NHS
Airedale, Wharfedale and Craven
Clinical Commissioning Group

NHS AIREDALE, WHARFEDALE AND CRAVEN CLINICAL COMMISSIONING GROUP

CONSTITUTION

Version: 21

NHS Commissioning Board Effective Date: 22nd January 2013

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Version Control:
V1 – V17: iteration of drafts during the CCG establishment process
V18: original CCG constitution approved by NHS Commissioning Board January 2013
V19: not submitted
V20: approved by NHS England April 2015
V21: approved NHS England March 2016

FOREWORD

NHS Airedale, Wharfedale and Craven Clinical Commissioning Group (CCG) is a membership organisation whose members are the general practices serving the populations of the Worth Valley, the Aire Valley north west of Bingley, the Wharfe Valley north west of Menston and the Upper Ribble Valley. The CCG area crosses local authority boundaries, approximately two thirds of the population live in the Bradford Metropolitan District Council area and one third in the North Yorkshire County Council area.

The CCG will be clinically led and professionally managed. It will fulfil 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.

In fulfilling these duties, the CCG will engage with member practices, the public, patients and carers, other professionals and stakeholders. It will work towards the integration of commissioning and provision of health and social care whilst understanding the impact of transforming services on the range of providers within the context of a sustainable local health and social care economy.

Good governance will be central to the CCG at all times. It will ensure probity and accountability and ensure commissioning decisions are taken in an open and transparent way in the interests of the CCG population.

Dr Phil Pue
Chief Clinical Officer
July 2012

1. INTRODUCTION AND COMMENCEMENT

1.1. Name

1.1.1. The name of this clinical commissioning group is NHS Airedale, Wharfedale and Craven Clinical Commissioning Group.

1.2. Statutory Framework

1.2.1. The Group is established under the Health and Social Care Act 2012 ("the 2012 Act").[1] It is a statutory body which has 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 Group 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 (the legal name for the organisation known as and referred to hereafter in this document, as NHS England) is responsible for determining applications from prospective groups to be established as clinical commissioning groups[4] and undertakes an annual assessment of each established group.[5] It has powers to intervene in a clinical commissioning group where it is satisfied that a group is failing or has failed to discharge any of its functions or that there is a significant risk that it will fail to do so.[6]

1.2.3. The Group is a clinically led membership organisation made up of general practices. The members of the Group are responsible for determining the governing arrangements for the organisation 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 Group and has effect from 22nd day of January 2013, when the NHS Commissioning Board established the Group.[8] The constitution is published on the Group's website. The constitution is available for inspection at the Group's headquarters at Millennium Business Park, Station Road, Steeton, BD20 6RB (subject to five working days prior notice of intent to inspect being given) and / or available upon application by post or e-mail.

1.4. Amendment and Variation of this Constitution

1.4.1. The Council of Members are responsible for approving the content of this constitution and approving any proposed changes to the constitution before the Group seeks the approval of NHS England.

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

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

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

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

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

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

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

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

1.4.2. This constitution can only be varied in two circumstances.[9]

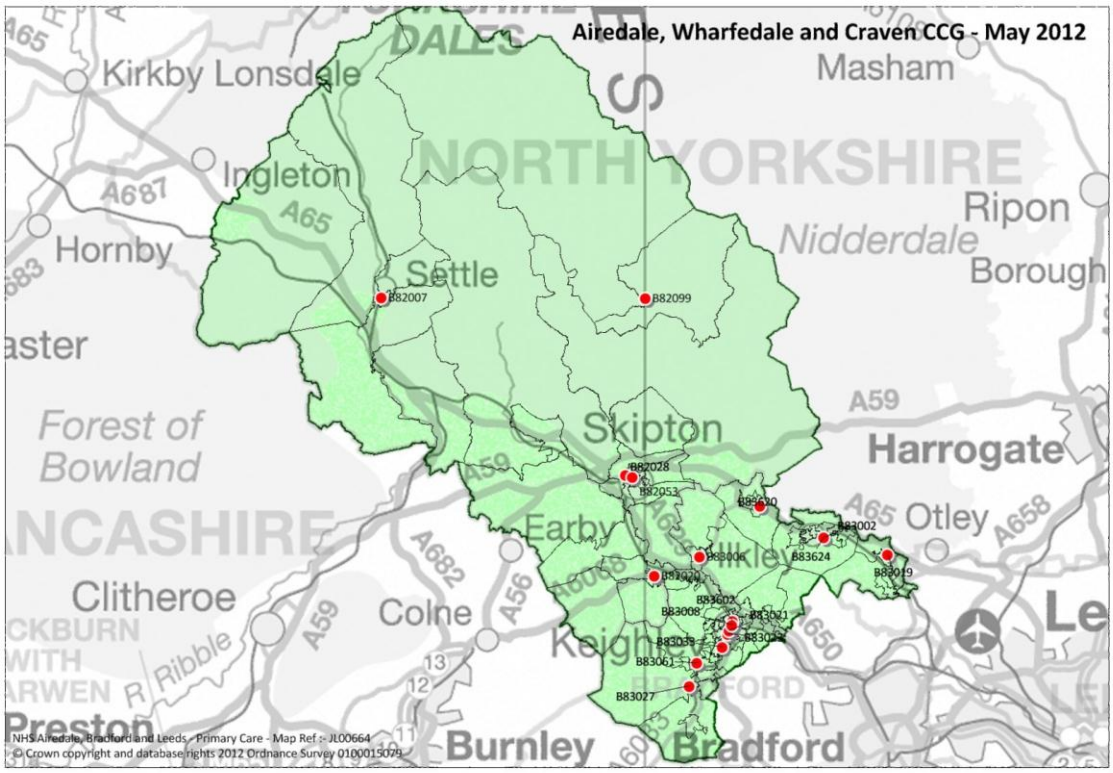
a) where following discussion with members and the Local Medial Committee the Group applies to NHS England and that application is granted;

b) where in the circumstances set out in legislation NHS England varies the Group's constitution other than on application by the Group.

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

2. AREA COVERED

2.1. The geographical area covered by the Group includes the Worth Valley, the Aire Valley north west of Bingley, the Wharfe Valley north west of Menston and the Upper Ribble Valley.



2.2. The Group partially covers two local authority areas, part of the City of Bradford Metropolitan District Council area and part of the North Yorkshire County Council area.

2.3. In the City of Bradford Metropolitan District Council, the Group covers the following Lower-layer Super Output Areas:

a) E01010638 to E01010648 inclusive;
b) E01010691 to E01010729 inclusive;
c) E01010767 to E01010774 inclusive;
d) E01010854 to E01010863 inclusive.

2.4. In the North Yorkshire County Council, the Group covers the following Lower-layer Super Output Areas:

a) E01027555 to E01027557 inclusive;
b) E01027560 to E01027569 inclusive;
c) E01027571 to E01027586 inclusive.

3. MEMBERSHIP

3.1. Membership of the Clinical Commissioning Group

3.1.1. Appendix B of this constitution contains the list of member practices and confirms their written agreement to this constitution.

3.2. Eligibility

3.2.1. Providers of primary medical services to a registered list of patients under a General Medical Services, Personal Medical Services or Alternative Provider Medical Services contract, will be eligible to apply for membership of this Group[10].

3.3. Liability

3.3.1 Members shall not be liable as members, or as individuals, for the debts, liabilities, acts or omissions, howsoever caused by the CCG in discharging its statutory functions. The CCG is a body corporate recognised as such under the Health and Social Care Act 2012, and any liability shall be that of the CCG as a public statutory body.

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

4. MISSION, VALUES AND AIMS

4.1. Mission

4.1.1. The mission of the Group is to provide clinically led, innovative commissioning of efficient and effective health care informed by patients, carers and clinicians.

4.1.2. This will be achieved through close working relationships with relevant health, social care and voluntary organisations.

4.1.3. Resources will be utilised responsibly, efficiently and collaboratively to ensure high quality, integrated health and social care for all.

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

4.2. Values

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

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

a) Wise use of money
- Having the right care, in the right place, at the right time
- Promoting productivity and value for money
- Ensuring reduction in duplication and waste

b) Better health
- Longer life – through ill health prevention
- Better quality of life
- Fair access to health care and services
- Addressing health inequalities

c) Excellent patient experience
- Safe care
- Effective care
- High quality care
- Choice of care
- Access to care

4.3. Aims

4.3.1. The Group aims to fulfil its duties to exercise its functions effectively, efficiently and economically thus ensuring improvement in the quality of services and the health of the CCG population whilst maintaining value for money. In fulfilling these duties, it aims to

a) Act in a way which promotes the NHS Constitution

b) Be informed by the Joint Strategic Needs Assessments for the CCG population

c) Ensure the provision of good quality accessible care

d) Understand the impact of transforming services on the range of providers, i.e. primary care, secondary care, voluntary and independent sector and the Local Authorities within the context of a sustainable local health and social care economy

e) Work towards the integration of commissioning and provision of health and social care

f) Engage with the member practices, public, patients and carers, other professionals and stakeholders

4.4. Principles of Good Governance

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

a) the highest standards of propriety involving impartiality, integrity and objectivity in relation to the stewardship of public funds, the management of the organisation and the conduct of its business;

b) *The Good Governance Standard for Public Services*;[12]

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]

4.5. Accountability

4.5.1. The Group 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 in public (except where the Group considers that it would not be in the public interest in relation to all or part of a meeting);

d) publishing annually a commissioning plan;

e) complying with local authority health overview and scrutiny requirements;

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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

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. The Governing Body of the Group will throughout each year have an ongoing role in reviewing the Group's governance arrangements to ensure that the Group continues to reflect the principles of good governance.

5. FUNCTIONS AND GENERAL DUTIES

5.1. Functions

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

a) commissioning certain health services (where NHS England is not under a duty to do so) that meet the reasonable needs of:

i) all people registered with member GP practices, and
ii) people who are usually resident within the area and are not registered with a member of any clinical commissioning group;

b) commissioning emergency care for anyone present in the Group's area;

c) paying its employees' remuneration, fees and allowances in accordance with the determinations made by its governing body and determining any other terms and conditions of service of the Group's employees;

d) determining the remuneration and travelling or other allowances of members of its Governing Body.

5.1.2. In discharging its functions the Group will:

a) act[16], 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) delegating responsibility to the Governing Body to discharge this function
ii) maintaining a range of policies and procedures for the operational management of the business of the Group which will include delegating responsibilities in key areas to individuals
iii) setting out its commissioning priorities and commissioning intentions in the commissioning plan
iv) the monitoring of progress against the delivery of this duty through the Group's reporting mechanisms

b) ***meet the public sector equality duty***[19] by:

i) delegating responsibility to the Governing Body to discharge this function
ii) developing and publishing an Equality and Diversity strategy and objectives which sets out how the Group intends to discharge this duty, reviewing them at least every four years

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

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

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

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

iii) publishing, at least annually, sufficient information to demonstrate compliance with the general duty across all the Group's functions
iv) the monitoring of progress against the delivery of this duty through the Group's reporting mechanisms

c) work in partnership with its local authorities to develop ***joint strategic needs assessments***[20] and ***joint health and wellbeing strategies***[21] by:

i) nominating representatives from the Group to be its representative member(s) on the Bradford Health and Wellbeing Board and the North Yorkshire Health and Wellbeing Board
ii) taking responsible steps to ensure that the Group's commissioning plans are in line with the Joint Strategic Needs Assessments (JSNA), Joint Health and Wellbeing Strategies (JHWS) and other strategies overseen by the Health and Wellbeing Boards
iii) utilising the expertise of the Bradford and North Yorkshire Public Health Consultants who are members of the Commissioning Development Group.

