

Signposting Sheet for revisions to NHS Stockport CCG's Constitution
September 2018

Page number	Paragraph Reference	Summary of change made: Previous	New
Cover			September 2018
2		January 2015	September 2017
3		Jane Crombleholme, Chair...	GP Chair of the Governing Body
3		Dr Ranjit Gill, Chief Clinical Officer	Noreen Dowd, Interim Chief Executive Accountable Officer (photo added)
6	1.2.2		(here after referred to as NHS England)
6	1.3.1	when the NHS Commissioning Board	NHS England established
6	1.3.1	when the NHS Commissioning Board approved	when NHS England approved
7	1.4.1 a)	applies to the NHS Commissioning Board	applies to NHS England
7	1.4.1 b)	the NHS Commissioning Board varies	NHS England varies
8	3.2.3 b)	the NHS Commissioning Board approves	NHS England approves
11	4.3.1	the NHS Commissioning Board in a number	NHS England in a number
11	4.3.1 j)	the NHS Commissioning Board as required	NHS England as required
13	5.1.1 a)	(where the NHS Commissioning Board is not under	(where NHS England is not under
13	5.1.2 a)	and the NHS Commissioning Board of their duty	and NHS England of their duty
14	5.2.4	support the NHS Commissioning Board in relation	support NHS England in relation
16	5.4.2	specified by the NHS Commissioning Board	specified by NHS England

16	5.4.4	to it by the NHS Commissioning Board	to it by NHS England
17	5.6.1 b)	the Secretary of State for Health or the NHS Commissioning Board	the Secretary of State for Health or NHS England
17	5.6.1 c)	issued by the NHS Commissioning Board	issued by NHS England
19	6.4.3	authorities and/ or the NHS Commissioning Board	authorities and/or NHS England.
20	6.4.6		Removed additional 'a'
22	6.5.10	that the lead clinician and the lead manager	that the relevant officer
22	6.6	arrangements with the NHS Commissioning Board for the	arrangements with NHS England for the
22	6.6.1	together with the NHS Commissioning Board	together with NHS England
22	6.6.2	the NHS Commissioning Board may make	NHS England may make
23	6.6.5	agreed between the NHS Commissioning Board and the Group	agreed between NHS England and the Group
23	6.6.6	arrangements with the NHS Commissioning Board	arrangements with NHS England
23	6.6.6	and agree with the NHS Commissioning Board	and agree with NHS England
23	6.6.8	guidance issued by NHS England on co-commissioning	guidance issued by NHS England on co- and delegated-commissioning
24	6.7	Joint commissioning arrangements with the NHS Commissioning Board for the exercise of the NHS Commissioning Board's functions	Joint commissioning arrangements with NHS England for the exercise of NHS England's functions
24	6.7.1	The Group may work with the NHS Commissioning Board and, where applicable, other Clinical Commissioning Groups, to exercise specified NHS Commissioning Board functions.	The Group may work with NHS England and, where applicable, other Clinical Commissioning Groups, to exercise specified NHS England functions.

24	6.7.2	<p>The Group may enter into arrangements with the NHS Commissioning Board and, where applicable, other Clinical Commissioning Groups to:</p> <ul style="list-style-type: none"> • Exercise such functions as specified by the NHS Commissioning Board under delegated arrangements; • Jointly exercise such functions as specified with the NHS Commissioning Board.. 	<p>The Group may enter into arrangements NHS England and, where applicable, other Clinical Commissioning Groups to:</p> <ul style="list-style-type: none"> • Exercise such functions as specified by NHS England under delegated arrangements; • Jointly exercise such functions as specified with NHS England.
24	6.7.3	jointly with the NHS Commissioning Board	jointly with NHS England
24	6.7.5	the NHS Commissioning Board and the Group	NHS England and the Group
24	6.7.6	with the NHS Commissioning Board as described	with NHS England as described
25	6.7.7	the liability of the NHS Commissioning Board	the liability of NHS England
25	6.7.8	issued by NHS England on co-commissioning.	issued by NHS England on co- and delegated-commissioning.
25	6.7.10	the Chief Operating Officer of the CCG	the Accountable Officer of the CCG
27	6.9.1 k)	assisting the NHS Commissioning Board in its duty	assisting NHS England in its duty
28	6.9.1 u) ii)	specified by the NHS Commissioning Board	specified by NHS England
28	6.9.2	15 members	14 members
28	6.9.2 a)	the GP Lay Chair, who shall be either the Lay Member for Patient and Public Participation or one of the representatives of member practices	the GP Lay Chair, who shall be one of the representatives of member practices and a practicing GP with GMC registration.

