- 3.7. The role of the committee shall be to carry out the functions relating to the commissioning of primary medical services under section 83 of the NHS Act.
- 3.8. This includes taking decisions related to:
- 3.8.1 GMS, PMS and APMS contracts (including the procurement of APMS contracts, monitoring of contracts, taking contractual action such as issuing breach/remedial notices, and removing a contract;
 - 3.8.2 Enhanced Services and newly designed enhanced services (Local Incentive Schemes (LISs) or Local Commissioned Services (LCS) and Directed Enhanced Services (DES));
 - 3.8.3 Design of Local Incentive Schemes as an alternative to the Quality Outcomes Framework (QOF);

- 3.8.4 Decision making on whether to establish new GP practices in an area;
- 3.8.5 Approving practice mergers; and
- 3.8.6 Making decisions on 'discretionary' payments.

4. **Geographical Coverage**

- 4.1. The PCC Committee's responsibilities will cover the same geographical area as for the CCG, as defined in the CCG's Constitution.

5. **Membership**

- 5.1. The Committee shall consist of:

5.1.1 **Members (with voting rights)**

- 5.1.1.1 The Deputy Chair of the CCG (who shall chair the PCC Committee)
- 5.1.1.2 Lay Member for Performance (who shall perform the role of deputy chair of the PCC Committee)
- 5.1.1.3 Lay Member for Governance
- 5.1.1.4 Independent Registered Nurse
- 5.1.1.5 Independent Secondary Care Specialist
- 5.1.1.6 Chief Finance Officer
- 5.1.1.7 System Managing Director (x3)

5.1.2 **Attendees:**

- 5.1.2.1 Healthwatch representative
- 5.1.2.2 Borough Clinical Chairs (x3)
- 5.1.2.3 Londonwide Local Medical Committee representative
- 5.1.2.4 Local Medical Committee (Barking, Dagenham and Havering) representatives
- 5.1.2.5 Local Authority Rep of the Health and Wellbeing Board or Public Health Representative (x 3)
- 5.1.2.6 System Primary Care Director (x3)
- 5.1.2.7 NEL Deputy Director Primary Care
- 5.1.2.8 GP Lead for Primary Care

Appendix 2: Committee Terms of Reference

Primary Care Commissioning Committee

- 5.1.2.9 Independent GP (who shall be a retired GP or an out-of-area GP).
- 5.1.2.10 SRO for Primary Care in NEL
- 5.1.2.11 Officers a required to undertake the business of the committee.
- 5.2. The Chair of the PCC Committee shall be the Deputy Chair of the Governing Body (who may also operate under the title “Lay Member for Primary Care”). The role of deputy chair of the PCC Committee will be another Lay Member. The Chair of the Audit and Risk Committee may not chair the PCC Committee.
- 5.3. At all times a lay and executive majority must be retained in terms of the PCC Committee’s membership. This requirement also applies to quorum, as set out below.
- 5.4. The PCC Committee may request the ad-hoc attendance of others to advise it on specific matters within its terms of reference from time to time as appropriate. Where such assistance is sought, any such individual will participate in discussion as an attendee and not a member.
6. **Quorum**
- 6.1. The PCC Committee will be quorate with five of the voting members of the PCC Committee present and consisting of the following:
- The chair or lay deputy chair of the PCC Committee (who are lay members);
 - One Independent Clinical Member of the PCC Committee;
 - One executive member of the PCC Committee;
 - One other lay or executive member of the PCC Committee.
- 6.2. A lay and executive majority must be maintained for all decision-making by the PCC Committee.
- 6.3. Virtual meeting mechanisms may be utilised in order to facilitate these quoracy requirements, consistent with the CCG’s Standing Orders, under which the PCC Committee operates.
- 6.4. Where a member(s) has a conflict of interest, appropriate measures will be adopted by the PCC Committee, consistent with the CCG’s policies and procedures. Subject always to ensuring compliance with the CCG’s policies and procedures, the chair of the PCC Committee may enable a member with a conflict of interest to be part of the discussion before the decision is made.

6.5. The minutes of PCC Committee meetings must clearly record any interests declared by members and the steps taken to manage such interests. The same requirements shall apply to the ICP/Borough Based Committees and Sub-committees, when supporting the PCC Committee in the exercise of its functions.

6.6. The PCC Committee will ensure that it complies with the general obligations regarding procurement, as set out in Schedule 2, Part 2 of the Delegation Agreement. It will also ensure that it complies at all times with procurement law and other relevant statutory provisions and that it has regard to any relevant guidance/protocols issued by NHS England and as updated from time to time. This includes ensuring that the PCC Committee operates in accordance with the CCG's Standing Financial Instructions.

7. **Decision-making and Voting**

7.1. As a committee of the Governing Body, the committee will operate in accordance with the CCG's Standing Orders. This includes the capacity to manage urgent matters outside the normal arrangements.

7.2. The aim of the PCC Committee will be to achieve consensus decision-making wherever possible. In the event that a vote is required, each member of the PCC Committee shall have one vote.

7.3. The PCC Committee shall reach decisions by a simple majority of members present, ensuring that the above requirements regarding a lay and executive majority are met. The Chair will have a second and deciding vote, if necessary.

8. **Frequency of meetings**

8.1. The PCC Committee will meet bi-monthly.

8.2. The Chair can request additional meetings where required.

8.3. The requirements in terms of notice, agenda and papers shall be as per the CCG's Standing Orders.

8.4. Where the Chair determines there is insufficient business to be conducted at the PCC Committee, a meeting may be cancelled providing five working days' notice is given.

9. **Procedure**

9.1. Meetings of the committee shall be held in public, except where the PCC Committee resolves to exclude the public from a meeting, in accordance with the CCG's Standing Orders.

- 9.2. Where the PCC Committee resolves into private session, a Part 1 (public) and Part 2 (confidential) structure will be adopted. Part 2 of the meeting shall have a separate, confidential agenda, papers and minutes. All members of the PCC Committee are required to ensure that confidential papers are managed appropriately, in accordance with the CCG's information governance policies and procedures.
- 9.3. Members of the PCC Committee have a collective responsibility for the operation of the PCC 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.
- 9.4. The PCC 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 CCG's governance arrangements, are governed by terms of reference as appropriate and reflect appropriate arrangements for the management of conflicts of interest. This includes the ability for the PCC Committee to ask the ICP/Borough Based Committees and Sub-Committees to support it in the exercise of its functions and to receive recommendations from such committees and sub-committees, on which the PCC Committee will make a formal decision.
- 9.5. The PCC Committee may call additional experts to attend meetings on an ad hoc basis to inform discussions.
- 9.6. Members of the PCC Committee shall respect confidentiality in attending and undertaking the business of the committee.

