

**NHS BROMLEY
CLINICAL COMMISSIONING GROUP**

CONSTITUTION

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FOREWORD

This important public document sets out the arrangements by which NHS Bromley Clinical Commissioning Group will meet its responsibilities for commissioning care for the people of Bromley. It describes the governing principles, rules and procedures that Bromley CCG will follow to ensure probity and accountability in the day to day running of the CCG so that decisions are taken in an open and transparent way and that the interests of patients and the public remain central to the goals of the CCG.

It applies to the member practices, members of the Governing Body and its committees, employees, and all individuals working on behalf of the CCG.

This Constitution defines the membership of Bromley CCG, and how it discharges its functions, including how it involves those for whom it is commissioning health services and how it manages conflicts of interests.

The arrangements in this Constitution provide the foundations upon which Bromley CCG will strive to achieve its vision of obtaining better value to provide better care and better health, thus ensuring longer, healthier and happier lives for the people of Bromley.

1. INTRODUCTION AND COMMENCEMENT

1.1. Name

- 1.1.1. The name of this clinical commissioning group is NHS Bromley Clinical Commissioning Group.

1.2. Statutory Framework

- 1.2.1. Clinical commissioning groups are established under the Health and Social Care Act 2012 (“the 2012 Act”).¹ They are statutory bodies which have the function of commissioning services for the purposes of the health service in England and are treated as NHS bodies for the purposes of the National Health Service Act 2006 (“the 2006 Act”).² The duties of clinical commissioning groups to commission certain health services are set out in section 3 of the 2006 Act, as amended by section 13 of the 2012 Act, and the regulations made under that provision.³
- 1.2.2. The NHS Commissioning Board is responsible for determining applications from prospective groups to be established as clinical commissioning groups⁴ and undertakes an annual assessment of each established group.⁵ It has powers to intervene in a clinical commissioning group where it is satisfied that a group is failing or has failed to discharge any of its functions or that there is a significant risk that it will fail to do so.⁶
- 1.2.3. Clinical commissioning groups are clinically led membership organisations made up of general practices. The members of the clinical commissioning group are responsible for determining the governing arrangements for their organisations, which they are required to set out in a constitution.⁷

1.3. Status of this Constitution

- 1.3.1. This constitution is made between the members of NHS Bromley Clinical Commissioning Group and has effect from 23 January 2013, when the NHS Commissioning Board established the group.⁸ The constitution is published on the group’s website at www.bromleyccg.nhs.uk.

¹ See section 11 of the 2006 Act, inserted by section 10 of the 2012 Act

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

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

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

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

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

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

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

1.3.2. It is also available from CCG Headquarters, contact details for which are given on the cover of this document.

1.4. Amendment and Variation of this Constitution

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

- a) where the group applies to the NHS Commissioning Board and that application is granted;
- b) where in the circumstances set out in legislation the NHS Commissioning Board varies the group's constitution other than on application by the group.

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

2. AREA COVERED

- 2.1. The geographical area covered by NHS Bromley Clinical Commissioning Group is fully coterminous with the London Borough of Bromley.



3. MEMBERSHIP

3.1. Membership of the Clinical Commissioning Group

3.1.1. The following practices comprise the members of NHS Bromley Clinical Commissioning Group.

Practice Name	Cluster	Address
Bromley Common Practice	Bromley	The Crown Medical Centre, 3 Mackintosh Street, Bromley BR2 9GT
Chelsfield Surgery	Bromley	62 Windsor Drive, Chelsfield, Orpington, Kent BR6 6HD
Chislehurst Medical Centre	Bromley	42 High Street, Chislehurst, Kent, BR7 5AQ
Dysart House Surgery	Bromley	13 Ravensbourne Road, Bromley, Kent, BR1 1HN
Forge Close Surgery	Bromley	Forge Close, Hayes, Bromley, Kent, BR2 7LL
Green Street Green Medical Centre	Orpington	21a High Street, Green Street Green, Orpington, Kent, BR6 6BG
The Surgery, Highland Road The Surgery, Tubbenden Lane	Bromley	10 Highland Road, Bromley, Kent, BR1 4AD 7a/7b Tubbenden Lane, Orpington, Kent, BR6 9PN
Links Medical Practice, Downham Surgery The Links Medical Practice, Mottingham Surgery	Bromley	27 Brook Lane, Downham, Kent, BR1 4PX 198 Court Farm Road, Mottingham, London, SE9 4JS
London Lane Clinic	Bromley	Kinnaird House, 37-39 London Lane, Bromley, Kent, BR1 4HB
The South View Partnership	Bromley	South View, Bromley, Kent, BR1 3DR
Summercroft Surgery	Bromley	Starts Hill Road, Farnborough, Kent, BR6 7AR
Trinity Medical Centre	Bromley	33 Croydon Road, Penge, London, SE20 7TJ
Ballater Surgery	Orpington	108 Chislehurst Road, Orpington, Kent, BR6 0DW
Bank House Surgery	Orpington	84 High Street, Farnborough, Kent, BR6 7BA
Broomwood Road Surgery	Orpington	41 Broomwood Road, St Paul's Cray, Orpington, Kent, BR5 2JP
Charterhouse Surgery	Orpington	59 Sevenoaks Road, Orpington, Kent, BR6 9JN
Crescent Surgery	Orpington	38 Marion Crescent, St Mary Cray, Orpington, Kent, BR5 2DD
Cross Hall Surgery	Orpington	31 High Street, St Mary Cray, Orpington, Kent, BR5 3NL
Derry Downs Surgery	Orpington	29 Derry Downs, St Mary Cray, Orpington, Kent, BR5 4DU
Family Surgery	Orpington	7 High Street, Green Street Green, Orpington, Kent, BR6 6BG
Gillmans Road Surgery	Orpington	1 Gillmans Road, Orpington, Kent, BR5 4LA
The Knoll Medical Practice	Orpington	64 Sevenoaks Road, Orpington, Kent, BR6 9JL
Norheads Lane Surgery	Orpington	14A Norheads Lane, Biggin Hill, Kent, TN16 3XS

Practice Name	Cluster	Address
Poverest Medical Centre	Orpington	42 Poverest Road, St Mary Cray, Orpington, Kent, BR5 2DQ
Stock Hill Surgery	Orpington	Stock Hill Surgery, Stock Hill, Biggin Hill, Kent, TN16 3TJ
The Surgery (Begum)	Orpington	322 High Street, St Mary Cray, Orpington, Kent, BR5 4AR
Tudor Way Surgery	Orpington	42 Tudor Way, Petts Wood, Orpington, Kent, BR5 1LH
Whitehouse Surgery	Orpington	123 Towncourt Lane, Petts Wood, Orpington, Kent, BR5 1EL
Addington Road Surgery	Unity	Addington Road Health Centre, Stanley House, 77 Addington Road, West Wickham, Kent, BR4 9BG
Anerley Surgery	Unity	224 Anerley Road, Anerley, London, SE20 8TJ
Cator Medical Centre	Unity	Beckenham Beacon, 379 Croydon Road, Beckenham, Kent, BR3 3FD
Cornerways Surgery	Unity	50 Manor Road, Beckenham, Kent, BR3 2LE
Eden Park Surgery	Unity	194 Croydon Road, Beckenham, Kent, BR3 4DQ
Elm House Surgery	Unity	Beckenham Beacon, 379 Croydon Road, Beckenham, Kent, BR3 3FN
Manor Road Surgery	Unity	14 Manor Road, Beckenham, Kent, BR3 2LE
Oakfield Surgery	Unity	21 High Street, Penge, London, SE20 7HJ
Park Group Practice	Unity	113 Anerley Road, Anerley, London, SE20 8AJ
Pickhurst Surgery	Unity	56 Pickhurst Lane, Hayes, Kent, BR2 7JF
Robin Hood Partnership	Unity	94 Croydon Road, Penge, London, SE20 7AB
Southborough Lane Surgery	Unity	The Crown Medical Centre, 3 Mackintosh Street, Bromley BR2 9GT
St James's Practice	Unity	138 Croydon Road, Beckenham, Kent, BR3 4DG
Station Road Surgery	Unity	74 Station Road, West Wickham, Kent, BR4 0PU
Sundridge Medical Practice	Bromley	84 London Lane, Bromley, Kent, BR1 4HE
The Woodlands Practice	Bromley	11 Red Hill, Chislehurst, Kent, BR7 6DB
Wickham Park Surgery	Unity	2 Manor Road, West Wickham, Kent, BR4 9PS

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

3.2. Eligibility

3.2.1. Providers of primary medical services to a registered list of patients under a General Medical Services, Personal Medical Services or Alternative Provider Medical Services contract situated in Bromley, will be eligible to apply for membership of this group¹⁰.

3.3 Grievances and Disputes

3.3.1 As a membership organisation, the strategic direction, governance and arrangements of the CCG are agreed by the members working together. Should a member or members find they have a dispute or grievance with the CCG, they may follow the dispute resolution procedure outlined below. Such issues or disputes may include:

- a) matters of eligibility and disqualification
- b) the interpretation and application of powers and obligations under this Constitution
- c) any decision made by the CCG as a whole, its Governing Body or committees to whom it has delegated powers

3.3.2 Any member or members wishing to raise a dispute or grievance should do so in the first instance through a clinical director, the clinical chair and/or the accountable officer who will endeavour to achieve a resolution with the member(s) concerned.

3.3.3 Where necessary, the relevant clinical director, the clinical chair and/or the accountable officer may refer the issue to the Governing Body for consideration in the confidential part of its meeting and, if appropriate and on the recommendation of the Governing Body, to the Membership Body.

3.3.4 Members also have powers under this Constitution to call a meeting of the Membership Body on any issue, including the airing of a dispute or grievance, as set put in Section 3.1 of the Standing Orders.

3.3.5 Where a dispute or grievance leads to a proposal to change any part of the Constitution, including the membership of the CCG, NHS England will have the final decision.

4. MISSION, VALUES, VISION AND AIMS

4.1. Mission

¹⁰ See section 14A(4) of the 2006 Act, inserted by section 25 of the 2012. Regulations to be made

4.1.1. The mission of NHS Bromley Clinical Commissioning Group is to commission health services that will provide longer, healthier and happier lives for the people of Bromley.

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

4.2. Values

4.2.1. The group's core values are to:

- a) Work collaboratively with partners
- b) Put patients at the heart of everything it does
- c) Ensure best value for local people
- d) Work in an open and transparent way
- e) Support innovation

4.3. Vision and Aims

4.3.1. NHS Bromley Clinical Commissioning Group's vision is to provide better care, better health and to obtain better value.

4.3.2. The group's aims are to:

- a) Identify and lead the pathway initiatives that improve access, address health inequalities and deliver high quality integrated care.
- b) Lead the delivery of improved health outcomes from birth to end of life care for the people of Bromley.
- c) Maximise the value of the resources at hand through collaborative working to develop the partnerships that will create an integrated healthcare system

4.4. Principles of Good Governance

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

- a) the highest standards of propriety involving impartiality, integrity and objectivity in relation to the stewardship of public funds, the management of the organisation and the conduct of its business;
- b) *The Good Governance Standard for Public Services*,¹²

¹¹ Inserted by section 25 of the 2012 Act

- c) the standards of behaviour published by the *Committee on Standards in Public Life (1995)* known as the 'Nolan Principles'¹³
- d) the seven key principles of the *NHS Constitution*;¹⁴
- e) the Equality Act 2010.¹⁵
- f) Standards for Members of NHS Boards and Governing Bodies in England, Council for Healthcare Regulatory Excellence

4.5. Accountability

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

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

¹² *The Good Governance Standard for Public Services*, The Independent Commission on Good Governance in Public Services, Office of Public Management (OPM) and The Chartered Institute of Public Finance & Accountability (CIPFA), 2004

¹³ See Appendix F

¹⁴ See Appendix G

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

- 4.5.2. In addition to these statutory requirements, the group will demonstrate its accountability by:
- a) Publishing its Governing Body meeting agenda papers and minutes of its meetings (except where the group considers that it would not be in the public interest)
 - b) Publishing its commissioning and operational policies and procedures.
 - c) Engaging and involving the public in the development of its strategies and service and care pathway developments.
- 4.5.3. The governing body of the group will throughout each year have an ongoing role in reviewing the group's governance arrangements to ensure that the group continues to reflect the principles of good governance.

5. FUNCTIONS AND GENERAL DUTIES

5.1. Functions

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

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

5.1.2. In discharging its functions the group will:

- a) act¹⁶, when exercising its functions to commission health services, consistently with the discharge by the Secretary of State and the NHS Commissioning Board of their duty to **promote a comprehensive health service**¹⁷ and with the objectives and requirements placed on the NHS Commissioning Board through *the mandate*¹⁸ published by the Secretary of State before the start of each financial year by:
 - i) specifying in its Local Delivery Plan for the year ahead how it intends to discharge its duties
 - ii) including progress monitoring of the Local Delivery Plan as a standing item at every meeting of the Governing Body
 - iv) delegating responsibility in the Scheme of Delegation to the Accountable Officer and the senior officer with responsibility for healthcare system reform for the provision and implementation of the plan
- b) **meet the public sector equality duty**¹⁹ by:

¹⁶ See section 3(1F) of the 2006 Act, inserted by section 13 of the 2012 Act

¹⁷ See section 1 of the 2006 Act, as amended by section 1 of the 2012 Act

¹⁸ See section 13A of the 2006 Act, inserted by section 23 of the 2012 Act

¹⁹ See section 149 of the Equality Act 2010, as amended by paragraphs 184 and 186 of Schedule 5 of the 2012 Act

- i) Utilising the Equality Delivery System Toolkit published by the NHS Equality and Diversity Council
 - ii) publishing and implementing a Single Equality Scheme which sets out how the Group leads and develops a system-wide approach to promoting equality and preventing discrimination in all its functions, policies and strategies
 - iii) Establishing an Equality and Diversity Steering Group to oversee the annual publication and implementation of the Group's Equality Objectives, and related priority actions as required by the Equality Act 2010.
 - iv) Receiving regular monitoring reports at meetings of the Group's Governing Body
 - v) Publishing all supporting documentation on compliance with the Equality Act 2010 on the Group's public website.
- c) work in partnership with the London Borough of Bromley to develop **joint strategic needs assessments**,²⁰ **joint health and wellbeing strategies**²¹ and **public health services** by:
- i) having appropriate membership representation on the Bromley Health and Wellbeing Board
 - ii) having appropriate membership on the Joint Strategic Needs Assessment Development Group
 - iii) working with the London Borough of Bromley to produce and review the Health and Wellbeing Strategy based on the priorities identified in the Joint Strategic Needs Assessment for Bromley.
 - iv) working with the London Borough of Bromley to ensure continuing public health support and services are provided

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

5.2.1. Make arrangements to **secure public involvement** in the planning, development and consideration of proposals for changes and decisions affecting the operation of commissioning arrangements²² by:

- a) Developing and publishing, with appropriate broad stakeholder involvement, an Engagement Strategy that will establish a statement of principles of public involvement and set out how these will be implemented by the group.
- b) The statement of principles will include
 - o Inclusiveness and fairness – involving all who have an interest in or are affected by a specific decision
 - o Commitment – making a genuine attempt to understand and incorporate other opinions

²⁰ See section 116 of the Local Government and Public Involvement in Health Act 2007, as amended by section 192 of the 2012 Act

²¹ See section 116A of the Local Government and Public Involvement in Health Act 2007, as inserted by section 191 of the 2012 Act

²² See section 14Z2 of the 2006 Act, inserted by section 26 of the 2012 Act

- Empowerment – encouraging innovation and open to new ways of working
 - Accessibility – using different means of engagement to meet all needs
 - Feedback – seek, address and provide feedback
 - Communication – active listening and learning from each other
- c) These principles will be delivered by:
- involving patients, carers and all stakeholders in a systematic approach to engagement and delivering positive health outcomes
 - identifying and engaging with groups who are not always well represented in engagement activities
 - publishing an annual Involvement Plan setting out how the group will secure effective public involvement linked to the objectives in the annual Local Delivery Plan.
 - Establishing a Patient Advisory Group, chaired by the lay member for engagement, to oversee the effectiveness of public engagement and provide assurance to the governing body.
- d) Delegating responsibility for effective public involvement to the senior officer responsible for development.

