



Camden Clinical Commissioning Group

**CONSTITUTION
OF
NHS CAMDEN CLINICAL COMMISSIONING GROUP**

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Version Control

Date	Version	Action	Amendments
June 2012	1.0	Draft Created	
24.2.13	2.0	Revisions and formatting changes made following NCB Guidance and public consultation	New sections added relating to Accountability, Transparency in Procuring Services and Group as Employer. Various amendments to Governance section and Committee Terms of Reference. Effect given to have half of elected members appointed for 3 years and other half for 4 years.
31.05.2013	2.1	Amendments have been made to the CCG's Constitution to reflect a) the recommended revisions contained in the revised DH Model Constitution template issued in October 2012; b) publication of the NHS (Clinical Commissioning Groups) Regulations 2012; c) feedback received from patient and public engagement. The opportunity has also been taken to provide further clarity where necessary.	Detailed summary of amendments is incorporated with this version of the Constitution in order to provide ease of reference for Governing Body, Members and NHS England submission for amendment to Constitution. Consideration by Governing Body at meeting on 12 June 2013, with a view to recommending the proposed amendments to the Member Practices. Further changes made following Governing Body review and discussion.
17.09.2013	2.2	Amendments have been made to the CCG's Constitution to reflect Feedback from Practices, the LMC and Governing Body	Detailed summary of amendments incorporating the suggestions from feedback from Practices, the LMC and the Governing Body is displayed on the CCG's website.
12.05.2014	3.0	The amendments to the Constitution are: a) To change the way in	A detailed summary of the amendments is displayed on the CCG's website.

		<p>which elected members of the Governing Body and are elected, clarify how the Chair is elected and to clarify the election rules; and</p> <p>b) For the calculation of Member Practices' votes to be based on the actual number of Members in existence at the time of the vote rather than on the number of members listed in the Constitution.</p>	
11.11.2014	3.1	<p>The amendments in the Constitution are:</p> <p>a) To give the Governing Body the flexibility to hold committee meetings that best meet its operational need;</p> <p>b) To remove the Standing Financial Instructions and Prime Financial Policies from the Constitution and give the Governing Body the power to approve these;</p> <p>c) To clarify and amend the Scheme of Reservation and Delegation;</p> <p>d) To clarify that the Remuneration Committee decides pay levels for Governing Body members and senior directors;</p> <p>e) To clarify the Constitution and harmonise definitions;</p> <p>f) To remove Bedford Square Medical Practice, Camden Road Surgery and Plender Street Practice from the list of members as they have closed;</p> <p>g) To add Camden Health Improvement Practice to the list of members;</p> <p>h) To add a third lay member to the Governing</p>	

		<p>Body;</p> <p>i) To remove the Terms of Reference for Localities.</p>	
18.02.2015	3.2	<p>The amendments in the Constitution are:</p> <ul style="list-style-type: none"> • To allow Camden CCG to undertake joint commissioning with NHS England and with other Clinical Commissioning Groups; • For primary care joint commissioning to set out that the membership decides: <ul style="list-style-type: none"> a) Whether or not in principal the CCG undertakes joint commissioning; b) The permissions under which the CCG undertakes joint commissioning; c) Which other organisations the CCG joint commissions with; d) Whether to pool budgets with other organisations; • If the Governing body wants to terminate an unsatisfactory primary care co-commissioning arrangement the Governing Body shall consult with member practices before the decision to withdraw is made. 	
21.04.2015	3.2a	<p>On agreement with NHS England the following changes have been incorporated:</p> <ul style="list-style-type: none"> a) The Prime Financial Policies are reinserted into the Constitution. These are included at Schedule 10; b) Schedule 7 Clause 6 has been amended so that non-compliance with the Standing Financial Instructions must be reported to the Audit Committee. 	

INDEX			
Part	Section	Description	Page
		FOREWORD	9
1		INTERPRETATION	10
2		STATUS OF CONSTITUTION	10
3		MISSION, VALUES AND AIMS	11
4		ACCOUNTABILITY	12
5		FUNCTIONS OF THE CCG	13
6		ELIGIBILITY FOR MEMBERSHIP OF THE CLINICAL COMMISSIONING GROUP	13
7		GOVERNANCE AND REPRESENTATION OF THE CLINICAL COMMISSIONING GROUP	13
8		STRUCTURE OF GOVERNING BODY	18
9		ROLE OF GOVERNING BODY	19
10		ROLE OF LOCALITIES	21
11		EMPLOYMENT, REMUNERATION AND EXPENSES	23
12		DISQUALIFICATION OF MEMBERS OF GOVERNING BODY	23
13		ROLES AND RESPONSIBILITIES	24
14		DELEGATION OF FUNCTIONS OF THE GOVERNING BODY	27
15		FORMAL GOVERNING BODY COMMITTEES	29
16		AUDIT COMMITTEE	29
17		REMUNERATION COMMITTEE	30
18		COMMISSIONING COMMITTEE	30

19		FINANCE AND PERFORMANCE COMMITTEE	30
20		QUALITY AND SAFETY COMMITTEE	30
21		PROCUREMENT COMMITTEE	30
22		INDIVIDUAL FUNDING REQUESTS PANEL AND INDIVIDUAL FUNDING REQUESTS APPEALS PANEL	30
23		JOINT WORKING ARRANGEMENTS	31
24		JOINT COMMISSIONING ARRANGEMENTS WITH OTHER CLINICAL COMMISSIONING GROUPS	31
25		JOINT COMMISSIONING ARRANGEMENTS WITH NHS ENGLAND FOR THE EXERCISE OF CCG FUNCTIONS	32
26		JOINT COMMISSIONING ARRANGEMENTS WITH NHS ENGLAND FOR THE EXERCISE OF NHS ENGLAND'S FUNCTIONS	33
27		MEMBERSHIP AGREEMENT TO JOINT COMMISSIONING ARRANGEMENTS	34
28		MISCELLANEOUS PROVISIONS RELATING TO JOINT COMMISSIONING	35
29		CONFLICT OF INTEREST	35
30		DECLARATION OF CONFLICT OF INTEREST	36
31		FAILURE TO DISCLOSE CONFLICT OF INTEREST	37
32		QUORUM AND CONFLICT OF INTEREST	38
33		STANDING FINANCIAL INSTRUCTIONS	38
34		PRIME FINANCIAL POLICIES	39
35		TRANSPARENCY IN PROCURING SERVICES	39
36		CONFIDENTIALITY	39
37		GROUP AS EMPLOYER	39
38		NOTICES	40

39		TRANSPARENCY	41
40		DISPUTE RESOLUTION BETWEEN MEMBER PRACTICES AND CAMDEN CCG AS A WHOLE	41

SCHEDULES TO THE CONSTUTION

1	LIST OF MEMBERS OF THE CLINICAL COMMISSIONING GROUP	43
2	FUNCTIONS AND DUTIES OF THE CCG	45
3	GOVERNING BODY ELECTIONS	54
4	PROXY VOTING FORM	61
5	DECLARATION OF INTEREST FORM	62
6	GOVERNING BODY STANDING ORDERS	66
7	SCHEME OF RESERVATION AND DELEGATION	81
8	NOLAN PRINCIPLES	93
9	DEFINITIONS	94
10	PRIME FINANCIAL POLICIES	96

FOREWORD

Clinical commissioning groups were established under the Health and Social Care Act 2012. They are statutory bodies which have the function of commissioning services for the purposes of the health service in England. 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. The NHS England is responsible for determining applications from prospective groups to be established as clinical commissioning groups and undertakes an annual assessment of each established group. It has powers to intervene in a clinical commissioning group where it is satisfied that a group is failing or has failed to discharge any of its functions or that there is a significant risk that it will fail to do so.

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. In discharging these responsibilities Camden Clinical Commissioning Group has affirmed its determination to *“Work with the people in Camden to achieve the best health for all”*, ensuring a patient centred approach to planned care and, in particular, the development of integrated approaches to management of long term conditions. As part of this we will

- promote and improve patients’ self-management both in the primary and secondary care interface
- develop Integrated Primary Care teams, including primary, community, mental health and social care services
- develop models of care encompassing the diverse needs of our population which includes using public health intelligence in the commissioning cycle, seeking to address healthcare needs and priorities through joint working with the Health and Wellbeing Board and the Commissioning Framework including JSNA
- provide leadership to both local health system and NHS Camden Clinical Commissioning Group ensuring that clinical leadership is at the heart of our decision making
- be accountable for the effective use of resources and provision of high quality services by developing financial and performance management capability to deliver QIPP goals, clear commissioning plans, ensuring performance management systems are in place and having effective governance arrangements and management of quality

The membership of Camden CCG is determined to deliver clinically led commissioning that achieves the best possible outcome for all the people of Camden and as we work towards that we will at all times

- be honest
- retain integrity
- show courage
- be patient-sighted
- ensure competency
- be transparent
- collaborate with others
- adhere to NHS founding principles

The Constitution applies to all of the member practices; the group’s employees, individuals working on behalf of the group and to anyone who is a member of the group’s governing body (including the governing body’s audit and remuneration committees), and any other committees established by the group or its governing body. Every member practice, employee or other person working on behalf of the group, or members of the governing body or any committees is responsible for complying with and for upholding the arrangements for the governance and operation of the group as described in this constitution.

We look forward to working with you to create a healthier Camden.

Dr Caz Sayer
Chair, CCGG

David Cryer
Chief Officer, CCGG

1. INTERPRETATION

- 1.1. Words importing the singular include, where the context so admits, the plural and vice versa
- 1.2. Words importing the masculine gender only shall include the feminine gender. Words importing the singular shall import the plural and vice-versa.
- 1.3. References to any statute, enactment, order, regulation or other similar instrument shall be construed as a reference to the statute, enactment, order, regulation or instrument as amended by any subsequent enactment, modification, order, regulation or instrument.
- 1.4. Headings are included in this Constitution for ease of reference only and shall not affect the interpretation or construction of this Agreement.
- 1.5. Reference to a section is a reference to the whole of that section unless stated otherwise.
- 1.6. In the event of a conflict between any provision in the Main Body of the Constitution and any provision in any schedule the provisions contained in the Main Body of the Constitution shall prevail.

2. STATUS OF THE CONSTITUTION

- 2.1. This Constitution is made between the Members of NHS Camden Clinical Commissioning Group ('Camden CCG') and has effect from the date of ratification by NHS England.
- 2.2. Camden CCG will operate within the geographical boundaries of the London Borough of Camden and shall be made up of the Members as set out in Schedule 1 of this Constitution. This Constitution sets out the terms on which Governing Body members are elected, appointed and co-opted to the Governing Body. Through the arrangements set out in this Constitution, the Governing Body shall implement all statutory obligations including but not limited to the commissioning of secondary health and other services in its area. This Constitution also contains the main governance rules of Camden CCG and its Governing Body.
- 2.3. Each Member by its signature to this Constitution agrees that it is a member of Camden CCG and will adhere to, and work in accordance with, its terms.
- 2.4. This Constitution can only be varied in two circumstances:
 - 2.4.1. The Constitution may be extended or varied by the agreement or consent of at least 75% of its current Members as set out in Schedule 1 and in accordance with clause 2.7 below, where the Governing Body applies to the NHS England to vary the Constitution and that application is granted; or
 - 2.4.2. Where in the circumstances set out in statute NHS England varies the Constitution other than on an application by Camden CCG.
- 2.5. This Constitution and any variation shall be published on Camden CCG's website and shall be available for inspection at Camden CCG's Headquarters.
- 2.6. This Constitution and the functions of Camden CCG are subject to the National Health Service Act 2006 as amended by the Health and Social Care Act 2012.

- 2.7. The calculation of any Member vote shall take into account the closure or merger of any Members so that the calculation will be based on the actual number of Members in existence at the time of the vote rather than the number of Members listed in Schedule 1

3. MISSION, VALUES AND AIMS

3.1. Mission and Vision

The mission of Camden CCG is:

“Leading development of the local healthcare system with our partners and the people of Camden, to ensure access to and delivery of safe effective and responsive services that reduce inequalities, meet identified needs and ensure maximum positive health impact within the resources available (value).”

Camden CCG’s vision is:

“Working with the people in Camden to achieve the best health for all”

3.2. Values

The Governing Body has agreed the following values for Camden CCG:

- (a) Honesty;
- (b) Integrity;
- (c) Courage;
- (d) Patient-Sighted;
- (e) Competency;
- (f) Transparency;
- (g) Collaboration;
- (h) Adherence to NHS founding principles.

3.3. Aims

Camden CCG will engage patients and the public on an on-going basis when undertaking commissioning responsibilities. In turn Camden CCG will hold its constituent practices to account by working closely with patients and the public they serve, including through its stakeholders, locality patient participation groups and community partners. Camden CCG will improve patients’ experiences and health outcomes in a financially and clinically sustainable way by:

- 3.3.1. Ensuring a patient centred approach to planned care, in particular the development of integrated approaches to management of long term conditions;
- 3.3.2. Promoting and improving patients’ self-management both in the primary and secondary care interface;
- 3.3.3. Developing integrated primary care teams including primary, community, mental health and social care services;
- 3.3.4. Developing models of care encompassing the diverse needs of Camden CCG’s population which includes using public health intelligence in the commissioning cycle, seeking to address healthcare needs and priorities through joint working with the Health and Wellbeing Board and the Commissioning Framework including Joint Strategic Needs Assessment (‘JSNA’);

- 3.3.5. Providing leadership to both local health system and Camden CCG ensuring that clinical leadership is at the heart of Camden CCG's decision making;
- 3.3.6. Being accountable for the effective use of resources and provision of high quality services by developing financial and performance management capability to deliver Quality, Innovation, Productivity and Prevention ('QIPP') goals, clear commissioning plans, ensuring performance management systems are in place and having effective governance arrangements and management of quality.

4. ACCOUNTABILITY

- 4.1. Camden CCG shall conduct its business at all times in accordance with such generally accepted principles of good governance. These include
 - (a) The highest standards of propriety involving impartiality, integrity and objectivity in relation to the stewardship of public funds and the management of the organisation;
 - (b) The Good Governance Standard for Public Services;
 - (c) The Nolan Principles;
 - (d) The key principles of the NHS Constitution;
 - (e) The Equality Act 2010.
- 4.2. Camden CCG will demonstrate its accountability to its Members, local people, stakeholders and the NHS England in various 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 Governing Body considers that it would not be in the public interest in relation to all or part of a meeting);
 - (d) Annually publishing 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;
 - (g) Producing externally audited annual accounts each financial year;
 - (h) Having a published and clear complaints process;
 - (i) Complying with the Freedom of Information Act 2000;
 - (j) Providing information to NHS England as required;

- (k) Having a Camden CCG representative sit on the Health and Well-Being Board and co-operate in the exercise of its functions.

4.3. In addition to these statutory requirements, Camden CCG will demonstrate its accountability by:

- a) Publishing on its website, the principal commissioning and operational arrangements, including policies for complaints, equalities and safeguarding, each of which shall be available for inspection at Camden CCG Headquarters.
- b) Holding engagement events and working to ensure that public engagement is adapted to meet the needs of various groups and service users, and will monitor adherence to this principle on a regular basis.

4.4. Through its Corporate Governance Framework, published on its website, the Governing Body will have an on-going role in reviewing the governance arrangements to ensure that Camden CCG continues to reflect the principles of good governance.

5. FUNCTIONS OF THE CLINICAL COMMISSIONING GROUP

5.1. The functions that Camden CCG is responsible for exercising are set out in the NHS Act 2006, as amended by the Health and Social Care Act 2012. These are also contained in the Department of Health Guide '*Functions of Clinical Commissioning Groups: A Working Document*'. The functions, along with how they will be discharged by Camden CCG, are set out in Schedule 2 of this Constitution.

6. ELIGIBILITY FOR MEMBERSHIP OF THE CLINICAL COMMISSIONING GROUP

6.1. A body which is a provider of primary care services (holding a General Medical Services, Personal Medical Services or Alternative Personal Medical Services Contract) in the Locality shall apply to become a Member of the Clinical Commissioning Group under the following conditions:

- a) If the provider holds a contract for the provision of primary medical services;
- b) It is a primary care services provider in the relevant Locality;
- c) It has duly submitted an application to the NHS England for Membership to the Clinical Commissioning Group in the relevant Locality, such Membership having been approved.

6.2. Camden CCG may apply to NHS England, on behalf of the proposed new Member, for permission to amend the Constitution in order to admit the proposed new Member.

6.3. Each member practice will hold 1 vote within the CCG save in the case of Governing Body elections as set out in clause 7.1 below and Schedule 3.

7. GOVERNANCE AND REPRESENTATION OF THE CLINICAL COMMISSIONING GROUP

7.1. Elections to select the elected members of the Governing Body shall be conducted by the Local Medical Committee ('LMC') in accordance with the provisions contained in Schedule 3 Governing Body Elections. The elections are to decide who shall sit as an elected member of the Governing Body and not which position they hold. The specific

positions that each elected Governing Body member holds is decided by allocation in accordance with the provisions contained in Schedule 3.

7.2. The Governing Body shall consist of the following voting members:

- a) The Chair of Camden Clinical Commissioning Group (who shall be one of the seven elected GP Governing Body members in accordance with the provisions contained in Schedule 3);
- b) Three lay members. One to lead on governance and audit matters, one to lead on patient and public involvement matters and one without portfolio. In the event where the Chair is a GP, one of the Lay Members will be Vice Chair;
- c) 1 Locality GP Representatives – North Locality;
- d) 1 Locality GP Representative- South Locality;
- e) 1 Locality GP Representative- West Locality;
- f) 1 Sessional/Salaried GP Representative;
- g) 3 Elected GP Representatives;
- h) Secondary Care Doctor;
- i) Registered Nurse;
- j) Practice Nurse Representative;
- k) Practice Manager Representative;
- l) Chief Officer;
- m) Chief Financial Officer;
- n) Director of Public Health;
- o) Medical Director;

7.3. In addition the Governing Body shall co-opt the following non-voting members:

- a) Local Authority Officer;
- b) Health Watch Representative;
- c) Camden Public and Patient Engagement Group representative;
- d) Voluntary Sector Representative (Voluntary Action Camden);
- e) Local Medical Committee ('LMC') Observer;
- f) Health and Wellbeing Board Observer;
- g) Additional staff from the CCG management team as necessary.

- 7.4. The Chair shall serve on the Governing Body for a period of 3 years after which the position shall be subject to election in accordance with the provisions of Schedule 3. No Chair or Vice Chair shall serve on the Governing Body as chair or vice chair for a period exceeding 2 terms without a break of at least 2 years.
- 7.5. Other elected members shall hold office for a period of 3 years after which their positions shall be subject to election.
- 7.6. The Governing Body may meet together for the conduct of such business as it is entitled to transact and may adjourn and otherwise regulate its meetings as it thinks fit except that:
- a) No business shall be transacted at a meeting unless at least one-third of the whole membership of the chair and members (including at least one officer member of the Governing Body and one lay member) is present.
 - b) An officer in attendance for an officer member but without formal acting-up status may not count towards the quorum.
 - c) If any member, including the Chair is disqualified by reason of conflict of interest from voting that person shall no longer count towards the quorum. If a quorum is then not available for that discussion/or passing a resolution that matter may not be discussed or voted upon at that meeting, and such a position shall be recorded in the minutes of the meeting.

In light of above, the requirement for a quorum is at least 6 members of the Governing Body as listed in clause 7.2 above including:

- a) At least 4 elected members;
- b) One Lay Member; and
- c) One officer who could be either:
 - Chief Officer; or
 - Chief Finance Officer.

In circumstances where the elected members of the Governing Body are unable to participate in the decision-making because of a conflict of interest, the requirement for a quorum is at least 6 members of the Governing Body as listed in clause 7.2 above including:

- (a) Two Lay members;
- (b) Secondary Care Doctor;
- (c) Registered Nurse;
- (d) Chief Officer;
- (e) Chief Financial Officer.

- 7.7. The Governing Body may from time to time appoint a member of the Governing Body to fill a casual vacancy where the Governing Body numbers fail to make up a quorum. Any Governing Body member so appointed shall only retain his position on the Governing Body for as long as the member who has been replaced would have held

office if that office had not been so vacated.