10. **Accountability and Reporting**

- 10.1. The PCC Committee is accountable to both NHS England and the Governing Body in relation to the exercise of its functions.
- 10.2. For the avoidance of doubt, in the event of any conflict between the terms of the Delegation (and associated Delegation Agreement), Terms of Reference for the PCC Committee and the CCG's Standing Orders or Standing Financial Instructions, the Delegation (and the associated Delegation Agreement) will prevail.
- 10.3. The PCC Committee will present its agreed minutes and an executive summary report to the Governing Body and to NHS England (London Region), following each meeting, for information, including the minutes of any Committee or Sub-Committee to which responsibilities are delegated.
- 10.4. There is a statutory requirement that the PCC Committee publishes a register of its decisions, outlining the management of any Conflicts of Interest. The PCC Committee will ensure that any committee or sub-

committee that it has established or to which it has otherwise delegated functions complies with this requirement.

10.5. The PCC Committee will ensure that it retains overall responsibility for managing the budget allocated to it, including in terms of any budget delegated to committees and sub-committees that the PCC Committee has asked to support it in the exercise of its functions. The PCC Committee will comply with all financial reporting requirements that apply to it.

11. **Scope of decision-making authority**

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

11.2. The decisions of the PCC Committee shall be binding on both the CCG and NHS England.

12. **Monitoring Effectiveness and Compliance with Terms of Reference**

12.1. The PCC Committee will carry out an annual review of its functioning and provide an annual report to the Governing Body on its work in discharging its responsibilities, delivering its objectives and complying with its terms of reference. As part of this annual review, the PCC Committee will ensure that any committee and sub-committee supporting it in the exercise of its functions will contribute to the review.

13. **Review of Terms of Reference**

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

Version Control:

Version: 1.1

Review frequency: Annual

Document Owner: Director of Corporate Affairs

Annex 1: Delegation Agreement

Appendix 2: Committee Terms of Reference
Primary Care Commissioning Committee



Appendix 3: 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 CCG so that it can fulfil its obligations, as set out largely in the 2006 Act and related regulations. They form part of the CCG's Constitution.
- 1.1.2 The statutory and regulatory framework that the CCG operates under is summarised in the Constitution.
- 1.1.3 These Standing Orders apply to all meetings of the CCG, its Governing Body, as well as Committees and Sub-committees established by either the CCG or the Governing Body, unless otherwise stated in the terms of reference for such committees and sub-committees.
- 1.1.4 All Members of the CCG, employees, Governing Body members, and Committee and Sub-committee members should ensure they are aware of these Standing Orders and comply with them. Failure to comply with these Standing Orders may be regarded as a disciplinary matter.
- 1.1.5 In the case of conflicting interpretation of the Standing Orders, the Chair (supported with advice from the Director of Corporate Affairs and the Lay Member for Governance) will provide a settled view which shall be final.
- 1.2 **Schedule of matters reserved to the CCG and the Scheme of Reservation and Delegation**
- 1.2.1 As set out in parts 4 and 5 of the CCG's Constitution, both the CCG and the Governing Body have the ability to delegate their functions to certain bodies (such as Committees) and individuals. Delegations made are contained in the CCG's Scheme of Reservation and Delegation, which is set out in the Handbook.
- 1.3 **Interpretation**
- 1.3.1 Except as otherwise provided, words and expressions used in these Standing Orders shall have the same meaning as those in the Constitution.
- 1.4 **Amendment and review**
- 1.4.1 These Standing Orders will be reviewed on an annual basis or more frequently as required.
- 1.4.2 Amendments to these Standing Orders will be made pursuant to the process for amendments to the Constitution, as set out in clause 1.4 of the Constitution. For the avoidance of doubt, changes to the Standing Orders will require an application to NHS England for a variation to the

CCG's Constitution and will not be implemented until the variation has been approved by NHS England.

1.5 **Transitional arrangements post-merger**

1.5.1 The Members and the Governing Body have agreed specific arrangements that will apply during the Transition Period. These are set out in the Merger Transition Agreement, which forms part of the Handbook and during the Transition Period (1 April 2021-31 March 2022) these Standing Orders should be read alongside that agreement.

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

2.1 **Composition of membership**

2.1.1 Part 4 of the CCG's Constitution provides details of the membership of the CCG.

2.1.2 Parts 5 and 6 of the CCG's Constitution provide details of the governing structure used in the CCG's decision-making processes.

2.1.3 Part 6 of the Constitution outlines certain key roles and responsibilities within the Governing Body.

2.2 **Key Roles: Overview**

2.2.1 The Constitution sets out the composition of the Governing Body and 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 Where a role is elected to and voting is required, electronic methods of voting may be utilised, with the precise method of electronic voting to be determined depending on the nature of the vote and approved by the Director of Corporate Affairs. A majority vote means a simple majority of votes cast. A candidate will be successfully elected into post if they obtain either a simple majority of votes cast or, in cases where there are several candidates standing, the highest percentage of votes cast. Each Member Practice will have 1 (one) vote in all cases when members are asked to vote on the election of a Governing Body role.

2.3 **General Eligibility Requirements for all Governing Body Roles**

2.3.1 The National Health Service (Clinical Commissioning Groups) Regulations 2012 sets out the individuals excluded from being Governing Body Members and/or holding specific roles on the Governing Body.

2.3.2 All Governing Body Members are expected to be familiar with the statutory exclusions and to comply with them at all times.

2.3.3 Each Governing Body Member is responsible for informing the Accountable Officer without delay if they become aware of an actual or potential exclusion on the basis of the Regulations. A copy of the relevant CCG Regulations can be obtained from the Director of Corporate Affairs, and is contained in the Handbook.