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

5.2.1. Make arrangements to ***secure public involvement*** in the planning, development and consideration of proposals for changes and decisions affecting the operation of commissioning arrangements[22] by:

a) Delegating responsibility to the Governing Body to discharge this function
b) Publishing and implementing a Communications and Engagement Strategy, and associated work plans.
c) The monitoring of progress against the delivery of this duty through the Group's reporting mechanisms

The principles to drive the arrangements of public involvement are:

- be transparent and accountable
- engage with audiences by using appropriate language
- every member of the Group will be made aware that communication and engagement is everyone's responsibility
- maximise resources to produce high quality information
- develop a range of platforms for people to engage with the Group
- develop effective partnerships with agencies, stakeholders, patients, carers and patient representatives

5.2.2. ***Promote awareness of, and act with a view to securing health services that are provided in a way that promotes awareness of, and have regard to the NHS Constitution***[23] by:

a) Delegating responsibility to the Governing Body to discharge this function

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

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

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

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)

b) The development of a strategy and / or implementation plan which sets out how the Group intends to discharge this duty
c) The monitoring of the progress against the delivery of this duty through the Group's reporting mechanisms

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

a) Delegating responsibility to the Governing Body to oversee the discharge of this duty and this will include:

i) Specifying and ensuring compliance with the Group's Standing Orders, Scheme of Delegation and other financial policies and procedures
ii) The development and publication of a commissioning plan which sets out the strategic objectives of the Group
iii) The use of business intelligence to support evidence based commissioning
iv) Working closely with member practices to ensure the successful implementation and delivery of projects/initiatives
v) Participating in transformational work with relevant service providers
vi) Exploring options for working collaboratively with other CCGs to minimise management costs
vii) The establishment of transparent and robust business planning processes which are aligned to the financial plan
viii) The monitoring of progress against the delivery of this duty through the Group's reporting mechanisms

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

a) Delegating responsibility to the Governing Body to discharge this function
b) Establishing a committee (the Clinical Quality and Governance committee) responsible for quality who report to the Governing Body
c) Working closely with member practices to ensure the successful implementation and delivery of projects/initiatives
d) Embedding the three dimensions of quality (effectiveness, patient experience and safety) across all commissioned services
e) The monitoring of progress against the delivery of this duty through the Group's reporting mechanisms

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

a) Delegating responsibility to the Governing Body to discharge this function
b) Establishing a committee (the Clinical Quality and Governance Committee) responsible for quality who report to the Governing Body
c) Working closely with member practices to ensure the successful implementation and delivery of projects/initiatives
d) Ensuring that the outcomes from patient experience and involvement activity inform the development of primary medical services
e) Promoting the use of data and information tools to provide clinicians with the knowledge they need to identify and prioritise areas for quality improvement

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

f) The monitoring of progress against the delivery of this duty through the Group's reporting mechanisms

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

a) Delegating responsibility to the Governing Body to discharge this function
b) Ensuring that the Group's commissioning plan reflects the health and wellbeing agendas and addresses inequalities
c) Utilising public health expertise and the public health executive group members to inform future commissioning decisions.
d) Engaging with vulnerable groups and hard to reach communities to tackle health inequalities
e) Governing Body member involvement in the strategy development via the Health and Wellbeing Boards
f) The monitoring of progress against the delivery of this duty through the Group's reporting mechanisms

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

a) Delegating responsibility to the Governing Body to discharge this function
b) Development and publication of a Communications and Engagement Strategy, strategy and associated work plans
c) Maintaining and developing relationships with the Overview and Scrutiny Committees, Health and Wellbeing Boards and Healthwatch
d) The monitoring of progress against the delivery of this duty through the Group's reporting mechanisms

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

a) Delegating responsibility to the Governing Body to discharge this function
b) ensuring all commissioning strategies support patient choice;
c) ensuring all referrers have the information required to support patients to make choices about their care;
d) publicising and promoting patients' right to choice;
e) The monitoring of progress against the delivery of this duty through the Group's reporting mechanisms

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

a) Delegating responsibility to the Governing Body to discharge this function
b) Working collaboratively with specialist regional clinical networks and clinical senates as they become established
c) The appointment of a secondary care clinician and registered nurse to the Governing Body of the Group
d) The utilisation of the public health consultants who are members of the Commissioning Development Group

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
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

5.2.10. ***Promote innovation***[31] by:

a) Delegating responsibility to the Governing Body to discharge this function
b) Developing a commissioning plan that adheres to the Group's vision of innovation
c) Ensuring the continuous development of the quality and innovation programmes
d) Exploring clinical innovations with stakeholders

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

a) Delegating responsibility to the Governing Body to discharge this function,
b) Working in partnership with appropriate research bodies

5.2.12. Have regard to the need to ***promote education and training***[33] for persons who are employed, or who are considering becoming employed, in an activity which involves or is connected with the provision of services as part of the health service in England so as to assist the Secretary of State for Health in the discharge of his related duty[34] by:

a) Delegating responsibility to the Governing Body to discharge this function
b) Assessing the learning and development requirements for members of the Governing Body and its committeesand other Group employed staff and use this to inform the development and implementation of the Organisational Development Plan
c) Supporting the learning and development needs of individuals within member practices where relevant to the functions and responsibilities of the Group
d) The monitoring of progress against the delivery of this duty through the Group's reporting mechanisms

5.2.13. Act with a view to ***promoting integration*** of *both* health services with other health services *and* health services with health-related and social care services where the Group considers that this would improve the quality of services or reduce inequalities[35] by:

a) Delegating responsibility to the Governing Body to discharge this function
b) Establishing a partnership approach to strategic planning that involves all commissioners and providers of health and social care
c) Contributing to existing, and developing new partnership arrangements between commissioners
d) The monitoring of progress against the delivery of this duty through the Group's reporting mechanisms

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

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

a) Delegating responsibility to its Chief Finance Officer for ensuring compliance with financial statutory obligations
b) Delegating responsibility to the Audit Committee to provide assurance to the Governing Body regarding the discharge of this function

31 See section 14X of the 2006 Act, inserted by section 26 of the 2012 Act
32 See section 14Y of the 2006 Act, inserted by section 26 of the 2012 Act
33 See section 14Z of the 2006 Act, inserted by section 26 of the 2012 Act
34 See section 1F(1) of the 2006 Act, inserted by section 7 of the 2012 Act
35 See section 14Z1 of the 2006 Act, inserted by section 26 of the 2012 Act
36 See section 223H(1) of the 2006 Act, inserted by section 27 of the 2012 Act

c) Ensuring funding is drawn down from NHS England for approved expenditure only and in a way that provides value for money
d) Ensuring that an adequate system of financial monitoring is in place to enable the Group to fulfil its statutory responsibility not to exceed expenditure limits
e) The monitoring of progress against the delivery of this duty through the Group's reporting mechanisms

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 responsibility to its Chief Finance Officer to oversee how this duty is discharged
b) Delegating responsibility to the Audit Committee to provide assurance to the Governing Body regarding the discharge of this function
c) Submitting a commissioning plan to NHS England prior to the start of each financial year showing both revenue and capital allocations received and the proposed distribution of resources

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 Group does not exceed an amount specified by NHS England*** [38] by

a) Delegating responsibility to its Chief Finance Officer to oversee how this duty is discharged
b) Delegating responsibility to the Audit Committee to provide assurance to the Governing Body regarding the discharge of this function

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

a) Delegating responsibility to its Chief Finance Officer to oversee how this duty is discharged
b) Delegating responsibility to the Audit Committee to provide assurance to the Governing Body regarding the discharge of this function
c) Requiring progress of delivery of the duty to be monitored through the Group's reporting mechanisms
d) Drawing up principles to govern how any quality payments are made

5.4. Other Relevant Regulations, Directions and Documents

5.4.1. The Group will

a) comply with all relevant regulations;

b) comply with directions issued by the Secretary of State for Health or NHS England; and

c) take account, as appropriate, of documents issued by NHS England.

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

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

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

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

6. DECISION MAKING: THE GOVERNING STRUCTURE

6.1. Authority to act

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

a) any of its members;

b) its Governing Body;

c) employees;

d) a committee or sub-committee of the Group.

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

a) the Group's scheme of reservation and delegation; and

b) for committees, their terms of reference.

6.2. Scheme of Reservation and Delegation[40]

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

a) those decisions that are reserved for the membership as a whole;

b) those decisions that are the responsibilities of its Governing Body (and its committees), the Group's committees and sub-committees, individual members and employees.

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

6.2.3. The Council of Members will exercise / delegate functions which have not otherwise been expressly delegated under the Constitution.

6.3. General

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

a) comply with the Group's principles of good governance,[41]

b) operate in accordance with the Group's scheme of reservation and delegation,[42]

c) comply with the Group's standing orders,[43]

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40 See appendix D

41 See section 4.4 on Principles of Good Governance above

42 See appendix D

43 See appendix C

d) comply with the Group's arrangements for discharging its statutory duties,[44]

e) where appropriate, ensure that member practices have had the opportunity to contribute to the Group's decision making process.

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

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

a) identify the roles and responsibilities of those clinical commissioning groups who are working together;

b) identify any pooled budgets and how these will be managed and reported in annual accounts;

c) specify under which clinical commissioning group's scheme of reservation and delegation and supporting policies the collaborative working arrangements will operate;

d) specify how the risks associated with the collaborative working arrangement will be managed between the respective parties;

e) identify how disputes will be resolved and the steps required to terminate the working arrangements;

f) specify how decisions are communicated to the collaborative partners.

6.4. Committees of the Group

6.4.1. The following committee has been established by the Group:

a) Council of Members[45] – accountable to the member practices

Terms of reference for the Committees of the Group will be made available on the CCG website.

6.4.2. 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 Group or the committee they are accountable to.

6.4.3. **The Council of Members** - the Council of Members which is accountable to the Group (which approves and keeps under review the council's terms of reference), is responsible for the following functions delegated to it:

a) consider, review and approve the Group's constitution

b) recommend the Accountable Officer to be appointed by NHS England

[44] See chapter 5 above

[45] See appendix K for the terms of reference of the Council of Members

c) approve the appointment of other non-elected governing body members

d) review the effectiveness of the governing body and executive group

e) oversee the work of the Governing Body and hold them to account for the delivery of their respective functions

f) agree the vision, values and overall strategic direction of the Group

6.5. The Governing Body

6.5.1. ***Functions*** - the Governing Body has the following functions conferred on it by sections 14L(2) and (3) of the 2006 Act, inserted by section 25 the 2012 Act, together with any other functions connected with its main functions as may be specified in regulations or in this constitution.[46] The Governing Body may also have functions of the Group delegated to it by the Group. Where the Group has conferred additional functions on the Governing Body connected with its main functions, or has delegated any of the Group's functions to its Governing Body, these are set out from paragraph 6.6.1(d) below. The Governing Body has responsibility for:

a) ensuring that the Group has appropriate arrangements in place to exercise its functions *effectively, efficiently and economically* and in accordance with the Group's *principles of good governance*[47] (its main function);

b) determining the remuneration, fees and other allowances payable to employees or other persons providing services to the Group and the allowances payable under any pension scheme it may establish under paragraph 11(4) of Schedule 1A of the 2006 Act, inserted by Schedule 2 of the 2012 Act;

c) approving any functions of the Group that are specified in regulations;[48]

d) monitoring performance in line with the Group's reporting mechanisms

e) providing assurance to the Group that its committees are undertaking their functions in accordance with this constitution.

6.5.2. ***Composition of the Governing Body*** - the governing body shall not have less than fourteen members and comprises of:

a) the Chair;
b) one Representative of Member Practices (Chair of the Council of Members);
c) two Lay Members:
   i) one to lead on audit, remuneration and conflict of interest matters,
   ii) one to lead on patient and public participation matters (deputy chair);
d) one Registered Nurse;
e) one Secondary Care Specialist Consultant;

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

47 See section 4.4 on Principles of Good Governance above

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

f) the Accountable Officer;
g) the Chief Finance Officer;
h) the Chief Operating Officer
i) four Executive GPs
j) the Executive Nurse

6.5.3. ***Committees of the Governing Body*** - the Governing Body has appointed the following committees:

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

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

In addition the Governing Body has delegated oversight of the following functions, connected with the Governing Body's main function[49], to the Audit Committee: integrated governance, risk management and internal control including oversight of the process of developing and maintaining the Assurance Framework and Risk Register.

b) **Remuneration Committee** – the Remuneration Committee, which is accountable to the group's Governing Body, makes recommendations to the Governing Body on determinations about the remuneration, fees and other allowances for employees and for people who provide services to the Group and on determinations about allowances under any pension scheme.