5.2.2. **Promote awareness of, and act with a view to securing that health services are provided in a way that promotes awareness of, and have regard to the NHS Constitution²³ by:**

- a) Delegating responsibility to the governing body to ensure that all actions undertaken by the group have regard to the NHS Constitution.
- b) Promoting the NHS Constitution on its public website and staff intranet.
- c) The governing body will receive periodic reports on promoting awareness of and adherence to the NHS Constitution from the Head of Governance

5.2.3. **Act *effectively, efficiently and economically*²⁴ by:**

- a) Delegating responsibility to the governing body and the integrated governance committee to ensure that the group acts effectively, efficiently and economically.
- b) Monitoring through regular reports from the Chief Finance Officer to the governing body progress on the delivery of this duty.
- c) Setting and monitoring performance against annual QIPP plans.
- d) Working with neighbouring CCGs and the Local Authority where benefits are available from joint commissioning

5.2.4. **Act with a view to *securing continuous improvement to the quality of services*²⁵ by:**

- a) Delegating responsibility to the governing body

²³ See section 14P of the 2006 Act, inserted by section 26 of the 2012 Act and section 2 of the Health Act 2009 (as amended by 2012 Act)

²⁴ See section 14Q of the 2006 Act, inserted by section 26 of the 2012 Act

²⁵ See section 14R of the 2006 Act, inserted by section 26 of the 2012 Act

- b) Establishing an Integrated Governance Committee of the governing body to monitor the quality of commissioned services on a monthly basis
- c) Establishing a Quality Assurance Sub Committee of the Integrated Governance Committee to provide in depth assurance on all aspects of the quality of services, including feedback from patients through the monitoring of patient complaints, the outcomes of patient surveys, and data from the GP Alerts system.
- d) Delegating lead responsibility for the delivery of this duty to the Director of Governance, Quality and Patient Safety.
- e) Publishing a quality strategy.
- f) The governing body receiving a quality report at every meeting.
- g) The integrated governance committee receiving minutes of the meetings and reports from the Quality Assurance Sub Committee.

5.2.5. Assist and support the NHS Commissioning Board in relation to the Board's duty to **improve the quality of primary medical services**²⁶ by:

- a) Delegating responsibility to the governing body.
- b) Including reference in the group's strategic plan and annual delivery plan
- c) Monitoring delivery through progress reports to the quality assurance sub committee, integrated governance committee and governing body

5.2.6. Have regard to the need to **reduce inequalities**²⁷ by:

- a) Delegating responsibility to the governing body
- b) Contribute to the health and wellbeing strategy through representation of the governing body on the Bromley Health and Wellbeing Board
- c) Including the Director of Public Health for Bromley as a non voting member at every meeting of the governing body
- d) Monitoring progress delivery through progress reports to the integrated governance committee and the governing body

5.2.7. **Promote the involvement of patients, their carers and representatives in decisions about their healthcare**²⁸ by:

- a) Devolving responsibility to the governing body
- b) Developing and publishing an Engagement Strategy which includes arrangements for involving patients, their carers and representatives, in the strategic planning process and in the annual delivery plans.
- c) Monitoring delivery through progress reports to the integrated governance committee and the governing body
- d) Regularly reviewing patient feedback from surveys, complaints, plaudits and PALS enquiries etc. by the Quality Assurance Sub Committee and Integrated Governance Committee.

5.2.8. Act with a view to **enabling patients to make choices**²⁹ by:

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

²⁷ See section 14T of the 2006 Act, inserted by section 26 of the 2012 Act

²⁸ See section 14U of the 2006 Act, inserted by section 26 of the 2012 Act

- a) Devolving responsibility to the governing body
- b) Making provision for patient choice in the strategic plan and annual delivery plan
- c) Monitoring delivery through progress reports to the integrated governance committee and governing body

5.2.9. **Obtain appropriate advice**³⁰ from persons who, taken together, have a broad range of professional expertise in healthcare and public health by:

- a) Devolving responsibility to the governing body
- b) having representation from the governing body on the Health and Wellbeing Board and the Joint Strategic Needs Assessment Development Group
- c) making provision in the strategic plan and annual delivery plan
- d) monitoring delivery through progress reports to the integrated governance committee and governing body

5.2.10. **Promote innovation**³¹ by:

- a) Devolving responsibility to the governing body
- b) Reflecting in the strategic plan and annual delivery plan
- c) Monitoring delivery through progress reports to the integrated governance committee and governing body

5.2.11. **Promote research and the use of research**³² by:

- a) Devolving responsibility to the governing body
- b) Reflecting in the strategic plan and annual delivery plan
- c) Monitoring delivery through progress reports to the integrated governance committee and governing body

5.2.12. Have regard to the need to **promote education and training**³³ for persons who are employed, or who are considering becoming employed, in an activity which involves or is connected with the provision of services as part of the health service in England so as to assist the Secretary of State for Health in the discharge of his related duty³⁴ by:

- a) Devolving responsibility to the governing body
- b) Reflecting in the strategic plan and annual delivery plan
- c) Monitoring delivery through progress reports to the integrated governance committee and governing body

²⁹ See section 14V of the 2006 Act, inserted by section 26 of the 2012 Act
³⁰ See section 14W of the 2006 Act, inserted by section 26 of the 2012 Act
³¹ See section 14X of the 2006 Act, inserted by section 26 of the 2012 Act
³² See section 14Y of the 2006 Act, inserted by section 26 of the 2012 Act
³³ See section 14Z of the 2006 Act, inserted by section 26 of the 2012 Act
³⁴ See section 1F(1) of the 2006 Act, inserted by section 7 of the 2012 Act

5.2.13. Act with a view to ***promoting integration*** of *both* health services with other health services *and* health services with health-related and social care services where the group considers that this would improve the quality of services or reduce inequalities³⁵ by:

- a) Devolving responsibility to the governing body.
- b) Reflecting in the strategic plan and annual delivery plan
- c) Monitoring delivery through progress reports to the integrated governance committee and governing body

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

5.3.1. ***Ensure its expenditure does not exceed the aggregate of its allotments for the financial year***³⁶ by

- a) Devolving responsibility to the governing body
- b) The Chief Finance Officer setting and agreeing budgets with departmental heads at the beginning of each financial year that fall within the aggregate of the group's allotments for the financial year as notified in writing by the NHS Commissioning Board and including any sums received other than from the NHS Commissioning Board, whether or not they are received under the Health and Social Care Act 2012.
- c) Monitoring expenditure against the budgets through regular reports to the integrated governance committee and the governing body
- d) The governing body agreeing measures proposed in-year by the Chief Finance Officer where necessary to restore/maintain a balanced budget overall, and to reflect any in-year changes to the allotments made by the NHS Commissioning Board.
- e) Arrangements will be set out in the group's Standing Orders, Scheme of Delegation and Prime Financial Policies.

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

- a) Devolving responsibility to the governing body
- b) The Chief Finance Officer setting and agreeing budgets with departmental heads at the beginning of each financial year that fall within the aggregate of the group's allotments for the financial year as notified in writing by the NHS Commissioning Board including any direction from the NHS Commissioning Board not to exceed a specified capital or revenue amount.
- c) Monitoring expenditure against the budgets through regular reports to the integrated governance committee and the governing body
- d) The governing body agreeing measures proposed in-year by the Chief Finance Officer where necessary to restore/maintain a balanced budget

³⁵ See section 14Z1 of the 2006 Act, inserted by section 26 of the 2012 Act

³⁶ See section 223H(1) of the 2006 Act, inserted by section 27 of the 2012 Act

³⁷ See sections 223I(2) and 223I(3) of the 2006 Act, inserted by section 27 of the 2012 Act

overall, and/or to reflect any in-year changes to the allotments, or specified capital or revenue amount made by the NHS Commissioning Board.

- e) Arrangements will be set out in the group's Standing Orders, Scheme of Delegation and Prime Financial Policies.

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

- a) Devolving responsibility to the governing body
- b) The Chief Finance Officer setting and agreeing budgets with departmental heads at the beginning of each financial year that fall within the aggregate of the group's allotments for the financial year as notified in writing by the NHS Commissioning Board including any direction specifying the use of capital resources or revenue resources
- c) Monitoring expenditure against the budgets through regular reports to the integrated governance committee and the governing body
- d) The governing body agreeing measures proposed in-year by the Chief Finance Officer where necessary to restore/maintain a balance budget overall, and/or to reflect any in-year changes to the allotments or specified use of the capital or revenue resource made by the NHS Commissioning Board.
- e) Arrangements will be set out in the group's Standing Orders, Scheme of Delegation and Prime Financial Policies

5.3.4. ***Publish an explanation of how the group spent any payment in respect of quality*** made to it by the NHS Commissioning Board³⁹ by

- a) Devolve responsibility to the governing body to publish how any such payment was spent in the annual accounts and annual report of the year in which any such payment was received through placing agenda papers and reports on the CCG website.

5.4. Other Relevant Regulations, Directions and Documents

5.4.1. The group will

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

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

³⁹ See section 223K(7) of the 2006 Act, inserted by section 27 of the 2012 Act

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

6. DECISION MAKING: THE GOVERNING STRUCTURE

6.1. Authority to act

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

- a) any of its members;
- b) its governing body;
- c) employees;
- d) a committee or sub-committee of the group.

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

- a) the group's scheme of reservation and delegation; and
- b) for committees, their terms of reference.

6.2. Scheme of Reservation and Delegation⁴⁰

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

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

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

6.3. General

6.3.1. In discharging functions of the group that have been delegated to its governing body (and committees), its committees, joint committees, sub committees and individuals must:

- a) comply with the group's principles of good governance,⁴¹
- b) operate in accordance with the group's scheme of reservation and delegation,⁴²

⁴⁰ See Appendix D

⁴¹ See section 4.4 on Principles of Good Governance above

⁴² See appendix D

- c) comply with the group's standing orders,⁴³
- d) comply with the group's arrangements for discharging its statutory duties,⁴⁴
- e) ensure that member practices have had the opportunity to contribute to the group's decision making process.
- f) Where appropriate, ensure that Bromley Local Medical Committee has had the opportunity to contribute to the group's decision making process

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

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

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

6.4. The Membership Body

6.4.1. The membership body is established by the group and has the following functions reserved to it:

- a) Agreeing the constitution of the group (including the Standing Orders, Scheme of Delegation and Prime Financial Policies) and any changes to it (the constitution and any proposed changes will need to be ratified by the NHS Commissioning Board)
- b) Agreeing the aims, values and overall strategic direction of the group

⁴³ See appendix C

⁴⁴ See chapter 5 above

- c) Agreeing the method and process of election of the clinical director members of the governing body, including the clinical chair and principal clinical director, and ratifying their appointments
- d) Monitoring and receiving update reports from the governing body on the implementation of the agreed strategy and plans
- e) Setting the basis of the membership cluster groups and deciding questions of cluster membership

- 6.4.2. Each member practice of the group will nominate one practice representative to represent it in all matters and vote on behalf of the practice at meetings of the membership body. Each member practice will also nominate one or more deputy practice representatives, one of whom will have full voting rights and attend meetings of the membership body when the practice representative is not available. The clinical chair, principal clinical director and clinical directors shall also be voting members, whether or not they are also a practice representative. Where the clinical chair, principal clinical director or clinical director is a practice representative they shall vote only once as such. Where they are not, they shall each be afforded one vote. There shall be no other members of the membership body.
- 6.4.3. Decisions at meetings of the membership body shall be made on a consensus basis wherever possible. Where there is no clear and agreed consensus a vote shall be taken. Each practice representative shall have one or more votes depending on the list size of the practice he or she represents. Practices with a list size up to and including 4,999 shall have one vote. Practices with a list size of 5,000 to 9,999 shall have two votes. Practices with a list size of 10,000 or more shall have three votes.
- 6.4.4. Meetings of the membership body shall be chaired by the clinical chair elected by the members of the group, or by the principal clinical director where the chair is not available.
- 6.4.5. There shall be not fewer than two (2) meetings of the membership body each year. The arrangements for calling and conducting meetings shall be set out in the group's Standing Orders and shall apply, as appropriate, to all meetings of the group. Meetings of the membership body shall not be required to be held in public.
- 6.4.6. In addition to meetings of the whole membership body, cluster groups of the membership shall meet bi-monthly. The main purpose of their meetings will be to keep members updated on the business of the group and any other matters of relevance. Cluster meetings will be able to make recommendations to the membership body and the governing body on strategy and aims, and on the development of care pathways, but they shall have no powers delegated to them initially.
- 6.4.7. There shall be three (3) clusters determined geographically, as set out in Section 3 above. Arrangements may also be agreed by the membership body to establish a further membership group consisting of representation of sessional

GPs employed in the borough, including those who might not be attached to a particular member practice.

- 6.4.8. Membership practices in the cluster groups shall be free to decide who represents them at cluster meetings. The meetings shall be chaired by a clinical director elected by the whole membership.

6.5. Joint Arrangements

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

- a) The South East London Clinical Strategy Committee – to develop, agree and oversee commissioning strategy across South East London
- b) The Bexley, Bromley and Greenwich Collaborative Commissioning Committee – to share thinking and learning on themes of shared interest in relation to clinical commissioning and professional development
- c) The Bexley, Bromley and Greenwich Clinical Strategy Group – to provide high level clinical strategy planning and clinical strategic delivery with shared providers
- d) The Bexley, Bromley and Greenwich Shared Standards Programme Board – to own and develop larger transformational QIPP programmes
- e) The Bexley, Bromley and Greenwich South London Healthcare Trust Contract Management Board – to oversee the Trust’s delivery of its contracts across the three CCGs
- f) The Bexley, Bromley and Greenwich Integrated Governance Group – to provide an oversight within Bromley, Bexley and Greenwich of integrated commissioning performance and provider performance (quality, safety, performance, finance and delivery)
- g) The South East London Committee in Common for Strategic Decision Making – with Bexley, Greenwich, Lambeth, Lewisham and Southwark CCGs and, where they agree to participate, NHS England, to develop, agree and oversee the strategic planning of improved services across South East London.