2.4 Roles on the Governing Body

2.4.1 Subject to the transition arrangements at clause 6.4 of the Constitution, appointment of the **Chair of the CCG** is subject to the following election process:

a) Nominations

- i. Nominations will be sought from the Borough Clinical Chairs who have been elected by the Member Practices in accordance with paragraph 2.4.4 below.

b) Eligibility

- i. Nominees must have been elected and be currently serving as a Borough Clinical Chair;
- ii. Nominees must comply with the General Eligibility requirements for all Governing Body roles, as set out at 2.3 above;
- iii. Other than being a Borough Clinical Chair, the Chair must not hold any other Governing Body or senior clinical leadership role within the CCG.

c) Election process

- i. The Chair will be elected from eligible candidates by a simple majority of the Borough Clinical Chairs (but a Borough Clinical Chair shall not be able to vote for himself/herself).
- ii. If only one individual is nominated, the Borough Clinical Chairs will be asked to endorse the candidate by way of a yes or no vote. As with (i) above, a simple majority approach will be adopted to determine whether the candidate is successfully elected into post.
- iii. In the event of a tied vote between two individuals, Borough Clinical Chairs will be asked to choose between those two individuals. As with (i) above, a simple majority approach will be adopted to determine whether the candidate is successfully elected into post.

d) Term of office

- i. The term of office for the Chair will be one year;

e) **Grounds for removal from office**

- i. The grounds for removal from office for elected and appointed roles to the Governing Body are set out in Annex A of these Standing Orders.
- ii. Except where the Chair's dismissal is as a result of being or becoming disqualified from office under these Standing Orders or losing a relevant clinical registration ("the automatic dismissal grounds"), the process set out below, from paragraph (v) onwards, shall apply for the Chair's removal from office.
- iii. Where one of the automatic dismissal grounds applies, the Accountable Officer and the Deputy Chair shall report to the Governing Body and to the Members on the circumstances of the dismissal.
- iv. Where the Chair is dismissed on one of the automatic dismissal grounds he/she will also be dismissed from their Borough Clinical Chair role. In such a case dismissal will be automatic and the Borough Members Forum will be informed of the decision by the Accountable Officer and the Deputy Chair.
- v. In the event that the Chair's conduct raises a question about potential removal from office other than as set out above, the Governing Body shall refer the matter to the Accountable Officer and the Deputy Chair for consideration;
- vi. On receipt of such a referral, the Accountable Officer and the Deputy Chair will consider the issue, seeking the views of the other Borough Clinical Chairs as appropriate. Where the conduct raises a potential issue of gross misconduct, advice will be sought from the Remuneration Committee;
- vii. Where the view reached by the Accountable Officer and the Deputy Chair is that the Chair should be removed from their role as Chair, this recommendation shall be put to the Governing Body (excluding the Chair) for a formal decision;
- viii. Where the Accountable Officer and Deputy Chair conclude that the Chair should be removed from office as Chair, they will also consider whether it is appropriate for the individual to remain in their role as a Borough Clinical Chair. The Accountable Officer and Deputy Chair will put the issue and their recommendation to the relevant Borough Members Forum for consideration and a decision as to whether the individual's role should be terminated; and
- ix. Where the Members wish to exercise their right to remove the Chair or to raise concerns about the Chair, on the basis of the grounds set out in Annex A, the proposal shall be put to the

other six Borough Clinical Chairs, who shall initiate the process set out above by formalising the concerns and referring them to the Accountable Officer and the Deputy Chair.

- x. Where the automatic dismissal grounds apply, the process set out above at (iii) shall apply and dismissal shall be automatic. Following such a dismissal, the Accountable Officer and the Deputy Chair shall report to the Governing Body and to the Members on the circumstances of the dismissal
- xi. In all other cases, the process set out at (v)-(viii) above shall apply.

f) **Notice period**

- i. A minimum of three months' notice in writing to the Accountable Officer and Deputy Chair is required, if the Chair wishes to terminate his/her role; and
- ii. In the event of gross misconduct, disqualification from office, or loss of clinical registration, no such notice shall be required. Where any of the other grounds set out in Annex A apply, notice shall be as considered appropriate in the circumstances.

2.4.2 The **Deputy Chair**: the role of Deputy Chair shall be performed by one of the additional independent Lay Members, appointed in accordance with the process set out below in Standing Order 2.4.3. The following additional requirements shall apply in relation to the Deputy Chair:

a) **Term of office**

- i. The general term of office shall be three years, but with the ability to appoint for shorter or longer terms as appropriate. The Deputy Chair will have a maximum of two consecutive terms, except where a third term is approved on an exceptional basis by the Governing Body. The total length of service for the Deputy Chair shall not exceed nine years in any event and shall include any term of office served as another Lay Member role within the CCG.

b) **Eligibility for reappointment**

- i. The Deputy Chair may nominate themselves to stand for reappointment as Deputy Chair, subject to:
 - (1) Completion of the preceding term(s) to the satisfaction of the CCG Governing Body;
 - (2) Compliance with the General Eligibility requirements for all Governing Body roles, as set out at 2.3 above; and

- (3) Not exceeding the maximum number of terms, as set out in a) above.

c) **Grounds for removal from office**

- i. The grounds for removal from office for appointed roles to the Governing Body are set out in Annex A of these Standing Orders.
- ii. Except where the Deputy Chair's dismissal is as a result of being or becoming disqualified from office under these Standing Orders, the process set out below, from paragraph (v) onwards, shall apply for the Deputy Chair's removal from office.
- iii. Where the Deputy Chair is dismissed due to being or becoming disqualified from office, they will also be dismissed from any other Lay Member role that they hold within the CCG.
- iv. Where the Deputy Chair is dismissed due to being or becoming disqualified from office, the Accountable Officer shall report to the Governing Body on the circumstances of the dismissal.
- v. Concerns about the Deputy Chair shall be raised with the Chair and the Accountable Officer, who shall consider whether to initiate the grounds for removal from office.
- vi. Where the conduct raises a potential issue of gross misconduct, advice will be sought from the Remuneration Committee.
- vii. Where the conclusion reached is that the Deputy Chair should be dismissed from their role, other than on the basis of the Deputy Chair being or becoming disqualified from office, the Chair and the Accountable Officer shall put a recommendation to the Governing Body (excluding the Deputy Chair), who shall make a formal decision on the matter.

d) **Notice period**

- i. A minimum of three months' notice in writing to the Chair and the Accountable Officer is required, if the Deputy Chair wishes to terminate his/her role; and
- ii. In the event of gross misconduct or disqualification from office, no such notice shall be required. Where any of the other grounds set out in Annex A apply, notice shall be as considered appropriate in the circumstances.

