NHS BARNET
CLINICAL COMMISSIONING GROUP

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FOREWORD

NHS Barnet Clinical Commissioning Group (the “CCG”) will be a clinical commissioning group, established as a statutory public body by the NHS Commissioning Board under the Health and Social Care Act 2012.

Barnet’s GPs have a strong tradition of being involved in the planning and design of services for their patients and being committed to working with partners across Barnet to improve services for patients.

This constitution describes how the CCG will bring its 68 member GP practices together to commission care for the residents of Barnet.

The CCG is a membership organisation which will make clinically driven decisions that will give patients and their carers a voice and put them at the heart of the CCG’s work.

This constitution sets out the powers that the member practices have decided to reserve to themselves as members of the CCG, and which they have decided to delegate to the governing body of the CCG and its committees. It describes the governing principles, rules and procedures that the member practices have established to ensure accountability and probity in the day to day running of the CCG and to ensure that Barnet remains true to its mission which is:

*We will work in partnership with local people to improve the health and well-being of the population of Barnet, find solutions to challenges and commission new and improved integrated pathways of care, which address the health needs of the population of Barnet.*

This constitution applies to all of the CCG’s member practices, its employees, members of the Governing Body and committees and sub-committees, and anyone working for the CCG in any other capacity.

Dr Sue Sumners
Chair
NHS Barnet CCG
October 2012
1. INTRODUCTION AND COMMENCEMENT

1.1. Name

1.1.1. The name of this clinical commissioning group is NHS Barnet Clinical Commissioning Group (the “CCG”).

1.2. Statutory Framework

1.2.1. Clinical commissioning groups are established under the Health and Social Care Act 2012 (“the 2012 Act”). They are statutory bodies which have the function of commissioning services for the purposes of the health service in England and are treated as NHS bodies for the purposes of the National Health Service Act 2006 (“the 2006 Act”). The duties of clinical commissioning groups to commission certain health services are set out in section 3 of the 2006 Act, as amended by section 13 of the 2012 Act, and the regulations made under that provision.

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

1.2.3. Clinical commissioning groups are clinically led membership organisations made up of providers of primary medical services. The members of the clinical commissioning group are responsible for determining the governing arrangements for their organisations, which they are required to set out in a constitution.

1.3. Status of this Constitution

1.3.1. This constitution is made between the members of the CCG and has effect from 1 April 2013¹, when the NHS Commissioning Board established the CCG. The constitution is published on the CCG’s Website.

1.4. Amendment and Variation of this Constitution

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

    a) where the CCG applies to the NHS Commissioning Board and that application is granted;

    b) where in the circumstances set out in legislation the NHS Commissioning Board varies the CCG’s constitution other than on application by the CCG.

¹ Subject to authorisation by the NHS Commissioning Board
2. **AREA COVERED**

2.1. The geographical area covered by the CCG is Barnet (the “Area”), which is coterminous with the London Borough of Barnet.

3. **MEMBERSHIP**

3.1. **Membership of the Clinical Commissioning Group**

3.1.1. The providers of primary medical services listed in Appendix B are the Member Practices of the CCG.

3.1.2. The CCG consists of three Localities:

   a) North Barnet;
   
   b) South Barnet;
   
   c) West Barnet.

   and the list at Appendix B indicates to which Locality each Member Practice belongs.

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 CCG.

4. **MISSION, VALUES AND AIMS**

4.1. **Mission**

4.1.1. The mission of the CCG is:

   "**We are local clinicians working with local people for a healthier future. We will work in partnership with local people to improve the health and well-being of the population of Barnet, find solutions to challenges and commission new and improved integrated pathways of care which address the health needs of the Barnet population. We will work within available resources**"

4.1.2. The CCG will promote good governance and proper stewardship of public resources in pursuance of its mission and in discharging its statutory duties.
4.2. **Values**

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

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

a) we will continue to improve the health and well-being of the local population of Barnet by commissioning services that achieve that outcome, focusing on preventative services, reducing health inequalities and enabling the local people to take responsibility for their own health;

b) we will ensure the provision of high quality, efficient and effective health services for the local population within available resources;

c) we will facilitate integration between health and social care services;

d) we will ensure good quality, safe healthcare in all settings;

e) our Commissioning Plan will be clinically led, draw on evidence, and use innovative, radical solutions to deliver the best possible care to patients and their carers within allocated resources;

f) we will pursue primary care strategies to secure education and development support to clinicians to improve care and ensure that high quality services are delivered;

g) we will take remedial action through commissioning, contracts and other means when the local people are not receiving high quality, efficient and effective health services.

4.3. **Aims**

4.3.1. The CCG’s aims are to:

a) work in collaboration with Member Practices, the public and stakeholders, to commission cost-effective local services based on evidence of needs and local and national priorities;

b) engage Member Practices, public and stakeholders as early as possible in relation to potential changes to services;

c) monitor the quality of services provided through the development of robust systems which will include taking patient feedback at listening and networking events and trends analysis;
4.5.1. achieve economies of scale and strategic change through working collaboratively with other clinical commissioning groups and stakeholders such as the Local Authority;

e) use the knowledge provided by public health and the local patient population to identify needs and gaps in service and offer expert clinical engagement for the benefit of commissioning health care services for the public.

4.4. **Principles of Good Governance**

4.4.1. In accordance with section 14L(2)(b) of the 2006 Act, the CCG will at all times observe “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*;

c) the standards of behaviour published by the *Committee on Standards in Public Life (1995)* known as the ‘Nolan Principles’ (as set out in Appendix F);

d) the seven key principles of the *NHS Constitution* (as set out in Appendix G);

e) the Equality Act 2010.

4.5. **Accountability**

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

a) publishing its constitution;

b) appointing independent lay members and non GP clinicians to the Governing Body;

c) holding meetings of the Governing Body in public (except where the CCG considers that it would not be in the public interest in relation to all or part of a meeting);

d) publishing annually a Commissioning Plan;

e) complying with Local Authority health overview and scrutiny requirements;
f) meeting annually in public to publish and present its Annual Report;

g) producing annual accounts in respect of each financial year which must be externally audited;

h) having a published and clear complaints process;

i) complying with the Freedom of Information Act 2000;

j) providing information to the NHS Commissioning Board as required.

4.5.2. In addition to these statutory requirements, the CCG will demonstrate its accountability by:

a) holding regular engagement events for Member Practices, other health and social care professionals, local providers and partners and local people. The dates of engagement events will be made available on the CCG’s Website;

b) holding meetings in each Locality at least six (6) times a year;

c) publishing its communication and engagement strategy;

d) participating in the Health and Wellbeing Board established by the Local Authority;

e) having a dedicated email address where questions and comments from the public can be addressed to the Governing Body (the “Public-Board Email”).

4.5.3. The CCG shall endeavour to build and maintain a strong, open and effective collaborative relationship with the LMC. It shall:

a) commit to senior level representation (Chair, Chief Officer or other senior member) attending meetings of Barnet LMC;

b) keep the LMC appropriately briefed on professional issues relating to the delivery of services by GPs arising from the commissioning activities of the CCG;

c) provide the LMC with access to the Governing Body’s part 1 agenda and papers prior to each Governing Body meeting held in public and welcome attendance by representatives of the LMC at any such meetings. The LMC chair, or his/her representative, will be afforded the opportunity to raise any issues pertaining to items on the part 1 agenda with the Chair or the Chief Officer in advance of the relevant meeting. The LMC chair, or his/her representative, may comment or question any aspects of the work of the CCG during the section of the Governing Body meeting open to the public.
for comments from members of the public, at the time allotted for public questions and comment.

4.5.4. The Governing Body will have an ongoing role in reviewing the CCG's governance arrangements and will make a formal review at least once a year to ensure that the CCG continues to reflect the principles of good governance.

5. FUNCTIONS AND GENERAL DUTIES

5.1. Functions

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

a) commissioning certain health services (where the NHS Commissioning Board is not under a duty to do so) that meet the reasonable needs of:
   i) all people registered with Member 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 Area;

c) paying its employees’ remuneration, fees and allowances in accordance with the determinations made by the Governing Body and determining any other terms and conditions of service of the CCG’s employees;

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

5.1.2. In discharging its functions the CCG will:

a) act, when exercising its functions to commission health services, consistently with the discharge by the Secretary of State and the NHS Commissioning Board of their duty to *promote a comprehensive health service* and with the objectives and requirements placed on the NHS Commissioning Board through *the mandate* published by the Secretary of State before the start of each financial year by:

   i) the Member Practices electing those members of the Governing Body who are not appointed;
   ii) the Member Practices reserving certain decisions and matters to themselves and delegating other decisions and matters to the Governing Body and other bodies (in accordance with the Scheme of Reservation and Delegation as set out in Appendix D) and authorising
the Governing Body to either discharge its functions directly or to delegate them (as it sees fit) to committees and sub-committees;

iii) the Member Practices agreeing the vision, values and overall strategic direction of the CCG;

iv) the Governing Body preparing the CCG’s Commissioning Plan and submitting it to the Member Practices for their approval and the Member Practices considering and approving it;

v) the Member Practices delegating to the Governing Body the approval of the CCG’s operational plans and detailed financial policies;

vi) the Member Practices requiring the Governing Body to account to them for the CCG’s performance at the annual general meeting and at other meetings of the CCG and the Member Practices holding the Governing Body to account;

vii) the Member Practices approving the CCG’s annual report and accounts.

b) *meet the public sector equality duty* by:

i) requiring the Governing Body to nominate a lead on the Governing Body to oversee the development and implementation of an equality delivery system;

ii) the Governing Body delegating responsibility for the development and implementation of the equality delivery system to its Quality and Clinical Risk Committee;

iii) the Governing Body publishing in the annual report a report on compliance with the delivery of the equality delivery system;

iv) engaging with organisations who represent minority groups in the Area.

c) work in partnership with the Local Authority and Health and Wellbeing Board to develop *joint strategic needs assessments* and *joint health and wellbeing strategies* by:

i) inviting the views of the Health and Wellbeing Board when preparing each Commissioning Plan;

ii) ensuring each Commissioning Plan takes proper account of the contemporaneous Joint Health and Wellbeing Strategy published by the Health and Wellbeing Board;

iii) the Governing Body working with the Member Practices in their Localities and across the Localities to implement each Commissioning Plan;

iv) paying due regard to any guidance published by the NHS Commissioning Board in relation to drafting, revising and consulting on the contents of a Commissioning Plan.
5.2. **General Duties** - in discharging its functions the CCG will:

5.2.1. Make arrangements to **secure public involvement** in the planning, development and consideration of proposals for changes and decisions affecting the operation of commissioning arrangements and **promote the involvement of patients, their carers and representatives in decisions about their healthcare, enabling patients to make choices** by:

a) holding its meetings in public;

b) requiring the Governing Body to nominate a Clinical Leader, who will have responsibility for overseeing patient and public involvement. He/she will work in the Localities and in collaboration with the Lay Member who leads on patient and public participation to promote the involvement of patients, their carers and representatives in every aspect of commissioning healthcare services and acting on their feedback, in particular in:
   i) strategic planning: to identify health needs and engage the public in decisions about priorities and strategies;
   ii) developing services: to plan, develop, procure, contract for and monitor services and their outcomes;
   iii) monitoring the quality of services: to create processes to seek, encourage and take into account public feedback on service quality;
   iv) planning changes to services;

c) requiring the Governing Body to oversee the development and implementation of a communication and engagement strategy for the CCG which involves a consultation process policy and the publication of patient and public involvement information on the CCG’s Website and through other media in order to attempt to reach all different patient groups and communities;

d) meeting annually in public to present and publish the CCG’s annual report;

e) having the Public-Board Email, a dedicated email address where questions and comments from the public can be addressed to the Governing Body.

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

a) the Member Practices setting the CCG’s commissioning strategy so that it reflects the NHS Constitution;

b) the Member Practices ensuring the Commissioning Plan reflects the NHS Constitution when approving it;
c) the Governing Body implementing the Commissioning Plan and the Member Practices monitoring progress through performance reports and minutes of meetings of the Governing Body and its committees and holding the Governing Body to account for delivery of the Commissioning Plan.

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

a) taking the steps set out at 5.1.2 (a) (i-vi) above;

b) the Governing Body requiring the QIPP, Finance and Performance Committee to oversee the delivery of QIPP, finance and performance targets and provide assurance to the Governing Body on the CCG’s performance against targets.

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

a) taking the steps set out at 5.1.2 (a) (i-vi) above;

b) the Governing Body requiring the Quality and Clinical Risk Committee to oversee performance of the CCG’s responsibilities for patient safety, service quality and the management of clinical risk and provide assurance to the Governing Body of the CCG’s performance.

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

a) taking the steps set out at 5.1.2 (a) (i-vi) above;

b) paying due regard to guidance issued by the NHS Commissioning Board on this topic;

c) the Member Practices considering and approving the Commissioning Plan, ensuring that it supports the NHS Commissioning Board in its duty to improve the quality of primary medical services;

d) the Governing Body preparing operational plans and operational budgets and implementing the Commissioning Plan through those operational plans and operational budgets;

e) Member Practices monitoring progress through performance reports and minutes of meetings of the Governing Body and its committees and holding the Governing Body to account and vice versa;

f) facilitating two way communications between the Governing Body and the Member Practices through the Localities;
5.2.6. Have regard to the need to **reduce inequalities** by:

a) the Governing Body nominating a Clinical Leader to oversee the delivery of health improvements and the reduction of inequalities. This Clinical Leader will participate in the work of the Health and Wellbeing Board;

b) the Governing Body working in partnership with the Local Authority and the Health and Wellbeing Board to develop the Joint Strategic Needs Assessment and the Joint Health and Wellbeing Strategy which will inform the Commissioning Plan;

c) the Governing Body working in partnership with the Local Authority and the Director of Public Health through the mechanism of a service level agreement for the provision of specified (core offer) public health services for the CCG from April 2013.