		and is not an additional member	
28	6.9.2		Lettering
29	6.9.2 f)	the Accountable Officer, who shall be a partner or salaried GP in a Member practice or another primary care practising clinician;	the Accountable Officer
29	6.9.2 g)	The Chief Operating Officer	remove
29	6.9.2 i)	the Stockport MBC Deputy Director of Public Health who shall be the Clinical Director for Public Health	A nominated Senior Consultant from Public Health who shall be the Clinical Director for Public Health
30	6.9.7		Lettering
31	6.9.7 c)	which includes information on the membership of the Committee .	which includes information on the membership of the Committee . The Chair of the Committee will be the Secondary Care Consultant.
31	6.9.7 d)		Add: Performance and Delivery Committee - The Committee is accountable to the CCG's Governing Body for providing assurance of the CCG's delivery against plans, and the impact activity is having on priority areas as linked to key targets. The Committee will be responsible for making recommendations where necessary to the Governing Body. It will provide leadership and accountability for performance in Stockport, ensuring that local, regional and national targets and standards are adhered to and exceeded
31	6.9.7 e)		Add: Strategy, Planning and Commissioning Committee – The Strategy, Planning and Commissioning committee (the Committee) is accountable to the CCG's Governing Body for providing assurance of the process for setting direction and planning future activity, and making recommendations where necessary. It will provide leadership over the forward plans for Stockport's health and social care to ensure that local, regional and national standards are adhered to and exceeded.
31	6.9.7 f)	Finance and Performance	remove

		<p>Committee – the Committee is responsible for management of the CCG’s financial and performance matters, including QIPP. The Committee will ensure the development of relevant organisational and financial plans ensuring they are aligned to wider organisational priorities. The Chair of the Committee will be the Lay Member who leads on audit, remuneration and conflicts of interest issues. The Governing Body has approved and keeps under review the Terms of Reference of the Quality and Performance Committee which includes detail of its membership.</p>	
32	6.9.7 g)	The Chair of the Committee will be one of the Lay Members of the Governing Body.	The Chair of the Committee will be the Lay Member who leads on primary care.
32	6.9.9 c)	Officers of the NHS Commissioning Board	Officers of NHS England
33			Numbering throughout section 7
33	7.1.2 a)	Accountable Officer	GP Clinical Chair
34	7.3.1	guidance published by the NHS Commissioning Board	guidance published by NHS England
35	7.4.1	a) leading the Governing Body, ensuring it remains continuously able to discharge its duties and	<ul style="list-style-type: none"> • Leading the Governing Body in developing the strategic direction, vision, values and culture of the CCG. • Building and developing the CCG’s Governing Body and its

		<p>responsibilities as set out in this Constitution;</p> <p>b) building and developing the Group's Governing Body and its individual Members;</p> <p>c) ensuring that the Group has proper constitutional and governance arrangements in place;</p> <p>d) ensuring that, through the appropriate support, information and evidence the Governing Body is able to discharge its duties;</p> <p>e) supporting the Accountable Officer in discharging the responsibilities of the organisation;</p> <p>f) contributing to building a shared vision of the aims, values and culture of the organisation;</p> <p>g) leading and influencing to achieve clinical and organisational change to enable the Group to deliver its commissioning responsibilities;</p> <p>h) overseeing governance and particularly ensuring that the Governing Body and the wider Group behaves with the utmost transparency and responsiveness at all times;</p> <p>i) ensuring that public and patients' views are heard and their expectations understood and, where appropriate as far as possible, met;</p> <p>j) ensuring that the organisation is able to account to its local patients, stakeholders and the NHS Commissioning Board;</p>	<p>individual members.</p> <ul style="list-style-type: none"> • Ensuring that the CCG has proper constitutional and governance arrangements in place • Ensuring that through appropriate support, information and evidence, the Governing Body is able to discharge its duties. • Supporting the Chief Executive (Accountable) in discharging the responsibilities of the organisation. • To lead and influence the achievement of clinical and organisational change to enable the CCG to deliver its commissioning responsibilities. • To oversee the organisation's governance ensuring that the Governing Body and the wider Group behaves with the utmost transparency and responsiveness at all times. • Ensuring that public and patient views are heard and expectations understood. • Ensuring that the organisation is able to account to its local patients, stakeholders and NHS England. • Ensuring that the Group builds and maintains effective relationships with stakeholders particularly with Local Authority Commissioners • Overseeing the process for managing disputes between the Group and its individual members.
--	--	---	--

