

NHS NORTH KIRKLEES

CLINICAL COMMISSIONING GROUP

CONSTITUTION

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CONTENTS

Part	Description	Page
	Foreword	5
1	Introduction and Commencement	6
	1.1 Name	6
	1.2 Statutory framework	6
	1.3 Status of this constitution	6
	1.4 Amendment and variation of this constitution	6
2	Area Covered	7
3	Membership	8
	3.1 Membership of the Clinical Commissioning Group	8
	3.2 Eligibility	9
4	Vision, Values and Aims	10
	4.1 Vision	10
	4.2 Behaviours that define our Values	10
	4.3 Aims	12
	4.4 Principles of Good Governance	12
	4.5 Accountability	13
5	Functions and General Duties	14
	5.1 Functions	14
	5.2 General duties	16
	5.3 General financial duties	22
	5.4 Other relevant regulations, directions and documents	24
6	Decision Making: The Governing Structure	24
	6.1 Authority to Act	24
	6.2 Scheme of Reservation and Delegation	25
	6.3 General	25
	6.4 Committees of the Clinical Commissioning Group	26
	6.5 Joint Commissioning Arrangements	26
	6.6 Joint Arrangements or Joint Committee Arrangements	30
	6.7 The Governing Body	30
	6.8 Other Committees of the CCG	33
7	Roles and Responsibilities	34
	7.1 Practice representatives	34
	7.2 Other GPs and primary care professionals	34
	7.3 All members of the Clinical Commissioning Group's Governing Body	35
	7.4 The Role of the Chair of the Governing Body	35
	7.5 Role of the Deputy Chair of the Governing Body	36
	7.6 Role of the Accountable Officer	36
	7.7 Role of the Chief Finance Officer	37
	7.8 Role of the Chief Quality and Nursing Officer	38

Part	Description	Page
	7.9 Role of the Secondary Care Consultant	38
	7.10 Role of the Lay Member – Audit, Governance and Conflicts of Interest	38
	7.11 Role of the Lay Member – Patient and Public Involvement	38
	7.12 Role of the Lay Member –Finance and Remuneration	39
8	Standards of Business Conduct and Managing Conflicts of Interest	40
	8.1 Standards of business conduct	40
	8.2 Conflicts of interest	40
	8.3 Declaring and registering interests	40
	8.4 Managing conflicts of interest: general	41
	8.5 Transparency in procuring services	41
9	The CCG as Employer	42
10	Transparency, Ways of Working and Standing Orders	43
	10.1 Whistleblowing	43
	10.2 General	43
	10.3 Standing Orders	43

Appendix	Description	Page
A	Definitions of Key Descriptions used in this Constitution	44
B	List of Member Practices	46
C	Standing Orders – The Statutory Framework and Status	48
	2) The composition of membership, key roles and appointment process	49
	3) Meetings of the Clinical Commissioning Group	54
	3.6) Quorum	55
	3.7) Decision Making	56
	3.9) Member Practice concerns	56
	4) Appointment of Committees and Sub-committees	58
	6) Use of the Seal and authorisation of documents	59
D	Scheme of Reservation and Delegation	61
E	Prime Financial Policies	78
F	The Nolan Principles	87
G	The Seven Key Principles of the NHS Constitution	88
H	Equality Impact Assessment	89

FOREWORD

North Kirklees is a district within West Yorkshire; it covers an area ranging from Cleckheaton in the West up to Birkenshaw in the North, reaching to Thornhill Edge in the South East and Upper Hopton to the South West of Mirfield. There are 28 GP practices located within this area and they have come together to form a Clinical Commissioning Group (CCG) which will commission healthcare services on behalf of the patients it serves.

This document, the constitution, sets out the arrangements made by the CCG to meet its responsibilities for commissioning this care for the people for whom it is responsible. It describes the governing principles, rules and procedures that the CCG will establish to ensure probity and accountability in the day to day running of the CCG; to ensure that decisions are taken in an open and transparent way and that the interests of the patients and the public remain central to the goals of the CCG.

North Kirklees CCG has a vision;

Vision:
Enabling the population of North Kirklees to live longer, healthier and happier lives

All of the business operations of the organisation will be governed by striving to achieve this vision, we will call on the most skilled of people to support this vision and will do everything we can to ensure that we listen to what the people of North Kirklees think and feel about the services that we put in place.

In strengthening our organisation and the relationship we have with our community, we will be trying to do things differently; we will work with all of our staff and GP practices to promote innovation and develop new ways of making sure that people are able to access the services they need. To make sure that the services are the right ones and in the right places, we will be asking for support from our community and will look for their support in everything we do together.

We will operate in an open and transparent way and invite members of the community into our governing body meetings in order that they can see for themselves how we conduct business on their behalf and with their support.

Our business is based on strong values and we will make sure that we demonstrate our achievements in the continual improvement of quality and patient safety as well as how we have spent the money that has been allocated to us. Each year we will publish a report which shows quite clearly how we have delivered what we set out to do.



Dr David Kelly
Clinical Chair
North Kirklees Clinical Commissioning Group

1. INTRODUCTION AND COMMENCEMENT

1.1. Name

1.1.1. The name of this CCG is NHS North Kirklees Clinical Commissioning Group.

1.2. Statutory Framework

1.2.1. The CCG is established under the Health and Social Care Act 2012 (“the 2012 Act”).¹ It is a statutory body having the function of commissioning services for the purposes of the health service in England and is treated as an NHS body for the purposes of the National Health Service Act 2006 (“the 2006 Act”).² The duties of the CCG to commission certain health services are set out in section 3 of the 2006 Act, as amended by section 13 of the 2012 Act, and the regulations made under that provision.³

1.2.2. The NHS Commissioning Board (hereafter referred to as NHS England) is responsible for determining applications from prospective groups to be established as CCGs⁴ and undertakes an annual assessment of each established group.⁵ It has powers to intervene in a CCG where it is satisfied that a group is failing or has failed to discharge any of its functions or that there is a significant risk that it will fail to do so.⁶

1.2.3. The CCG is a clinically led membership organisation made up of general practices. The members of the CCG are responsible for determining the governing arrangements for their organisations, which they are required to set out in a constitution.⁷

1.3. Status of this Constitution

1.3.1. This constitution is made between the members of the CCG and has effect from 11 March 2013, when NHS England established the CCG.⁸ The constitution is published on the CCG’s website.

1.3.2. Copies of the constitution are available at the CCG Headquarters, Fourth Floor, Empire House, Wakefield Old Road, Dewsbury, WF12 8DJ.

1.4. Amendment and Variation of this Constitution

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

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

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

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

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

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

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

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

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

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

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

2. AREA COVERED

- 2.1. The CCG is based in West Yorkshire and covers an area from Cleckheaton in the West, to Birkenshaw in the North, reaching Thornhill Edge in the South East and Upper Hopton to the South West of Mirfield.
- 2.2. The geographical area and practices included within the boundary of North Kirklees have been based on the outcomes of consensus opinion within the constituent practices.
- 2.3. Kirklees has a diverse ethnic mix, with a higher proportion of population from ethnic minorities than for England as a whole. Ethnicities present in Kirklees include those of Pakistani origin, Indian origin and African-Caribbean origin, however, the largest group remains of white origin.
- 2.4. The Lower Layer Super Output Areas used by the Office of National Statistics to collate and aggregate population information for North Kirklees are listed at Appendix I.

3. MEMBERSHIP

3.1. Membership of the CCG

3.1.1. The following practices, in 4 cluster areas, comprise the members of NHS North Kirklees CCG.

Cleckheaton & Heckmondwike Cluster

Practice Name	Address
Undercliffe Surgery	Heckmondwike Health Centre, 16 Union Street, Heckmondwike, WF16 0HH
Cleckheaton Group Practice	Cross Church Street, Cleckheaton, BD19 3RQ
Greenway Practice	Cleckheaton Health Centre, Greenside, Cleckheaton, BD19 5AP
Parkview Surgery	Cleckheaton Health Centre, Greenside, Cleckheaton, BD19 5AP
Brookroyd Surgery	Heckmondwike Health Centre, 16 Union Street, Heckmondwike, WF16 0HH
Cook Lane Surgery	Cook Lane Surgery, Cook Lane, Heckmondwike WF16 9JG
Liversedge Medical Centre	Valley Road, Liversedge, WF15 6DF

Batley & Birstall Cluster

Practice Name	Address
Wellington House	Henrietta Street, Batley, WF17 5DN
Blackburn Road Medical Centre	Blackburn Road, Birstall, Batley, WF17 9PL
Broughton House Surgery	20 New Way, Batley, WF17 5QT
Dr Hassan & Zia	130 Upper Commercial Street, Batley, WF17 5ED
Kirkgate Surgery	3 Kirkgate, Birstall, Batley, WF17 9HE
Grove House Surgery	Soothill Lane, Batley, WF17 5S
Cherry Tree Surgery	132 Upper Commercial Street, Batley, WF17 5DH
Mount Pleasant Medical Centre	9 Purwell Lane, Batley, WF17 7PF

Ravensthorpe, Dewsbury & Mirfield Cluster

Practice Name	Address
Dr Mahmood and Partners	Clarkson Suite, Ravensthorpe Health Centre, Netherfield Road, Dewsbury, WF13 3JY
North Road Surgery	North Road Suite, 1st Floor, Ravensthorpe Health Centre Netherfield Road, Dewsbury, WF13 3JY
Mirfield Health Centre	Doctor Lane, Mirfield, WF14 8DU
Windsor Medical Centre	2 William Street, Leeds Road, Dewsbury, WF12 7BD
Victoria Medical Centre	Dewsbury Health Centre, Wellington Road, Dewsbury, WF13 1HN
Calder View Surgery	Dewsbury Health Centre, Wellington Road, Dewsbury, WF13 1HN
Eightlands Surgery	Dewsbury Primary Care Centre, Wellington Road, Dewsbury WF13 1HN

Dewsbury & Thornhill Cluster

Practice Name	Address
Savile Town Medical Centre	Scarborough Street, Savile Town, Dewsbury, WF12 9BN
Healds Road Surgery	Healds Road, Dewsbury, WF13 4HT
Sidings Healthcare Centre	The Sidings, Dewsbury, WF12 9QU
Thornhill Lees Medical Centre	140 Slaithwaite Road, Thornhill Lees, Dewsbury, WF12 9DW
The Paddock Surgery	Chapel Lane, Thornhill, Dewsbury, WF12 0DH
Albion Mount Medical Practice	47 Albion Street, Dewsbury, WF13 2AJ

- 3.1.2. Appendix B of this constitution contains the list of practices, together with the signatures of the practice representatives confirming their agreement to this constitution.
- 3.1.3. All members of the CCG are entitled to expect certain obligations from the CCG and are expected to observe certain obligations by the CCG. These obligations and expectations are enshrined in the Memorandum of Understanding between the CCG and The LMC operating on behalf of the practices. This will include participating in a Local Medical Committee (LMC) liaison group which provides a regular forum for the LMC and representatives of the Governing Body to meet together and discuss commissioning issues that affect North Kirklees practices.
- 3.1.4. The Governing Body will consult with the LMC on important decisions that will significantly affect providers of general practice
- 3.1.5. Practice names and addresses are subject to change, this list will be updated annually. An up to date list is available at any time through the CCG.
- 3.2. **Eligibility**
- 3.2.1. Providers of primary medical services to a registered list of patients under a General Medical Services, Personal Medical Services or Alternative Provider Medical Services contract, will be eligible to apply for membership of this group¹⁰.

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

4. VISION, VALUES AND AIMS

4.1. Vision

4.1.1. The vision of NHS North Kirklees CCG is given below;

Vision:
Enabling the population of North Kirklees to live longer, healthier and happier lives

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

4.2. Values and behaviours

4.2.1. Good corporate governance arrangements are critical to achieving the CCG's objectives.

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

- a) Patient First
- b) Strive for excellence
- c) Value each other
- d) Lead from every seat
- e) Engage, involve and include

4.2.3 Behaviours that define our values

Patient first

We will:

- Achieve the best for our community
- Consult, engage and involve patients as part of our day-to-day business
- Put our community at the heart of our decision-making
- Ensure good quality and best value
- Learn from and respond to patient and community feedback
- Advocate for our patients

Strive for excellence

We will:

- Be clear about our goal and vision
- Commission safe, good quality, clinically-effective and best value services
- Hold our providers to account with rigour
- Continually improve
- Learn from our mistakes

Value each other

We will:

- Treat each other with respect
- Give timely, honest and sincere appreciation
- Bring a positive attitude to work – take responsibility for our actions and reactions
- Support each other, especially when times are hard
- Work as one team

Lead from every seat

We will:

- Embrace improvement and innovation
- Embrace opportunities
- Take pride in the work we do
- Be consistent in our messages
- Be clear about our objectives
- Be personally accountable in our role and function
- Hold each other to account
- Commit to learning: we are a learning organisation

Engage, involve and include

We will:

- Work fully in partnership with our community, members and colleagues
- Be open, honest and transparent in our processes
- Listen and encourage feedback because everyone's feedback counts
- Recognise and respect differences amongst us

4.3. **Aims**

4.3.1. The CCG's aims are to:

- a) Provide a co-ordinated resolution to the health and wellbeing challenges facing localities and communities, including the inequality challenge
- b) Develop and commission services that are of a high quality and safe for patients
- c) Embrace the values enshrined in the NHS constitution and work together with colleagues maintaining respect and dignity
- d) Be accountable to the public, communities and patients that are served by the CCG
- e) Be committed to providing the best value for taxpayers' money and the most effective, fair and sustainable use of finite resources
- f) Ensure that services reflect the clinical needs and informed choices of patients, their families and carers
- g) Develop our plans based on sound evidence based clinical research and practice to ensure continual modernisation and improvement in services
- h) Represent information openly and honestly, act with integrity, be accountable for actions, respect confidentiality and declare relevant conflicts of interest where appropriate so to do
- i) Develop active stakeholder partnerships engaging in the widest possible participation by individuals and groups within the area
- j) Work across organisational boundaries and in partnership with other organisations in the interest of patients, local communities and the wider population.

4.4. **Principles of Good Governance**

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

- a) the highest standards of propriety involving impartiality, integrity and objectivity in relation to the stewardship of public funds, the management of the organisation and the conduct of its business
- b) *The Good Governance Standard for Public Services*¹²
- c) The standards of behaviour published by the *Committee on Standards in Public Life (1995)* known as the 'Nolan Principles'¹³
- d) The seven key principles of the *NHS Constitution*¹⁴
- e) The Equality Act 2010.¹⁵

¹¹ Inserted by section 25 of the 2012 Act

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

¹³ See Appendix F

¹⁴ See Appendix G

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

4.5. **Accountability**

- 4.5.1. The CCG will demonstrate its accountability to its members, local people, stakeholders and NHS England in a number of ways, including by:
- a) publishing its constitution
 - b) appointing independent lay members and non GP clinicians to its Governing Body
 - c) holding meetings of its Governing Body and Primary Care Commissioning Committee in public (except where the CCG considers that it would not be in the public interest in relation to all or part of a meeting)
 - d) publishing annually, a commissioning plan
 - e) complying with local authority health overview and scrutiny requirements
 - f) meeting annually in public to publish and present its annual report (which must be published)
 - g) producing annual accounts in respect of each financial year which must be externally audited
 - h) having a published and clear complaints process
 - i) complying with the Freedom of Information Act 2000
 - j) providing information to NHS England as required.
- 4.5.2. In addition to these statutory requirements, the CCG will demonstrate its accountability by:
- a) Publishing and upholding a Communications and Public Engagement Policy
 - b) Publishing Policies in relation to the funding of exceptional cases and continuing care eligibility
 - c) Actively seeking the views and satisfaction of people for whom the CCG commissions services.
- 4.5.3. The Governing Body of the CCG will throughout each year have an on-going role in reviewing the CCG's governance arrangements to ensure that the CCG continues to reflect the principles of good governance.
- 4.5.4. The Terms of Reference of the Committees structure beneath the Governing Body explicitly express the requirement to ensure that the Assurance Framework and governance arrangements are regularly tested.

5. FUNCTIONS AND GENERAL DUTIES

5.1. Functions

5.1.1. The functions that the CCG is responsible for exercising are largely set out in the 2006 Act, as amended by the 2012 Act. These changes are summarised in an NHS England document titled “The Functions of Clinical Commissioning Groups” They relate to:

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

5.1.2. In discharging its functions the CCG will:

- a) act¹⁶, when exercising its functions to commission health services, consistently with the discharge by the Secretary of State and NHS England of their duty to **promote a comprehensive health service**¹⁷ and with the objectives and requirements placed on NHS England through *the mandate*¹⁸ published by the Secretary of State before the start of each financial year by:
 - i) Reserving and delegating authorities to the Governing Body, committees and specific officers of the CCG in order to effectively discharge their duties
 - ii) Publish a commissioning and business cycle to be followed each year demonstrating a mechanism for monitoring continuous improvement
 - iii) Actively embracing the modernisation of services in the preparation and approval of innovative commissioning intentions prior to the commencement of the financial year clearly articulating the cohesive commissioning of the full portfolio of healthcare required by the population of North Kirklees falling within their remit
 - iv) Prepare and approve an Integrated Operating Plan as part of NHS annual planning round including services, quality standards, finance and activity levels for the coming year. This process is aligned to the contracts the CCG commissions.