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

a) taking the steps set out at 5.1.2 (a) (i-vi) above;

b) working in partnership with the Local Authority and Director of Public Health to identify the demographic needs and the commissioning vision for the Area;

c) working in partnership with the Health and Wellbeing Board work to develop the Joint Strategic Needs Assessment and the Joint Health and Wellbeing Strategy;

d) working in partnership with the Commissioning Support Units (as commissioned by the CCG through an agreed service level agreement) and other contracted suppliers to put in place the planning, development and implementation of commissioning strategies and services;

e) working in partnership with the NHS National Commissioning Board to plan and develop local service initiatives which may fall within the remit of specialist commissioning and primary care.

5.2.8. **Promote innovation, research and the use of research, and education and training** by:

a) taking the steps set out at 5.1.2 (a) (i-vi) above;
b) the Governing Body requiring its Quality and Clinical Risk Committee to oversee the promotion of innovation, research and the use of research, and education and training;

c) the Organisational Development Working Group (reporting to the Governing Body) ensuring that each member of the Governing Body and each of the employees of the CCG is educated and updated in accordance with his/her duties on the Governing Body;

d) the Organisational Development Working Group developing an educational strategy and an annual education plan for all members of the CCG.

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

a) taking the steps set out at 5.1.2 (a) (i-vi) above;

b) working in partnership with Member Practices, public and stakeholders to develop integrated services in accordance with the Commissioning Plan;

c) working in partnership with the Local Authority and the Health and Wellbeing Board;

d) working in partnership with other clinical commissioning groups where economies of scale benefit patient need in accordance with the Commissioning Plan.

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

a) ensure its expenditure does not exceed the aggregate of its allotments for the financial year;

b) ensure its use of resources (both its capital resource use and revenue resource use) does not exceed the amount specified by the NHS Commissioning Board for the financial year;

c) take account of any directions issued by the NHS Commissioning Board, in respect of specified types of resource use in a financial year, to ensure the CCG does not exceed an amount specified by the NHS Commissioning Board;

d) publish an explanation of how the CCG spent any payment in respect of quality made to it by the NHS Commissioning Board

by:
i) appointing an appropriately qualified and experienced Chief Officer and Chief Finance Officer to the Governing Body;
ii) taking the steps set out at 5.1.2 (a) (i-vi) above;
iii) publishing an annual report which will include annual accounts and a remuneration report;
iv) submitting to audit.

5.4. Other Relevant Regulations, Directions and Documents

5.4.1. The CCG will:

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

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

6. DECISION MAKING: THE GOVERNING STRUCTURE

6.1. Authority to act

6.1.1. The CCG is a membership organisation and the Member Practices are accountable for exercising its statutory functions.

6.1.2. The CCG may grant authority to act on its behalf to:

a) the Governing Body;
b) its employees;
c) a committee or sub-committee of the Governing Body
d) any of its Member Practices in their Localities.

6.1.3. A diagram of the CCG’s governance structure is attached at Appendix B, Part 2.
6.2. **Scheme of Reservation and Delegation**

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

a) the CCG’s scheme of reservation and delegation (as set out in Appendix D); and

b) for committees, their terms of reference.

6.2.2. The CCG’s scheme of reservation and delegation at Appendix D sets out the key functions of the CCG and:

a) those decisions that the Member Practices have reserved to themselves, acting as the membership as a whole;

b) those decisions that are the responsibilities of the Governing Body its committees and sub-committees and individual employees.

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

6.3. **General**

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

a) comply with the CCG’s principles of good governance;

b) operate in accordance with the CCG’s scheme of reservation and delegation;

c) comply with the CCG’s standing orders and for committees and sub-committees, their terms of reference;

d) comply with the CCG’s prime financial policies;

e) comply with the CCG’s arrangements for discharging its statutory duties;

f) ensure that Member Practices have had the opportunity to contribute to the CCG’s decision making process through their Localities; and at ordinary meetings of the CCG (as set out at Annex 1 to Appendix C (Standing Orders)).

6.4. **Localities**
6.4.1. Member Practices are organised in three Localities. The Localities’ organisation and functions are set out in the terms of reference for Localities at Annex 1 to Appendix C (Standing Orders).

6.4.2. In summary, the functions of the Localities are:

a) to facilitate communication between Member Practices in the Localities and the Governing Body, ensuring that the views of the Localities are represented in the work of the CCG and at meetings of the Governing Body;

b) to discuss Locality specific issues;

c) to implement any Locality specific operational plans delegated to the relevant Locality by the Governing Body, the Chief Officer, the Chief Finance Officer or any committee of the Governing Body;

d) to engage with patients and the public by inviting patient representatives to attend Locality meetings;

e) to hold the Governing Body to account, and for the Member Practices to hold one another to account, for delivery of the CCG’s Commissioning Plans in accordance with the CCG’s vision and values in order to deliver the CCG’s strategy;

f) to facilitate Member Practices working together and supporting one another to achieve improvements in services for patients.

6.5. **Joint Arrangements**

6.5.1. The CCG may enter into joint arrangements with the other clinical commissioning groups and agree ‘section 75’ joint arrangements with the Local Authority.

6.5.2. The Local Authority has the following committees on which representatives of the CCG sit:

a) Health and Wellbeing Board;

b) Barnet Safeguarding Adults Partnership Board;

c) Barnet Safeguarding Children’s Board;

d) Children’s Trust Board.

6.6. **The Governing Body**

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

a) ensuring that the CCG has appropriate arrangements in place to exercise its functions effectively, efficiently and economically and in accordance with the CCG’s principles of good governance (its main function);

b) determining the remuneration, fees and other allowances payable to employees or other persons providing services to the CCG and the allowances payable under any pension scheme it may establish under paragraph 11(4) of Schedule 1A of the 2006 Act, inserted by Schedule 2 of the 2012 Act (a function which the Governing Body has delegated to its Remuneration Committee);

c) approving any functions of the CCG that are specified in regulations;

d) all other functions as set out at paragraph 5 above and in the scheme of reservation and delegation set out at Appendix D.

6.6.2. **Composition of the Governing Body** - the Governing Body shall not have less than fifteen voting members, the majority of whom will be registered clinicians, and comprises:

a) nine Clinical Leaders (three from each Locality) (all voting), one of whom shall be the Chair who will have a casting vote;

b) two lay members (both voting) one of whom shall be the Deputy Chair:
   i) one to lead on audit, remuneration and governance;
   ii) one to lead on patient and public participation matters;

c) one registered nurse (voting);

d) one secondary care specialist doctor (voting);

e) the Chief Officer (voting);

f) the Chief Finance Officer (voting);

Additionally, the following representatives will be invited to attend meetings of the Governing Body in an advisory capacity, but shall not have a vote:

g) Public Health representative;
h) Local Authority employee;

i) Health Watch member;

j) any other representative as determined by the Governing Body.

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

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

b) **Remuneration Committee** – is accountable to the Governing Body and determines and approves the remuneration, fees and other allowances for employees and for people who provide services to the CCG and determines and approves allowances under any pension scheme that the CCG may establish as an alternative to the NHS pension scheme;

c) **QIPP, Finance and Performance Committee** – is accountable to the Governing Body and provides assurance on finance and performance ensuring the CCG has the capacity and capability to deliver its governance duties and responsibilities;

d) **Quality and Clinical Risk Committee** – is accountable to the Governing Body and monitors and provides assurance on quality, clinical risk and safety issues;

6.6.4. The Governing Body has approved and keeps under review the terms of reference for its committees, which include information on the membership of the committees and which are available via the CCG’s Website.

6.6.5. All committees listed at 6.6.3 above may establish their own sub-committees, to assist them in discharging their respective responsibilities, with the prior approval of the Governing Body.

7. **ROLES AND RESPONSIBILITIES**

7.1. **Practice Representatives**

7.1.1. Practice Representatives represent their Member Practice’s views and act on behalf of the Member Practice in matters relating to the CCG. The role of each Practice Representative is to:
a) represent his/her Member Practice at CCG meetings and at their respective Locality Group meetings;

b) act as the contact and communications lead for his/her Member Practice in respect of all matters concerning the CCG;

c) be committed to upholding the NHS Constitution and the Nolan Principles;

d) develop a sound understanding of clinical commissioning, the CCG and the wider interests of the health community;

e) vote on proposals when required to do so;

f) represent the view of his/her Member Practice;

g) foster engagement of their Member Practice in Locality wide and CCG wide initiatives and the implementation of the CCG’s mission, values and aims;

h) ensure his/her Member Practice plays its full role in delivery of CCG’s operational plans, as approved by the majority vote of Member Practices.

7.2. Clinical Leaders on the Governing Body

a) The nine Clinical Leaders elected to the Governing Body have an active role in the management and operation of the CCG. As members of the Governing Body, they bring their unique understanding as clinicians to bear on the decision making of the Governing Body.

b) The eight Clinical Leaders who are not Chair of the Governing Body will:

i) be active members of the Governing Body;

ii) attend meetings of their respective Locality (each taking their turn to chair his/her Locality meetings);

iii) represent the views of their respective Locality at meetings of the Governing Body;

iv) participate in the work of their respective Locality and of committees, sub-committees and appropriate working parties, as agreed with them;

v) be involved in clinical training events;

vi) contribute to the development of the CCG’s commissioning strategies and plans and provide leadership on particular projects and, in relation to certain commissioned services, pathway design, QIPP, patient and public involvement, clinical quality issues in contracts with providers.

7.3. All Members of the Governing Body

7.3.1. The members of the Governing Body shall be collectively responsible for ensuring that the CCG exercises its functions effectively, efficiently and
economically, with good governance and in accordance with the terms of this constitution.

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

7.4.1. The chair of the Governing Body will be an active Member of its Governing Body and will be responsible for:

a) leading the Governing Body, ensuring it remains able to discharge its duties and responsibilities;

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

c) with the Lay Member responsible for audit, ensuring that the CCG has proper constitutional and governance arrangements in place;

d) ensuring that the Governing Body has the appropriate support, information and evidence available to it to enable it to discharge its duties;

e) supporting and holding to account the Chief Officer in discharging the responsibilities of the CCG;

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

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

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

i) ensuring that the public and patients views are heard, their expectations understood and that the CCG is taking effective steps to engage the public and patients, and to explain to and inform them of the CCG’s strategy and vision;

j) ensuring that the CCG is able to account to its local patients, stakeholders and the NHS Commissioning Board;

k) leading the formation, development and maintenance of effective key partnerships by the CCG, particularly with Health and Wellbeing Board;

l) ensuring that Member Practices are involved and engaged with the business of the CCG;
7.4.2. Where the chair of the Governing Body is also the senior clinical voice of the CCG he/she will take the lead on interactions with stakeholders, including the NHS Commissioning Board.

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

7.5.1. 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 and, if the Chair of the Governing Body is a clinician, the Deputy Chair shall be a Lay Member of the Governing Body.

7.6. **Role of the Chief Officer**

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

7.6.2. The role of Chief Officer has been summarised by the NHS Commissioning Board Authority in its document *Clinical commissioning group governing body members: Roles outlines, attributes and skills* as:

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

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

c) working closely with the chair of the Governing Body, the Chief Officer will ensure that proper constitutional, governance and development arrangements are put in place to assure the Member Practices (through the Governing Body) of the CCG’s ongoing capability and capacity to meet its duties and responsibilities. This will include arrangements for the ongoing development of its Member Practices, staff and other officers of the CCG and members of the Governing Body;

d) all other functions as indicated in the scheme of reservation and delegation set out at Appendix D.

7.7. **Role of the Chief Finance Officer**

7.7.1. The Chief Finance Officer is a member of the Governing Body and is responsible for providing financial advice to the CCG and for supervising financial control and accounting systems.
7.7.2. The role of Chief Finance Officer has been summarised in a national document as:

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

b) making appropriate arrangements to support, monitor on the CCG’s finances;

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

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

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

f) all other functions as indicated in the scheme of reservation and delegation set out at Appendix D.

7.8. Role of the Registered Nurse

7.8.1. In addition to general responsibilities of all Governing Body members, the registered nurse on the Governing Body is responsible for bringing a broader view as a registered nurse on health and social care issues to underpin the work of the CCG, especially the contribution of nursing knowledge for improvements in patient care.

7.9. Role of the Secondary Care Doctor

7.9.1. In addition to general responsibilities of all governing body members, the secondary care doctor on the governing body is responsible for bringing a broader view as a secondary care doctor on health and social care issues to underpin the work of the CCG, especially the contribution of secondary care knowledge for improvements in patient care.

7.10. Role of the Lay Member with a lead role in overseeing key elements of governance

7.10.1. In addition to the general responsibilities of all Governing Body members, the Lay Member of the Governing Body with the lead role for overseeing key elements of governance is responsible for:
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 CCG;

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

d) chairing the Audit Committee;

e) ensuring the Governing Body and CCG members behave with the utmost probity at all times.