- 6.5.2. The group delegates to the governing body responsibility for approving a memorandum of agreement for each joint working arrangement with another clinical commissioning group, and for determining and undertaking Section 75 agreements with the local authority.

6.6. The Governing Body

- 6.6.1. **Functions** - the governing body has the following functions conferred on it by sections 14L(2) and (3) of the 2006 Act, inserted by section 25 the 2012 Act, together with any other functions connected with its main functions as may be specified in regulations or in this constitution.⁴⁵ The governing body may also have functions of the clinical commissioning group delegated to it by the group. Where the group has conferred additional functions on the governing body connected with its main functions, or has delegated any of the group’s functions

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

to its governing body, these are set out from paragraph 6.6.1(d) – (h) below. The governing body has responsibility for:

- a) ensuring that the group has appropriate arrangements in place to exercise its functions *effectively, efficiently and economically* and in accordance with the groups *principles of good governance*⁴⁶ (its main function);
- b) determining the remuneration, fees and other allowances payable to employees or other persons providing services to the group and the allowances payable under any pension scheme it may establish under paragraph 11(4) of Schedule 1A of the 2006 Act, inserted by Schedule 2 of the 2012 Act;
- c) approving any functions of the group that are specified in regulations;⁴⁷
- d) leading the setting of vision and strategy
- e) approving commissioning plans, including ensuring appropriate consultation and engagement has taken place with providers, GPs, patients and the public , on behalf of the CCG
- f) approving proposals from the chief finance officer for the distribution of total allocations received including any sums held in reserve (budgets)
- g) monitoring performance against plan and budget, including QIPP targets, through receiving an integrated governance report and receiving assurances provided by the integrated governance committee at every meeting
- h) monitoring performance against key quality and safety indicators by receiving an integrated governance report at every meeting, including assurances from the integrated governance committee and the quality assurance sub committee
- i) ensuring arrangements are in place for, and monitoring the corporate risk register (assurance framework) to ensure that all risks to the group's strategic objectives, including the achievement of its QIPP targets, have been identified and that appropriate mitigating action plans are in place.
- j) ensuring that a register of interests is maintained by the group and that conflicts and potential conflicts of interest declared and managed in line with the group's policy.

6.6.2. **Composition of the Governing Body** - the governing body shall not have fewer than fifteen (15) members and shall comprise of:

⁴⁶ See section 4.4 on Principles of Good Governance above

⁴⁷ See section 14L(5) of the 2006 Act, inserted by section 25 of the 2012 Act

- a) the chair, who shall be a GP from a member practice
- b) the principal clinical director, who shall be a GP from a member practice. The principal clinical director may act as chair when the chair is not available for reasons other than a conflict of interests.
- c) four (4) GP, or other healthcare professional, clinical directors, acting on behalf of member practices
- d) three (3) lay members:
 - i) one to lead on audit, remuneration and conflict of interest matters (governance), and to act as deputy chair when the chair is excluded because of a conflict of interests
 - ii) one to lead on patient and public participation matters;
 - iii) one to lead on matters of procurement and contracting
- e) one registered nurse;
- f) one secondary care specialist doctor;
- g) the accountable officer;
- h) the chief finance officer;
- i) the officer responsible for commissioning/care pathway development
- j) the officer responsible for quality and governance

In addition, the following non-voting members will be invited to attend all meetings of the governing body; the Director of Public Health for Bromley, a representative from the London Borough of Bromley, and a representative from Bromley LINK/Healthwatch.

6.6.3. **Committees of the Governing Body** - the governing body has appointed the following committees and sub-committees:

- a) **Audit Committee** – the audit committee, which is accountable to the group’s governing body, provides the governing body with an independent and objective view of the group’s financial systems, financial information and compliance with laws, regulations and directions governing the group in so far as they relate to finance. The governing body has approved and keeps under review the terms of reference for the audit committee, which includes information on the membership of the audit committee⁴⁸.

In addition the governing body has conferred or delegated the following functions, connected with the governing body’s main function⁴⁹, to its audit committee:

⁴⁸ See the terms of reference of the Audit Committee

⁴⁹ See section 14L(2) of the 2006 Act, inserted by section 25 of the 2012 Act

- i) To review the establishment and maintenance of an effective system of integrated governance, risk management and internal control across the whole of the group's activities, clinical and non clinical, that supports the achievement of the group's objectives
 - ii) Advise the governing body on issues of corporate governance, including proposed changes to the Standing Orders, Scheme of Delegation and Prime Financial Policies.
 - iii) Ensure there is an effective internal audit function and approve any change of internal auditor
 - iv) Review the findings of the external auditor in the light of management arrangements
 - v) Agree arrangements for, and make recommendations to the governing body on, the Annual Accounts, Annual Report and Annual Governance Statement
 - vi) Keep under review and the group's counter fraud arrangements and measures
- b) **Remuneration Committee** – the remuneration committee, which is accountable to the group's governing body makes recommendations to the governing body on determinations about the remuneration, fees and other allowances for employees and for people who provide services to the group and on determinations about allowances under any pension scheme that the group may establish as an alternative to the NHS pension scheme. The governing body has approved and keeps under review the terms of reference for the remuneration committee, which includes information on the membership of the remuneration committee⁵⁰.
- c) **Primary Care Commissioning Committee** – is a decision-making committee of the governing body responsible for the approval of arrangements for discharging the CCG's responsibilities and duties associated with its primary care commissioning functions, including those delegated by NHS England in accordance with Section 13Z of the Health and Social Care Act 2012.

The governing body has conferred or delegated the following functions to this committee:

- i) GMS, PMS and APMS contracts (including the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing branch/remedial notices, and removing a contract)
- ii) Newly designed enhanced services ("Local Enhanced Services" and Directed Enhanced Services"
- iii) Design of local incentive schemes as an alternative to the Quality Outcomes Framework
- iv) Decision making on whether to establish new GP practices in an area
- v) Approving practice mergers

⁵⁰ See the terms of reference of the remuneration committee

- vi) Making “discretionary” payment (e.g. returner/retainer schemes)

- d) **Integrated Governance Committee** – the integrated governance committee, which is accountable to the group’s governing body, makes recommendations and provides assurance to the governing body on the financial performance of the group (including achievement of the QIPP targets), the achievement of activity contracted by the group and the quality and safety of services contracted by the group . The governing body has approved and keeps under review the terms of reference for the integrated governance committee, which includes information on the membership of the integrated governance committee ⁵¹.

The governing body has conferred or delegated the following functions, connected with the governing body’s main function, to its integrated governance committee

- i) Monitor and review the delivery of recurrent financial balance, the achievement of key activity and performance targets
 - ii) Monitor and review the adequacy and appropriateness of QIPP plans and the group’s performance against its QIPP targets
 - iii) Monitor and review the performance of the group’s providers against key quality and safety indicators and make recommendations to the governing body
 - iv) Assess the arrangements for working with the NHS Commissioning Board to commission and improve the quality of specialised services
 - v) Provide oversight of the adequacy and appropriateness of the group’s arrangements for information governance as set out in the information governance framework
 - vi) Monitor, review and make recommendations to the governing body on the sufficiency and quality of the group’s commissioning support arrangements
 - vii) Assess the group’s capability to meet its information requirements, including the sufficiency and adequacy of the commissioning data it receives, and make recommendations to the governing body
-
- e) **Quality Assurance Sub Committee** – the quality assurance sub committee, is accountable to the integrated governance committee, to whom it makes recommendations and provides assurance on the quality and safety of services contracted by the group and the clinical governance implications of proposed changed and new clinical care pathways. It may also make recommendations directly to the governing body. The governing body approves and keeps under review the terms of reference of the quality assurance sub committee, which includes information on the membership of the quality assurance sub committee. ⁵²

⁵¹ See the terms of reference of the integrated governance Committee

⁵² See the terms of reference of the quality assurance sub committee

In addition the governing body has conferred or delegated the following functions, connected with the governing body's main function, to its quality assurance sub committee:

- i) To assess and recommend to the integrated governance committee and governing body for ratification, the group's quality strategy, policies, procedures, clinical working protocols, and patient group directions
- ii) To keep under review and make recommendations to the integrated governance committee and governing body on patient complaints, patients surveys, GP Alerts and Serious Incidents arising from services commissioned by the group and from feedback received from GP practices.
- iii) To ensure that the group has arrangements in place to meet the statutory and other requirements for handling complaints and concerns which are set out in a Complaints and PALS policy and procedure ratified by the governing body.
- iv) To monitor incidents, serious incidents and follow up action to CAS Alerts, ensuring that commissioners and the group are reporting them according to the national framework.
- v) To monitor and oversee the group's arrangements for ensuring the reporting of serious incidents, including never events, by commissioned providers and for the quality of related reports and action plans
- vi) To keep under review and make recommendations to the integrated governance committee and the governing body on the arrangements for, and issues arising from, safeguarding children and safeguarding adults, including monitoring safeguarding reports produced by the London Borough of Bromley's safeguarding board and action plans contained therein, and ensuring representation on the safeguarding board

6.7 Joint commissioning arrangements with other Clinical Commissioning Groups

6.7.1 Bromley CCG may wish to work together with other CCGs in the exercise of its commissioning functions

6.7.2 Bromley CCG may make arrangements with one or more CCG in respect of:

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

6.7.3 For the purposes of the arrangements described at paragraph 6.7.2, Bromley CCG may:

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

- 6.7.4 Where Bromley CCG makes arrangements which involve all the CCGs exercising any of their commissioning functions jointly, a joint committee, or committee in common, may be established to exercise those functions. This may include a committee in common with local authorities.
- 6.7.5 For the purposes of the arrangements described at 6.7.2 above, Bromley CCG may establish and maintain a pooled fund made up of contributions by any of the CCGs working together pursuant to paragraph 6.7.2 above. Any such pooled fund may be used to make payments towards expenditure incurred in the discharge of any commissioning functions in respect of which the arrangements are made.
- 6.7.6 Where Bromley CCG makes arrangements with another CCG as described at paragraph 6.7.2 above, Bromley CCG shall develop and agree with that CCG an agreement setting out the arrangements for joint working, including details of:
- How the parties will work together to carry out their commissioning functions;
 - The duties and responsibilities of the parties
 - How risk will be managed and apportioned between the parties;
 - Financial arrangements, including, if applicable, payments towards a pooled fund and management of that fund;
 - Contributions
- 6.7.7 The liability of Bromley CCG to carry out its functions will not be affected where it enters into arrangements pursuant to paragraph 6.7.2 above
- 6.7.8 Bromley CCG will act in accordance with any further guidance issued by NHS England on co-commissioning.
- 6.7.9 Only arrangements that are safe and in the interests of patients registered with member practices will be approved by the governing body.
- 6.7.10 The governing body of Bromley CCG shall require, in all joint commissioning arrangements, that the lead clinician and lead manager of the lead CCG make a quarterly written report to the governing body and hold at least annual engagement events to review aims, objectives, strategy and progress and publish an annual report on progress made against objectives.
- 6.7.11 Should a joint commissioning arrangement prove to be unsatisfactory the governing body of the CCG can decide to withdraw from the arrangement, but has to give six months' notice to partners, with new arrangements starting from the beginning of the next new financial year.

- 6.8 Joint commissioning arrangements with NHS England for the exercise of CCG functions**
- 6.8.1 Bromley CCG may wish to work together with NHS England in the exercise of its commissioning functions.
- 6.8.2 Bromley CCG and NHS England may make arrangements to exercise any of the CCG's commissioning functions jointly.
- 6.8.3 The arrangements referred to in paragraph 6.8.2 above may include other CCGs.
- 6.8.4 Where joint commissioning arrangements pursuant to 6.8.2 above are entered into, the parties may establish a joint committee, or committee in common, to exercise the commissioning functions in question. This may include a committee in common with local authorities.
- 6.8.5 Arrangements made pursuant to 6.8.2 above may be on such terms and conditions (including terms as to payment) as may be agreed between NHS England and Bromley CCG.
- 6.8.6 Where Bromley CCG makes arrangements with NHS England (and another CCG if relevant) as described at paragraph 6.8.2 above, Bromley CCG shall develop and agree with NHS England a framework setting out the arrangements for joint working, including details of:
- How the parties will work together to carry out their commissioning functions;
 - The duties and responsibilities of the parties
 - How risk will be managed and apportioned between the parties;
 - Financial arrangements, including, if applicable, payments towards a pooled fund and management of that fund;
 - Contributions from the parties, including details around assets, employees and equipment to be used under the joint working arrangements
- 6.8.7 The liability of Bromley CCG to carry out its functions will not be affected where it enters into arrangements pursuant to paragraph 6.8.2 above.
- 6.8.8 Bromley CCG will act in accordance with any further guidance issued by NHS England on co-commissioning.
- 6.8.9 Only arrangements that are safe and in the interests of patients registered with member practices will be approved by the governing body.
- 6.8.10 The governing body of Bromley CCG shall require, in all joint commissioning arrangements that the Director of Commissioning of the CCG make a quarterly written report to the governing body and hold at least annual engagement events to review aims, objectives, strategy and

progress and publish an annual report on progress made against objectives.

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

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

- 6.9.1 Bromley CCG may wish to work with NHS England and, where applicable, other CCGs, to exercise specified NHS England functions.
- 6.9.2 Bromley CCG may enter into arrangements with NHS England and, where applicable, other CCGs to :
- Exercise such functions as specified by NHS England under delegated arrangements;
 - Jointly exercise such functions as specified with NHS England
- 6.9.3 Where arrangements are made for Bromley CCG and, where applicable, other CCGs to exercise functions jointly with NHS England a joint committee, or a committee in common, may be established to exercise the functions in question. This may include a committee in common with local authorities.
- 6.9.4 Arrangements made between NHS England and Bromley CCG may be on such terms and conditions (including terms as to payment) as may be agreed between the parties.
- 6.9.5 For the purposes of the arrangements described at paragraph 6.9.2 above, NHS England and Bromley CCG may establish and maintain a pooled fund made up of contributions by the parties working together. Any such pooled fund may be used to make payments towards expenditure incurred in the discharge of any of the commissioning functions in respect of which the arrangements are made.
- 6.9.6 Where Bromley CCG enters into arrangements with NHS England as described at paragraph 6.9.2 above, the parties will develop and agree a framework setting out the arrangements for joint working, including details of:
- How the parties will work together to carry out their commissioning functions;
 - The duties and responsibilities of the parties;
 - How risk will be managed and apportioned between the parties;
 - Financial arrangements, including payments towards a pooled fund and management of that fund;

- Contributions from the parties, including details around assets, employees and equipment to be used under the joint working arrangements.
- 6.9.7 The liability of NHS England to carry out its functions will not be affected where it and Bromley CCG enter into arrangements pursuant to paragraph 6.9.2 above
- 6.9.8 Bromley CCG will act in accordance with any further guidance issued by NHS England on co-commissioning.
- 6.9.9 Only arrangements that are safe and in the interests of patients registered with member practices will be approved by the governing body.
- 6.9.10 The governing body of the CCG shall require, in all joint commissioning arrangements that the Director of Commissioning of the CCG make a quarterly written report to the governing body and hold at least annual engagement events to review aims, objectives, strategy and progress and publish an annual report on progress made against objectives.
- 6.9.11 Should a joint commissioning arrangement prove to be unsatisfactory the governing body of Bromley CCG can decide to withdraw from the arrangement, but has to give six months' notice to partners, with new arrangements starting from the beginning of the next new financial year after the expiration of the six months' notice period

7. ROLES AND RESPONSIBILITIES

7.1. Practice Representatives

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

- a) Contribute to the setting of the vision and aims of the group
- b) Agree the arrangements for election of GP members of the group's governing body
- c) Agree the long term strategic plans and annual delivery plan and hold the governing body to account for delivery of the plans
- d) Contribute to and agree the group's constitution, including any subsequent changes and revisions
- e) Contribute to the development of new and changed care pathways in line with the strategic aims of the group

7.2. Other GP and Primary Care Health Professionals

7.2.1. In addition to the practice representatives identified in section 7.1 above, the group shall identify a number of other GPs / primary care health professionals from member practices to either support the work of the group and / or represent the group rather than represent their own individual practices. These GPs and primary care health professional may undertake any role specified by the group for any period.