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

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

Authority delegated to the Remuneration Committee by the Governing Body, including the authority to approve Human Resources policies for employees and for other persons working on behalf of the CCG, is set out in the terms of reference for the committee.

c) **Clinical Quality and Governance Committee** - the Clinical Quality and Governance Committee, which is accountable to the Governing Body, will advise and support the Governing Body with a view to ensuring that effective quality arrangements underpin all services commissioned on behalf of the CCG, regulatory requirements are met and patient safety is continually improved to deliver a better patient experience. It will support the Governing Body in ensuring that commissioning decisions are based on evidence of clinical effectiveness, protect patient safety and provide a positive patient experience in line with the principles of the NHS Constitution and requirements of regulatory bodies.

Authority delegated to the Clinical Quality & Governance Committee by the Governing Body, including the approval of arrangements for supporting NHS England in discharging its responsibilities in relation to securing continuous improvement in the quality of general medical services, is set out in the terms of reference for the committee.

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

d) **Finance Performance and Governance Committee -** the Finance, Performance and Governance committee, which is accountable to the Governing Body, will advise and support the Governing Body in scrutinising and tracking delivery of key financial and service priorities, outcomes and targets as specified in the CCGs strategic and operational plans.

Any authority delegated to the Finance and Performance Committee by the Governing Body is set out in the terms of reference for the committee.

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

6.5.4. Terms of reference for the Governing Body's committees are available on the CCG website.

6.5.5. 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.

6.5.6. Any committee or sub-committee of the Governing Body may include an individual who is

- a member or employee of the Group
- a partner in or employee of a member of the Group
- a member of another CCG

- a member of the Governing Body of another CCG; or
- a partner in or employee of a member of another CCG

6.6. Joint Commissioning Arrangements with Other Clinical Commissioning Groups

6.6.1. The CCG may wish to work together with other CCGs in the exercise of its commissioning functions.

6.6.2. The CCG may make arrangements with one or more CCGs in respect of:

a) delegating any of the CCG's commissioning functions to another CCG;

b) exercising any of the commissioning functions of another CCG; or

c) exercising jointly the commissioning functions of the CCG and another CCG

6.6.3. For the purposes of the arrangements described at paragraph 6.6.2, the CCG may:

a) make payments to another CCG;

b) receive payments from another CCG;

c) make the services of its employees or any other resources available to another CCG; or

d) receive the services of the employees or the resources available to another CCG.

6.6.4. Where the CCG makes arrangements which involve all the CCGs exercising any of their commissioning functions jointly, a joint committee may be established to exercise those functions.

6.6.5. For the purposes of the arrangements described at paragraph 6.6.2 above, the CCG may establish and maintain a pooled fund made up of contributions by any of the CCGs working together pursuant to paragraph 6.6.2 c) 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.

6.6.6. Where the CCG makes arrangements with another CCG as described at paragraph 6.6.2 above, the CCG shall develop and agree with that CCG an agreement setting out the arrangements for joint working, including details of:

- How the parties will work together to carry out their commissioning functions;
- The duties and responsibilities of the parties;
- How risk will be managed and apportioned between the parties;
- Financial arrangements, including, if applicable, payments towards a pooled fund and management of that fund;

- Contributions from the parties, including details around assets, employees and equipment to be used under the joint working arrangements.

6.6.7. The liability of the CCG to carry out its functions will not be affected where the CCG enters into arrangements pursuant to paragraph 6.6.2 above.

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

6.6.9. Only arrangements that are safe and in the interests of patients registered with member practices will be approved by the Governing Body.

6.6.10. 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.

6.6.11. Should a joint commissioning arrangement prove to be unsatisfactory the Governing Body of the CCG can decide to withdraw from the arrangement, but has to give six months' notice to partners, with new arrangements starting from the beginning of the next new financial year.

6.7. **Joint Commissioning Arrangements with NHS England for the Exercise of CCG Functions**

6.7.1. The CCG may wish to work together with NHS England in the exercise of its commissioning functions.

6.7.2. The CCG and NHS England may make arrangements to exercise any of the CCG's commissioning functions jointly.

6.7.3. The arrangements referred to in paragraph 6.7.2 above may include other CCGs.

6.7.4. Where joint commissioning arrangements pursuant to 6.7.2 above are entered into, the parties may establish a joint committee to exercise the commissioning functions in question.

6.7.5. Arrangements made pursuant to 6.7.2 above may be on such terms and conditions (including terms as to payment) as may be agreed between NHS England and the CCG.

6.7.6. Where the CCG makes arrangements with NHS England (and another CCG if relevant) as described at paragraph 6.7.2 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.

6.7.7. The liability of the CCG to carry out its functions will not be affected where the CCG enters into arrangements pursuant to paragraph 6.7.2 above.

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

6.7.9. Only arrangements that are safe and in the interests of patients registered with member practices will be approved by the Governing Body.

6.7.10. The Governing Body of the CCG shall require, in all joint commissioning arrangements that Chief Clinical 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.

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

6.8. Joint Commissioning Arrangements with NHS England for the Exercise of NHS England's Functions

6.8.1. The CCG may wish to work with NHS England and, where applicable, other CCGs, to exercise specified NHS England functions.

6.8.2. 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.

6.8.3. 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.

6.8.4. 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.

6.8.5. For the purposes of the arrangements described at paragraph 6.8.2 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.

6.8.6. Where the CCG enters into arrangements with NHS England as described at paragraph 6.8.2 above, the parties will develop and agree a framework setting out the arrangements for joint working, including details of:

- How the parties will work together to carry out their commissioning functions;
- The duties and responsibilities of the parties;

- How risk will be managed and apportioned between the parties;
- Financial arrangements, including payments towards a pooled fund and management of that fund;
- Contributions from the parties, including details around assets, employees and equipment to be used under the joint working arrangements.

6.8.7. 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 6.8.2 above.

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

6.8.9. Only arrangements that are safe and in the interests of patients registered with member practices will be approved by the Governing Body.

6.8.10. The Governing Body of the CCG shall require, in all joint commissioning arrangements that the Chief Clinical 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.

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

6.9. Joint Committee(s) with Local Authorities

6.9.1. The group may make arrangements for joint committees in respect of designated functions as defined in an agreement under section 75 of the 2006 Act with local authorities.
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6.9.2. Where the CCG enters into arrangements with a local authority as described at paragraph 6.9.1 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 functions;
- How decisions will be made, including who has voting rights.
- The duties and responsibilities of the parties;
- How risk will be managed and apportioned between the parties;
- Financial arrangements, including payments towards a pooled fund and management of that fund;
- Contributions from the parties, including details around assets, employees and equipment to be used under the joint working arrangements.

6.9.3. Arrangements made between the CCG and local authorities may be on such terms and conditions as may be agreed between the parties and approved by the CCG's Governing Body.

ROLES AND RESPONSIBILITIES

7.1. Practice Representatives

7.1.1. The CCG recognises that GPs' primary responsibility is to their patients as laid down in the General Medical Council's publication "Good Medical Practice"

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

a) Represent its appointing practice on the Council of Members

b) Actively engage in the delivery of Quality, Innovation, Productivity and Prevention (QIPP), the clinical commissioning process, transformational change, service redesign and the development of care pathways

c) Communicate CCG decisions and developments to all members of their appointing practice

d) Work with and co-operate with the Governing Body to assist the discharge of their functions

e) Be responsible for advising the Group of the views of their practice's clinicians and patients and provide local intelligence to inform commissioning decisions

f) Participate in benchmarking review to inform commissioning decisions

g) Respond in a timely manner to reasonable requests for information

7.1.3. In the event that the Member Practices express a loss of confidence in a member/s of the Governing Body, then, in line with the Dispute Resolution Process (Appendix H, para 1.5), an Extraordinary General Meeting may be called by at least 50% of the CCG's Member Practices and a vote of at least 66% of Member Practices will be required in order to refer the concerns of the Member Practices to NHS England. The LMC will be informed of this action.

7.2. All Members of the Group's Governing Body

7.2.1. Guidance on the roles of members of the Group's Governing Body is set out in a separate document[50]. In summary, each member of the Governing Body should share responsibility as part of a team to ensure that the Group exercises its functions effectively, efficiently and economically, with good governance and in accordance with the terms of this constitution. Each brings their unique perspective, informed by their expertise and experience.

7.3. The Chair of the Governing Body

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

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

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

b) building and developing the Group's Governing Body and its individual members;

c) ensuring that the Group has proper constitutional and governance arrangements in place;

d) ensuring that, through the appropriate support, information and evidence, the governing body is able to discharge its duties;

e) supporting the Accountable Officer in discharging the responsibilities of the organisation;

f) contributing to building a shared vision of the aims, values and culture of the organisation;

g) leading and influencing to achieve clinical and organisational change to enable the Group to deliver its commissioning responsibilities;

h) overseeing governance and particularly ensuring that the Governing Body and the wider Group behaves with the utmost transparency and responsiveness at all times;

i) ensuring that public and patients' views are heard and their expectations understood and, where appropriate as far as possible, met;

j) ensuring that the organisation is able to account to its local patients, stakeholders and NHS England;

k) ensuring that the Group builds and maintains effective relationships, particularly with the individuals involved in overview and scrutiny from the relevant local authorities.

7.4. The Deputy Chair of the Governing Body

7.4.1. The Deputy Chair of the Governing Body deputises for the chair of the Governing Body where he or she has a conflict of interest or is otherwise unable to act.

7.4.2. The Deputy Chair is the Lay Member with a lead role in championing patient and public involvement.

7.5. Elected GPs on the Governing Body

7.5.1. Elected GPs on the Governing Body have an active role in the management and operation of the CCG. As members of the CCG's Governing Body, they bring their unique understanding of the CCG's member practices to the discussions and decision making of the Governing Body.

7.6. The Accountable Officer

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

7.6.2. The Accountable Officer of the Group is called the Chief Clinical Officer.

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

a) being responsible for ensuring that the Clinical Commissioning Group fulfils its duties to exercise its functions effectively, efficiently and economically thus ensuring improvement in the quality of services and the health of the local population whilst maintaining value for money;

b) at all times ensuring that the regularity and propriety of expenditure is discharged, and that arrangements are put in place to ensure that good practice (as identified through such agencies as the National Audit Office) is embodied and that safeguarding of funds is ensured through effective financial and management systems.

c) working closely with the Chair of the Governing Body, the Accountable Officer will ensure that proper constitutional, governance and development arrangements are put in place to assure the members (through the Governing Body) of the organisation's ongoing capability and capacity to meet its duties and responsibilities. This will include arrangements for the ongoing developments of its members and staff.

7.6.4. In addition to the Accountable Officer's general duties, the Accountable Officer is also the senior clinical voice of the Group and will take the lead in interactions with stakeholders, including NHS England.

7.7. The Chief Operating Officer

7.7.1. The Chief Operating Officer is a member of the Governing Body and provides senior management support to the Accountable Officer (Chief Clinical Officer) to ensure that the CCG exercises its functions, effectively, efficiently and economically. The Chief Operating Officer is responsible for the development and implementation of effective managements system to enable CCG leaders, together with the wider membership, to deliver the CCG's business and strategic objectives.

7.7.2. The Chief Operating Officer will be instrumental in leading the CCG to commission effectively health services that meet the needs of its communities, to the highest quality and within available resources. Working closely with the Chief Clinical Officer and the Chief Finance Officer, the Chief Operating Officer has managerial responsibility for the safe and effective running of the CCG.