7.11. **Role of the Lay Member with a lead role in championing patient and public participation**

7.11.1. In addition to the general responsibilities of all Governing Body members, the Lay Member of the Governing Body with the lead role in championing patient and public participation is responsible for:

a) bringing specific expertise and experience to the work of the Governing Body, as well as his/her knowledge as a member of the 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 and those opportunities are created and protected for patient and public empowerment in the work of the CCG;

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

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

f) chairing the Remuneration Committee;

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

7.12. **Role of other representatives**

7.12.1. In addition to general responsibilities of all Governing Body members the representatives for public health, health watch, the Local Authority are
responsible for bringing a broader view as a representative of their body on
health and social care issues to underpin the work of the CCG.

7.13. **Joint Appointments with other Organisations**

7.13.1. The CCG may have joint appointments. Any such joint appointments will be
supported by a memorandum of understanding between the organisations that
are party to these joint appointments.

8. **STANDARDS OF BUSINESS CONDUCT, DISPUTE RESOLUTION
AND MANAGING CONFLICTS OF INTEREST**

8.1. **Standards of Business Conduct**

8.1.1. Employees, members, committee and sub-committee members of the CCG 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 CCG 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 CCG’s policy on business conduct, including the
requirements set out in the policy for managing conflicts of interest. This policy
will be published on the CCG’s Website.

8.1.3. Individuals contracted to work on behalf of the CCG or otherwise providing
services or facilities to the CCG 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. **Dispute Resolution**

8.2.1. The CCG is committed to engaging with all Member Practices regarding strategic
proposals and developments. However, where a Member Practice finds it has a
dispute or grievance with the wider CCG as a whole, or the Governing Body or
committees to whom the CCG has delegated powers, with regards to:

a) matters of eligibility and disqualification; or

b) the interpretation and application of their respective powers and obligations
under this constitution; or

c) a decision which the CCG has made on behalf of its members; or
8.3.3. any other relevant matter that the CCG considers fair and equitable to be the subject of a complaint or grievance;

it may follow the dispute resolution procedure outlined in clause 8.2.2 below.

8.2.2. If the Member Practice wishes to raise an issue with the CCG as a whole:

a) In the first instance, the Member Practice, acting through their Practice Representative, may seek to resolve the issue with one of the Clinical Leaders in their Locality, by writing to them within sixty (60) days of the issue arising;

b) The Clinical Leader from the Locality will respond to the Practice Representative in writing within thirty (30) working days;

c) If the Clinical Leader is unable to resolve the issue, the Practice Representative of the Member Practice may write to the Chair of the Governing Body (or if the Chair is unavailable to the Deputy Chair) clearly outlining the issue(s) and providing their contact details. The Chair, in conjunction with the Chief Officer where appropriate, will contact the Member Practice within thirty (30) working days, via the Practice Representative, to resolve the issue;

d) Where the dispute remains unresolved by following the above process, the Chair of the Governing Body and the Practice Representative from the Member Practice may agree to refer the matter to the Centre for Effective Dispute Resolution for mediation or such other process of mediation as the parties may agree.

8.3. Conflicts of Interest

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

8.3.2. Where an individual, i.e. an employee, CCG member, member of the Governing Body, or a member of a committee or a sub-committee of the CCG or the Governing Body has an interest, or becomes aware of an interest which could lead to a conflict of interests in the event of the CCG 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.

8.3.3. A conflict of interest will include:
8.4.2. 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.

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

8.4. **Declaring and Registering Interests**

8.4.1. The CCG will maintain one or more registers of the interests of:

a) the members of the CCG;

b) the members of the Governing Body;

c) the members of its committees or sub-committees and the committees or sub-committees of the Governing Body; and

d) its employees.

8.4.2. The registers will be published on the CCG’s Website.

8.4.3. 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 CCG, in writing to the Governing Body, as soon as they are aware of it and in any event no later than 28 days after becoming aware.

8.4.4. 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.

8.4.5. The Governing Body will ensure that the register of interest is reviewed regularly, and updated as necessary.

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

8.5.1. Individual members of the CCG, the Governing Body, committees or sub-committees, the committees or sub-committees of the Governing Body and employees will comply with the arrangements determined by the CCG for managing conflicts or potential conflicts of interest.

8.5.2. The Lay Member responsible for governance will ensure that for every interest declared, either in writing or by oral declaration, arrangements are in place to manage the conflict of interests or potential conflict of interests, to ensure the integrity of the CCG’s decision making processes.

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

a) when an individual should withdraw from a specified activity, on a temporary or permanent basis;

b) monitoring of the specified activity undertaken by the individual, either by a line manager, colleague or other designated individual.

8.5.4. Where an interest has been declared, either in writing or by oral declaration, the declarer will ensure that before participating in any activity connected with the CCG’s exercise of its commissioning functions, they have received confirmation of the arrangements to manage the conflict of interest or potential conflict of interest from the Lay Member responsible for governance.

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

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

b) has previously been declared, in relation to the scheduled or likely business of the meeting, the individual concerned will bring this to the attention of the chair of the meeting, together with details of arrangements which have been confirmed for the management of the conflict of interests or potential conflict of interests.
The chair of the meeting will then determine how this should be managed and inform the member of their decision. Where no arrangements have been confirmed, the chair of the meeting may require the individual to withdraw from the meeting or part of it. The individual will then comply with these arrangements, which must be recorded in the minutes of the meeting.

8.5.6. Where the chair of any meeting of the CCG, 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.

8.5.7. Where the Chair and the Deputy Chair both have conflicts of interests and are required to withdraw for a meeting or part of it, another Clinical Leader shall chair the meeting.

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

8.5.9. 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.

8.5.10. 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 CCG’s standing orders. Where the meeting is not quorate, owing to the absence of certain members, the discussion will be deferred until such time as a quorum can be convened. Where a quorum cannot be convened from the membership of the meeting, owing to the arrangements for managing conflicts of interest or potential conflicts of interests, the chair of the meeting shall consult with the Lay Member responsible for governance on the action to be taken.

8.5.11. This may include:

a) requiring another of the CCG’s committees or sub-committees, the CCG’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 CCG can progress the item of business:

i) a member of the CCG who is an individual;
ii) an individual appointed by a member to act on its behalf in the dealings between it and the CCG;
iii) a member of a relevant Health and Wellbeing Board;
iv) a member of a governing body of another CCG.

These arrangements must be recorded in the minutes.

8.5.12. In any transaction undertaken in support of the CCG’s exercise of its commissioning functions (including conversations between two or more individuals, e-mails, correspondence and other communications), individuals must ensure, where they are aware of an interest, that they conform to the arrangements confirmed for the management of that interest. Where an individual has not had confirmation of arrangements for managing the interest, they must declare their interest at the earliest possible opportunity in the course of that transaction, and declare that interest as soon as possible thereafter. The individual must also inform either their line manager (in the case of employees), or the Lay Member responsible for governance of the transaction.

8.5.13. The Lay Member responsible for governance will take such steps as deemed appropriate, and request information deemed appropriate from individuals, to ensure that all conflicts of interest and potential conflicts of interest are declared.

8.6. **Managing Conflicts of Interest: contractors and people who provide services to the CCG**

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

8.6.2. Anyone contracted to provide services or facilities directly to the CCG 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.

8.7. **Transparency in Procuring Services**

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

8.7.2. The CCG will publish a procurement strategy approved by the Governing Body which will ensure that:

a) all relevant clinicians (not just members of the CCG) 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.

8.7.3. This procurement strategy will be available to patients and the public via the CCG’s Website.

9. THE CCG AS EMPLOYER

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

9.1.2. The CCG will seek to set an example of good 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.

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

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

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

9.1.6. The CCG will ensure that employees' behaviour reflects the values, aims and principles set out above.
9.1.7. The CCG will ensure that it complies with all aspects of employment law.

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

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

9.1.10. Copies of this Code of Conduct, together with the other policies and procedures outlined in this chapter will be published on the CCG’s Website.

10. TRANSPARENCY, WAYS OF WORKING AND STANDING ORDERS

10.1. General

10.1.1. The CCG will publish annually a Commissioning Plan and an annual report, presenting the CCG’s annual report to a public meeting.

10.1.2. Key communications issued by the CCG, including the notices of procurements, public consultations, governing body meeting dates, times, venues, and certain papers will be published on the CCG’s Website.

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

10.2. Standing Orders

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

   a) Standing orders (Appendix C) – which set out the arrangements for meetings and the appointment processes to elect the CCG’s representatives and appoint to the CCG’s committees, including the Governing Body;

   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 Governing Body, the Governing Body’s committees and sub-committees, the CCG’s committees and sub-committees, individual members and employees;

   c) Prime financial policies (Appendix E) – which sets out the arrangements for managing the CCG’s financial affairs.
## APPENDIX A

### DEFINITIONS OF KEY DESCRIPTIONS USED IN THIS CONSTITUTION

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006 Act</td>
<td>National Health Service Act 2006</td>
</tr>
<tr>
<td>2012 Act</td>
<td>Health and Social Care Act 2012 (this Act amends the 2006 Act)</td>
</tr>
<tr>
<td>Area</td>
<td>the geographical area that the CCG has responsibility for, as defined in clause 2 of this constitution</td>
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<tr>
<td>CCG</td>
<td>NHS Barnet Clinical Commissioning Group</td>
</tr>
<tr>
<td>CCG’s Website</td>
<td><a href="http://www.barnetccg.nhs.uk">www.barnetccg.nhs.uk</a></td>
</tr>
<tr>
<td>Chair of the Governing Body</td>
<td>the Clinical Leader appointed by the Governing Body to act as chair of the Governing Body</td>
</tr>
<tr>
<td>Chief Finance Officer</td>
<td>the qualified accountant employed by the CCG with responsibility for financial strategy, financial management and financial governance</td>
</tr>
</tbody>
</table>
| Chief 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 the NHS Commissioning Board, with responsibility for ensuring the CCG:  
<p>| 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) |
| Clinical Leader             | one of the GPs on the Governing Body                                                            |
| Commissioning Plan          | the annual plan setting out how the CCG intends to exercise its functions in each Financial Year, as described in section 14Z11 of the 2006 Act (as inserted by section 26 of the 2012 Act) |
| Commissioning Support Units | those organisations who are commissioned by the CCG to provide support for any aspect of the CCG commissioning lifecycle |
| committee                   | a committee or sub-committee created and appointed by:                                           |
| CQC                         | Care Quality Commission                                                                       |</p>
<table>
<thead>
<tr>
<th><strong>Financial Year</strong></th>
<th>the accounting period running from 1 April to 31 March in any year (but in the case of the first accounting period following the CCG’s establishment, the period running from the CCG’s establishment until 31 March, in accordance with paragraph 17 of Schedule 1A of the 2006 Act)</th>
</tr>
</thead>
</table>
| **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 the CCG 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 CCG |
| **GP** | General Practitioner |
| **Health and Wellbeing Board** | the body established by Barnet Council pursuant to section 194 of the 2012 Act; |
| **Lay Member** | a lay member of the Governing Body, appointed by the CCG. A lay member is an individual who is not a member of the CCG or a healthcare professional (i.e. an individual who is a member of a profession regulated by a body mentioned in section 25(3) of the National Health Service Reform and Health Care Professions Act 2002) or as otherwise defined in regulations |
| **LMC** | Local Medical Committee |
| **Local Authority** | London Borough of Barnet |
| **Locality** | North Barnet, South Barnet or West Barnet (as the case may be) and “Localities” means each and every Locality |
| **Member Practice** | a provider of primary medical services to a registered patient list, who is a member of the CCG (see tables in Chapter 3 and Appendix B) and “Member Practices” means each and every Member Practice that is a member of the CCG. |
| **Practice Representative** | an individual appointed by a Member Practice (who is a member of the CCG) to act on its behalf in the dealings between it and the CCG, under regulations made under section 89 or 94 of the 2006 Act (as amended by section 28 of the 2012 Act) or directions under section 98A of the 2006 Act (as inserted by section 49 of the 2012 Act) |
| **Public-Board Email** | barnet.boardquestions@nclondon.nhs.uk |
| **QIPP** | Quality, Innovation, Productivity and Prevention |
| **Registers of Interests** | registers the CCG 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 CCG;  
- the members of the Governing Body;  
- the members of its committees or sub-committees and committees or sub-committees of the Governing Body; and  
- its employees. |
| **The Good** | The Independent Commission on Good Governance in Public Services, Office of |
| **Governance Standard for Public Services** | Public Management (OPM) and The Chartered Institute of Public Finance & Accountability (CIPFA), 2004 (http://www.cipfa.org.uk/pt/download/governance_standard.pdf) |
## APPENDIX B – PART 1
LIST OF MEMBER PRACTICES