		<p>k) ensuring that the Group builds and maintains effective relationships, particularly with the individuals involved in overview and scrutiny from the relevant local authority(ies);</p> <p>l) Oversee the process for managing disputes between the group and individual Members.</p>	
37	7.6.2 d)	taking the lead in interactions with stakeholders, including the NHS Commissioning Board, where the Accountable Officer is also the senior clinical voice of the group.	taking the lead in interactions with stakeholders, including NHS England.
39	7.13	<p>Role of the Chief Operating Officer</p> <p>7.13.1. The Chief Operating Officer is a member of the Governing Body and has specific responsibility for:</p> <p>a) supporting the Accountable Officer in the delivery of the duties of the role;</p> <p>b) contributing to the development of the vision, aims and business objectives of the CCG;</p> <p>c) advising the CCG on strategic commissioning business and key corporate planning issues; and</p> <p>d) supporting the clinical leaders of the CCG to develop and maintain a systematic approach to ensuring that the CCG remains clinically-led and clinically-accountable</p>	remove
40	7.15		Add: Role of Clinical Directors

			7.15.1 The CCG will appoint 2 Clinical Directors who will be members of the Governing Body and have specific responsibilities for functions allocated to them.
42	8.3.1 e)	Individuals working within general practice	Individuals working within general practice
47	10.1.5	Address: The Communications Team, NHS Stockport CCG, Regent House, Heaton Lane, Stockport, SK4 1BS.	Address: The Communications Team, NHS Stockport CCG, Stopford House, 4 th Floor, Stockport, SK1 3XE
49	Appendix A	Chief Operating Officer the most senior manager in the organisation with responsibility for overseeing the commissioning support provided to the Group through either directly managed staff or through the provision of purchased support services;	remove
52	Appendix B	P88009 Woodley Health Centre Hyde Road, Woodley, Stockport, SK6 1ND	<i>P88009 Woodley Village Surgery Hyde Road, Woodley, Stockport, SK6 1ND</i>
52	Appendix B	P88010 Heaton Norris Health Centre Cheviot Close, Heaton Norris, Stockport, SK4 1JX	remove
53	Appendix B	P88028	P88028(combined with P88026)
58	Appendix C 1.2.2 a)	Make recommendations to the National Commissioning Board for changes to the constitution of the Group;	Make recommendations to NHS England for changes to the constitution of the Group;
59	Appendix C 1.2.2 j)	(subject to the approval of the NHS Commissioning Board) and the Clinical Directors.	(subject to the approval of NHS England) and the Clinical Directors.
59	Appendix C 2.2.3 a)	Nominations – the post shall be advertised to eligible members of the Governing Body;	Nominations – the post shall be advertised to eligible GPs with current GMC registration
59	Appendix C 2.2.3 b)	shall be either the Lay Member leading on patient and public	Shall be a GP with current GMC registration.

		participation matters or one of the GP Locality Council Committee Chairs.	
60	Appendix C 2.2.3 c)	Appointment process – All applicants submit a CV, followed by an assessment centre run by an external agency with an interview including at least a GP Locality Council Committee Chair or the Group’s senior clinical voice, a nominee of the National Commissioning Board, and external human resources expertise;	Appointment process – All applicants will submit an application via NHS Jobs to explain how they meet the requirements of the role. This should be supported by nomination by 2 GPs or Practice Partners from Practices in Stockport (not including their own Practice.) Following an interview, any candidates deemed suitable for the role will be proposed to the Group’s Members for ratification or where there is more than 1 candidate a vote.
60	Appendix C 2.2.3 e)	Eligibility for reappointment – remains a member of the Governing Body, subject to serving a maximum term of office of 9 years;	Eligibility for reappointment – remains a member of the Governing Body, subject to serving a maximum term of office of 9 years and subject to re-appointment by the Group’s Members;
61	Appendix C 2.2.4 b) i)	and if the Chair is a GP the Vice-chair must be a lay person	remove
61	Appendix C 2.2.5 a) i)	The Accountable Officer shall be either: • A Partner or salaried GP in a Member practice • Another practising primary care clinician employed by a Member practice	remove
61	Appendix C 2.2.5 b)	Nominations and Appointment process –this appointment will be subject to national NHS recruitment and selection policies and guidance. the following process shall be undertaken should a vacancy arise i) The job description will be advertised to all Member practice partners and salaried	Nominations and Appointment process –this appointment will be subject to national NHS recruitment and selection policies and guidance. The Governing Body shall recommend to the NHS England that it should appoint its nominated candidate