7.3. All Members of the Group's Governing Body

7.3.1. Guidance on the roles of members of the group's governing body is set out in a separate document⁵³. In summary, each member of the governing body should share responsibility as part of a team to ensure that the group exercises its functions effectively, efficiently and economically, with good governance and in accordance with the terms of this constitution. Each brings their unique perspective, informed by their expertise and experience.

7.4. The Chair of the Governing Body

7.4.1. The chair of the governing body is responsible for:

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

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

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

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

7.4.3. The principal clinical director of the governing body will act temporarily for the chair when the chair is otherwise unable to act for reasons other than a conflict of interests.

7.5. The Deputy Chair of the Governing Body

7.5.1. The deputy chair of the governing body deputises for the chair or principal clinical director of the governing body where he or she has a conflict of interest. This role will normally be undertaken by the lay member (governance).

7.6. Role of the Accountable Officer

7.6.1. The accountable officer of the group is a member of the governing body.

7.6.2. This role of accountable officer has been summarised in a national document⁵⁴ as:

- a) being responsible for ensuring that the clinical commissioning group fulfils its duties to exercise its functions effectively, efficiently and economically thus ensuring improvement in the quality of services and the health of the local population whilst maintaining value for money;
- b) at all times ensuring that the regularity and propriety of expenditure is discharged, and that arrangements are put in place to ensure that good practice (as identified through such agencies as the Audit Commission and the National Audit Office) is embodied and that safeguarding of funds is ensured through effective financial and management systems.
- c) working closely with the chair of the governing body, the accountable officer will ensure that proper constitutional, governance and development arrangements are put in place to assure the members (through the governing body) of the organisation's ongoing capability and capacity to meet its duties and responsibilities. This will include arrangements for the ongoing developments of its members and staff.

7.7. Role of the Chief Finance Officer

7.7.1. The chief finance officer is a member of the governing body and is responsible for providing financial advice to the clinical commissioning group and for supervising financial control and accounting systems

7.7.2. This role of chief finance officer has been summarised in a national document⁵⁵ as:

- a) being the governing body's professional expert on finance and ensuring, through robust systems and processes, the regularity and propriety of expenditure is fully discharged;
- b) making appropriate arrangements to support, monitor on the group's finances;
- c) overseeing robust audit and governance arrangements leading to propriety in the use of the group's resources;

⁵⁴ See the latest version of the NHS Commissioning Board Authority's *Clinical commissioning group governing body members: Role outlines, attributes and skills*

⁵⁵ See the latest version of the NHS Commissioning Board Authority's *Clinical commissioning group governing body members: Role outlines, attributes and skills*

- d) being able to advise the governing body on the effective, efficient and economic use of the group's allocation to remain within that allocation and deliver required financial targets and duties; and
- e) producing the financial statements for audit and publication in accordance with the statutory requirements to demonstrate effective stewardship of public money and accountability to the NHS Commissioning Board;
- f) overseeing and being responsible for the provision of the group's IT arrangements

7.8. Joint Appointments with other Organisations

7.8.1 The group may enter into joint appointments with other organisations.

7.8.2 Any such joint appointments shall be supported by a memorandum of understanding between the organisations who are party to the joint appointments.

8. STANDARDS OF BUSINESS CONDUCT AND MANAGING CONFLICTS OF INTEREST

8.1. Standards of Business Conduct

- 8.1.1. Employees, members, committee and sub-committee members of the group and members of the governing body (and its committees) will at all times comply with this constitution and be aware of their responsibilities as outlined in it. They should act in good faith and in the interests of the group and should follow the *Seven Principles of Public Life*, set out by the Committee on Standards in Public Life (the Nolan Principles). The Nolan Principles are incorporated into this constitution at Appendix F.
- 8.1.2. They must comply with the group's policy on business conduct, including the requirements set out in the policy for managing conflicts of interest. This policy will be available on the group's website at www.bromleyccg.nhs.uk. A copy can also be obtained by application to the group's headquarters, contact details for which are given on the front cover of this document.
- 8.1.3. Individuals contracted to work on behalf of the group or otherwise providing services or facilities to the group will be made aware of their obligation with regard to declaring conflicts or potential conflicts of interest. This requirement will be written into their contract for services.

8.2. Conflicts of Interest

- 8.2.1. As required by section 14O of the 2006 Act, as inserted by section 25 of the 2012 Act, the clinical commissioning group will make arrangements to manage conflicts and potential conflicts of interest to ensure that decisions made by the group will be taken and seen to be taken without any possibility of the influence of external or private interest.
- 8.2.2. Where an individual, i.e. an employee, group member, member of the governing body, or a member of a committee or a sub-committee of the group or its governing body has an interest, or becomes aware of an interest which could lead to a conflict of interests in the event of the group considering an action or decision in relation to that interest, that must be considered as a potential conflict, and is subject to the provisions of this constitution.
- 8.2.3. A conflict of interest will include:
- a) a direct pecuniary interest: where an individual may financially benefit from the consequences of a commissioning decision (for example, as a provider of services);

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

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

8.3. Declaring and Registering Interests

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

- a) the members of the group;
- b) the members of its governing body;
- c) the members of its committees or sub-committees and the committees or sub-committees of its governing body; and
- d) its employees.

8.3.2. The registers will be published on the group's website at www.bromleyccg.nhs.uk . They can also be obtained by application to the group's headquarters, contact details for which are given on the front cover of this document.

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

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

8.3.5. The lay member (governance) will ensure that the register(s) of interest is reviewed regularly, and updated as necessary.

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

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

8.4.2. The lay member (governance) will ensure that for every interest declared, either in writing or by oral declaration, arrangements are in place to manage the conflict of interests or potential conflict of interests, to ensure the integrity of the group's decision making processes.

8.4.3. Arrangements for the management of conflicts of interest are to be determined by the lay member (governance) and will include the requirement to put in writing to the relevant individual arrangements for managing the conflict of interests or potential conflicts of interests, within a week of declaration. The arrangements will confirm the following:

- a) when an individual should withdraw from a specified activity, on a temporary or permanent basis;
- b) monitoring of the specified activity undertaken by the individual, either by a line manager, colleague or other designated individual.

8.4.4. Where an interest has been declared, either in writing or by oral declaration, the declarer will ensure that before participating in any activity connected with the group's exercise of its commissioning functions, they have received confirmation of the arrangements to manage the conflict of interest or potential conflict of interest from the lay member (governance).

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

- a) has not been declared, either in the register or orally, they will declare this at the start of the meeting;
- b) has previously been declared, in relation to the scheduled or likely business of the meeting, the individual concerned will bring this to the attention of the chair of the meeting, together with details of arrangements which have been confirmed for the management of the conflict of interests or potential conflict of interests.

The chair of the meeting will then determine how this should be managed and inform the member of their decision. Where no arrangements have been confirmed, the chair of the meeting may require the individual to withdraw from

the meeting or part of it. The individual will then comply with these arrangements, which must be recorded in the minutes of the meeting.

- 8.4.6. Where the chair of any meeting of the group, including committees, sub-committees, or the governing body and the governing body's committees and sub-committees, has a personal interest, previously declared or otherwise, in relation to the scheduled or likely business of the meeting, they must make a declaration and the deputy chair will act as chair for the relevant part of the meeting. Where arrangements have been confirmed for the management of the conflict of interests or potential conflicts of interests in relation to the chair, the meeting must ensure these are followed. Where no arrangements have been confirmed, the deputy chair may require the chair to withdraw from the meeting or part of it. Where there is no deputy chair, the members of the meeting will select one.
- 8.4.7. Any declarations of interests, and arrangements agreed in any meeting of the clinical commissioning group, committees or sub-committees, or the governing body, the governing body's committees or sub-committees, will be recorded in the minutes.
- 8.4.8. Where more than 50% of the members of a meeting are required to withdraw from a meeting or part of it, owing to the arrangements agreed for the management of conflicts of interests or potential conflicts of interests, the chair (or deputy) will determine whether or not the discussion can proceed.
- 8.4.9. In making this decision the chair will consider whether the meeting is quorate, in accordance with the number and balance of membership set out in the group's standing orders. Where the meeting is not quorate, owing to the absence of certain members, the discussion will be deferred until such time as a quorum can be convened. Where a quorum cannot be convened from the membership of the meeting, owing to the arrangements for managing conflicts of interest or potential conflicts of interests, the chair of the meeting shall consult with the lay member (governance) on the action to be taken.
- 8.4.10. This may include:
- a) requiring another of the group's committees or sub-committees, the group's governing body or the governing body's committees or sub-committees (as appropriate) which can be quorate to progress the item of business, or if this is not possible,
 - b) inviting on a temporary basis one or more of the following to make up the quorum (where these are permitted members of the governing body or committee / sub-committee in question) so that the group can progress the item of business:
 - i) a member of the clinical commissioning group who is an individual;
 - ii) an individual appointed by a member to act on its behalf in the dealings between it and the clinical commissioning group;

- iii) a member of a relevant Health and Wellbeing Board;
- iv) a member of a governing body of another clinical commissioning group.

These arrangements must be recorded in the minutes.

- 8.4.11. In any transaction undertaken in support of the clinical commissioning group's exercise of its commissioning functions (including conversations between two or more individuals, e-mails, correspondence and other communications), individuals must ensure, where they are aware of an interest, that they conform to the arrangements confirmed for the management of that interest. Where an individual has not had confirmation of arrangements for managing the interest, they must declare their interest at the earliest possible opportunity in the course of that transaction, and declare that interest as soon as possible thereafter. The individual must also inform either their line manager (in the case of employees), or the lay member (governance) of the transaction.
- 8.4.12. The lay member (governance) will take such steps as deemed appropriate, and request information deemed appropriate from individuals, to ensure that all conflicts of interest and potential conflicts of interest are declared

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

- 8.5.1. Anyone seeking information in relation to a procurement, or participating in a procurement, or otherwise engaging with the clinical commissioning group in relation to the potential provision of services or facilities to the group, will be required to make a declaration of any relevant conflict / potential conflict of interest.
- 8.5.2. Anyone contracted to provide services or facilities directly to the clinical commissioning group will be subject to the same provisions of this constitution in relation to managing conflicts of interests. This requirement will be set out in the contract for their services.

8.6. Transparency in Procuring Services

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

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

8.6.3. Copies of this Procurement Strategy will be available on the group's website at www.bromleyccg.nhs.uk . It can also be obtained by application to the group's headquarters, contact details of which are given on the front cover.

9. THE GROUP AS EMPLOYER

- 9.1. The group recognises that its most valuable asset is its people. It will seek to enhance their skills and experience and is committed to their development in all ways relevant to the work of the group.
- 9.2. The group will seek to set an example of best practice as an employer and is committed to offering all staff equality of opportunity. It will ensure that its employment practices are designed to promote diversity and to treat all individuals equally.
- 9.3. The group will ensure that it employs suitably qualified and experienced staff who will discharge their responsibilities in accordance with the high standards expected of staff employed by the group. All staff will be made aware of this constitution, the commissioning strategy and the relevant internal management and control systems which relate to their field of work.
- 9.4. The group will maintain and publish policies and procedures (as appropriate) on the recruitment and remuneration of staff to ensure it can recruit, retain and develop staff of an appropriate calibre. The group will also maintain and publish policies on all aspects of human resources management, including grievance and disciplinary matters
- 9.5. The group will ensure that its rules for recruitment and management of staff provide for the appointment and advancement on merit on the basis of equal opportunity for all applicants and staff.
- 9.6. The group will ensure that employees' behaviour reflects the values, aims and principles set out above.
- 9.7. The group will ensure that it complies with all aspects of employment law.
- 9.8. The group will ensure that its employees have access to such expert advice and training opportunities as they may require in order to exercise their responsibilities effectively.
- 9.9. The group will adopt a Code of Conduct for staff and will maintain and promote effective 'whistleblowing' procedures to ensure that concerned staff have means through which their concerns can be voiced.
- 9.10. Copies of this Code of Conduct, together with the other policies and procedures outlined in this chapter, will be available on the group's website at www.bromleyccg.nhs.uk . They can also be obtained by application to the group's headquarters, the contact details of which are given on the front cover.

10. TRANSPARENCY, WAYS OF WORKING AND STANDING ORDERS

10.1. General

- 10.1.1. The group will publish annually a commissioning plan and an annual report, presenting the group's annual report to a public meeting.
- 10.1.2. Key communications issued by the group, including the notices of procurements, public consultations, governing body meeting dates, times, venues, and certain papers will be published on the group's website at www.bromleyccg.nhs.uk . They can also be obtained by application to the group's headquarters, the contact details of which are given on the front cover.
- 10.1.3. The group may use other means of communication, including circulating information by post, or making information available in venues or services accessible to the public.