<table>
<thead>
<tr>
<th>Practice Code</th>
<th>Locality</th>
<th>PRACTICE NAME AND ADDRESS</th>
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</thead>
<tbody>
<tr>
<td>E83664</td>
<td>N</td>
<td>Hampden Square Medical Centre, 22 Hampden Square, Southgate Road, N14 5JR</td>
</tr>
<tr>
<td>E83003</td>
<td>N</td>
<td>Oakleigh Road Health Centre, 280 Oakleigh Road North, Whetstone, N20 0HD</td>
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<tr>
<td>E83005</td>
<td>N</td>
<td>Lichfield Grove Surgery, 64 Lichfield Grove, Finchley, N3 2JP</td>
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<tr>
<td>E83644</td>
<td>N</td>
<td>Ballards Lane Surgery, 209 Ballards Lane, Finchley, N3 1LY</td>
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<tr>
<td>E83013</td>
<td>N</td>
<td>Cornwall House Surgery, Cornwall Avenue, Finchley, N3 1LD</td>
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<tr>
<td>E83613</td>
<td>N</td>
<td>East Barnet Health Centre, 149 East Barnet Road, New Barnet, EN4 8OZ</td>
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<td>E83632</td>
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<td>East Barnet Health Centre, 149 East Barnet Road, New Barnet, EN4 8OZ</td>
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<td>East Barnet Health Centre, 149 East Barnet Road, New Barnet, EN4 8OZ</td>
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<td>E83050</td>
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<td>E83045</td>
<td>N</td>
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<td>E83650</td>
<td>N</td>
<td>Gloucester Road Surgery, 1B Gloucester Road, New Barnet, EN5 1RS</td>
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<td>Y00105</td>
<td>N</td>
<td>Holly Park Clinic, Holly Park Road, Friern Barnet, N11 3HB</td>
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<td>E83621</td>
<td>N</td>
<td>Brunswick Park Health Centre, Brunswick Park Road, New Southgate, N11 1EY</td>
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<tr>
<td>E83017</td>
<td>N</td>
<td>Longrove Surgery, 70 Union Street, Barnet, EN5 4HT</td>
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<tr>
<td>E83638</td>
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<td>Mountfield Surgery, 55 Mountfield Road, Finchley, N3 3NR</td>
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<tr>
<td>E83645</td>
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<td>Osidge Medical Centre, 182 Osidge Lane, Southgate, N14 5DR</td>
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<td>E83639</td>
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<td>Rosemary Medical Centre, 2 Rosemary Avenue, Finchley, N3 2QN</td>
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<td>E83007</td>
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<td>Squires Lane Medical Centre, 2 Squires Lane, Finchley, N3 2AU</td>
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<td>E83024</td>
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<td>St Andrews Medical Centre, 50 Oakleigh Road, Whetstone, N20 9EX</td>
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<tr>
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<td>Station Road Surgery, 33B Station Road, EN5 1JJ</td>
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<tr>
<td>E83034</td>
<td>N</td>
<td>Colney Hatch Lane Surgery Medical centre, 192 Colney Hatch Lane Muswell Hill N10 1ET</td>
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<td>E83044</td>
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<td>The Addington Medical Centre, 46 Station Road, New Barnet, EN5 1QH</td>
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<td>E83012</td>
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<td>The Old Courthouse Surgery, 27 Wood Street, New Barnet, EN5 1RS</td>
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<td>E83010</td>
<td>N</td>
<td>The Speedwell Practice, The Health Centre, Torrington Park, N12 9SS</td>
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<td>E83042</td>
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<td>The Surgery, Vale Drive Health Centre, Vale Drive, High Barnet, EN5 2ED</td>
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<td>E83031</td>
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<td>E83021</td>
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<td>E83035</td>
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<td>Woodlands Medical Centre, 54 Leopold Road, Finchley, N2 8BG</td>
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<td>682 Finchley Road, NW11 7NP</td>
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<td>E83653</td>
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<td>Phoenix Practice, 7 Barnampton Grove, NW4 1AE</td>
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<td>Cherry Tree Surgery, 26 Southern Road, N2 9JG</td>
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<td>E83006</td>
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<td>Greenford Health Centre, 143-145 C ricklewood Lane, NW2 1HS</td>
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<tr>
<td>Practice Code</td>
<td>Locality</td>
<td>PRACTICE NAME AND ADDRESS</td>
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<td>--------------</td>
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<tr>
<td>Y02986</td>
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<td>BARNDOC Healthcare Ltd, Britannia Business Suite, Cricklewood, Barnet, NW2 1DZ</td>
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<td>Pennine Drive Surgery, 8 Pennine Drive, NW2 1PA</td>
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<td>E83039</td>
<td>S</td>
<td>Ravenscroft Medical Centre, 166-168 Golders Green Road, NW11 8BB</td>
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<td>E83020</td>
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<td>St Georges Medical Centre, 7 Sunningfields Road, NW4 4QR</td>
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<td>E83026</td>
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<td>Supreme Medical Centre, 300 Regents Park Road, N3 2JX</td>
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<tr>
<td>E83622</td>
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<td>Temple Fortune Health Centre, Temple Fortune Lane, NW11 7TE</td>
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<tr>
<td>E83651</td>
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<td>Temple Fortune Health Centre, 23 Temple Fortune Lane, London, NW11 7TE</td>
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<td>E83009</td>
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<td>Temple Fortune HC, PHGH Doctors, 23 Temple Fortune Lane, NW11 7TE</td>
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<td>E83652</td>
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<td>E83040</td>
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<td>E83649</td>
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<td>The Hodford Rd Surgery, 73 Hodford Road, NW11 8NH</td>
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<td>Branch of Wentworth, 86 Audley Road, Hendon, NW4 3HB</td>
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<td>The Surgery, 1 Wakemans Hill Avenue, Colindale, NW9 0TA</td>
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<td>Staywell Practice, Woodcroft Medical Centre, Gervase Road, Edgware, HA8 8NB</td>
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</tbody>
</table>
APPENDIX B – PART 2
GOVERNANCE STRUCTURE DIAGRAM

North Locality

South Locality

West Locality

Member Practices

The Governing Body

Audit committee
Remuneration committee
QIPP, Finance, Performance committee
Quality and Clinical Risk committee
1. STATUTORY FRAMEWORK AND STATUS

1.1. Introduction

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

1.1.2. The standing orders, together with the CCG’s scheme of reservation and delegation (as set out in Appendix D) and the CCG’s prime financial policies (as set out in Appendix E), provide a procedural framework within which the CCG discharges its business. They set out:

a) the arrangements for conducting the business of the CCG;
b) the appointment of Clinical Leaders to the Governing Body;
c) the election of Governing Body members;
d) the procedure to be followed at meetings of the whole CCG, the Locality meetings, the Governing Body and any committees or sub-committees of the CCG or the Governing Body;
e) the process to delegate powers;
f) 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 of any relevant guidance.

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

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

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

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

2.1. Composition of membership

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

2.1.2. Clause 6 of the CCG’s constitution provides details of the governing structure used in the CCG’s decision-making processes, whilst clause 7 of the constitution outlines certain key roles and responsibilities within the CCG and the Governing Body, including the role of Practice Representatives.

2.2. Key Roles

2.2.1. Clause 7.1 of the CCG’s constitution describes the role of Practice Representative. Each Member Practice must appoint a Practice Representative whom it believes has the skill and attributes to fulfil the requirements of the role and must notify the Chair of the Governing Body annually by 1 April of the identity and contact details of its Practice Representative.

2.2.2. Clause 6.6 of the CCG’s constitution describes the CCG’s Governing Body and clause 7 identifies certain key roles and responsibilities within the CCG. These standing orders set out how the CCG appoints individuals to these key roles.

2.2.3. The role of a Clinical Leader on the Governing Body, as listed in clause 6.6.2(a) of the CCG’s constitution, is subject to the following appointment process:

a) Nominations – self nomination or nomination by one or more Member Practice;

b) Eligibility – employed as a GP within a Member Practice in his/her respective Locality;

c) Appointment process – Nominated GPs are interviewed by a panel appointed by the Governing Body which will assess each candidate’s suitability for the role. Those successful at interview are put forward for election. Each GP employed within a Member Practice in the respective Locality is entitled to one vote per vacancy in his/her Locality. Elected by simple majority;

d) Term of office – staggered retirements, with a 3 or 5 year term to be decided by the Governing Body and announced with the request for nomination for the role;

e) Eligibility for re-appointment – unlimited
2.2.4. The role of the Registered Nurse on the Governing Body as listed in clause 6.6.2(c) of the CCG’s constitution, is subject to the following appointment process:

a) Application – completion of an application form and submission of a curriculum vitae;

b) Eligibility – a nurse registered with the Nursing and Midwifery Council with secondary care experience who is neither employed by a Member Practice or a provider of a relevant service to the CCG, as defined in regulation 12(2) of the NHS CCG Regulations;

c) Appointment process – interviewed and appointed by the Governing Body;

d) Term of office – 3 years;

e) Eligibility for re-appointment – once (i.e. maximum term is 2 x 3 years)

f) Grounds for removal from office – failure to fulfil role as determined by a simple majority of the voting members of the Governing Body;

g) Notice period – 3 months notice of resignation by the registered nurse.

2.2.5. The role of a secondary care doctor on the Governing Body as listed in clause 6.6.2(d) of the CCG’s constitution, is subject to the following appointment process:

a) Application – completion of an application form and submission of a curriculum vitae;

b) Eligibility – a doctor registered with the General Medical Council with secondary care experience who is neither employed by a Member Practice or a provider of a relevant service to the CCG, as defined in regulation 12(2) of the NHS CCG Regulations;

c) Appointment process – interviewed and proposed for appointment by at least two voting members of the Governing Body. Each GP employed within a Member Practice is entitled to one vote. Elected by simple majority;

d) Term of office – 3 years;

e) Eligibility for re-appointment – once (i.e. maximum term is 2 x 3 years)

f) Grounds for removal from office – failure to fulfil role as determined by a simple majority of the voting members of the Governing Body;

g) Notice period – 3 months notice of resignation by the secondary care doctor.

2.2.6. The role of Chair of the Governing Body, as listed in clause 7.4 of the CCG’s constitution, is subject to the following appointment process:

a) Appointment – by a simple majority of those members of the Governing Body with voting rights;

b) Eligibility – a Clinical Leader on the Governing Body;
c) Term of office – 3 years;
d) Eligibility for re-appointment – once (i.e. maximum term is 2 x 3 years)
e) Grounds for immediate removal from office – failure to fulfil role as
determined by a simple majority of the voting members of the Governing
Body;
f) Notice period – 3 months notice of resignation by Chair of Governing Body.

2.2.7. The other members of the Governing Body mentioned in clause 7 of the CCG’s
constitution shall be appointed from time to time on the agreement by simple
majority of all other members of the Governing Body.

3. MEETINGS OF THE CLINICAL COMMISSIONING GROUP

3.1. Calling meetings

3.1.1. Ordinary meetings of the CCG shall be held at regular intervals at such times
and places as the CCG may determine. There will be a minimum of one meeting
per year, being the annual general meeting.

3.1.2. Meetings of the Governing Body shall be held at least six times each year at two
monthly intervals.

3.1.3. The Audit Committee and the Remuneration Committee of the Governing Body
shall meet at least twice each year.

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:

a) the Chair of the Governing Body for meetings of the Governing Body or
ordinary meetings;
b) the Chair of the relevant committees or Locality for committee or Locality
meetings; and
c) at least fourteen 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 ten working days before the meeting takes place. The
agenda and supporting papers will be circulated to all members of a meeting
at least seven working days before the date the meeting will take place.

3.2.2. Agendas and certain papers for meetings of the Governing Body that are to take
place in public, including details about meeting dates, times and venues, will be
published on the CCG’s Website.
3.3. **Petitions**

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

3.4. **Chair of a meeting**

3.4.1. The Chair of the Governing Body shall preside at a meeting of the Governing Body and at the ordinary meetings (including the annual general meeting). The chair of the relevant committee or sub-committee shall preside over meetings of the committee or sub-committee or Locality. 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. If both the Chair and Deputy Chair are absent, or are disqualified from participating, or there is neither a chair or deputy chair member of the CCG, Governing Body, committee or sub-committee respectively, a temporary chair shall be chosen by the members present, or by a majority of them, and shall preside.

3.5. **Chair’s ruling**

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

3.6. **Quorum**

**Ordinary meetings of the CCG**

3.6.1. The quorum for ordinary meetings of the CCG (including the annual general meeting) shall be Practice Representatives or their proxies who together represent 50% of the total vote available to Member Practices as a whole.

**Governing Body meetings**

3.6.2. The quorum for a meeting of the Governing Body shall be five Clinical Leaders (at least one from each Locality) and one Lay Member.

**Meetings of committees of the Governing Body**

3.6.3. For all of the CCG’s committees and sub-committees, including the Governing Body’s committees and sub-committees, the details of the quorum for these meetings and status of representatives are set out in the appropriate terms of reference.
3.7. **Proxies**

3.7.1. Governing Body Members shall not be allowed to appoint proxies.

3.7.2. Any Practice Representative unable to attend an ordinary meeting of the CCG may appoint a proxy to attend and vote in his/her place, provided that:

a) the relevant Practice Representative provides his/her proxy with a valid proxy form and the proxy brings it to the relevant meeting;

b) the proxy is another representative from the relevant Member Practice;

c) the proxy attends the meeting in place of the Practice Representative.

3.8. **Decision making**

3.8.1. Clause 6 of the CCG’s constitution, together with the scheme of reservation and delegation, sets out the governing structure for the exercise of the CCG’s statutory functions. Generally it is expected that at all decisions taken at CCG meetings will be reached by consensus.