7.8. The Chief Finance Officer

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

7.8.2. This role of Chief Finance Officer has been summarised in a national document[52] as:

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

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

a) being the Governing Body's professional expert on finance and ensuring, through robust systems and processes, the regularity and propriety of expenditure is fully discharged;

b) making appropriate arrangements to support, monitor on the Group's finances;

c) overseeing robust audit and governance arrangements leading to propriety in the use of the Group's resources;

d) being able to advise the Governing Body on the effective, efficient and economic use of the Group's allocation to remain within that allocation and deliver required financial targets and duties; and

e) producing the financial statements for audit and publication in accordance with the statutory requirements to demonstrate effective stewardship of public money and accountability to NHS England;

7.9. The Executive Nurse

7.9.1. The Executive Nurse 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 Executive Nurse is responsible for the delivery of the CCG's quality strategy and quality assurance systems and is the Governing Body lead for Safeguarding.

7.10. The Lay Member with a lead role in overseeing key elements of financial management and audit

7.10.1. This role of Lay Member with a lead role in overseeing key elements of financial management and audit has been summarised in a national document[53] as:

a) bringing specific expertise and experience to the work of the Governing Body;

b) providing strategic and impartial focus, so as to provide an external view of the work of the CCG that is removed from the day to day running of the CCG;

c) overseeing key elements of governance including audit, remuneration and managing conflicts of interest;

d) chairing the Audit Committee;

e) ensuring that the Governing Body and the wider CCG behaves with the utmost probity at all times.

7.11. The Lay Member with a lead role in championing patient and public involvement

7.11.1. This role of Lay Member with a lead role in championing patient and public involvement has been summarised in a national document[54] as:

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

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

a) bringing specific expertise and experience to the work of the Governing Body, as well as his/her knowledge as a member of the local community;

b) providing strategic and impartial focus, so as to provide an external view of the work of the CCG that is removed from the day to day running of the organisation;

c) helping to ensure that the public voice of the local population is heard in all aspects of the CCG business

d) opportunities are created and protected for patient and public empowerment in the work of the CCG;

e) ensuring that patients and public views are heard and their expectations understood and met as appropriate;

f) ensuring that the CCG builds and maintains an effective relationship with local Healthwatch and draws on existing patient and public engagement and involvement expertise;

g) ensuring that the CCG has appropriate arrangements in place to secure public and patient involvement;

h) ensuring that the CCG responds in an effective and timely way to feedback and recommendations from patients, carers and the public;

7.12. The Secondary Care Consultant

7.12.1. This role of Secondary Care Consultant has been summarised in a national document[55] as:

a) as well as sharing responsibility with the other members for all aspects of the CCG Governing Body business, this clinical member will bring a broader view, on health and care issues to underpin the work of the CCG. In particular, they will bring to the Governing Body an understanding of patient care in the secondary care setting.

7.13. The Registered Nurse

7.13.1. This role of Registered Nurse has been summarised in a national document[56] as:

a) as well as sharing responsibility with the other members for all aspects of the CCG Governing Body business, as a registered nurse on the Governing Body, this person will bring a broader view, from their perspective as a registered nurse, on health and care issues to underpin the work of the CCG especially the contribution of nursing to patient care.

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

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

STANDARDS OF BUSINESS CONDUCT AND MANAGING CONFLICTS OF INTEREST

8. 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 Business Conduct & Conflicts of Interest Policy This policy will be available on the Group's website.

8.1.3. Individuals contracted to work on behalf of the Group or otherwise providing services or facilities to the Group will be made aware of their obligation with regard to declaring conflicts or potential conflicts of interest. This requirement will be written into their contract for services.

8.2. Conflicts of Interest

8.2.1. As required by section 14O of the 2006 Act, as inserted by section 25 of the 2012 Act, the Group will make arrangements to manage conflicts and potential conflicts of interest to ensure that decisions made by the Group will be taken and seen to be taken without any possibility of the influence of external or private interest.

8.2.2. Where an individual, i.e. an employee, Group member, member of the Governing Body, or a member of a committee or a sub-committee of the Group or its Governing Body has an interest, or becomes aware of an interest which could lead to a conflict of interests in the event of the Group considering an action or decision in relation to that interest, that must be considered as a potential conflict, and is subject to the provisions of this constitution.

8.2.3. A conflict of interest will include:

a) a direct pecuniary interest: where an individual may financially benefit from the consequences of a commissioning decision (for example, as a provider of services);

b) an indirect pecuniary interest: for example, where an individual is a partner, member or shareholder in an organisation that will benefit financially from the consequences of a commissioning decision;

c) a non-pecuniary interest: where an individual holds a non-remunerative or not-for profit interest in an organisation, that will benefit from the consequences of a commissioning decision (for example, where an individual is a trustee of a voluntary provider that is bidding for a contract);

d) a non-pecuniary personal benefit: where an individual may enjoy a qualitative benefit from the consequence of a commissioning decision which cannot be given a monetary value (for example, a reconfiguration of hospital services which might result in the closure of a busy clinic next door to an individual's house);

e) where an individual is closely related to, or in a relationship, including friendship, with an individual in the above categories.]

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

8.3. Declaring and Registering Interests

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

a) the members of the Group;
b) the members of its Governing Body;
c) the members of its committees or sub-committees and committees or sub-committees of its Governing Body; and
d) its employees.

8.3.2. The Governing Body register of interests will be published on the Group's website[57]. All other registers of interest are available for inspection at the CCG's headquarters upon 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 CCG Corporate Manager, as soon as they are aware of it and in any event no later than 28 days after becoming aware.

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

8.3.5. The Governing Body will ensure that the registers of interest are reviewed regularly, and updated as necessary.

8.4. Managing Conflicts of Interest: general

8.4.1. Individual members of the Group, the Governing Body, committees or sub-committees, the committees or sub-committees of its Governing Body and employees will comply with the arrangements determined by the Group for managing conflicts or potential conflicts of interest as set out in theNHS AWC CCG Business Conduct & Conflicts of Interest Policy).

8.4.2. The Accountable Officer with the Governing Body and the chairs of meetings 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. .

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

a) has <u>not</u> been declared, either in the register or orally, they will declare this at the start of the meeting;

b) has <u>previously</u> been declared, in relation to the scheduled or likely business of the meeting, the individual concerned will bring this to the attention of the chair of the

[57] www.airedalewharfedalecravenccg.nhs.uk

meeting, together with details of arrangements which have been confirmed for the management of the conflict of interests or potential conflict of interests.

The chair of the meeting will then determine how this should be managed and inform the member of their decision. Where no arrangements have been confirmed, the chair of the meeting may require the individual to withdraw from the meeting or part of it. The individual will then comply with these arrangements, which must be recorded in the minutes of the meeting.

8.4.5. Where the chair of any meeting of the Group, including committees, sub-committees, or the Governing Body and the Governing Body's committees and sub-committees, has a personal interest, previously declared or otherwise, in relation to the scheduled or likely business of the meeting, they must make a declaration and the deputy chair will act as chair for the relevant part of the meeting. Where arrangements have been confirmed for the management of the conflict of interests or potential conflicts of interests in relation to the chair, the meeting must ensure these are followed. Where no arrangements have been confirmed, the deputy chair may require the chair to withdraw from the meeting or part of it. Where there is no deputy chair, the members of the meeting will select one.

8.4.6. Any declarations of interests, and arrangements agreed in any meeting of the Group, committees or sub-committees, or the Governing Body, the Governing Body's committees or sub-committees, will be recorded in the minutes.

8.4.7. Where more than 50% of the members of a meeting are required to withdraw from a meeting or part of it, owing to the arrangements agreed for the management of conflicts of interests or potential conflicts of interests, the chair (or deputy) will determine whether or not the discussion can proceed.

8.4.8. In making this decision the chair will consider whether the meeting is quorate, in accordance with the number and balance of membership set out in the Group's standing orders. Where the meeting is not quorate, owing to the absence of certain members, the discussion will be deferred until such time as a quorum can be convened. Where a quorum cannot be convened from the membership of the meeting, owing to the arrangements for managing conflicts of interest or potential conflicts of interests, the chair of the meeting shall consult with the Accountable Officer on the action to be taken.

8.4.9. This may include:

a) requiring another of the Group's committees or sub-committees, the Group's Governing Body or the Governing Body's committees or sub-committees (as appropriate) which can be quorate to progress the item of business, or if this is not possible,

b) inviting on a temporary basis one or more of the following to make up the quorum (where these are permitted members of the governing body or committee / sub-committee in question) so that the Group can progress the item of business:

i) a member of the Group who is an individual;

ii) an individual appointed by a member to act on its behalf in the dealings between it and the Group;

iii) a member of a relevant Health and Wellbeing Board;

iv) a member of a Governing Body of another clinical commissioning group.

These arrangements must be recorded in the minutes.

8.4.10. In any transaction undertaken in support of the Group's exercise of its commissioning functions (including conversations between two or more individuals, e-mails, correspondence and other communications), individuals must ensure, where they are aware of an interest, that they declare it and conform to any arrangements confirmed for the management of that interest.

8.4.11. The Accountable Officer with the Governing Body will take such steps as deemed appropriate, and request information deemed appropriate from individuals, to ensure that all conflicts of interest and potential conflicts of interest are declared

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

8.5.1. Anyone seeking information in relation to a procurement, or participating in a procurement, or otherwise engaging with the Group in relation to the potential provision of services or facilities to the Group, will be required to make a declaration of any relevant conflict / potential conflict of interest.

8.5.2. Anyone contracted to provide services or facilities directly to the Group will be subject to the same provisions of this constitution in relation to managing conflicts of interests. This requirement will be set out in the contract for their services.

8.6. Transparency in Procuring Services

8.6.1. The Group recognises the importance in making decisions about the services it procures in a way that does not call into question the motives behind the procurement decision that has been made. The Group will procure services in a manner that is open, transparent, non-discriminatory and fair to all potential providers.

8.6.2. The Group will publish a Procurement Policy approved by its Governing Body which will ensure that:

a) all relevant clinicians (not just members of the Group) and potential providers, together with local members of the public, are engaged in the decision-making processes used to procure services;

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

8.6.3. Copies of this Procurement Policy will be available on the Group's website

9. THE GROUP AS EMPLOYER

9.1. The Group recognises that its most valuable asset is its people. It will seek to enhance their skills and experience and is committed to their development in all ways relevant to the work of the Group.

9.2. The Group will seek to set an example of best practice as an employer and is committed to offering all staff equality of opportunity. It will ensure that its employment practices are designed to promote diversity and to treat all individuals equally.

9.3. The Group will ensure that it employs suitably qualified and experienced staff who will discharge their responsibilities in accordance with the high standards expected of staff employed by the Group. All staff will be made aware of this constitution, the commissioning strategy and the relevant internal management and control systems which relate to their field of work.

9.4. The Group will maintain and publish policies and procedures (as appropriate) on the recruitment and remuneration of staff to ensure it can recruit, retain and develop staff of an appropriate calibre. The Group will also maintain and publish policies on all aspects of human resources management, including grievance and disciplinary matters

9.5. The Group will ensure that its rules for recruitment and management of staff provide for the appointment and advancement on merit on the basis of equal opportunity for all applicants and staff.

9.6. The Group will ensure that employees' behaviour reflects the values, aims and principles set out above.

9.7. The Group will ensure that it complies with all aspects of employment law.

9.8. The Group will ensure that its employees have access to such expert advice and training opportunities as they may require in order to exercise their responsibilities effectively.

9.9. The Group will adopt a Code of Conduct for staff and will maintain and promote effective 'whistleblowing' procedures to ensure that concerned staff have means through which their concerns can be voiced.

9.10. Copies of this Code of Conduct, together with the other policies and procedures outlined in this chapter, will be available on the Group's website

9.11 The group 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 group, any member of its Governing Body, any member of any of its committees or sub-committees or the committees or sub-committees of its Governing Body, or any employee of the group or any of its members, nor will it affect the rights of any worker (as defined in that Act) under that Act.