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

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

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

- v) Develop strategic plans which outline the future vision for how services will be delivered to improve quality of care for patients in North Kirklees. Strategic Plans may be over a number of different geographies and describe outcomes for different groups of the population.
 - vi) Develop organisational operational plans which describe how the CCGs strategy will be implemented.
 - vii) Approve an annual financial plan including the delegation of budgets to budget holders
 - viii) Review and publish a comprehensive monitoring mechanism to demonstrate progress on the plan during the year and to clarify progress on performance trajectories and any associated remedial action as necessary.
- b) **meet the public sector equality duty**¹⁹ by:
- i) Demonstrating clear lines of accountability via the Terms of Reference of the relevant committee within the governance structure of the organisation
 - ii) Clearly demonstrating the commitment of the CCG to uphold this duty by requiring regular assurance to the Governing Body via the Assurance Framework
 - iii) Delegating responsibility to an officer member of the Governing Body to oversee and ensure delivery on equality issues
 - iv) Publishing an Equality and Diversity Policy and Strategy embracing the transparent compliance with all aspects of this duty
 - v) Embedding the ethos and requirements of this duty within all contracts of employment with officers and in contracts let to third parties
 - vi) Requiring all staff to be fully trained on induction and regularly updated on their responsibilities and those of the organisation
 - vii) Preparation of and public reporting of a full report on requirements and discharge of appropriate levels of compliance.
- c) work in partnership with the local authority to develop **Kirklees joint strategic assessments**²⁰ and **joint health and wellbeing strategies**²¹ by:
- i) Being active members of the Health and Well Being Board

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

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

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

- ii) Engaging in dialogue with partner organisations with a view to achieving both partners aims and maintaining the core values of all organisations
- iii) Including outcomes of debate and decision-making in the strategic planning process of the clinical commissioning group
- iv) Including feedback from the Health and Well Being Board in the Assurance Framework of the clinical commissioning group to ensure transparent operation
- v) Promoting the integrated use of the resultant joint health and wellbeing strategy in strategic planning within the organisation and considering themes within this to determine appropriate service developments.

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

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

- a) Clearly defining the responsibility of the Governing Body, committees and specific officers of the organisation and the commitment to involving the people for whom services are commissioned
- b) Identifying a Governing Body member with specific responsibility to oversee the promotion and development of Patient and Public Involvement (PPI)
- c) Publishing a clearly written Patient and Public Engagement Policy and associated strategy, progress upon which will be reported regularly within the governance structure of the organisation and a full annual report will be made in public
- d) The policy itself will be written and agreed with local stakeholders including
 - i) Local Authority
 - ii) Public Health Departments
 - iii) Healthwatch
 - iv) Third Sector Partners
 - v) Primary Care Providers
 - vi) PPE Experts
 - vii) Patients
 - viii) Clinicians
- e) If a planned service change falls within the plans of the CCG, the Government's Code of Practice on Consultation will be utilised and the 'Seven Consultation Criteria' included therein will be actively applied
- f) Feedback and response to any engagement with the public will be clearly articulated to the Governing Body and active demonstration of the influence of this feedback will be articulated both in public session and to the relevant parties affected by any planned change.

²²

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

- 5.2.2. Whilst upholding these arrangements, the clinical commissioning group embraces the following Statement of Principles:
- a) To work in partnership with patients and the local community to secure the best care for them
 - b) To adapt engagement activities to meet the specific needs of the different patient groups and communities
 - c) To publish information about health services on the CCG's website and through other media
 - d) To encourage, acting on and transparently feeding back on the outcomes of any engagement
 - e) To monitor and formally report compliance against this statement of principles via the governance arrangements articulated in the committee structure of the organisation.
- 5.2.3. **Promote awareness of, and act with a view to securing that health services are provided in a way that promotes awareness of, and have regard to the NHS Constitution²³** by:
- a) Inclusion of the NHS Constitution in the aims of the clinical commissioning group
 - b) Promote reference to and use of concepts and values within the constitution in all planning and development proposals
 - c) Testing of compliance with this awareness via each Committee Terms of Reference and via the Assurance Framework to the Governing Body.
- 5.2.4. Act **effectively, efficiently and economically²⁴** by:
- a) Delegating responsibility to the Governing Body to discharge this duty
 - b) To ensure the appropriate regulation is articulated within the Standing Orders, Prime Financial Instructions and Reservation of Powers and Scheme of Delegation
 - c) Clearly articulating the governance arrangements by which this duty will be discharged through the relevant Terms of Reference
 - d) Identifying appropriate levels of resource via Internal Audit arrangements to demonstrate the active achievement of this duty throughout the organisation
 - e) To receive annual assurance via the Audit Committee demonstrating compliance
 - f) To receive adequate assurance to the Governing Body via the Assurance Framework.

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

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

- 5.2.5. Act with a view to **securing continuous improvement to the quality of services**²⁵ by:
- a) Delegating authority for the discharge of this duty via the Governing Body
 - b) By the identification of a Governing Body member to specifically oversee the delivery of this duty ensuring the officer is appropriately qualified so to do
 - c) Clearly affording priority of this issue in the order of business conducted throughout the organisation and specifically the Governing Body
 - d) Demonstrating a significant commitment to the embedding of continuous improvement via the committee structure
 - e) Receiving an annual report on compliance with this duty and evidencing public discussion at an annual meeting
 - f) Incorporating a dashboard of performance measure on key indicators and reporting this routinely in public demonstrating progress on compliance
 - g) Ensuring that quality improvement is sufficiently and robustly embedded in any contractual arrangements with third parties and specifically providers of healthcare.
- 5.2.6. Assist and support NHS England in relation to the CCG's duty, to **improve the quality of primary medical services**²⁶ by:
- a) Delegating authority for the discharge of this duty via the Governing Body
 - b) The Primary Care Commissioning Committee will operate within the legal framework for NHS NKCCG, in accordance with its statutory powers under section 13Z of the NHS Act 2006 (as amended). NHSE has delegated the exercise of the functions to NHS NKCCG. The GB has determined that the Primary Care Commissioning Committee will function as a corporate decision making body for the management of delegated functions and the exercise of the delegated powers.
 - c) By the identification of a Governing Body member to specifically oversee the delivery of this duty ensuring the officer is appropriately qualified so to do
 - d) Clearly affording priority of this issue in the order of business conducted throughout the organisation and specifically the Governing Body
 - e) Demonstrating a significant commitment to the embedding of continuous improvement via the committee structure including the promotion of sharing best practice and the improvement of clinical quality across member practices
 - f) Receiving an annual report on compliance with this duty and evidencing public discussion at an annual meeting

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

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

- g) Incorporating a dashboard of performance measure on key indicators and reporting this routinely in public demonstrating progress on compliance
- h) Ensuring that quality improvement is sufficiently and robustly embedded in any contractual arrangements with third parties and specifically providers of healthcare
- i) Inclusion of Primary Care quality improvement in the main Quality agenda of the organisation.

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

- a) Inclusion of the reduction of inequalities in the aims of the organisation
- b) Delegation of the requirement to uphold this duty to the Governing Body
- c) Requiring assurance to the Governing Body via the Assurance Framework
- d) Inclusion of the duty within all operations of the commissioning process including representation at the Health and Wellbeing board, integration into all strategic planning and embedding requirements into all contractual arrangements with providers of service
- e) Delegation of responsibility to an officer member of the Governing Body to oversee compliance with the duty
- f) Positive engagement with practices via overt governance structures and inclusion within quality agenda of the organisation
- g) Giving due consideration to investment of resources based on need rather than a fair shares basis
- h) Linking the reduction of inequalities to the agenda of all Partnership Working (ref: 5.2.14)

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

- a) Inclusion of the patient-centred ethos within the values of the organisation
- b) Publishing a policy in relation to communication and engagement
- c) Delegating responsibility of the CCG to the Governing Body via the Scheme of Delegation
- d) Requiring assurance via the Assurance Framework
- e) Actively promoting engagement and receipt of feedback via all contracts for the provision of health services

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

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

- f) Actively participating in consultation with patients, carers and other stakeholders in the modernisation of health services within West Yorkshire
- g) Membership of the Carers Strategy Group and engagement with the development of joint action plans.

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

- a) Delegating responsibility for the delivery of this requirement via the committee structure of the Governing Body
- b) Delegating the responsibility to a specific officer member of the Governing Body to oversee the requirement via the subcommittee structure
- c) Receiving assurance from the committee structure that successful engagement with all elements of care pathways are progressing the continual improvement of access to choice.

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

- a) Delegating responsibility to a committee of the Governing Body in relation to the compliance of legal and business operation including the procurement of such advise as may be reasonably necessary
- b) Delegating responsibility to a specific officer of the organisation to ensure compliance with this requirement
- c) Declaring levels of the use of external consultants via the Annual Report of the organisation.

5.2.11. **Promote innovation**³¹ by:

- a) The inclusion of the active promotion of innovation in the aims of the organisation
- b) The delegation of the responsibility to oversee the embedding of innovation within all aspects of services commissioned and also in the internal operation of the organisation
- c) Inclusion of the requirement to promote innovation within the rigour of review and validation processes within the commissioning cycle of the organisation.

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

- a) The Governing Body will delegate authority to a clinical member to lead on the inclusion of the clinical commissioning group in a local Academic Health Science Network

²⁹ See section 14V of the 2006 Act, inserted by section 26 of the 2012 Act

³⁰ See section 14W of the 2006 Act, inserted by section 26 of the 2012 Act

³¹ See section 14X of the 2006 Act, inserted by section 26 of the 2012 Act

³² See section 14Y of the 2006 Act, inserted by section 26 of the 2012 Act

- b) The committee structure includes direct reference to the embedding of this research into qualitative elements of both existing services and developments going forward
- c) The delegation of responsibility to a single officer member of the Governing Body to oversee engagement with and the embedding of evidence based research into all areas of commissioned services
- d) The publishing of a policy relating to engagement with and the active promotion of research across both secondary and primary care services
- e) The active inclusion of both Comprehensive Local Research Network and Primary Care Research Networks into the operation of the CCG.

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

- a) Delegating responsibility for the achievement of this requirement to a committee of the organisation and embedding this within each Committee Terms of Reference
- b) Delegating responsibility for the overseeing of this to a specific officer member of the Governing Body and embedding this in the governance structure
- c) Ensuring that where services are secured from outside organisations that appropriate rigour is applied to the agreement and specification of such provision
- d) The inclusion of monitoring compliance with this requirement via performance metrics which are regularly reported

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

- a) Delegating responsibility for the achievement of this requirement to a committee of the organisation and embedding this within the Terms of Reference
- b) Delegating responsibility for the overseeing of this to a specific officer member of the Governing Body
- c) Including a member of the Local Authority on the Governing Body of the organisation
- d) Publishing a policy in relation to the discharge of this requirement and the progressive development of integrated working

³³ See section 14Z of the 2006 Act, inserted by section 26 of the 2012 Act

³⁴ See section 1F(1) of the 2006 Act, inserted by section 7 of the 2012 Act

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

- e) Compliance to be monitored by the production of an annual report to demonstrate compliance

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

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

- a) Delegating authority to a committee specifically responsible to the regulation and robust review of all matters of internal control and overtly stating within the Terms of Reference that probity and financial stewardship will be the subject of such review
- b) The appointment of a lay member with appropriate skills to challenge and robustly test all matters of a financial nature
- c) The delegation of authority to a specific officer member of the Governing Body to ensure the transparent discharge of this duty
- d) Publishing a policy in relation to the financial control and budgetary management processes in operation within the organisation
- e) The Terms of Reference of the committee structure shall be such that they explicitly require the full disclosure of all financial arrangements and performance
- f) The approval of an Annual Financial Plan clearly demonstrating a balanced position within each appropriate expenditure type
- g) The provision of routine management reporting articulating performance against the annual plan and any associated action plans required to resume trajectory toward financial balance.

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

- a) Delegating authority to a committee specifically responsible to the regulation and robust review of all matters of internal control and overtly stating within the Terms of Reference that probity and financial stewardship will be the subject of such review
- b) The appointment of a lay member with appropriate skills to challenge and robustly test all matters of a financial nature
- c) The delegation of authority to a specific officer member of the Governing Body to ensure the transparent discharge of this duty
- d) Publishing a policy in relation to the financial control and budgetary management processes in operation within the organisation
- e) The Terms of Reference of the committee structure shall be such that they explicitly require the full disclosure of all financial arrangements and performance

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

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

- f) The approval of an Annual Financial Plan clearly demonstrating a balanced position within each appropriate expenditure type
- g) The provision of routine management reporting articulating performance against the annual plan and any associated action plans required to resume trajectory toward financial balance.

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

- a) Delegating authority to a committee specifically responsible to the regulation and robust review of all matters of internal control and overtly stating within the Terms of Reference that probity and financial stewardship will be the subject of such review
- b) The appointment of a lay member with appropriate skills to challenge and robustly test all matters of a financial nature
- c) The delegation of authority to a specific officer member of the Governing Body to ensure the transparent discharge of this duty
- d) Publishing a policy in relation to the financial control and budgetary management processes in operation within the organisation
- e) The Terms of Reference of the committee structure shall be such that they explicitly require the full disclosure of all financial arrangements and performance
- f) The approval of an Annual Financial Plan clearly demonstrating a balanced position within each appropriate expenditure type
- g) The provision of routine management reporting articulating performance against the annual plan and any associated action plans required to resume trajectory toward financial balance.

5.3.4. ***Publish an explanation of how the CCG spent any payment in respect of quality made to it by NHS England***³⁹ by

- a) Delegating authority to a committee specifically responsible to the regulation and robust review of all matters of internal control and overtly stating within the Terms of Reference that probity and financial stewardship will be the subject of such review
- b) The appointment of a lay member with appropriate skills to challenge and robustly test all matters of a financial nature
- c) The delegation of authority to a specific officer member of the Governing Body to ensure the transparent discharge of this duty

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

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

- d) Publishing a policy in relation to the financial control and budgetary management processes in operation within the organisation
- e) The Terms of Reference of the committee structure shall be such that they explicitly require the full disclosure of all financial arrangements and performance
- f) The approval of an Annual Financial Plan clearly demonstrating a balanced position within each appropriate expenditure type
- g) The provision of routine management reporting articulating performance against the annual plan and any associated action plans required to resume trajectory toward financial balance.

5.3.5. For the above clauses 5.1 to 5.3 inclusive, the Governing Body has received delegated authority from the CCG to ensure that the CCG complies with each duty. The Governing Body may further delegate authority for this responsibility to committees or individuals although this is not recorded in the detail of this Constitution.

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

5.4.1. The CCG will

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

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

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

6.1. **Authority to act**

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

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

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

- a) the CCG's scheme of reservation and delegation; and

- b) for committees, their terms of reference.

6.2. **Scheme of Reservation and Delegation**⁴⁰

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

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

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

6.3. **General**

6.3.1. In discharging functions of the CCG that have been delegated to its Governing Body (and its committees), committees, sub committees and individuals must:

- a) comply with the CCG's principles of good governance,⁴¹
- b) operate in accordance with the CCG's scheme of reservation and delegation,⁴²
- c) comply with the CCG's standing orders,⁴³
- d) comply with the CCG's arrangements for discharging its statutory duties,⁴⁴
- e) where appropriate, ensure that member practices have had the opportunity to contribute to the CCG's decision making process.

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

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

- a) identify the roles and responsibilities of those CCGs who are working together;
- b) identify any pooled budgets and how these will be managed and reported in annual accounts;
- c) specify under which CCG's scheme of reservation and delegation and supporting policies the collaborative working arrangements will operate;

⁴⁰ See Appendix D

⁴¹ See section 4.4 on Principles of Good Governance above

⁴² See appendix D

⁴³ See appendix C

⁴⁴ See chapter 5 above

- d) specify how the risks associated with the collaborative working arrangement will be managed between the respective parties;
- e) identify how disputes will be resolved and the steps required to terminate the working arrangements;
- f) specify how decisions are communicated to the collaborative partners.

6.4. **Committees of the Clinical Commissioning Group**

- 6.4.1. The CCG may establish committees including joint committees, from time to time by resolution of the Council of Members in accordance with paragraph 6.7.
- 6.4.2. The CCG may establish joint committees with other clinical commissioning groups (“CCGs”) and/or NHS England and/or other bodies^[1] pursuant to the relevant provisions of the *2006 Act* provided the CCG is satisfied it is reasonable and appropriate for it to do so in accordance with its functions and duties under the *2006 Act*. Further provisions in relation to joint committees are set out in paragraph 6.6 below.
- 6.4.3. Committees will only be able to establish their own sub-committees, to assist them in discharging their respective responsibilities, if this responsibility has been delegated to them by the CCG or committee they are accountable to.
- 6.4.4. The Committees of the CCG are set out at 6.8.4.