2.4.3 The **Lay Members, the Independent Secondary Care Specialist and the Independent Registered Nurse** (known as the **Independent Members** for purpose of this Standing Order 2.4.3) are subject to the following appointment process:

a) **Eligibility**

- i. Relevant experience and expertise, as detailed in the relevant role specification contained within the Handbook;
- ii. Commitment to the NHS and to personal development so as to contribute to the effective working of the Governing Body; and
- iii. Ability to meet the competencies required of all Governing Body Members, including complying with the General Eligibility requirements for all Governing Body roles, as set out at 2.3 above, and complying with the specific requirements of the National Health Service (Clinical Commissioning Groups) Regulations 2012 as they apply to Lay Members, the Secondary Care Specialist or the Registered Nurse as relevant.

b) **Appointment process**

- i. Appointments shall be made by a panel appointed by the Remuneration Committee and including any individuals deemed appropriate by the Committee. The panel will assess suitability for the role by holding interviews and overseeing any other supporting assessment process.

c) **Term of office**

- i. The ordinary term will be three years but a shorter or longer term may be agreed. The total number of terms shall be two consecutive terms, except where a third term is approved on an exceptional basis. The maximum total term that may be served by an Independent Member is nine years. This term shall include any term of office served as Deputy Chair.

d) **Eligibility for reappointment**

- i. Independent Members may nominate themselves to stand for reappointment, subject to meeting the following:
 - (1) Completion of the preceding term(s) to the satisfaction of the Governing Body;
 - (2) Satisfactory re-completion of the competency assessment for all Governing Body Members; and
 - (3) Not exceeding the maximum number of terms, as set out in c) above.

e) **Grounds for removal from office**

- i. The grounds for removal from office for appointed roles to the Governing Body are set out in Annex A of these Standing Orders.

- ii. Except where an Independent Member's dismissal is as a result of being or becoming disqualified from office under these Standing Orders, the process set out below, from paragraph (v) onwards, shall apply for their removal from office.
- iii. Where an Independent Member is dismissed due to being or becoming disqualified from office, they will also be dismissed from any other role that they hold within the CCG.
- iv. Where an Independent Member is dismissed due to being or becoming disqualified from office, the Chair and Accountable Officer shall report to the Governing Body on the circumstances of the dismissal.
- v. Concerns about any of the Independent Members shall be raised with the Chair and the Accountable Officer, who shall consider whether to initiate the grounds for removal from office.
- vi. Where the conduct raises a potential issue of gross misconduct, advice will be sought from the Remuneration Committee.
- vii. Where the conclusion reached is that the Independent Member in question should be dismissed from their role, other than on the basis of being or becoming disqualified from office, the Chair and the Accountable Officer shall put a recommendation to the Governing Body (excluding the Independent Member in question), who shall make a formal decision on the matter.

f) **Notice period**

- i. A minimum of three months' notice in writing to the Chair and the Accountable Officer is required; and
- ii. In the event of gross misconduct, disqualification from office, or loss of clinical registration (where relevant), no such notice shall be required. Where any of the other grounds set out in Annex A apply, notice shall be as considered appropriate in the circumstances.

2.4.4 Subject to the transition arrangements at clause 6.4 of the constitution, appointment of the **Borough Clinical Chairs** is subject to the following election process:

a) **Nominations**

- i. Nominations will be sought from all eligible candidates. The role description set out in the Handbook shall be advertised to all Members' Practice GPs who meet the eligibility criteria;

- ii. One representative will be sought for each Borough, except during the Transition Period where the transition arrangements shall apply;
- iii. Any such individual shall be nominated in writing to the Accountable Officer by two practising GPs, each of who has held their position as a member practice GP for at least 12 months and whose primary role as a GP is within the Borough. At least one of those nominating the relevant individual must be from a different Member Practice to the nominee.

b) Eligibility

- i. Any eligible candidate who does nominate themselves for election will be representing the Borough that their practice is currently located in and the practice will not be permitted to move to a different Borough at a later date;
- ii. Candidates must:
 - (1) Not be a member of another CCG Governing Body;
 - (2) Hold a role within a Member Practice in the Borough in question; have held that role for at least 12 months and perform their role primarily within the Borough in which they seek election;
 - (3) Where the candidate is a clinician, not hold any other senior clinical leadership role in the CCG that would compromise the candidate's ability to carry out the Borough Clinical Chair role;
 - (4) Not be significantly conflicted as a result of another role held by the individual, so as to mean that the individual would be unable, in the view of the Assessment Panel (see (c) below) to perform the role of Borough Clinical Chair;
 - (5) Have the ability to meet the competencies required of all Governing Body Members, including complying with the General Eligibility requirements for all Governing Body roles, as set out at 2.3 above; and
 - (6) Be approved as suitable by the Assessment Panel in accordance with the process below.

c) Assessment Panel

- i. Any such nominee shall submit an application form to the Director of Corporate Affairs for consideration by an Assessment Panel. The Assessment Panel shall not include any person who is an employee of the CCG or a member of its

Governing Body. However, the Assessment Panel shall be approved by the Governing Body as competent to fulfil the function required of it;

- ii. The Assessment Panel shall review each application it receives from eligible nominees and assess and interview each nominee. Following which, it shall recommend suitable candidates to each Borough Members Forum, along with its rationale for not shortlisting any of the eligible candidates.
- iii. Where there are no applicants or no suitable candidates, the Borough shall re-advertise the role for an appropriate period of time.

d) Election process

- i. Each Borough Members Forum shall elect a Borough Clinical Chair from the pool of eligible nominees who have been recommended as suitable by the assessment panel;
- ii. Voting by each Borough Members Forum may take place 'virtually', in accordance with the process for Borough voting detailed in the Handbook;
- iii. Each Member Practice shall have one (1) vote;
- iv. The successful candidate shall be the candidate who receives either a simple majority of the votes cast or, where there are more than two candidates, the highest percentage of votes cast;
- v. If only one individual is nominated, Borough Member Practices will be asked to endorse the candidate by way of a yes or no vote.

e) Term of office

- i. Appointments will be made on a staggered basis. The ordinary term will be for a three year period but a shorter or longer term may be proposed by the Governing Body and approved by the membership of the relevant Borough, where appropriate.
- ii. Borough Clinical Chairs will have a maximum of two consecutive terms in the role, except where a third term is proposed by the Governing Body and approved by the membership of the relevant Borough on an exceptional basis.