3.8.2. Should it not be possible to reach consensus in any matter reserved to the CCG, then a vote of the CCG will be required, the process for which is set out below:

a) **Eligibility** – each Member Practice shall have a vote which shall be exercised through its Practice Representative or their proxies and shall be weighted based on the registered patient population of such Member Practice as follows:

   i) 1-4,500 patients = 1 vote;
   ii) 4,501-9,000 patients = 2 votes;
   iii) 9,001-13,500 patients = 3 votes;
   iv) over 13,500 patients = 4 votes;

b) **Majority necessary to confirm a decision** – 75% (or more) of the total votes of those Member Practices entitled to vote and which did so through Practice Representative or by proxy.

c) **Casting vote** – there will be no casting vote.

3.8.3. Should it not be possible to reach consensus in any matter delegated to the Governing Body, then a vote of the Governing Body will be required, the process for which is set out below:

a) **Eligibility** – each voting member of the Governing Body shall have one vote;
b) Majority necessary to confirm a decision – simple majority;
c) Casting vote – the Chair of the Governing Body shall have a casting vote.

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

3.8.5. For all other of the CCG’s committees and sub-committees, including the Governing Body’s committees and sub-committees, the details of the process for holding a vote are set out in the appropriate terms of reference.

3.9. Emergency powers and urgent decisions

3.9.1. The Chair of the Governing Body shall have power to make urgent decisions on any matters delegated to the Governing Body and must take into account the advice of the Chief Officer and the Chief Financial Officer. Any such decision will be reported to the Governing Body and be subject to ratification by it.

3.10. Suspension of Standing Orders

3.10.1. Except where it would contravene any statutory provision or any direction made by the Secretary of State for Health or the NHS Commissioning Board, any part of these standing orders may be suspended at any meeting, provided a simple majority of the Member Practices are in agreement.

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

3.10.3. 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.

3.11. Record of Attendance

3.11.1. The names of all members of the meeting present at the meeting shall be recorded in the minutes of all meetings.

3.12. Minutes

3.12.1. The proceedings of each meeting of the CCG, the Governing Body or any of its committees will be recorded in minutes and once approved by the chair of the relevant meeting, shall, subject to redaction of any information that is exempt from disclosure under the Freedom of Information Act, be published on the CCG’s Website.
3.13. Admission of public and the press

3.13.1. Meetings of the CCG and the Governing Body shall be held in public. The Chair of the meeting shall have the right to declare any part of a meeting private and exclude the public if he/she considers that it is not in the public interest to permit members of the public to attend that part of the meeting because, for example, it is to discuss a confidential matter, or publicity relating to the particular subject matter would be prejudicial to the public interest.

4. APPOINTMENT OF COMMITTEES AND SUB-COMMITTEES

4.1. Appointment of committees and sub-committees

4.1.1. The CCG may appoint committees and sub-committees of the CCG, subject to any regulations made by the Secretary of State, and make provision for the appointment of committees and sub-committees of the Governing Body. Where such committees and sub-committees of the CCG, or committees and sub-committees of the Governing Body, are appointed they are included in clause 6.6.3 of the CCG’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 CCG shall determine the membership and terms of reference of committees and sub-committees and shall, if it requires, receive and consider reports of such committees at the next appropriate meeting of the CCG.

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

4.2. Terms of Reference

4.2.1. Terms of reference shall have effect as if incorporated into the constitution and shall be annexed to these standing orders.

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 CCG.

4.4. Approval of Appointments to Committees and Sub-Committees

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

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

5.1. 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 CCG and staff have a duty to disclose any non-compliance with these standing orders to the Chief Officer as soon as possible.

6. **USE OF SEAL AND AUTHORISATION OF DOCUMENTS**

6.1. **Clinical Commissioning Group’s seal**

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

a) the Chief Officer;
b) the Chair of the Governing Body;
c) the Chief Financial 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 CCG by their signature.

a) the Chief Officer
b) the Chair of the Governing Body
c) the Chief Financial Officer.

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

7.1. **Policy statements: general principles**

7.1.1. The CCG will from time to time agree and approve policy statements / procedures which will apply to all or specific groups of staff employed by it. The decisions to approve such policies and procedures will be recorded in an appropriate CCG minute and will be deemed, where appropriate, to be an integral part of the CCG’s standing orders.
ANNEX 1 TO APPENDIX C

NHS Barnet CCG

Locality Group Terms of Reference

Mission: We are local clinicians working with local people for a healthier future. We will work in partnership with local people to improve the health and well-being of the population of Barnet, find solutions to challenges and commission new and improved integrated pathways of care which address the health needs of the Barnet population. We will work within available resources.

1. Introduction

1.1 NHS Barnet Clinical Commissioning Group (the “CCG”) consists of primary medical service providers (“Member Practices”) in three Localities, namely: North Barnet, South Barnet and West Barnet. The Member Practices in each Locality shall meet within their respective Localities in “Locality Group” meetings.

1.2 Each Locality Group shall meet at least 6 times each year.

2. Relationship with the Governing Body

2.1 The Locality Groups are not committees or sub-committees of the Governing Body. They are a mechanism through which the Member Practices meet in smaller groups to share experiences and exchange views to help them pursue the CCG’s mission, stated above.

3. Remit and Responsibilities of the Localities

3.1 In summary, the functions of the Localities are:

a) to facilitate communication between Member Practices in the Localities and the Governing Body, ensuring that the views of the Localities are represented in the work of the CCG and at meetings of the Governing Body;

b) to discuss Locality specific issues;

c) to implement any Locality specific operational plans delegated to the relevant Locality by the Governing Body, the Chief Officer, the Chief Finance Officer or any committee of the Governing Body;

d) to engage with patients and the public by inviting patient representatives to attend Locality meetings;

e) to hold the Governing Body to account, and for the Member Practices to hold one another to account, for delivery of the CCG’s Commissioning Plans in
accordance with the CCG’s vision and values in order to deliver the CCG’s strategy;

f) to facilitate Member Practices working together and supporting one another to achieve improvements in services for patients.

4. **Membership and Attendance**

4.1 Each Member Practice belongs to a Locality Group. The relevant Locality Group for each Member Practice is indicated in the CCG’s constitution at Appendix B, Part 1.

4.2 Member Practices shall ensure that they send at least one representative to each Locality Group meeting. They may send more than one representative if they wish. GPs, practice nurses, allied health professionals and practice managers may attend.

4.3 Members of the Governing Body will also attend each Locality meeting to update the Locality Group on the CCG’s progress generally and to seek Member Practices views on the work of the CCG and to discuss how the CCGs plans are being implemented in the Localities by the relevant Member Practices.

4.4 Each Locality Group shall be chaired by a Clinical Leader from the Governing Body who is a GP within the Locality.

4.5 The CCG shall make management and administrative support available to the chair of the Locality Group for the purpose of organising meetings, agendas, minutes etc.

4.6 Whilst in attendance at Locality Group meetings, employees, members, committee and sub-committee members of the CCG and members of the Governing Body (and its committees) will at all times comply with the CCG’s constitution and shall be aware of their responsibilities as outlined in it, particularly those relating to conflicts of interest.

They should act in good faith and in the interests of the CCG and should follow the Seven Principles of Public Life, set out by the Committee on Standards in Public Life (known as the “Nolan Principles”). They must comply with the CCG’s policy on business conduct, including the requirements set out in the policy for managing conflicts of interest. This policy is published on the CCG’s Website.

5. **Frequency and Notice of Meetings and Quorum**

5.1 Each Locality’s Member Practices will meet together in their respective Localities at least six times per year.

5.2 The chair of the Locality Group shall give at least 3 weeks’ notice of Locality Group meetings and shall arrange for papers for meetings to be circulated at least 7 days in advance of meetings.
5.3 Full minutes shall be taken of Locality Group meetings and, once approved by the chair of the Locality Group, the minutes shall be published on the CCG’s Website and GP intranet for the public and all Member Practices and employees/officers of the CCG to access.
ANNEX 2 TO APPENDIX C

NHS Barnet Clinical Commissioning Group

Governing Body Audit Committee Terms of Reference

1 Introduction

The Audit Committee (in these terms of reference, “the Committee”) is established in accordance with the CCG’s constitution. These terms of reference set out the membership, remit responsibilities and reporting arrangements of the Committee and shall have effect as if incorporated into the CCG’s constitution.

2 Purpose

The purpose of the Committee is to assist the CCG to deliver its responsibilities for the conduct of public business, and the stewardship of funds under its control. In particular, the Committee will seek to provide assurance to the Governing Body that an appropriate system of internal control is in place to ensure that:

- Business is conducted in accordance with the law and proper standards;
- Public money is safeguarded and properly accounted for;
- Financial statements are prepared in a timely fashion, and give a true and fair view of the financial position of the CCG for the period in question;
- Affairs are managed to secure economic, efficient and effective use of resources;
- Reasonable steps are taken to prevent and detect fraud and other irregularities

3 Membership

The Committee shall be appointed by the CCG as set out in its constitution and may include individuals who are not on the Governing Body. The Committee shall consist of no less than three members.

The chair of the Committee (“Committee Chair”) will be the Lay Member on the Governing Body with a lead role in overseeing key elements of governance, and in the absence of the Committee Chair one of the other members of the Committee will chair the meeting.

The Chair of the Governing Body will not be a member of the Committee.
The membership of the Committee is as follows:

- Chair of Committee - Lay Member with a lead role in overseeing key elements of governance
- Lay Member with a lead role in championing patient and public participation
- Clinical Leader with a lead role in quality, clinical risk and safety
- Up to 2 further members appointed by the Governing Body from persons who can bring independent expertise and challenge – with experience of public sector audit committees, the NHS, risk management or financial controls

Persons in attendance will be:-

- Chief Financial Officer
- Chief Officer (when requested and at least once a year to discuss the process for assurance that supports the annual governance statement and when the committee considers the annual accounts)
- Internal audit and external audit representatives shall normally attend the meeting
- The senior manager(s) responsible for quality and corporate governance will be asked to attend
- Other managers and CCG leads, and representatives of relevant Commissioning Support Units (CSUs), will be invited to attend as appropriate to discuss areas of risk, controls, or operations that are their responsibility
- The CCG shall make management and administrative support available to the Committee Chair for the purpose of organising meetings, agendas, minutes etc.

4 Meetings and decision making

- The Committee will meet six times a year (and in no circumstances less than two times a year) and may convene for special meetings at the discretion of the Committee Chair.
- At least once a year the Committee should meet privately with the external and internal auditors.
- Representatives from NHS Protect may be invited to attend meetings and will normally attend at least one meeting each year, and the Committee will ensure that the CCG has arrangements in place to work effectively with NHS Protect
- External audit, internal audit, local counter fraud and security management (NHS Protect) providers will have full and unrestricted rights of access to the Committee.
- The Chair of the Governing Body may be invited to attend one meeting each year in order to form a view on, and understanding of, the Committee’s operations.
• A decision put to a vote at the meeting shall be determined by a majority of the votes of members present. In the case of an equal vote, the Committee Chair shall have the casting vote.

5 Quorum

A quorum shall be three members. If the meeting becomes inquorate, the meeting shall either be suspended or decisions adjourned to another date, and in the event of suspension or adjournment decisions may be voted on remotely (including by teleconference or e-mail) by those who attended the relevant meeting.

6 Remit and responsibilities of the Committee

The Committee will critically review the CCG’s financial reporting and internal control principles and ensure an appropriate relationship with both internal and external auditors is maintained.

The duties of the Committee will be driven by the priorities identified by the CCG, and the associated risks. This is operated through a programme of business, as agreed annually by the CCG, which will be flexible to new and emerging priorities and risks.

The key duties of the audit committee are as follows:

Integrated governance, risk management and internal control

The Committee will review the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the CCG’s activities that support the achievement of the CCG’s objectives.

Its work will align with that of the Quality and Clinical Risk Committee, to seek assurance that robust clinical quality processes are in place.

In particular, the Committee will review the adequacy and effectiveness of:

• All risk and control related disclosure statements (in particular the governance statement), together with any appropriate independent assurances, prior to endorsement by the CCG.
• The underlying assurance processes that indicate the degree of achievement of CCG objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements.
• The policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements and related reporting and self-certification.
• The policies and procedures for all work related to fraud and corruption as set out in Secretary of State Directions and as required by the NHS Counter Fraud and Security Management Service.

In carrying out this work the Committee will primarily utilise the work of internal audit, external audit and other assurance functions, but will not be limited to these sources. It will also seek reports and assurances from directors and managers as appropriate, concentrating on the over-arching systems of integrated governance, risk management and internal control, together with indicators of their effectiveness.

The Committee will be responsible for overseeing the CCG’s risk management strategy, risk register and Board Assurance Framework, (“BAF”), and will oversee the BAF and all high-rated risks from relevant risk registers prior to their review and approval by the Governing Body. The Committee will report to the Governing Body on a regular basis in connection with its scrutiny of the CCG’s risk registers and the BAF.

The effectiveness of the Committee’s systems for integrated governance, risk management and internal control will be evidenced through the Committee’s use of an effective assurance framework to guide its work and that of the audit and assurance functions that report to it.