- 7.8. In the event that the quorum for the Governing Body cannot be met for any casual appointment as per clause 7.7 above the Governing Body shall have full authority to appoint new members of the Governing Body to fill such vacancies provided Camden CCG Members are given 5 working days' notice with the permission of the Chair.
- 7.9. Governing Body and/or Committee members excluded from participating in discussions or voting due to a conflict of interest under clauses 29 and 30 below will not count towards quorum. If this has the effect of rendering a meeting inquorate then the chair of that meeting shall decide whether to adjourn the meeting to permit the co-option of additional members.
- 7.10. Every term of office shall commence on announcement of the outcome of any vote/ballot which shall take place at the outset of the meeting of the Governing Body. Any term of office shall also subsequently cease after the announcement of the new officers.
- 7.11. The Governing Body shall have the authority to engage, employ or appoint any consultant, employee or private contractor in order to facilitate the performance of its duties. Such individuals may be present at any Governing Body meetings at the discretion of the Governing Body but shall not be entitled to any voting rights.
- 7.12. The Governing Body shall have the authority to delegate any of its activities to a sub-committee.
- 7.13. Any elected member of the Governing Body shall be entitled to nominate a proxy to vote on his behalf in the event that he cannot attend meeting of the Governing Body. In those circumstances the Chair (or acting Chair), should be informed 5 working days prior to the meeting of the non-attendance and shall receive a duly completed and authorised proxy form in the format as set out in Schedule 4.
- 7.14. No meeting of the Governing Body shall be held without either the Chair or Vice Chair being present. If the Chair or Vice Chair is not present, the meeting can proceed if a temporary Chair is elected from the remaining Governing Body members, provided this has the consent of the Chair and 5 working days' notice has been given to members. This clause does not apply in the circumstances where the Chair or Vice Chair are temporarily absent from a Governing Body meeting due to a Conflict of Interest. In these circumstances Schedule 6 clause 3.4.1 shall apply.
- 7.15. The Governing Body shall meet up to 12 times per year. Every Governing Body member shall be given at least 5 working days' notice to attend.
- 7.16. It is intended that all meetings of the Governing Body will be held in public; however, if this is not possible a minimum of four meetings must be held in public.
- 7.17. Governing Body meetings may be split into two parts and members of the public required to leave the closed section of the meeting whenever *'publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons'*. Section 1 (2), Public Bodies (Admission to Meetings) Act 1960.
- 7.18. The date, time and venue of all Governing Body meetings will be made public with at least 5 working days' notice on Camden CCG's website. The notice shall include the

agenda. Copies of the agenda and public papers will be available to non-Governing Body attendees at the meeting.

7.19. The voting arrangements at Governing Body meetings are:

- a) Every question put to a vote at a meeting shall be determined by a majority of the votes of members present and voting on the question. In the case of an equal vote, the person presiding (i.e. the Chair of the meeting shall have a second, and casting vote);
- b) At the discretion of the Chair all questions put to the vote shall be determined by oral expression or by a show of hands, unless the Chair directs otherwise, or it is proposed, seconded and carried that a vote be taken by paper ballot;
- c) If at least one-third of the members present so request, the voting on any question may be recorded so as to show how each member present voted or did not vote (except when conducted by paper ballot);
- d) If a Governing Body member so requests, their vote shall be recorded by name;
- e) A manager who has been formally appointed to act up for an officer member during a period of incapacity or temporary absence to fill an officer member vacancy shall be entitled to exercise the voting rights of the officer member;
- f) A manager attending a meeting to represent an officer member during a period of incapacity or temporary absence without formal acting up status may not exercise the voting rights of the officer member. An officer's status when attending a meeting shall be recorded in the minutes.

7.20. Joint Members

In the case of Joint members the presence of either or both of those persons should count as the presence of one person and a vote:

- a) Shall count as one person if either or both of those persons may attend or take part in meetings of the Governing Body;
- b) Shall count if both are present at a meeting they should cast one vote if they agree;
- c) Will not be allowed or counted in the case of disagreement when no vote should be cast.

7.21. In the case of an equality of votes, the Chair shall have the casting vote.

7.22. The Governing Body shall keep records and proper minutes of all resolutions and business conducted. Minutes of all formal Governing Body meetings save for where the meeting has been held in private as confidential as per clause 7.17 above will be a matter of public record.

7.23. Camden CCG shall hold an Annual General Meeting of the Governing Body once in each year provided that not more than 15 months shall elapse between the date of one Annual General Meeting and that of the next.

7.24. The Annual General Meeting shall be held in publically accessible premises within the geographical area of Camden CCG.

- 7.25. The Governing Body shall give at least fourteen days' notice in writing of each Annual General Meeting, specifying the place, day and the hour of the meeting.
- 7.26. No business shall be transacted at any AGM unless a quorum of the Governing Body is present when the meeting proceeds to business.
- 7.27. Members attending an Annual General Meeting shall be entitled to vote on any question either personally or by proxy or as proxy for another Member.
- 7.28. The instrument appointing a proxy shall be in writing and signed by the appointer (the Member unable to attend) and delivered to the Clinical Commissioning Group not less than forty-eight hours before the date of the Annual General Meeting.
- 7.29. The Governing Body shall publish all relevant financial reports (including those from the Audit and Remuneration Committees) and a consultation report at the Annual General Meeting setting out in detail all the consultations it has undertaken and the findings and actions resulting, and a report setting out in detail the commissioning plans for the coming year, where known.
- 7.30. Where appropriate Camden CCG will engage with the Local Medical Committee, in a timely manner, as local statutory representatives of the medical profession.

8. STRUCTURE OF THE GOVERNING BODY

- 8.1. The Governing Body shall consist of:
- 8.1.1. Seven elected GP representatives who shall hold the following positions to be allocated in accordance with Schedule 3:
 - 8.1.1.1 Locality GP Representative- North Locality;
 - 8.1.1.2 Locality GP Representative- South Locality;
 - 8.1.1.3 Locality GP Representative- West Locality;
 - 8.1.1.4 GP Representative;
 - 8.1.1.5 GP Representative;
 - 8.1.1.6 GP Representative;
 - 8.1.1.7 Sessional/Salaried GP Representative;
 - 8.1.2. An elected practice nurse who shall hold office as Practice Nurse Representative; and
 - 8.1.2. An elected practice manager who shall hold office as Practice Manager Representative.
 - 8.1.3. The positions as stated in Paragraph 7.2 b and h and 7.3 above shall be nominated or appointed by the Governing Body.
- 8.2. The Governing Body shall conduct elections for elected Governing Body members to hold the positions set out in Section 8.1 above, in accordance with the provisions contained in Schedule 3.
- 8.3. In order to maintain fairness and equality during the electoral process the elections shall be conducted by the Local Medical Committee.
- 8.4. Any individual wishing to stand for election, to the Governing Body, in respect of the positions as set out in Paragraph 8.1.1 above, shall do so in accordance with the provisions contained in Schedule 3.

9 ROLE OF THE GOVERNING BODY

9.1 The Governing Body has the following functions conferred on it by the National Health Services Act 2006 (as amended by the Health and Social Care Act 2012) together with any other functions connected with its main functions as may be specified in this Constitution. The Governing Body has responsibility for:

- a) Ensuring that Camden CCG has appropriate arrangements in place to exercise its functions effectively, efficiently and economically and in accordance with the groups principles of good governance (its main function);
- b) Determining the remuneration, fees and other allowances payable to employees or other persons providing services to Camden CCG and the allowances payable under any pension scheme it may establish;
- c) Functions as delegated by Camden CCG to the Governing Body as set out in Schedule 6;
- d) Functions as delegated by Camden CCG to the Governing Body relating to Camden CCG's General Duties as set out in Schedule 2
- e) Functions set out in the Prime Financial Policies and the Scheme of Reservation and Delegation.

9.2 The Governing Body shall:

- 9.2.1 Ensure that all providers of primary medical services in the Locality are Members of Camden CCG , and shall keep up to date registers of the same;
- 9.2.2 Ensure that each member practice will be treated as an individual Member of Camden CCG and will receive appropriate member voting rights;
- 9.2.3 Enable localities to make local commissioning decisions through the development of locality commissioning plans;
- 9.2.4 Support a variety and diverse approach to commissioning, particularly for practices to work proactively to improve efficiency and value;
- 9.2.5 Encourage innovation by enabling and supporting practices and clinicians in creating changes;
- 9.2.6 Engage in a collaborative approach with the local NHS in securing new services for patients fully responsive to local health needs;
- 9.2.7 Ensure that there are robust plans and responsibilities assigned to manage staff engagement, external relationships and communications;
- 9.2.8 Facilitate the delivery and implementation of any guidance or standards issued by any relevant regulatory body including but not limited to the Care Quality Commission (CQC) or any successor bodies or their authorised assignees;

- 9.2.9 Apply the principles set out in the White Paper '*Equity and Excellence – Liberating the NHS*' and '*Liberating the NHS Commissioning for Patients*';
- 9.2.10 Work with all local stakeholders to achieve delivery of the targets, policies and standards;
- 9.2.11 Work with and/or have any joint arrangements with any organisation or third party which are involved at any relevant time, in commissioning or provision of primary and secondary care services;
- 9.2.12 Work collaboratively to deliver the outcomes and milestones set out in any Local Delivery Plan;
- 9.2.13 Ensure effective liaison with and reporting to Members of Camden CCG, and NHS England, as appropriate.
- 9.2.14 Develop and keep under review robust governance arrangements which shall be complied with by all Members of Camden CCG;
- 9.2.15 Comply with all relevant procurement law and policy and adhere to the obligations placed on the Governing Body and Camden CCG with regard to all Providers applying the following principles of:
- (a) Transparency and openness;
 - (b) Support and assistance and training so as to permit compliance with the procurement law, competition law and any relevant policies;
 - (c) Application of guidance "procurement guide for commissioners of NHS funded services" and the "principles and rules for co-operation and competition";
 - (d) Equality of treatment.
- 9.2.16 Ensure that all decisions made in relation to commissioning are fully recorded and auditable;
- 9.2.17 Be engaged in the day to day management and application of commissioning and related activity in the Locality and shall operate in good faith using all due skill and diligence;
- 9.2.18 Provide at each Governing Body meeting a report from the finance and performance meeting. A full finance report shall be available to all Members prior to the Governing Body's Annual General Meeting and form part of the main agenda;
- 9.2.19 Ensure that all of Camden CCG's policies and procedures with regard to the involvement and consultation of patients and other relevant bodies are fully complied with at all times.
- 9.2.20 Make the dates and agenda of Governing Body meetings available on the CCG website with not less than 5 working days' notice;
- 9.2.21 Ensure that the Governing Body duly considers and approves or rejects business cases before implementation. Stakeholder members who are also

members of the Governing Body shall be identified and policies with regard to conflict or potential conflict shall be applied as set out in Sections 29-32 below;

- 9.2.22 Adhere to any other obligations as set out in statute, regulation and/or direction;
- 9.2.23 Implement all processes required to comply with any regulation, direction or internal governance where relevant;
- 9.2.24 Keep an up-to-date list of all committees, sub-committees and joint working arrangements;
- 9.2.25 Agree a set of Standing Orders.

10 ROLE OF LOCALITIES

10.1 LOCALITY GROUPS

- 10.1.1 Further the Governing Body shall establish three Locality Groups, one for each Locality (as set out in Schedule 1) which shall be accountable to the Governing Body (which approves their terms of reference). Each Locality Group shall be chaired by one of the relevant Locality GP Representatives (elected in accordance with Schedule 3) and shall have the following duties and functions:
 - (a) The duty to meet as a minimum four times per annum;
 - (b) The opportunity to consider items requested by the Members and the Governing Body;
 - (c) The duty to promote innovation in the Locality;
 - (d) The opportunity to consider and agree locally the best way of utilising support offered by Camden CCG;
 - (e) The opportunity to support each other in achieving the aims of the CCG by further risk sharing or sharing of CCG resources etc;
 - (f) The opportunity to establish their local arrangements for peer reviews;
 - (g) The opportunity to support each other in achieving improvements in quality and productivity;
 - (h) The opportunity to agree locally areas of investment where funding is made available by the Governing Body through the locality commissioning plans;
 - (i) The opportunity to put on the Governing Body via their Locality Lead items for discussion;
 - (j) The opportunity to discuss other Locality specific issues;
 - (k) The duty to recognise the role of individual member practices and their staff in making commissioning and operational decisions that relate to their patients through the locality commissioning plans.

- 10.2 The manner each Locality chooses to discharge these duties will be at the discretion of the Locality GP Representatives and the Members within that Locality. Governing Body members holding office as Locality GP Representatives shall be elected in accordance with the provisions contained in Schedule 3
- 10.3 In order to facilitate clinical engagement at all levels Camden CCG has adopted a three tier approach:
- 10.3.1 Tier 1 equates to the individual practice level commissioning leadership that represents commissioning value and improvement ideas that come from the grass roots experience and management of the practice population;
 - 10.3.2 Tier 2 is the locality based commissioning leadership that undertakes all of the activities outlined in tier 1, but in a locality group. Here, comparisons in experience and performance can be discussed, highlighting areas for support and review either at locality or borough level. Locality commissioning plans will be agreed at this level and will operate within annual financial limits set by the Governing Body;
 - 10.3.3 Tier 3 is the borough level commissioning leadership through the management team that holds accountability. Under the leadership of Camden CCG, the core team will undertake review, redesign and delivery of Camden wide priorities in parallel with development of future strategies.
- 10.4 In acting as a Locality GP Representative, each Locality GP Representative shall:
- 10.4.1 Promote the success of Camden CCG for the benefit of the Members as a whole;
 - 10.4.2 Act within the powers set out in this Constitution;
 - 10.4.3 Exercise independent judgement;
 - 10.4.4 Exercise reasonable care, skill and diligence;
 - 10.4.5 Declare any interest of that Locality GP Representative (and, if relevant, the Member he represents) in any proposed transaction or arrangement with or being considered by Camden CCG;
 - 10.4.6 Avoid conflicts of interest;
 - 10.4.7 Not accept benefits from third parties;
 - 10.4.8 Provide information to localities and represent their views to Governing Body.
- 10.5 The localities may expect from the Governing Body:
- 10.5.1 An annual agreed locality commissioning budget;
 - 10.5.2 Feedback from Governing Body meetings as an agenda item at the locality meetings;
 - 10.5.3 Freedom to define the way in which the locality budget is spent through the annual locality commissioning plans in line with the Standing Financial

Instructions;

- 10.5.4 Feedback from the Locality GP Representatives;
- 10.5.5 Access to the commissioning support resources available from Camden CCG;
- 10.5.6 A quarterly report at the locality meeting detailing decisions made by the Governing Body;
- 10.5.7 The localities will be actively engaged throughout the annual planning cycle;
- 10.5.8 Freedom to implement the local commissioning strategy.

11 EMPLOYMENT, REMUNERATION AND EXPENSES

- 11.1 The Governing Body shall be permitted to employ or engage the services of any individual if it reasonably believes that the employment or engagement of such an individual shall be of benefit to Camden CCG as a whole.
- 11.2 Any employment or engagement of any individual may include but is not limited to attendance at meetings of the Governing Body; the preparation and delivering of any relevant professional advice as so instructed by the Governing Body; the discharge of their responsibilities as indicated by the Governing Body from time to time in relation to Camden CCG.
- 11.3 The Governing Body shall be permitted to engage the services of the Local Medical Committee to assist, in particular in the overseeing and conducting of elections at all levels within Camden CCG.
- 11.4 The Remuneration Committee shall be permitted to reasonably decide the remuneration payable in respect of the duties undertaken by the Accountable Officer in accordance with relevant guidance.
- 11.5 Any remuneration as above may take any mutually acceptable form and may or may not also include any arrangements in connection with the payment of a pension, allowance, or death, sickness or disability benefits to or in respect of that individual, as the Remuneration Committee thinks fit.

12 DISQUALIFICATION OF MEMBERS OF THE GOVERNING BODY

- 12.1 Individuals disqualified from membership of the Governing Body are as set out in the NHS (Clinical Commissioning Groups) Regulations 2012, Schedule 5 (Regulation 12 (6)).
- 12.2 Members of the Governing Body shall vacate their office:
 - 12.2.1 If during the term of office he fulfils the disqualification criteria set out in The National Health Service (Clinical Commissioning Group) Regulations 2012;
 - 12.2.2 If in the opinion of the Governing Body (having taken appropriate professional advice in cases where it is deemed necessary) he becomes or is deemed to have developed mental or physical illness which prohibits or inhibits their ability to undertake their role;

- 12.2.3 If, in the case of Elected GP member, he ceases to be a provider of primary medical services, or engaged in or employed to deliver primary medical services;
- 12.2.4 If he is suspended from providing primary medical services in which case the removal or suspension from the Governing Body shall be at the discretion of the Governing Body. The Governing Body shall take into account the circumstances of any individual before a decision is made;
- 12.2.5 If he shall for a period of 5 consecutive meetings of the Governing Body have been absent and shall at the discretion of the Governing Body be vacated from his office;
- 12.2.6 If he shall have behaved in a manner or exhibited conduct which in the opinion of the Governing Body has or is likely to be detrimental to the honour and interest of the Governing Body or the Clinical Commissioning Group and is likely to bring the Governing Body and/or Clinical Commissioning Group into disrepute. This includes but is not limited to dishonesty, misrepresentation (either knowingly or fraudulently), defamation of any member of the Governing Body (being slander or libel), abuse of position, non-declaration of a known conflict of interest, seeking to lead or manipulate a decision of the Governing Body in a manner that would ultimately be in favour of that member whether financially or otherwise;
- 12.2.7 Where he has become ineligible to stand for a position as a result of the declaration of any Conflict of Interest under Section 24;
- 12.2.8 If in the case of an employee his employment is terminated by resignation, redundancy or as a result of disciplinary proceedings.

13. ROLES AND RESPONSIBILITIES

13.1 All members of Camden CCG's Governing Body:

- 13.1.1 Guidance on the roles of members of the group's governing body is set out in '*Clinical commissioning group Governing Body Members – Roles Attributes and Skills*', NHS England, October 2012. 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. Notwithstanding this, all members of the governing body have joint responsibility for every decision of the governing body regardless of their individual skills and experience.

13.2 The Chair of the Governing Body

13.2.1 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 the Constitution;
- b) Building and developing Camden CCG's Governing Body and its individual members;

- c) Ensuring that Camden CCG has proper constitutional and governance arrangements in place;
- d) Ensuring that, through the appropriate support, information and evidence, the Governing Body is able to discharge its duties;
- e) 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 Camden CCG 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 NHS England;
- k) Ensuring that Camden CCG builds and maintains effective relationships, particularly with the individuals involved in overview and scrutiny from the relevant local authority;
- l) Ensuring that Camden CCG participates fully in Health and Wellbeing Board arrangements.

13.2.2 Where the chair of the Governing Body is also the senior clinical voice of Camden CCG they will take the lead in interactions with stakeholders, including NHS England.

13.3 **The Vice Chair of the Governing Body**

13.3.1 In circumstances where the Chair is a GP or other primary care health professional the Vice Chair of the governing body, who will be a lay member, deputises for the Chair of the governing body where he or she has a conflict of interest or is otherwise unable to act.

13.4 **Role of the Accountable Officer**

13.4.1 The Governing Body shall appoint an Accountable Officer.

13.4.2 The Accountable Officer of the group is a member of the Governing Body.

13.4.3 The responsibilities of the Accountable Officer are as set out by the Health

and Social Care Act 2012, The National Health Service (Clinical Commissioning Groups) Regulations 2012, and in national guidance.

13.4.4 The responsibilities of the Accountable Officer shall include:

- a) Being responsible for ensuring that Camden CCG fulfils its duties to exercise its functions effectively, efficiently and economically thus ensuring improvement in the quality of services and the health of the local population whilst maintaining value for money;
- b) At all times ensuring that the regularity and propriety of expenditure is discharged, and that arrangements are put in place to ensure that good practice (as identified through such agencies as the 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 on-going capability and capacity to meet its duties and responsibilities. This will include arrangements for the ongoing developments of its members and staff;
- d) Exercise the functions as delegated by Camden CCG as set out in Schedule 2, and as delegated to the Accountable Officer in the Scheme of Reservation and Delegation;
- e) Exercise the functions as delegated by Camden CCG relating to Camden CCG's General Duties as set out in Schedule 2, and as delegated to the Accountable Officer in the Scheme of Reservation and Delegation;
- f) Ensure that the registers of interest are reviewed regularly, and updated as necessary.