6.5. **Joint commissioning arrangements**

- 6.5.1. The CCG may wish to work together with one or more other CCGs and/or NHS England and/or other bodies^[2] in the exercise of its commissioning functions in accordance with the relevant provisions of the *2006 Act*.
- 6.5.2. Where the CCG makes arrangements which involve exercising any of their commissioning functions jointly with one or more CCGs, NHS England and/or another body^[3], the CCG may establish a joint committee to exercise those functions in accordance with the relevant provisions of the *2006 Act*. Such joint committee shall be established by the Group in accordance with paragraph 6.5.2 above.
- 6.5.3. Where the CCG makes arrangements with one or more CCGs, NHS England and/or another body or bodies^[4] as described at paragraph 6.6.1 above, the CCG shall develop and agree with the relevant body / bodies an agreement setting out the arrangements for joint working, including details of:
 - How the parties will work together to carry out their respective commissioning functions;

^[1] Other bodies include combined authorities and such other bodies as are prescribed under the relevant provisions of the *2006 Act*.

^[2] Other bodies include combined authorities and such other bodies as are prescribed under the relevant provisions of the *2006 Act*.

^[3] Other bodies include combined authorities and such other bodies as are prescribed under the relevant provisions of the *2006 Act*.

^[4] Other bodies include combined authorities and such other bodies as are prescribed under the relevant provisions of the *2006 Act*.

- The duties and responsibilities of the parties;
 - How risk will be managed and apportioned between the parties;
 - Financial arrangements, including, if applicable, payments towards a pooled fund and management of that fund;
 - Contributions from the parties, including details around assets, employees and equipment to be used under the joint working arrangements;
 - The circumstances in which the parties may withdraw from the arrangements;
 - Where a joint committee is not established, the reporting arrangements on the joint working arrangements to the *Governing Body* and the *Council of Members*, to include as a minimum quarterly written reports and an annual report on progress made against objectives;
 - Where a joint committee is established, the reporting arrangements as between the joint committee and the *Council of Members* and the *Governing Body*, such arrangements to include as a minimum the sharing of joint committee meeting minutes and an annual report of the work of the joint committee.
- 6.5.4. The liability of the CCG to carry out its functions will not be affected where the CCG enters into arrangements pursuant to this paragraph 6.6.
- 6.5.5. Only joint commissioning arrangements that are safe and in the interests of patients registered with member practices or people who are usually resident within the area but not registered with member practices will be approved by the CCG.
- 6.5.6. Where the CCG enters into arrangements with NHS England under which the CCG exercises NHS England's functions in accordance with the relevant provisions of the 2006 Act, the CCG will act in accordance with any guidance issued by NHS England on co-commissioning.
- 6.5.7 The CCG may make arrangements with one or more CCG in respect of:
- delegating any of the CCG's commissioning functions to another CCG;
 - exercising any of the commissioning functions of another CCG;
 - or exercising jointly the commissioning functions of the CCG and another CCG.
- 6.5.8 For the purposes of the arrangements described at paragraph [6.5.7], the CCG may:
- make payments to another CCG;
 - receive payments from another CG;
 - make the services of its employees or any other resources available to another CCG; or receive the services of the employees or the resources available to another CCG.
- 6.5.9 For the purposes of the arrangements described at paragraph [6.5.7] above, the CCG may establish and maintain a pooled fund made up of contributions by any of the CCGs working together pursuant to paragraph 1.2.3 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.

- 6.5.10 The CCG will act in accordance with any further guidance issued by NHS England on co-commissioning.
- 6.5.11 The governing body of the CCG shall require, in all joint commissioning arrangements, that the lead clinician and lead manager of the lead CCG make a quarterly written report to the governing body and hold at least annual engagement events to review aims, objectives, strategy and progress and publish an annual report on progress made against objectives.
- 6.5.12 Should a joint commissioning arrangement prove to be unsatisfactory the governing body of the CCG can decide to withdraw from the arrangement, but has to give six months' notice to partners, with new arrangements starting from the beginning of the next new financial year.

Joint commissioning arrangements with NHS England for the exercise of CCG functions

- 6.5.13 The CCG may wish to work together with NHS England in the exercise of its commissioning functions.
- 6.5.14 The CCG and NHS England may make arrangements to exercise any of the CCG's commissioning functions jointly.
- 6.5.15 The arrangements referred to in paragraph [6.5.14] above may include other CCGs.
- 6.5.16 Where joint commissioning arrangements pursuant to [6.5.14] above are entered into, the parties may establish a joint committee to exercise the commissioning functions in question.
- 6.5.17 Arrangements made pursuant to [6.5.14] above may be on such terms and conditions (including terms as to payment) as may be agreed between NHS England and the CCG.
- 6.5.18 Where the CCG makes arrangements with NHS England (and another CCG if relevant) as described at paragraph [6.5.14] above, the CCG shall develop and agree with NHS England a framework setting out the arrangements for joint working, including details of:
- How the parties will work together to carry out their commissioning functions;
 - The duties and responsibilities of the parties;
 - How risk will be managed and apportioned between the parties;
 - Financial arrangements, including, if applicable, payments towards a pooled fund and management of that fund;
 - Contributions from the parties, including details around assets, employees and equipment to be used under the joint working arrangements; and
- 6.5.19 The liability of the CCG to carry out its functions will not be affected where the CCG enters into arrangements pursuant to paragraph [6.5.14] above.
- 6.5.20 The CCG will act in accordance with any further guidance issued by NHS England on co-commissioning.

- 6.5.21 Only arrangements that are safe and in the interests of patients registered with member practices or people who are usually resident within the area but not registered with member practices will be approved by the governing body.
- 6.5.22 The governing body of the CCG shall require, in all joint commissioning arrangements that Accountable Officer of the CCG make a quarterly written report to the governing body and hold at least annual engagement events to review aims, objectives, strategy and progress and publish an annual report on progress made against objectives.
- 6.5.23 Should a joint commissioning arrangement prove to be unsatisfactory the governing body of the CCG can decide to withdraw from the arrangement, but has to give six months' notice to partners, with new arrangements starting from the beginning of the next new financial year after the expiration of the six months' notice period.

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

- 6.5.24 The CCG may wish to work with NHS England and, where applicable, other CCGs, to exercise specified NHS England functions.
- 6.5.25 The CCG may enter into arrangements with NHS England and, where applicable, other CCGs to:
- Exercise such functions as specified by NHS England under delegated arrangements;
 - Jointly exercise such functions as specified with NHS England.
- 6.5.26 Where arrangements are made for the CCG and, where applicable, other CCGs to exercise functions jointly with NHS England a joint committee may be established to exercise the functions in question.
- 6.5.27 Arrangements made between NHS England and the CCG may be on such terms and conditions (including terms as to payment) as may be agreed between the parties.
- 6.5.28 For the purposes of the arrangements described at paragraph [6.5.25] above, NHS England and the CCG may establish and maintain a pooled fund made up of contributions by the parties working together. Any such pooled fund may be used to make payments towards expenditure incurred in the discharge of any of the commissioning functions in respect of which the arrangements are made.
- 6.5.29 Where the CCG enters into arrangements with NHS England as described at paragraph [6.6.25] above, the parties will develop and agree a framework setting out the arrangements for joint working, including details of:
- How the parties will work together to carry out their commissioning functions;
 - The duties and responsibilities of the parties;
 - How risk will be managed and apportioned between the parties;
 - Financial arrangements, including payments towards a pooled fund and management of that fund;
 - Contributions from the parties, including details around assets, employees and equipment to be used under the joint working arrangements.

- 6.5.30 The liability of NHS England to carry out its functions will not be affected where it and the CCG enter into arrangements pursuant to paragraph [6.6.25] above.
- 6.5.31 The CCG will act in accordance with any further guidance issued by NHS England on co-commissioning.
- 6.5.32 Only arrangements that are safe and in the interests of patients registered with member practices or people who are usually resident within the area but not registered with member practices will be approved by the governing body.
- 6.5.33 The governing body of the CCG shall require, in all joint commissioning arrangements that the Accountable Officer of the CCG make a quarterly written report to the governing body and hold at least annual engagement events to review aims, objectives, strategy and progress and publish an annual report on progress made against objectives.
- 6.5.34 Should a joint commissioning arrangement prove to be unsatisfactory the governing body of the CCG can decide to withdraw from the arrangement, but has to give six months' notice to partners, with new arrangements starting from the beginning of the next new financial year after the expiration of the six months' notice period.

6.6. **Joint Arrangements or Joint Committee arrangements:**

- 6.6.1 The Terms of Reference, Memorandum of Understanding and any other committee information can be located within the Governance team.

6.7. **The Governing Body**

- 6.7.1. **Functions** - the Governing Body has the following functions conferred on it by sections 14L(2) and (3) of the 2006 Act, inserted by section 25 the 2012 Act, together with any other functions connected with its main functions as may be specified in regulations or in this constitution⁴⁵. The CCG will delegate the majority of its functions to the Governing Body, who in turn will delegate appropriately to its committees. The Governing Body has responsibility for:

- a) ensuring that the CCG has appropriate arrangements in place to exercise its functions *effectively, efficiently and economically* and in accordance with the CCGs *principles of good governance*⁴⁶ (its main function)
- b) determining the remuneration, fees and other allowances payable to employees or other persons providing services to the CCG and the allowances payable under any pension scheme it may establish under paragraph 11(4) of Schedule 1A of the 2006 Act, inserted by Schedule 2 of the 2012 Act

[2] Other bodies include combined authorities and such other bodies as are prescribed under the relevant provisions of the 2006 Act.

^[1] Other bodies include combined authorities and such other bodies as are prescribed under the relevant provisions of the 2006 Act.

^[1] Other bodies include combined authorities and such other bodies as are prescribed under the relevant provisions of the 2006 Act.

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

⁴⁶ See section 4.4 on Principles of Good Governance above

- c) Exercising any functions of the CCG that are specified in regulations.⁴⁷

6.7.2. **Composition of the Governing Body**

6.7.3. The Governing Body shall not have less than 10 members comprising of

- a) the Chair (who will be one of the GP practice representatives)
- b) Deputy Chair (who will be one of the Lay Members)
- c) Minimum of Four (4) GP representatives of member practices (one of which is the Chair) (With the intention of recruiting up to Six (6) members)
- d) two (2) other primary care professionals from member practices
- e) three (3) Lay Members (which may be shared with Greater Huddersfield CCG):
 - i) one to lead on audit, governance and conflict of interest matters
 - ii) one to lead on patient and public participation matters
 - iii) one to lead on finance and remuneration matters
- f) Secondary Care Consultant
- g) Accountable Officer
- h) Chief Finance Officer
- i) Chief Quality and Nursing Officer - a person with the responsibility for Quality and Safety Chief Quality and Nursing Officer covers the role of the Governing Body Registered Nurse as specified in The National Health Service (Clinical Commissioning Groups) Regulations 2012 and is a registered nurse, other than one who falls within regulation 12(1).

6.7.4. **Committees of the Governing Body** - the Governing Body has appointed the following committees: Please refer to section 4.2.1 page 59, of this document to locate the Terms of Reference for these committees.

- a) **Audit Committee** – the Audit Committee is accountable to the CCG’s Governing Body, provides the Governing Body with an independent and objective view of the CCG’s internal control systems, governance systems and financial systems, financial information and compliance with laws, regulations and directions governing the CCG in so far as they relate to finance and internal control.

The Governing Body has approved and keeps under review the terms of reference for the Audit Committee, which includes information on the membership of the Audit Committee.

- b) **Terms and Remuneration Committee** - Terms and Remuneration Committee will advise the Governing Body on determinations about the remuneration, fees and other allowances for employees and for people who provide services to the CCG

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

and on determinations about allowances under any pension scheme that the CCG may establish as an alternative to the NHS pension scheme.

The Governing Body has approved and keeps under review the terms of reference for the Terms and Remuneration Committee, which includes information on the membership of the Terms and Remuneration Committee.

- c) **Quality Committee** – the Quality Committee is accountable to the CCG’s Governing Body and supports the CCG in delivering its aim of ensuring that the services commissioned on behalf of the CCG are of a high quality and safe.

The Governing Body has approved and keeps under review the terms of reference for the Quality Committee, which includes information on the membership of the Committee.

- d) **Finance, Performance & Contracting Committee** – the finance, performance & contracting committee is accountable to the CCG’s Governing Body and supports the CCG in scrutinising and tracking delivery of key financial and service priorities, outcomes and targets as specified in the CCG’s Strategic and Operational Plans.

The Governing Body has approved and keeps under review the terms of reference for the Finance, Performance & Contracting Committee, which includes information on the membership of the Committee.

- e) **The Primary Care Commissioning Committee** - will operate within the legal framework for NHS North Kirklees CCG. In accordance with its statutory powers under section 13Z of the National Health Service Act 2006 (as amended), NHS England has delegated the exercise of the functions to NHS North Kirklees CCG. The Governing Body has determined that the Primary Care Commissioning Committee will function as a corporate decision-making body for the management of the delegated functions and the exercise of the delegated powers.

The Governing Body has approved and keeps under review the terms of reference for the Primary Care Commissioning Committee, which includes information on the membership of the committee.

6.7.5 The Governing Body may appoint such other committees as it considers appropriate but committees will only be able to establish their own sub-committees to assist them in discharging their respective responsibilities, if this responsibility has been delegated to them by the Governing Body.

6.7.6 All decisions taken in good faith at a meeting of any committee or sub-committee of the Governing Body shall be valid even if there is any vacancy in its membership or it is discovered subsequently that there was a defect in the calling of the meeting or the appointment of a member attending the meeting

6.7.7 Any Committee or sub-committee of the Governing Body may include an individual who is:

- a) A member or employee of the CCG
- b) A partner or employee of a member of the CCG
- c) A member of another CCG
- d) A member of the Governing Body of another CCG

- e) A partner or employee of a member of another CCG or
- f) A director or officer of NHS England

6.8 Other Committees of the CCG

6.8.1 The following committees and sub committees have been established by the group.

- (a) Council of Members is accountable to member practices (which approve and keep under review the Council's terms of reference).

The Terms of Reference sets out their responsibilities and a copy can be obtained from the CCG's website https://www.northkirkleescg.nhs.uk/about-us/nhs_constitution/

- (b) West Yorkshire & Harrogate Joint Committee of CCGs, which is accountable to member practices (which approve and keep under review the committee's terms of reference) and is responsible for the review, planning and procurement of commissioned services as set out in the committee's memorandum of understanding and terms of reference.

7. ROLES AND RESPONSIBILITIES

7.1. Practice Representatives

7.1.1. Practice representatives are appointed by and represent their practice's views and act on behalf of practices in matters relating to the CCG. Their role is to provide a clinical view and be advocates primarily for the CCG's patients, and all practices in North Kirklees. The role of each practice representative is to:

- a) Ensure that the interests of all practices are addressed in the operation of the CCG
- b) Oversee the operation of the CCG in line with this Constitution document by attending as their practice's appointed representative where any matters requiring the whole CCG's attention that have not been delegated to the Governing Body will be considered
- c) In the spirit of the NHS Constitution and upholding the Nolan Principles of Public life; to support the continuous improvement of the commissioning of healthcare for the people of North Kirklees by supporting the vision of NHS North Kirklees CCG as laid out in this document
- d) To bring specific skills and knowledge to the organisation and to work in agreement with the Practice Memorandum of Understanding.
- e) Represent its appointing practice on the Council of Members.
- f) Actively engage in the delivery of Quality, Innovation, Productivity and Prevention (QIPP), the clinical commissioning process, transformational change, service redesign and the development of new models of care.
- g) Communicate CCG decisions and developments to all members of their appointing practice.
- h) Work with and co-operate with the Governing Body to assist the discharge of their functions.
- i) Be responsible for advising the group of the views of their practices, clinicians and patients and provide local intelligence to inform commissioning decisions.
- j) Participate in benchmarking review to inform commissioning decisions.
- k) Respond in a timely manner to reasonable requests for information.

7.2. Other GP and Primary Care Professionals

7.2.1. In addition to the practice representatives identified in section 7.1 above, the Group may identify a number of other GPs / primary care professionals from member practices to either support the work of the Group and/or represent the Group rather than their own individual practices. These GPs and primary care professionals shall undertake such roles on behalf of the Group as may be agreed, including providing additional clinical input into specific priority commissioning areas as identified by the Group or its Governing Body:

- a) The arrangements for the appointment, outline of roles and responsibilities and terms of remuneration of any such GPs and other primary care professionals will be set out in an appropriate policy.
- b) To share responsibility as part of the team to ensure that the CCG exercises its functions effectively, efficiently, economically and with good governance
- c) To ensure compliance of the CCG with the content of its constitution and to uphold the values of the organisation
- d) To ensure that the Governing Body and wider CCG act in the best interests of the health of the local population at all times
- e) Ensure that the voice of member practices is heard and the interests of the patients and community remain at the heart of discussions and decisions
- f) To ensure that the CCG is responsive to the views of local people and promotes self-care and shared decision making in all aspects of its business
- g) To ensure the CCG commissions the highest quality of services, promoting the NHS Constitution and securing the best possible outcomes for patients within the overall resources available
- h) To have the confidence of member practices and demonstrate an understanding of the issues they face whilst retaining a balanced view of the clinical and management agenda

7.3. **All Members of the CCG's Governing Body**

7.3.1. Guidance on the roles of members of the CCG's Governing Body is set out in a separate document⁴⁸. In summary, each member of the Governing Body should share responsibility as part of a team to ensure that the CCG exercises its functions efficiently, effectively and economically, with good governance and in accordance with the terms of this constitution. Each brings their unique perspective, informed by their expertise and experience.