10.2. Standing Orders

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

APPENDIX A

DEFINITIONS OF KEY DESCRIPTIONS USED IN THIS CONSTITUTION

2006 Act	National Health Service Act 2006
2012 Act	Health and Social Care Act 2012 (this Act amends the 2006 Act)
Accountable officer	<p>an individual, as defined under paragraph 12 of Schedule 1A of the 2006 Act (as inserted by Schedule 2 of the 2012 Act), appointed by the NHS Commissioning Board, 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 (as inserted by section 26 of the 2012 Act), ○ sections 223H to 223J of the 2006 Act (as inserted by section 27 of the 2012 Act), ○ paragraphs 17 to 19 of Schedule 1A of the NHS Act 2006 (as inserted by Schedule 2 of the 2012 Act), and ○ any other provision of the 2006 Act (as amended by the 2012 Act) specified in a document published by the Board for that purpose; • exercises its functions in a way which provides good value for money.
Area	the geographical area that the group has responsibility for, as defined in Chapter 2 of this constitution
Clinical Chair	the individual appointed by the group to act as chair of the membership body and the governing body
Principal Clinical Director	the individual appointed by the group to act on behalf of the clinical chair when the chair is unavailable to act for reasons other than a conflict of interests.
Clinical Director	the individual appointed by the group to represent the membership on the governing body. This individual must be a GP or another healthcare professional working in a member practice.
Chief finance officer	the qualified accountant employed by the group with responsibility for financial strategy, financial management and financial governance
Clinical commissioning group	a body corporate established by the NHS Commissioning Board in accordance with Chapter A2 of Part 2 of the 2006 Act (as inserted by section 10 of the 2012 Act)
Committee	<p>a committee or sub-committee created and appointed by:</p> <ul style="list-style-type: none"> • the membership of the group • a committee / sub-committee created by a committee created / appointed by the membership of the group • a committee / sub-committee created / appointed by the governing body
Deputy Chair	The individual (lay member) appointed by the group to act as the deputy chair when the clinical chair or principal clinical director is unavailable to act due to a conflict of interests.
Financial year	this usually runs from 1 April to 31 March, but under paragraph 17 of Schedule 1A of the 2006 Act (inserted by Schedule 2 of the 2012 Act), it can for the purposes of audit and accounts run from when a clinical commissioning group is established until the following 31 March
Group	NHS Bromley Clinical Commissioning Group, whose constitution this is
Governing body	the body appointed under section 14L of the NHS Act 2006 (as inserted by

	<p>section 25 of the 2012 Act), with the main function of ensuring that a clinical commissioning group has made appropriate arrangements for ensuring that it complies with:</p> <ul style="list-style-type: none"> • its obligations under section 14Q under the NHS Act 2006 (as inserted by section 26 of the 2012 Act), and • such generally accepted principles of good governance as are relevant to it.
<i>Governing body member</i>	any member appointed to the governing body of the group
<i>Lay member</i>	a lay member of the governing body, appointed by the group. A lay member is an individual who is not a member of the group or a healthcare professional (i.e. an individual who is a member of a profession regulated by a body mentioned in section 25(3) of the National Health Service Reform and Health Care Professions Act 2002) or as otherwise defined in regulations
<i>Member</i>	a provider of primary medical services to a registered patient list, who is a member of this group (see tables in Chapter 3 and Appendix B)
<i>Practice representatives</i>	an individual appointed by a practice (who is a member of the group) to act on its behalf in the dealings between it and the group, under regulations made under section 89 or 94 of the 2006 Act (as amended by section 28 of the 2012 Act) or directions under section 98A of the 2006 Act (as inserted by section 49 of the 2012 Act)
<i>Registers of interests</i>	<p>registers a group is required to maintain and make publicly available under section 14O of the 2006 Act (as inserted by section 25 of the 2012 Act), of the interests of:</p> <ul style="list-style-type: none"> • the members of the group; • the members of its governing body; • the members of its committees or sub-committees and committees or sub-committees of its governing body; and • its employees.

APPENDIX B - LIST OF MEMBER PRACTICES

Practice Name	Address	Practice Representative Date Signed
Bromley Common Practice	1a Pope Road, Bromley, Kent, BR2 9SS	14/08/12
Chelsfield Surgery	62 Windsor Drive, Chelsfield, Orpington, Kent BR6 6HD	10/09/12
Chislehurst Medical Centre	42 High Street, Chislehurst, Kent, BR7 5AQ	17/08/12
Dysart House Surgery	13 Ravensbourne Road, Bromley, Kent, BR1 1HN	05/09/12
Forge Close Surgery	Forge Close, Hayes, Bromley, Kent, BR2 7LL	10/08/12
Green Street Green Medical Centre	21a High Street, Green Street Green, Orpington, Kent, BR6 6BG	14/08/12
The Surgery, Highland Road	10 Highland Road, Bromley, Kent, BR1 4AD	24/08/12
The Surgery, Tubbenden Lane	7a/7b Tubbenden Lane, Orpington, Kent, BR6 9PN	
Links Medical Practice, Downham Surgery	27 Brook Lane, Downham, Kent, BR1 4PX	05/09/12
Links Medical Practice, Mottingham Surgery	198 Court Farm Road, Mottingham, London, SE9 4JS	
London Lane Clinic	Kinnaird House, 37-39 London Lane, Bromley, Kent, BR1 4HB	10/08/12
South View Lodge: Dr M Matthews' Practice	South View, Bromley, Kent, BR1 3DR	13/08/12
South View Lodge: Dr J Heathcote's Practice	South View, Bromley, Kent, BR1 3DR	18/08/12
Summerville Surgery	Starts Hill Road, Farnborough, Kent, BR6 7AR	31/08/12
Trinity Medical Centre	33 Croydon Road, Penge, London, SE20 7TJ	30/08/12
Ballater Surgery	108 Chislehurst Road, Orpington, Kent, BR6 0DW	10/08/12
Bank House Surgery	84 High Street, Farnborough, Kent, BR6 7BA	23/08/12
Broomwood Road Surgery	41 Broomwood Road, St Paul's Cray, Orpington, Kent, BR5 2JP	24/08/12
Charterhouse Surgery	59 Sevenoaks Road, Orpington, Kent, BR6 9JN	11/10/12
Crescent Surgery	38 Marion Crescent, St Mary Cray, Orpington, Kent, BR5 2DD	18/08/12
Cross Hall Surgery	31 High Street, St Mary Cray, Orpington, Kent, BR5 3NL	17/09/12
Derry Downs Surgery	29 Derry Downs, St Mary Cray, Orpington, Kent, BR5 4DU	14/09/12
Family Surgery	7 High Street, Green Street Green, Orpington, Kent, BR6 6BG	20/08/12
Gillmans Road Surgery	1 Gillmans Road, Orpington, Kent, BR5	10/08/12

Practice Name	Address	Practice Representative Date Signed
	4LA	
Knoll Rise Surgery	1 Knoll Rise, Orpington, Kent, BR6 0EJ	14/08/12
Norheads Lane Surgery	14A Norheads Lane, Biggin Hill, Kent, TN16 3XS	15/08/12
Poverest Medical Centre	42 Poverest Road, St Mary Cray, Orpington, Kent, BR5 2DQ	28/08/12
Sevenoaks Road Surgery	44 Sevenoaks Road, Orpington, Kent, BR6 9JR	17/08/12
Stock Hill Surgery	Stock Hill Surgery, Stock Hill, Biggin Hill, Kent, TN16 3TJ	29/08/12
The Surgery (Begum)	322 High Street, St Mary Cray, Orpington, Kent, BR5 4AR	15/08/12
Tudor Way Surgery	42 Tudor Way, Petts Wood, Orpington, Kent, BR5 1LH	22/08/12
Whitehouse Surgery	123 Towncourt Lane, Petts Wood, Orpington, Kent, BR5 1EL	10/08/12
Addington Road Surgery	Addington Road Health Centre, Stanley House, 77 Addington Road, West Wickham, Kent, BR4 9BG	20/08/12
Anerley Surgery	224 Anerley Road, Anerley, London, SE20 8TJ	21/09/12
Cator Medical Centre	Beckenham Beacon, 379 Croydon Road, Beckenham, Kent, BR3 3FD	17/08/12
Cornerways Surgery	50 Manor Road, Beckenham, Kent, BR3 2LE	28/08/12
Eden Park Surgery	194 Croydon Road, Beckenham, Kent, BR3 4DQ	13/08/12
Elm House Surgery	Beckenham Beacon, 379 Croydon Road, Beckenham, Kent, BR3 3FN	17/08/12
Manor Road Surgery	14 Manor Road, Beckenham, Kent, BR3 2LE	13/08/12
Oakfield Surgery	21 High Street, Penge, London, SE20 7HJ	10/09/12
Park Group Practice	113 Anerley Road, Anerley, London, SE20 8AJ	15/08/12
Pickhurst Surgery	56 Pickhurst Lane, Hayes, Kent, BR2 7JF	24/08/12
Robin Hood Partnership	94 Croydon Road, Penge, London, SE20 7AB	08/10/12
Southborough Lane Surgery	356 Southborough Lane, Bromley, Kent, BR2 8AA	14/09/12
St James's Practice	138 Croydon Road, Beckenham, Kent, BR3 4DG	15/08/12
Station Road Surgery	74 Station Road, West Wickham, Kent, BR4 0PU	06/09/12
Sundridge Medical Practice	84 London Lane, Bromley, Kent, BR1 4HE	10/08/12
The Woodlands Practice	11 Red Hill, Chislehurst, Kent, BR7 6DB	31/08/12
Wickham Park Surgery	2 Manor Road, West Wickham, Kent, BR4 9PS	16/08/12

APPENDIX C – STANDING ORDERS

1. STATUTORY FRAMEWORK AND STATUS

1.1. Introduction

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

1.1.2. The standing orders, together with the group's scheme of reservation and delegation⁵⁶ and the group's prime financial policies⁵⁷, provide a procedural framework within which the group discharges its business. They set out:

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

These arrangements must comply, and be consistent where applicable, with requirements set out in the 2006 Act (as amended by the 2012 Act) and related regulations and take account as appropriate⁵⁸ of any relevant guidance.

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

⁵⁶ See Appendix D

⁵⁷ See Appendix E

⁵⁸ Under some legislative provisions the group is obliged to have regard to particular guidance but under other circumstances guidance is issued as best practice guidance.

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

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

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

2.1. Composition of membership

- 2.1.1. Chapter 3 of the group's constitution provides details of the membership of the group (also see Appendix B).
- 2.1.2. Chapter 6 of the group's constitution provides details of the governing structure used in the group's decision-making processes, whilst Chapter 7 of the constitution outlines certain key roles and responsibilities within the group and its governing body, including the role of practice representatives (section 7.1 of the constitution).
- 2.1.3. Paragraph 6.4 sets out the membership of the membership body. Details of the practice member representative for each practice, and any change of representative, must be notified to the accountable officer at the earliest opportunity.

2.2. Key Roles

- 2.2.1. Paragraph 6.6.2 of the group's constitution sets out the composition of the group's governing body whilst Chapter 7 of the group's constitution identifies certain key roles and responsibilities within the group and its governing body. These standing orders set out how the group appoints individuals to these key roles.
- 2.2.2. The **chair**, as listed in paragraph 6.6.2 of the group's constitution, is subject to the following appointment process:
- a) **Nominations** – will be invited from all eligible candidates
 - b) **Eligibility** – any GP from a member practice of the group, and who has demonstrated fitness for appointment through an appropriate assessment process based on the core attributes and competencies and the additional specific outline for this role as set out in the NHS Commissioning Board Authority's publication "Clinical commissioning group governing body members: Role outlines, attributes and skills".

- c) **Appointment process** – by election – see 2.3 et seq below
- d) **Term of office** – not exceeding four (4) years.
- e) **Eligibility for reappointment** – the chair shall be eligible for reappointment for two further terms of not more than four (4) years.
- f) **Grounds for removal from office** – see Regulations⁵⁹
- g) **Notice period** – a notice of resignation period of three months may be given at any time in writing to the accountable officer.

2.2.3. The principal clinical director as listed in paragraph 6.6.2 of the group’s constitution, is subject to the following appointment process:

- a) **Nominations** – will be invited from all eligible candidates
- b) **Eligibility** – any GP from a member practice of the group, and who has demonstrated fitness for appointment through an appropriate assessment process based on the core attributes and competencies and the additional specific outline for this role as set out in the NHS Commissioning Board Authority’s publication “Clinical commissioning group governing body members: Role outlines, attributes and skills”.
- c) **Appointment process** – by election – see 2.3 et seq below
- d) **Term of office** – not exceeding four (4) years.
- e) **Eligibility for reappointment** – the principal clinical director shall be eligible for reappointment for two further terms of not more than four (4) years.
- f) **Grounds for removal from office** – see Regulations⁶⁰
- g) **Notice period** - a notice of resignation period of three months may be given at any time in writing to the accountable officer and/or the chair.

2.2.4. The four (4) **GP, or other healthcare professional clinical directors** acting on behalf of member practices, as listed in paragraph 6.6.2 of the group’s constitution, are subject to the following appointment process:

- a) **Nominations** – will be invited from all eligible candidates
- b) **Eligibility** – any GP, or other healthcare professional, from a member practice of the group, and who has demonstrated fitness for appointment through an appropriate assessment process based on the core attributes and competencies and the additional specific outline for this role as set out

⁵⁹ NHS (Clinical Commissioning Groups) Regulations 2012, SI 2012 No 1631, Schedule 5

⁶⁰ NHS (Clinical Commissioning Groups) Regulations 2012, SI 2012 No 1631, Schedule 5

in the NHS Commissioning Board Authority's publication "Clinical commissioning group governing body members: Role outlines, attributes and skills".

- c) **Appointment process** – by election – see 2.3 et seq below
- d) **Term of office** – not exceeding four (4) years.
- e) **Eligibility for reappointment** – clinical directors shall be eligible for reappointment for two further terms of not more than four (4) years.
- f) **Grounds for removal from office** – see Regulations⁶¹
- g) **Notice period** - a notice of resignation period of three months may be given at any time in writing to the accountable officer and/or the chair.

2.2.5. The three (3) **lay members** as listed in paragraph 6.6.2 of the group's constitution, are subject to the following appointment process:

- a) **Nominations** – applications for appointment will be invited by public advertisement.
- b) **Eligibility** – any individual who is resident, or has their principal place of employment, in the London Borough of Bromley.
- c) **Appointment process** – by a selection/appointment process designed to assess fitness for appointment against the core attributes and competencies and the additional specific outline for these roles as set out in the NHS Commissioning Board Authority's publication "Clinical commissioning group governing body members: Role outlines, attributes and skills".

The individual appointed as the lay member (governance) shall also be designated as deputy chair.

In addition, the lay member to lead on matters of procurement and contracting will be required to provide suitable evidence of expertise, knowledge and experience in this field.

- d) **Term of office** – not exceeding four years.
- e) **Eligibility for reappointment** – lay members shall be eligible for reappointment for one further term not exceeding four (4) years.
- f) **Grounds for removal from office** – see Regulations⁶²

⁶¹ NHS (Clinical Commissioning Groups) Regulations 2012, SI 2012 No 1631, Schedule 5

⁶² NHS (Clinical Commissioning Groups) Regulations 2012, SI 2012 No 1631, Schedules 4 and 5

- g) **Notice period** - a notice of resignation period of three months may be given at any time in writing to the accountable officer and/or the chair.

2.2.6. The **registered nurse** as listed in paragraph 6.6.2 of the group's constitution, is subject to the following appointment process:

- a) **Nominations** – applications for appointment will be invited by public advertisement
- b) **Eligibility** – any individual who is a registered nurse not employed in, or otherwise working for, an organisation from which the group secures any significant volume of provision.
- c) **Appointment process** – by a selection/appointment process designed to assess fitness for appointment against the core attributes and competencies and the additional specific outline for this role as set out in the NHS Commissioning Board Authority's publication "Clinical commissioning group governing body members: Role outlines, attributes and skills".
- d) **Term of office** – not more than four (4) years.
- e) **Eligibility for reappointment** – The registered nurse member shall be eligible for reappointment for one further term not exceeding four (4) years.
- f) **Grounds for removal from office** – see Regulations⁶³
- g) **Notice period** - a notice of resignation period of three months may be given at any time in writing to the accountable officer and/or the chair.