**Internal audit**

The Committee shall ensure that there is an effective internal audit function that meets mandatory NHS Internal Audit Standards and provides appropriate independent assurance to the Committee, Chief Officer and CCG. This will be achieved by:

• Consideration of the provision of the internal audit service, the cost of the audit and any questions of resignation and dismissal.
• Review and approval of the internal audit strategy, operational plan and more detailed programme of work, ensuring that this is consistent with the audit needs of the CCG, as identified in the assurance framework.
• Considering the major findings of internal audit work (and management’s response) and ensuring co-ordination between the internal and external auditors to optimise audit resources.
• Ensuring that the internal audit function is adequately resourced and has appropriate standing within the CCG.
• An annual review of the effectiveness of internal audit.

**External audit**

The Committee shall review the work and findings of the external auditors and consider the implications and management’s responses to their work. This will be achieved by:

• Consideration of the performance of the external auditors, as far as the rules governing the appointment permit.
• Discussion and agreement with the external auditors, before the audit commences, on the nature and scope of the audit as set out in the annual plan, and ensuring co-ordination, as appropriate, with other external auditors in the local health economy.
• Discussion with the external auditors of their local evaluation of audit risks and assessment of the CCG and associated impact on the audit fee.
• Review of all external audit reports, including the report to those charged with governance, agreement of the annual audit letter before submission to the CCG and any work undertaken outside the annual audit plan, together with the appropriateness of management responses.

The Committee, and its members, shall have direct and unrestricted access to the head of internal audit and to external auditors.

**Other assurance functions**

The Committee shall review the findings of other significant assurance functions, both internal and external and consider the implications for the governance of the CCG.

These will include, but will not be limited to, any reviews by Department of Health arm’s length bodies or regulators/inspectors (for example, the Care Quality Commission and NHS Litigation Authority) and professional bodies with responsibility for the performance of staff or functions (for example, Royal Colleges and accreditation bodies).

The Committee shall also:

• in the event of a decision to suspend the CCG’s standing orders, review the reasonableness of that decision in accordance with paragraph 3.10 of the CCG’s standing orders
• ratify, or take appropriate referring action, in the event of non-compliance with the Prime Financial Policies, in accordance with paragraph 1.2.1 of the CCG’s Prime Financial Policies
• scrutinise the Prime Financial Policies in accordance with paragraph 1.5.1 of the CCG’s Prime Financial Policies
• approve any changes to the provision or delivery of assurance services to the CCG
• approve the banking arrangements of the CCG from time to time

Counter fraud

The Committee shall satisfy itself that the CCG has adequate arrangements in place for countering fraud and shall review the outcomes of counter fraud work. It shall also approve the CCG’s counter fraud and security management arrangements.

Management

The Committee shall request and review reports and positive assurances from directors and managers on the overall arrangements for governance, risk management and internal control.

The Committee may also request specific reports from individual functions within the CCG as they may be appropriate to the overall arrangements.

Financial reporting

The Committee shall monitor the integrity of the financial statements of the CCG and any formal announcements relating to the CCG’s financial performance.

The Committee shall ensure that the systems for financial reporting to the CCG, including those of budgetary control, are subject to review as to completeness and accuracy of the information provided to the CCG.

The Committee shall review the annual report and financial statements before submission to the Governing Body and the CCG, focusing particularly on:

• The wording in the governance statement and other disclosures relevant to the terms of reference of the Committee;
• Changes in, and compliance with, accounting policies, practices and estimation techniques;
• Unadjusted mis-statements in the financial statements;
• Significant judgements in preparing of the financial statements;
• Significant adjustments resulting from the audit;
• Letter of representation; and
• Qualitative aspects of financial reporting.

7 Authority to Act

The Committee is authorised by the Governing Body to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee and all employees are directed to cooperate with any request made by the Committee.

The Committee is authorised by the Governing Body to obtain external legal or other independent professional advice and to secure the attendance of advisers with relevant experience and expertise if it considers this necessary.

8 Reporting and accountability

The committee will report to the Governing Body. Minutes of the Committee meetings will be presented to the Governing Body meeting.

The Committee Chair will draw to the attention of the Governing Body any issues that require disclosure or where executive action is necessary.

The Committee will report annually to the Governing Body on its work to support the annual governance statement, specifically commenting on the fitness for purpose of the CCG assurance framework, the completeness and embeddings of risk management in the CCG and the integration of governance arrangements.

The Committee may establish sub-committees to support it in its role. The scope and membership of those sub-committees will be determined by the Committee.

An annual report of its performance, membership and terms of reference will be submitted to the Governing Body.

9 Conduct of the Committee

The Committee shall conduct its business in accordance with national guidance, relevant codes of practice including the Nolan Principles and the CCG’s policies in respect of conflicts of as set out in the CCG’s constitution.
10 Review

These terms of reference will be reviewed following confirmation of authorisation and at least annually. These terms of reference will be submitted to the Governing Body for approval following any review.
ANNEX 3 TO APPENDIX C

NHS Barnet Clinical Commissioning Group
Governing Body’s
Remuneration Committee’s
Terms of Reference

1 Constitution

The Governing Body hereby establishes a committee of the Governing Body known as the Remuneration Committee (in these terms of reference, “the Committee”). The Committee is established in accordance with the CCG’s constitution, standing orders and scheme of reservation and delegation.

These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the Committee and shall have effect as if incorporated into the CCG’s constitution.

The Committee has no executive powers other than those specifically delegated in these terms of reference.

2 Purpose

To determine and approve the remuneration, fees and other allowances for employees of the CCG who are engaged to undertake responsibilities for the CCG and to determine and approve allowances for CCG employees under any pension scheme that the CCG may establish as an alternative to the NHS pension scheme.

3 Responsibilities

In accordance with the CCG’s scheme of reservation and delegation (set out in Appendix D of the CCG’s constitution), the following functions are delegated to the Committee:
• determining and approving the terms and conditions of employment and all sums payable to employees of the CCG and to other persons providing services to the CCG including:
  
  - pensions;
  - remuneration;
  - fees, travelling or other allowances; and

• approving any other terms and conditions of service for CCG employees.

In accordance with these functions, the Committee will:

Determine and approve the remuneration and terms of service for all members of the Governing Body, taking in to account any national or local guidance as is appropriate, so as to ensure that Governing Body members are fairly rewarded for their individual contribution to the CCG while having proper regard to the CCG’s circumstances and performance.

Determine and approve appropriate remuneration and terms of service for senior employees who report to the CCG’s Chief Officer in accordance with relevant national pay frameworks or any other guidance as appropriate. This shall include all aspects of salary (including any performance related elements / bonuses); provisions for other benefits and any other contractual terms.

Determine and approve appropriate contractual arrangements and remuneration for all staff and clinicians, including the proper calculation and scrutiny of termination payments, excluding ill health and normal retirement, taking into account such national guidance as is appropriate.

Approve the design of, and determine targets for, any performance related pay schemes operated and approve the total annual payments made under such schemes.

Determine and approve any adhoc arrangements relating to pension arrangements for any executive directors and other senior executives.

Consider and, if appropriate, approve proposals presented by the Chief Officer and/or the Chair of the Governing Body for the setting of remuneration and conditions of service for other employees and officers.
Review and advise on plans produced by the Chair of the Governing Body and/or Chief Officer which set out appropriate succession planning for clinical posts and senior officers, taking into account the challenges and opportunities facing the CCG and the skills and expertise that may be needed on the Governing Body in the future.

Ensure that all of the CCG’s constitutional provisions regarding disclosure of remuneration, including pensions, are fulfilled.

Ensure that remuneration and terms and conditions of engagement of all staff are set out in writing in a contract of employment.

Assist the CCG, as appropriate, in the maintenance and publication of relevant policies including those concerning the remuneration of staff, in particular, the CCG’s duty to publish an annual remuneration report (clause 5.3(d)(iii) of the CCG’s constitution).

4 Membership

The membership of the Committee will be:

- The Lay Member with a lead role in championing patient and public involvement (who shall be Chair of the Committee)
- The Lay Member with a lead role in overseeing key elements of governance
- Up to 4 GPs selected by the Governing Body from the Member Practices to represent the interests of the wider membership of the CCG
- One member nominated by the Health and Wellbeing Board

The Chair of the Governing Body, Chief Finance Officer or any other clinical or senior officer (either from the CCG or a NHS commissioning support unit) may be requested to attend the Committee meetings as directed by members of the Committee.

Lay Members shall not participate in any discussion or decision about the remuneration of Lay Members. In such circumstances, the Committee shall appoint one from among its number to act as Chair for the discussion and decision relating to Lay Member remuneration. Save for the Lay Members, no member of the Governing Body shall Chair the Committee.

5 Quorum

A minimum of one Lay Member and two other members will constitute a quorum. In relation to business concerning remuneration of Lay Members (from which Lay Members shall be excluded), the quorum shall consist of any 3 members excluding the Lay Members.

A decision put to a vote at the meeting shall be determined by a majority of the votes of members present. In the case of an equal vote, the Chair of the Committee shall have a second and casting vote.
6 Reporting arrangements

The Committee shall report formally to the Governing Body on its proceedings after each meeting on all matters within its duties and responsibilities.

The report shall be presented to the confidential meeting of the Governing Body.

The Committee shall make recommendations to the Governing Body on any area within its remit where action or improvement is needed.

Minutes/reports of meetings will be confidential and only one master copy shall be produced and held in a private minute book by the secretary to the Governing Body.

7 Administration

The CCG shall make administrative support available to the Chair of the Committee for the purpose of organising meetings, agendas, minutes, etc.

8 Frequency

The Committee will meet at least twice yearly with extraordinary meetings held as required.

The Committee may determine that in the interest of expediency or when there are few items to be discussed that the business of the Committee can be conducted by e-mail or telephone conference.

Where a discussion is required all Committee members are required to respond.

9 Conduct of the Committee

The Committee shall conduct its business in accordance with national guidance, relevant codes of practice including the Nolan Principles and the provisions of the constitution regarding conflicts of interest.

An annual remuneration report including reports on of the Committee’s performance, membership and terms of reference will be submitted to the Governing Body.
10 Review

These terms of reference will be reviewed on an annual basis or sooner if required with recommendations made to the CCG Governing Group for approval following any review.
ANNEX 4 TO APPENDIX C

NHS BARNET CLINICAL COMMISSIONING GROUP

QIPP (QUALITY, INNOVATION, PRODUCTIVITY & PREVENTION), FINANCE AND PERFORMANCE COMMITTEE

TERMS OF REFERENCE
September 2012

CONTEXT

From April 2012, NHS Barnet Clinical Commissioning Group (the “CCG”) assumed delegated responsibility for NHS Barnet PCT’s budgets.

CONSTITUTION

The QIPP, Finance and Performance Committee (the “Committee”) is a committee of the CCG’s Governing Body (“Governing Body”) with decision-making powers as specified in these terms of reference, which have effect as if incorporated into the CCG’s constitution. During 2012 and part of 2013, these decision-making powers are delegated to it by NHS North Central London Cluster (“NCL”). From April 2013, following the authorisation of the CCG, these decision-making powers will be delegated to the Committee by the Governing Body.

PURPOSE

The Committee is required by the Governing Body to oversee the delivery of QIPP, finance and performance targets and to provide assurance to the Governing Body on the CCG’s performance against targets.

MEMBERSHIP

The membership of the Committee will comprise of the following individuals:

- The Chair of the Governing Body (Chair)
- The Lay Member of the Governing Body with a lead role in championing for patient and public engagement
- the Lay Member of the Governing Body with a lead role in overseeing key elements of governance
- Two Clinical Leaders from the Governing Body, who are from different Localities to the Chair and from each other (i.e. between them, the chair and two clinical leaders will represent the North, South and West Barnet localities)
- The secondary care specialist from the Governing Body
- The Chief Officer
- The Chief Finance Officer
- A representative from Public Health
- Associate Director of Joint Commissioning
- Assistant Director of Clinical Commissioning and Corporate Services
- Assistant Director of Service Development and QIPP

ATTENDANCE

If unable to attend in person, a Committee member will nominate a suitable deputy to attend in his/her place.

Additional Governing Body members, CCG members and non-CCG members will be invited to attend meetings of the Committee when the Committee is discussing areas that fall within their sphere of responsibility.

QUORATE

Any 5 members of the Committee need to be present for a Committee meeting to be quorate and must include:

- either the chair of the Governing Body or the Lay Member of the Governing Body with a lead role in championing patient and public engagement; and
- where the CCG Chair is not present, one clinical member of the Governing Body;

FREQUENCY AND NOTICE OF MEETINGS

The Committee will meet fortnightly. The chair of the Committee may call additional meetings as necessary.

The meeting will be centred on six areas on a rolling monthly cycle:

- Walk the Wall for key QIPP areas
- Finance Report
- Risk and Opportunities
- QIPP Report – focusing on significant PIDs and exception reporting
- Contracting Position
- Performance

Papers will be sent out one week before the meeting. Yearly dates will be supplied to all members and published on the CCG’s website.

REMIT AND RESPONSIBILITIES

The overall purpose of the Committee is to ensure that the CCG achieves its financial and performance targets. Its specific duties are:
• To receive and consider reports on the CCG’s finances in particular:
  o spending against plan and budget
  o achievement of targets
  o run rate of activity and spending
  o performance of the QIPP plan
  o financial issues and key risks/opportunities
  o underlying activity trends from acute, community and primary care providers

• To ensure that corrective plans are in place where variation from plan requires action.

• To review and scrutinise the CCG’s risk register and Board Assurance Framework (“BAF”) with regard to financial risk.