7.4. **Role of the Chair of the Governing Body**

7.4.1. The Chair of the Governing Body is responsible for:

- a) Leading the Governing Body, ensuring that it remains continuously able to discharge its duties and responsibilities as set out in this constitution
- b) Building and developing the CCG's Governing Body and its individual members
- c) Ensuring that the CCG has proper constitutional and governance arrangements in place

⁵¹ *Clinical Commissioning Group Governing Body Members – Roles Attributes and Skills, NHS Commissioning Board Authority, October 2012*

- 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 aims, values and culture of the organisation
- g) Leading and influencing to achieve clinical and organisational change to enable the CCG to deliver its commissioning responsibilities
- h) Overseeing the governance and particularly ensuring that the Governing Body and 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 the CCG builds and maintains effective relationships, particularly with the individuals involved in overview and scrutiny from the relevant local authority.

7.4.2. The Chair of the Governing Body will be one of the GP practice representatives, who will take the role of clinical lead for the CCG, and he/she will take the lead in interactions with stakeholders, including NHS England.

7.5. **Role of the Deputy Chair of the Governing Body**

7.5.1. The Deputy Chair of the Governing Body, who shall 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.

7.6. **Role of the Accountable Officer**

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

7.6.2. This role of Accountable Officer has been summarised in a national document ⁵¹ as:

- a) Being responsible for ensuring that the CCG fulfils its duties to exercise its functions effectively, efficiently and economically thus ensuring improvement in the quality of services and the health of the local population whilst maintaining value for money
- b) At all times ensuring that the regularity and propriety of expenditure is discharged, and that arrangements are put in place to ensure that good practice (as identified through such agencies as the Audit Commission and the National Audit Office) is embodied and that the safeguarding of funds is ensured through effective financial and management systems
- c) Working closely with the chair of the Governing Body, the Accountable Officer will ensure that proper constitutional, governance and development arrangements are put in place to assure the members (through the Governing Body) of the

organisation's ongoing capability and capacity to meet its duties and responsibilities. This will include arrangements for the ongoing developments of its members and staff

- d) Ensuring that the organisation delivers its vision, values and strategic plans through a culture that ensures the voice of the members is heard and the interests of patients and the community remain at the heart of discussions and decisions
- e) Ensuring that the Governing Body and the wider organisation act in the best interests with regard to the health of the local population at all times with a clear focus on quality, integration and innovation
- f) Ensuring that the organisation upholds the NHS Constitution and is responsive to the views of the local people and promotes self-care and shared decision-making in all aspects of its business.

7.7. Role of the Chief Finance Officer

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

7.7.2. This role of Chief Finance Officer has been summarised in a national document⁵¹ as:

- a) Being the Governing Body's professional expert on finance and ensuring, through robust systems and processes, the regularity and propriety of expenditure is fully discharged;
- b) Making appropriate arrangements to support, monitor and report on the CCG's finances;
- c) Overseeing robust audit and governance arrangements leading to propriety in the use of the CCG's resources;
- d) Being able to advise the Governing Body on the effective, efficient and economic use of the CCG's allocation and to remain within that allocation and deliver required financial targets and duties;
- e) Producing the financial statements for audit and publication in accordance with the statutory requirements to demonstrate effective stewardship of public money and accountability to NHS England;
- f) Working with the Accountable Officer, the Chief Finance Officer is responsible for the CCG's compliance with its financial, accounting, auditing and information obligations and related duties;
- g) Providing appropriate challenge to the Governing Body to ensure financial probity and stewardship; and
- h) Contributing to the development and embedding of the vision, aims and business objectives of the organisation.

7.8. Role of the Chief Quality and Nursing Officer

7.8.1 The Chief Quality and Nursing Officer is a member of the Governing Body and is responsible for supporting the Governing Body in ensuring that the quality of services commissioned is at the heart of everything the CCG does and is continuously improved. The Chief Quality and Nursing Officer is responsible for the delivery of the CCGs quality strategy and quality assurance systems and is the Governing Body lead for Safeguarding.

7.9. Role of the Secondary Care Consultant

7.9.1 The Secondary Care Consultant will bring to the Governing Body an understanding of patient care in the secondary care setting. The main attributes and competencies are:

- a) Must be a consultant – either currently employed, or in employment at some time in the period of 10 years ending with the date of the individuals appointment to the Governing Body
- b) Has a high level of understanding of how care is delivered in a secondary care setting
- c) Demonstrate commitment to continuously improving outcomes, tackling health inequalities and delivering the best value for money for the taxpayer;
- d) Be highly regarded as a clinical leader, preferable with experience working as a leader across more than one clinical discipline and/or speciality with a track record of collaborative working
- e) Be able to take a balanced view of the clinical and management agenda, and draw on their in depth understanding of secondary care to add value
- f) Be able to provide an understanding of how secondary care providers work within the health system to bring appropriate insight to discussions regarding service redesign, clinical pathways and system reform.

7.10. Role of the Lay Member – Audit and Governance

7.10.1 The role of the Lay Members is to bring specific expertise and experience to the work of the Governing Body. Their work will be strategic and impartial, providing an external view of the work of the CCG that is removed from the day-to-day running of the organisation.

7.10.2 The Lay Member will oversee key elements of governance including audit, and is the guardian for managing conflicts of interest. The Job role is available on request from the CCG.

7.11. Role of the Lay Member – Patient and Public Involvement

7.11.1 The role of the Lay Members is to bring specific expertise and experience to the work of the Governing Body. Their work will be strategic and impartial, providing an external view of the work of the CCG that is removed from the day-to-day running of the organisation.

7.11.2 The Lay Member – Patient and Public Involvement lead will have shared responsibility with the other members of the CCG Governing Body's for all aspects of the CCG's business. As the lead for Patients and Public Involvement, they will ensure that the public voice of the local population is heard and opportunities are created and protected for patients and public empowerment in the work of the CCG. The Job role is available on request from the CCG.

7.12 Role of the Lay Member –Finance and Remuneration

7.12.1 The role of the Lay members is to bring specific expertise and experience to the work of the Governing Body. Their work will be strategic and impartial, providing an external view of the work of the CCG that is removed from the day-to-day running of the organisation.

7.12.2 The Lay Member – Finance and Remuneration will oversee key elements of finance including remuneration. The Job role is available on request from the CCG.

8.0 STANDARDS OF BUSINESS CONDUCT AND MANAGING CONFLICTS OF INTEREST

8.1. Standards of Business Conduct

- 8.1.1. Employees, members, committee and sub-committee members of the Group and members of the Governing Body (and its committees) will at all times comply with this constitution and be aware of their responsibilities as outlined in it. They should act in good faith and in the interests of the Group and should follow the Seven Principles of Public Life; set out by the Committee on Standards in Public Life (the Nolan Principles) The Nolan Principles are incorporated into this constitution at Appendix F.
- 8.1.2. They must comply with the Group's policy on standards of business conduct and declaration of interest, including the requirements set out in the policy for managing conflicts of interest. This policy will be available on the Group's website at <https://www.northkirkleescg.nhs.uk/resources/policies/> and will be made available on request.
- 8.1.3. Individuals contracted to work on behalf of the Group or otherwise providing services or facilities to the Group will be made aware of their obligation with regard to declaring conflicts or potential conflicts of interest. This requirement will be written into their contract for services and is also outlined in the Group's Standards of Business Conduct and Declaration of Interest policy.

8.2. Conflicts of Interest

- 8.2.1. As required by section 14O of the 2006 Act, as inserted by section 25 of the 2012 Act, the Clinical Commissioning Group will make arrangements to manage conflicts and potential conflicts of interest to ensure that decisions made by the Group will be taken and seen to be taken without any possibility of the influence of external or private interest.
- 8.2.2. Where an individual, i.e. an employee, Group member, member of the Governing Body, or a member of a committee or a sub-committee of the Group or its Governing Body has an interest, or becomes aware of an interest which could lead to a conflict of interests in the event of the Group considering an action or decision in relation to that interest, that must be considered as a potential conflict, and is subject to the provisions of this constitution and the Standards of Business Conduct and Declaration of Interest policy..
- 8.2.3. If in doubt, the individual concerned should assume that a potential conflict of interest exists.

8.3. Declaring and Registering Interests

- 8.3.1. The Group will maintain one or more registers of the interests of those individuals listed in the CCG'S Standards of Business Conduct and Declarations of Interest Policy.
- 8.3.2. The registers of Conflicts of interest and gifts and hospitality will be published in a prominent place on the Group's website at <https://www.northkirkleescg.nhs.uk/resources/key-publications/> and will be made available on request.
- 8.3.3. Individuals will declare any interest that they have, in relation to a decision to be made in the exercise of the commissioning functions of the Group, in writing to the Governing Body, as soon as they are aware of it and in any event no later than 28 days after becoming aware.

- 8.3.4 All persons referred to in paragraph 35 of the Statutory Guidance for CCG's on Managing Conflicts of Interest must declare any interests. Declarations should be made as soon as reasonably practicable and by law within 28 days after the interest arises. This could include interests an individual is pursuing.
- 8.3.5 The CCG ensures that, as a matter of course, declarations of interest are made and confirmed or updated at least every six months. All persons required to, must declare any interests as soon as reasonable practicable and by law within 28 days after the interest arises
- 8.3.6 An interest remains on the public register for a minimum of six months after the interest has expired and the CCG will retain a private record of historic interests for a minimum of 6 years after the date on which it expired. The published register will state that historic interests are retained by the CCG for the specified timeframe and details of whom to contact to request this information.

8.4 Managing Conflicts of Interest: general

- 8.4.1 Individual members of the Group, the Governing Body, committees or sub-committees, the committees or sub-committees of its Governing Body and employees will comply with the arrangements determined by the Group for managing conflicts or potential conflicts of interest.
- 8.4.2 The Accountable Officer will ensure that for every interest declared, either in writing or by oral declaration, arrangements are in place to manage the conflict of interests or potential conflict of interests, to ensure the integrity of the Group's decision making processes.
- 8.4.3 The CCG manages conflicts of interest of members, employees and contractors in line with statutory guidance, as outlined in its Standards of Business Conduct and Declarations of Interest Policy available on its website.
<https://www.northkirkleesccg.nhs.uk/resources/policies/>

8.5 Transparency in Procuring Services

- 8.5.1 The Group recognises the importance in making decisions about the services it procures in a way that does not call into question the motives behind the procurement decision that has been made. The Group will procure services in a manner that is open, transparent, non-discriminatory and fair to all potential providers.
- 8.5.2 The Group will publish a Procurement Strategy approved by its Governing Body which will ensure that:
- 8.5.3 All relevant clinicians (not just members of the Group) and potential providers, together with local members of the public are engaged in the decision-making processes used to procure services.
- 8.5.4 Service redesign and procurement processes are conducted in an open, transparent, non-discriminatory and fair way.
- 8.5.5 Copies of this Procurement Strategy will be available on the Group's website at <https://www.northkirkleesccg.nhs.uk/resources/policies/> and will be made available on request.

9 THE CCG AS AN EMPLOYER

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

10 TRANSPARENCY, WAYS OF WORKING AND STANDING ORDERS

10.1 Whistleblowing - <https://www.northkirkleesccg.nhs.uk/resources/policies/>

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

10.2 General

10.2.1 The CCG will publish annually a commissioning plan and an annual report, presenting the CCG's annual report to a public meeting.

10.2.2 Key communications issued by the CCG, including the notices of procurements, public consultations, Governing Body meeting dates, times, venues, and certain papers will be published on the CCG's website

10.2.3 Copies of any key communications are available at the CCG Headquarters or by contacting the PA to the Governing Body

10.2.4 The CCG may use other means of communication, including circulating information by post, or making information available in venues or services accessible to the public.

10.3 Standing Orders

10.3.1 This constitution is also informed by a number of documents which provide further details on how the CCG will operate. They are the CCG's:

- a. **Standing orders (Appendix C)** – which sets out the arrangements for meetings and the appointment processes to elect the CCG's representatives and appoint to the CCG's committees, including the Governing Body; is it still called Standing Orders
- b. **Scheme of reservation and delegation (Appendix D)** – which sets out those decisions that are reserved for the membership as a whole and those decisions that are the responsibilities of the CCG's Governing Body, the Governing Body's committees and sub-committees, the CCG's committees and sub-committees, individual members and employees;
- c. **Prime financial policies (Appendix E)** – which sets out the arrangements for managing the CCG's financial affairs.

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

2006 Act	National Health Service Act 2006
2012 Act	Health and Social Care Act 2012 (this Act amends the 2006 Act)
Accountable Officer	<p>an individual, as defined under paragraph 12 of Schedule 1A of the 2006 Act (as inserted by Schedule 2 of the 2012 Act), appointed by NHS England, with responsibility for ensuring the CCG:</p> <ul style="list-style-type: none"> • complies with its obligations under: <ul style="list-style-type: none"> ○ sections 14Q and 14R of the 2006 Act (as inserted by section 26 of the 2012 Act), ○ sections 223H to 223J of the 2006 Act (as inserted by section 27 of the 2012 Act), ○ paragraphs 17 to 19 of Schedule 1A of the NHS Act 2006 (as inserted by Schedule 2 of the 2012 Act), and ○ any other provision of the 2006 Act (as amended by the 2012 Act) specified in a document published by the Board for that purpose; • exercises its functions in a way which provides good value for money.
Area	the geographical area that the CCG has responsibility for, as defined in Chapter 2 of this constitution
Chair of the Governing Body	the individual appointed by the CCG to act as chair of the Governing Body
Chief Finance Officer	the qualified accountant employed by the CCG with responsibility for financial strategy, financial management and financial governance
CCG	NHS North Kirklees CCG, whose constitution this is. A CCG is a body corporate established by NHS England in accordance with Chapter A2 of Part 2 of the 2006 Act (as inserted by section 10 of the 2012 Act)
Committee	<p>a committee or sub-committee created and appointed by:</p> <ul style="list-style-type: none"> • the membership of the CCG • a committee / sub-committee created by a committee created / appointed by the membership of the CCG • a committee / sub-committee created / appointed by the Governing Body
Financial year	this usually runs from 1 April to 31 March, but under paragraph 17 of Schedule 1A of the 2006 Act (inserted by Schedule 2 of the 2012 Act), it can for the purposes of audit and accounts run from when a CCG is established until the following 31 March
Group	NHS North Kirklees CCG, whose constitution this is
Governing Body	<p>the body appointed under section 14L of the NHS Act 2006 (as inserted by section 25 of the 2012 Act), with the main function of ensuring that a CCG has made appropriate arrangements for ensuring that it complies with:</p> <ul style="list-style-type: none"> • its obligations under section 14Q under the NHS Act 2006 (as inserted by section 26 of the 2012 Act), and

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

APPENDIX B - LIST OF MEMBER PRACTICES

Cleckheaton & Heckmondwike Cluster

Practice Name	Address	Practice Representative's Signature & Date Signed
Undercliffe Surgery	Heckmondwike Health Centre, 16 Union Street, Heckmondwike, WF16 0HH	
Cleckheaton Group Practice	Cross Church Street, Cleckheaton, BD19 3RQ	
Greenway Practice	Cleckheaton Health Centre, Greenside, Cleckheaton, BD19 5AP	
Parkview Surgery	Cleckheaton Health Centre, Greenside, Cleckheaton, BD19 5AP	
Brookroyd Surgery	Heckmondwike Health Centre, 16 Union Street, Heckmondwike, WF16 0HH	
Cook Lane Surgery	Cook Lane Surgery, Cook Lane, Heckmondwike WF16 9JG	
Liversedge Medical Centre	Valley Road, Liversedge, WF15 6DF	

Batley & Birstall Cluster

Practice Name	Address	Practice Representative's Signature & Date Signed
Wellington House	Henrietta Street, Batley, WF17 5DN	
Blackburn Road Medical Centre	Blackburn Road, Birstall, Batley, WF17 9PL	
Broughton House Surgery	20 New Way, Batley, WF17 5QT	
Dr Hassan & Zia	130 Upper Commercial Street, Batley, WF17 5ED	
Kirkgate Surgery	3 Kirkgate, Birstall, Batley, WF17 9HE	
Grove House Surgery	Soothill Lane, Batley, WF17 5S	
Cherry Tree Surgery	132 Upper Commercial Street, Batley, WF17 5DH	
Mount Pleasant Medical Centre	9 Purwell Lane, Batley, WF17 7PF	

Ravensthorpe, Dewsbury & Mirfield Cluster

Practice Name	Address	Practice Representative's Signature & Date Signed
Dr Mahmood and Partners	Clarkson Suite, Ravensthorpe Health Centre, Netherfield Road, Dewsbury, WF13 3JY	

Practice Name	Address	Practice Representative's Signature & Date Signed
North Road Surgery	North Road Suite, 1st Floor, Ravensthorpe Health Centre Netherfield Road, Dewsbury, WF13 3JY	
Mirfield Health Centre	Doctor Lane, Mirfield, WF14 8DU	
Windsor Medical Centre	2 William Street, Leeds Road, Dewsbury, WF12 7BD	
Calder View Surgery	Dewsbury Health Centre, Wellington Road, Dewsbury, WF13 1HN	
Eightlands Surgery	Dewsbury Primary Care Centre, Wellington Road, Dewsbury WF13 1HN	

Dewsbury & Thornhill Cluster

Practice Name	Address	Practice Representative's Signature & Date Signed
Savile Town Medical Centre	Scarborough Street, Savile Town, Dewsbury, WF12 9BN	
Healds Road Surgery	Healds Road, Dewsbury, WF13 4HT	
Sidings Healthcare Centre	The Sidings, Dewsbury, WF12 9QU	
Thornhill Lees Medical Centre	140 Slaithwaite Road, Thornhill Lees, Dewsbury, WF12 9DW	
The Paddock Surgery	Chapel Lane, Thornhill, Dewsbury, WF12 0DH	
Albion Mount Medical Practice	47 Albion Street, Dewsbury, WF13 2AJ	

APPENDIX C – STANDING ORDERS

1. STATUTORY FRAMEWORK AND STATUS

1.1. Introduction

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

1.1.2. The standing orders, together with the CCG's scheme of reservation and delegation⁴⁹ and the CCG's prime financial policies⁵⁰, provide a procedural framework within which the CCG discharges its business. They set out:

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

These arrangements must comply, and be consistent where applicable, with requirements set out in the 2006 Act (as amended by the 2012 Act) and related regulations and take account as appropriate⁵¹ of any relevant guidance.