13.4.5 The Accountable Officer shall report directly to the Governing Body of Camden CCG.

13.5 **Chief Financial Officer**

13.5.1 The Governing Body shall appoint a Chief Financial Officer.

13.5.2 The responsibilities of the Chief Financial Officer are set out below:

- a) To be responsible for all financial strategy, financial management, governance and regulation of Camden CCG, including maintaining adequate recording, invoicing and receipt of money and the review of any fees or charges made;
- b) To maintain and regulate relevant budgetary controls, in particular with regard to any directions issued by NHS England;
- c) To produce, when required, any reports and/or reconciliations of any expenditure made in relation to the performance of any of the functions under this Constitution;

- d) To ensure compliance with any other relevant regulations, directions and/or guidance;
- e) Exercise the functions as delegated by Camden CCG as set out in Schedule 2, and as delegated to the Chief Financial Officer in the Scheme of Reservation and Delegation;
- f) Exercise the functions as delegated by Camden CCG relating to Camden CCG's General Duties as set out in Schedule 2, and as delegated to the Chief Financial Officer in the Scheme of Reservation and Delegation;
- g) Providing professional financial expertise, including advising the Governing Body on effective, efficient and economic use of allocations to remain in that allocation and delivery of required financial targets and duties;
- h) Overseeing robust audit and governance arrangements for resources.

13.5.3 The Chief Financial Officer shall report directly to the Accountable Officer but with joint accountability to the Governing Body.

13.6 **Joint Appointments with other Organisations**

13.6.1 Camden CCG may enter into joint staff appointments with other organisations.

13.6.2 Where Camden CCG chooses to have a joint appointment such arrangement will be supported by a memorandum of understanding between the organisations who are party to these joint appointments.

14 **DELEGATION OF FUNCTIONS OF THE GOVERNING BODY**

14.1 The Governing Body has the authority to delegate any of its functions to either a properly constituted committee or sub-committee, in so far as the creation of those committees complies with the arrangements as set out in this Constitution.

14.2 Any committee and/or sub-committee shall operate in accordance with formal terms of reference as agreed by the Governing Body.

14.3 Camden CCG is accountable for exercising its statutory functions and may grant authority to act on its behalf to:

14.3.1 Any member(s);

14.3.2 The Governing Body;

14.3.3 Camden CCG employees; or

14.3.4 A Camden CCG committee or sub-committee.

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

14.4.1 The Scheme of Reservation and Delegation;

14.4.2 For committees their Terms of Reference.

- 14.5 The Governing Body may arrange for any of its functions to be exercised on its behalf by any Governing Body member or any employee or any committee or sub-committee as it thinks fit, but the terms of any such delegation must be recorded in the minutes of the Governing Body.
- 14.6 If in accordance with clause 14.5 above any function of the Governing Body is being exercised on its behalf by a member of the Governing Body, employee, committee or sub-committee those exercising the function must act in accordance with this Constitution.
- 14.7 Where delegated responsibilities are being discharged collaboratively, the joint (collaborative) arrangements must:
- (a) Identify where authority lies in order to enter into the arrangements;
 - (b) Identify the roles and responsibilities of those clinical commissioning groups who are working together;
 - (c) Identify any pooled budgets and how these will be managed and reported in annual accounts;
 - (d) Specify under which clinical commissioning group's scheme of reservation and delegation and supporting policies the collaborative working arrangements will operate;
 - (e) Specify how the risks associated with the collaborative working arrangement will be managed between the respective parties;
 - (f) Identify how disputes will be resolved and the steps required to terminate the working arrangements;
 - (g) Specify how decisions are communicated to the collaborative partners.
- 14.8 The group may enter into the following types of joint working arrangements:
- a) Joint (or collaborative) arrangements with other clinical commissioning groups;
 - b) Joint committees in respect of designated functions as defined in an agreement under sections 75 or sections 256 of the National Health Services Act 2006 with a local authority.
- 14.9 In establishing joint (or collaborative) arrangements with other clinical commissioning groups, Camden CCG will have regard to any guidance published by NHS England.
- 14.10 In circumstances where Camden CCG establishes a joint committee or working group with another clinical commissioning group or clinical commissioning groups, the Governing Body will decide in advance which individual it delegates authority to in order to make decisions on its behalf save as set out in clause 14.11 below. For the avoidance of doubt Camden CCG will retain liability for decisions made under such delegated authority.

- 14.11 In the event that Camden CCG needs to urgently delegate authority to an individual or individuals to make decisions on its behalf as per clause 14.10 above and it is not reasonably practicable or is not possible to hold a Governing Body meeting in time to decide such delegated authority the Chair and the Accountable Officer may delegate authority to an individual or individuals on the Governing Body's behalf as long as the Chair and Accountable Officer have consulted with at least two non-officer members of the Governing Body.
- 14.12 If the Chair and Accountable Officer delegate authority to an individual or individuals pursuant to clause 14.11 above they must report the use of this power and the reasons for its use to the next formal meeting of the Governing Body in public session.
- 14.13 Camden CCG may set up joint committee(s) with the Local Authority to discharge its responsibilities under Sections 75 and 256 of National Health Service Act 2006.
- 14.14 In the event of any conflict between Terms of Reference for committees and this Constitution this Constitution shall prevail.

15 FORMAL GOVERNING BODY COMMITTEES

- 15.1 The Governing Body has established seven substantive Governing Body committees which are:
- 15.1.1 Audit Committee;
 - 15.1.2 Remuneration Committee;
 - 15.1.3 Commissioning Committee;
 - 15.1.4 Finance and Performance Committee;
 - 15.1.5 Quality and Safety Committee;
 - 15.1.6 Procurement Committee;
 - 15.1.7 Individual Funding Requests Panel and Individual Funding Requests Appeals Panel.
- 15.2 The seven Governing Body committees referred to in clause 15.1 above describe the substantive committees and not the working title of any individual committee.
- 15.3 Nothing contained in this clause 15 or in clauses 16, 17, 18, 19, 20, 21 or 22 shall limit, restrict, prevent or prohibit the Governing Body's right or ability to dissolve, change, amend or merge any Governing Body committee or sub-committee or its ability or right to create new Governing Body committees or sub-committees at its absolute discretion.
- 15.4 Nothing contained in this clause 15 or in clauses 16, 17, 18, 19, 20, 21 or 22 shall limit, restrict, prevent or prohibit the Governing Body's right or ability to set, amend or change the remit and/or purpose of any Governing Body committee or sub-committee at its absolute discretion save as set out by law.
- 15.5 Governing Body committees shall be constituted in accordance with NHS England guidance.
- 15.6 Governing Body committees will provide a chairs report to Governing Body meetings where requested by the Governing Body.

16 AUDIT COMMITTEE

- 16.1 The Audit Committee shall provide assurance and advice to the Governing Body, and to the Accountable Officer on the proper stewardship of resources and assets,

including value for money, financial reporting, the effectiveness of audit arrangements (internal and external), risk management and on control and integrated governance arrangements within Camden CCG.

17 REMUNERATION COMMITTEE

17.1 The Remuneration Committee shall make decisions on behalf of the Governing Body on the appropriate remuneration and terms of service for the Chief Officer, Chair, member of the Governing Body and senior directors. The Committee shall at all times be mindful of NHS England guidance on remuneration, Pay Framework for Very Senior Managers and the process for making severance payments to senior managers as published by the Department of Health.

18 COMMISSIONING COMMITTEE

18.1 The Commissioning Committee shall commission healthcare and focus on the development of the local healthcare system with Camden CCG's partners and the people of Camden. It will ensure access to the delivery of safe, effective and responsive services that reduce inequalities, meet identified needs and ensure the maximum positive health impact within the resources available.

19 FINANCE AND PERFORMANCE COMMITTEE

19.1 The Finance and Performance Committee shall consider financial performance, associated planning issues and performance against service delivery targets to provide Camden CCG with assurance and robust recommendations to ensure plans and targets are met or exceeded.

20 QUALITY AND SAFETY COMMITTEE

20.1 The Quality and Safety Committee shall ensure the quality and safety of commissioned services by keeping under review providers' compliance with terms and conditions of contracts relating to clinical quality, and taking account of patient experience. The Quality and Safety Committee shall also ensure that patients have effective and safe care with a positive experience of services.

21 PROCUREMENT COMMITTEE

21.1 The Procurement Committee shall provide a forum within the Camden CCG governance structure that has responsibility for ensuring procurement decisions are legal and defensible to challenge or scrutiny. This includes but is not limited to mitigating the possibility of conflicts of interest in the procurement of clinical services and development of enhanced services, including delegated decision-making or recommendation-making in the event of a conflict of interest.

22 INDIVIDUAL FUNDING REQUESTS PANEL AND INDIVIDUAL FUNDING REQUESTS APPEALS PANEL

22.1 The Individual Funding Requests Panel shall consider and determine individual funding requests in line with Camden CCG's agreed policy.

22.2 The Individual Funding Requests Panel will be chaired by a Camden CCG Governing Body member and may hold meetings as a meeting in common with the Individual Funding Requests Panels of other Clinical Commissioning Groups.

22.3 The Individual Funding Requests Appeals Panel shall consider appeals from the Individual Funding Requests Panel and may hold meetings as a meeting in common with the Individual Funding Requests Appeals Panels of other Clinical Commissioning Groups.

22.4 The Individual Funding Requests Panel shall have a different chair and membership than the Individual Funding Requests Appeals Panel.

23 JOINT WORKING ARRANGEMENTS

23.1 The Governing Body may collaborate or enter into any joint working arrangements with any other Clinical Commissioning Group or Local Authority. The decision to do so will be taken by the Governing Body on the basis of the value gained by doing so, where there is more than one clinical commissioning group contracting with a provider or the local authority shares health and social care services with Camden CCG.

23.2 The process for making a decision to collaborate with any other clinical commissioning group or Local Authority will require a paper to be produced to describe the benefits, risks and process for managing the joint working arrangements to be agreed by the Governing Body. Any joint arrangement in respect of clause 23.1 above shall be evidenced by a formal agreement approved by the Governing Body and signed by both parties.

23.3 Any functions of Camden CCG as delegated to any committee, sub-committee, joint working arrangement and/or engagement of any person or organisation shall remain the responsibility Camden CCG and its Governing Body.

24 JOINT COMMISSIONING ARRANGEMENTS WITH OTHER CLINICAL COMMISSIONING GROUPS

24.1 Camden CCG may wish to work together with other Clinical Commissioning Groups in the exercise of its commissioning functions.

24.2 Camden CCG may make arrangements with one or more Clinical Commissioning Group in respect of:

24.2.1 Delegating any of Camden CCG's commissioning functions to another Clinical Commissioning Group;

24.2.2 Exercising any of the commissioning functions of another Clinical Commissioning Group;

24.2.3 Exercising jointly the commissioning functions of Camden CCG and another Clinical Commissioning Group.

24.3 For the purposes of the arrangements described at clause 24.2 above Camden CCG may:

24.3.1 Make payments to another Clinical Commissioning Group;

24.3.2 Receive payments from another Clinical Commissioning Group;

24.3.3 Make the services of its employees or any other resources available to another Clinical Commissioning Group;

24.3.4 Receive the services of the employees or the resources available to another Clinical Commissioning Group.

24.4 Where Camden CCG makes arrangements which involve all of the Clinical Commissioning Groups exercising any of their commissioning functions jointly a joint committee may be established to exercise those functions.

- 24.5 For the purposes of the arrangement described at clause 24.2 above Camden CCG may establish and maintain a pooled fund made up of contributions by any of the Clinical Commissioning Groups working together pursuant to clause 24.2.3 above. Any such pooled fund may be used to make payments towards expenditure incurred in the discharge of any of the commissioning functions in respect of which the arrangements are made.
- 24.6 Where Camden CCG makes arrangements with another Clinical Commissioning Group as described at clause 24.2 above Camden CCG shall develop and agree with that Clinical Commissioning Group an agreement setting out the arrangements for joint working. This include details of:
- 24.6.1 How the parties will work together to carry out their commissioning functions;
 - 24.6.2 The duties and responsibilities of the parties;
 - 24.6.3 How risk will be managed and apportioned between the parties;
 - 24.6.4 Financial arrangements including if applicable payments towards a pooled fund and management of that fund;
 - 24.6.5 Contributions from the parties including details around assets, employees and equipment to be used under the joint working arrangements.
- 24.7 The liability of Camden CCG to carry out its functions will not be affected where Camden CCG enters into arrangements pursuant to clause 24.2 above.
- 24.8 Only arrangements that are safe and in the interests of patients registered with member practices will be approved by the Governing Body.
- 24.9 The Camden CCG Governing Body shall require in all joint commissioning arrangements that the lead clinician and lead manager of the lead Clinical Commissioning Group make a quarterly written report to the Governing Body and publish an annual report on progress made against objectives.
- 24.10 Should a joint commissioning arrangement prove to be unsatisfactory the Camden CCG Governing Body 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.
- 25 JOINT COMMISSIONING ARRANGEMENTS WITH NHS ENGLAND FOR THE EXERCISE OF CCG FUNCTIONS**
- 25.1 Camden CCG may wish to work together with NHS England in the exercise of its commissioning functions.
- 25.2 Camden CCG and NHS England may make arrangements to exercise any of Camden CCG's commissioning functions jointly.
- 25.3 The arrangements referred to in paragraph 25.2 above may include other Clinical Commissioning Groups.
- 25.4 Where joint commissioning arrangements pursuant to clause 25.2 above are entered into the parties may establish a joint committee to exercise the commissioning functions in question.
- 25.5 Arrangement made pursuant to clause 25.2 above may be on such terms and conditions (including terms as to payment) as may be agreed between NHS England and Camden CCG.

- 25.6 Where Camden CCG makes arrangements with NHS England (and another Clinical Commissioning Group if relevant) as described at clause 25.2 above Camden CCG shall develop and agree with NHS England a framework setting out the arrangements for joint working. This includes details of:
- 25.6.1 How the parties will work together to carry out their commissioning functions;
 - 25.6.2 The duties and responsibilities of the parties;
 - 25.6.3 How risk will be managed and apportioned between the parties;
 - 25.6.4 Financial arrangements including if applicable payments towards a pooled fund and management of that fund;
 - 25.6.5 Contributions from the parties including details around assets, employees and equipment to be used under the joint working arrangements.
- 25.7 The liability of Camden CCG to carry out its functions will not be affected where Camden CCG enters into arrangements pursuant to clause 25.2 above.
- 25.8 Only arrangements that are safe and in the interests of patients registered with member practices will be approved by the Governing Body.
- 25.9 The Governing Body of Camden CCG shall require in all joint commissioning arrangements that the Chief Officer of Camden CCG make a quarterly written report to the Governing Body and publish an annual report on progress made against objectives.
- 25.10 Should a joint commissioning arrangement prove to be unsatisfactory the Camden CCG Governing Body 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.
- 26 JOINT COMMISSIONING ARRANGEMENT WITH NHS ENGLAND FOR THE EXERCISE OF NHS ENGLAND'S FUNCTIONS**
- 26.1 Camden CCG may wish to work with NHS England and where applicable other Clinical Commissioning Groups to exercise specified NHS England functions.
- 26.2 Camden CCG may enter into arrangements with NHS England and where applicable other Clinical Commissioning Groups to:
- 26.2.1 Exercise such functions as specified by NHS England under delegated arrangements;
 - 26.2.2 Jointly exercise such functions as specified with NHS England.
- 26.3 Where arrangements are made for Camden CCG and where applicable other Clinical Commissioning Groups to exercise functions jointly with NHS England a joint committee may be established to exercise the functions in question.
- 26.4 Arrangements made between NHS England and Camden CCG may be on such terms and conditions (including terms as to payment) as may be agreed between the parties.
- 26.5 For the purposes of the arrangements described at paragraph 26.2 above NHS England and Camden 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.
- 26.6 Where Camden CCG enters into arrangements with NHS England as described at clause 26.2 above the parties will develop and agree a framework setting out the arrangements for joint working. This includes details of:

- 26.6.1 How the parties will work together and carry out their commissioning functions;
 - 26.6.2 The duties and responsibilities of the parties;
 - 26.6.3 How risk will be managed and apportioned between the parties;
 - 26.6.4 Financial arrangements including payment towards a pooled fund and management of that fund;
 - 26.6.5 Contributions from the parties including details around assets, employees and equipment to be used under the joint working arrangements.
- 26.7 The liability of NHS England to carry out its functions will not be affected where it and Camden CCG enter into arrangements pursuant to clause 26.2 above.
- 26.8 Only arrangements that are safe and in the interests of patients registered with member practices will be approved by the Governing Body.
- 26.9 The Governing Body of Camden CCG shall require in all joint commissioning arrangements that the Chief Officer of Camden 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.
- 26.10 Should a joint commissioning arrangement prove to be unsatisfactory the Camden CCG Governing Body 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.
- 27 MEMBERSHIP AGREEMENT TO JOINT COMMISSIONING ARRANGEMENTS**
- 27.1 Camden CCG may undertake primary care joint commissioning in accordance with clauses 27.3, 27.4, 27.5 and 27.6 below.
- 27.2 Camden CCG may undertake non-primary care joint commissioning in accordance with clause 27.7 below.
- 27.3 The following decisions on primary care joint commissioning undertaken in accordance with clauses 24, 25 and 26 above are reserved to Members as listed in Schedule 1:
- 27.3.1 Whether or not in principle Camden CCG will undertake joint commissioning;
 - 27.3.2 Functions that Camden CCG may jointly commission;
 - 27.3.3 Which other organisations Camden CCG may joint commission with;
 - 27.3.4 Whether Camden CCG pools funds with other organisations it joint commissions with.
- 27.4 The decisions set out in clause 27.3 above set out the permissions ('Permissions') under which the Governing Body must operate when undertaking primary care joint commissioning pursuant to clauses 24, 25 and/or 26 above.
- 27.5 Once Members have agreed the Permissions as per clauses 27.3 and 27.4 above the Governing Body acting within the Permissions shall:
- 27.5.1 Approve the arrangements for joint commissioning with other Clinical Commissioning Groups for the exercise of Camden CCG's commissioning functions;
 - 27.5.2 Approve the arrangements for joint commissioning with other Clinical Commissioning Groups for the exercise of other Clinical Commissioning Group's or Groups' commissioning functions;

- 27.5.3 Approve the joint commissioning arrangements with NHS England for the exercise of Camden CCG's commissioning functions;
 - 27.5.4 Approve the joint commissioning arrangements with NHS England for the exercise of NHS England's joint commissioning functions.
- 27.6 The Permissions agreed under clauses 27.3 and 27.4 above may be varied, amended or terminated by Members in either of the following ways:
- 27.6.1 On agreement by 75% of Members; or
 - 27.6.2 On the joint agreement of each of the three localities being the North Locality, South Locality and West Locality with such agreement being given by a simple majority of votes of voting members in attendance at each meeting.
- 27.7 For non-primary care joint commissioning undertaken pursuant to clauses 24, 25 and 26 above the Governing Body shall:
- 27.5.1 Approve the arrangements for joint commissioning with other Clinical Commissioning Groups for the exercise of Camden CCG's commissioning functions;
 - 27.5.2 Approve the arrangements for joint commissioning with other Clinical Commissioning Groups for the exercise of other Clinical Commissioning Group's or Groups' commissioning functions;
 - 27.5.3 Approve the joint commissioning arrangements with NHS England for the exercise of Camden CCG's commissioning functions;
 - 27.5.4 Approve the joint commissioning arrangements with NHS England for the exercise of NHS England's joint commissioning functions.
- 27.8 For the avoidance of doubt for non-primary care joint commissioning clauses 27.3, 27.4, 27.5 and 27.6 above do not apply.
- 27.9 Should a joint commissioning arrangement prove to be unsatisfactory the Camden CCG Governing Body can decide to withdraw from the arrangement. However, for primary care joint commissioning the Governing Body shall consult with Members before the decision to withdraw from the unsatisfactory arrangement is made.

28 MISCELLANEOUS PROVISIONS RELATING TO JOINT COMMISSIONING

- 28.1 For the avoidance of doubt if Camden CCG establishes or enters into any joint committees pursuant to clauses 24.4, 25.4 and/or 26.3 above the Governing Body shall decide the quorum requirements and the Terms of Reference for those joint committees on a committee by committee basis. This clause takes precedence over any other clause in this Constitution that indicates the contrary.

29 CONFLICTS OF INTEREST

- 29.1 Camden CCG will manage actual and potential conflicts of interest to ensure that decisions are made and are seen to be made in an open and transparent way in the best interests of the organisation and the public. Decisions must be taken and seen to be taken with integrity and without being unduly influenced by private interests.
- 29.2 Where an individual, i.e. an employee, Member, member of the Governing Body, or a member of a committee or a sub-committee of Camden CCG has an interest, or becomes aware of an interest which could lead to a conflict of interest in the event of Camden 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.