2.2.7. The **secondary care specialist doctor** as listed in paragraph 6.6.2 of the group's constitution, is subject to the following appointment process:

- a) **Nominations** – applications for appointment will be invited by public advertisement
- b) **Eligibility** – any doctor who is, or has been, a secondary care specialist not employed in, or otherwise working for, an organisation from which the group secures any significant volume of provision.
- c) **Appointment process** – by a selection/appointment process designed to assess fitness for appointment against the core attributes and competencies and the additional specific outline for this role as set out in the NHS Commissioning Board Authority's publication "Clinical commissioning group governing body members: Role outlines, attributes and skills".
- d) **Term of office** – not exceeding four (4) years.

⁶³ NHS (Clinical Commissioning Groups) Regulations 2012, SI 2012 No 1631, Schedule 5

- e) **Eligibility for reappointment** – The secondary care specialist doctor member shall be eligible for reappointment for one further term not exceeding four (4) years.
- f) **Grounds for removal from office** – see Regulations⁶⁴
- g) **Notice period** - a notice of resignation period of three months may be given at any time in writing to the accountable officer and/or the chair

- 2.2.8. The person employed by the group as **accountable officer** as in paragraph 6.6.2 of the group’s constitution, will be an “ex officio” member of the governing body. His or her terms and conditions of employment shall be determined and agreed by the Remuneration Committee based on the specific outline for this role as set out in the NHS Commissioning Board Authority’s publication “Clinical commissioning group governing body members: Role outlines, attributes and skills”. Membership of the governing body ceases when the person is no longer employed by the group in this capacity for whatever reason.
- 2.2.9. The person employed by the group as **chief finance officer** as in paragraph 6.6.2 of the group’s constitution, will be an “ex officio” member of the governing body. His or her terms and conditions of employment shall be determined and agreed by the Remuneration Committee based on the specific outline for this role as set out in the NHS Commissioning Board Authority’s publication “Clinical commissioning group governing body members: Role outlines, attributes and skills”. Membership of the governing body ceases when the person is no longer employed by the group in this capacity for whatever reason.
- 2.2.10. The persons employed by the group as the officer responsible for commissioning and as the officer responsible for quality and governance, as in paragraph 6.6.2 of the group’s constitution, will be “ex officio” members of the governing body. Their terms and conditions of employment shall be determined and agreed by the Remuneration Committee in line with the job description. Membership of the governing body ceases when the person is no longer employed by the group in this capacity for whatever reason.
- 2.2.11. The roles and responsibilities of each of these key roles are set out either in paragraph 6.6.2 or Chapter 7 of the group’s constitution.

2.3 Election process of clinical chair, principal clinical director and clinical directors to the governing body

- 2.3.1 Bromley LMC will oversee the entire appointment process for the clinical chair, principal clinical director and clinical directors to the governing body, and will contract the Electoral Reform Society to carry out the election process.
- 2.3.2 All elections shall be based on the Single Transferable Vote system.

⁶⁴ NHS (Clinical Commissioning Groups) Regulations 2012, SI 2012 No 1631, Schedule 5

- 2.3.3 Individuals will be able to stand for election in accordance with the following criteria:
- a) An individual wishing to stand for election as clinical chair or principal clinical director must be a GP principal or a salaried GP from a member practice
 - b) An individual wishing to stand for election as a clinical director must be (i) a GP on the Bromley Performers' List, or (ii) a healthcare professional working in or for a member practice
 - c) Any individual wishing to stand for election to any clinical appointment to the governing body will need to provide written endorsement from at least one member practice, and have been approved for consideration by an assessment process based on the required core and specific attributes and competencies set out in "Clinical commissioning group governing body members: Role outlines, attributes and skills" (NHS Commissioning Board, March 2012)
 - d) An individual shall not be eligible if they are, or become, retired from the member practice, suspended by the GMC or any successor body of the PCT.
 - e) An individual who is a sessional GP shall not be eligible if suspended from employment or subject to grievance or disciplinary proceedings
 - f) Individuals who are not party to direct contractual arrangements for the provision of primary medical services must be on the Bromley Performers' List

2.3.4 All GPs on the Bromley Performers' List and all non-GP partners will be eligible to vote.

3. MEETINGS OF THE CLINICAL COMMISSIONING GROUP

3.1. Calling meetings

3.1.1. Meetings of the group shall be held as follows:

- a) membership body – ordinary meetings of the membership body shall be held at such times and places as it shall determine. The clinical chair of the group may call a meeting of the membership body at any time. One third or more of the practice member representatives may requisition a meeting in writing. If the clinical chair refuses, or fails to call a meeting within seven (7) days of a requisition being presented, the practice representatives signing the requisition may forthwith call a meeting.
- b) governing body – ordinary meetings of the governing body shall be held at regular intervals at such times and places as the governing body shall determine. The clinical chair of the group may call a meeting of the governing body at any time. One third or more of the members of the governing body may requisition a

meeting in writing. If the clinical chair refuses, or fails to call a meeting within seven (7) days of a requisition being presented, the practice representatives signing the requisition may forthwith call a meeting

d) committees and sub committees of the governing body – as determined in the terms of reference for each committee or sub committee ratified by the governing body

c) one meeting per year of the governing body shall be designated as the annual general public meeting of the group. Matters to be considered at the annual general meeting shall be set out in the notice calling it and shall include the publication of the annual report and annual accounts of the group.

- 3.1.2. Meetings of the governing body shall be required to be held in public, except where the group considers it would not be in the public interest for members of the public or press to attend part or all of a meeting. There is no requirement for other meetings of the group, including meetings of the membership body, to be held in public.
- 3.1.3. Before each meeting of the group a written notice specifying the business proposed to be transacted shall be delivered to every member in electronic form or hard copy at least four (4) clear days before the meeting. The notice shall be issued by the clinical chair or an officer authorised on their behalf. Want of service of such a notice on any member shall not affect the validity of the meeting.
- 3.1.4. In the case of a meeting called by members in default of the clinical chair, the notice shall be signed by those members.
- 3.1.5. No business shall be transacted at any meeting of the group other than that specified on the agenda.
- 3.1.6. A member desiring a matter to be included on the agenda shall make his or her request in writing to the clinical chair at least ten (10) days before the meeting. Requests made less than ten (10) days before a meeting may be included on the agenda at the discretion of the clinical chair.
- 3.1.7. Where a meeting of the governing body is to be held in public a notice of the time and place of the meeting shall be displayed at the headquarters office of the group at least four (4) clear days before the meeting.

3.2. Agenda, supporting papers and business to be transacted

- 3.2.1. Items of business to be transacted for inclusion on the agenda of a meeting need to be notified to the clinical chair, or an employee authorised on their behalf, at least five (5) working days (i.e. excluding weekends and bank holidays) before the meeting takes place. Supporting papers for such items also need to be submitted at least five (5) working days before the meeting takes place. The agenda and supporting papers will be circulated to all members of a meeting at

least four (4) working days before the date the meeting will take place.

- 3.2.2. Items of business not submitted within the above time limits may be included in the agenda at the discretion of the clinical chair.
- 3.2.3. Agendas and certain papers for the group's governing body – including details about meeting dates, times and venues - will be published on the group's website at www.bromleyccg.nhs.uk .
- 3.2.4. The meeting date, time and venue of each meeting in public of the group's governing body will be published in the Bromley editions of a prominent local public newspaper in the week before the meeting is scheduled to take place. Want of advertisement of the meeting in this way shall not affect the validity of the meeting.
- 3.2.5. Agenda papers for the governing body may be also be provided to members of the public in hard copy or by email, by application to the employee acting as secretary to the governing body, and whose contact details shall be given on the group's website and in the newspaper advertisement.
- 3.2.6. A copy of the agenda papers for each meeting of the governing body held in public will also be placed in the Bromley Central Library.

3.3. Petitions

- 3.3.1. Where a petition has been received by the group, the chair of the governing body shall include the petition as an item for the agenda of the next meeting of the governing body.

3.4. Chair of a meeting

- 3.4.1. At any meeting of the group or its governing body or of a committee or sub-committee, the chair of the group, governing body, committee or sub-committee, if any and if present, shall preside. If the chair is absent from the meeting, other than on grounds of a conflict of interests, the principal clinical director, if any, shall preside.
- 3.4.2. If the chair or principal clinical director is absent temporarily on the grounds of a declared conflict of interest the deputy chair, if present, shall preside. If the chair, principal clinical director, and deputy chair are absent, or are disqualified from participating, or there is neither a chair, principal clinical director nor deputy, a member of the group, governing body, committee or sub-committee respectively shall be chosen by the members present, or by a majority of them, and shall preside.

3.5. Chair's ruling

- 3.5.1. The decision of the chair of the governing body on questions of order, relevancy and regularity and their interpretation of the constitution, standing orders,

scheme of reservation and delegation and prime financial policies at the meeting, shall be final.

3.6. Quorum

- 3.6.1. No business shall be transacted at a meeting of the membership body of the group unless at least one third of the whole number of the chair and members is present.
- 3.6.2. No business shall be transacted at a meeting of the governing body of the group unless one third of the whole number of the chair and members is present.
- 3.6.3. Clinical directors, lay members and the doctor and nurse member of the governing body will be not be permitted to send on their behalf voting representatives to meetings that they are unable to attend. Only representatives of employee members with formal acting up status may count towards the quorum in the absence of the member him(her)self.
- 3.6.4. Where the quorum of the governing body is lost as a result of members absenting themselves from a vote or discussion due to a declared interest, the remaining members shall agree the necessary decision making arrangements in line with the group's Policy on Business Conduct and Conflicts of Interest, including where adjournment may be necessary. In order to minimise the delay/disruption to decision making processes that might be associated with a loss of the quorum, all governing body members shall be required to declare any conflict of interests and agree appropriate action with the clinical chair, deputy chair (lay member) or any employee authorised by either, as soon as possible after receipt of the agenda papers and before the meeting takes place.
- 3.6.5. For all other of the group's committees and sub-committees, including the governing body's committees and sub-committees, the details of the quorum for these meetings and status of representatives are set out in the appropriate terms of reference

3.7. Decision making

- 3.7.1. Chapter 6 of the group's constitution, together with the scheme of reservation and delegation, sets out the governing structure for the exercise of the group's statutory functions. Generally it is expected that at meetings of the membership body, governing body and committees, decisions will be reached by consensus. Should this not be possible then a vote of members will be required, the process for which is set out below:
 - a) **Eligibility** – officers with formal acting up status may vote in place of the officer member they are representing. Otherwise, only members designated in this constitution of the membership body or governing body, and committee members designated in the terms of reference of that committee, may vote. The chair and members shall have one vote each, except as provided for in Section 6.4.3 of this constitution (relating to the membership body) the in c) below.

- b) **Majority necessary to confirm a decision** – decisions shall be confirmed by a simple majority of the votes cast by the chair and members, except for decisions taken by the membership body on constitutional issues where a two thirds majority of the members present shall be required.
- c) **Casting vote** – in the event of there being no overall majority, the chair shall have a second, casting vote.
- d) **Dissenting views** – it shall be a matter for decision by the chair whether the dissenting view of any member shall be recorded in the minutes of the meeting.

3.7.2. Should a vote be taken the outcome of the vote must be recorded in the minutes of the meeting.

3.8. Emergency powers and urgent decisions

3.8.1. A meeting of the membership body or governing body may be called by the clinical chair at any time to consider any matter requiring an urgent decision where waiting until the next scheduled meeting would cause unacceptable delay. In such cases the normal rules of the group for calling meetings and for giving notice etc. will apply.

3.8.2. Where the urgency of the business to be transacted is so great that there is not time for the provision in 3.8.1 above, an urgent decision may be taken by the clinical chair and the accountable officer after having consulted with at least two other non employee members of the governing body, at least one of whom shall be the principal clinical director or a clinical director.

3.8.3. Decisions may also be taken by the clinical chair and accountable officer as in 3.8.2 above where it has been agreed in advance at a full meeting of the membership body or governing body that additional information/assurance is required to expedite a decision that needs to be taken before the next scheduled meeting. In such cases the full meeting should stipulate as far as possible what information/assurance will be necessary to substantiate decision making by the clinical chair and accountable officer.

3.8.4. The exercise of such powers by the clinical chair and the accountable officer shall be reported to the next formal meeting of the membership body or governing body for formal ratification, and recorded in the minutes.

3.8.5. The provision for emergency powers and urgent decisions made in this section may also apply to any committees of the group and of the governing body.

3.9. Suspension of Standing Orders

3.9.1. Except where it would contravene any statutory provision or any direction made by the Secretary of State for Health or the NHS Commissioning Board, any part

of these standing orders may be suspended at any meeting, provided at least two thirds of group members present are in agreement.

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

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

3.10. Record of Attendance

3.10.1. The names of all members of the meeting present at the meeting shall be recorded in the minutes of the membership body's meetings together with the names of the practices they represent. The names of all members of the meeting present at the meeting shall be recorded in the minutes of the governing body. The names of all members of the committees / sub-committees established by the governing body present at the meetings shall be recorded in the minutes of the respective committee / sub-committee meetings.

3.11. Minutes

3.11.1. The minutes of the proceedings of any meeting of the group or committee or sub committee of the group shall be drawn up and submitted for agreement at the next ensuing meeting where they shall be signed by the presiding chair.

3.11.2. No discussion shall take place upon the minutes except upon their accuracy, or where the chair considers discussion appropriate.

3.11.3. The minutes of meetings of the governing body held in public shall also be circulated to the member practices by putting them onto the group's intranet. They shall be made available to the public by publishing them on the group's public website at www.bromleyccg.nhs.uk . They shall also be made available to members of the public in hard copy or by email, by application to the employee acting as secretary to the governing body.

3.11.4. The minutes of meetings of the committees and sub committees established by the governing body shall also be presented to the next ensuing meeting of the governing body.

3.11.5. An employee of the group shall be appointed as secretary to the membership body and governing body and be responsible for taking and drafting the minutes of these bodies and of the committees and sub committees established by the governing body.

3.12. Admission of public and the press

3.12.1. Meetings of the membership body of the group, including the cluster group meetings, shall not usually be held in public. Where, exceptionally, it may be considered by the clinical chair and/or the accountable officer to be in the public

interest, a meeting, or part meeting, of the membership body may be held in public.

- 3.12.2. The public and representatives of the press may attend all meetings of the governing body, including the annual general public meeting, but shall be required to withdraw upon the motion being passed that “representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest”
- 3.12.3. Where the press and public are excluded from meetings of the membership body and/or governing body discussion and decisions will be recorded in minutes that will be subject to appropriately limited circulation. Members and employees will be required not to disclose confidential contents of papers or minutes, or content of any discussion at the meeting on these subjects outside the governing body without express permission from the clinical chair and/or accountable officer.
- 3.12.4. The clinical chair, principal clinical director or deputy chair presiding over a meeting being held in public shall give directions as he/she thinks fit with regard to the arrangements for meetings and accommodation of the public and representatives of the press such as to ensure that the group’s business shall be conducted without interruption and disruption and the public shall be required to withdraw upon the governing body resolving as follows: “that, in the interests of public order, the meeting shall adjourn for (the period to be specified) to enable the group to complete its business without the presence of the public” In such circumstances it will be a matter for decision by the person chairing the meeting whether or not representatives of the press may remain.
- 3.12.5. Nothing in these standing orders shall be construed as permitting the introduction by the public or press representatives of recording, transmitting, video or similar apparatus into meetings of the group without the agreement of the membership body or governing body.
- 3.12.6. Meetings of committees and sub committees established by the governing body shall not be normally held in public. However, the minutes of these meetings, excluding any confidential topics where disclosure would not be in the public interest and any commercial in confidence topics, will be published with the agenda papers of meetings of the governing body.