f) Eligibility for re-election

- i. Re-election as a Borough Clinical Chair by the CCG membership will depend on:

- (1) Completion of the preceding term(s) to the satisfaction of the Governing Body;
- (2) Satisfactory re-completion of the competency assessment for all Governing Body Members; and
- (3) Not exceeding the total number of terms, as set out in e) above.

g) Grounds for removal from office

- i. The grounds for removal from office for appointed roles to the Governing Body are set out in Annex A of these Standing Orders.
- ii. Except where a Borough Clinical Chair is dismissed from their role as a result of being or becoming disqualified from office under these Standing Orders or losing a relevant clinical registration (“the automatic dismissal grounds”), the process set out below shall apply for a Borough Clinical Chair’s dismissal from office.
- iii. Where one of the automatic dismissal grounds applies, the Accountable Officer and the Deputy Chair shall report to the Governing Body and to the relevant Borough Members Forum on the circumstances of the dismissal.
- iv. Where concerns, other than as set out above in relation to the automatic dismissal grounds, are raised regarding a Borough Clinical Chair by either the Members or the Governing Body, these shall be referred to the Chair and Accountable Officer, who shall consider the matter and make a recommendation to the Governing Body (excluding the Borough Clinical Chair in question) regarding whether the Borough Clinical Chair should be removed from their role.
- v. Where the conduct raises a potential issue of gross misconduct, advice will be sought from the Remuneration Committee.
- vi. The Governing Body’s recommendation will then be put to the relevant Borough Members Forum (excluding the Borough Clinical Chair) for a final decision.
- vii. In addition to those grounds set out in Annex A, and subject to viii. below, a Borough Clinical Chair can be removed from office if there has been a motion of no confidence, which has been proposed and seconded by two Member Practices from that Borough and which is subsequently carried by a simple majority (i.e. more than 50%) of the Member Practices of that Borough. In such a case, the agreed notice period outlined in paragraph

2.4.4(h) below will apply, unless an alternative shorter period is agreed between the Borough Members Forum and the Governing Body at the time (with such agreement being by a simple majority of each of the Borough Members Forum and the Governing Body);

- viii. Where the Members of a Borough wish to exercise their rights under vii. above, and the Borough Clinical Chair in question is also the incumbent Governing Body Chair, the Members of the Borough must raise their concerns with the Accountable Officer and the Deputy Chair, as per the process set out above, before seeking to initiate any motion of no confidence. The purpose of this notification is to enable the Accountable Officer and Deputy Chair to plan accordingly in order to manage the situation regarding the individual's Governing Body Chair role.
- ix. Where an individual is removed from office as a Borough Clinical Chair as a result of a motion of no confidence, pursuant to vii. above, they will also cease to hold their role as Chair of the Governing Body. Notice will be as agreed according to the process set out at vii. above.

h) **Notice period**

- i. A minimum of three months' notice in writing to the Chair is required, if the representative wishes to terminate his/her role; and
- ii. In the event of gross misconduct, disqualification from office, or loss of clinical registration (where relevant), no such notice shall be required. Where any of the other grounds set out in Annex A apply, notice shall be as considered appropriate in the circumstances.

Employed Roles on the Governing Body

2.4.5 All formally appointed employees will be managed in line with Terms and Conditions of NHS Employment and therefore subject to performance management processes.

2.4.6 The **Accountable Officer** will be an employee of the CCG, appointed by NHS England, on the recommendation of the CCG, with the appointment process being otherwise as set out in 2.4.7, below.

2.4.7 The **Chief Finance Officer** is subject to the following appointment process:

a) **Nominations, Eligibility and Appointment process**

- i. This appointment will be subject to NHS recruitment and selection policies and relevant national guidance. It is not subject to a fixed term appointment;

- ii. Nominees must have a professional qualification in accountancy and the expertise or experience to lead the financial management of the CCG; and
 - iii. Be able to meet the competencies required of all Governing Body Members, including complying with the General Eligibility requirements for all Governing Body roles, as set out at 2.3 above.
- b) **Term of office**
- i. Not applicable as is a substantive role.
- c) **Eligibility for reappointment**
- i. Not applicable as is a substantive role.
- d) **Grounds for removal from office**
- i. As a substantive post holder, this will be in accordance with NHS/CCG policies, other relevant guidance and employment law. The Members are not able to remove substantive post holders by passing a resolution.
- e) **Notice period**
- i. In accordance with the post-holder's contract of employment.

3 **MEETINGS OF THE CLINICAL COMMISSIONING GROUP**

3.1 **Meetings of the Members**

- 3.1.1 At any CCG-wide meeting of the Members, the Chair of the meeting shall be the CCG Chair. If required, one of the other Borough Clinical Chairs will act as Deputy Chair, as determined by the Chair.
- 3.1.2 At any Borough Members Forum meeting, the Chair of the meeting shall be the Borough Clinical Chair. Deputy arrangements will be as set out in the terms of reference for the Borough Members Forum.
- 3.1.3 The CCG shall hold an Annual General Meeting ("AGM") in each calendar year. Not more than 15 months shall elapse between the date of one AGM and the next. The AGM is a non-decision-making meeting. The approved CCG Annual Accounts and Annual Report will be presented to the AGM by the Chair of the CCG. Papers will be uploaded to the CCG website in advance of the AGM.
- 3.1.4 Borough Clinical Chairs are expected to encourage Member attendance at the AGM to enable the Members of their Borough to be informed about the progress of the CCG in the previous year and to hear about the CCG's plans for the year ahead.