- 29.3 A Conflict of Interest may include but shall not be limited to:
- 29.3.1 A member of the Governing Body, or any of its committees or sub-committees holding partnership in, employment in, directorship or trusteeship of or majority or controlling shareholdings in or other significant associations with any Provider. For the purposes of this section, “significant associations” may include, but shall not be limited to, a family member/partner holding partnership in, employment in, directorship or trusteeship of or majority or controlling shareholdings in or other significant associations with any Provider;
 - 29.3.2 A member of the Governing Body, or any of its committees or sub committees holding simultaneous office in both a Local Medical Committee and the Clinical Commissioning Group on completion of the transition stage of development/after April 2013;
 - 29.3.3 Any interest that the member of the Governing Body, or its committees or sub-committees if registered with the General Medical Council (‘GMC’) would be required to declare in accordance with paragraph 55 of the GMC’s publication “Management for Doctors” or any successor code including the referral of any patient by a member to a Provider in which the member has a Conflict of Interest;
 - 29.3.4 Any interest that the member of the Governing Body, or its committee or sub-committees, if registered with the Nursing and Midwifery Council (‘NMC’) would be required to declare in accordance with paragraph 7 of the NMC’s publication Code of Professional Conduct or any successor code including the referral of any patient by a member to a Provider in which the member has a Conflict of Interest;
 - 29.3.5 Any duty whatsoever imposed on any member of the Governing Body, or its committees or sub-committees, clinicians or any other codes of conduct to which the member is subject;
 - 29.3.6 Any other interest whatsoever that should be dutifully declared under the Health and Social Care Act 2012 and guidance issued by Department of Health from time to time;
 - 29.3.7 Any interest which may or will result in a member of the Governing Body obtaining a monetary benefit;
 - 29.3.8 Any interest which may or will result in a member of the Governing Body obtaining a non-monetary benefit.
- 29.4 The Governing Body shall, whilst taking in to account their responsibilities within this Section, at all times act in accordance with the principles set out in Sections 30 31, 32 and 35.

30 DECLARATION OF CONFLICT OF INTEREST

- 30.1 The Accountable Officer of Camden CCG shall maintain a register of interests of all members of the Governing Body or its sub-committees recording all declarations of Conflicts of Interest in the forms set out in Schedule 5.

- 30.2 The register of interests shall be published on the Camden CCG website in addition to being made available for inspection at the Camden CCG Headquarters.
- 30.3 Any Member of Camden CCG, members of the Governing Body, members of its committees or sub-committees and committees or sub-committees of the Governing Body, and its employees subject to a Conflict of Interest or to any change in circumstances which may bring to light a potential future Conflict of Interest or any previous or current Conflict of Interest shall:
- 30.3.1 Declare the nature and extent of any Conflicts of Interest (including any benefit already or expected to be received) to the Accountable Officer for inclusion on the register, in the form set out in Schedule 5 prior to any relevant discussion regarding any specification for or award of the goods or services to which the Conflict of Interest relates; within 28 days of appointment or as soon as such Conflict of Interest becomes apparent, whichever is the sooner;
 - 30.3.2 Declare the nature and extent of any Conflict of Interest at the beginning of any meeting in which relevant discussion regarding any specification for or award of the goods or services to which the Conflict of Interest relates. If during the meeting a person becomes aware of an actual or potential Conflict of Interest they must declare the nature and extent of the Conflict or Interest immediately;
 - 30.3.3 If the member of the Governing Body, its committees or sub-committees seeks to refer a patient to a Provider the member must in addition to Sections 30.3.1 and 30.3.2 declare the nature of any Conflict of Interest to the patient and note the nature of the Conflict of Interest related to any referral on the patient's medical record as suggested by Paragraph 76 of GMC's Good Medical Practice Code;
 - 30.3.4 Be refrained from discussing or voting on any matters related to such Conflict of Interest unless the Accountable Officer deems that the Conflict of Interest is not a prejudicial conflict of interest;
 - 30.3.5 All invitations to tender or contract issued by Camden CCG shall require any tenderer or potential contractor to declare any Conflicts of Interest within 28 days in the form set out in Schedule 5.
- 30.4 Where the declaration of a Conflict of Interest results in an inquorate Governing Body, the responsibility shall rest with the Chair / Acting Chair as to whether:
- 30.4.1 The meeting can proceed; or
 - 30.4.2 The meeting should be postponed and reconvened at such time when new temporary members may be appointed to take the place of the conflicted members.
- 30.5 The Governing Body shall ensure that all decisions and processes undertaken in managing a particular conflict are open, transparent and recorded.

31 FAILURE TO DISCLOSE CONFLICT OF INTEREST

- 31.1 Failure to disclose any Conflict of Interest by any member of the Governing Body or its committees may result in the disqualification of that member by special resolution of the Governing Body under the disqualification provisions detailed in clause 12.

- 31.2 Failure to disclose any Conflict of Interest by any member of the Governing Body regarding a bid from a potential Provider, will not necessarily render any decision made by the Governing Body or its properly constituted committee or sub committees as invalid. Although the Governing Body shall reserve the right to declare any such contract invalid or impose such requirements or conditions upon that member or any contract to which the Conflict of Interest pertains as it sees fit.
- 31.3 Any Committee member who is not a Governing Body member and who fails to disclose any Conflict of Interest may be disqualified from sitting on or participating in a Committee or Committees by special resolution of the Governing Body.

32 QUORUM AND CONFLICT OF INTEREST

- 32.1 Any quorum of the Governing Body, its committees or its sub-committees shall exclude any member affected by a Conflict of Interest under Section 29. If this Section has the effect of rendering the meeting inquorate, then the Chair shall decide whether to adjourn the meeting to permit the appointment or co-option of additional members.
- 32.2 In the event that a Governing Body meeting or committee meeting is not quorate due to a matter on which there is a Conflict of Interest or potential Conflict of Interest the matter shall be referred to the Procurement Committee. The Procurement Committee shall decide whether to:
- 32.2.1 Make the decision on the matter under consideration on behalf of the Governing Body; or
 - 32.2.2 Make a recommendation to the Governing Body on the matter under consideration.
- 32.3 The Governing Body or a committee may choose to refer a matter to the Procurement Committee when there is a Conflict of Interest or potential Conflict of Interest but the Conflict of Interest is such that does not render a meeting inquorate. Unless the Governing Body or committee specifically reserves the decisions on the matter to itself the Procurement Committee shall decide whether to:
- 32.3.1 Make the decision on the matter under consideration on behalf of the Governing Body; or
 - 32.3.2 Make a recommendation to the Governing Body or the relevant committee on the matter under consideration.
- 32.4 The Accountable Officer shall include and update any Conflicts of Interest in the register of interests together with any conditions the Governing Body, its committees or sub-committees may impose on the member or any relevant contract.
- 32.5 The conflicted member may make representations to the Governing Body, its Committees or sub-committees regarding the manner in which any Conflict of Interest is dealt with or in relation to any issues relevant to that Conflict of Interest, provided always that any requirement as to the quorum at the meeting at which the Conflict of Interest is considered shall except the conflicted member.

33 STANDING FINANCIAL INSTRUCTIONS

- 31.1 Camden CCG has Standing Financial Instructions which set out how Camden CCG delegates responsibility for financial approval, to whom Camden CCG delegates responsibility for financial approval and the delegated financial approval limits. The Standing Financial Instructions must be adhered to. For the avoidance of doubt the Standing Financial Instructions do not form part of this Constitution.

- 33.2 The Governing Body is responsible for approving Camden CCG's Standing Financial Instructions.

34 PRIME FINANCIAL POLICIES

- 34.1 Camden CCG has Prime Financial Policies which detail Camden CCG's financial responsibilities, policies and procedures. The Prime Financial Policies are contained in Schedule 10 and must be adhered to.
- 34.2 The Governing Body is responsible for approving Camden CCG's Prime Financial Policies.

35 TRANSPARENCY IN PROCURING SERVICES

- 35.1 Camden CCG recognises the importance in making decisions about the services it procures in a way that does not call into question the motives behind the procurement decision that has been made. Camden CCG will procure services in a manner that is open, transparent, non-discriminatory and fair to all potential providers.
- 35.2 Camden CCG will publish a Procurement Policy approved by the Governing Body which will ensure that:
- 35.2.1 Service redesign and procurement processes are conducted in an open, transparent, non-discriminatory and fair way;
 - 35.2.2 Camden CCG's Procurement Policy shall be available for inspection on its website and at Camden CCG's Headquarters.

36 CONFIDENTIALITY

- 36.1 The expression 'Confidential Information' as used in this Constitution means any information which any member may have or acquired in relation to Camden CCG or another member and is in addition to any statutory, professional or other duty of confidence to which the member is subject including but not limited to the NHS Code of Confidentiality, the Data Protection Act 1988, Caldicott and Safe Havens, the Access to Health Records Act 1990, the Human Rights Act 1998 and the Computer Misuse Act 1990; General Medical Council (2000) Confidentiality: Protecting and Providing Information; and the BMA (1999) Confidentiality and Disclosure of Health Information guidance.
- 36.2 Confidential Information excludes information that was not provided when subject to any duty of confidence and which has become public knowledge other than as a direct or indirect result of a breach of this confidentiality provision.
- 36.3 Each member shall at all times use best endeavours to keep confidential any Confidential Information and shall not use or disclose Confidential Information except as required by law or regulation.

37 THE GROUP AS EMPLOYER

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

- 37.2 Camden CCG will seek to set an example of best practice as an employer and is committed to offering all staff equality of opportunity. It will ensure that its employment practices are designed to promote diversity and to treat all individuals equally.
- 37.3 Camden CCG will ensure that it employs suitably qualified and experienced staff who will discharge their responsibilities in accordance with the high standards expected of staff employed by the 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.
- 37.4 Camden CCG will maintain and publish policies and procedures (as appropriate) on the recruitment and remuneration of staff to ensure it can recruit, retain and develop staff of an appropriate calibre. Camden CCG will also maintain and publish policies on all aspects of human resources management, including grievance and disciplinary matters.
- 37.5 Camden CCG will ensure that its rules for recruitment and management of staff provide for the appointment and advancement on merit on the basis of equal opportunity for all applicants and staff.
- 37.6 Camden CCG will ensure that employees' behaviour reflects the values, aims and principles set out above.
- 37.7 Camden CCG will ensure that it complies with all aspects of employment law.
- 37.8 Camden CCG will ensure that its employees have access to such expert advice and training opportunities as they may require in order to exercise their responsibilities effectively.
- 37.9 Camden CCG will adopt a Code of Conduct for staff and will maintain and promote effective 'whistleblowing' procedures to ensure that concerned staff have means through which their concerns can be voiced.
- 37.10 Copies of this Code of Conduct, together with the other policies and procedures outlined in this chapter, shall be available for inspection on Camden CCG's website and at its Headquarters.

38 NOTICES

- 38.1 Any notice or other communication required to be given to Camden CCG shall be in writing and shall be delivered by hand or sent by pre-paid first-class post or other next working day delivery service at its principal place of business, or sent by fax to Camden CCG's main fax number.
- 38.2 Any notice or communication shall be deemed to have been received if delivered by hand, on signature of a delivery receipt, or if sent by fax, at 9.00 am on the next Business Day after transmission, or otherwise at 9.00 am on the second Business Day after posting or at the time recorded by the delivery service.
- 38.3 All communications issued by Camden CCG, including the commissioning plan, annual report, notices of procurements, public consultations, reports, Governing Body meeting dates, times, venues, and papers will be published on Camden CCG's website. Camden CCG may also at the discretion of the Governing Body make use of other means of communication, including circulating information by post or e-mail, or making information available in venues or services accessible to the public to ensure that the communications are available to patients and the public.

39 TRANSPARENCY

39.1 In accordance with the National Health Service (Clinical Commissioning Groups – Responsibilities) Regulations 2012, Regulation 16, the CCG will make the following arrangements to ensure transparency:

- a) Publish papers considered at its meetings except where the governing body considers that it would not be in the public interest to do so in relation to a particular paper or part of a paper;
- b) Publish the following information relating to determinations made under subsection (3)(a) and (b) of section 14L of the 2006 Act (which relates to remuneration, fees and allowances payable under certain pension schemes) –
 - (i) In relation to each senior employee of the CCG, any determination of the employee's salary (which need only specify a band of £5,000 into which the salary falls), or of any travelling and other allowances payable to the employee, including any allowances payable under a pension scheme established under paragraph 11(4) of Schedule 1A to the 2006 Act;
 - (ii) Any recommendation of the remuneration committee in relation to any such determination.
- c) In the event that the governing body consider that it would not be in the public interest to publish such information, it will not publish the above information.

40 DISPUTE RESOLUTION BETWEEN MEMBER PRACTICES AND CAMDEN CCG AS A WHOLE

40.1 As per the Constitution's Scheme of Reservation and Delegation, the Governing Body has authority to perform Camden CCG's functions, or has authority to delegate these functions to its committees as appropriate.

40.2 As Camden has had a long history of successful collaboration with its practices, it is expected that issues or grievances will be few and far between. Additionally, Camden CCG is committed to engaging with its member practices around strategic proposals and developments. However, where a member practice finds it has a dispute or grievance with the wider Camden CCG as whole, or its Governing Body or committees to whom it has delegated its powers, with regards to:

- a) Matters of eligibility and disqualification; or
- b) The interpretation and application of their respective powers and obligations under this Constitution; or
- c) A decision which the Camden CCG has made on behalf of its members; or

- d) Any other relevant matter that Governing Body considers fair and equitable to be the subject of a complaint or grievance;

it may follow the dispute resolution procedure outlined below.

40.3 If the member practice wishes to raise an issue with Camden CCG as a whole:

- a) In the first instance, the member practice may if they wish, raise such issue through their Governing Body GP link, in writing within 60 days of the issue arising, for resolution;
- b) If the member practice does not wish to raise the issue with their Governing Body GP link, or if the issue is not resolved by the Governing Body GP Link, the member practice should raise such issue through the elected GP locality representative on the Governing Body, in writing within 60 days of the issue arising, for resolution;
- c) The locality GP representative on the Governing Body will respond to the member practice in writing within 30 working days, unless that locality representative is on leave or otherwise away, in which case the chair can direct any other elected board member to receive and resolve the issue;
- d) If the locality GP representative is unable to resolve the issue, the member practice may write formally to the Chair, or, if the Chair is unavailable, to the statutory vice chair (lay member), clearly outlining the issue/s and contact details. The chair, in conjunction with the Chief Officer where appropriate, will contact the member practice within 30 working days through the practice representative to resolve the dispute;
- e) Where the dispute is unable to be resolved as above in (c), parties may decide to refer to mediation.

SCHEDULE 1

LIST OF MEMBERS OF THE CLINICAL COMMISSIONING GROUP

- 1.1 NHS Camden Clinical Commissioning Group ('Camden CCG') is a membership organisation comprising of 37 member practices which are GP practices with the London Borough of Camden.
- 1.2 Each member practice ('Member') is a primary care provider.
- 1.3 Camden CCG has three localities which are the North Locality, South Locality and West Locality.
- 1.4 Each locality comprises of a number of Members based on each Member's geographic location.
- 1.5 The Members comprising the North Locality are:
 - 1.5.1 Adelaide Medical Centre;
 - 1.5.2 Brookfield Park Surgery;
 - 1.5.3 Caversham Group Practice;
 - 1.5.4 Daleham Gardens Surgery;
 - 1.5.5 Four Trees Surgery;
 - 1.5.6 Hampstead Group Practice;
 - 1.5.7 Keats Group Practice;
 - 1.5.8 Park End Surgery;
 - 1.5.9 Parliament Hill Medical Centre;
 - 1.5.10 Primrose Hill Surgery;
 - 1.5.11 Prince of Wales Group Practice;
 - 1.5.12 Rosslyn Hill Practice;
 - 1.5.13 Swiss Cottage Surgery.
- 1.6 The Members comprising the South Locality are:
 - 1.6.1 Ampthill Square Medical Centre;
 - 1.6.2 Bloomsbury Surgery;
 - 1.6.3 Brunswick Surgery;
 - 1.6.4 Camden Health Improvement Practice;
 - 1.6.5 Gower Place Practice;
 - 1.6.6 Gower Street Practice;
 - 1.6.7 Greys Inn Medical Practice;
 - 1.6.8 Holborn Medical Centre;
 - 1.6.9 James Wigg Practice;
 - 1.6.10 King's Cross Road Surgery;
 - 1.6.11 Matthewman Practice;
 - 1.6.12 Museum Practice;
 - 1.6.13 Queens Crescent Surgery;
 - 1.6.14 Regent's Park Practice;
 - 1.6.15 Somers Town Medical Centre;
 - 1.6.16 St. Philips Medical Centre.
- 1.7 The Members comprising the West Locality are:
 - 1.7.1 Abbey Medical Centre;
 - 1.7.2 Belsize Priory Medical Practice;
 - 1.7.3 Brondesbury Medical Centre;
 - 1.7.4 Cholmley Gardens Surgery;
 - 1.7.5 Fortune Green Practice;
 - 1.7.6 West End Lane Medical Practice;

- 1.7.7 West Hampstead Medical Centre;
- 1.7.8 Westfield Medical Centre.

SCHEDULE 2

FUNCTIONS AND DUTIES OF THE CCG

1. FUNCTIONS

- 1.1. The functions that the group is responsible for exercising are set out in the NHS Act 2006, as amended by the Health and Social Care Act 2012. These are also contained in the Department of Health Guide '*Functions of Clinical Commissioning Groups: A Working Document*'. They relate to:
- 1.1.1. Commissioning certain health services (where the NHS England is not under a duty to do so) that meet the reasonable needs of:
 - a) All people registered with the Members regardless of area of residence;
 - b) People who are usually resident within the area and are not registered with a member of any clinical commissioning group.
 - 1.1.2. Commissioning emergency care for anyone present in Camden CCG's area;
 - 1.1.3. Determining the remuneration and travelling or other allowances of members of its Governing Body;
 - 1.1.4. 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 Camden CCG's employees.
- 1.2. In discharging its functions Camden CCG will:
- 1.2.1. Act, when exercising its functions to commission health services, consistently with the duty of the Secretary of State and the NHS England to **promote a comprehensive health service** and with the objectives and requirements placed on the NHS England through the mandate published by the Secretary of State before the start of each financial year by:
 - i) Delegating responsibility to the group's governing body developing an annual commissioning plan in accordance with the requirement of the Health and Social Care Act 2012;
 - ii) Requiring progress of the delivery to be monitored through the group's reporting mechanisms.
 - 1.2.2. Meet the public sector equality duty by:
 - i) Delegating responsibility to the group's governing body;
 - ii) Specifying a policy which sets out how the group intends to discharge this duty;
 - iii) Adopting the Equality Delivery Scheme (EDS) or future variation to enable the CCG to meet its requirements in relation to the public sector equality duty;
 - iv) Publishing, at least annually, sufficient information to demonstrate compliance with this general duty across all their functions;

- v) Preparing and publishing specific and measurable equality objectives, revising these at least every four years;
 - vi) Requiring progress of delivery to be monitored through the group's reporting mechanisms.
- 1.2.3. Work in partnership with the London Borough of Camden to develop joint strategic needs assessments and joint health and wellbeing strategies by:
- i) Developing with the London Borough of Camden a joint strategic needs assessment and a health and wellbeing strategy;
 - ii) Working with partners on the Health and Wellbeing Board, of which the CCG is a member, to contribute to addressing the wider determinants of health and to contribute to implementing the Health and Wellbeing Strategy in relation to commissioning of health services.

2. GENERAL DUTIES – in discharging its duties the group will:

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

- a) Ensuring that patients and the public are consulted with and involved in accordance with the relevant legislation, including publishing a strategy for communications, involvement and engagement;
- b) Delegating responsibility to the Governing Body;
- c) Ensuring that this duty is discharged on behalf of the Governing Body by the Accountable Officer;
- d) Adopting the following Statement of Principles:
 - Create an organisational culture that encourages and enables involvement;
 - Be inclusive and proactive in resolving barriers to effective involvement and participation;
 - Make clear the purpose of involvement and the extent to which people can expect their views to influence development of local health services;
 - Recognise the importance of providing feedback to people who have made their views known;
 - Work in partnership with other agencies to avoid duplication where possible when approaching the public;
 - Build upon best practice and be open to innovative and proven approaches from within and outside the NHS;
 - Provide support and training to staff to equip them for this role.

In delivering the Statement of Principle the CCG will:

- Work in partnership with patients and the local community to secure the best care for them;
- Adapt engagement activities to meet the specific needs of the different patient groups and communities;
- Publish information about health services on the group's website and through other media;

- Encourage and act on feedback;
- Identify how the group will monitor and report its compliance against this statement of principles;

e) Having regard to the Cabinet Office's *Code of Practice on Consultation*.