4. APPOINTMENT OF COMMITTEES AND SUB-COMMITTEES

4.1. Appointment of committees and sub-committees

- 4.1.1. The group may appoint committees and sub-committees of the group, subject to any regulations made by the Secretary of State⁶⁵, and make provision for the appointment of committees and sub-committees of its governing body. Where such committees and sub-committees of the group, or committees and sub-

⁶⁵ See section 14N of the 2006 Act, inserted by section 25 of the 2012 Act

committees of its governing body, are appointed they are included in Chapter 6 of the group's constitution.

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

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

4.2. Terms of Reference

4.2.1. Terms of reference shall have effect as if incorporated into the constitution and shall be added to this document as an appendix.

4.3. Delegation of Powers by Committees to Sub-committees

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

4.4. Approval of Appointments to Committees and Sub-Committees

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

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

5.1. If for any reason these standing orders are not complied with, full details of the non-compliance and any justification for non-compliance and the circumstances around the non-compliance, shall be reported to the next formal meeting of the governing body for action or ratification. All members of the group and staff have a duty to disclose any non-compliance with these standing orders to the accountable officer as soon as possible.

6. USE OF SEAL AND AUTHORISATION OF DOCUMENTS

6.1. Clinical Commissioning Group's seal

6.1.1. The group has a seal for executing documents where necessary. The seal shall be affixed in the presence of two of the following individuals or employees

authorised to authenticate its use by their signature and shall be attested by them:

- a) the accountable officer;
- b) the clinical chair;
- c) the principal clinical director
- d) the chief finance officer;
- e) the clinical directors

6.1.2. An employee of the group appointed as secretary to the membership and governing bodies shall be responsible for custody of the seal and for maintaining a record of the sealing of every document.

6.2. Execution of a document by signature

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

- a) the accountable officer
- b) the chair of the governing body
- c) the principal clinical director
- d) the chief finance officer
- e) the clinical directors

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

7.1. Policy statements: general principles

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

APPENDIX D – SCHEME OF RESERVATION & DELEGATION

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

Policy Area	Decision	Reserved to the Membership Body	Reserved or delegated to Governing Body	Accountable Officer	Other (as specified)	Other (as specified)
REGULATION AND CONTROL	Determine the arrangements by which the members of the group approve those decisions that are reserved for the membership.	✓				
REGULATION AND CONTROL	Consideration and approval of applications to the NHS Commissioning Board on any matter concerning changes to the group's constitution, including terms of reference for the group's governing body, its committees, membership of committees, the overarching scheme of reservation and delegated powers, arrangements for taking urgent decisions, standing orders and prime financial policies.	✓				
REGULATION AND CONTROL	Exercise or delegation of those functions of the clinical commissioning group which have not been retained as reserved by the group, delegated to the governing body or other committee or sub-committee or [specified] member or employee			✓		
REGULATION AND CONTROL	Prepare the group's overarching scheme of reservation and delegation which sets out those decisions of the group reserved to the membership and those delegated to the: <ul style="list-style-type: none"> o Governing body o Committees and sub committees of the group o Members And sets out those decisions of the governing body reserved to the governing body and those delegated to		✓			

Policy Area	Decision	Reserved to the Membership Body	Reserved or delegated to Governing Body	Accountable Officer	Other (as specified)	Other (as specified)
	<p>the</p> <ul style="list-style-type: none"> o Governing body's committees and sub committees o Members of the governing body o An individual who is member of the group but not the governing body, or a specified person <p>For inclusion in the group's Constitution</p>					
REGULATION AND CONTROL	Approval of the group's overarching scheme of reservation and delegation	✓				
REGULATION AND CONTROL	Prepare the groups operational scheme of delegation which sets out those key operational decisions delegated to individual employees of the group, not for inclusion in the group's Constitution			✓		
REGULATION AND CONTROL	Approval of the group's operational scheme of delegation that underpins the group's overarching scheme of reservation and delegation as set out in its constitution		✓			
REGULATION AND CONTROL	Prepare detailed financial policies that underpin the group's prime financial policies				Chief Finance Officer	
REGULATION AND CONTROL	Approve detailed financial policies		✓		Audit Committee (for advice to governing body)	
REGULATION AND CONTROL	Approve arrangements for managing Individual Funding Requests		✓			
REGULATION AND CONTROL	Set out who can execute a document by signature/use of the seal		✓			

Policy Area	Decision	Reserved to the Membership Body	Reserved or delegated to Governing Body	Accountable Officer	Other (as specified)	Other (as specified)
REGULATION AND CONTROL	Require and receive the declarations of interest of members and employees of the group that might conflict with those of the group		✓			
REGULATION AND CONTROL	Approve terms of reference and reporting arrangements of all committees and sub committees established by the governing body		✓			
REGULATION AND CONTROL	Approve a memorandum of understanding or Section 75 agreement for joint working arrangements with other clinical commissioning groups and the local authority respectively		✓			
REGULATION AND CONTROL	Receive reports from committees established by the governing body, including those committees required by statute, and take appropriate action		✓			
REGULATION AND CONTROL	Approve any urgent decisions taken by the chair and accountable officer of the group for ratification in public session (Section 3.8 of Standing Orders).		✓			
REGULATION AND CONTROL	Approve arrangements for <ul style="list-style-type: none"> ○ Identifying practice members to represent practices in matters concerning the work of the group ○ Appointing clinical directors as members of the governing body 	✓				
REGULATION AND CONTROL	Approve the appointment of governing body members, the process for recruiting and removing elected and non elected members to the governing body	✓				

Policy Area	Decision	Reserved to the Membership Body	Reserved or delegated to Governing Body	Accountable Officer	Other (as specified)	Other (as specified)
	(subject to Regulations) and succession planning					
REGULATION AND CONTROL	Approve arrangements for identifying the group's accountable officer.	✓				
REGULATION AND CONTROL	Approve a memorandum of understanding for any joint appointment		✓			
REGULATION AND CONTROL	Ensuring the register of interests of members, employees and individuals is regularly reviewed and updated				Lay Member (Governance)	
REGULATION AND CONTROL	Managing conflicts of interest				Lay Member (Governance)	
REGULATION AND CONTROL	Ensuring all actions taken by the group have appropriate regard to the NHS Constitution		✓			
STRATEGY AND PLANNING	Agree the vision, values and overall strategic direction of the group.	✓				
STRATEGY AND PLANNING	Approval of the group's operating structure (as defined in the Constitution)	✓				
STRATEGY AND PLANNING	Approval of the group's commissioning plans.		✓			
STRATEGY AND PLANNING	Preparation and implementation of the group's commissioning plans			✓	And/or Director of Healthcare System Reform	
STRATEGY AND PLANNING	Approval of the group's corporate budgets that meet the financial duties as set out in Section 5.3 of the constitution.		✓			
STRATEGY AND PLANNING	Approval of variations to the approved budget where variation would have a significant impact on the overall		✓			

Policy Area	Decision	Reserved to the Membership Body	Reserved or delegated to Governing Body	Accountable Officer	Other (as specified)	Other (as specified)
	approved levels of income and expenditure, or the group's ability to achieve its agreed strategic aims.					
ANNUAL REPORTS AND ACCOUNTS	Approval of the group's annual report and annual accounts.	✓				
ANNUAL REPORTS AND ACCOUNTS	Approval of the arrangements for discharging the group's statutory financial duties.		✓			
HUMAN RESOURCES	Approve the terms and conditions, remuneration and travelling or other allowances for governing body members, including pensions and gratuities.				Remuneration Committee	
HUMAN RESOURCES	Approve terms and conditions of employment for all very senior employees of the group including pensions, remuneration, fees and travelling or other allowances payable to employees and to other persons providing services to the group				Remuneration Committee	
HUMAN RESOURCES	Approve any other terms and conditions of service for the group's employees				Remuneration Committee	
HUMAN RESOURCES	Determine the terms and conditions of employment for all employees of the group who are not very senior managers			✓		
HUMAN RESOURCES	Determine pensions, remuneration, fees and allowances payable to employees and to other persons providing services to the group.			✓		
HUMAN RESOURCES	Recommend pensions, remuneration, fees, and allowances payable to			✓		

Policy Area	Decision	Reserved to the Membership Body	Reserved or delegated to Governing Body	Accountable Officer	Other (as specified)	Other (as specified)
	employees and to other persons providing services to the group					
HUMAN RESOURCES	Approve disciplinary arrangements for employees, including the accountable officer (where he or she is an employee or member of the group) and for other persons working on behalf of the group		✓	Makes recommendations for employees other than very senior/governing body members	Remuneration Committee makes recommendations for members of governing body and very senior employees	
HUMAN RESOURCES	Review disciplinary arrangements where the accountable officer is an employee or member of another clinical commissioning group				Remuneration Committee	
HUMAN RESOURCES	Approval of the arrangements for discharging the group's statutory duties as an employer		✓			
HUMAN RESOURCES	Approve human resources policies for employees and for other persons working on behalf of the group		✓	Makes recommendations		
QUALITY AND SAFETY	Approve arrangements, including supporting policies, to minimise clinical risk, maximise patient safety and to secure continuous improvement in quality and patient outcomes		✓		Quality Assurance Sub Committee makes recommendations	
QUALITY AND SAFETY	Approve arrangements for supporting the NHS Commissioning Board in discharging its responsibilities in relation to securing continuous improvement in the quality of general medical services		✓			
QUALITY AND SAFETY	Approve arrangements for child and adult safeguarding		✓		Quality Assurance Committee makes	

Policy Area	Decision	Reserved to the Membership Body	Reserved or delegated to Governing Body	Accountable Officer	Other (as specified)	Other (as specified)
					recommendations	
OPERATIONAL AND RISK MANAGEMENT	Ensuring that the group acts effectively, efficiently and economically		✓			
OPERATIONAL AND RISK MANAGEMENT	Prepare and recommend an operational scheme of delegation that sets out who has responsibility for operational decisions within the group			✓		
OPERATIONAL AND RISK MANAGEMENT	Approve the group's counter fraud and security management arrangements				Audit Committee	
OPERATIONAL AND RISK MANAGEMENT	Approval of the group's risk management arrangements				Audit Committee	
OPERATIONAL AND RISK MANAGEMENT	Approve arrangements for risk sharing and/or risk pooling with other organisations (e.g. pooled funding arrangements with other CCGs and/or with the Local Authority under Section 75 of the NHS Act 2006)		✓			
OPERATIONAL AND RISK MANAGEMENT	Approval of a comprehensive system of internal control, including budgetary control, that underpin the effective, efficient and economic operation of the group				Audit Committee	
OPERATIONAL AND RISK MANAGEMENT	Approve proposals for action on litigation against or on behalf of the group		✓			
OPERATIONAL AND RISK MANAGEMENT	Approve the group's arrangements for business continuity and emergency planning		✓	Makes recommendations		

Policy Area	Decision	Reserved to the Membership Body	Reserved or delegated to Governing Body	Accountable Officer	Other (as specified)	Other (as specified)
INFORMATION GOVERNANCE	Approve the group's arrangements for handling complaints				Quality Assurance Sub Committee	
INFORMATION GOVERNANCE	Approve the arrangements for ensuring safekeeping and confidentiality of records and for the storage, management and transfer of information and data		✓			
TENDERING AND CONTRACTING	Approval of the group's contracts for any commissioning support		✓	✓ (up to prescribed financial limits)		
TENDERING AND CONTRACTING	Approval of the group's contracts for corporate support (e.g. financial provision)		✓	✓ (up to prescribed financial limits)		
COMMISSIONING AND CONTRACTING FOR CLINICAL SERVICES	Approval of the arrangements for discharging the group's statutory duties associated with its commissioning functions, including, but not limited to, promoting the involvement of patients, promoting patient choice, promoting innovation, promoting research and the use of research, reducing inequalities, improving the quality of services, obtaining appropriate advice, securing public engagement and undertaking consultation		✓			
COMMISSIONING AND CONTRACTING FOR CLINICAL SERVICES	Approve the arrangements for promoting integration and co-ordinating the commissioning of services with other groups and/or with the local authority/ies, where appropriate		✓			

Policy Area	Decision	Reserved to the Membership Body	Reserved or delegated to Governing Body	Accountable Officer	Other (as specified)	Other (as specified)
COMMISSIONING AND CONTRACTING FOR CLINICAL SERVICES	Approving proposals for tendering for the supply of clinical services and endorsing the award of contracts		✓			
COMMISSIONING AND CONTRACTING FOR CLINICAL SERVICES	Negotiating contracts on behalf of the group			✓	Chief finance officer	Officer with responsibility for commissioning
PRIMARY CARE COMMISSIONING	Approve primary care commissioning arrangements in Bromley and in common with other local CCGs		✓			
PRIMARY CARE COMMISSIONING	Approval of the arrangements for discharging the CCG's responsibilities and duties associated with its primary care commissioning functions, including, but not limited to, promoting the involvement of each patient, patient choice, reducing inequalities, improvement in the quality of services, obtaining appropriate advice and public engagement and consultation.				Primary Care Commissioning Committee	
COMMISSIONING DECISIONS IN RELATION TO MATTERS FALLING WITHIN THE REMIT OF THE SOUTH EAST LONDON COMMITTEE IN COMMON FOR STRATEGIC	Delegate to the individual or individuals (each being a member or an employee of the CCG) who at that time are the CCG's representative members of the committee and attend a meeting at which a decision is to be taken and, in relation to a decision on which those representative members attending the meeting do not all agree, the decision shall be taken by the majority of the				Representative members of the South East London Committee in Common for Strategic Decision Making	

Policy Area	Decision	Reserved to the Membership Body	Reserved or delegated to Governing Body	Accountable Officer	Other (as specified)	Other (as specified)
DECISIONMAKING	individuals representing the CCG and voting at the meeting, provided <u>further</u> that, to be binding on the CCG the decision must be unanimously agreed by all of the CCGs, and, if represented by voting members on the committee at that time, NHS England.					
PARTNERSHIP WORKING	Approve decisions that individual members or employees of the group participating in joint arrangements can make. Such decisions must be disclosed in this scheme of delegation		✓			
PARTNERSHIP WORKING	Approve decisions delegated to joint committees established under Section 75 of the 2006 Act		✓			
COMMUNICATIONS	Approving arrangements for handling Freedom of Information requests		✓			
COMMUNICATIONS	Determining arrangements for handling Freedom of Information requests				Officer with responsibility for Quality and Governance	
EQUALITY AND DIVERSITY	Prepare and implement a Single Equality Scheme for the group			✓		
EQUALITY AND DIVERSITY	Approve a Single Equality Scheme for the group		✓			

APPENDIX E – PRIME FINANCIAL POLICIES

1. INTRODUCTION

1.1. General

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

1.2. Overriding Prime Financial Policies

- 1.2.1. If for any reason these prime financial policies are not complied with, full details of the non-compliance and any justification for non-compliance and the circumstances around the non-compliance shall be reported to the next formal meeting of the governing body's audit committee for referring action or

ratification. All of the group's members and employees have a duty to disclose any non-compliance with these prime financial policies to the chief finance officer as soon as possible.