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

1.2. Schedule of matters reserved to the CCG and the scheme of reservation and delegation

1.2.1. The 2006 Act (as amended by the 2012 Act) provides the CCG with powers to delegate the CCG's functions and those of the Governing Body to certain bodies (such as committees) and certain persons. The CCG has decided that certain decisions may only be exercised by the CCG in formal session. These decisions and also those

⁴⁹ See Appendix D

⁵⁰ See Appendix E

⁵¹ Under some legislative provisions the group is obliged to have regard to particular guidance but under other circumstances guidance is issued as best practice guidance.

delegated are contained in the CCG's scheme of reservation and delegation (see Appendix D).

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

2.1. Composition of membership

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

2.1.2. Chapter 6 of the CCG's constitution provides details of the governing structure used in the CCG's decision-making processes, whilst Chapter 7 of the constitution outlines certain key roles and responsibilities within the CCG and its Governing Body, including the role of practice representatives (section 7.1 of the constitution).

2.1.3. Grounds for removal from office – the considerations and process for the removal of members are given below;

- A Member ceases to be a Member where that Member no longer satisfies the criteria of membership or is disqualified from membership
- In the case of an underperforming Member, that Member shall be informed of any underperformance or other issues as soon as sufficient data is available to the Governing Body.
- A Member shall also cease to be a Member if it is reasonably deemed by the Governing Body to be under performing with regards to its commissioning plan and despite engagement with the Governing Body there remains no adequate action plan to correct this under performance within a period of three months.
- The Member shall give written notice to NHS England and the Governing Body as soon as practicable in the event of any of the circumstances which may give rise to termination of membership, together with a formal request that his membership is terminated within the timescales given below.
- The Governing Body shall remove the Member from the CCG and list of Members.
- Any Member, if served with a notice of termination of membership shall have the right of appeal against that decision by application to [NHS England].
- The decision of NHS England on consultation with the CCG, Local Medical Committee and any other relevant party shall be final.
- If a Member chooses to leave the CCG by their own volition, an application would need to be made to NHS England (copied to the Governing Body) in order to vary this constitution.
- This notification must be given prior to 31st January in any given financial year; however Members will not be permitted to leave the CCG until the end of the financial year in which notice is given. This would be on the 31st March following the formal notification of leaving
- NHS England shall make a decision as to whether permission will be granted for the Member to be assigned to another CCG, or to remain within their existing CCG.
- Members who notify that they wish to leave the CCG will be subject to all CCG arrangements including use of saving and shared risk until the end of the financial year following their notice to leave.

- In the interim period between a Member giving notices and the actual date of leaving the CCG, that Member will not be permitted to vote in any decision making processes related to the business of the CCG

2.2. Key Roles – Governing Body Membership

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

2.2.2. The following Governing Body members as listed in paragraph 7 of the CCG's constitution,

- a) Chair (who will be one of the GP member practice representatives);
- b) Deputy Chair (who will be one of the Lay Members)
- c) Minimum of Four (4) GP representatives of member practices (one of which is the Chair) (With the intention of recruiting up to Six (6) members)
- d) two (2) other primary care professionals from member practices;
- e) three (3) Lay Members (which may be shared posts with Greater Huddersfield CCG):
 - i) one to lead on audit, governance and conflict of interest matters,
 - ii) one to lead on patient and public involvement matters;
 - iii) one to lead on finance and remuneration matters
- f) **Chief Quality and Nursing Officer** - a person with the responsibility for Quality and Safety (Chief Nurse). **Chief Quality and Nursing Officer** covers the role of the Governing Body Registered Nurse as specified in The National Health Service (Clinical Commissioning Groups) Regulations 2012 and is a registered nurse, other than one who falls within regulation 12(1).
- g) Secondary Care Consultant who is external to the organisation;
- h) Accountable Officer;
- i) Chief Finance Officer

Will be subject to the following appointment process:

2.2.3. Appointments for Governing Body Members

In order to reflect the open and democratic ethos of the organisation, it is the view of the CCG that where possible, Governing Body members will be appointed via an identical process, as set out below (other than for the Accountable Officer and other roles appointed by NHS England).

2.2.4. Appointment of the Chair

- a) The Chair will be elected from within the member practices of North Kirklees

- b) Term of office – 3 years;
- c) Eligibility for reappointment – appointed for a maximum of 3 consecutive 3 year terms, dependent on continuing to meet all other eligibility criteria;
- d) Grounds for removal from office
 - i) Gross misconduct, to be determined by the Governing Body, on the advice of the Remuneration Committee;
 - ii) Being or becoming disqualified from office;
 - iii) The loss clinical registration;
 - iv) Not attending Governing Body meetings for three months, unless in extenuating circumstances;
 - v) Failing to disclose a relevant interest;
 - vi) Where continuation in the role is not in the interests of either the public or the CCG;
 - vii) Vote of no confidence, on the basis of the above grounds, by a simple majority of votes of the Governing Body.

2.2.5. Appointment of Governing Body Practice Representatives (both GP and other primary care professionals)

- a) Nominations – the CCG will announce the position available and provide copies of the role specification and ask for expressions of interest;
- b) Eligibility – the candidates for the role may be either clinical or non-clinical by profession and practice members must be sourced from within the practices which are listed in Section 2 of the constitution.
- c) Appointment process – the appointment position will be appointed using the following process;
 - i) 3 months prior to the end of tenure members will receive written communication to this effect
 - ii) The CCG will announce the available position and advertise to all local practising GPs and other appropriate professionals with a role outline
 - iii) The formal advert and application pack will be made available with a closing date of no less than 2 weeks after the advertisement has been circulated
 - iv) A small panel will shortlist applications and agree a list for interview
 - v) A stakeholder panel will then review the applications and have opportunity for an informal discussion with the candidates
 - vi) The small panel will subsequently conduct the interviews for agreed candidates
 - vii) Successful applicants will then stand for election by practice members
 - viii) Where only one candidate for the position is successful, the appointment will then be approved by practice members

- d) Term of office – 3 years;
- e) Grounds for removal from office
 - i) Gross misconduct, to be determined by the Governing Body, on the advice of the Remuneration Committee;
 - ii) Becoming disqualified from office;
 - iii) For those practice representatives who are clinical staff, the loss of clinical registration
 - iv) Not attending Governing Body meetings for three months, unless in extenuating circumstances;
 - v) Failing to disclose a relevant interest;
 - vi) Where continuation in the role is not in the interests of either the public or the CCG;
 - vii) Vote of no confidence, on the basis of the above grounds, by a simple majority of votes of the Governing Body.
- f) Eligibility for reappointment – appointed for a maximum of 3 consecutive 3 year terms, dependent upon continuing to meet all other eligibility criteria; Notice Period – 3 Months, to be given in writing to the Chair

2.2.6. **Appointment of Lay Members**

- a) Nominations – self nomination to local process
- b) Eligibility – in line with national eligibility criteria. Additionally, the Lay Members for PPI and Finance & Remuneration must live within the Metropolitan Borough of Kirklees, which includes the North Kirklees CCG area and Greater Huddersfield CCG area
- c) Appointment process – selection panel
- d) Term of office – 3 years
- e) Eligibility for re-appointment – a maximum of 3 terms
- f) Grounds for removal from office
 - i) no longer meets the eligibility criteria
 - ii) Gross misconduct to be determined by the Governing Body, on the advice of the Terms & Remuneration Committee;
 - iii) Not attending Governing Body meetings for three months, unless in extenuating circumstances;
 - iv) Failing to disclose a relevant interest;
 - v) Where continuation in the role is not in the interests of either the public or the CCG;
 - vi) Vote of no confidence, on the basis of the above grounds, by a simple majority of votes of the Governing Body.
- g) Notice Period – 3 months, to be given in writing to the Chair

2.2.7. **Appointment of the Chief Quality and Nursing Officer**

- d) The HR recruitment process will be followed.

2.2.8. **Appointment of a Secondary Care Consultant**

- d) Nominations – the CCG will announce the position available and provide copies of the role specification and ask for expressions of interest
- e) Eligibility – the candidates for the role must be clinical by profession
- f) Appointment process – the appointment position will be appointed using the following process
 - i) 3 months prior to the end of tenure members will receive written communication to this effect
 - ii) The CCG will announce the available position by all relevant media
 - iii) 2 weeks later the position will be formally advertised and an application pack will be made available with a closing date of no less than 2 further weeks
 - iv) The panel will shortlist applications and agree a list for interview
 - v) The panel will subsequently conduct the interviews for agreed candidates
- g) Term of office – 3 years
- h) Grounds for removal from office
 - i) Gross misconduct, to be determined by the Governing Body, on the advice of the Remuneration Committee;
 - ii) Becoming disqualified from office;
 - iii) The Loss of clinical registration;
 - iv) Not attending Governing Body meetings for three months, unless in extenuating circumstances;
 - v) Failing to disclose a relevant interest;
 - vi) Where continuation in the role is not in the interests of either the public or the CCG;
 - vii) Vote of no confidence, on the basis of the above grounds, by a simple majority of votes of the Governing Body.
- i) Eligibility for reappointment – one further term
- j) Notice period – 3 months

2.2.9. **Appointment of the Chief Finance Officer**

The HR recruitment process will be followed with involvement from NHS England or the relevant professional body

2.2.10. **Appointment of the Accountable Officer**

The HR recruitment process will be followed with involvement from NHS England.

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

3. MEETINGS OF THE CLINICAL COMMISSIONING GROUP

3.2. Calling meetings

3.2.6. Ordinary meetings of the CCG shall be held at regular intervals at such times and places as the CCG may determine.

3.2.7. Meetings will normally be scheduled annually in advance and the dates, times and venues for these meetings will be circulated to all members, and the Governing Body meetings will be published on the CCG's website.

3.2.8. In the unlikely event that an additional meeting is required, the chair may call a meeting to discuss extraordinary matters arising.

3.2.9. The following individuals may be in attendance at Governing Body meetings:

- d) Public Health Senior Officer
- e) Local Authority Senior Officer.

3.3. Agenda, supporting papers and business to be transacted

3.3.6. Items of business to be transacted for inclusion on the agenda of a meeting need to be agreed with the Chair at least 10 working days (i.e. excluding weekends and bank holidays) before the meeting takes place. Supporting papers for such items need to be submitted at least 7 working days before the meeting takes place. The agenda and supporting papers will be circulated to all members of a meeting at least 5 working days before the date of the meeting.

3.3.7. Agendas and certain papers for the CCG's Governing Body – including details about meeting dates, times and venues - will be published on the CCG's website

3.4. Petitions

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

3.5. Chair of a meeting

3.5.6. At any meeting of the CCG or its Governing Body or of a committee or sub-committee, the chair of the CCG, Governing Body, committee or sub-committee, if any and if present, shall preside. If the chair is absent from the meeting, the Deputy Chair, if any and if present, shall preside.

3.5.7. If the chair is absent temporarily on the grounds of a declared conflict of interest the Deputy Chair, if present, shall preside. If both the Chair and Deputy Chair are absent, or are disqualified from participating, or there is neither a chair or deputy a member of the CCG, Governing Body, committee or sub-committee respectively shall be chosen by the members present, or by a majority of them, and shall preside.

3.6. Chair's ruling

3.6.6. The decision of the chair of the Governing Body on questions of order, relevancy and regularity and their interpretation of the constitution, standing orders, scheme of reservation and delegation and prime financial policies at the meeting, shall be final.

3.7. Quorum

3.7.6. In order to transact business and discharge duties, the following members must be present;

- d) Chair or Deputy Chair
- e) No less than two clinical Governing Body members
- f) Accountable Officer or Chief Finance Officer, or Head of Quality & Safety/Chief Nurse
- g) A Lay Member.

3.7.7. Where the meeting is not quorate, business may still be discussed although no decision will be binding and must be referred to the next quorate meeting of the Governing Body.

3.7.8. Where a member has sent representation, this will not count towards quoracy.

3.7.9. For all other of the CCG's committees and sub-committees, including the Governing Body's committees and sub-committees, the details of the quorum for these meetings and status of representatives are set out in the appropriate terms of reference.

3.8. Decision making

3.8.6. Chapter 6 of the CCG's constitution, together with the scheme of reservation and delegation, sets out the governing structure for the exercise of the CCG's statutory functions. Generally it is expected that the Governing Body's meeting decisions will be met by consensus. Should this not be possible then a vote of members will be required, the process for which is set out below:

- d) **Eligibility** – full members of the Governing Body are entitled to one vote each or alternate quoracy arrangement members are entitled to one vote each
- e) **Majority necessary to confirm a decision** – a simple majority will confirm a decision
- f) **Casting vote** – Where a majority decision cannot be made the Chair will have the casting vote.

- g) **Dissenting views** – any member not forming part of a majority decision will have his view recorded in the minutes to ensure transparency of business conduct.

3.8.7. The outcome of any voting and any dissenting views must be recorded in the minutes of the meeting.

3.8.8. For all other of the CCG's committees and sub-committees, including the Governing Body's committees and sub-committee, the details of the process for holding a vote are set out in the appropriate Terms of Reference.

3.9. Emergency powers and urgent decisions

3.9.6. In the event of a matter arising that will require consideration by the Governing Body as a matter of urgency or emergency, then any member may contact the Chair or in the Chair's absence the Deputy Chair accordingly.

3.9.7. Upon the matter being brought to the attention of the Chair or Deputy Chair the Chair or Deputy Chair shall consult with another member of the Governing Body and make a decision accordingly.

3.9.8. Any such decision making must be formally minuted at the next scheduled meeting of the Governing Body.

3.10. Member practice Concerns

3.10.6. If a number of member practices greater than 11 formally express concern around the conduct of the Governing Body the following process will be followed;

- d) Member practices must put their concerns in writing to the chair of the Governing Body and this must be signed by all practices concerned
- e) An outline of the concern must be given and the reasons for the concern being raised
- f) The Chair will call an extraordinary meeting of the Governing Body to discuss the concerns within the following four weeks and the practices raising the concerns will be invited to attend accordingly
- g) The outcome of this meeting and a response to member practices must be given in writing within 5 working days of the meeting
- h) Where practices are not assured by the outcome of this, the Chair will then be required to refer the issue for mediation which will be chaired by an officer of NHS England.

3.11. Suspension of Standing Orders

3.11.6. Except where it would contravene any statutory provision or any direction made by the Secretary of State for Health or NHS England, any part of these standing orders may be suspended at any meeting of the Governing Body, provided no less than 51% of Governing Body members present at the meeting are in agreement.

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

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

3.12. Record of Attendance

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

3.13. Minutes

- 3.13.6. The minutes shall record the names and designations of all those in attendance. This will include the practices represented by practice members.
- 3.13.7. The names and designation of all officer members and those in attendance shall be recorded.
- 3.13.8. Similar detail of all those submitting apologies will be recorded.
- 3.13.9. The name and designation of the officer in attendance to record the minutes will be recorded.
- 3.13.10. Minutes will be confirmed as a true record and formally signed in view of all present.

3.14. Admission of public and the press

- 3.14.6. All meetings of the Governing Body shall be open to members of the public unless members of the public are excluded from all or part of the meeting under Paragraph 3.13.2 below.
- 3.14.7. Where it is deemed that a matter is confidential or publicity is considered to be prejudicial to the public interest members of the public and press may be excluded from the meeting. Where this occurs, a formal record will be kept of the matters discussed and will remain confidential in nature.
- 3.14.8. Any matters discussed in closed session may not be discussed by any party to the meeting outside the meeting without the express permission of the Chair.

4. APPOINTMENT OF COMMITTEES AND SUB-COMMITTEES

4.2. Appointment of committees and sub-committees

- 4.2.6. The CCG may appoint committees and sub-committees of the CCG, subject to any regulations made by the Secretary of State⁵², and make provision for the appointment of committees and sub-committees of its Governing Body. Where such committees and

⁵² See section 14N of the 2006 Act, inserted by section 25 of the 2012 Act

sub-committees of the CCG, or committees and sub-committees of its Governing Body, are appointed they are included in Chapter 6 of the CCG's constitution.