10. TRANSPARENCY, WAYS OF WORKING AND STANDING ORDERS

10.1. General

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

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

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

10.2. Standing Orders

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

a) ***Standing Orders (Appendix C)*** – which sets out the arrangements for meetings and the appointment processes to elect the Group's representatives and appoint to the Group's committees, including the governing body;

b) ***Scheme of Reservation and Delegation (Appendix D)*** – which sets out those decisions that are reserved for the membership as a whole and those decisions that are the responsibilities of the Group's Governing Body, the Governing Body's committees and sub-committees, the Group's committees and sub-committees, individual members and employees;

c) ***Prime Financial Policies (Appendix E)*** – which sets out the arrangements for managing the Group's financial affairs.

10.3 Recognition of the Local Medical Committee (LMC)

a) The Group will recognise the LMC (or its successor), representing the GPs in the CCG area, as the local statutory representatives of GPs

b) The Group will engage and liaise with the recognised LMC (or its successor) on matters impacting on general practice whether directly or indirectly devolved to the CCG by NHS England.

c) The Group will engage and liaise with the recognised LMC (or its successor) when issues pertinent and relevant to quality in General Practice are to be discussed.

d) The Group will engage and liaise with the recognised LMC (or its successor) on any other matter that would be recognised as being relevant to the provision of primary medical services or local commissioning where any proposed change has any impact on the workload or income of a practice or practices

e) The LMC (or its successor) will be invited to participate in any selection or election process for GP Governing Body members and the Accountable Officer.

f) Appropriate executive group representatives to meet an officer of the LMC on a regular basis.

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	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 Group:
	• complies with its obligations under:
	  ○ sections 14Q and 14R of the 2006 Act (as inserted by section 26 of the 2012 Act),
	  ○ sections 223H to 223J of the 2006 Act (as inserted by section 27 of the 2012 Act),
	  ○ paragraphs 17 to 19 of Schedule 1A of the NHS Act 2006 (as inserted by Schedule 2 of the 2012 Act), and
	  ○ any other provision of the 2006 Act (as amended by the 2012 Act) specified in a document published by the Board for that purpose;
	exercises its functions in a way which provides good value for money.

Area	the geographical area that the Group has responsibility for, as defined in Chapter 2 of this constitution
Chair of the Governing Body	the individual appointed by the Group to act as chair of the Governing Body
Chief Finance Officer	the qualified accountant employed by the Group with responsibility for financial strategy, financial management and financial governance
Clinical Commissioning Group	a body corporate established by the NHS Commissioning Board in accordance with Chapter A2 of Part 2 of the 2006 Act (as inserted by section 10 of the 2012 Act)
Committee	a committee or sub-committee created and appointed by: • the membership of the Group • a committee / sub-committee created by a committee created / appointed by the membership of the Group • a committee / sub-committee created / appointed by the Governing Body
Council of Members	the committee of the Group comprising of a clinical representative and the practice manager of the members of the Group
Commissioning Development Group	group comprising the elected GPs, Senior Staff and representatives from Public Health who develop the CCG's commissioning plans for subsequent input, review and approval by the Governing Body; the group forms part of the CCG's managerial structure and is not a formal Committee of 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 clinical

	commissioning group is established until the following 31 March
Governing Body	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 clinical commissioning group has made appropriate arrangements for ensuring that it complies with: • its obligations under section 14Q under the NHS Act 2006 (as inserted by section 26 of the 2012 Act), and • such generally accepted principles of good governance as are relevant to it.
Governing Body Member	any member appointed to the Governing Body of the Group
Group	NHS Airedale, Wharfedale and Craven Clinical Commissioning Group, whose constitution this is
Lay Member	a lay member of the Governing Body, appointed by the Group. A lay member is an individual who is not a member of the Group or a healthcare professional (i.e. an individual who is a member of a profession regulated by a body mentioned in section 25(3) of the National Health Service Reform and Health Care Professions Act 2002) or as otherwise defined in regulations
Local Medical Committee (LMC)	the Bradford and Airedale Local Medical Committee (or its successor) as recognised by the NHS Act 2006 and recognised by the Group and NHS England
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 Group) to act on its behalf in the dealings between it and the Group, under regulations made under section 89 or 94 of the 2006 Act (as amended by section 28 of the 2012 Act) or directions under section 98A of the 2006 Act (as inserted by section 49 of the 2012 Act)
Registers of Interests	registers the 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: • the members of the Group; • the members of its Governing Body; • the members of its committees or sub-committees and committees or sub-committees of its Governing Body; and • its employees.

APPENDIX B - LIST OF MEMBER PRACTICES

Practice Name	Address	Written confirmation of agreement received
Addingham Medical Centre	151a Main Street Addingham Ilkley, West Yorkshire, LS29 0LZ	Yes
Farfield Group Practice	St Andrews Surgeries West Lane Keighley West Yorkshire, BD21 2LD	Yes
Grange Park Surgery	Grange Road Burley-in-Wharfedale Ilkley West Yorkshire, LS29 7HG	Yes
Haworth Medical Practice	Heathcliffe Mews Haworth Keighley West Yorkshire, BD22 8DH	Yes
Holycroft Surgery	The Health Centre Oakworth Road Keighley West Yorkshire, BD21 1SA	Yes
Ilkley & Wharfedale Medical Practice	Springs Medical Centre Springs Lane Ilkley West Yorkshire, LS29 8TQ	Yes
Ilkley Moor & Grassington Medical Practice	Springs Medical Centre Springs Lane lkley West Yorkshire, LS29 8TH 9 Station Road Grassington North Yorkshire, BD23 5LS	Yes
Kilmeny Group Medical Practice	50 Ashbourne Road Ingrow Keighley West Yorkshire, BD21 1LA	Yes
Ling House Medical Centre	49 Scott Street Keighley West Yorkshre, BD21 2JH	Yes
Oakworth Medical Centre	3 Lidget Mill Oakworth Keighley West Yorkshire, BD22 7HY	Yes
North Street Surgery	151 North Street Keighley West Yorkshire, BD21 3AU	Yes

Practice Name	Address	Written confirmation of agreement received
Silsden Group Practice	Elliott Street Silsden Keighley West Yorkshire, BD20 0DG	Yes
Dyneley House Surgery	Newmarket Street Skipton North Yorkshire, BD23 2HZ	Yes
Townhead Surgery	Townhead Settle North Yorkshire, BD24 9JA	Yes
Cross Hills Group Practice	Holme Lane Cross Hills North Yorkshire, BD20 7LG	Yes
Fisher Medical Centre	Millfields Coach Street Skipton North Yorkshire, BD23 1EU	Yes

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 Group so that Group can fulfil its obligations, as set out largely in the 2006 Act, as amended by the 2012 Act and related regulations . They are effective from the date the Group is established.

1.1.2. The standing orders, together with the Group's scheme of reservation and delegation[58] and the Group's prime financial policies[59], provide a procedural framework within which the Group discharges its business. They set out:

a) the arrangements for conducting the business of the Group;

b) the appointment of member practice representatives;

c) the procedure to be followed at meetings of the Group, the Governing Body and any committees or sub-committees of the Group or the Governing Body;

d) the process to delegate powers,

e) the declaration of interests and standards of conduct.

These arrangements must comply, and be consistent where applicable, with requirements set out in the 2006 Act (as amended by the 2012 Act) and related regulations and take account as appropriate[60] of any relevant guidance.

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

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

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

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58 See appendix D

59 See appendix E

60 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.

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

2.1. Composition of membership

2.1.1. Appendix B of the Group's constitution provides details of the membership of the Group

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

2.2. Key Roles

2.2.1. Paragraph 6.6.2 of the Group's constitution sets out the composition of the Group's Governing Body whilst Chapter 7 of the Group's constitution identifies certain key roles and responsibilities within the Group and its Governing Body. These standing orders set out how the Group appoints individuals to these key roles.

2.2.2. Governing Body roles will be appointed to by persons who demonstrate the attributes and skills outlined by the NHS Commissioning Board in *Clinical commissioning group governing body members: role outlines, attributes and skills (October2012)* and subsequent guidance and who meet eligibility criteria and are not disqualified for membership as specified in *The National Health Service (Clinical Commissioning Groups) Regulations 2012 (2012 No. 1631)* ['the NHS Regulations'] and subsequent legislation.

2.2.3. The **Chair**, as listed in paragraph 6.6.2 (a) of the Group's constitution, is subject to the following appointment process:

a) **Nominations** –a GP interested in applying for this role when it is vacant or about to become vacant should express interest to the Group's officer overseeing the appointment process;

b) **Eligibility** – candidates shall be practising GPs (non-principal, salaried or partner) from one of the Group's member practices. They will have been elected to the Governing Body by the membership. They will be able to demonstrate attributes and skills outlined in NHSCB guidance. They will meet the eligibility criteria and not be excluded from Governing Body membership as laid down in the NHS Regulations;

c) **Appointment process** – the selection and appointment process will be determined by the Accountable Officer and approved by the Council of Members.

d) **Term of office** – normally 3 years (subject to Section 2.2.13 below);

e) **Eligibility for reappointment** – the chair will be eligible for reappointment provided he/she continues to meet the appointment criteria. The chair cannot be appointed to the same role for more than three terms of office

f) **Grounds for removal from office** – the Chair may be removed from office immediately if they are removed from the List of Registered Medical Practitioners or removed temporarily if suspended from the List pending a hearing. They shall be removed if they cease to practice in one of the Group's member practices, no longer meet the eligibility requirements or become disqualified under the National Health Service (Clinical Commissioning Groups) Regulations 2012. The Chair shall be

removed should there be a majority no confidence vote of the Council of Members at a meeting duly convened;

g) **Notice period** – the Chair shall give 3 months written notice of their intention to resign to the Deputy Chair.

2.2.4. The **Representative of Member Practices (Chair of the Council of Members)**, as listed in paragraph 6.6.2 (b) of the Group's constitution, is subject to the following appointment process:

a) **Nominations** – when the position is or is about to become vacant this shall be declared to member practices and at the next ordinary meeting of the Council of Members. GPs or Practice Managers should express an interest to the Group's officer responsible for overseeing the appointment process;

b) **Eligibility** – the representative must be a practising GP or a Practice Manager from one of the member practices and be a member of the Council of Members or willing to become one by the start of their appointment. They will meet the eligibility criteria and not be excluded from Governing Body membership as laid down in the NHS Regulations;

c) **Appointment process** – the Group's officer overseeing the appointment process will circulate the details and eligibility criteria to all member practices and convene a ballot to take place.. Member practice representatives on the Council of Members will be eligible to vote on the basis of one practice, one vote

d) **Term of office** – normally 3 years (subject to Section 2.2.13 below).

e) **Eligibility for reappointment** – the Representative of Member Practices will be eligible for reappointment provided he/she continues to meet the appointment criteria. The representative of member practices cannot be appointed to the same role for more than three terms of office;

f) **Grounds for removal from office –** the Representative of Member Practices may be removed from office immediately if they are removed from the List of Registered Medical Practitioners (where applicable), removed temporarily if suspended from the List pending a hearing or if they cease to be a GP or Practice Manager of a member practice. The representative shall be removed if they no longer meet the eligibility requirements, become disqualified under the National Health Service (Clinical Commissioning Groups) Regulations 2012 or should there be a majority no confidence vote of the Council of Members at a meeting duly convened;

g) **Notice period** – the Representative of Member Practices shall give 3 months written notice of their intention to resign to the Chair.