• To report to the Governing Body, at each of its meetings, with the Committee’s assessment of performance and risks and, as necessary, recommendations for further action by the Governing Body.

• To commit investment or disinvestment in accordance with the strategies and plans approved by the Governing Body.

• To undertake monitoring of performance against national performance indicators.

• To scrutinise the performance of commissioned contracts, assure the CCG of compliance and oversee action plans where performance is deemed to need corrective actions.

• To form and dissolve any sub-committees as deemed necessary by the Committee to progress the requirements of the Committee.

• To recommend to the Governing Body QIPP plans which will allow the CCG to meet its control total each year.

• To ensure that high-level health impact assessments of key proposals are undertaken, to identify any potentially adverse impact on service quality, patient experience, or the achievement of priority outcomes; and to ensure that any such adverse impact is brought to the attention of the Governing Body.

• To agree prioritisation of individual schemes and resource allocation.

• To review associated enabling strategies to ensure congruence with the QIPP Plan (workforce, estates, IM&T, communications and engagement).
• To oversee the development of the QIPP Programme and approve associated implementation plans and ensure that expected benefits/KPIs are realised and risks mitigated, supported by robust financial and activity reports.

• To agree action required to address any slippage in the delivery of plans. This may include escalation to Governing Body for resolution.

DECISION MAKING

The Committee has delegated authority to:

• Make decisions on plans in line with Standing Orders and Financial Regulations
• Decisions will be made by consensus wherever possible but if a vote is required it will be taken simple majority with the chair of the Committee having a casting vote.

REPORTING

The Committee will report to the Governing Body on a monthly basis, setting out the main matters discussed and any decisions taken, highlighting any matters requiring disclosure to them, or requiring their approval. The Committee will report to the Governing Body on its review and scrutiny of the CCG’s risk registers and BAF in relation to financial risk. Issues of strategic concern should be documented in NHS Barnet PCT’s Strategic Risk Register or Board Assurance Framework as appropriate.

CONDUCT OF THE COMMITTEE

The committee will conduct its business in accordance with relevant national guidance and relevant codes of conduct and/or good practice guidance including Nolan’s seven principles of public life.

The committee will review its performance, members and terms of reference annually. Any amendments will be approved by the Governing Body.

A yearly report will be submitted to the Governing Body.

REVIEW

Terms of Reference to be reviewed in April 2013.
ANNEX 5 TO APPENDIX C

NHS Barnet Clinical Commissioning Group

Quality and Clinical Risk Committee Terms of Reference

1. Introduction

The Quality and Clinical Risk Committee (“the Committee”) is established in accordance with the constitution, standing orders and scheme of delegation of NHS Barnet clinical commissioning group (“the CCG”). These terms of reference set out the membership, remit responsibilities and reporting arrangements of the committee and shall have effect as if incorporated into the CCG’s constitution and standing orders.

2. Purpose

The Committee is responsible for assuring the quality and safety of all commissioned services and providing assurance to the Governing Body that risks are identified and mitigated. Particular emphasis relates to CCG’s statutory responsibilities for quality and safety in accordance with the Health and Social Care Act 2012.

3. Membership

Membership for the Committee will be:

- CCG Lead for Quality (Chair) (GP governing body member)
- CCG Lay member of the governing body for Patient and Public Engagement (Vice Chair)
- CCG lead for QIPP performance and finance committee
- CCG GP Governing Body member
- CCG Secondary Care Doctor member
- CCG Nurse member
- A senior public health representative in accordance with the service level agreement with the London Borough of Barnet
- Assistant Director of Clinical Commissioning and Corporate Services

Persons in attendance at all meetings will be:
• Commissioning Support Unit representative for Quality and Safety
• Member of the public / patient representative
• Local Authority – social care representation

Persons required to attend for specific business when required will be:

• Named Nurse for Vulnerable Adults
• Designated Nurse for Child Safeguarding
• Medicines Optimisation Representative

Other CCG and non CCG members will be asked to attend when appropriate

Commissioned service providers may be ask to attend when appropriate

4. Quorum

At least 5 members of the Committee need to be present and this must include:

• Either the CCG governing body lead for Quality (Chair) or CCG lay member of the
governing body for Patient and Public Engagement (Vice Chair);
• and one other CCG Governing Body GP member

5. Frequency and notice of meetings

Meetings will be held two-monthly. A minimum of 6 meetings will be held in a year. The
Chair may call a special meeting at discretion to consider extraordinary or urgent business.

Papers will be sent out at least one week in advance of the meeting. Dates for the year will
be supplied to all members and published on the CCG website.

6. Remit and responsibilities of the committee

The duties of the committee will be driven by the priorities for the CCG and take account of
any associated risks or the need for quality improvement. A programme of business will be
agreed by the Committee that is flexible to accommodate emerging priorities and risks.
The following functions are delegated or reserved to the Committee in accordance with the CCG’s scheme of delegation:

- To approve arrangements, including supporting policies, to minimise clinical risk, maximise patient safety and to secure continuous improvement in quality and patient outcomes.
- To approve arrangements for supporting the NHS Commissioning Board in discharging its responsibilities in relation to securing continuous improvement in the quality of general medical services.

In line with these functions, the duties of the Committee include the following:

6.1 Strategic Planning

- To seek assurance that the local commissioning strategy developed by the CCG fully reflects all elements of quality (patient experience, effectiveness and patient safety).
- To lead the development of local CQUIN policies and CQUIN metrics that support the delivery of local strategies.
- To review quality performance with regard to QIPP and advise the Governing Body on quality impact assessments for specific QIPP projects.

6.2 Procurement

- To provide high level scrutiny of service redesign, service specifications and any process that is put into place for services delivered through procurement including ‘any willing provider’.

6.3 Monitoring and Evaluation

6.3.1 NHS Organisations

- To approve and sign off of acute, mental health and community providers’ annual quality accounts.
- To monitor the work of the clinical quality review groups for each major provider across acute, mental health and community services.
- To receive and review quarterly reports of performance against Commissioning for Quality and Innovation (CQUINs) for the main CCG commissioned services.
• To receive and review quarterly reports on the performance of NHS organisations i.e. from organisations such as the Care Quality Commission, Monitor and other relevant regulatory bodies.
• To advise the Governing Body on actions required following national inquiries, national and local reviews undertaken by the Care Quality Commission in relation to commissioned services and monitor the implementation of conditions on local providers in conjunction with the Commissioning Support Unit.
• To receive regular reports on issues concerning serious incidents requiring investigation (SIRIs); including all never events. Assuring the Governing Body of any escalation or sensitive issues promptly.
• To provide high level review, monitoring and approval of specific action plans or recovery plans as they relate to the quality and safety of commissioned services.

6.3.2 Patient experience

• To advise on and develop mechanisms for the Governing Body to be accessible to patients, hear their stories and use this intelligence to inform the commissioning of local services.
• To receive and monitor patient complaint and patient experience reports including those submitted via Healthwatch and the Commissioning Support Unit complaints team.
• To receive and scrutinise independent investigation reports relating to patient safety issues and to agree publication plans and on-going monitoring of actions.
• To provide oversight for the Individual Funding Requests panel and to receive reports on the work of the panels where appropriate to do.
• To review trends in complaints received by the CCG in relation to commissioning decisions e.g. Individual Funding Requests.

6.3.3 Safeguarding

• To provide assurance to the Local Safeguarding Boards that robust governance processes are in place to assure child and adult safety across the health sector.
• To work with partners to inform child and adult safeguarding in relation legislative process.
• To receive, review and where appropriate approve reports in relation to safeguarding adults and children which identify areas of compliance, themes and trends.
• To receive and publish the annual safeguarding reports for children and adults and recommend appropriate action, advising the CCG governing body appropriately.
6.3.4. Primary Care (quality performance)

- To receive and review information on the quality of primary care services, working in conjunction with the NHS Commissioning Board (NHS CB), providing assurance and advice to the Governing Body.
- To review the CCG’s performance on quality against the Commissioning Outcomes Framework and to provide assurance to the Governing Body.

6.3.5. Patient safety

- To receive assurance from the Commissioning Support Unit over the circulation and implementation of patient safety alerts.
- To monitor and review clinical best practice guidance and advise on training and or educational gaps in relation to quality assurance.
- To review and approve any CCG policies as they relate to quality (patient experience, effectiveness and safety).

6.3.6. Escalation

- To ensure that there is a robust escalation process, including appropriate triggers to enable appropriate engagement of external bodies on areas of concern.
- To oversee and provide the Governing Body with the assurance that effective management of clinical risk is in place to manage and address clinical governance issues.

6.4. Research Governance

- To manage the approval of research protocols
- To manage the approval of primary care research

6.5. Equality and Diversity

- To conduct Equality Impact Assessments (EQIA)
- To assume delegated responsibility from the Governing Body for the development and implementation of the CCG’s equality delivery system
- To support the Governing Body in publishing in its annual report a report on compliance with the delivery of the equality delivery system, and to conduct relevant assessments and to compile relevant reports regarding equality and diversity
- To support the equality and diversity functions of the CCG, including through commissioning expert advice as necessary, and ensuring their application to the back office functions of the CCG
- To enable the CCG to meet its statutory equality requirements, and to manage this function through the Commissioning Support Unit as appropriate
Barnet Clinical Commissioning Group

- To assist with engagement with organisations who represent minority groups in the Area

6.6. Board Assurance Framework (“BAF”) and Risk Registers
- To scrutinise the CCG’s risk register and BAF in relation to clinical risks, quality and safety

7. Relationship with the Governing Body

The Committee will report to the Governing Body after each meeting. Issues of strategic concern should be documented in the corporate risk register or Board Assurance Framework of Barnet PCT as appropriate. The Committee will report to the Governing Body on any issues of clinical risk, quality or safety arising out of its review and scrutiny of the CCG’s risk register and BAF.

The Committee will provide assurance to the Governing Body that commissioned services (including those jointly commissioned with the local authority) are being delivered with high quality and safety and all clinical risks are minimised.

8. Conduct of the committee

The Committee will conduct its business in accordance with any national guidance and relevant codes of conduct and/or good practice guidance including Nolan’s seven principles of public life.

The committee will review its performance, members and terms of reference annually. Any amendments will be approved by the Governing Body.