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

- a) Delegating responsibility to Camden CCG's Governing Body;
- b) Ensuring Camden CCG's values reflect the values set out in the NHS Constitution;
- c) Ensuring that policies have regard to the NHS Constitution in their development;
- d) Ensuring that all decisions made by the governing body are assessed for regard to the NHS Constitution;
- e) Promoting the NHS Constitution on the group's website and internally with all staff;
- f) Incorporating a requirement for compliance with the NHS Constitution in all contracts for commissioned services.

2.3 Act effectively, efficiently and economically:

- a) Delegating responsibility to Camden CCG's Governing Body;
- b) Ensuring this duty is discharged on behalf of the Governing Body by the Accountable Officer and Chief Finance Officer in accordance with the with the responsibilities of their roles;
- c) Delegating responsibility to the governing body's Audit Committee to assist the governing body in regard to discharge of the duty and in accordance with the Committee's Terms of Reference;
- d) Delegating responsibility to the governing body's Finance and Performance Committee to assist in optimising the allocation and adequacy of the group's resources in accordance with its Terms of Reference;
- e) Requiring progress of the delivery of the duty to be monitored through the group's reporting mechanisms.

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

- a) Delegating responsibility to Camden CCG's Governing Body;
- b) Ensuring that this duty is discharged on behalf of the Governing Body by the Accountable Officer;
- c) Delegating responsibility to the Governing Body's Quality and Safety

Committee to assist the Governing Body in regard to discharge of the duty in accordance with the Committee's Terms of Reference;

- d) Having a strategy which will set the framework for securing continuous improvements in the quality of commissioned services and outcomes for patients with regard to clinical effectiveness, safety and patient experience to contribute to improved patient outcomes across the NHS Outcomes Framework;
- e) Requiring progress of the duty to be monitored through the group's reporting mechanisms.

2.5 Assist and support the NHS England in relation to its duty to **improve the quality of primary medical services** by:

- a) Delegating responsibility to Camden CCG's Governing Body;
- b) Ensuring that this duty is discharged on behalf of the Governing Body by the Accountable Officer;
- c) Delegating responsibility to the Governing Body's Quality and Safety Committee to assist the governing body in regard to discharge of the duty in accordance with the Committee's Terms of Reference;
- d) Having processes in place with the group's members to secure improvements in the quality of primary care with regard to clinical effectiveness, safety and patient experience in GP practices contributing to improved patient outcomes across the NHS Outcomes Framework;
- e) Requiring progress of the duty to be monitored through the group's reporting mechanisms.

2.6 Have regard to the need to **reduce inequalities** by:

- a) Delegating responsibility to Camden CCG's Governing Body;
- b) Ensuring that this duty is discharged on behalf of the governing body by the Accountable Officer and the specific lead officer delegated by the Accountable Officer to oversee its discharge;
- c) Developing an annual commissioning plan in accordance with the requirement of the Health and Social Care Act 2012 which sets out the group's role and plans in relation to reducing the gap in health inequalities;
- d) Working with partners on the on the Health and Wellbeing Board to contribute to the addressing the wider determinants of health and to contribute to implementing the Health and Wellbeing Strategy in relation to commissioning of health services;
- e) Developing and agreeing a Joint Strategic Needs Assessment;
- f) Working with the Director of Public Health;
- g) Requiring progress of the delivery of the duty to be monitored through

Camden CCG's reporting mechanisms.

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

- a) Delegating responsibility to Camden CCG's Governing Body;
- b) Ensuring that this duty is discharged on behalf of the Governing Body by the Accountable Officer and the specific lead officer delegated by the Accountable Officer to oversee its discharge;
- c) Ensuring that standards are contained within contracts for commissioned services requiring procedures to be in place in commissioned services to ensure patients, their carers and representatives are able to make informed decisions about their healthcare;
- d) Requiring progress of the delivery of the duty to be monitored through the group's reporting mechanisms.

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

- a) Delegating responsibility to Camden CCG's Governing Body;
- b) Ensuring this duty is discharged on behalf of the governing body by the Accountable Officer;
- c) Embodying the requirements of patient choice within the group's Choice Policy in accordance with the NHS Constitution;
- d) Requiring progress of the delivery of the duty to be monitored through Camden CCG's reporting mechanisms.

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

- a) Delegating responsibility to the Governing Body, and any of its committees or sub-committees, to ensure that it obtains appropriate advice in the exercise of its functions, either through individual members of the Governing Body, or where appropriate through invitation to individuals to attend as appropriate to provide advice, or by seeking advice from the through external bodies such as a Clinical Senate, Public Health England, or other expert or independent organisation, or through the group's agreed Public Health core offer from the Local Authority;
- b) Engaging as appropriate with the Local Medical Committee in their role as statutory representatives of individual GPs and GP Practices.

2.10 **Promote innovation** by:

- a) Delegating responsibility to Camden CCG's Governing Body;
- b) Ensuring this duty is discharged on behalf of the governing body by the Accountable Officer;
- c) Seeking out and adopting best practice, by supporting research and adopting

and disseminating transformative, innovative ideas, products, services and clinical practice both within the group and within its commissioned services, which add value in relation to quality and productivity.

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

- a) Delegating responsibility to Camden CCG's Governing Body;
- b) Ensuring this duty is discharged on behalf of the Governing Body by the Accountable Officer;
- c) Delegating responsibility to the governing body's Quality and Safety Committee to assist the governing body in regard to oversight of research governance and in accordance with the Committee's Terms of Reference;
- d) Collaborating with key stakeholders such as Clinical Research Networks and academic institutions to establish evidence of best practice;
- e) Collaborating with key stakeholders such as Clinical Research Networks and academic institutions and commissioning where appropriate independent research and evaluation as a means of developing or evaluating care pathways, evidence based practice and the translation of research evidence into clinical practice;
- f) Requiring progress of delivery of the duty to be monitored through Camden CCG's reporting mechanisms.

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

- a) Delegating responsibility to Camden CCG's Governing Body;
- b) Ensuring this duty is discharged on behalf of the Governing Body by the Accountable Officer;
- c) Encouraging and supporting the continuous learning and development of its employees so that they are able to carry out their role confidently and effectively, achieve their individual potential and contribute fully to the objectives of Camden CCG;
- d) Working in partnership with the Local Education and Training Board;
- e) Requiring progress of delivery of the duty to be monitored through Camden CCG's reporting mechanisms.

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 Camden CCG considers that this would improve the quality of services or reduce inequalities by:

- a) Delegating responsibility to the Camden CCG's Governing Body;

- b) Developing an annual commissioning plan in accordance with the requirement of the Health and Social Care Act 2012 which sets out the group's role and plans in relation to promoting integration;
- c) Working in partnership with others to take forward plans so that pathways of care are seamless and integrated within and across organisations, and seek to reduce inequalities in access and outcomes;
- d) Working in partnership in particular with the Health and Wellbeing Board in the implementation of the joint health and wellbeing strategy;
- e) Requiring progress of delivery of the duty to be monitored through Camden CCG's reporting mechanisms.

2.14 These arrangements will (where appropriate) be reflected in Camden CCG's Standing Orders and the Scheme of Reservation and Delegation.

3. With regard to General Financial Duties the CCG will perform its functions so as to:

3.1 **Ensure its expenditure does not exceed the aggregate of its allocations for the financial year** by:

- a) Delegating responsibility to Camden CCG's Governing Body;
- b) Developing an annual commissioning plan (which incorporates the financial plan) in accordance with the requirement of the Health and Social Care Act 2012;
- c) Ensuring that this duty is discharged on behalf of the Governing Body by the Chief Finance Officer in accordance with the responsibilities of the role;
- d) Specifying Prime Financial Policies and detailed underpinning financial policies;
- e) Delegating responsibility to the Governing Body's Audit Committee to assist the Governing Body in regard to discharge of the duty and in accordance with the Committee's Terms of Reference;
- f) Delegating responsibility to the Finance and Performance Committee to assist in optimising the allocation and adequacy of the group's resources in accordance with the Committee's Terms of Reference;
- g) Requiring progress of delivery of the duty to be monitored through the group's reporting mechanisms.

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

- a) Delegating responsibility to Camden CCG's Governing Body;
- b) Developing an annual commissioning plan (which incorporates the financial plan) in accordance with the requirement of the Health and Social Care Act 2012;

- c) Ensuring that this duty is discharged on behalf of the Governing Body by the Chief Finance Officer in accordance with the responsibilities of the role;
- d) Specifying Prime Financial Policies and detailed underpinning financial policies;
- e) Delegating responsibility to the Governing Body's Audit Committee to assist the Governing Body in regard to discharge of the duty and in accordance with the Committee's Terms of Reference;
- f) Delegating responsibility to the Finance and Performance Committee to assist in optimising the allocation and adequacy of Camden CCG's resources in accordance with the Committee's Terms of Reference;
- g) Requiring progress of delivery of the duty to be monitored through Camden CCG's reporting mechanisms.

3.3 Take account of any directions issued by NHS England, in respect of specified types of resource use in a financial year, to ensure the CCG do not exceed an amount specified by NHS England by:

- a) Delegating responsibility to Camden CCG's Governing Body;
- b) Developing an annual commissioning plan (which incorporates the financial plan) in accordance with the requirement of the Health and Social Care Act 2012;
- c) Ensuring that this duty is discharged on behalf of the Governing Body by the Chief Finance Officer in accordance with the responsibilities of the role;
- d) Delegating responsibility to the Governing Body's Audit Committee to assist the Governing Body in regard to discharge of the duty and in accordance with the Committee's Terms of Reference;
- e) Delegating responsibility to the Finance and Performance Committee to assist in optimising the allocation and adequacy of Camden CCG's resources in accordance with the Committee's Terms of Reference;
- f) Requiring progress of delivery of the duty to be monitored through Camden CCG's reporting mechanisms.

3.4 Publish an explanation of how Camden CCG spent any payment in respect of quality made to it by NHS England, by:

- a) Delegating responsibility to Camden CCG's Governing Body;
- b) Ensuring that this duty is discharged on behalf of the Governing Body by the Accountable Officer and the specific lead officer delegated by the Accountable Officer to oversee its discharge;
- c) Publishing the explanation on Camden CCG's website.

4 Other Relevant Regulations, Directions and Guidance

- 4.1. The CCG will:
- a) Comply with all relevant regulations;
 - b) Comply with directions issued by the Secretary of State for Health or NHS England;
 - c) Have regard to guidance issued by NHS England.
- 4.2 Camden CCG will develop and implement the necessary systems and processes to comply with these regulations and directions, documenting them as necessary in this constitution, its scheme of reservation and delegation and other relevant policies and procedures.

SCHEDULE 3 GOVERNING BODY ELECTIONS

1 DEFINITIONS

1.1 In this Schedule 3 the following definitions shall apply:

Camden CCG	Means NHS Camden Clinical Commissioning Group.
Camden Performers List	Means all GPs registered to work in Camden on the National Performers List or any successor equivalent list.
LMC	Means Local Medical Committee.
Main Body of the Constitution	Means the Constitution excluding all Schedules.
Member Practice	Means a Member Practice of Camden CCG as defined in Schedule 1.
North Locality	Means the North Locality group of Member Practice as defined in Schedule 1.
South Locality	Means the South Locality group of Member Practices as defined in Schedule 1.
West Locality	Means the West Locality group of Member Practices as defined in Schedule 1.

2 POSITIONS HELD BY ELECTED GOVERNING BODY MEMBERS EXCLUDING THE CHAIR

2.1 In accordance with clause 7 and 8 of the Main Body of the Constitution the following Governing Body positions are held by elected Governing Body members:

- 2.1.1 Locality GP Representative- North Locality;
- 2.1.2 Locality GP Representative- South Locality;
- 2.1.3 Locality GP Representative- West Locality;
- 2.1.4 GP Representative;
- 2.1.5 GP Representative;
- 2.1.6 GP Representative;
- 2.1.7 Sessional/Salaried GP Representative;
- 2.1.8 Practice Nurse Representative;
- 2.1.9 Practice Manager Representative.

3 VOTING FOR ELECTED GOVERNING BODY MEMBERS

3.1 The elections are to select the elected members of the Governing Body. It is an election to decide who shall sit as an elected member of the Governing Body and not which positions they hold. The specific positions that each elected Governing Body member holds is decided by allocation in accordance with clauses 9 and 10 below.

4 ELECTION ELIGIBILITY

- 4.1 To be eligible to stand for election to the Governing Body the person must satisfy the requirements of clauses 4.2, 4.3 or 4.4 below.
- 4.2 GPs are eligible to stand for election to the Governing Body if they satisfy the following requirements. The person must:
 - 4.2.1 be a GP; and
 - 4.2.2 be on the Camden Performers List; and
 - 4.2.3 practice at least 2 clinical sessions per week in a Member Practice.
- 4.3 Practice nurses are eligible to stand for election to the Governing Body if they satisfy the following requirements. The person must:
 - 4.3.1 be a registered nurse; and
 - 4.3.2 practice at least 2 clinical sessions per week in a Member Practice.
- 4.4 Practice managers are eligible to stand for election to the Governing Body if they satisfy the following requirements. The person must:
 - 4.4.1 be a practice manager; and
 - 4.4.2 work at a Member Practice as a practice manager.

5 POSITION ELIGIBILITY

- 5.1 The positions set out in clauses 2.1.1, 2.1.2, 2.1.3, 2.1.4, 2.1.5, 2.1.6 and 2.1.7 above must be held by GPs from Member Practices. Each position must be held by a different GP.
- 5.2 The Sessional/Salaried GP Representative position referred to in clause 2.1.7 above must be held by a salaried GP or locum GP from a Member Practice save as set out in clause 10 below.
- 5.3 The Practice Nurse Representative position referred to in clause 2.1.8 above must be held by a practice nurse from a Member Practice.
- 5.4 The Practice Manager Representative position referred to in clause 2.1.9 above must be held by a practice manager from a Member Practice.

6. ELIGIBILITY TO VOTE

- 6.1 All GPs on the Camden Performers List working at least one clinical session per year at a Member Practice will be eligible to vote to elect the elected GP Governing Body members.
- 6.2 All practice nurses working for Camden CCG Member Practices will be eligible to vote to elect the elected practice nurse Governing Body member.
- 6.3 All practice managers working for Camden CCG Member Practices will be eligible to vote to elect the elected practice manager Governing Body member.
- 6.4 For the avoidance of doubt only GPs may vote to elect the elected GP Governing Body member, only practice nurses may vote to elect the practice nurse Governing Body member and only practice managers may vote to elect the practice manager Governing Body member.

7. THE ELECTION PROCESS

- 7.1 The election process to elect the elected Governing Body members who will hold the positions set out in clause 2.1 above is as follows:
- 7.1.1 LMC will announce the election at least three months before the ballot to elect any of the elected Governing Body members set out in clause 2.1 above is held;
 - 7.1.2 The nomination period will open after the LMC announcement referred to in clause 7.1.1 above;
 - 7.1.3 Job Descriptions, core competencies and eligibility criteria will be sent to:
 - 7.1.3.1 All GPs on the Camden Performers List who work at least one clinical session per year;
 - 7.1.3.2 All practice nurses working in Member Practices;
 - 7.1.3.3 All practice managers working in Member Practices.
 - 7.1.4 People wishing to stand for election may self-nominate;
 - 7.1.5 All nominees will be required to complete an application form and provide a statement of approximately 200 words in support of their nomination;
 - 7.1.6 All nominees will be assessed by a Nominations Panel prior to any ballot being held to ensure that the nominees are suitable to hold office as a Governing Body member;
 - 7.1.7 The Nominations Panel will consist of the following people or their nominated deputies:
 - 7.1.7.1 A non-Camden LMC chair;
 - 7.1.7.2 Camden CCG Lay Governing Body member;
 - 7.1.7.3 An appointed member of the Governing Body.
 - 7.1.8 The Nominations Panel will assess all nominees in three stages. The stages are as follows:
 - 7.1.8.1 Stage one is a paper based review of the nominees' application forms against core competencies and eligibility criteria. Nominees who successfully pass this stage will proceed to stage two;
 - 7.1.8.2 Stage two is nominee interviews. Once the interviews are completed the Nominations Panel will decide which nominees meet the suitability requirements. Nominees who successfully pass this stage will proceed to stage three.
 - 7.1.8.3 Stage three is an external assessment centre for training and assessment. Nominees who successfully pass this stage will be eligible to stand as a candidate in the elections subject to final approval by the Nominations Panel. For the avoidance of doubt current elected members of the Camden CCG Governing Body are not required to attend the external assessment centre for training and assessment and are automatically deemed to have successfully passed this stage.
 - 7.1.9 For the avoidance of doubt nominees who do not successfully pass all three stages set out in clause 7.1.8 above will not be eligible to stand as a candidate in the current elections. This clause does not prohibit, restrict or exclude nominees from nominating or standing in future elections.
 - 7.1.10 Candidates' statements as set out in clause 7.1.5 above will be sent to all voters.
 - 7.1.11 A ballot will be held to determine the successful candidates. In the interests of transparency and fairness an external organisation specialising in running elections will conduct the ballot.
 - 7.1.12 Each GP who is eligible to vote in accordance with clause 6.1 above may vote for a maximum of five candidates but may vote for fewer candidates at their absolute

discretion. Any voting card with more than five candidates voted for will be invalid and will not be counted.

7.1.13 Once the outcome of the election is known candidates will be informed of the result.

8. ADDITIONAL ELECTION RULES

- 8.1 Two principals from the same Member Practice may not be elected to the Governing Body. In the event that two or more principals from the same Member Practice stand for election and are voted in the principal with the highest number of votes will take office.
- 8.2 Nothing in clause 8.1 above shall prohibit, prevent, exclude or otherwise restrict a principal and a salaried GP or salaried GPs or a locum GP or locum GPs from the same Member Practice from being elected to the Governing Body.
- 8.3 For the avoidance of doubt more than one salaried GP or locum GP from the same Member Practice may be elected to the Governing Body.
- 8.4 All elected Governing Body members will need to be elected by the electorate. This is to ensure that each elected Governing Body member has a mandate from constituents. The vote will allow constituents to choose whether to vote for the candidate or whether to reject the candidate.
- 8.5 Employees or Governing Body members of other Clinical Commissioning Groups are ineligible to hold office as an elected Governing Body member.

9. ELECTION OF THE CHAIR

- 9.1 In accordance with clause 7.4 of the Main Body of the Constitution the Chair is to be elected.
- 9.2 The Chair will be elected from the elected GP Governing Body members.
- 9.3 The Chair will be elected by the elected GP Governing Body members before the elected GP Governing Body members' positions are allocated to them in accordance with clause 10 below.
- 9.4 Elected GP Governing Body members wishing to become Chair must submit an expression of interest.
- 9.5 All elected Governing Body members wishing to stand for the role of Chair will have to attend an external assessment centre for assessment and training as Chair unless they have held the role of Chair at Camden CCG in the previous five years.
- 9.6 If only one elected GP Governing Body member submits an expression of interest pursuant to clause 9.4 above the person will automatically be elected as Chair without the need for a formal vote.
- 9.7 If more than one elected GP Governing Body member submits an expression of interest pursuant to clause 9.4 above the Chair will be elected by a formal vote.
- 9.8 Each elected GP Governing Body member is able to cast one vote in the election for Chair. For the avoidance of doubt the practice nurse Governing Body member, the practice manager Governing Body member and the appointed Governing Body members are not eligible to vote to elect the Chair.

- 9.9 Nothing in this clause 9 shall prohibit, prevent, exclude or otherwise restrict elected GPs from voting for the position of Chair before they formally take office. However, the outcome of the vote will need to be ratified upon taking office.
- 9.10 In the event of a tied vote a further formal vote will take place. If the vote remains tied then all voting members of the Governing Body but excluding Executive Directors and the Chief Officer will vote to elect the Chair.