		<p>GPs working for Member practices</p> <p>ii) Any such person may be nominated in writing to the Chair of the Governing Body by two persons who are Member practice partners or salaried GPs. Those nominating the relevant individual must be from two different Member practices and shall not be from the same Member practice as the nominee</p> <p>iii) Any such nominee shall submit an application form to an externally appointed assessment board. The membership of the assessment board shall be approved by the Governing Body of the Group as competent to fulfil the function required of it</p> <p>iv) The assessment board shall assess and interview each candidate and make recommendations to the Group on the nominees' suitability</p> <p>v) The Group shall (in a process</p>	
--	--	--	--

		<p>overseen by the LMC):</p> <ul style="list-style-type: none"> • If there is only one recommended candidate to fill the post: by a vote approve or reject the recommendation by a simple majority; • If there is more than one recommended candidate: by a vote to choose the person to fulfil the role. The candidate with the largest number of votes shall be nominated to fill the office; <p>b) If the post cannot be filled from among the local GP community the Governing Body may extend the advertisement of the post to other practising primary care clinicians employed by Member practices and follow the process described in b i) – b v) above.</p> <p>vi)i) The Governing Body shall recommend to the NHS National Commissioning Board that it should appoint its nominated candidate</p>	
62	Appendix C 2.2.5 c)	Term of office – up to 5 years	Term of office – this is the role of an employee and therefore there is no term of office.
62	Appendix C 2.2.5 d)	Eligibility for reappointment – still meets the requirements set out at 2.2.5a, subject to serving a maximum term of office of 9 years	remove
62	Appendix C	i) The post holder joins the LMC	remove

	2.2.5 d)	<p>executive committee</p> <p>ii) Any Member Representative with the support of at least 20% of the nominated votes allocated to Member Representatives can at a General Meeting call a motion of no confidence in the Accountable Officer. If at least 75% of the nominated votes allocated to Member Representatives approve such a motion the post holder must stand down</p> <p>iii) The office holder is convicted of a criminal offence carrying a custodial sentence</p>	
63	Appendix C 2.2.5 f)	Notice period – 6 months unless the Accountable Officer is removed from office in accordance with paragraph e) above.	Notice period – immediately if the Accountable Officer is disqualified from membership of a CCG Governing Body under the CCG Regulations but otherwise the notice period shall be in accordance with his or her contract of employment and / or any statutory employment rights.
63	Appendix C 2.2.6	<p>The Chief Operating Officer is subject to the following appointment process:</p> <p>a) Eligibility –</p> <p>i) shall be a person of significant board-level leadership position</p> <p>ii) be deemed appropriately qualified by the NHS Commissioning Board</p> <p>iii) shall not be an employee, shareholder or on the Board of Directors of any healthcare provider which provides healthcare by way of a</p>	remove

		<p>contract to NHS Stockport CCG</p> <p>b) Appointment process – when the role becomes vacant a job description and person specification will be advertised widely followed by short-listing, psychometric and other testing, and an interview. The interview panel shall include at least the Chair, the Accountable Officer and a member of the NHS Commissioning Board or a nominee with the appropriate expertise</p> <p>c) Term of office – this role is that of an employee and so there is no term of office</p> <p>d) Grounds for removal from office –</p> <p>i) the Chief Operating Officer is disqualified from membership of a CCG governing body under the CCG Regulations and / or in accordance with his or her contract of employment</p> <p>e) Notice period – immediately if the Chief Operating Officer is disqualified from membership of a CCG governing body under the CCG Regulations but otherwise the Chief Operating Officer’s notice period shall be in accordance with his or her contract of employment (if any) and/or statutory employment rights (if any)</p>	
--	--	---	--