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

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

4.3. Terms of Reference

4.3.6. Terms of Reference can be obtained from the CCG's website
https://www.northkirkleesccg.nhs.uk/about-us/nhs_constitution/

4.4. Delegation of Powers by Committees to Sub-committees

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

4.5. Approval of Appointments to Committees and Sub-Committees

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

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

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

6. USE OF SEAL AND AUTHORISATION OF DOCUMENTS

6.2. CCG's seal

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

- d) the Accountable Officer;
- e) the Chair of the Governing Body;
- f) the Chief Finance Officer;

6.1.2 An entry of every seal shall be made and numbered consecutively on the electron sealing of documents form. The electronic form will be signed by the authorised officers. This form can be located from the CCG's Headquarters Governance Team.

6.1.3 Use of seal / general guide

- a) All contracts for the purchase / lease of land and /or building
- b) All contracts for capital works exceeding £100,000
- c) All lease agreements where the annual lease charge exceeds £10,000 per annum and the period of lease exceeds beyond 5 years
- d) Any other lease agreement where the total payable under the lease exceeds £100,000
- e) Any contract or agreement with organisations other than NHS or other Governing Bodies including Local Authorities where the annual costs exceed or are expected to exceed £500,000
- f) Any document that is require to be executed as a deed

6.1.4 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 Accountable Officer
- b) the Chair of the Governing Body
- c) the Chief Finance Officer
- d) the Head of Quality and Safety (Chief Nurse)

7. OVERLAP WITH OTHER CCG POLICY STATEMENTS / PROCEDURES AND REGULATIONS

7.1 Policy statements: general principles

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

APPENDIX D – SCHEME OF RESERVATION & DELEGATION

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

APPENDIX D

SCHEME OF RESERVATION AND DELEGATION OF POWERS

Change History

Version No.	Changes Applied	By	Date
0.1	Initial Draft Document	IJN	
0.2	Revisions accommodating Internal audit Comment and Comments to Session held on Friday 7 th September	IJN	10/09/2012
0.3	Review	CW	11 / 2 / 13
0.4	Comments and amendments from first meeting of Governance and Corporate Affairs Committee	CW	1 May 2013
0.5	Comments and amendments from Governance and Corporate Affairs Committee on 4 th June 2014	PP/NB	4 th June 2014
0.6	Comments from Development Session 8/2/2017	PP	10/2/2017
0.7	Comments from QPFC 15 th February 2017	PP	17/2/2017
0.8	APPROVED extra ordinary GB	PP	01/3/2017
0.9	Review	PP/LE	28/12/2017
0.10	Review to reflect comments from Council of Members	LE	06/02/2018

CONTENTS

1	DECISIONS RESERVED TO THE CLINICAL COMMISSIONING GROUP MEMBERSHIP	
2	DECISIONS RESERVED TO THE GOVERNING BODY	
3	DECISIONS/DUTIES DELEGATED BY THE GOVERNING BODY TO COMMITTEES	
4	SCHEME OF DELEGATION DERIVED FROM THE ACCOUNTABLE OFFICER MEMORANDUM	
5	SCHEME OF DELEGATION DERIVED FROM THE CODES OF CONDUCT AND ACCOUNTABILITY	
6	SCHEME OF DELEGATION FROM STANDING ORDERS	
7	SCHEME OF DELEGATION FROM PRIME FINANCIAL DOCUMENTS	

Section 1 DECISIONS RESERVED TO THE CLINICAL COMMISSIONING GROUP MEMBERSHIP

MEMBERS OF THE CLINICAL COMMISSIONING GROUP	General Enabling Provision 1. The Members may determine any matter, for which it has delegated or statutory authority, it wishes to be either reserved or delegated in full session within its statutory powers.
MEMBERS OF THE CLINICAL COMMISSIONING GROUP	Regulations and Control 2. Review and Performance Manage members of the Governing Body who are in breach of statutory requirements or SOs. 3. Approve amendments to the Constitution of the Group to be referred to the Secretary of State in accordance with regulation.
MEMBERS OF THE CLINICAL COMMISSIONING GROUP	Annual Reports and Accounts 4. Receipt of the CCG's Annual Report and Accounts

Section 2 -DECISIONS RESERVED TO THE GOVERNING BODY

<p>GOVERNING BODY</p>	<p>Regulations and Control</p> <ol style="list-style-type: none"> 1. Approve Standing Orders (SOs), a schedule of matters reserved to the Governing Body and Prime Financial Documents for the regulation of its proceedings and business. 2. Suspend SOs. 3. Vary or amend the SOs. 4. Approve a scheme of delegation of powers from the Governing Body to the other committees. 5. Require and receive the declaration of Governing Body members' interests which may conflict with those of the CCG and, taking account of any waiver which the Secretary of State for Health may have made in any case, determining the extent to which that member may remain involved with the matter under consideration. 6. Require and receive the declaration of officers' interests that may conflict with those of the CCG. 7. Approve arrangements for dealing with complaints and the CCG Complaints Policy. (delegated to the Quality Committee) 8. Adopt the organisation structures, processes and procedures to facilitate the discharge of business by the CCG and to agree modifications thereto. 9. Receive reports from committees including those that the CCG is required by the Secretary of State or other regulation to establish and to action appropriately. 10. Confirm the recommendations of the CCG's committees where the committees do not have executive powers. 11. Establish terms of reference and reporting arrangements of all committees and sub-committees that are established by the Governing Body. 12. Discipline employees who are in breach of statutory requirements or SOs. 13. Approve any urgent decisions taken by the Chair of the CCG and Accountable Officer for ratification by the CCG in public session in accordance with SOs.
<p>GOVERNING BODY</p>	<p>Appointments/ Dismissal</p> <ol style="list-style-type: none"> 14. Appoint the Deputy Chair of the Governing Body. 15. Appoint and dismiss other committees (and individual members) that are directly accountable to the Governing Body. 16. Confirm appointment of members of any committee of the CCG as representatives on outside bodies. 17. Approve proposals of the Terms and Remuneration Committee regarding senior employees and those of the Accountable Officer for staff not covered by the Terms and Remuneration Committee.
<p>GOVERNING BODY</p>	<p>Strategy, Commissioning Plan and Budgets</p> <ol style="list-style-type: none"> 18. Define the strategic aims and objectives of the CCG 19. Identify the key strategic risks, evaluate them and ensure adequate responses are in place and are monitored. Identify the key strategic risks, evaluate them and ensure adequate responses, policies and procedures are in place and monitored. 20. Approve Outline and Final Business Cases for Capital Investment if this represents a variation from the Plan 21. Approve annually CCG's proposed organisational development proposals. 22. Approve Quality Committee and the Finance, Performance and Contracting Committee recommendations for primary care development, including the draft Primary Care Strategy and proposed practice incentive schemes.

Section 2 -DECISIONS RESERVED TO THE GOVERNING BODY

	<ul style="list-style-type: none"> 23. Approve the opening of bank accounts. 24. Approve proposals in individual cases for the write off of losses or making special payments above the limits of delegation to the CO and CFO (for losses and special payments). 25. Approve individual compensation payments. 26. Approve proposals for action on litigation against or on behalf of the CCG. 27. Agree commissioning plans, which ensure safe, clinically effective, high quality health and social care services to improve the health and wellbeing of local people and reduce health inequalities. 28. Approve plans in respect of the application of available financial resources to support the agreed Operational Plans. 29. Approve proposals for ensuring quality and developing clinical governance in services provided by the CCG constituent practices, having regard to any guidance issued by the Secretary of State. 30. Approve (with any necessary appropriate modification) the CCG annual commissioning strategy or plan. 31. Approve annually (with any necessary appropriate modification) the CCG Integrated Plan 32. Drive the transformational change required to deliver the QIPP (Quality, Innovation, Productivity & Prevention) agenda 33. Ensure that commissioning intentions are reflected within provider contracts
<p>GOVERNING BODY</p>	<p>Clinical Leadership and Public Involvement</p> <ul style="list-style-type: none"> 34. Approve proposals to support the development of a clinical leadership strategy across the CCG. 35. Lead on the involvement of local clinicians in the development of CCG strategic planning. 36. Support the development of and approve care pathways. 37. Lead clinical communications with partners and stakeholders 38. Develop and support wider clinical networks 39. Ensure that commissioners actively involve patients, their carers, staff and key stakeholders in decision making, and seek patient feedback on their experiences of health care. 40. Ensure equalities duties are fulfilled.
<p>GOVERNING BODY</p>	<p>Policy Determination</p> <ul style="list-style-type: none"> 41. Delegate authority to approve management policies to appropriate committees. 42. Policies so adopted shall be reported to the Governing Body via the minutes of the relevant committees.
<p>GOVERNING BODY</p>	<p>Audit</p> <ul style="list-style-type: none"> 43. Approve the appointment (and where necessary dismissal) of External Auditors and advise the Audit Commission on the appointment (and where necessary change/removal) of External Auditors, and to receive reports of the Audit Committee meetings and take appropriate action. 44. Receive the annual audit letter received from the External Auditor and agreement of proposed action, taking account of the advice, where

Section 2 -DECISIONS RESERVED TO THE GOVERNING BODY

	<p>appropriate, of the Audit Committee.</p> <p>45. Delegate responsibility to the NHS North Kirklees Audit Committee to receive an annual report from the Internal Auditor and agree action on recommendations where appropriate. This would be reported to the Governing Body via the minutes of the Audit Committee.</p>
GOVERNING BODY	<p>Annual Reports and Accounts</p> <p>46. Receipt and approval of the CCG's Annual Report and Annual Accounts.</p>
GOVERNING BODY	<p>Financial and performance reporting</p> <p>47. Provide clinical support to performance and financial management within the CCG.</p> <p>48. Ensure that commissioning is carried out within the delegated resource and financial envelope.</p> <p>49. Ensure that the Operational Plan is being delivered, including performance management of progress against agreed commissioning plans and Key Performance Indicators.</p>
GOVERNING BODY	<p>Contract Management</p> <p>50. Secure delivery of safe, effective services through contracts with independent and NHS providers.</p> <p>51. Ensure those contracts entered into with providers are delivered according to contract specification.</p> <p>52. Review the delivery of services and test previous delivery models through external procurement and market testing.</p> <p>53. Manage the local service delivery market, ensuring contracted providers meet the challenges identified in service specifications, secure new entrants to the market through external procurement, and review the continued delivery of services provided by organisations that fail to meet contract requirements.</p> <p>54. Continuously review the effectiveness and cost effectiveness of service models and delivery mechanisms, implementing revised arrangements to secure improvements.</p> <p>55. Commissioned services include:</p> <ul style="list-style-type: none"> a. Community based services b. Public health programmes c. Secondary care services d. Tertiary services e. Continuing health care and care packages f. Mental health and learning disability g. Ambulance services h. Connecting for health (IM&T) services/ <p>The Governing Body will carry out these responsibilities effectively and efficiently on behalf of the Clinical Commissioning Group Membership, ensuring that the specific requirements of the CCG Membership are met.</p>
GOVERNING BODY	<p>Partnership and Governance</p>

Section 2 -DECISIONS RESERVED TO THE GOVERNING BODY

	<p>56. Make decisions in line with the delegated responsibilities and powers as set out in the Standing Orders</p> <p>57. Work in partnership with the Health and Wellbeing Board and have due regard to the Kirklees Joint Strategic Assessment and the Health and Wellbeing Strategy when making commissioning decisions.</p>
GOVERNING BODY	<p>Monitoring</p> <p>58. Receipt of such reports as the Governing Body sees fit from the Committee Structure of the CCG and any other committees or groups in respect of its exercise of powers delegated.</p>

Section 3 -DECISIONS/DUTIES DELEGATED BY THE GOVERNING BODY TO COMMITTEES

<p>AUDIT COMMITTEE</p>	<p>The Committee will:</p> <ol style="list-style-type: none"> 1. Advise the Governing Body on internal and external audit services 2. The Committee shall review the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the organisation's activities (both clinical and non-clinical), that supports the achievement of the organisation's objectives 3. Monitor compliance with Standing Orders and Prime Financial Policies 4. Review schedules of losses and compensations and making recommendations to the Governing Body 5. Review and recommend for approval by the Governing Body the annual financial statements, annual report and annual governance statement. 6. The Governing Body will delegate: <ul style="list-style-type: none"> • Ratification, or otherwise, instances of failure to comply with Standing Orders brought to the CO's attention • Review individual cases for the write off of losses or making special payments above the limits of the delegation of the CO and CFO
<p>TERMS AND REMUNERATION COMMITTEE</p>	<p>The Committee shall make recommendations to the Governing Body on determinations about pay and remuneration for employees of the CCG and people who provide services to the CCG, and allowances under any pension scheme it might establish as an alternative to the NHS Pension Scheme.</p> <p>In addition, the Committee will be responsible for</p> <ol style="list-style-type: none"> 7. Make recommendations to the Governing Body on the remuneration, allowances and terms of service of Senior Managers and Executives covered by the Very Senior Managers pay framework ensuring that the terms and conditions of service, remuneration and pay awards are in line with nationally agreed guidance. 8. Determining the remuneration and conditions of service for Governing Body members 9. Considering severance payments of the Accountable officer and usually of senior staff, seeking HM Treasury approval as appropriate and in accordance with the guidance 'Managing Public Money' <p>The minutes of the Terms and Remuneration Committee meetings shall be formally recorded and submitted to the closed session of the Governing Body meetings. The Chair of the Committee shall draw to the attention of the Governing Body any issues that require disclosure or executive action.</p>
<p>QUALITY COMMITTEE</p>	<p>Quality Committee and the Finance, Performance and Contracting Committee which are accountable to the CCG's Governing Body and will advise and support the Governing Body in:</p> <ul style="list-style-type: none"> • Scrutinising and tracking delivery of key quality, performance and financial services and priorities. Outcomes and targets are specified in the CCGs strategic and operational plans. <p>Any delegated authority to the Quality Committee and the Finance, Performance and Contracting Committee are set out in the Terms of Reference for the committees.</p> <p>The minutes of the Quality Committee and the Finance, Performance and Contracting Committee meetings shall be formally recorded and submitted to</p>

<p>AND FINANCE, PERFORMANCE AND CONTRACTING COMMITTEE</p>	<p>the Governing Body meetings. The Chair of the Committees shall draw to the attention of the Governing Body any issues that require disclosure or executive action</p> <p>The Governing Body has approved and keeps under review the Terms of Reference for the, Quality Committee and the Finance, Performance and Contracting Committee which includes information on the membership of the committees.</p>
<p>PRIMARY CARE COMMISSIONING COMMITTEE</p>	<p>The Primary Care Commissioning Committee - will operate within the legal framework for NHS North Kirklees CCG. In accordance with its statutory powers under section 13Z of the National Health Service Act 2006 (as amended), NHS England has delegated the exercise of the functions to NHS North Kirklees CCG. The Governing Body has determined that the Primary Care Commissioning Committee will function as a corporate decision-making body for the management of the delegated functions and the exercise of the delegated powers.</p> <p>The minutes of the Primary Care Commissioning Committee meetings shall be formally recorded and submitted to the Governing Body meetings. The Chair of the Committee shall draw to the attention of the Governing Body any issues that require disclosure or executive action.</p> <p>NHS England will approve and keep under review the terms of reference for the Primary Care Commissioning Committee, which includes information on the membership of the committee.</p>
<p>WEST YORKSHIRE AND HARROGATE JOINT COMMITTEES OF THE CCGs</p>	<p>WEST YORKSHIRE AND HARROGATE JOINT COMMITTEES OF THE CCGs– The overarching role of the Joint Committee is to take efficient and effective commissioning decisions on a place basis, where appropriate and in accordance with the delegation of authority from each Party, and, in doing so, to support the aims and objectives of the STP. The Joint Committee shall have regard to the Parties' respective statutory duties in fulfilling its role and taking Joint Committee Decisions.</p> <p>The minutes of the WEST YORKSHIRE AND HARROGATE JOINT COMMITTEES OF THE CCGs meetings shall be formally recorded and submitted to the Governing Body meetings. The reps (AO and Chair of NKCCG) of the Committee shall draw to the attention of the Governing Body any issues that require disclosure or executive action.</p> <p>The terms of reference shall be reviewed by the Joint Committee at least annually and any consequential amendments approved by each Party's members and reported back to the membership and Governing Body.</p>

Section 4 - SCHEME OF DELEGATION FOR THE ACCOUNTABLE OFFICER

ACCOUNTABLE OFFICER (AO)	1. Accountable for stewardship of CCG resources.
AO AND CHIEF FINANCE OFFICER (CFO)	2. Ensure the accounts of the CCG are prepared under principles and in a format directed by the Secretary of State. Accounts must disclose a true and fair view of the CCG's income and expenditure and its state of affairs. 3. Sign the accounts on behalf of the Governing Body.
AO	4. Sign a statement in the accounts outlining responsibilities as the Accountable Officer. 5. Sign a statement in the accounts outlining responsibilities in respect of Internal Control.
CHAIR	6. Implement requirements of corporate governance
AO	7. Ensure effective management systems that safeguard public funds and assist CCG Chair to implement requirements of integrated governance including ensuring managers: <ul style="list-style-type: none"> • have a clear view of their objectives and the means to assess achievements in relation to those objectives • be assigned well defined responsibilities for making best use of resources • have the information, training and access to the expert advice they need to exercise their responsibilities effectively.
AO	8. Achieve value for money from the resources available to the CCG and avoid waste and extravagance in the organisation's activities. 9. Follow through the implementation of any recommendations affecting good practice as set out in reports from such bodies as the Audit Commission and the National Audit Office (NAO). 10. Use to best effect the funds available for commissioning healthcare, developing services and promoting health to meet the needs of the local population.
CFO	11. Operational responsibility for effective and sound financial management and information.
AO	12. Primary duty to see that CFO discharges this function.
AO	13. Ensuring that expenditure by the CCG complies with Parliamentary requirements
AO	14. The Codes of Conduct and Accountability incorporated in the Corporate Governance Framework issued to NHS Boards by the Secretary of State are fundamental in exercising their responsibilities for regularity and probity. As a Governing Body member they have explicitly subscribed to the Codes; and should promote observance by all staff.
AO and CFO	15. AO, supported by the CFO, to ensure appropriate advice is given to the Governing Body on all matters of probity, regularity, prudent and economical administration, efficiency and effectiveness.
AO	16. If AO considers the Governing Body, Chair or Senior Management Team is doing something that might infringe probity or regularity; he/she should

Section 4 - SCHEME OF DELEGATION FOR THE ACCOUNTABLE OFFICER

	set this out in writing to the Chair and the Governing Body. If the matter is unresolved, he/she should ask the Audit Committee to inquire and if necessary NHS England.
AO	17. If the Governing Body or Senior Management Team is contemplating a course of action that raises an issue not of formal propriety or regularity but affects the CO's responsibility for value for money, the CO should draw the relevant factors to the attention of the Governing Body and Senior Management Team. Exceptionally, the AO should inform NHS England. In such cases, and in those described in reference above, the AO should, as a member of the Governing Body, vote against the course of action rather than merely abstain from voting.