10. ALLOCATION OF POSITIONS

- 10.1 The seven GPs standing for election who receive the most votes will be elected to the Governing Body ('the Elected GPs').
- 10.2 The Chair will be elected by the Elected GPs before the elected positions are allocated to them in accordance with clause 9 above.
- 10.3 The Elected GPs as per clause 10.1 above will hold office in the positions set out in clauses 2.1.1, 2.1.2, 2.1.3, 2.1.4, 2.1.5, 2.1.6 and 2.1.7 above in accordance with the provisions contained in clauses 10.4 and 10.5 below.
- 10.4 An Elected GP may not simultaneously hold the role of Chair and any of the Locality GP Representative positions contained in clauses 2.1.1, 2.1.2 and 2.1.3 above. In this regard the Chair will not be allocated any of these Locality GP Representative positions. The Chair may be allocated to any of the positions contained in clauses 2.1.4, 2.1.5, 2.1.6 and 2.1.7 above.
- 10.5 Save as set out in clause 10.4 above the following shall apply and be followed in the following order:
- 10.5.1 The Elected GP from the North Locality with the highest number of votes will hold office as the Locality GP Representative - North Locality detailed in clause 2.1.1 above; and thereafter
- 10.5.2 The Elected GP from the South Locality with the highest number of votes will hold office as the Locality GP Representative - South Locality detailed in clause 2.1.2 above; and thereafter
- 10.5.3 The Elected GP from the West Locality with the highest number of votes will hold office as the Locality GP Representative - West Locality detailed in clause 2.1.3 above; and thereafter
- 10.5.4 The Elected GP who is a salaried GP or Locum GP with the highest number of votes who has not been allocated to a Locality GP Representative position in accordance with clauses 10.5.1, 10.5.2 or 10.5.3 above will take office as the Sessional/Salaried GP Representative detailed in clause 2.1.7 above. If there is no Elected GP who is a salaried GP or Locum GP or there is no Elected GP who is a salaried GP or Locum GP who has not already been allocated to a Locality GP Representative position then the next highest polling candidate who has not already been allocated to one of the roles set out in clauses 2.1.1, 2.1.2 or 2.1.3 above shall hold office as the Sessional/Salaried GP Representative; and thereafter
- 10.5.5 If there is no Elected GP from the North Locality the next highest polling Elected GP that has not been allocated to a Locality GP Representative position will hold office as the Locality GP Representative- North Locality position; and thereafter
- 10.5.6 If there is no Elected GP from the South Locality the next highest polling Elected GP that has not been allocated to a Locality GP Representative position will hold office as the Locality GP Representative- South Locality position; and thereafter

- 10.5.7 If there is no Elected GP from the West Locality the next highest polling Elected GP that has not been allocated to a Locality GP Representative position will hold office as the Locality GP Representative- West Locality position; and thereafter
- 10.5.8 The remaining three Elected GPs shall hold office as the GP Representative positions detailed in clauses 2.1.4, 2.1.5 and 2.1.6 above.
- 10.6 The practice nurse standing for election with the highest number of votes will hold office as the Practice Nurse Representative detailed at clause 2.1.8 above.
- 10.7 The practice manager standing for election with the highest number of votes will hold office as the Practice Manager Representative detailed at clause 2.1.9 above.
- 10.8 For the avoidance of doubt all elected Governing Body positions detailed in clause 2.1 above are equal in value and status.
- 10.9 For the avoidance of doubt the order of allocation set out in clause 10.5 above shall be followed in the order set out.
- 10.10 After the allocation set out in clause 10.5 above has been completed elected GPs may request to change their allocated roles. Requests will only be granted in the following circumstances:
- 10.10.1 The role any Elected GP wishes to move into is vacant or the Elected GP holding the role agrees to the change or to move to another role and is able to move into another role; and
- 10.10.2 The Governing Body approves any changes at a Governing Body meeting by simple majority of votes of voting Governing Body members in attendance at the meeting; and
- 10.10.3 The North Locality approves any changes at a North Locality meeting by simple majority of votes of voting North Locality members in attendance at the meeting; and
- 10.10.4 The South Locality approves any changes at a South Locality meeting by simple majority of votes of voting South Locality members in attendance at the meeting; and
- 10.10.5 The West Locality approves any changes at a West Locality meeting by simple majority of votes of voting West Locality members in attendance at the meeting; and
- 10.10.6 Formal notice of the changes requested is served:
- 10.10.6.1 On every voting Governing Body member a minimum of 14 calendar days before the Governing Body meeting in which any changes are voted on; and
- 10.10.6.2 On every North Locality Member Practice a minimum of 14 calendar days before the North Locality meeting in which any changes are voted on; and
- 10.10.6.3 On every South Locality Member Practice a minimum of 14 calendar days before the South Locality meeting in which any changes are voted on; and
- 10.10.6.4 On every West Locality Member Practice a minimum of 14 calendar days before the West Locality meeting in which any changes are voted on.
- 10.11 For the avoidance of doubt the changes referred to in clause 10.10 above must be agreed by the Governing Body, North Locality, South Locality and West Locality for any changes to take effect. If any changes are agreed the changes take effect from the Governing Body meeting following agreement.

11. ELECTIONS HELD IN GOOD FAITH

- 11.1 All elections including but not limited to the election process, election information, candidate eligibility, candidate voting, the ballot and any results arising therefrom held in good faith shall be valid even if it is subsequently discovered that there was any defect in the way in which the elections were held.

12. ELIGIBILITY TO BE A MEMBER OF THE GOVERNING BODY

- 12.1 The eligibility requirements to be a member of the Governing Body are contained in clause 12 of the Main Body of the Constitution and in Schedule 6.

SCHEDULE 4

PROXY VOTING FORM

Governing Body Member name	
Signature of Governing Body Member	
Name of proxy	
Signature of Proxy	
Agenda item(s) on which proxy can vote (if not stated to the contrary, it is assumed all agenda items can be voted on): 	
Date form completed	
Date form received by Chair	
Chair's Signature	

SCHEDULE 5
DECLARATION OF INTEREST FORM
CAMDEN CLINICAL COMMISSIONING GROUP

Member and employee declaration form: Financial and other interests

**This form is required to be completed in accordance
with Standing Orders and the Constitution**

- Within 28 days of a relevant event, members (including lay member) and employees must register their financial and other interests.
- If any assistance is required in order to complete this form, then the member or employee should contact the Head of Corporate Affairs
- The completed form should be sent by both email and signed hard copy to the Head of Corporate Affairs
- Any changes to interest declared must also be registered within 28 days of the relevant event by completing and submitting a new declaration form. The register will be published on Camden CCG website (information assessed not to be in the public interest or to breach privacy may be redacted and should be discussed with the Head of Corporate Affairs)
- Members and employees completing this declaration form must provide sufficient detail of each interest so that a member of the public would be able to understand clearly the sort of financial or other interest the member or employee has and the circumstances in which a conflict of interest with the business or running of the CCG might arise.
- If in doubt as to whether a conflict of interest could arise, a declaration of the interest should be made.

Interests that must be declared:

1. Roles and responsibilities held within member practices;
2. Directorships, including non-executive directorships, held in private companies or PLCs (who do, will or could conduct their business in the field of health and social care);
3. Ownership or part-ownership of private companies , businesses or consultancies likely or possibly seeking to do business within the CCG
4. Shareholdings (more than 5%) of companies in the field of health and social care;
5. Positions of authority in an organisation (eg, charity or voluntary organisation) in the field of health and social care;
6. Any connection with a voluntary of other organisation contracting for NHS services;
7. Research funding/grants that may be received by the individual or any organisation they have an interest or role in;
8. Other specific interests?; and
9. Any other role or relationship which the public could perceive would impair or otherwise influence the individual's judgement or actions in their role within the CCHG.

Whether such interests are those of the individual themselves or of a family member, close friend of the individual.

DECLARATION:

Name:			
Position within Camden CCG			
Interests			
Type of Interest	Details		Personal interests or that of a family member or close friend?
Roles and responsibilities held within member practices	<i>Details</i>	<i>Materiality¹</i>	
		<i>Value</i>	
Directorships, including non-executive directorships, held in private companies or PLCs	<i>Details</i>	<i>Materiality</i>	
		<i>Value</i>	
Ownership or part-ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the CCG	<i>Details</i>	<i>Materiality</i>	
		<i>Value</i>	

¹ Related party disclosures must be in accordance with IAS 24 *Related Party Disclosures*.
 HM Treasury considers Government Departments and their agencies, and Department of Health Ministers, their close families and entities controlled or influenced by them, as being parties related to NHS bodies.
 A disclosure is required if a transaction (or series of transactions) is material on either side, i.e. if a transaction is immaterial from the CCG perspective but material from a related party viewpoint then the CCG must disclose it.

Shareholdings (more than 5%) of companies in the field of health and social care	<i>Details</i>	<i>Materiality</i>	
		<i>Value</i>	
Positions of authority in an organisation (eg charity or voluntary organisation) in the field of health and social care	<i>Details</i>	<i>Materiality</i>	
		<i>Value</i>	
Any connection with a voluntary or other organisation contracting for NHS services	<i>Details</i>	<i>Materiality</i>	
		<i>Value</i>	
Research funding/grants that may be received by the individual or any organisation they have an interest or role in	<i>Details</i>	<i>Materiality</i>	
		<i>Value</i>	
[Other specific interests?] <i>For example are you a patient or service user for a service over which you have some decision making responsibility²</i>	<i>Details</i>	<i>Materiality</i>	
		<i>Value</i>	

² Such a declaration would usually be expected to become a consideration when, and if, considering issues related to service configuration.

Any other role or relationship which the public could perceive would impair or otherwise influence the individual's judgement or actions in their role within the CCG	<i>Details</i>	<i>Materiality</i>	
		<i>Value</i>	

To the best of my knowledge and belief, the above information is complete and correct. I undertake to update as necessary the information provided and to review the accuracy of the information provided regularly and no longer than annually. I give my consent for the information to be used for the purposes described in the Group Constitution and standing Orders.

Signed:

Dated:

SCHEDULE 6

GOVERNING BODY STANDING ORDERS

1. STATUTORY FRAMEWORK AND STATUS

1.1 Introduction

1.1.1 These Standing Orders ('SO') have been drawn up to regulate the proceedings of the NHS Camden Clinical Commissioning Group ('Camden CCG') so that it can fulfil its obligations, as set out in the National Health Services Act 2006, as amended by the Health and Social Care Act 2012 (the 'Act') and related regulations. They are effective from the date Camden CCG is established.

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

- The arrangements for conducting Camden CCG's business;
- The procedure at meetings of the CCG Governing Body; and any committees or sub-committees;
- The delegation of powers;
- The declaration of interests and standards of conduct.

These arrangements comply and are consistent with the requirements set out in the Act and related regulations, and take account as appropriate relevant guidance.

1.1.3 The Standing Orders, Scheme of Reservation and Delegation, and Standing Financial Instructions must be adhered to. Camden CCG Members, employees, members of the Governing Body, committee and sub-committee members, and persons working on behalf of the CCG should be aware of the existence of these documents and, where necessary, be familiar with their detailed provisions. Failure to comply with Standing Orders, Scheme of Delegation or Standing Financial Instructions may be regarded as a disciplinary matter that could lead to dismissal.

1.2 Corporate Role of the Governing Body

1.2.1 All business shall be conducted in the name of Camden CCG.

1.2.2 All funds received in trust shall be held in the name of Camden NHS Clinical Commissioning Group as corporate trustee.

1.2.3 The powers of Camden CCG established under statute shall be exercised by the Governing Body meeting in formal session except as otherwise provided for in Standing Orders.

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

2.1 Composition of Membership

Clauses 7.2 and 7.3 of the Main Body of the Constitution detail of the composition of the Governing Body whilst clause 9 details its role.

2.2 Key Roles

2.2.1 Clause 13 of the Main Body of the Constitution specifies the role and responsibilities of the Accountable Officer and Paragraph 13 those of the Chief Financial Officer. These Standing Orders set out how Camden CCG appoints individuals to key roles.

2.2.2 **The Chair**, whose role is established by Paragraph 7.2. of the Main Body of the Constitution, is subject to the following appointment process:

- (a) **Eligibility** – the Chair shall be an elected GP member of the Governing Body.
- (b) **Nominations** – GP members will nominate themselves by submission of expression of interest as defined.
- (c) **Appointment process** – The Chair will be elected in accordance with the provisions contained in Schedule 3.
- (d) **Term of office** – three years commencing from the date of ratification following election.
- (e) **Eligibility for re-appointment** – the Chair is eligible for re-appointment and re-election for a further term of three years. The Chair will not be eligible to serve for a period exceeding two terms of office without a break of at least two years.
- (f) **Grounds for removal from office as Chair:-**
 - i. The post holder fulfils any of the disqualification criteria (as appropriate) as set out in Paragraph 12 of the Constitution.
 - ii. The post holder joins the LMC Committee as Chair or Vice-Chair.
 - iii. A motion of no confidence is carried by over 50% of member practices which will trigger a process through the appropriate policies.
 - iv. A motion of no confidence is carried by over 50% of the Governing Body which triggers a process through the appropriate policies.
- (g) **Notice period** – the Chair will serve for a full term of office, unless removed from office or they choose to resign. In the event of the Chair wishing to resign, they should give a minimum of six months' notice, in writing, addressed to the Vice Chair who will make arrangements for the appointment of a new Chair.

2.2.3 **The Vice Chair** whose role is established by Paragraph 7.2.b of the Constitution will be a Lay Member and is subject to the appointment process for Lay Members

2.2.4 **The Chief Officer**, whose role is established by Paragraph 7.2.l of the Constitution, is subject to the following appointment process:

- a) **Eligibility –Eligibility** – applicants must meet the requirements for governing body membership as set out in the National Health Service (Clinical Commissioning Groups) Regulations 2012 and the requirements of the National Health Services Act 2006 (as amended by the Health and Social Care Act 2012).

- b) **Appointment process** – when the role becomes vacant a job description and person specification will be advertised. The Governing Body will approve an appointments panel that will short-list, arrange an assessment process and undertake an interview. The panel shall make a recommendation to the Governing Body on the appointment. The interview panel shall include at least the Chair, a member of the Governing Body and external assessor.
- c) **Term of office** – the Chief Officer will serve for the duration of their employment, providing the post holder continues to meet the eligibility criteria at 2.2.4 a).
- d) **Grounds for removal from office:–**
 - i. The post holder fulfils any of the disqualification criteria (as appropriate) as set out in Paragraph 12 of the Constitution.
 - ii. A motion of no confidence is carried by a majority of 50% of Governing Body members which will trigger a process through the agreed HR policies.
- e) **Notice period** – The Chief Officer wishing to resign should give six months' notice, in writing, addressed to the Chair of the Governing Body.

2.2.5 **The Chief Finance Officer**, whose role is established by Paragraph 7.2 of the Constitution, is subject to the following appointment process:

- a) **Eligibility** – is a qualified CCAB accountant and meets the full person specification set out in the role job description.
- b) **Appointment process** – when the role becomes vacant a job description and person specification will be advertised followed by short-listing, assessment process and interview. The interview panel shall include at least the Chair, the Chief Officer and an external nominee with the appropriate expertise.
- c) **Term of office** – the Chief Finance Officer will serve for the duration of their employment, providing the post holder continues to meet the eligibility criteria at 2.2.5 a)
- d) **Grounds for removal from office:–**
 - (i) The post holder fulfils any of the disqualification criteria (as appropriate) as set out in Paragraph 12 of the Constitution.
 - (ii) The post holder is for any reason removed from membership of their Professional body or institute.
 - (iii) A motion of no confidence is carried by a majority of 50% of Governing Body Members which will trigger a process through the H R policies.
- e) **Notice period** – The Chief Finance Officer wishing to resign should give six months' notice, in writing, addressed to the Chair of the governing body.

2.2.6 **The Lay Members**, are subject to the following appointment process:

- a) **Eligibility** – Lay members shall meet the requirements set out in the defined role function and specification.

- b) **Appointment process** – when the role becomes vacant a job description and person specification will be advertised followed by short-listing, assessment process and an interview. The interview panel shall include at least the Chair of the Governing Body and a representative of the NHS England or a nominee with the appropriate expertise.
- c) **Term of office** – for a period of three years commencing on the date of appointment.
- d) **Eligibility for reappointment** – The Lay Member is eligible for re-appointment for a further term of up to three years subject to confirmation of satisfactory performance.
- e) **Grounds for removal from office:** –
 - (i) The post holder fulfils any of the disqualification criteria (as appropriate) as set out in Paragraph 12 of the Constitution.
 - (ii) A motion of no confidence is carried by over 50% of member practices
 - (iii) A motion of no confidence is carried by a majority of 50% of Governing Body members.
- f) **Notice period** – the Lay Member will serve for a full term of office, unless removed from office or choosing to resign. In the event of the Lay Member wishing to resign, they should give a minimum of three months' notice, in writing, addressed to the Chair who will make arrangements for the appointment of the new Lay Member.
- g) **Lay Member as Vice Chair** – in circumstances where the Chair is a GP or other primary care professional a lay member of the Governing Body will be appointed as Vice Chair, such appointment to be approved by the governing body. The term of office of the Vice Chair will be commensurate with their term of office as a lay member or for a shorter period in agreement with the Chair and Governing Body. In circumstances where Vice Chair resigns from such appointment they shall continue as a member for the remainder of their term of office unless they have also resigned as a lay member.

2.2.7 **The Practice Nurse Representative** will be appointed by election subject to the following process:

- a) **Eligibility** – the Nurse Member must be currently registered with the NMC and is employed as a practice nurse at a GP surgery in Camden.
- b) **Appointment process** – The Practice Nurse Representative will be elected in accordance with the procedure set out in Schedule 3.
- c) **Term of office** – for a period of three years commencing from the date of ratification following election.
- d) **Eligibility for re-appointment** the Practice Nurse is eligible for re-appointment and re-election for a further term of up to three years.
- e) **Grounds for removal from office** – the following are grounds for removal from office:

- (i) The post holder's employment changes such that they no longer meet the requirement in clause 2.2.7a) above.
 - (ii) The post holder fulfils any of the disqualification criteria (as appropriate) as set out in Paragraph 12 of the Constitution;
 - (iii) A motion of no confidence is carried by over 50% of member practices;
 - (iv) A motion of no confidence is carried by a majority of 50% of Governing Body Members.
- f) **Notice period** – the Practice Nurse will serve for a full term of office, unless removed from office or choosing to resign. In the event of the Practice Nurse wishing to resign, they should give a minimum of three months' notice, in writing, addressed to the Chair.

2.2.8 **The Practice Manager Representative** will be appointed by election subject to the following process:

- a) **Eligibility** – must be employed as a practice manager at a GP surgery in Camden.
- b) **Appointment process** – The Practice Manager Representative will be elected in accordance with the procedure set out in Schedule 3.
- c) **Term of office** – for a period of three years commencing from the date of ratification following election.
- d) **Eligibility for re-appointment** - the Practice Manager is eligible for re-appointment and re-election for a further term of up to three years.
- e) **Grounds for removal from office** – the following are grounds for removal from office:
 - (i) The post holder's employment changes such that they no longer meet the requirement in 2.2.8 a) above;
 - (ii) The post holder fulfils any of the disqualification criteria (as appropriate) as set out in Paragraph 12 of the Constitution;
 - (iii) A motion of no confidence is carried by over 50% of member practices;
 - (iv) A motion of no confidence is carried by a majority of 50% of Governing Body Members.
- f) **Notice period** – the Practice Manager will serve for a full term of office, unless removed from office or choosing to resign. In the event of the Practice Manager wishing to resign, they should give a minimum of three months' notice, in writing, addressed to the Chair.

2.2.9. **The elected GP Governing Body Members** will be appointed by election subject to the following process:

- a) **Eligibility** – the elected GP Governing Body member:
 - (i) Must satisfy the eligibility requirements set out in Schedule 3.

- (ii) Shall not be the Chair or Vice Chair of the Local Medical Committee (this does not exclude ordinary members of the LMC) – on the understanding conflicts of interest must be declared.
- (iii) Shall be selected from a pool of GPs who have progressed through an Assessment/Development Centre for Board Membership.
- b) **Nominations** – nominations will be invited in writing to all member practices Partners and salaried GPs.
- c) **Appointment process** – The elected GP Governing Body members will be elected in accordance with the provisions contained in Schedule 3.
- d) **Term of office** – for a period of three years commencing from the date of ratification following election.
- e) **Eligibility for re-appointment** - the GP member is eligible for re-appointment and re-election for a further term of up to three years.
- f) **Grounds for removal from office :-**
 - (i) The office holder joins the LMC executive committee as Chair or Vice-Chair;
 - (ii) The post holder fulfils any of the disqualification criteria (as appropriate) as set out in Paragraph 12 of the Constitution;
 - (iii) A motion of no confidence is carried by over 50% of member practices;
 - (iv) A motion of no confidence is carried by a majority of 50% of Governing Body Members.
- g) **Notice period** – The GP member will serve for a full term of office, unless removed from office or choosing to resign. In the event of the GP member wishing to resign, they should give a minimum of six months' notice, in writing, addressed to the Chair.