2.2.5. The **Lay Members**, as listed in paragraph 6.6.2 (c) of the Group's constitution, are subject to the following appointment process:

a) **Nominations** – individuals interested in applying for vacant positions as Lay Members on the Governing Body shall answer advertisements for these positions;

b) **Eligibility** – candidates should demonstrate that they possess the relevant skills and experience which would enhance the Governing Body's effectiveness and decision making and be able to hold to account the clinicians and officers of the Group. They will be required to lead on either audit or patient and public engagement. They will be

able to demonstrate attributes and skills outlined in guidance. They will meet the eligibility criteria and not be excluded from Governing Body membership as laid down in the NHS Regulations;

c) **Appointment process** – the selection and appointment process will be determined by the Chair and approved by the Council of Members.

d) **Term of office** – normally 3 years (subject to Section 2.2.13 below);

e) **Eligibility for reappointment –** a Lay Member will be eligible for reappointment provided he/she continues to meet the appointment criteria. A Lay Member cannot be appointed to the same role for more than three terms of office;

f) **Grounds for removal from office** – a Lay Member shall be removed immediately from office if they no longer meet the eligibility requirements, become disqualified under the National Health Service (Clinical Commissioning Groups) Regulations 2012 or should there be a majority no confidence vote at a meeting of the Governing Body duly convened;

g) **Notice period** – the Lay Members shall give 3 months written notice of their intention to resign to the Chair.

2.2.6. The **Registered Nurse**, as listed in paragraph 6.6.2 (d) of the Group's constitution, is subject to the following appointment process:

a) **Nominations** – a Registered Nurse shall be able to apply for this role as advertised by the Group;

b) **Eligibility** – candidates will be able to demonstrate attributes and skills outlined in guidance. They will meet the eligibility criteria and not be excluded from Governing Body membership as laid down in the NHS Regulations;

c) **Appointment process** – the selection and appointment process will be determined by the Chair and approved by the Council of Members;

d) **Term of office –** normally 3 years (subject to Section 2.2.13 below);

e) **Eligibility for reappointment** – the Registered Nurse will be eligible for reappointment provided he/she continues to meet the appointment criteria. The nurse member cannot be appointed to the role for more than three terms of office;

f) **Grounds for removal from office** – the Registered Nurse will be immediately removed from office in the event that they are removed from the NMC register or removed temporarily if they are suspended from the register pending a hearing. They shall be removed from office if they no longer meet the eligibility requirements, become disqualified under the National Health Service (Clinical Commissioning Groups) Regulations 2012 or should there be a majority no confidence vote at a meeting of the Governing Body duly convened;

g) **Notice period** – the nurse member shall give 3 months written notice of their intention to resign to the Chair.

2.2.7. The **Secondary Care Consultant**, as listed in paragraph 6.6.2 (e) of the Group's constitution, is subject to the following appointment process:

a) **Nominations** – Secondary Care Consultants shall be able to apply for this role as advertised by the Group;

b) **Eligibility** – the Secondary Care Consultant member will be able to demonstrate attributes and skills outlined in NHSCB guidance. They will be eligible to have his/her name included in the GMC Specialist Register and meet the eligibility criteria and not be excluded from Governing Body membership as laid down in the NHS Regulations;

c) **Appointment process** – the selection and appointment process will be determined by the Chair and approved by the Council of Members;

d) **Term of office –** normally 3 years (subject to Section 2.2.13 below);

e) **Eligibility for reappointment** – the Secondary Care Consultant will be eligible for reappointment provided he/she continues to meet the appointment criteria. The Secondary Care Specialist Doctor cannot be appointed to the role for more than three terms of office;

f) **Grounds for removal from office –** the Secondary Care Consultant member will be immediately removed from office in the event that they are removed from the GMC Specialist Register and are no longer eligible to be included or removed temporarily if they are suspended from the register pending a hearing. They shall be removed from office if they no longer meet the eligibility requirements, become disqualified under the National Health Service (Clinical Commissioning Groups) Regulations 2012 or should there be a majority no confidence vote at a meeting of the Governing Body duly convened;

g) **Notice period** – the Secondary Care Consultant shall give 3 months written notice of their intention to resign to the chair.

2.2.8. The **Accountable Officer**, as listed in paragraph 6.6.2 (f) of the Group's constitution, is subject to the following appointment process:

a) **Nominations** – by application.

b) **Eligibility** – candidates shall be GPs practising in one of the Group's member practices. They will be able to demonstrate attributes and skills outlined in guidance. They will meet the eligibility criteria and not be excluded from Governing body membership as laid down in the NHS Regulations;

c) **In the event of the Group receiving no suitable applications from individuals who meet the eligibility criteria above -** in this event, the Council of Members will pass a resolution to invite applications from non-GPs for the post of Accountable Officer for the Group. Where a non-GP is appointed to the post of Accountable Officer, the Group's senior clinical voice for interactions with stakeholders, particularly NHS England, will be the Chair of the Governing Body who will be a GP from a CCG member practice and will be known as the Clinical Leader.

d) **Appointment process** – the selection and nomination process will be determined by the Chair and approved by the Council of Members. The Local Medical Committee (or its successor) will be invited to participate in any selection process. The interview panel will include an external individual capable of providing an expert opinion on the candidate's ability to undertake the role. The interview panel will nominate an applicant to NHS England and the applicant must receive positive confirmation that they meet the requirements for appointment as set out by NHS England. The Chief

Executive of NHS England is legally responsible for confirming Accountable Officer status on the successful applicant.

e) **Term of office** – permanent contract and the term of office shall therefore be for as long as the duration of employment.

f) **Eligibility for reappointment** – not applicable;

g) **Grounds for removal from office** – an individual will cease to be the Accountable Officer if (i) their employment is terminated in accordance with his / her contract of employment, (ii) they become a disqualified person under the NHS (CCGs) Regulations 2012, (iii) there is a majority vote of no confidence in the Accountable Officer by the Council of Members and a successful application is made to NHS England.;

h) **Notice period** – 6 months.

2.2.9. The **Chief Finance Officer**, as listed in paragraph 6.6.2 (g) of the Group's constitution, is subject to the following appointment process:

a) **Nominations** – candidates shall be able to apply for this role as advertised by the Group;

b) **Eligibility** – candidates will be able to demonstrate attributes and skills outlined in guidance. They will meet the eligibility criteria and not be excluded from Governing Body membership as laid down in the NHS Regulations;

c) **Appointment process** – the selection and appointment process will be determined by the Accountable Officer and approved by the Council of Members;

d) **Term of office** – the Chief Finance Officer will serve for the duration of their employment;

e) **Eligibility for reappointment** – not applicable;

f) **Grounds for removal from office** – the Chief Finance Officer will cease to be a member of the Governing Body if they no longer meet the eligibility requirements, become disqualified under the National Health Service (Clinical Commissioning Groups) Regulations 2012 or if employment is terminated by resignation, redundancy or as a result of disciplinary proceedings;

g) **Notice period** – the Chief Finance Officer shall give 3 months written notice of their intention to resign to the Chair notwithstanding the notice requirements of the post holder's employment.

2.2.10. The **Chief Operating Officer**, as listed in paragraph 6.6.2 (h) of the Group's constitution, is subject to the following appointment process:

a) **Nominations** – candidates shall be able to apply for this role as advertised by the Group;

b) **Eligibility** – candidates will be able to demonstrate attributes and skills outlined in guidance. They will meet the eligibility criteria and not be excluded from Governing Body membership as laid down in the NHS Regulations;

c) **Appointment process** – the selection and appointment process will be determined by the Accountable Officer and approved by the Council of Members;

d) **Term of office** – the Chief Operating Officer will serve for the duration of their employment;

e) **Eligibility for reappointment** – not applicable;

f) **Grounds for removal from office** – the Chief Operating Officer will cease to be a member of the Governing Body if they no longer meet the eligibility requirements, become disqualified under the National Health Service (Clinical Commissioning Groups) Regulations 2012 or if employment is terminated by resignation, redundancy or as a result of disciplinary proceedings;

g) **Notice period** – the Chief Operating Officer shall give 3 months written notice of their intention to resign to the Chair notwithstanding the notice requirements of the post holder's employment.

2.2.11. **Elected GPs** aresubject to the following appointment process:

a) **Nominations** – when the position is or is about to become vacant this shall be declared to member practices. GPs should express an interest to the Group's officer responsible for overseeing the election process;

Eligibility – candidates will be GPs (non-principal, salaried or partner) practising in one of the Group's member practices. They will be able to demonstrate attributes and skills outlined in guidance. They will meet the eligibility criteria and not be excluded from Governing Body membership as laid down in the NHS Regulations;

b) **Appointment process** – election by all GPs (non-principal, salaried or partner) practising in the Group's member practices. This will be on the basis of one GP, one vote.

c) **Term of office** – the Elected GPs will normally serve for up to 3 years (subject to Section 2.2.13 below).

d) **Eligibility for reappointment** – by nomination and successful re-election

e) **Grounds for removal from office** – The GP member may be removed from office immediately if they are removed from the List of Registered Medical Practitioners, removed temporarily if suspended from the List pending a hearing or if they cease to be a GP practising in a member practice. The GP shall be removed should there be a majority no confidence vote of the Council of Members at a meeting duly convened

f) **Notice period** – the Elected GPs shall give 3 months written notice of their intention to resign to the Chair of the Governing Body

2.2.12. The **Executive Nurse**, as listed in paragraph 6.6.2 (j) of the Group's constitution, is subject to the following appointment process:

a) **Nominations** – candidates shall be able to apply for this role as advertised by the Group;

b) **Eligibility** – candidates will be able to demonstrate attributes and skills outlined in guidance. They will meet the eligibility criteria and not be excluded from Governing Body membership as laid down in the NHS Regulations;

c) **Appointment process** – the selection and appointment process will be determined by the Accountable Officer and approved by the Council of Members;

d) **Term of office** – the Executive Nurse will serve for the duration of their employment;

e) **Eligibility for reappointment** – not applicable;

f) **Grounds for removal from office** – the Executive Nurse will cease to be a member of the Governing Body if they no longer meet the eligibility requirements, become disqualified under the National Health Service (Clinical Commissioning Groups) Regulations 2012 or if employment is terminated by resignation, redundancy or as a result of disciplinary proceedings;

g) **Notice period** – the Executive Nurse shall give 3 months written notice of their intention to resign to the Chair notwithstanding the notice requirements of the post holder's employment.

2.2.13. One third of GP and non-employee members of the Governing Body may be appointed for between two and five years to allow for continuity / succession planning. No Elected GP or non-employee member of the Governing Body is allowed to serve for more than 3 consecutive tenures totalling a maximum of 9 years.

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

3. MEETINGS OF THE GOVERNING BODY OF THE CLINICAL COMMISSIONING GROUP

3.1. Calling meetings

3.1.1. Ordinary meetings of the Group's committees shall be held at regular intervals at such times and places as the committee may determine.

3.1.2. Extraordinary meetings of the Group's committees shall be held if called for by more than 50 % of the membership of that committee.

3.2. Agenda, supporting papers and business to be transacted

3.2.1. Items of business to be transacted for inclusion on the agenda of a meeting need to be notified to the chair at least ten 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 seven working days before the meeting takes place. The agenda and supporting papers will be circulated to all members of a meeting at least five working days before the date the meeting will take place.

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

3.3. Petitions

3.3.1. Where a petition has been received by the Group, the Chair of the Governing Body shall include the petition as an item for the agenda of the next meeting of the Governing body.

3.4. Chair of a meeting

3.4.1. At any meeting of the Governing Body or of a committee or sub-committee, the Chair of the 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.

3.4.2. If the Chair is absent temporarily on the grounds of a declared conflict of interest the Deputy Chair, if present, shall preside.

3.5. Chair's ruling

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

3.6. Quorum

3.6.1. No business shall be transacted unless the following are present:

a) The Chair or Deputy chair

b) 50% of the membership of the Governing Body or committee

3.6.2. If members have sent representation, their representative will count towards quorum only if they have formal acting up status.

3.6.3. If the Chair or other member has been disqualified from participating in the discussion on any matter and/or from voting on any resolution by reason of a declaration of a conflict of interest, that person shall no longer count towards the quorum.

3.7. Decision making

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

a) **Eligibility** – All members (or representative with formal acting up status) have a single vote

b) **Majority necessary to confirm a decision** – simple majority

c) **Casting vote** – the Chair

d) **Dissenting views** – must be recorded in the minutes

3.7.2. Should a vote be taken the outcome of the vote, and any dissenting views, must be recorded in the minutes of the meeting.