64	Appendix C 2.2.6	The Clinical Directors for General Practice Development and for Quality and Provider Management are subject to the following appointment process	The Clinical Directors are subject to the following appointment process
64	Appendix C 2.2.6 b) iii)	Any such nominee shall submit an application form to an externally appointed assessment board. The membership of the assessment board shall be approved by the Governing Body of the Group as competent to fulfil the function required of it	Any such nominee shall submit an application form to be considered by an Panel of suitably qualified clinical and non-clinical individuals including external representatives where required.
64	Appendix C 2.2.6 b) iv)	The assessment board shall assess and interview each candidate and make recommendations to the Group on the nominees' suitability	The Panel shall assess and interview each candidate and make recommendations to the Group on the nominees' suitability
68	Appendix C 2.2.9 b)	The interview panel shall include at least the Chair of the Governing Body, the Chair of the governing body of a neighbouring clinical commissioning group and a member of the NHS Commissioning Board or a nominee with the appropriate expertise	The interview panel shall include of suitably qualified clinical and non-clinical individuals including external representatives where required.
69	Appendix C 2.2.10 b)	and a member of the NHS Commissioning Board	and a member of NHS England
77	Appendix C 4.1.1	minimum of 8 meetings	minimum of 4 meetings
83	Appendix C 6.1.1 c)	The Chief Operating Officer or the Chief Finance Officer	The Chief Finance Officer or if not available Executive Nurse
85	Appendix C 10.1.1 d)	the Chief Operating Officer.	remove
86	Appendix C 10.2.1 d)	the Chief Operating Officer.	remove
87	Appendix D	COO Chief Operating Officer	remove
88	Appendix D	Make recommendations to the	Make recommendations to NHS England for changes to the

	2 a)	National Commissioning Board for changes to the constitution of the group; or	constitution of the group; or
88	Appendix D 2 i)	Final approval of the appointment of Chair of the Governing Body, Chief Clinical Officer (Accountable Officer), and any Clinical Directors.	Final approval of the appointment of Chair of the Governing Body, Accountable Officer, and any Clinical Directors.
88	Appendix D 9	Work with the NHS National Commissioning Board	Work with NHS England
89	Appendix D 12	with the approval of the National Commissioning Board.	with the approval of NHS England.
89	Appendix D 25	delegation of the AO	delegation of the AO
91	Appendix D 6.9.7 c)	<p>Finance and Performance Committee</p> <p>The Committee is responsible for management of the CCG's financial and performance matters, including QIPP. The Committee will ensure the development of relevant organisational and financial plans ensuring they are aligned to wider organisational priorities.</p> <p>I. Ensure effective monitoring arrangements are in place for the delivery of the Operational and Strategic Plans of the CCG,</p> <p>II. Routinely review the delivery and effectiveness CCG QIPP plans and associated business cases and hold those responsible for their delivery.</p> <p>III. Make recommendations to the</p>	<p>Performance and Delivery Committee</p> <p>The Committee will provide assurance that:</p> <ul style="list-style-type: none"> • The CCG is meeting its statutory requirements as laid out in the NHS Constitution and the Improvement and Assurance Framework • The CCG is delivering against its current operational and delivery plans including activity, performance and impact measures • The CCG is meeting its financial obligations and standards against plan, including delivery of the CCG's CIP programme • The CCG is maintaining contract relationships and actively managing the market <p>Upon review, the Committee will give a quarterly assurance statement and make recommendations to the Governing Body on its assessment of the CCGs Performance and Delivery.</p>

		<p>Governing Body and executive team in line with standing financial instructions on required adjustments to ensure continual delivery of financial position,</p> <p>IV. Develop and recommend to the Governing Body formal recovery plans should the need arise,</p> <p>V. Review Outline Business Cases prior to Governing Body approval and recommend that Governing Body approve full Business Cases greater than £250,000</p> <p>VI. Oversee and determine variances from and variations to contracted activity levels.</p>	
93	Appendix D 6.9.7 e)	<p>Quality Committee – the Committee is accountable to the Group’s Governing Body for monitoring the quality issues (patient safety, patient experience and clinical effectiveness) of service providers in line with the Group’s Quality Strategy and providing leadership of quality matters within Stockport and across wider partners to enable comprehensive assurance to be maintained. The Governing Body has approved and keeps under review the Terms of Reference for the Quality and Provider Management Committee, which includes</p>	<p>The Committee will provide assurance on the quality of services commissioned and the promotion of a culture of continuous improvement and innovation with respect to the safety of services, clinical effectiveness and patient experience.</p> <p>Patient Care:</p> <ul style="list-style-type: none"> • Ensure that unwarranted variations in clinical practice are identified and addressed through the use of benchmarking and clinical evidence. • Monitor the delivery of harm free care, CHC processes and quality of care within providers • Seek assurance of the clinical effectiveness, appropriate staffing and clinical leadership of the services provided in Stockport