2.2.10 **The Director of Public Health** is appointed on an 'ex officio' basis in accordance with the following provisions:

- a) **Nominations** – the Local Authority will nominate the Director of Public Health to serve on the Governing Body.
- b) **Eligibility** – the Director of Public Health must meet the requirements for Governing Body membership as set out in The National Health Service (Clinical Commissioning Groups) Regulations 2012.
- c) **Appointment Process** – by nomination of the Local Authority to the Governing Body and acceptable to the Governing Body.
- d) **Term of Office** - the Director of Public Health will serve until replaced by the Local Authority, subject to the appointee continuing to meet the eligibility criteria at 2.2.10 b) and remaining in employment with the Local Authority.

- e) **Eligibility for re-appointment** - provided the post holder continues to meet the eligibility criteria at 2.2.10 b) above, and remains in employment with the Local Authority, there is no reappointment process.
- f) **Grounds for removal from office:-**
 - (i) The post holder fulfils any of the disqualification criteria (as appropriate) as set out in Paragraph 12 of the Constitution;
 - (ii) A motion of no confidence is carried by a majority of 50% of Governing Body Members;
 - (iii) Has their employment with the Local Authority terminated by resignation, redundancy or as a result of disciplinary proceedings;
 - (iv) Is for any reason recalled by the Local Authority from being its nominee.
- g) **Notice Period** - the Director of Public Health wishing to resign should give a minimum of six months' notice, in writing, addressed to the Chair of the Governing Body, who will consult the Local Authority regarding the nomination of a replacement.

2.2.11 **Secondary Care Doctor**

- a) **Nominations** – Individuals wishing to serve as the Secondary Care Doctor on the Governing Body will be invited to do so by application and selection following advertising of the position.
- c) **Eligibility-** Applicants must meet the requirements for Governing Body membership as set out in The National Health Service (Clinical Commissioning Groups) Regulations 2012.
- d) **Appointment Process** – by a process to include assessment and interview of the candidate(s) against agreed competency criteria by a suitably qualified panel.
- e) **Term of Office** – Three years.
- f) **Eligibility for re-appointment** – the Secondary Care Doctor is eligible for re-appointment for a further three years subject to a process confirming the satisfactory performance of the Secondary Care Doctor.
- g) **Grounds for removal from office –**
 - (i) The post holder fulfils any of the disqualification criteria (as appropriate) as set out in Paragraph 12 of the Constitution;
 - (ii) The post holder fails to continue to meet the eligibility criteria as specified in The National Health Service (Clinical Commissioning Groups) Regulations 2012;
 - (iii) A motion of no confidence is carried by a majority of 50% of Governing Body Members.
- h) **Notice period** – the Secondary Care Doctor will serve for the full term of office, unless removed from office or choosing to resign. In the event of the Secondary care Doctor wishing to resign, they should give a minimum of six months' notice, in writing, addressed to the Chair who will make arrangements for the appointment of a new Secondary Care Doctor.

2.2.12 **The Registered Nurse**

- a) **Nominations** – Individuals wishing to serve as the Registered Nurse on the Governing Body will be invited to do so by application and selection following advertising of the position.
- b) **Eligibility** - Applicants must meet the requirements for governing body membership as set out in The National Health Service (Clinical Commissioning Groups) Regulations 2012
- c) **Appointment Process** – by a process to include assessment and interview of the candidate(s) against agreed competency criteria by a suitably qualified panel.
- d) **Term of Office** – Three years.
- f) **Eligibility for re-appointment** - the Registered Nurse is eligible for re-appointment for a further three years subject to a process confirming the satisfactory performance of the Registered Nurse.
- g) **Grounds for removal from office** –
 - (i) The post holder fulfils any of the disqualification criteria (as appropriate) as set out in Paragraph 12 of the Constitution;
 - (ii) The post holder fails to continue to meet the eligibility criteria as specified in The National Health Service (Clinical Commissioning Groups) Regulations 2012;
 - (iii) A motion of no confidence is carried by a majority of 50% of Governing Body Members.
- g) **Notice period** - The Registered Nurse will serve for the full term of office, unless removed from office or choosing to resign. In the event of the Registered Nurse wishing to resign, they should give a minimum of six months' notice, in writing, addressed to the Chair who will make arrangements for the appointment of a new Registered Nurse.

3. MEETINGS OF THE CCG

3.1 Meetings

- 3.1.1 The Governing Body shall meet up to 12 times per year. It is intended that all meetings will be held in public, however, if that is not possible a minimum of 4 meetings will be held in public. Details of meeting dates, times and venues, together with agendas and public papers, will be published on the CCG website; in addition such documents may be inspected at Camden CCG Headquarters
- 3.1.2 Before each meeting of the Governing Body a written notice specifying the business proposed to be transacted shall be delivered to every member, or sent by post to the usual place of residence of each member, so as to be available to members at least five clear days before the meeting. Want of service of such a notice on any member shall not affect the validity of a meeting.
- 3.1.3 In the case of a meeting called by members as in Standing Order 3.1.6 the meeting, the notice shall be signed by those members.
- 3.1.4 As required by the Public Bodies (Admission to Meetings) Act 1960 Section 1 (4), before each meeting of the Governing Body a public notice of the time and place of the meeting, and the public part of the agenda, shall be displayed at Camden CCG's principal offices at least three clear days before the meeting.
- 3.1.5 The Chair of Camden CCG may call a meeting of the Governing Body at any time.

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

3.2 Agenda, Supporting Papers and Business to be Transacted

Items of business to be transacted for inclusion on the agenda of a meeting must be notified to the Head of Corporate Affairs at least 10 working days before the meeting takes place. Supporting papers for such items must be submitted at least 10 working days before the meeting takes place. The agenda and supporting papers will be circulated to all members of a meeting not less than 5 working days before the date the meeting will take place. Every member shall be given at least 5 working days' notice to attend.

3.3 Petitions

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 Meeting

3.4.1 At any meeting of the Governing Body the Chair, if present, shall preside. If the Chair is absent from the meeting, the Vice-Chair shall preside. If both the Chair and Vice Chair are absent, or are disqualified from participating, or there is neither a chair or vice chair, a member of Camden CCG, Governing Body, committee or sub-committee respectively shall be chosen by the members present, or by a majority of them, and shall preside.

3.4.2 The decision of the Chair of the meeting on questions of order, relevancy and regularity and their interpretation of the Standing Orders and Standing Financial Instructions, at the meeting, shall be final.

4. DECISION MAKING

4.1 The Prime Financial Policies 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 Governing Body, 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:

4.1.1 Eligibility – only the following members of the Governing Body are entitled to vote at Governing Body meetings:

- a) The Chair
- b) 3 Lay Non-Executive Directors
- c) Locality GP Representative – North Locality
- d) Locality GP Representative – South Locality
- e) Locality GP Representative- West Locality
- f) Sessional/Salaried GP Representative
- g) 3 Elected GP Representative
- h) Practice Nurse Representative
- i) Practice Manager Representative
- j) Chief Officer
- k) Chief Financial Officer
- l) Director of Public Health
- m) Secondary Care Doctor
- n) Registered Nurse
- o) Medical Director

- 4.1.2 An absent member may vote by proxy in accordance with the provisions of clause 7.13 of the Main Body of the Constitution. Absence is defined as being absent at the time of the vote.
- 4.1.3 A manager who has been formally appointed to act up for an officer member during a period of incapacity or temporary absence to fill an officer member vacancy shall be entitled to exercise the voting rights of the officer member.
- 4.1.4 A simple majority of votes is necessary to confirm a decision of the Governing Body.
- 4.1.5 In the case of an equal vote the Chair shall have a second, casting vote.
- 4.1.6 Should a vote be taken any dissenting views must be recorded in the minutes of the meeting.

4.2 Committees and Sub-committees

- 4.2.1 The Governing Body shall decide the Terms of Reference for its committees and sub-committees save as set out in this Constitution. This includes but is not limited to the membership, voting rights, quorum, aim and scope.
- 4.2.2 For the avoidance of doubt voting at Governing Body committee and sub-committee meetings constituted under this clause 4.2 and 6.1 below is not limited to voting Governing Body members only. The Governing Body has absolute discretion as to who is eligible to vote at committee and sub-committee meetings.
- 4.2.3 This clause 4.2 applies to joint committees held with NHS England and/or other Clinical Commissioning Groups for the purposes of joint commissioning.

4.3 Quorum

- 4.3.1 No business shall be transacted at a Governing Body meeting unless the meeting is quorate as per clauses 7.6, 7.7, 7.8 and 7.9 of the main body of the Constitution.

4.4 Schedule of Matters Reserved to the Governing Body and Scheme of Delegation

The Group has decided that certain decisions may only be exercised by the Governing Body in formal session. These decisions and also those delegated are contained in the Scheme of Reservation and Delegation at Schedule 7.

4.5 Emergency Powers

In the event of an emergency decision needing to be made that would normally be reserved to the member practices, by which an urgent decision may mean a decision that prevents Camden CCG from effectively discharging its statutory functions. The Governing Body, if quorate, may resolve to enact an emergency order that enables the temporary (no more than five working days) introduction of a process or system to enable Camden CCG to discharge its statutory duties. In doing this, the Chair must inform member practices immediately in a written form (email, letter or fax) of their intention to do so and the nature of the emergency order. They must also call a meeting of the members within 5 working days to enable the membership to make a decision to go beyond the emergency period.

4.6 Chair's Action - Urgent Decisions

The powers which the Governing Body has reserved to itself within the Scheme of Reservation and Delegation at Schedule 7 may in emergency or for an urgent decision be exercised by the Accountable Officer and the Chair after having consulted at least

two non-officer members. The exercise of such powers by the Accountable Officer and Chair shall be reported to the next formal meeting of the Governing Body.

4.7 E Governance Protocol

4.7.1 To enable the speedy dispatch of business, the Governing Body may approve certain reports using the E-Governance Protocol. This may include:

- a) routine, non-contentious reports which are unlikely to merit discussion;
- b) reports where the required approval is urgent but a wider consensus than Chair's Action is considered desirable.

4.7.2 The E-Governance Protocol may only be used with the prior approval of the Chair. It will be transacted by circulating the written report by e-mail to each member of the Governing Body, with the request that they inform the Head of Corporate Affairs of their agreement or otherwise within 5 days. If any member of the Governing Body expresses the wish that the report be presented to a meeting of the Governing Body the protocol will proceed no further and approval shall not be given by this means. Every instance of the use of the Protocol shall be reported to the next formal meeting of the Governing Body for ratification.

5 CONDUCT OF MEETING

5.1 Record of Attendance

The names of all members of the meeting present at the meeting shall be recorded in the minutes. The names of all members of the Governing Body present shall be recorded in the minutes. The names of all members of the Governing Body's committees and sub-committees present shall be recorded in the minutes of the respective meetings.

5.2 Minutes

The Head of Corporate Affairs will be responsible for ensuring that meetings of the Governing Body are correctly recorded. The minutes of the meeting shall be confirmed as a true record by the members at the next meeting of the Governing Body.

5.3 Suspension of Standing Orders

5.3.1 Except where it would contravene any statutory provision or any direction made by the Secretary of State for Health or the NHS England, any part of these Standing Orders may be suspended at any meeting, provided 75% of members are in agreement.

5.3.2 A decision to suspend Standing Orders together with the reasons for doing so shall be recorded in the minutes of the meeting.

5.3.3 A separate record of matters discussed during the suspension shall be kept. These records shall be made available to the Audit Committee for review of the reasonableness of the decision to suspend Standing Orders.

5.4 Admission of Public and Press

Where possible the Governing Body will conduct meetings in public. The public and press will be excluded for the part of the meeting where:

- Commercially sensitive is being discussed; or
- Confidential information is being discussed; or

- Whenever publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons Section 1 (2), Public Bodies (Admission to Meetings) Act 1960.

Should this occur, the meeting shall be split into two parts with members of the public and press leaving and only members of the Governing Body remaining for the closed section of the meeting. The minutes will be taken for the closed part of the meeting but will not be made publically available.

Where press or public are excluded, the remaining members and staff are required not to disclose confidential contents of papers or minutes, or content of any discussion at meeting on these topics without express permission of the Governing Body.

5.5 General Disturbances

The Chair or Vice-Chair shall give such directions as they think fit with regard to the arrangements for meetings and accommodation of the public and representatives of the press such as to ensure that business shall be conducted without interruption and disruption and, without prejudice to the power to exclude on grounds of the confidential nature of the business to be transacted, the public will be required to withdraw upon the Governing Body resolving as follows:

'That in the interests of public order the meeting adjourn for (the period to be specified) to enable the Governing Body to complete its business without the presence of the public'.

Section 1(8) Public Bodies (Admissions to Meetings) Act 1960.

6. APPOINTMENTS BY THE GOVERNING BODY

6.1 Appointment of Committees and Sub Committees

6.1.1 Subject to any directions given by NHS England, the Governing Body may appoint committees and sub-committees of the CCG and make provision for the appointment of committees and sub-committees of its Governing Body in accordance with the Constitution.

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

6.2 There is no requirement to hold meetings of Governing Body committees and/or sub-committees in public save as set out in clause 7.16 of the Main Body of the Constitution and in Schedule 6 clause 3.

6.3 Terms of Reference

Terms of reference of any committee and sub-committee must be adhered to.

6.4 Delegation of powers by committees to sub-committees

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

6.5 Approval of Appointments to Committees and Sub-Committees

The Governing Body shall approve the appointments to each of the committees and sub-committees which it has formally constituted including those of the Governing Body. Where the Governing Body determines that persons, who are neither members nor employees, shall be appointed to a committee or sub-committee the terms of such appointment shall be within the powers of the Governing Body. The Governing Body shall define the powers of such appointees and shall agree such travelling or other allowances as it considers appropriate.

6.6 Appointment and Powers of Vice-Chairman

6.6.1 The Chair and members of the Governing Body may appoint one of their number, who is not also an officer member, to be Vice-Chair, for such period, not exceeding the remainder of his/her term as a member of the Group, as they may specify on appointing him/her.

6.6.2 Any member so appointed may at any time resign from the office of Vice-Chair by giving notice in writing to the Chair. The Chair and members may thereupon appoint another member as Vice-Chair in accordance with the provisions of Standing Order 6.6.1.

6.6.3 Where the Chair of the CCG has died or has ceased to hold office, or where they have been unable to perform their duties as Chair owing to illness or any other cause, the Vice-Chair shall act as Chair until a new Chair is appointed or the existing Chair resumes their duties, as the case may be; and references to the Chair in these Standing Orders shall, so long as there is no Chair able to perform those duties, be taken to include references to the Vice-Chair.

6.7 Appointment of Senior Independent Director

The Governing Body shall appoint an independent non-executive director to be the senior independent director to provide a sounding board for the chair and to serve as an intermediary for the other directors when necessary. The senior independent director should be available to Group members if they have concerns which contact through the normal channels of chair, chief officer or other executive directors has failed to resolve or for which such contact is inappropriate.

7. DUTY TO REPORT NON-COMPLIANCE WITH STANDING ORDERS AND STANDING FINANCIAL INSTRUCTIONS

7.1 If for any reason these Standing Orders and/or the Standing Financial Instructions 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 Audit Committee for action or ratification. The Audit Committee may choose to refer the matter to the Governing Body. All members of Camden CCG, office holders, officers and staff have a duty to disclose any non-compliance with these Standing Orders to the Accountable Officer as soon as possible.

7.2 The Standing Orders (Schedule 6 and Standing Financial Instructions) can be varied by a vote of the Governing Body.

8. USE OF SEAL AND AUTHORISATION OF DOCUMENTS

8.1 CCGSeal

8.1.1 Camden CCG may have a seal for executing documents where necessary. It shall be kept in a safe place by the Head of Corporate Affairs.

8.1.2. The following individuals or officers are authorised to authenticate its use by their signature, in the presence of the Head of Corporate Affairs:

- (a) the Chief Officer;
- (b) the Chair of the Governing Body;
- (c) the Chief Finance Officer.

8.1.3 Use of the Camden CCG seal must be reported at the next Governing Body meeting.

8.2 Execution of a Document by Signature

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

- (a) the Chief Officer;
- (b) the Chair of the Governing Body;
- (c) the Chief Finance Officer.

9. REGULATIONS

9.1 Camden CCG will from time to time agree and approve policies and procedures which will apply to all or specific groups of staff employed by the CCG. The decisions to approve such policies and procedures will be recorded in an appropriate minute of the meeting.

10 ELIGIBILITY TO BE A MEMBER OF THE GOVERNING BODY

10.1 The following people are ineligible to be on the Governing Body:

- 10.1.1 Those not eligible to work in the UK;
- 10.1.2 A person who is subject to a bankruptcy restrictions order or an interim bankruptcy restrictions order;
- 10.1.3 A person who has in the last five years been dismissed from employment by a health service body otherwise than because of redundancy. This does not apply to Non-Executive Directors or those acting in a similar capacity whose role was terminated due to the expiry of their term of office;
- 10.1.4 A person who has received a prison sentence or suspended sentence of three months or more in the last five years;
- 10.1.5 A person who has been dismissed by a former employer (within or outside the NHS) on the grounds of misconduct within the last 5 years;
- 10.1.6 A health care professional whose registration is subject to conditions, or who is subject to proceedings before a fitness to practise committee of the relevant regulatory body, or who is the subject of an allegation or investigation which could lead to such proceedings;
- 10.1.7 A person who is under a disqualification order under the Company Directors Disqualification Act 1986 or the Company Directors Disqualification (Northern Ireland) Order 2002, or an order made under section 429(2) of the Insolvency Act 1986 (disabilities on revocation of administration order against an individual);
- 10.1.8 A person who has at any time been removed from the management or control of a charity. For the avoidance of doubt this does not apply to Non-Executive Directors or those acting in a similar capacity whose role was terminated due to the expiry of their term of office;
- 10.1.9 A person who is suspended by the General Medical Council, Nursing and Midwifery Council or NHS Camden Clinical Commissioning Group;
- 10.1.10 A person who is suspended from their employment pending the outcome of a disciplinary or grievance hearing;

- 10.1.11 A person who has retired from a Member Practice and is not working at any other Camden GP Practice or Camden CCG;
- 10.1.12 A person who is Chairperson or a Vice-Chairperson of the Local Medical Committee executive committee;
- 10.1.13 A person who is a Member of Parliament, Member of the European Parliament or a member of the London Assembly;
- 10.1.14 In the case of any elected GP position and the Practice Nurse Representative position anyone who does not work regular clinical sessions in a Member Practice as set out in Schedule 1.

SCHEDULE 7

SCHEME OF RESERVATION AND DELEGATION

1. **SCHEDULE OF MATTERS RESERVED TO THE CLINICAL COMMISSIONING GROUP AND SCHEME OF DELEGATION**
- 1.1. The arrangements made by NHS Camden Clinical Commissioning Group ('Camden CCG') as set out in this scheme of reservation and delegation of decisions must be adhered to.
- 1.2. Where authority has been delegated to a Governing Body committee the authority is delegated to the substantive committee and not the working title of any individual committee.
- 1.3. Camden CCG remains accountable for all of its functions, including those that it has delegated.

Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Governing Body sub-committee	Chair	Account able Officer	Chief Financial Officer
REGULATION AND CONTROL	Determine the arrangements by which the Members of Camden CCG approve decisions that are reserved for Members.	✓					
REGULATION AND CONTROL	Approval of Camden CCG's constitution.	✓					
REGULATION AND CONTROL	Exercise or delegation of those functions of Camden CCG which have not been retained as reserved, delegated to the Governing Body or other committee or sub-committee or a specified individual, or employee.	✓					
REGULATION AND CONTROL	Approve Governing Body committees a Terms of Reference, including membership.		✓				
REGULATION AND CONTROL	Approve Locality Terms of Reference		✓				

Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Governing Body sub-committee	Chair	Account able Officer	Chief Financial Officer
REGULATION AND CONTROL	Prepare Camden CCG's overarching scheme of reservation and delegation.					✓	
REGULATION AND CONTROL	Prepare Camden CCG's operational scheme of delegation, which sets out those key operational decisions delegated to individual employees of the clinical commissioning group, not for inclusion in the group's constitution.					✓	
REGULATION AND CONTROL	Approval of Camden CCG'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 Camden CCG's Standing Financial Instructions.						✓
REGULATION AND CONTROL	Approve the Standing Financial Instructions		✓				
REGULATION AND CONTROL	Approve the Prime Financial Policies		✓				
REGULATION AND CONTROL	Approve detailed financial policies.			✓ (Finance and Performance)			

Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Governing Body sub-committee	Chair	Accountable Officer	Chief Financial Officer
				Committee)			
REGULATION AND CONTROL	Approve arrangements for managing exceptional funding requests.						✓
PRACTICE MEMBER REPRESENTATIVES AND MEMBERS OF THE GOVERNING BODY	Approve the arrangements for identifying practice members to represent practices in matters concerning the work of Camden CCG and appointing clinical leaders to represent Member Practices on Camden CCG's Governing Body, for example through election.	✓					
PRACTICE MEMBER REPRESENTATIVES AND MEMBERS OF THE GOVERNING BODY	Approve the appointment of Governing Body members.		✓				
PRACTICE MEMBER REPRESENTATIVES AND MEMBERS OF THE GOVERNING BODY	Approve the process for recruiting and removing non-elected members to the Governing Body (subject to any regulatory requirements) and succession planning.		✓				
PRACTICE MEMBER REPRESENTATIVES	Approve arrangements for identifying and approving Camden CCG's Accountable Officer.		✓				

Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Governing Body sub-committee	Chair	Account able Officer	Chief Financial Officer
AND MEMBERS OF THE GOVERNING BODY							
STRATEGY AND PLANNING	Agree Camden CCG's vision, values and overall strategic direction.		✓				
STRATEGY AND PLANNING	Approval of Camden CCG's equality and diversity strategy.		✓				
STRATEGY AND PLANNING	Approval of Camden CCG's operating structure.					✓	
STRATEGY AND PLANNING	Approval of Camden CCG's commissioning plan.		✓				
STRATEGY AND PLANNING	Approval of Camden CCG's corporate budgets in accordance with the Constitution, Standing Financial Instructions and Prime Financial Policies.		✓				
STRATEGY AND PLANNING	Approval of variations to the approved budget where variation would have a significant impact on the overall approved levels of income and expenditure or the group's ability to achieve its agreed strategic aims.		✓				

Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Governing Body sub-committee	Chair	Accountable Officer	Chief Financial Officer
ANNUAL REPORTS AND ACCOUNTS	Approval of Camden CCG's annual report and annual accounts.			✓ (Audit Committee)			
ANNUAL REPORTS AND ACCOUNTS	Approval of the arrangements for discharging Camden CCG's statutory financial duties.			✓ (Finance and Performance Committee)			
HUMAN RESOURCES	Approve the terms and conditions, remuneration, allowances pensions and gratuities for Camden CCG Chair, Accountable Officer, Governing Body members, and senior directors.			✓ (Remuneration committee)			
HUMAN RESOURCES	Approve terms and conditions of employment, remunerations, allowances, pensions and gratuities for all Camden CCG substantive and interim staff save for the Camden CCG Chair, Chief Officer, Governing Body members and senior directors .					✓	
HUMAN RESOURCES	Approve disciplinary arrangements for the Chief Officer.				✓		
HUMAN RESOURCES	Review disciplinary arrangements where the Accountable Officer is an employee or member of another clinical commissioning group				✓		

Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Governing Body sub-committee	Chair	Account able Officer	Chief Financial Officer
HUMAN RESOURCES	Approval of the arrangements for discharging Camden CCG's statutory duties as an employer.					✓	
HUMAN RESOURCES	Approve Camden CCG's Human Resources policies.					✓	
QUALITY AND SAFETY	Approve arrangements, including supporting policies, to minimise clinical risk, maximise patient safety and to secure continuous improvement in quality and patient outcomes.			✓ (Quality and Safety Committee)			
QUALITY AND SAFETY	Approve arrangements for supporting the NHS England in discharging its responsibilities in relation to securing continuous improvement in the quality of general medical services.			✓ (Quality and Safety Committee)			
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 Camden CCG's counter fraud and security management arrangements.			✓ (Audit Committee)			
OPERATIONAL AND RISK MANAGEMENT	Review of Camden CCG's risk management arrangements.			✓ (Audit committee)			

Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Governing Body sub-committee	Chair	Account able Officer	Chief Financial Officer
OPERATIONAL AND RISK MANAGEMENT	Approval of Camden CCG's risk management arrangements.		✓				
OPERATIONAL AND RISK MANAGEMENT	Approve the governance arrangements for risk sharing and or risk pooling with other organisations (for example arrangements for pooled funds with other clinical commissioning groups or pooled budget arrangements under section 75 of the NHS Act 2006).			✓ (Audit Committee)			
OPERATIONAL AND RISK MANAGEMENT	Approve risk sharing and risk pooling agreements with other organisations (for example arrangements for pooled funds with other clinical commissioning groups or pooled budget arrangements under section 75 of the NHS Act 2006).			✓ (Finance and Performance Committee)			
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 arrangements for: <ul style="list-style-type: none"> • Undertaking and conducting litigation; and • Settlement of action. 		✓				

Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Governing Body sub-committee	Chair	Account able Officer	Chief Financial Officer
OPERATIONAL AND RISK MANAGEMENT	Approve Camden CCG's arrangements for emergency planning.		✓				
OPERATIONAL AND RISK MANAGEMENT	Approve Camden CCG's arrangements for business continuity planning.					✓	
INFORMATION GOVERNANCE	Approve Camden CCG's arrangements for handling complaints.			✓ (Quality and Safety Committee)			
INFORMATION GOVERNANCE	Approval of the arrangements for ensuring appropriate and safekeeping and confidentiality of records and for the storage, management and transfer of information and data.			✓ (Audit Committee)			
TENDERING AND CONTRACTING	Approval of Camden CCG's contracts for any commissioning support.					✓	
TENDERING AND CONTRACTING	Approval of Camden CCG's contracts for corporate support (for example finance provision).					✓	
PARTNERSHIP	Approve decisions that individual members or employees of Camden CCG participating in joint					✓	

Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Governing Body sub-committee	Chair	Account able Officer	Chief Financial Officer
WORKING	arrangements on behalf of Camden CCG can make.						
JOINT COMMISSIONING	Deciding the following decisions on primary care joint commissioning pursuant to clauses 27.1, 27.3, 27.4, 27.5 and 27.6 of the Main Body of the Constitution: <ul style="list-style-type: none"> • Whether or not in principal Camden CCG will undertake joint commissioning; • The list of services that Camden CCG may jointly commission; • Which other organisations Camden CCG may joint commission with. 	✓					
JOINT COMMISSIONING	Approval of arrangements for primary care joint commissioning with other Clinical Commissioning Groups for the exercise of Camden CCG's commissioning functions pursuant to clauses 27.1, 27.3, 27.4, 27.5 and 27.6 of the Main Body of the Constitution.		✓				
JOINT COMMISSIONING	Approval of arrangements for primary care joint commissioning with other Clinical Commissioning Groups for the exercise of other Clinical Commissioning Group's or Groups' commissioning functions pursuant to clauses 27.1, 27.3, 27.4, 27.5 and 27.6 of the Main Body of the Constitution.		✓				
JOINT	Approval of primary care joint commissioning arrangements with NHS England for the exercise of		✓				

Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Governing Body sub-committee	Chair	Account able Officer	Chief Financial Officer
COMMISSIONING	Camden CCG's commissioning functions pursuant to clauses 27.1, 27.3, 27.4, 27.5 and 27.6 of the Main Body of the Constitution.						
JOINT COMMISSIONING	Approval of primary care joint commissioning arrangements with NHS England for the exercise of NHS England's commissioning functions pursuant to clauses 27.1, 27.3, 27.4, 27.5 and 27.6 of the Main Body of the Constitution.		✓				
JOINT COMMISSIONING	Approval of arrangements for non-primary care joint commissioning with other Clinical Commissioning Groups for the exercise of Camden CCG's commissioning functions pursuant to clause 27.7 of the Main Body of the Constitution.		✓				
JOINT COMMISSIONING	Approval of arrangements for non-primary care joint commissioning with other Clinical Commissioning Groups for the exercise of other Clinical Commissioning Group's or Groups' commissioning functions pursuant to clause 27.7 of the Main Body of the Constitution.		✓				
JOINT COMMISSIONING	Approval of non-primary care joint commissioning arrangements with NHS England for the exercise of Camden CCG's commissioning functions pursuant to clause 27.7 of the Main Body of the Constitution.		✓				

Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Governing Body sub-committee	Chair	Account able Officer	Chief Financial Officer
JOINT COMMISSIONING	Approval of non-primary care joint commissioning arrangements with NHS England for the exercise of NHS England's commissioning functions pursuant to clause 27.7 of the Main Body of the Constitution.		✓				
JOINT COMMISSIONING	Agreeing the quorum requirements and Terms of Reference for any joint committee established or entered into for the purposes of joint commissioning.		✓				
PARTNERSHIP WORKING	Approve decisions delegated to joint committees established under section 75 of the NHS Act 2006 Act (as amended by the Health and Social Care Act 2012)			✓ (Commissioning Committee)			
COMMISSIONING AND CONTRACTING FOR CLINICAL SERVICES	Approval of the arrangements for discharging Camden CCG's statutory duties associated with its commissioning functions.					✓	
COMMISSIONING AND CONTRACTING FOR CLINICAL SERVICES	Approve operational arrangements for co-ordinating the commissioning of services with other groups and or with the local authority(ies).					✓	
COMMUNICATIONS	Preparing and approving operational arrangements for handling Freedom of Information requests.					✓	

SCHEDULE 8 NOLAN PRINCIPLES

1. The 'Nolan Principles' set out the ways in which holders of public office should behave in discharging their duties. The CCG will use these guiding principles in its behaviour. 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)

SCHEDULE 9 DEFINITIONS

Accountable Officer	means an individual who is appointed by the NHS England and who may be a member or employee of the Clinical Commissioning Group or of anybody who is a Member of the Clinical Commissioning Group and whose duties and responsibilities are set out in Paragraph 13 herein.
Any Qualified Provider	means the Any Qualified Provider principle to be applied by the (AQP) Governing Body when engaging in the commissioning of healthcare services.
Governing Body	the group comprised as set out in Paragraph 7 to fulfil the functions of the Governing Body of the CCG as set out in the Act and also as further set out in this Constitution.
Budget	means the financial resources delegated to the Governing Body for the purposes of commissioning and all relevant and related services and functions including, but not limited to, the responsibilities as set out in Section 12 herein and any relevant legislation
Business Day	means 9.00am until 5.00pm (other than a Saturday or Sunday or a Bank or Public Holiday).
Commencement Date	means the date of commencement of this Constitution being 1 April 2013.
Conflict of Interest	means any conflict of interest as set out in Section 29.
Constitution	means this Constitution as amended from time to time in accordance with its terms.
Locality	means the localities within the London Borough of Camden as listed in Schedule 1.
Local Authority	means the administrative offices that are officially responsible for all the public services and facilities within the Locality.
Local Medical Committee	means the Camden Local Medical Committee as recognised by the NHS Act 1977 and currently recognised by Camden CCG
Main Body of the Constitution	means this Constitution excluding all schedules.
Member	means the Members of the Clinical Commissioning Group (which may change from time to time) being a primary care services provider holding a contract for the provision of primary medical

services i.e. General Medical Services, Personal Medical Services or Alternative Personal Medical Services contract.

NHS England

means the NHS Commissioning Board which is a body corporate as identified in the Health and Social Care Act 2012

Observer

means a non-voting member of the Governing Body.

Provider

means any company, partnership, voluntary organisation, social enterprise, charity or organisation which may from time to time enter or seek to enter or have entered into arrangements to provide secondary medical services or social care services or any other goods and services by virtue of being commissioned by NHS Camden Clinical Commissioning Group.

SCHEDULE 10 – PRIME FINANCIAL POLICIES

1. INTRODUCTION

1.1. General

- 1.1.1. These Prime Financial Policies and supporting detailed financial policies shall have effect as if incorporated into the CCG's constitution.
- 1.1.2. The Prime Financial Policies are part of Camden CCG's control environment for managing the organisation's financial affairs. They contribute to good corporate governance, internal control and managing risks. They enable sound administration, lessen the risk of irregularities and support commissioning and delivery of effective, efficient and economical services. They also help the Accountable Officer and Chief Financial Officer to effectively perform their responsibilities. They should be used in conjunction with the Scheme of Reservation and Delegation found at Schedule 7.
- 1.1.3. In support of these Prime Financial Policies, the CCG has prepared more detailed policies, approved by the Chief Financial Officer, known as *detailed financial policies*. The CCG refers to these Prime and detailed financial policies together as the CCG's financial policies.
- 1.1.4. These Prime Financial Policies identify the financial responsibilities which apply to everyone working for the CCG and its constituent organisations. They do not provide detailed procedural advice and should be read in conjunction with the detailed financial policies. The Chief Financial Officer is responsible for approving all detailed financial policies.
- 1.1.5. A list of the CCG's detailed financial policies will be published and maintained on the CCG's website.
- 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 Financial Officer must be sought before acting. The user of these Prime Financial Policies should also be familiar with and comply with the provisions of the CCG's Constitution, Standing Orders and Scheme of Reservation and Delegation.
- 1.1.7. Failure to comply with Prime Financial Policies and Standing Orders can in certain circumstances be regarded as a disciplinary matter that could result in dismissal.

1.2. Overriding Prime Financial Policies

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

1.3. Responsibilities and Delegation

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

1.4. Contractors and their Employees

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

1.5. Amendment of Prime Financial Policies

- 1.5.1. To ensure that these Prime Financial Policies remain up-to-date and relevant, the Chief Financial Officer will review them at least annually. Following consultation with the Accountable Officer and scrutiny by the Governing Body's Audit Committee, the Chief Financial Officer will recommend amendments, as fitting, to the Governing Body for approval.

2. INTERNAL CONTROL

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

- 2.1. The Governing Body is required to establish an Audit Committee with terms of reference agreed by the Governing Body (see Camden CCG's Constitution for further information).
- 2.2. The Accountable Officer has overall responsibility for the CCG's systems of internal control.
- 2.3. The Chief Financial 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 – Camden CCG will keep an effective and independent internal audit function and fully comply with the requirements of external audit and other statutory reviews.

- 3.1. In line with the terms of reference for the Governing Body's Audit Committee, the person appointed by the CCG to be responsible for internal audit and the appointed external auditor will have direct and unrestricted access to Audit Committee members and the Chair of the Governing Body, Accountable Officer and Chief Financial Officer for any significant issues arising from audit work that management cannot resolve, and for all cases of fraud or serious irregularity.
- 3.2. The person appointed by the CCG to be responsible for internal audit and the external auditor will have access to the audit committee and the Accountable Officer to review audit issues as appropriate. All Audit Committee members, the Chair of the Governing Body and the Accountable Officer will have direct and unrestricted access to the head of internal audit and external auditors.
- 3.3. The Chief Financial Officer will ensure that:
 - a) Camden CCG has a professional and technically competent internal audit function; and
 - b) The Governing Body's Audit Committee approves any changes to the provision or delivery of assurance services to the CCG.

4. FRAUD AND CORRUPTION

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

- 4.1. The Governing Body's Audit Committee will satisfy itself that the CCG has adequate arrangements in place for countering fraud and shall review the outcomes of counter fraud work. It shall also approve the counter fraud work programme.
- 4.2. The Governing Body's Audit Committee will ensure that the CCG has arrangements in place to work effectively with NHS Protect.
- 4.3. The Bribery Act 2010, which repealed existing corruption legislation, has introduced the offences of offering and receiving a bribe. It also places specific responsibility on organisations to have sufficient and adequate procedures in place to prevent bribery and corruption taking place. Under the Bribery Act 2010, bribery is defined as "Inducement for an action which is illegal, unethical or a breach of trust. Inducements can take the form of gifts, loans, rewards or other privileges". Corruption is broadly defined as "the offering or acceptance of inducements, gifts, favours, payment or benefit-in-kind which may influence the action of any person. Corruption does not always result in a loss. The corrupt person may not benefit directly from the deeds; however, they may be unreasonably be using their position to give some advantage to another". To demonstrate that the organisation has sufficient and adequate procedures in place and to demonstrate openness and transparency, all staff are required to comply

with the requirements of the Prime Financial Policies. For more detailed information, please see the Anti-Bribery policy.

5. EXPENDITURE CONTROL

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

6. ALLOTMENTS

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

7. COMMISSIONING STRATEGY, BUDGETS, BUDGETARY CONTROL AND MONITORING

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

- 7.1. The Accountable Officer will compile and submit to the Governing Body a commissioning strategy which takes into account financial targets and forecast limits of available resources.

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

8. ANNUAL ACCOUNTS AND REPORTS

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

- 8.1. The Chief Financial Officer will ensure the CCG:
- a) Prepares a timetable for producing the annual report and accounts and agrees it with external auditors and the Governing Body;
 - b) Prepares the accounts according to the timetable approved by the Governing Body;
 - c) Complies with statutory requirements and relevant directions for the publication of annual report;
 - d) Considers the external auditor's management letter and fully address all issues within agreed timescales; and
 - e) Publishes the external auditor's management letter on the CCG's website.

9. INFORMATION TECHNOLOGY

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

- 9.1. The Chief Financial 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 Financial 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 – Camden CCG will run an accounting system that creates management and financial accounts.

10.1. The Chief Financial Officer will ensure:

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

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

11. BANK ACCOUNTS

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

11.1. The Chief Financial Officer will:

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

11.2. The Governing Body's Audit Committee shall approve the banking arrangements.

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

POLICY – Camden CCG will:

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

12.1. The Chief Financial Officer is responsible for:

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

13. TENDERING AND CONTRACTING PROCEDURE

POLICY –Camden CCG:

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

- 13.1. The Governing Body may only negotiate contracts on behalf of the CCG, and the CCG may only enter into contracts, within the statutory framework set up by the 2006 Act, as amended by the 2012 Act. Such contracts shall comply with:
- a) The CCG's standing orders;
 - b) The Public Contracts Regulation 2006, any successor legislation and any other applicable law; and
 - c) Take into account as appropriate any applicable NHS England or Monitor guidance that does not conflict with (b) above.
- 13.2. In all contracts entered into, the CCG shall endeavour to obtain best value for money. The Accountable Officer shall nominate an individual who shall oversee and manage each contract on behalf of the CCG.

14. **COMMISSIONING**

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

- 14.1. The CCG will coordinate its work with NHS England, other Clinical Commissioning Groups, local providers of services, local authority(ies), including through Health & Wellbeing Boards, patients and their carers and the voluntary sector and others as appropriate to develop robust commissioning plans.
- 14.2. The Accountable Officer will establish arrangements to ensure that regular reports are provided to the Governing Body detailing actual and forecast expenditure and activity for each contract.
- 14.3. The Chief Finance Officer will maintain a system of financial monitoring to ensure the effective accounting of expenditure under contracts. This should provide a suitable audit trail for all payments made under the contracts whilst maintaining patient confidentiality.

15. **RISK MANAGEMENT AND INSURANCE**

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

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

- a) A process for identifying and quantifying risks and potential liabilities;
- b) Engendering amongst all levels of staff a positive attitude towards the control of risk;
- c) Management processes to ensure all significant risks and potential liabilities are addressed including effective systems of internal control, cost effective insurance cover, and decisions on the acceptable level of retained risk;
- d) Contingency plans to offset the impact of adverse events;
- e) Audit arrangements including internal audit, clinical audit, health and safety review;
- f) A clear indication of which risks shall be insured;
- g) Arrangements to review the risk management programme.

15.3 Insurance: Risk Pooling Schemes administered by the NHSLA

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

16. PAYROLL

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

16.1. The Chief Financial 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 – Camden CCG will seek to obtain the best value for money goods and services received.

- 17.1. The Governing Body will approve the level of non-pay expenditure on an annual basis and the Accountable Officer will determine the level of delegation to budget managers
- 17.2. The Accountable Officer shall set out procedures on the seeking of professional advice regarding the supply of goods and services.
- 17.3. The Chief Financial Officer will:
- a) Advise the audit committee on the setting of thresholds above which quotations (competitive or otherwise) or formal tenders must be obtained; and, once approved, the thresholds should be incorporated in the Scheme of Reservation and Delegation;
 - b) Be responsible for the prompt payment of all properly authorised accounts and claims;
 - c) Be responsible for designing and maintaining a system of verification, recording and payment of all amounts payable.

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

POLICY – Camden CCG will put arrangements in place to manage capital investment, maintain an asset register recording fixed assets and put in place policies to secure the safe storage of the 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) 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 Financial Officer will prepare detailed procedures for the disposals of assets.

19. RETENTION OF RECORDS

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

notified guidance.

19.1. The Accountable Officer shall:

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

20. TRUST FUNDS AND TRUSTEES

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

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