- 3.1.5 Subject to 3.1.3 above, the AGM shall be held at such time and place as the Governing Body may appoint on giving not less than 14 days' notice to the Members. Notice may be given by email or other appropriate method of communication.
- 3.1.6 The Governing Body may also convene, at any such time as they consider appropriate in relation to the business to be considered, an Extraordinary General Meeting ("EGM") of the Members. An EGM called by the Governing Body may be Borough-specific or CCG-wide. Where such an EGM is called, it will be enacted through each relevant Borough Members Forum, as determined by the Governing Body, meeting within a specified period of time, to discuss and determine the matters under consideration. Such meetings may be held virtually.
- 3.1.7 The Members may requisition a general meeting of either their Borough or the CCG. Where the meeting is Borough-specific, the request shall be made by notice in writing to the relevant Borough Clinical Chair. Where the meeting requested is CCG-wide, notice in writing shall be given to the Chair and the Director of Corporate Affairs, as follows:
- a) where notice of an AGM has not been given by the Governing Body by the date falling 15 calendar months after the date of the last AGM, the calling of the AGM may be requisitioned by notice signed by each Borough Clinical Chair on behalf of their Borough, and after agreement within the Borough to sign the notice;
 - b) an EGM to consider the filling of any vacancy for, or the removal of, the Chair may be requisitioned by notice signed by at least half (50%) of the Borough Clinical Chairs (excluding the Chair), acting on behalf of their Borough, and after agreement within the Borough to sign the notice;
 - c) a CCG-wide EGM to consider any other business may be requisitioned by notice signed by at least half (50%) of all the Borough Clinical Chairs (including the Chair, in his/her capacity as a Borough Clinical Chair), acting on behalf of the Borough, and after agreement within the Borough to sign the notice; and
 - d) a Borough-specific EGM to consider any other business may be requisitioned by notice signed by at least 50% of the Member Practices in the Borough and given to the Borough Clinical Chair or, where the issue relates to the Borough Clinical Chair, to the Chair of the CCG (noting that the specific provisions set out above in relation to any formal motion of no confidence would also need to be complied with, where applicable) .
- 3.1.8 The recipient of the notice shall promptly call any meeting validly requisitioned by the Members, subject to any applicable notice periods for the meeting or business in question. If the recipient fails to call such a meeting within 14 days of delivery of a valid requisition, then any Member

who signed the relevant requisition may (subject to the requirements of this Constitution, and at the cost of the CCG) call the meeting.

- 3.1.9 Notice of the AGM shall be advertised in such manner as the Governing Body considers appropriate, no later than 14 days prior to the date of the meeting.
- 3.1.10 Notice of any EGM of the Members (whether called by the Governing Body or requisitioned by Members) shall also be advertised in such manner and on such notice as the Governing Body or other role designated in clause 3.1 above with responsibility for calling such a meeting considers appropriate in the circumstances.
- 3.1.11 Where the Governing Body seeks the views of the Members on any issue and/or where Membership approval (including via a vote) is required, virtual mechanisms may be used. Where a vote is taken:
- a) a simple majority of votes cast by each of the Borough Members Forums will be sufficient to pass the motion, unless a higher threshold has been agreed in advance by the Governing Body.
 - b) in the event of a tie, the Borough Clinical Chairs (including the Chair) will agree an appropriate course of action.
 - c) each Member Practice shall have 1 (one) vote.
- 3.1.12 Members will have the opportunity to engage on a regular basis via the Borough arrangements as set out in the Handbook.

3.2 Meetings of the Governing Body

- 3.2.1 The Chair of the Governing Body may call a meeting of the Governing Body at any time, giving notice to Governing Body Members of no less than seven working days, unless the matter is urgent in which case the procedure set out below under 3.9 shall apply. In this context “working day” means any day that is not a Saturday, Sunday, Christmas Day, Good Friday or any day that is a bank holiday in England.
- 3.2.2 Meetings of the Governing Body will ordinarily take place every three or four months, with at least three meetings per year.
- 3.2.3 One-third or more CCG Governing Body Members may requisition a meeting in writing to the Chair and the Director of Corporate Affairs. If the Chair refuses or fails to call a meeting within seven days of a requisition being presented, the members signing the requisition may forthwith call a meeting of the CCG Governing Body.

3.3 Agenda, supporting papers and business to be transacted

- 3.3.1 Items of business to be transacted for inclusion on the agenda of a meeting need to be notified to the Chair (copied to the Director of Corporate Affairs) at least ten days before the meeting takes place. The

agenda and supporting papers, once approved by the Chair, will be circulated to all members of a meeting at least seven days before the date of the meeting.

3.3.2 By exception, and with agreement of the Chair, for urgent items for consideration by the Governing Body items of business may be submitted just three days before a meeting of the Governing Body and circulated just two days before a meeting.

3.3.3 Except where the Chair and the Director of Corporate Affairs agree that it would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted and/or would conflict with the data protection legislation, agendas and papers or meetings minutes of the Governing Body will be published on the CCG's website.

3.4 **Chair of a meeting**

3.4.1 At any meeting of the Governing Body, the Chair shall preside. If the Chair is absent from the meeting, the Deputy Chair shall preside.

3.4.2 If the Chair is absent temporarily on the grounds of a declared conflict of interest the Deputy Chair shall preside over the relevant part of the meeting.

3.4.3 If both the Chair and Deputy Chair are absent, or are disqualified from participating, another Governing Body Member shall be chosen to act as the Chair by a majority of those Governing Body Members present.

3.5 **Chair's ruling**

3.5.1 The decision of the chair of the meeting in question on questions of order, relevancy and regularity and their interpretation of the Constitution, Standing Orders, Scheme of Reservation and Delegation, Standing Financial Instructions and other policies or procedures as relevant at the meeting, shall be final.

3.6 **Quorum**

3.6.1 The quorum necessary for the transaction of business by the Governing Body shall be at least half (50%) of the total number of Governing Body Members (i.e. 8 or more). This must include at least:

- a) one Lay Member;
- b) one executive member (i.e. one of the employed Governing Body Members);
- c) two Borough Clinical Chairs; and
- d) one Independent Clinical Member.

- 3.6.2 Where a vote is to be held, the Chair or the Deputy Chair must be present in order for the vote to be validly held. See 3.7.2(a)(ii) below for further provision regarding voting.
- 3.6.3 When making decisions the Chair:
- a) Shall endeavour to ensure a clinical majority, unless such a clinical majority is not possible due to conflicts of interest or other exceptional circumstances, in which case the conflicts of interest provisions as set out in this Constitution and in the Standards of Business Conduct Policy shall be followed.
 - b) May decide to use virtual decision-making as described in Standing Order 3.10 ('Virtual Decision-Making') in order to meet quorum requirements and enable appropriate clinical input;
 - c) Shall endeavour to ensure that the most relevant Borough Clinical Chair to the issue under consideration (if applicable) is part of the quorum, unless this is not possible due to conflicts of interest or other reasonable circumstances. The Chair may resolve to use Virtual Decision-Making in order to meet quorum requirements and appropriate Borough representation.
- 3.6.4 A duly convened meeting of the Governing Body at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by the Governing Body. This will include meetings convened virtually using teleconferencing or other live and uninterrupted methods of communication.
- 3.6.5 Those in employed roles on the Governing Body are, subject to agreement with the chair of the meeting, permitted to nominate a deputy to attend in their place. In such cases the nominated deputy will count towards quorum. Any deputy must declare their interests in the usual way and will be permitted to vote in place of the relevant Governing Body Member.
- 3.6.6 For all other of the CCG or Governing Body's Committees or 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 process of the Governing Body**
- 3.7.1 Parts 4 and 5 of the CCG's Constitution, together with the Scheme of Reservation and Delegation, set out the governing structure for the exercise of the CCG's statutory functions.
- 3.7.2 Generally, it is expected that at all meetings of the Governing Body decisions will be reached by consensus (and the same approach applies to other meetings). If it is not possible to reach a consensus decision then a vote of Governing Body Members will be required, the process for which is set out below:

- a) **Eligibility**
 - i. Only CCG Governing Body Members, or their approved nominated deputy where this is permitted, are eligible to vote. Attendees are not eligible to vote.
 - ii. The Chair or Deputy Chair must be present in the case of a vote. Should they be unavailable the vote should be held at the earliest practicable time, when they are available. Virtual Decision-Making may be utilised to enable a vote to take place and a decision to be taken.
- b) **Majority necessary to confirm a decision**
 - i. Decisions will be made on a majority of votes cast. Majority means a simple majority. Electronic voting may be used.
- c) **Casting vote**
 - i. In case of a tie, the Chair will have a second and casting vote.
- d) **Dissenting views**
 - i. Governing Body Members taking a dissenting view to the result of a vote may take the opportunity, should they choose, to have their dissent recorded in the minutes of the meeting. Should such request not be made, the minutes will record a statement of the outcome of the vote, including the numbers of votes for and against.

3.7.3 All other of the CCG's and Governing Body's Committees will follow these same principles.

3.8 **Materiality**

3.8.1 Where a decision on materiality is required under clause 1.4.2a) of the Constitution:

- a) the Accountable Officer shall decide whether there is a material impact, subject to seeking advice from the Chair, the Lay Member for Governance and the Director of Corporate Affairs and taking such advice into account.
- b) When assessing materiality, the following factors shall be taken into account:
 - i. The impact of the proposed amendments on the way that the CCG discharges its functions and, in particular, the extent to which they amend the arrangements described in part 5 of the Constitution and/or the detailed procedural framework set out in the Standing Orders;

- ii. Whether the proposed amendments materially change part 4 of the Constitution (Membership Matters);
- iii. The views expressed on the proposed amendments by any Members involved in developing the proposals and the extent of any prior involvement and engagement with the Members on the proposed amendments.

3.9 **Emergency powers and urgent decisions**

3.9.1 Where an urgent decision is required, or where an emergency situation necessitates use of these emergency powers, the Chair is empowered to make such a decision, with the agreement of, at least:

- a) the Accountable Officer (or the Chief Finance Officer but only if the Accountable Officer cannot be reached after reasonable attempts); and
- b) the Deputy Chair (or another Lay Member but only if the Deputy Chair cannot be reached after reasonable attempts).

3.9.2 Before exercising such emergency or urgent powers, the Chair should consider the extent to which Virtual Decision-Making can be used to meet the standard decision-making requirements for Governing Body decisions, as set out above.

3.9.3 The exercise of such powers by the Chair will be reported to the next meeting of the Governing Body for formal ratification. Such a report shall explain:

- a) What the decision was;
- b) Why it was deemed an emergency or urgent decision; and
- c) Who was in agreement to take the decision.

3.9.4 Should the Governing Body be unwilling to ratify a decision taken pursuant to this Standing Order 3.9, the Accountable Officer, in consultation with the other Borough Clinical Chairs, shall consider whether the Chair should continue in office or not. Where the view reached is that the Chair should be dismissed from office, the process set out at Standing Order 2.4.1 shall apply.

3.9.5 Where the Governing Body reasonably anticipates that there will be a sustained emergency period it will consider whether it would be appropriate to agree a revised operating framework that will apply for the duration of the emergency period and clarify the practical arrangements that will apply in relation to, for instance, meetings, papers and notice periods during the period. In considering the need for such a framework, the Governing Body will take into account, and operate in accordance with, guidance from NHS England and the DHSC, as relevant. Where it is agreed that this is appropriate, such a framework will be agreed and

implemented by the Governing Body (“Emergency Operating Framework”), at which time it will be incorporated into the Handbook and form part of the CCG’s governance framework.

3.10 Virtual Decision-Making

3.10.1 The Governing Body or any other Committee or Sub-Committee of the Governing Body or CCG may at the chair of the meeting’s discretion meet virtually by use of video or other teleconferencing facilities, and voting may take place virtually.

3.10.2 Where a virtual meeting has been convened, the usual processes and procedures for meetings (including the requirements set out in the constitution, these Standing Orders, the relevant terms of reference or the Handbook) will apply including those relating to quorum and the production of meeting minutes.

3.10.3 Additional guidance for the conduct of virtual meetings and the expected etiquette of those taking part is contained in the Handbook.

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 and Social Care or NHS England, any part of these Standing Orders may be suspended by the Chair (or Deputy Chair where acting in place of the Chair) at any meeting.

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.

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 and Risk Committee for review of the reasonableness of the decision to suspend Standing Orders at the next appropriate meeting.

3.12 Record of Attendance

3.12.1 The names of all members present at a meeting of the Governing Body and of its Committees shall be recorded in the minutes of the respective meetings.

3.13 Minutes

3.13.1 The minutes of the preceding meeting shall be prepared and submitted for agreement at each meeting, where they will be subject to amendment and approval by any members present at the preceding meeting. When agreed a copy of the agreed minutes will be signed by the Chair or Deputy Chair.

3.13.2 Minutes of public meetings will be posted on the CCG website and thus be accessible to all members of the CCG and the public.