Section 5 - SCHEME OF DELEGATION DERIVED FROM THE CODES OF CONDUCT AND ACCOUNTABILITY

GOVERNING BODY	1. Approve procedure for declaration of hospitality and sponsorship
GOVERNING BODY	2. Ensure proper and widely publicised procedures for voicing complaints, concerns about maladministration, breaches of Code of Conduct, and other ethical concerns.
ALL	3. Subscribe to Code of Conduct
GOVERNING BODY	4. Governing Body members share corporate responsibility for all decisions of the Governing Body.
CHAIR	5. Chair is responsible for the appraisals of Governing Body members 6. To appoint, appraise the Governing Body members; and to remunerate through the Terms and Remuneration Committee
GOVERNING BODY AND LAY MEMBERS	The Governing Body has six key functions for which it is held accountable by NHS England on behalf of the Secretary of State: 7. to ensure effective financial stewardship through value for money, financial control and financial planning and strategy; 8. to ensure that high standards of integrated governance and personal behaviour are maintained in the conduct of the business of the whole organisation; 9. to have a lead Governing Body member on the Terms and Remuneration Committee; 10. to approve the strategic direction of the organisation within the overall policies and priorities of the Government and the NHS, define its annual and longer term objectives and agree plans to achieve them; 11. to oversee the delivery of planned results by monitoring performance against objectives and ensuring corrective action is taken when necessary; 12. to ensure that the Governing Body leads an effective dialogue between the organisation and the local community on its plans and performance and that these are responsive to the community's needs.
GOVERNING BODY	It is the Governing Body's duty to: 13. act within statutory financial and other constraints; 14. be clear what decisions and information are appropriate to the Governing Body and draw up Standing Orders, a Schedule of Decisions Reserved to the Governing Body and Prime Financial Policies to reflect these; 15. ensure that management arrangements are in place to enable responsibility to be clearly delegated to senior executives for the main programmes of action and for performance against programmes to be monitored and senior executives held to account; 16. establish performance and quality measures that maintain the effective use of resources and provide value for money; 17. specify its requirements in organising and presenting financial and other information succinctly and efficiently to ensure the Governing Body can fully undertake its responsibilities; 18. establish Audit and Remuneration Committees on the basis of formally agreed terms of reference which set out the membership of the sub-committee, the limit to their powers, and the arrangements for reporting back to the Governing Body.
CHAIR	It is the Chair's role to:

Section 5 - SCHEME OF DELEGATION DERIVED FROM THE CODES OF CONDUCT AND ACCOUNTABILITY

	<p>19. provide leadership to the Clinical Commissioning Group</p> <p>20. enable all Governing Body members to make a full contribution to the CCG's affairs and ensure that the Governing Body acts as a team</p> <p>21. ensure that key and appropriate issues are discussed by the Governing Body in a timely manner</p> <p>22. ensure the Governing Body has adequate support and is provided efficiently with all the necessary data on which to base informed decisions</p> <p>23. lead non-executive Governing Body members through a formally-appointed Remuneration Committee of the main Governing Body on the appointment, appraisal and remuneration of the Accountable Officer and (with the latter) other executive Governing Body members</p> <p>24. appoint non-executive Governing Body members to an Audit Committee of the main Governing Body</p> <p>25. advise the Secretary of State through the regional member of the Policy Board on the performance of non-executive Governing Body members.</p>
AO	<p>26. The Accountable Officer is accountable to the Chair and non-executive members of the Governing Body for ensuring that its decisions are implemented, that the organisation works effectively, in accordance with Government policy and public service values and for the maintenance of proper financial stewardship.</p> <p>27. The Accountable Officer should be allowed full scope, within clearly defined delegated powers, for action in fulfilling the decisions of the Governing Body.</p>
CHAIR AND GOVERNING BODY MEMBERS	<p>28. Declaration of conflict of interests.</p>
GOVERNING BODY	<p>29. NHS Governing Bodies must comply with legislation and guidance issued by NHS England on behalf of the Secretary of State, respect agreements entered into by themselves or on their behalf and establish terms and conditions of service that are fair to the staff and represent good value for taxpayers' money.</p>

Section 6 - SCHEME OF DELEGATION FROM STANDING ORDERS

CHAIR	1. Final authority in interpretation of Standing Orders.
GOVERNING BODY	2. Appointment of Vice-Chair.
CHAIR	3. Calling meetings.
CHAIR	4. Chair all Governing Body meetings and associated responsibilities.
CHAIR	5. Give final ruling in questions of order, relevancy and regularity of meetings.
GOVERNING BODY	6. Suspension of Standing Orders
AUDIT COMMITTEE	7. Audit Committee to review every decision to suspend Standing Orders (power to suspend Standing Orders is reserved to the Governing Body).
GOVERNING BODY	8. Variation or amendment of Standing Orders
GOVERNING BODY	9. The Governing Body shall approve the appointments to each of the committees which it has formally constituted. The Chair will advise on appropriate clinical input.
GOVERNING BODY	10. Formal delegation of powers to Committees, sub-committees or joint committees and approval of their constitution and terms of reference.
CHAIR AND ACCOUNTABLE OFFICER	11. The powers which the Governing Body has retained to itself within these Standing Orders, may, in emergency, be exercised with the Chair and AO, having consulted at least two non-officer members
ACCOUNTABLE OFFICER	12. The Accountable Officer shall prepare a Scheme of Delegation identifying his/her proposals, which shall be considered and approved by the Governing Body, subject to any amendment agreed during the discussion.
ALL	13. Disclosure of non-compliance with Standing Orders to the Accountable Officer as soon as possible.
ALL	14. Declare relevant and material interests.
ACCOUNTABLE OFFICER	15. Maintain Register(s) of Interests.
CHAIR OF A MEETING	16. Making a declaration on a declared interest.
ALL STAFF	17. Comply with the CCG Constitution and the associated Code of Conduct.

Section 6 - SCHEME OF DELEGATION FROM STANDING ORDERS

ALL	18. Disclosure of any relationship between self and candidate for staff appointment. (AO to report the disclosure to the Governing Body).
ACCOUNTABLE OFFICER	19. Keep seal in safe place and maintain a register of sealing.
ACCOUNTABLE OFFICER/ CHIEF FINANCE OFFICER	20. Approve and sign all documents which will be necessary in legal proceedings.

* Nominated officers and the areas for which they are responsible should be incorporated into the CCG's Scheme of Delegation document.

Section 7 - SCHEME OF DELEGATION FROM PRIME FINANCIAL DOCUMENTS

CFO	1. Preparation and recommendations for approval of all financial procedures.
CFO	2. Advice on interpretation or application of Prime Financial Policies (PFPs).
ALL	3. Have a duty to disclose any non-compliance with the PFPs to the CFO as soon as possible.
AO	4. Responsible as the AO to ensure financial targets and obligations are met and have overall responsibility for the System of Internal Control.
AO & CFO	5. Accountable for financial control but will, as far as possible, delegate their detailed responsibilities.
AO	6. To ensure all Governing Body members, officers and employees, present and future, are notified of and understand PFPs.
CFO	7. Responsible for: a) Implementing the CCG's prime financial policies and co-ordinating corrective action; b) Maintaining an effective system of financial control including ensuring detailed financial procedures and systems are prepared and documented; c) Ensuring that sufficient records are maintained to explain CCG's transactions and financial position; d) Providing financial advice to members of Governing Body, staff and Senior Management Team; e) Maintaining such accounts, certificates etc as are required for the CCG to carry out its statutory duties; f) The design, implementation and supervision of systems of internal control.
ALL	8. Responsible for security of the CCG's property, avoiding loss, exercising economy and efficiency in using resources and conforming to Standing Orders, Prime Financial Documents and financial procedures.
AO	9. Ensure that 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 are made aware of these instructions and their requirement to comply.
AUDIT COMMITTEE	10. Provide independent and objective view on internal control and probity.
CHAIR OF AUDIT COMMITTEE	11. Raise the matter at the Governing Body meeting where Chair of Audit Committee considers there is evidence of <i>ultra vires</i> transactions or improper acts.
CFO	12. Ensure an adequate internal audit service, for which he/she is accountable, is provided (and involve the Audit Committee in the selection process when/if an internal audit service provider is changed.) 13. Ensure the annual audit report is prepared for consideration by the Audit Committee.
CFO	14. Decide at what stage to involve police in cases of misappropriation and other irregularities not involving fraud or corruption.

Section 7 - SCHEME OF DELEGATION FROM PRIME FINANCIAL DOCUMENTS

HEAD OF INTERNAL AUDIT	15. Review, appraise and report in accordance with NHS Internal Audit Standards and best practice.
AUDIT COMMITTEE	16. Ensure cost-effective External Audit.
AUDIT COMMITTEE	17. Monitor and ensure compliance with SofS Directions on fraud and corruption including the appointment of the Local Counter Fraud Specialist.
AO	18. Monitor and ensure compliance with Directions issued by the Secretary of State for Health on NHS security management including appointment of the Local Security Management Specialist as required.
AO	19. Has overall responsibility for the CCG's activities and ensuring the CCG stays within its resource limit.
CFO	20. Ensure monitoring systems are in place to enable the CCG not to exceed its limits.
CFO	21. Periodically review assumptions, submit a report to the CCG annually showing total allocations received and their proposed distribution.
CFO	22. Regularly update the Governing Body on significant changes to the initial allocation and the uses of such funds.
AO	23. Compile and submit to the Governing Body a local operational plan which takes into account financial targets and forecast limits of available resources. The plan will contain: <ul style="list-style-type: none"> • a statement of the significant assumptions on which the plan is based; • details of major changes in workload, delivery of services or resources required to achieve the plan.
CFO	24. Submit budgets to the Governing Body for approval. 25. Monitor performance against budget; submit to the Finance Performance and Contracting Committee financial estimates and forecasts for subsequent approval by the Governing Body.
CFO	26. Ensure adequate training is delivered on an ongoing basis to budget holders.
GOVERNING BODY	27. Delegate budget to budget holders
AO & BUDGET HOLDERS	28. Must not exceed the budgetary total or virement limits set by the Governing Body.
CFO	29. Devise and maintain systems of budgetary control.
BUDGET HOLDERS	30. Ensure that: <ol style="list-style-type: none"> a) no overspend or reduction of income that cannot be met from virement is incurred without prior consent of the Governing Body; b) approved budget is not used for any other than specified purpose subject to rules of virement;

Section 7 - SCHEME OF DELEGATION FROM PRIME FINANCIAL DOCUMENTS

	c) no permanent employees are appointed without the approval of the CO other than those provided for within available resources and manpower establishment.
AO	31. Identify and implement cost improvements and income generation activities in line with the plan.
AO	32. Submit monitoring returns.
CFO	33. Preparation of annual accounts and reports.
CFO	34. review and manage the banking arrangements of the CCG at regular intervals to ensure they reflect best practice and represent best value for money. 35. ensure competitive tenders are sought at least every 5 years.
CFO	36. Income systems, including system design, prompt banking, review and approval of fees and charges, debt recovery arrangements, design and control of receipts, provision of adequate facilities and systems for employees whose duties include collecting or holding cash.
ALL EMPLOYEES	37. Duty to inform CFO of money due from transactions which they initiate/deal with.
AO	38. Tendering and contracting procedure.
ALL EMPLOYEES	39. Comply with standing orders and procurement procedures
CFO	40. Maintain a register of exemptions
CFO	41. Ensure any fees paid are reasonable
AO	42. Waive formal tendering procedures.
AO	43. Report waivers of tendering procedures to the Audit Committee.
CFO	44. Where a supplier is chosen that is not on the approved list the reason shall be recorded in writing to the AO or Senior Management Team.
AO	45. Responsible for the receipt, endorsement and safe custody of tenders received.
AO	46. Shall maintain a register to show each set of competitive tender invitations dispatched.
AO AND CFO	47. Where one tender is received will assess for value for money and fair price.

Section 7 - SCHEME OF DELEGATION FROM PRIME FINANCIAL DOCUMENTS

AO	48. Responsible for treatment of 'late tenders'.
AO	49. No tender shall be accepted which will commit expenditure in excess of that which has been allocated by the CCG and which is not in accordance with these Instructions except with the authorisation of the Accountable Officer.
AO	50. Will appoint a manager to maintain a list of approved firms.
AO	51. Shall ensure that appropriate checks are carried out as to the technical and financial capability of those firms that are invited to tender or quote.
AO	52. Approve joint contracting arrangements
AO	53. The AO shall demonstrate that the use of private finance represents value for money and genuinely transfers risk to the private sector.
AO	54. The AO shall nominate an officer who shall oversee and manage each contract on behalf of the CCG.
CFO	55. Approve any extension of contracts and ensure a record is made of any such action
AO	56. The AO shall nominate officers with delegated authority to enter into contracts of employment, regarding staff, agency staff or temporary staff service contracts.
AO	57. The AO shall nominate officers to commission service agreements with providers of healthcare in line with a commissioning plan approved by the Governing Body.
AO	58. The AO shall be responsible for ensuring that best value for money can be demonstrated for all services provided on an in-house basis.
AO	59. The AO shall nominate an officer to oversee and manage the contract on behalf of the CCG.
AO	60. As the AO, ensure health services are commissioned in line with the Operational Plan and reach the required standards.
AO	61. As the AO, ensure regular reports are provided to the Governing Body detailing actual and forecast expenditure for each SLA.
AO	62. As the AO, ensure that all agreements for provision of services with non-NHS providers achieve quality and are cost effective.
CFO	63. Will maintain a system of control to ensure effective accounting of expenditure against SLAs.
CFO	64. Must account for Individual Funding Requests/Out of Area Treatments/Non Contract Activity in accordance with national guidelines.

Section 7 - SCHEME OF DELEGATION FROM PRIME FINANCIAL DOCUMENTS

Governing Body	65. Establish a Terms and Remuneration Committee.
TERMS AND REMUNERATION COMMITTEE	66. Report in writing to the Governing Body its advice and its bases about remuneration and terms of service of senior employees.
AO	67. Approval of variation to funded establishment of any department.
AO	68. Approval of appointment of staff, including agency staff, appointments and re-grading within approved budget and funded establishment.
CFO	69. Payroll: a) specifying timetables for submission of properly authorised time records and other notifications; b) final determination of pay and allowances; c) making payments on agreed dates; d) agreeing method of payment; e) issuing instructions.
CFO	70. Ensure that the chosen method for payroll processing is supported by appropriate (contracted) terms and conditions, adequate internal controls and audit review procedures and that suitable arrangements are made for the collection of payroll deductions and payment of these to appropriate bodies.
NOMINATED MANAGER*	71. Ensure that all employees are issued with a Contract of Employment in a form approved by the Governing Body(or it's delegated Committee) and which complies with employment legislation; 72. Deal with variations to, or termination of, contracts of employment.
GOVERNING BODY	73. The Governing Body will approve the level of non-pay expenditure on an annual basis.
AO	74. Determine, and set out, level of delegation of non-pay expenditure to budget managers, including a list of managers authorised to place requisitions, the maximum level of each requisition and the system for authorisation above that level.
AO	75. Set out procedures on the seeking of professional advice regarding the supply of goods and services.
REQUISITIONER*	76. In choosing the item to be supplied (or the service to be performed) shall always obtain the best value for money for the CCG. In so doing, the advice of the CCG's adviser on supply shall be sought.
CFO	77. Shall be responsible for the prompt payment of accounts and claims.
CFO	78. Advise the Governing Body regarding 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 PFPs and regularly reviewed;

Section 7 - SCHEME OF DELEGATION FROM PRIME FINANCIAL DOCUMENTS

	<p>79. Prepare procedural instructions [where not already provided in the Scheme of Delegation or procedure notes for budget holders] on the obtaining of goods, works and services incorporating the thresholds;</p> <p>80. Be responsible for the prompt payment of all properly authorised accounts and claims;</p> <p>81. Be responsible for designing and maintaining a system of verification, recording and payment of all amounts payable;</p> <p>82. Be responsible for ensuring that payment for goods and services is only made once the goods and services are received.</p>
APPROPRIATE HEAD OF SERVICE	83. Make a written case to support the need for a pre-payment.
CFO	84. Approve proposed pre-payment arrangements.
BUDGET HOLDER	85. Ensure that all items due under a prepayment contract are received (and immediately inform CFO if problems are encountered).
AO	86. Authorise who may use and be issued with official orders.
MANAGERS AND OFFICERS	87. Ensure that they comply fully with the guidance and limits specified by the CFO.
CFO	88. Lay down procedures for payments to local authorities and voluntary organisations made under the powers of section 28A of the NHS Act.
CFO	89. Ensure that Governing Body members are aware of the Financial Framework and ensure compliance
AO	90. Maintenance of asset registers (on advice from CFO).
CFO	91. Approve procedures for reconciling balances on fixed assets accounts in ledgers against balances on fixed asset registers.
AO	92. Overall responsibility for fixed assets.
CFO	93. Approval of fixed asset control procedures.
GOVERNING BODY MEMBERS AND ALL SENIOR STAFF	94. Responsibility for security of CCG assets including notifying discrepancies to CFO, and reporting losses in accordance with CCG procedure.
CFO	95. Responsible for systems of control over stores and receipt of goods.
CFO	96. Set out procedures and systems to regulate the stores.
NOMINATED OFFICER	97. Security arrangements and custody of keys
AO	98. Identify persons authorised to requisition and accept goods.