1.3. Responsibilities and delegation

- 1.3.1. The roles and responsibilities of group's members, employees, members of the governing body, members of the governing body's committees and sub-committees, members of the group's committee and sub-committee (if any) and persons working on behalf of the group are set out in chapters 6 and 7 of this constitution.
- 1.3.2. The financial decisions delegated by members of the group are set out in the group's scheme of reservation and delegation (see Appendix D).

1.4. Contractors and their employees

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

1.5. Amendment of Prime Financial Policies

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

2. INTERNAL CONTROL

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

- 2.1. The governing body is required to establish an audit committee with terms of reference agreed by the governing body (see paragraph 6.6.3(a) of the group's constitution for further information).
- 2.2. The accountable officer has overall responsibility for the group's systems of internal control.
- 2.3. The chief finance officer will ensure that:

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

3. AUDIT

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

- 3.1. In line with the terms of reference for the governing body's audit committee, the person appointed by the group to be responsible for internal audit and the Audit Commission appointed external auditor will have direct and unrestricted access to audit committee members and the chair of the governing body, accountable officer and chief finance officer for any significant issues arising from audit work that management cannot resolve, and for all cases of fraud or serious irregularity.
- 3.2. The person appointed by the group to be responsible for internal audit and the external auditor will have access to the audit committee and the accountable officer to review audit issues as appropriate. All audit committee members, the chair of the governing body and the accountable officer will have direct and unrestricted access to the head of internal audit and external auditors.
- 3.3. The chief finance officer will ensure that:
 - a) the group has a professional and technically competent internal audit function; and
 - b) the audit committee approves any changes to the provision or delivery of assurance services to the group.

4. FRAUD AND CORRUPTION

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

- 4.1. The governing body's audit committee will satisfy itself that the group has adequate arrangements in place for countering fraud and shall review the outcomes of counter fraud work. It shall also approve the counter fraud work programme.

4.2. The governing body's audit committee will ensure that the group has arrangements in place to work effectively with NHS Protect.

5. EXPENDITURE CONTROL

5.1. The group is required by statutory provisions⁶⁶ to ensure that its expenditure does not exceed the aggregate of allotments from the NHS Commissioning Board and any other sums it has received and is legally allowed to spend.

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

5.3. The chief finance officer will:

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

6. ALLOTMENTS⁶⁷

6.1. The group's chief finance officer will:

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

⁶⁶ See section 223H of the 2006 Act, inserted by section 27 of the 2012 Act

⁶⁷ See section 223(G) of the 2006 Act, inserted by section 27 of the 2012 Act.

7. COMMISSIONING STRATEGY, BUDGETS, BUDGETARY CONTROL AND MONITORING

POLICY – the group will produce and publish an annual commissioning plan⁶⁸ that explains how it proposes to discharge its financial duties. The group will support this with comprehensive medium term financial plans and annual budgets

- 7.1. The accountable officer will compile and submit to the governing body a commissioning strategy which takes into account financial targets and forecast limits of available resources.
- 7.2. Prior to the start of the financial year the chief finance officer will, on behalf of the accountable officer, prepare and submit budgets for approval by the governing body.
- 7.3. The chief financial officer shall monitor financial performance against budget and plan, periodically review them, and report to the integrated governance committee and the governing body. This report should include explanations for variances. These variances must be based on any significant departures from agreed financial plans or budgets.
- 7.4. The accountable officer is responsible for ensuring that information relating to the group's accounts or to its income or expenditure, or its use of resources is provided to the NHS Commissioning Board as requested.
- 7.5. The governing body will approve consultation arrangements for the group's commissioning plan⁶⁹.

8. ANNUAL ACCOUNTS AND REPORTS

POLICY – the group will produce and submit to the NHS Commissioning Board accounts and reports in accordance with all statutory obligations⁷⁰, relevant accounting standards and accounting best practice in the form and content and at the time required by the NHS Commissioning Board

- 8.1. The chief finance officer will ensure the group:
 - a) prepares a timetable for producing the annual report and accounts and agrees it with external auditors and the audit committee;

⁶⁸ See section 14Z11 of the 2006 Act, inserted by section 26 of the 2012 Act.

⁶⁹ See section 14Z13 of the 2006 Act, inserted by section 26 of the 2012 Act

⁷⁰ See paragraph 17 of Schedule 1A of the 2006 Act, as inserted by Schedule 2 of the 2012 Act.

- b) prepares the accounts according to the timetable approved by the audit committee;
- c) complies with statutory requirements and relevant directions for the publication of annual report;
- d) considers the external auditor's management letter and fully address all issues within agreed timescales; and
- e) publishes the external auditor's management letter on the group's website at www.bromleyccg.nhs.uk

9. INFORMATION TECHNOLOGY

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

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

10. ACCOUNTING SYSTEMS

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

10.1. The chief finance officer will ensure:

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

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

11. BANK ACCOUNTS

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

11.1. The chief finance officer will:

- a) review the banking arrangements of the group at regular intervals to ensure they are in accordance with Secretary of State directions⁷¹, best practice and represent best value for money;
- b) manage the group's banking arrangements and advise the group on the provision of banking services and operation of accounts;
- c) prepare detailed instructions on the operation of bank accounts.

11.2. The audit committee shall approve the banking arrangements.

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

POLICY – the group will

- operate a sound system for prompt recording, invoicing and collection of all monies due

⁷¹ See section 223H(3) of the NHS Act 2006, inserted by section 27 of the 2012 Act

- seek to maximise its potential to raise additional income only to the extent that it does not interfere with the performance of the group or its functions⁷²
- ensure its power to make grants and loans is used to discharge its functions effectively⁷³

12.1. The Chief Financial Officer is responsible for:

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

13. **TENDERING AND CONTRACTING PROCEDURE**

POLICY – the group:

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

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

⁷² See section 14Z5 of the 2006 Act, inserted by section 26 of the 2012 Act.

⁷³ See section 14Z6 of the 2006 Act, inserted by section 26 of the 2012 Act.

- 13.2. The governing body may only negotiate contracts on behalf of the group, and the group may only enter into contracts, within the statutory framework set up by the 2006 Act, as amended by the 2012 Act. Such contracts shall comply with:
- a) the group's standing orders;
 - b) the Public Contracts Regulation 2006, any successor legislation and any other applicable law; and
 - c) take into account as appropriate any applicable NHS Commissioning Board or the Independent Regulator of NHS Foundation Trusts (Monitor) guidance that does not conflict with (b) above.
- 13.3. In all contracts entered into, the group shall endeavour to obtain best value for money. The accountable officer shall nominate an individual who shall oversee and manage each contract on behalf of the group.

14. COMMISSIONING

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

- 14.1. The group will coordinate its work with the NHS Commissioning Board, other clinical commissioning groups, local providers of services, local authority(ies), including through Health & Wellbeing Boards, patients and their carers and the voluntary sector and others as appropriate to develop robust commissioning plans.
- 14.2. The accountable officer will establish arrangements to ensure that regular reports are provided to the integrated governance committee detailing actual and forecast expenditure and activity for each contract.
- 14.3. The chief finance officer will maintain a system of financial monitoring to ensure the effective accounting of expenditure under contracts. This should provide a suitable audit trail for all payments made under the contracts whilst maintaining patient confidentiality.

15. RISK MANAGEMENT AND INSURANCE

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

- 15.1. The governing body will agree an assurance framework, including a risk management strategy, for the group. This will include an appropriate, effective process for populating and scoring risk.

- 15.2. The assurance framework will comprise a corporate risk register addressing risks to the strategic objectives of the group, underpinned by a departmental risk register addressing operational risks.
- 15.3. The assurance framework/corporate risk register will be updated, agreed by the clinical executive team, and submitted to each meeting of the governing body.
- 15.4. The assurance framework/corporate risk register will:
- a) identify and record the risks to achievement of the strategic objectives of the group
 - b) identify the key controls intended to manage these risks
 - c) evaluate the assurances available to cover these objectives and risks together with any gaps
 - d) put in place action plans to address any gaps that have been identified
 - e) monitor the implementation of the action plans
- 15.5. The accountable officer shall have overall responsibility for risk management in the group. Coordination of the corporate and departmental risk registers shall be undertaken by the head of governance or equivalent.
- 15.6. The audit committee shall maintain an oversight of the group's risk management arrangements, including its processes, structures and responsibilities, and shall review the risk and control related disclosure statements provided by the accountable officer in the annual governance statement.

16. PAYROLL

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

- 16.1. The chief finance officer will ensure that the payroll service selected:
- a) is supported by appropriate (i.e. contracted) terms and conditions;
 - b) has adequate internal controls and audit review processes;
 - c) has suitable arrangements for the collection of payroll deductions and payment of these to appropriate bodies.
- 16.2. In addition the chief finance office shall set out comprehensive procedures for the effective processing of payroll

17. NON-PAY EXPENDITURE

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

- 17.1. The governing body will approve the level of non-pay expenditure on an annual basis and the accountable officer will determine the level of delegation to budget managers
- 17.2. The accountable officer shall set out procedures on the seeking of professional advice regarding the supply of goods and services.
- 17.3. The chief finance officer will:
- a) advise the governing body on the setting of thresholds above which quotations (competitive or otherwise) or formal tenders must be obtained; and, once approved, the thresholds should be incorporated in the operational scheme of reservation and delegation (detailed financial policies);
 - b) be responsible for the prompt payment of all properly authorised accounts and claims;
 - c) be responsible for designing and maintaining a system of verification, recording and payment of all amounts payable.

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

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

- 18.1. The accountable officer will
- a) ensure that there is an adequate appraisal and approval process in place for determining capital expenditure priorities and the effect of each proposal upon plans;
 - b) be responsible for the management of all stages of capital schemes and for ensuring that schemes are delivered on time and to cost;
 - c) shall ensure that the capital investment is not undertaken without confirmation of purchaser(s) support and the availability of resources to finance all revenue consequences, including capital charges;

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

18.2. The chief finance officer will prepare detailed procedures for the disposals of assets within the management scheme of delegation (detailed financial policies).

18.3. Thresholds for the management of capital will be proposed by the chief finance officer to the governing body and, once approved, incorporated into the operational scheme of delegation (detailed financial policies).

19. RETENTION OF RECORDS

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

19.1. The Accountable Officer shall:

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

20. TRUST FUNDS AND TRUSTEES

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

20.1. The chief finance officer shall ensure that, if required, each trust fund which the group is responsible for managing is managed appropriately with regard to its purpose and to its requirements.

APPENDIX F - NOLAN PRINCIPLES

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

Source: *The First Report of the Committee on Standards in Public Life (1995)*⁷⁴

⁷⁴ Available at <http://www.public-standards.gov.uk/>

APPENDIX G – NHS CONSTITUTION

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

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

Source: *The NHS Constitution: The NHS belongs to us all* (March 2012)⁷⁵

⁷⁵

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

APPENDIX H – CHECKLIST FOR A CLINICAL COMMISSIONING GROUP’S CONSTITUTION

Essential/ Optional	Content	Included
Essential	<p>The constitution must specify:</p> <ul style="list-style-type: none"> • the name of the clinical commissioning group; • the members of the group; and • the area of the group <p>The name of the group must comply with such requirements as may be prescribed</p>	<p>✓ ✓ ✓ ✓</p>
Essential	The constitution must specify the arrangements made by the clinical commissioning group for the discharge of its functions (including its functions in determining the terms and conditions of its employees)	✓
Optional	<p>The arrangements may include provision:</p> <ul style="list-style-type: none"> • for the appointment of committees or sub-committees of the clinical commissioning group; and • for any such committees to consist of or include persons other than members or employees of the clinical commissioning group 	<p>✓ ✓</p>
Optional	<p>The arrangements may include provision for any functions of the clinical commissioning group to be exercised on its behalf by:</p> <ul style="list-style-type: none"> • any of its members or employees; • its governing body; or • a committee or sub-committee of the group 	<p>✓ ✓ ✓</p>
Essential	The constitution must specify the procedure to be followed by the clinical commissioning group in making decisions	✓
Essential	The constitution must specify the arrangements made by the clinical commissioning group for discharging its duties in respect of registers of interest and management of conflicts of interest as specified under section 14O(1) to (4) of the 2006 Act, as inserted by section 25 of the 2012 Act	✓
Essential	<p>The constitution must also specify the arrangements made by the clinical commissioning group for securing that there is transparency about the decisions of the group and the manner in which they are made</p> <p>The provisions made above must secure that there is effective participation by each member of the clinical commissioning group in the exercise of the group’s functions</p>	<p>✓ ✓</p>
Essential	The constitution must specify the arrangements made by the clinical commissioning group for the discharge of the functions of its governing body	✓
Essential	<p>The arrangements must include:</p> <ul style="list-style-type: none"> • provision for the appointment of the audit committee and 	✓

Essential/ Optional	Content	Included
	remuneration committee of the governing body	
Optional	<p>The arrangements may include:</p> <ul style="list-style-type: none"> • provision for the audit committee (but not the remuneration committee) to include individuals who are not members of the governing body • provision for the appointment of other committees or sub-committees of the governing body. These may include provision for a committee or sub-committee to include individuals who are not members of the governing body but are: <ul style="list-style-type: none"> ○ members of the clinical commissioning group, or ○ individuals of a description specified in the constitution 	No ✓
Optional	<p>The arrangements may include provision for any functions of the governing body to be exercised on its behalf by:</p> <ul style="list-style-type: none"> • any committee or sub-committee of the governing body, • a member of the governing body; • a member of the clinical commissioning group who is an individual (but is not a member of the governing body); or • an individual of a description specified in the constitution 	✓ ✓ ✓ ✓
Essential	The constitution must specify the procedure to be followed by the governing body in making decisions	✓
Essential	<p>The constitution must also specify the arrangements made by the clinical commissioning group for securing that there is transparency about the decisions of the governing body and the manner in which they are made</p> <p>This provision must include provision for meetings of governing bodies to be open to the public, except where the clinical commissioning group considers that it would not be in the public interest to permit members of the public to attend a meeting or part of a meeting</p>	✓
Essential	<p>In its constitution, the clinical commissioning group must describe the arrangements which it has made and include a statement of the principles which it will follow in implementing those arrangements, to secure that individuals to whom health services are being or may be provided pursuant to its commissioning arrangements are involved (whether by being consulted or provided with information or in other ways):</p> <ul style="list-style-type: none"> • in the planning of the commissioning arrangements by the group; • in the development and consideration of proposals by the group for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals or the range of health services available to them; and • in decisions of the group affecting the operation of the 	✓ ✓ ✓

Essential/ Optional	Content	Included
	commissioning arrangements where the implementation of the decisions would (if made) have such an impact	