3.8. Emergency powers and urgent decisions

3.8.1. It is recognised that there will be times when urgent decisions are required. To ensure transparency, any urgent decisions will be recorded and notified in the minutes of the next regular meeting of the Governing Body

3.8.2. The Accountable Officer, Chief Finance Officer, Chief Operating Officer or the Chair of the Governing Body have the discretion to define urgent decisions.

3.8.3. The Accountable Officer, Chief Finance Officer or the Chair, Chief Operating Officer of the Governing Body have the authority to make an urgent decision without consultation with the Governing Body. In the event of an urgent decision being required a combination of 2 of the specified CCG officers have the authority to make decisions on behalf of the Governing Body.

3.9. Suspension of Standing Orders

3.9.1. Except where it would contravene any statutory provision or any direction made by the Secretary of State for Health or NHS England, any part of these standing orders may be suspended at any meeting, provided two thirds of the group members present are in agreement.

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

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

3.10. Record of Attendance

3.10.1. The names of all members of the 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.

3.11. Minutes

3.11.1. The minutes of the proceedings of a meeting will be confirmed as a true record through formal acknowledgement at the next meeting.

3.11.2. Attendees and apologies will be recorded in the minutes.

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

3.11.4. Minutes shall be sent to meeting members and made available to the public (where appropriate) via the Group's website.

3.11.5. Administrative support will be made available to take and draft minutes.

3.12. Admission of public and the press

3.12.1. Meetings of the Governing Body will be open to the public, unless the Group decides otherwise in accordance with the 2006 Act

3.12.2. Admission and exclusion would be based on grounds of confidentiality of business to be transacted

3.12.3. All meetings of the Governing Body will be open to the membership of the Group

3.12.4. The Group will agree and publicise criteria for exclusion of business from the public part of any meeting.

3.12.5. The public and representatives of the press may attend any meeting of the Governing Body held in public, and should only be required to withdraw from these meetings where any information being shared is exempt from publication under the agreed criteria

3.12.6. A meeting can consider an emergency resolution to exclude the public/press, or to adjourn to a public place if any of those present are disrupting its business and will not leave on request.

3.12.7. When the public/press are excluded, Governing Body members, and employees will be required not to disclose the contents of papers or discussions without the express permission of the Chair of the Governing Body.

3.12.8. The public and representatives of the press shall be required to withdraw from the meeting upon a resolution as follows:

a) 'That representatives of the press, and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest', Section 1 (2) Public Bodies (Admission to Meetings) Act 1960.

4. APPOINTMENT OF COMMITTEES AND SUB-COMMITTEES

4.1. Appointment of committees and sub-committees

4.1.1. The Group may appoint committees and sub-committees of the Group, subject to any regulations made by the Secretary of State[61], and make provision for the appointment of committees and sub-committees of its Governing Body. Where such committees and sub-committees of the Group, or committees and sub-committees of its Governing Body, are appointed they are included in Chapter 6 of the Group's constitution.

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

4.1.3. The provisions of these standing orders shall apply where relevant to the operation of the Governing Body, the Governing Body's committees and sub-committee and all committees

[61] See section 14N of the 2006 Act, inserted by section 25 of the 2012 Act

and sub-committees unless stated otherwise in the committee or sub-committee's terms of reference.

4.2. Terms of Reference

4.2.1. Terms of reference shall have effect as if incorporated into the constitution and shall be made available on the CCG website.

4.3. Delegation of Powers by Committees to Sub-committees

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

4.4. Approval of Appointments to Committees and Sub-Committees

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

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

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

6. USE OF SEAL AND AUTHORISATION OF DOCUMENTS

6.1. Clinical Commissioning Group's seal

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

a) the Accountable Officer

b) the Chair of the Governing Body

c) the Chief Finance Officer

6.2. Execution of a document by signature

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

a) the Accountable Officer

b) the Chair of the Governing Body

c) the Chief Finance Officer

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

7.1. Policy statements: general principles

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

APPENDIX D – SCHEME OF RESERVATION AND DELEGATION

1. SCHEDULE OF MATTERS RESERVED TO THE CLINICAL COMMISSIONING GROUP AND SCHEME OF DELEGATION

1.1. The arrangements made by the Group as set out in this scheme of reservation and delegation of decisions shall have effect as if incorporated in the Group's constitution.

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

Policy Area	Decision	Reserved or delegated to
1. REGULATION AND CONTROL	Determine the arrangements by which the members of the Group approve those decisions that are reserved for the Council of Members	THE COUNCIL OF MEMBERS
2. REGULATION AND CONTROL	Consideration and approval of applications to NHS England on any matter concerning changes to the Group's constitution, including terms of reference for the Group's Governing Bodythe overarching scheme of reservation and delegated powers, arrangements for taking urgent decisions, standing orders and prime financial policies.	THE COUNCIL OF MEMBERS
3. REGULATION AND CONTROL	Consideration and approval of the terms of reference and membership of Governing Body committees.	GOVERNING BODY
4. REGULATION AND CONTROL	Exercise or delegation of those functions of the Group which have not been retained as reserved by the Group, delegated to the Governing Body or other committee or sub-committee or [specified] member or employee	ACCOUNTABLE OFFICER
5. REGULATION AND CONTROL	Prepare the Group's overarching scheme of reservation and delegation, which sets out those decisions of the Group reserved to The Council of Members and those delegated to the ○ Group's Governing Body ○ committees and sub-committees of the Group, or ○ its members or employees and sets out those decisions of the Governing Body reserved to the Governing Body and those delegated to the ○ Governing Body's committees and sub-committees, ○ members of the Governing Body, an individual who is member of the Group but not the Governing Body or a specified person for inclusion in the Group's constitution.	ACCOUNTABLE OFFICER
6. REGULATION AND CONTROL	Approval of the Group's overarching scheme of reservation and delegation.	THE COUNCIL OF MEMBERS

Policy Area	Decision	Reserved or delegated to
7. REGULATION AND CONTROL	Prepare the Group's operational scheme of delegation, which sets out those key operational decisions delegated to individual employees of the Group, not for inclusion in the Group's constitution.	ACCOUNTABLE OFFICER
8. REGULATION AND CONTROL	Approval of the Group's operational scheme of delegation that underpins the Group's 'overarching scheme of reservation and delegation' as set out in its constitution.	GOVERNING BODY
9. REGULATION AND CONTROL	Prepare and approve detailed financial policies that underpin the Group's prime financial policies.	CHIEF FINANCE OFFICER
10. REGULATION AND CONTROL	Approve arrangements for managing exceptional funding requests.	GOVERNING BODY
11. REGULATION AND CONTROL	Set out who can execute a document by signature / use of the seal	THE COUNCIL OF MEMBERS
12. PRACTICE MEMBER REPRESENTATIVES AND MEMBERS OF THE GOVERNING BODY	Approve the arrangements for ○ identifying practice members to represent practices in matters concerning the work of the Group; and ○ appointing clinical leaders to represent the Group's membership on the Group's Governing Body.	THE COUNCIL OF MEMBERS
13. PRACTICE MEMBER REPRESENTATIVES AND MEMBERS OF THE GOVERNING BODY	Approve the appointment of Governing Body members, the process for recruiting and removing non-elected members to the Governing Body (subject to any regulatory requirements) and succession planning.	THE COUNCIL OF MEMBERS
14. PRACTICE MEMBER REPRESENTATIVES AND MEMBERS OF THE GOVERNING BODY	Approve arrangements for identifying the Group's proposed Accountable Officer.	THE COUNCIL OF MEMBERS
15. STRATEGY AND PLANNING	Agree the vision, values and overall strategic direction of the Group.	THE COUNCIL OF MEMBERS

Policy Area	Decision	Reserved or delegated to
16. STRATEGY AND PLANNING	Approval of the Group's operating structure.	GOVERNING BODY
17. STRATEGY AND PLANNING	Approval of the Group's commissioning plan.	GOVERNING BODY
18. STRATEGY AND PLANNING	Approval of the Group's corporate budgets that meet the financial duties as set out in section 5.3 of the main body of the constitution.	GOVERNING BODY
19. STRATEGY AND PLANNING	Approval of variations to the approved budget where variation would have a significant impact on the overall approved levels of income and expenditure or the Group's ability to achieve its agreed strategic aims.	GOVERNING BODY
20. ANNUAL REPORTS AND ACCOUNTS	Approval of the Group's annual report and annual accounts.	GOVERNING BODY
21. ANNUAL REPORTS AND ACCOUNTS	Approval of the arrangements for discharging the Group's statutory financial duties.	GOVERNING BODY
22. HUMAN RESOURCES	Approve the terms and conditions, remuneration and travelling or other allowances for Governing Body members, including pensions and gratuities.	REMUNERATION COMMITTEE
23. HUMAN RESOURCES	Approve terms and conditions of employment for all employees of the Group including, pensions, remuneration, and fees and travelling or other allowances payable to employees and to other persons providing services to the Group.	REMUNERATION COMMITTEE
24. HUMAN RESOURCES	Approve any other terms and conditions of services for the Group's employees.	REMUNERATION COMMITTEE
25. HUMAN RESOURCES	Determine the terms and conditions of employment for all employees of the Group.	REMUNERATION COMMITTEE
26. HUMAN RESOURCES	Determine pensions, remuneration, fees and allowances payable to employees and to other persons providing services to the Group.	REMUNERATION COMMITTEE
27. HUMAN RESOURCES	Recommend pensions, remuneration, fees and allowances payable to employees and to other persons providing services to the Group.	REMUNERATION COMMITTEE

Policy Area	Decision	Reserved or delegated to
28. HUMAN RESOURCES	Approve disciplinary arrangements for employees, including the Accountable Officer (where he/she is an employee or member of the Group) and for other persons working on behalf of the Group.	GOVERNING BODY
29. HUMAN RESOURCES	Review disciplinary arrangements where the Accountable Officer is an employee or member of another clinical commissioning group.	GOVERNING BODY
30. HUMAN RESOURCES	Approval of the arrangements for discharging the Group's statutory duties as an employer.	GOVERNING BODY
31. HUMAN RESOURCES	Approve human resources policies for employees and for other persons working on behalf of the Group	REMUNERATION COMMITTEE
32. QUALITY AND SAFETY	Approve arrangements, including supporting policies, to minimise clinical risk, maximise patient safety and to secure continuous improvement in quality and patient outcomes.	CLINICAL QUALITY AND GOVERNANCE COMMITTEE
33. QUALITY AND SAFETY	Approve arrangements for supporting NHS England in discharging its responsibilities in relation to securing continuous improvement in the quality of general medical services.	CLINICAL QUALITY AND GOVERNANCE COMMITTEE
34. OPERATIONAL AND RISK MANAGEMENT	Prepare and recommend an operational scheme of delegation that sets out responsibility for operational decisions within the Group.	ACCOUNTABLE OFFICER
35. OPERATIONAL AND RISK MANAGEMENT	Approve the Group's counter fraud and security management arrangements.	AUDIT COMMITTEE
36. OPERATIONAL AND RISK MANAGEMENT	Approval of the Group's risk management arrangements.	GOVERNING BODY
37. OPERATIONAL AND RISK MANAGEMENT	Approve arrangements for risk sharing and or risk pooling with other organisations (for example arrangements for pooled funds with other clinical commissioning groups or pooled budget arrangements under section 75 of the NHS Act 2006).	GOVERNING BODY
38. OPERATIONAL AND RISK MANAGEMENT	Assurance of a comprehensive system of internal control, including budgetary control that underpins the effective, efficient and economic operation of the Group.	AUDIT COMMITTEE