		<p>information on the membership of the Committee ;</p> <p>(i) Monitor quality standards and targets for all commissioned services.</p> <p>(ii) Routine monitoring and oversight of Children’s and Vulnerable Adult Protection Policies</p> <p>(iii) Recommend actions to achieve targets and standards in line with the Quality Strategy and contract clauses</p> <p>(iv) Identify and prioritise major quality improvement requirements and escalate</p> <p>(v) Develop policies and strategies within areas of responsibility</p> <p>(vi) Receive reports on compliance with clinical quality initiatives.</p> <p>(vii)(i) Identification of local issues arising from clinical quality initiatives and guidance</p>	<ul style="list-style-type: none"> • Seek assurance of the quality of care delivered by the providers as commissioned by the CCG <p>Processes:</p> <ul style="list-style-type: none"> • Focus on quality and risk issues including the clinical agenda to ensure that appropriate governance structures, systems and processes are in place across its commissioned providers (including jointly commissioned services) <p>Patient Safety:</p> <ul style="list-style-type: none"> • Review third-party inspection reports (e.g. CQC) and own service review reports, identify major quality improvement requirements and monitor the improvement and/or action plan implementation • Review reports on any Serious Untoward Incidents (SUI’s) and or reports or investigations of Significant Events Analysis/audits • Receive summary report and ensure actions are delivered upon Patient Safety Incidents or reports or investigations of Patient Safety Incidents • Review reports into death rates through HSMR and SCMI reporting for all appropriate providers and advise action as appropriate. <p>Safeguarding:</p> <ul style="list-style-type: none"> • Monitor any Safeguarding risks for children and vulnerable adults and be advised on any changes to safeguarding policies • Approve the Safeguarding Annual Report to be presented to Governing Body
--	--	---	---

			<p>Infection Control:</p> <p>Patient experience:</p> <ul style="list-style-type: none"> • Review and approve CCG engagement plans and reports from outcome of engagement and stakeholder events to provide assurance to the Governing Body in relation to patient and other stakeholder engagement • Approve and seek assurance that there are appropriate policies and procedures in place for the handling of patient complaints, concerns or enquiries in accordance with relevant regulations • Seek assurance that all elements of quality (patient safety, patient experience and clinical effectiveness) are reflected in the duties of the CCG • Ensure lessons are learnt from patient experience intelligence and serious untoward incidents (SUI's) <p>Upon review, the Committee will give a quarterly update and make recommendations to the Governing Body on its assessment of the quality of services delivered in Stockport. This will include escalating any issues of concern or risks to the Governing Body in a timely manner.</p>
95	Appendix D 6.9.7 f)		<p>Add:</p> <p>Strategy, Planning and Commissioning Committee</p> <p>The Committee will be responsible for setting the future direction of the CCG's activity, approving plans and horizon scanning to keep abreast of future changes and obligations which will have an impact on the running of the CCG.</p>

			<p>The Governing Body has delegated the functions outlined below to its Strategy, Planning and Commissioning Committee in line with the overall CCG Planning and Performance Framework.</p> <p>The Committee will meet quarterly and will work to an annual business planning cycle to:</p> <ul style="list-style-type: none"> • Ensure the CCG understands the needs of its population, national and GM priorities and that its commissioning plans address these • Provide scrutiny of the CCG’s strategy, operational and delivery plans for the following year • Provide scrutiny of annual financial plans and the CCG’s CIP programmes for the following year • Review outline business cases prior to Governing Body approval and approve full business cases greater than £250,000 <p>Upon review, the Committee will give a quarterly assurance statement and make recommendations to the Governing Body on its assessment of CCG Strategy, Plans and its Commissioning Functions.</p>
100	Appendix D Tables	COO	Remove all reference to COO
104	Appendix D Table 1.3.2.5	The AO/COO is accountable to the AO Chair of the Governing Body and lay members for ensuring that its decisions are implemented, that the CCG works effectively, in accordance with Government policy and public service values and for the maintenance of proper financial stewardship.	<p>The AO to the Chair of the Governing Body and lay members for ensuring that its decisions are implemented, that the CCG works effectively, in accordance with Government policy and public service values and for the maintenance of proper financial stewardship.</p> <p>The AO should be allowed full scope, within clearly defined delegated powers, for action in fulfilling the decisions of the Governing Body</p>

		The AO/COO should be allowed full scope, within clearly defined delegated powers, for action in fulfilling the decisions of the Governing Body	
116	Appendix D SCHEME OF DELEGATION AND RESERVATION, OPERATIONAL ARRANGEMENTS	Level 3 = Chief Operating Officer/Chief Finance Officer	Level 3 = Chief Finance Officer
134	Version Control Document		Add: 05.07.2017 8.0 Laura Latham Version 8.0 draft proposed to Member Representatives and submitted to NHS England