3.14 **Admission of public and the press**

- 3.14.1 Subject to Standing Order 3.14.2, meetings of the Governing Body shall be open to the public.
- 3.14.2 The Governing Body 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 and consistent with paragraph 8 of Schedule 1A of the 2006 Act.
- 3.14.3 In the event the public could be excluded from a meeting of the Governing Body pursuant to Standing Order 3.14.2 above, the CCG shall consider whether the subject matter of the meeting would in any event be subject to disclosure under the Freedom of Information Act 2000, and if so, whether the public should be excluded in such circumstances.
- 3.14.4 The Chair, Deputy Chair or other person presiding over the meeting shall give such directions as they think fit with regard to the arrangements for meetings and accommodation of the public and representatives of the press such as to ensure that the Governing Body's business shall be conducted without interruption and disruption.
- 3.14.5 Without prejudice to the power to exclude the public pursuant to Standing Order 3.14.2 above the Governing Body may resolve (as permitted by Section 1(8) Public Bodies (Admissions to Meetings) Act 1960 as amended from time to time) to exclude the public from a meeting (whether during whole or part of the proceedings) to suppress or prevent disorderly conduct or behaviour.
- 3.14.6 Matters to be dealt with by the Governing Body following the exclusion of representatives of the press, and other members of the public shall be confidential to the Governing Body Members.
- 3.14.7 Members and officers or any employee of the CCG in attendance at a Governing Body meeting shall not reveal or disclose the contents of minutes or papers indicated as either 'Private' or 'In-Confidence' without the express permission of the Chair of the Governing Body. This prohibition shall apply equally to the content of any discussion during the Governing Body meeting which may take place on such reports or papers. Where a breach of confidentiality or privacy occurs, it will be dealt with in accordance with the CCG's relevant policies and procedures and may be a disciplinary matter and/or result in removal from office, on the basis of the grounds set out in Annex A.

4 APPOINTMENT OF COMMITTEES

4.1 Appointment of CCG Committees

4.1.1 The Constitution sets out the ability of the CCG to appoint Committees.

4.1.2 Where such a Committee is established by the CCG, it may determine the membership of such committee, subject to any statutory requirements, and agree appropriate terms of reference for the Committee.

4.2 Appointment of Governing Body Committees

4.2.1 The Constitution sets out the ability of the Governing Body to appoint Committees. Where the Governing Body appoints such a Committee it may determine the membership, subject to any statutory requirements, and agree appropriate terms of reference for the Committee.

4.2.2 The Governing Body will require, receive and consider reports of all its Committees at the next appropriate meeting of the Governing Body.

4.3 Terms of Reference

4.3.1 Terms of reference for all non-statutory or otherwise mandated Committees are set out in the Handbook.

4.4 Meetings held “in common”

4.4.1 The CCG and the Governing Body may hold meetings on a ‘meetings in common’ basis with other organisations. The same applies to Committees established by the CCG or the Governing Body. Where this approach is adopted, the requirements of the Constitution and the Standing Orders must still be complied with.

4.5 Joint Committees

4.5.1 Where Joint Committees are established pursuant to the powers set out in the Constitution, the requirements for such Committees set out in the Constitution must be complied with.

4.5.2 Joint committees may operate as committees-in-common with other partner organisations.

5 DUTY TO REPORT NON-COMPLIANCE WITH STANDING ORDERS

5.1 If for any reason these Standing Orders are not complied with, full details of the non-compliance and any justification for non-compliance and the circumstances around the non-compliance, shall be reported to the next formal meeting of the Governing Body for action or ratification. All members of the group and staff have a duty to disclose any noncompliance with these standing orders to the Accountable Officer and the Director of Corporate Affairs without delay. Where the non-compliance relates to either of the named roles in this paragraph, the report should be

made to the other individual and/or to the CCG's Freedom to Speak Up Guardian.

6 USE OF SEAL AND AUTHORISATION OF DOCUMENTS

6.1 The Clinical Commissioning Group's seal

6.1.1 The CCG may have a seal for executing documents where necessary.

6.1.2 The CCG's seal will be kept by the Director of Corporate Affairs or a nominated manager in a secure place.

6.1.3 Where it is necessary that a document be sealed, the seal shall be affixed in the presence of two of 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 Deputy Chair of the Governing Body.

6.1.4 Where two signatures are required one of the signatures should be that of the Chief Executive Officer or Chief Finance Officer.

6.1.5 The Director of Corporate Affairs shall keep a register that records the use of the seal with a record of all documents to which it is applied and shall report periodically on its use to the Audit and Risk Committee.

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 Deputy Chair of the Governing Body.

Annex A: Grounds for removal from office for elected and appointed Governing Body roles

- i. Gross misconduct, to be determined by the Governing Body, on the advice of the Remuneration Committee;
- ii. Being or becoming disqualified from office, which shall include no longer meeting the General Eligibility requirements set out in 2.3 of the Standing Orders;
- iii. Not having, or losing, a relevant clinical registration;
- iv. Not attending three consecutive Governing Body meetings, unless in extenuating circumstances;
- v. Failing to disclose a relevant material interest;
- vi. Where continuation in the role is not in the interests of either the public or the CCG.

Appendix 4: Delegated Financial Limits

High Level Approval Limits

Approval Level	Requisitions /Ordering	Invoice Approval	Credit Notes	Sales Orders	Tendering and Signing Contracts
These limits only apply once business cases for expenditure have been approved by the appropriate committee in accordance with CCG governance					
Governing Body					Unlimited
NEL Committees					Unlimited ¹
ICP Area Committee	£15m	£15m		Unlimited ¹	Unlimited ¹
Accountable Officer ²	Unlimited	Unlimited	Unlimited	Unlimited	£1m
Chief Finance Officer (CFO) ²	Unlimited	Unlimited	Unlimited	Unlimited	£1m
Managing Director (MD)	£70m	£70m	£70m	£70m	£1m
Director of Finance (FD)	£70m	£70m	£70m	£70m	£1m
Non-Voting System Wide Director	£500k	£10m		£10m	£500k
Local Director	£250k	£250k		£250k	
Deputy Director/ Senior Manager (Grade 8d and above)	£100k	£100k	Unlimited	£100k	
Head of Service/ Assistant Director (Grade 8a - c)	£50k	£50k	Unlimited	£50k	
CSU	In line with CSU delegation limits as per CSU Scheme of Delegation				

NOTES

- 1 Threshold is unlimited, within the agreed delegated budget, but decisions of NEL committees, including the ICP/Borough committees/sub-committees relate to the specific areas where the NEL CCG Governing Body has delegated the authority.
- 2 In general, deputising arrangements are covered by reverting to the next highest level, rather than delegating further down the structure, however, in the case of the Accountable officer or CFO, these individuals can confer authority in writing to a named individual who will act as a deputy for a fixed period in full or in part.