Policy Area	Decision	Reserved or delegated to
39. OPERATIONAL AND RISK MANAGEMENT	Approval of a comprehensive system of internal control, including budgetary control that underpins the effective, efficient and economic operation of the Group.	ACCOUNTABLE OFFICER
40. OPERATIONAL AND RISK MANAGEMENT	Approve proposals for action on litigation against or on behalf of the Group.	GOVERNING BODY
41. OPERATIONAL AND RISK MANAGEMENT	Approve the Group's arrangements for business continuity and emergency planning.	FINANCE, PERFORMANCe & GOVERNANCE COMMITTEE
42. INFORMATION GOVERNANCE	Approve the Group's arrangements for handling complaints.	CLINICAL QUALITY AND GOVERNANCE COMMITTEE
43. INFORMATION GOVERNANCE	Approval of the arrangements for ensuring appropriate and safekeeping and confidentiality of records and for the storage, management and transfer of information and data.	AUDIT COMMITTEE
44. TENDERING AND CONTRACTING	Approval of the Group's contracts for any commissioning support.	GOVERNING BODY
45. TENDERING AND CONTRACTING	Approval of the Group's contracts for corporate support (for example finance provision).	GOVERNING BODY
46. PARTNERSHIP WORKING	Approve decisions that individual members or employees of the Group participating in joint arrangements on behalf of the Group can make. Such delegated decisions must be disclosed in this scheme of reservation and delegation.	GOVERNING BODY
47. PARTNERSHIP WORKING	Approve decisions delegated to joint committees established under section 75 of the 2006 Act.	GOVERNING BODY
48. COMMISSIONING AND CONTRACTING FOR CLINICAL SERVICES	Approval of the arrangements for discharging the Group's statutory duties associated with its commissioning functions, including but not limited to promoting the involvement of each patient, patient choice, reducing inequalities, improvement in the quality of services, obtaining appropriate advice and public engagement and consultation.	GOVERNING BODY

Policy Area	Decision	Reserved or delegated to
49. COMMISSIONING AND CONTRACTING FOR CLINICAL SERVICES	Approve arrangements for co-ordinating the commissioning of services with other groups and or with the local authority, where appropriate.	GOVERNING BODY
50. COMMUNICATIONS	Approving arrangements for handling Freedom of Information requests.	AUDIT COMMITTEE
51. COMMUNICATIONS	Determining arrangements for handling Freedom of Information requests.	ACCOUNTABLE OFFICER

Reference	Matter Delegated	Delegated to and values
1	**Bank Accounts** Maintenance and operation in accordance with mandate approved by Governing Body.	Chief Finance Officer
2	**Budget Management** Responsibility for maintaining expenditure budgets within approved budgets a) At Individual budget level (pay and non pay) b) For the totality of services covered by the directorate c) At service/programme level d) For all other areas All financial limits in this schedule of matters of delegated to officer are subject to adequate budgets being available.	Limits set per transaction a) Designated budget holder b) Chief Finane Officer or Chief Operating Officer. c) Head of Service d) Within specified budget limits
3	**Tenders/Business Cases** a) Tenders and Business Cases up to £5,000 b) Tenders and Business Cases up to £50,000 c) Tenders and Business Cases up to £500,000 d) Tenders and Business Cases over £500,000	a) Budget Manager/Head of Service b) Chief Operating officer c) Chief Finance Officer or Accountable Officer d) Governing Body

Reference	Matter Delegated	Delegated to and values
4	**Commissioning and contracting expenditure: Payments under SLA, contracts with Foundation Trusts or partnership agreements with Local Authorities:** Approval of agreed contracts a) Up to £100,000 b) Up to £500,000 c) Up to £5 million d) Over £5 million	a) Head of Finance and Contracting b) Chief Operating Officer c) Chief Finance Officer d) Accountable Officer &, Chief Financial Officer & Chief Operating Officer (combination of two Officers)
5	**Commissioning Contract Renewal** a) Up to £1 million b) Over £1 million	a) Chief Operating Officer b) Chief Finance Officer or Accountable Officer
6	**Fees and Charges** Overseas visitors, income generation and other patient related services	Head of Finance & Contracting

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 in Appendix D of the Group's constitution.

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 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 and 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 of the constitution).

1.4. Contractors and their employees

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

1.5. Amendment of Prime Financial Policies

1.5.1. To ensure that these prime financial policies remain up-to-date and relevant, the Chief Finance Officer will review them at least annually. Following consultation with the Accountable Officer and scrutiny by the Governing Body's Audit Committee, the Chief Finance Officer will recommend amendments, as fitting, to the Governing Body for approval. As these prime financial policies are an integral part of the Group's constitution, any amendment will not come into force until the Group applies to NHS England and that application is granted.

2. INTERNAL CONTROL

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

2.1. The Governing Body is required to establish an Audit Committee with terms of reference agreed by the Governing Body (see paragraph 6.6.3(a) of the Group's constitution for further information).

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

2.3. The Chief Finance Officer will ensure that:

a) financial policies are considered for review and update annually;

b) a system is in place for proper checking and reporting of all breaches of financial policies; and

c) a proper procedure is in place for regular checking of the adequacy and effectiveness of the control environment.

3. AUDIT

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 external auditor will

have direct and unrestricted access to Audit Committee members and the Chair of the Governing Body, Accountable Officer and Chief Finance Officer for any significant issues arising from audit work that management cannot resolve, and for all cases of fraud or serious irregularity.

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

3.3. The Chief Finance Officer will ensure that:

a) the Group has a professional and technically competent internal audit function; and

b) the Audit Committee will recommend to the Governing Body for approval any changes to the provision or delivery of assurance services to the Group.

4. FRAUD AND CORRUPTION

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

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

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

5. EXPENDITURE CONTROL

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

5.2. The Accountable Officer has overall executive responsibility for ensuring that the 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 NHS England;

b) ensure money drawn from NHS England is required for approved expenditure only is drawn down only at the time of need and follows best practice;

c) be responsible for ensuring that an adequate system of monitoring financial performance is in place to enable the Group to fulfil its statutory responsibility not to exceed its expenditure limits, as set by direction of NHS England.

6. ALLOTMENTS

6.1. The Group's Chief Finance Officer will:

a) periodically review the basis and assumptions used by NHS England for distributing allotments and ensure that these are reasonable and realistic and secure the Group's entitlement to funds;

b) prior to the start of each financial year submit to the Governing Body for approval a report showing the total allocations received and their proposed distribution including any sums to be held in reserve; and

c) regularly update the Governing Body on significant changes to the initial allocation and the uses of such funds.

7. COMMISSIONING STRATEGY, BUDGETS, BUDGETARY CONTROL AND MONITORING

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

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

7.2. Prior to the start of the financial year the Chief Finance Officer will, on behalf of the Accountable Officer, prepare and submit budgets for approval by the Governing Body.

7.3. The Chief Financial Officer shall monitor financial performance against budget and plan, periodically review them, and report to theGoverning 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 NHS England as requested.

7.5. The Accountable Officer will approve consultation arrangements for the Group's commissioning plan.[62].

8. ANNUAL ACCOUNTS AND REPORTS

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

[62] See section 14Z13 of the 2006 Act, inserted by section 26 of the 2012 Act

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;

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

9. INFORMATION TECHNOLOGY

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

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 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

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 directions, 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.

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 functions[63]
- ensure its power to make grants and loans is used to discharge its functions effectively[64]

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;

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

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

b) establishing and maintaining systems and procedures for the secure handling of cash and other negotiable instruments;

c) approving and regularly reviewing the level of all fees and charges other than those determined by NHS England or by statute. Independent professional advice on matters of valuation shall be taken as necessary;

d) for developing effective arrangements for making grants or loans.

13. TENDERING AND CONTRACTING PROCEDURE

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 Governing Body may only negotiate contracts on behalf of the Group, and the Group may only enter into contracts, within the statutory framework set up by the 2006 Act, as amended by the 2012 Act. Such contracts shall comply with:

a) the Group's standing orders;

b) the Public Contracts Regulation 2006, any successor legislation and any other applicable law; and

c) take into account as appropriate any applicable NHS England or the Independent Regulator of NHS Foundation Trusts (Monitor) guidance that does not conflict with (b) above.

13.2. 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 in line with the Group's scheme of reservation and delegation.

14. COMMISSIONING

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 NHS England, other clinical commissioning groups, and local providers of services, local authority (ies), including through Health & Wellbeing

Boards, patients and their carers and the voluntary sector and others as appropriate to develop robust commissioning plans.

14.2. The Accountable Officer will establish arrangements to ensure that regular reports are provided to the executive group 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

The Group will put arrangements in place for evaluation and management of its risks

15.1. The CCG will do this by:

a) Putting in place a risk management strategy setting out its arrangements for managing risk

b) Putting in place an assurance framework, in a format based on best practice, which will be reviewed on a regular basis by the Governing Body

c) Requiring the Governing Body and its committees to oversee risk management arrangements

16. PAYROLL

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

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 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

The Group will put arrangements in place to manage capital investment, maintain an asset register recording fixed assets and put in place polices 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

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

The Group will put arrangements in place to provide for the appointment of trustees if the Group holds property on trust

20.1. The CCG will not have any trust funds.

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)[65]

[65] 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)[66]

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

APPENDIX H – DISPUTE RESOLUTION PROCESS

1.0 For disputes between the Council of Members (CoM) and the Governing Body.

1.1 Where there are concerns that the Governing Body has either acted unreasonably, or taken a decision with which Member Practices disagree, concerns can be raised by a simple majority of practices who are in support of challenge.

1.2 The first stage to address any concern is for the Governing Body to be asked to suspend further action and for the proposal to be taken to the CoM for consideration and agreement. Practice Representatives will be called to a Special General meeting with a minimum of 10 working days' notice. All Practice Representatives will be provided with background information relating to the discussion to be held in advance of the meeting, which outlines the reasons why it is considered that the Governing Body has acted inappropriately to enable them to consider the matter in question.

1.3 If it is considered by the CoM that the Governing Body continues to act inappropriately the CoM, by a vote of 66% majority of Member Practices at the Special General Meeting, can censure any decision or action, inform the Governing Body it has done so and request a meeting with the Governing Body. Such a meeting will at a minimum include the Clinical Chair of the Governing Body and the Chief Clinical Officer, who will be invited to attend the meeting to answer questions relating to the Governing Body actions. A minimum of 10 working days' notice of the meeting will be given and background information provided to the Governing Body regarding the CoM's concerns.

1.4 If a resolution is not achieved at such a meeting, independent arbitration will be sought to work together with representatives of the Governing Body and the CoM in an attempt to resolve the dispute.

1.5 Should the Governing Body continue in its actions, and the CoM remains unhappy despite arbitration, then the CoM can take action as follows: In the event that the Member Practices express a loss of confidence in a member/s of the Governing Body, then in line with the Dispute Resolution Process, an Extraordinary General Meeting may be called by at least 50% of the CCG's Member Practices and a vote of at least 66% of Member Practices will be required in order to refer the concerns of the Member Practices to NHS England. The LMC will be informed of this action.

2.0 For disputes relating to practice engagement.

2.1 If there is a need to determine whether or not a practice is engaging with the CCG the CoM will be charged with setting the specific required parameters.

2.2 If there is not a scheduled full Group meeting of the CoM within the next 6 weeks, a Special General meeting will be called with a minimum of 10 working days' notice for this purpose. All CoM Representatives will be provided with background information relating to the discussion to be held to inform their consideration of the matter in question.

2.3 The preferred approach to address any issues relating failure of a practice to engage fully will always be to provide extensive support, consultation, negotiation and peer pressure where practices are acting outside the parameters set by the CoM. It is not anticipated that any additional measures will be necessary.

2.4 If this is unsuccessful in achieving a resolution then an independent arbiter will be sought.

2.5 If all these measures fail and if 66% of Member Practices are in favour, the Governing Body will use the powers delegated to refer the matter to NHS England for their attention. The LMC will be informed of this action.

2.6 The practice would receive written notification from the Governing Body that this is the planned course of action and would have four weeks from receipt of the letter to demonstrate to the Governing Body that they intend to meet the agreed requirements.