Section 7 - SCHEME OF DELEGATION FROM PRIME FINANCIAL DOCUMENTS

CFO	99. Prepare detailed procedures for disposal of assets including condemnations and ensure that these are notified to managers.
CFO	100. Prepare procedures for recording and accounting for losses, special payments.
ALL STAFF	101. Discovery or suspicion of loss of any kind must be reported immediately to either head of department or nominated officer. The head of department / nominated officer should then inform the AO and CFO.
CFO	102. Where a criminal offence is suspected CFO must inform the police if theft or arson is involved. In cases of fraud and corruption CFO must inform the relevant Local Counter Fraud Specialist (LCFS) and NHS Counter Fraud Service (NHS CFS) Operational Fraud Team in line with SofS directions.
CFO	103. Notify CFSMS, LCFS and External Audit of all frauds.
CFO	104. Notify Governing Body and External Auditor of losses caused theft, arson, neglect of duty or gross carelessness (unless trivial).
GOVERNING BODY	105. Approve write off of losses (within limits delegated by DH).
CFO	106. Consider whether any insurance claim can be made.
CFO	107. Maintain losses and special payments register.
CFO	108. Responsible for accuracy and security of computerised financial data.
CFO	109. Satisfy himself/herself 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.
NOMINATED OFFICER	110. Shall publish and maintain a Publication Scheme, including details of Freedom of Information Procedures
RELEVANT OFFICERS	111. Send proposals for general computer systems to CFO
CFO	112. Ensure that contracts with other bodies for the provision of computer services for financial applications clearly define responsibility of all parties for security, privacy, accuracy, completeness and timeliness of data during processing, transmission and storage, and allow for audit review. 113. Seek periodic assurances from the provider that adequate controls are in operation.

Section 7 - SCHEME OF DELEGATION FROM PRIME FINANCIAL DOCUMENTS

CFO	<p>114. Where computer systems have in impact on corporate financial systems satisfy herself/himself that:</p> <ul style="list-style-type: none"> a) systems acquisition, development and maintenance are in line with corporate policies; b) data assembled for processing by financial systems is adequate, accurate, complete and timely, and that a management rail exists; c) CFO and staff have access to such data; d) Such computer audit reviews are being carried out as are considered necessary.
CFO	<p>115. Ensure all staff are made aware of the CCG policy on the acceptance of gifts and other benefits in kind by staff.</p>
AO	<p>116. Ensure lists of all contractors are maintained up to date and systems are in place to deal with applications, resignations, inspection of premises etc. within contractors' terms of service.</p>
CFO	<p>117. Ensure only contractors included on the CCG lists receive payments; maintain a system of control to ensure prompt and accurate payments and validation of same</p>
AO	<p>118. Retention of document procedures in accordance guidance.</p>
AO	<p>119. Risk management programme.</p>
GOVERNING BODY	<p>120. Decide whether the CCG will use the risk pooling schemes administered by the NHS Litigation Authority or self-insure for some or all of the risks (where discretion is allowed). Decisions to self-insure should be reviewed annually.</p>
CFO	<p>121. Where the Governing Body decides to use the risk pooling schemes administered by the NHS Litigation Authority the CFO shall ensure that the arrangements entered into are appropriate and complementary to the risk management programme. The CFO shall ensure that documented procedures cover these arrangements.</p> <p>122. Where the Governing Body decides not to use the risk pooling schemes administered by the NHS Litigation Authority for any one or other of the risks covered by the schemes, the CFO shall ensure that the Governing Body is informed of the nature and extent of the risks that are self-insured as a result of this decision. The CFO will draw up formal documented procedures for the management of any claims arising from third parties and payments in respect of losses that will not be reimbursed.</p>

Appendix E

PRIME FINANCIAL POLICIES

1. INTRODUCTION

1.1. General

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

1.2. Overriding Prime Financial Policies

- 1.2.1. If for any reason these prime financial policies are not complied with, full details of the non-compliance and any justification for non-compliance and the circumstances around the non-compliance shall be reported to the next formal meeting of the governing body's audit committee for referring action or ratification. All of the group's members and employees have a duty to disclose any non-compliance with these prime financial policies to the chief finance officer as soon as possible.

1.3. Responsibilities and delegation

- 1.3.1. The roles and responsibilities of group's members, employees, members of the governing body, members of the governing body's committees and sub-committees, members of the group's committee and sub-committee (if any) and persons working on behalf of the group are set out in chapters 6 and 7 of this constitution.

1.3.2. The financial decisions delegated by members of the group are set out in the group's scheme of reservation and delegation (see Appendix D).

1.4. Contractors and their employees

1.4.1. Any contractor or employee of a contractor who is empowered by the group to commit the group to expenditure or who is authorised to obtain income shall be covered by these instructions. It is the responsibility of the accountable officer to ensure that such persons are made aware of this. For the avoidance of doubt this includes all organisations engaged to discharge duties integral to the operation of the group i.e. commissioning support services.

1.5. Amendment of Prime Financial Policies

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

2. INTERNAL CONTROL

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

2.1. The governing body is required to establish an Audit Committee with Terms of Reference agreed by the Governing Body (see paragraph 6.8.4(a) of the CCG's constitution for further information).

2.2. The Accountable Officer has overall responsibility for the group's systems of internal control.

2.3. The Chief Finance Officer will ensure that:

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

3. AUDIT (See Also Section 2 of the Prime Financial Policies)

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

3.1. In line with the Terms of Reference for the governing body's Audit Committee, the person appointed by the group to be responsible for internal audit and the Audit Commission appointed external auditor will have direct and unrestricted access to Audit Committee members and the Chair of the Governing Body, Accountable Officer and Chief Finance Officer for any significant issues arising from audit work that management cannot resolve, and for all cases of fraud or serious irregularity.

3.2. The person appointed by the group to be responsible for internal audit and the external auditor will have access to the Audit Committee and the Accountable Officer to review audit issues as appropriate. All Audit Committee members, the Chair of the Governing Body and the Accountable Officer will have direct and unrestricted access to the head of internal audit and external auditors.

3.3. The Chief Finance Officer will ensure that:

- a) the CCG has a professional and technically competent internal audit function; and
- b) the Governing Body approves any changes to the provision or delivery of assurance services to the group.

4. FRAUD AND CORRUPTION (See also Section 3 of the PRIME FINANCIAL POLICIES

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

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

4.2. The Governing Body's Audit Committee will ensure that the CCG has arrangements in place to work effectively with NHS Protect.

5. EXPENDITURE CONTROL

5.1. The group is required by statutory provisions⁵³ to ensure that its expenditure does not exceed the aggregate of allotments from the 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 group complies with certain of its statutory obligations, including its financial and accounting obligations, and that it exercises its functions effectively, efficiently and economically and in a way which provides good value for money.

5.3. The chief finance officer will:

- a) provide reports in the form required by the NHS England;
- b) ensure money drawn from the 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 the NHS England.

6. ALLOTMENTS⁵⁴

6.1. The group's chief finance officer will:

⁵³ See section 223H of the 2006 Act, inserted by section 27 of the 2012 Act

⁵⁴ See section 223(G) of the 2006 Act, inserted by section 27 of the 2012 Act.

- 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 group's entitlement to funds;
- b) prior to the start of each financial year submit to the governing body for approval a report showing the total allocations received and their proposed distribution including any sums to be held in reserve; and
- c) regularly update the audit committee and governing body on significant changes to the initial allocation and the uses of such funds.

**7. COMMISSIONING STRATEGY, BUDGETS, BUDGETARY CONTROL AND MONITORING
(See also Section 4 of the Prime Financial Policies)**

POLICY – the group will produce and publish an annual commissioning plan⁵⁵ that explains how it proposes to discharge its financial duties. The group will support this with comprehensive medium term financial plans and annual budgets

- 7.1. The accountable officer will compile and submit to the governing body a commissioning strategy which takes into account financial targets and forecast limits of available resources.
- 7.2. Prior to the start of the financial year the chief finance officer will, on behalf of the accountable officer, prepare and submit budgets for approval by the quality, finance and performance committee and governing body.
- 7.3. The chief financial officer shall monitor financial performance against budget and plan, periodically review them, and report to the quality, finance and performance committee and governing body. This report should include explanations for variances. These variances must be based on any significant departures from agreed financial plans or budgets.
- 7.4. The accountable officer is responsible for ensuring that information relating to the group's accounts or to its income or expenditure, or its use of resources is provided to the NHS England as requested.
- 7.5. The governing body will approve consultation arrangements for the group's commissioning plan⁵⁶.

8. ANNUAL ACCOUNTS AND REPORTS

POLICY – the group will produce and submit to the NHS England accounts and reports in accordance with all statutory obligations⁵⁷, relevant accounting standards and accounting best practice in the form and content and at the time required by the NHS England

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

⁵⁵ See section 14Z11 of the 2006 Act, inserted by section 26 of the 2012 Act.

⁵⁶ See section 14Z13 of the 2006 Act, inserted by section 26 of the 2012 Act

⁵⁷ See paragraph 17 of Schedule 1A of the 2006 Act, as inserted by Schedule 2 of the 2012 Act.

- b) prepares the accounts according to the timetable approved by the Audit Committee
- c) complies with statutory requirements and relevant directions for the publication of annual report;
- d) considers the external auditor's management letter and fully address all issues within agreed timescales; and
- e) publishes the external auditor's management letter on the group's website at <http://www.kirklees.nhs.uk/nhs-north-kirklees-ccg/home>
- f) Copies of the management letter and full accounts are available at the Clinical Commissioning Group Headquarters at; Broad Lee House, Dyson Wood Way, Bradley, Huddersfield, HD2 1GZ or by contacting PA to the Governing body

9. INFORMATION TECHNOLOGY

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

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

10. ACCOUNTING SYSTEMS

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

- 10.1. The chief finance officer will ensure:
 - a) the group has suitable financial and other software to enable it to comply with these policies and any consolidation requirements of the NHS England;
 - b) that contracts for computer services for financial applications with another health organisation or any other agency shall clearly define the responsibility of all parties for the

security, privacy, accuracy, completeness, and timeliness of data during processing, transmission and storage. The contract should also ensure rights of access for audit purposes.

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

11. **BANK ACCOUNTS**

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

- 11.1. The chief finance officer will:

- a) review the banking arrangements of the group at regular intervals to ensure they are in accordance with Secretary of State directions⁵⁸, best practice and represent best value for money;
- b) manage the group's banking arrangements and advise the group on the provision of banking services and operation of accounts;
- c) prepare detailed instructions on the operation of bank accounts.

- 11.2. The Audit Committee shall approve the banking arrangements.

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

POLICY – the group will

- operate a sound system for prompt recording, invoicing and collection of all monies due
- seek to maximise its potential to raise additional income only to the extent that it does not interfere with the performance of the group or its functions⁵⁹
- ensure its power to make grants and loans is used to discharge its functions effectively⁶⁰

- 12.1. The Chief Financial Officer is responsible for:

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

⁵⁸ See section 223H(3) of the NHS Act 2006, inserted by section 27 of the 2012 Act

⁵⁹ See section 14Z5 of the 2006 Act, inserted by section 26 of the 2012 Act.

⁶⁰ See section 14Z6 of the 2006 Act, inserted by section 26 of the 2012 Act.

13. TENDERING AND CONTRACTING PROCEDURE

POLICY – the group:

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

13.1. The group shall ensure that where appropriate lists are maintained, the firms / individuals invited to tender (and where appropriate, quote) are among those on recognised lists or where applicable a framework agreement. Where such lists do not exist, or are not deemed to apply, the opinion of the chief finance officer should be sought.

13.2. The governing body may only negotiate contracts on behalf of the group, and the group may only enter into contracts, within the statutory framework set up by the 2006 Act, as amended by the 2012 Act. The award of such contracts shall comply with:

- a) the group's standing orders as incorporated into the group's Constitution;
- b) the Public Contracts Regulation 2015, any successor legislation and any other applicable law; and
- c) take into account the NHS (Procurement, Patient Choice and Competition) (No. 2) 2013 and have regard to any substantive NHS Improvement guidance.

13.3. In all contracts entered into, the group shall endeavour to obtain best value for money. The accountable officer shall nominate an individual who shall oversee and manage each contract on behalf of the group.

14. COMMISSIONING

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

14.1. The group will coordinate its work with the NHS England, other clinical commissioning groups, local providers of services, local authority, 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 via appropriate governance structures detailing actual and forecast expenditure and activity for each contract.

14.3. The chief finance officer will maintain a system of financial monitoring to ensure the effective accounting of expenditure under contracts. This should provide a suitable audit trail for all payments made under the contracts whilst maintaining patient confidentiality.

15. RISK MANAGEMENT AND INSURANCE

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

- 15.1. The officer with delegated responsibility for the risk management of the organisation will ensure that a strategy and policy are put in place in respect of the management of risk
- 15.2. Outputs of significant risk from the register will interface with the Assurance Framework where appropriate and will consequently form the basis of regular update to the governing body in this respect
- 15.3. The risk register and Assurance Framework will be reviewed by the Audit Committee and brought to the attention of the governing body.

16. PAYROLL

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

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

17. NON-PAY EXPENDITURE

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

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

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

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

18.1. The accountable officer will

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

18.2. The chief finance officer will prepare detailed procedures for the disposals of assets.

19. RETENTION OF RECORDS

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

19.1. The Accountable officer shall:

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

20. TRUST FUNDS AND TRUSTEES

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

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

APPENDIX F - NOLAN PRINCIPLES

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

Source: *The First Report of the Committee on Standards in Public Life* (1995)⁶¹

⁶¹ Available at <http://www.public-standards.gov.uk/>

APPENDIX G – NHS CONSTITUTION

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

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

Source: *The NHS Constitution: The NHS belongs to us all* (March 2012)⁶²

62

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

APPENDIX H – EQUALITY IMPACT ASSESSMENT

Equality Impact Assessment

Title of policy	Constitution	
Names and roles of people completing the assessment	Pat Patrice Governance & Corporate Affairs Senior Manager Kate Bell Equality Manager	
• Date assessment started/completed	23.02.2017	23.02.2017

1. Outline	
Give a brief summary of the policy	The constitution sets out the arrangements made by the CCG to meet its responsibilities for commissioning care for the people for whom it is responsible. The constitution describes the governing principles, rules and procedures that the CCG will establish to ensure probity and accountability in the day to day running of the CCG.
What outcomes do you want to achieve	The constitution sets out the ambition, vision and values of the CCG to enable the population of North Kirklees to live longer, healthier and happier lives.

2. Analysis of impact			
This is the core of the assessment, using the information above detail the actual or likely impact on protected groups, with consideration of the general duty to; eliminate unlawful discrimination; advance equality of opportunity; foster good relations			
	Are there any likely impacts? Are any groups going to be affected differently? Please describe.	Are these negative or positive?	What action will be taken to address any negative impacts or enhance positive ones?
Age	N/A	N/A	N/A
Carers	N/A	N/A	N/A
Disability	N/A	N/A	N/A

Sex	N/A	N/A	N/A
Race	N/A	N/A	N/A
Religion or belief	N/A	N/A	N/A
Sexual orientation	N/A	N/A	N/A
Gender reassignment	N/A	N/A	N/A
Pregnancy and maternity	N/A	N/A	N/A
Marriage and civil partnership	N/A	N/A	N/A
Other relevant group	N/A	N/A	N/A
If any negative/positive impacts were identified are they valid, legal and/or justifiable? Please detail.			
		N/A	

4. Monitoring, Review and Publication

How will you review/monitor the impact and effectiveness of your actions	N/A		
Lead Officer	Pat Patrice	Review date:	April 2018

5. Sign off

Lead Officer	Pat Patrice		
Director	Steve Brennan	Date approved:	27.02.2017