A yearly report will be submitted to the Governing Body.
APPENDIX D

SCHEME OF RESERVATION & DELEGATION

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

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

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

1.3. Consideration and approval of applications to the NHS Commissioning Board on any matters concerning amendments to this constitution are reserved to the CCG.
<table>
<thead>
<tr>
<th>Number</th>
<th>Policy Area</th>
<th>Decision</th>
<th>Reserved to the Membership</th>
<th>Reserved or delegated to Governing Body</th>
<th>Chief Officer</th>
<th>Chief Finance Officer</th>
<th>Committee</th>
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<tbody>
<tr>
<td>1</td>
<td>Regulation and Control</td>
<td>Determine the arrangements by which the members of the CCG approve those decisions that are reserved for the membership.</td>
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<td>2</td>
<td>Regulation and Control</td>
<td>Consideration and approval of applications to the NHS Commissioning Board on any matter concerning changes to the CCG’s constitution, including terms of reference for the Governing Body, its committees, membership of committees, the overarching scheme of reservation and delegated powers, arrangements for taking urgent decisions, standing orders and prime financial policies.</td>
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<td>3</td>
<td>Regulation and Control</td>
<td>Exercise or delegation of those functions of the CCG which have not been retained as reserved by the CCG, delegated to the Governing Body or other committee or sub-committee or specified member or employee</td>
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<td>4</td>
<td>Regulation and Control</td>
<td>Prepare the CCG’s overarching scheme of reservation and delegation, which sets out those decisions reserved to the membership and those delegated to the Governing Body, committees and sub-</td>
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<td>5</td>
<td>Regulation and Control</td>
<td>Approval of the CCG’s overarching scheme of reservation and delegation</td>
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<td>6</td>
<td>Regulation and Control</td>
<td>Prepare the CCG’s operational scheme of delegation, which sets out those key operational decisions delegated to individual employees of the CCG, not for inclusion in the CCG’s constitution.</td>
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<td>7</td>
<td>Regulation and Control</td>
<td>Approval of the CCG’s operational scheme of delegation that underpins the CCG’s ‘overarching scheme of reservation and delegation’ as set out in its constitution</td>
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<td>8</td>
<td>Regulation and Control</td>
<td>Prepare detailed financial policies that underpin the CCGs Prime financial policies</td>
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<td>9</td>
<td>Regulation and Control</td>
<td>Approve detailed financial policies.</td>
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<td>10</td>
<td>Regulation and Control</td>
<td>Approve arrangements for managing exceptional funding requests</td>
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<td>11</td>
<td>Practice Member’ Representatives and Members of</td>
<td>Approve the arrangements for identifying individuals to represent Member Practices on committees</td>
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<td>12</td>
<td>Practice Member’ Representatives and Members of the Governing Body</td>
<td>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.</td>
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<td>13</td>
<td>Practice Member’ Representatives and Members of the Governing Body</td>
<td>Approve arrangements for identifying the CCG’s proposed Chief Officer.</td>
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<td>14</td>
<td>Strategy and Planning</td>
<td>Agree the vision, values and overall strategic direction of the CCG.</td>
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<td>15</td>
<td>Strategy and Planning</td>
<td>Approval of the CCG’s operating structure.</td>
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<td>16</td>
<td>Strategy and Planning</td>
<td>Approval of the CCG’s Commissioning Plan.</td>
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<td>17</td>
<td>Strategy and Planning</td>
<td>Approval of the CCG’s corporate budgets that meet the financial duties as set out in clause 5.3 of the constitution</td>
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<td>18</td>
<td>Strategy and Planning</td>
<td>Approval of variations to the approved budget where</td>
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<td>19</td>
<td>Annual Reports and Accounts</td>
<td>Approval of the CCG’s Annual Report and Annual Accounts</td>
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<td>20</td>
<td>Annual Reports and Accounts</td>
<td>Approval of the arrangements for discharging the CCG’s statutory financial duties</td>
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<td>21</td>
<td>Human Resources</td>
<td>Approve the terms and conditions, remuneration and travelling or other allowances for Governing Body members, including pensions and gratuities.</td>
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<td>Remuneration Committee</td>
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<td>22</td>
<td>Human Resources</td>
<td>Approve terms and conditions of employment for all employees of the CCG including, pensions, remuneration, fees and travelling or other allowances payable to employees and to other persons providing services to the CCG.</td>
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<td>Remuneration Committee</td>
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<td>23</td>
<td>Human Resources</td>
<td>Approve any other terms and conditions of services for the CCG’s employees.</td>
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<td>Remuneration Committee</td>
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<td>24</td>
<td>Human Resources</td>
<td>Determine and approve the terms and conditions of employment for all employees of the CCG</td>
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<td>25</td>
<td>Human Resources</td>
<td>Determine and approve pensions, remuneration, fees and</td>
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<td>Human Resources</td>
<td>Determine and approve pensions, remuneration, fees and allowances payable to employees and to other persons providing services to the CCG.</td>
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<td>Remuneration Committee</td>
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<td>27</td>
<td>Human Resources</td>
<td>Approve disciplinary arrangements for employees, including the Chief Officer (where he/she is an employee or member of the CCG) and for other persons working on behalf of the CCG.</td>
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<td>28</td>
<td>Human Resources</td>
<td>Approval of the arrangements for discharging the CCG’s statutory duties as an employer</td>
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<td>29</td>
<td>Human Resources</td>
<td>Approve HR policies for employees and for other persons working on behalf of the CCG.</td>
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<td>30</td>
<td>Quality and Safety</td>
<td>Approve arrangements, including supporting policies, to minimise clinical risk, maximise patient safety and to secure continuous improvement in quality and patient outcomes.</td>
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<td>Quality and Clinical Risk Committee</td>
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<td>31</td>
<td>Quality and Safety</td>
<td>Approve arrangements for supporting the NHS Commissioning Board in discharging its responsibilities in relation to securing continuous</td>
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<td>32</td>
<td>Operational and Risk Management</td>
<td>Improvement in the quality of general medical services.</td>
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<td>33</td>
<td>Operational and Risk Management</td>
<td>Prepare and recommend an operational scheme of delegation that sets out who has responsibility for operational decisions within the CCG.</td>
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<td>Audit Committee</td>
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<td>34</td>
<td>Operational and Risk Management</td>
<td>Approve the CCG’s counter fraud and security management arrangements.</td>
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<td>35</td>
<td>Operational and Risk Management</td>
<td>Approve arrangements for risk sharing and or risk pooling with other organisations (for example arrangements for pooled funds with other CCGs or pooled budget arrangements under section 75 of the NHS Act 2006).</td>
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<td>36</td>
<td>Operational and Risk Management</td>
<td>Approval of a comprehensive system of internal control, including budgetary control, that underpins the effective, efficient and economic operation of the CCG.</td>
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<td>37</td>
<td>Operational and Risk Management</td>
<td>Approve proposals for action on litigation against or on behalf of the CCG.</td>
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<td>Number</td>
<td>Policy Area</td>
<td>Decision</td>
<td>Reserved to the Membership</td>
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<td>Chief Officer</td>
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<td>38</td>
<td>Operational and Risk Management</td>
<td>Approve the CCG’s arrangements for business continuity and emergency planning.</td>
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<td>39</td>
<td>Operational and Risk Management</td>
<td>Approve the CCG’s arrangements for handling complaints.</td>
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<td>40</td>
<td>Information Governance</td>
<td>Approval of the arrangements for ensuring appropriate and safekeeping and confidentiality of records and for the storage, management and transfer of information and data.</td>
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<td>41</td>
<td>Tendering and Contracting</td>
<td>Approval of the CCG’s contracts for any commissioning support.</td>
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<td>42</td>
<td>Tendering and Contracting</td>
<td>Approval of the CCG’s contracts for corporate support (for example finance provision)</td>
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<td>43</td>
<td>Partnership Working</td>
<td>Approve decisions that individual members or employees of the CCG participating in joint arrangements on behalf of the CCG can make. Such delegated decisions must be disclosed in this scheme of reservation and delegation. Approve decisions delegated to joint committees established under section 75 of the NHS Act 2006.</td>
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<td>44</td>
<td>Commissioning and</td>
<td>Approval of the arrangements for discharging the CCG’s</td>
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<td>Number</td>
<td>Policy Area</td>
<td>Decision</td>
<td>Reserved to the Membership</td>
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<td></td>
<td>Contracting for Clinical Services</td>
<td>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.</td>
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<td>45</td>
<td>Commissioning and Contracting for Clinical Services</td>
<td>Approve arrangements for coordinating the commissioning of services with other CCGs and or with the local authority, where appropriate.</td>
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<td>46</td>
<td>Communication</td>
<td>Approving arrangements for handling Freedom of Information requests.</td>
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<tr>
<td>47</td>
<td>Communication</td>
<td>Determining arrangements for handling Freedom of Information requests.</td>
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<tr>
<td>48</td>
<td>Communication</td>
<td>Approving the CCG policy for engagement with Member Practices</td>
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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 CCG’s constitution.

1.1.2. The prime financial policies are part of the CCG’s control environment for managing the organisation’s financial affairs. They contribute to good corporate governance, internal control and managing risks. They enable sound administration, lessen the risk of irregularities and support commissioning and delivery of effective, efficient and economical services. They also help the Chief Officer and Chief Finance Officer to effectively perform their responsibilities. They should be used in conjunction with the scheme of reservation and delegation found at Appendix D.

1.1.3. In support of these prime financial policies, the CCG has prepared more detailed policies, approved by the Chief Officer and Chief Finance Officer, known as detailed financial policies. The CCG refers to these prime and detailed financial policies together as the CCG’s financial policies.

1.1.4. These prime financial policies identify the financial responsibilities which apply to everyone working for the CCG and its constituent organisations. They do not provide detailed procedural advice and should be read in conjunction with the detailed financial policies. The Chief Officer and Chief Finance Officer are responsible for approving all detailed financial policies.

1.1.5. A list of the CCG’s detailed financial policies will be made available to patients and the public via the CCG’s Website.

1.1.6. Should any difficulties arise regarding the interpretation or application of any of the prime financial policies then the advice of the Chief Officer or 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 CCG’s constitution, standing orders and scheme of reservation and delegation.

1.1.7. Failure to comply with prime financial policies and standing orders can in certain circumstances be regarded as a disciplinary matter that could result in dismissal.

1.2. Overriding Prime Financial Policies
1.2.1. If for any reason these prime financial policies are not complied with, full details of the non-compliance and any justification for non-compliance and the circumstances around the non-compliance shall be reported to the next formal meeting of the Governing Body’s Audit Committee for referring action or ratification. All of the CCG’s members 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 CCG’s members, employees, members of the Governing Body, members of the governing body’s committees and sub-committees, members of the CCG’s committee and sub-committee (if any) and persons working on behalf of the CCG are set out in chapters 6 and 7 of this constitution.

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

1.4. Contractors and their employees

1.4.1. Any contractor or employee of a contractor who is empowered by the CCG to commit the CCG to expenditure or who is authorised to obtain income shall be covered by these instructions. It is the responsibility of the Chief 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 Chief 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 CCG’s constitution, any amendment will not come into force until the CCG applies to the NHS Commissioning Board and that application is granted.

2. INTERNAL CONTROL

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

2.1. The Governing Body is required to establish an Audit Committee with terms of reference agreed by the Governing Body (see clause 6.6.3 of the CCG’s constitution for further information).
2.2. The Chief Officer has overall responsibility for the CCG’s systems of internal control.

2.3. The Chief Finance Officer will ensure that:

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

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

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

3. **AUDIT**

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

3.1. In line with the terms of reference for the Governing Body’s Audit Committee, the person appointed by the CCG to be responsible for internal audit and the Audit Commission appointed external auditor will have direct and unrestricted access to audit committee members and the Chair of the Governing Body, Chief 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 CCG to be responsible for internal audit and the external auditor will have access to the Audit Committee and the Chief Officer to review audit issues as appropriate. All Audit Committee members, the Chair of the Governing Body and the Audit Committee will have direct and unrestricted access to the head of internal audit and external auditors.

3.3. The Chief Finance Officer will ensure that:

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

   b) the Audit Committee approves any changes to the provision or delivery of assurance services to the CCG.

4. **FRAUD AND CORRUPTION**

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

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

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

5. **EXPENDITURE CONTROL**

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

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

5.3. The Chief Finance Officer will:

   a) provide reports in the form required by the NHS Commissioning Board;

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

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

6. **ALLOTMENTS**

6.1. The CCG’s Chief Finance Officer will:

   a) periodically review the basis and assumptions used by the NHS Commissioning Board for distributing allotments and ensure that these
are reasonable and realistic and secure the CCG’s entitlement to funds;

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

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

7. COMMISSIONING STRATEGY, BUDGETS, BUDGETARY CONTROL AND MONITORING

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

7.1. The Chief 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 Chief Officer, prepare and submit budgets for approval by the Governing Body.

7.3. The Chief Finance Officer shall monitor financial performance against budget and plan, periodically review them, and report to the Governing Body. This report should include explanations for variances. These variances must be based on any significant departures from agreed financial plans or budgets.

7.4. The Chief Officer is responsible for ensuring that information relating to the CCG’s accounts or to its income or expenditure, or its use of resources is provided to the NHS Commissioning Board as requested.

7.5. The Governing Body will approve consultation arrangements for the CCG’s Commissioning Plan.

8. ANNUAL ACCOUNTS AND REPORTS

**POLICY** – the CCG will produce and submit to the NHS Commissioning Board 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 the NHS Commissioning Board.
8.1. The Chief Finance Officer will ensure the CCG:

a) prepares a timetable for producing the annual report and accounts and agrees it with external auditors and the Governing Body;

b) prepares the accounts according to the timetable approved by the Governing Body;

c) complies with statutory requirements and relevant directions for the publication of Annual Report;

d) considers the external auditor’s management letter and fully address all issues within agreed timescales; and

8.1.2. the external auditor’s management letter will be available to patients and the public via the CCG’s Website

9. INFORMATION TECHNOLOGY

| POLICY – the CCG will ensure the accuracy and security of the CCG’s computerised financial data |

9.1. The Chief Finance Officer is responsible for the accuracy and security of the CCG’s computerised financial data and shall

a) devise and implement any necessary procedures to ensure adequate (reasonable) protection of the CCG’s data, programs and computer hardware from accidental or intentional disclosure to unauthorised persons, deletion or modification, theft or damage, having due regard for the Data Protection Act 1998;

b) ensure that adequate (reasonable) controls exist over data entry, processing, storage, transmission and output to ensure security, privacy, accuracy, completeness, and timeliness of the data, as well as the efficient and effective operation of the system;

c) ensure that adequate controls exist such that the computer operation is separated from development, maintenance and amendment;

d) ensure that an adequate management (audit) trail exists through the computerised system and that such computer audit reviews as the chief finance officer may consider necessary are being carried out.

9.2. In addition the Chief Finance Officer shall ensure that new financial systems and amendments to current financial systems are developed in a controlled manner and thoroughly tested prior to implementation. Where
this is undertaken by another organisation, assurances of adequacy must be obtained from them prior to implementation.

10. **ACCOUNTING SYSTEMS**

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

10.1. The Chief Finance Officer will ensure:

a) the CCG has suitable financial and other software to enable it to comply with these policies and any consolidation requirements of the NHS Commissioning Board;

b) that contracts for computer services for financial applications with another health organisation or any other agency shall clearly define the responsibility of all parties for the security, privacy, accuracy, completeness, and timeliness of data during processing, transmission and storage. The contract should also ensure rights of access for audit purposes.

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

11. **BANK ACCOUNTS**

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

11.1. The Chief Finance Officer will:

a) review the banking arrangements of the CCG 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 CCG’s banking arrangements and advise the CCG on the provision of banking services and operation of accounts;

c) prepare detailed instructions on the operation of bank accounts.

11.2. The Audit Committee shall approve the banking arrangements.
12. **INCOME, FEES AND CHARGES AND SECURITY OF CASH, CHEQUES AND OTHER NEGOTIABLE INSTRUMENTS.**

**POLICY** – the CCG will

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

12.1. The Chief Financial Officer is responsible for:

a) designing, maintaining and ensuring compliance with systems for the proper recording, invoicing, and collection and coding of all monies due;

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

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

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

13. **TENDERING AND CONTRACTING PROCEDURE**

**POLICY** – the CCG:

- will ensure proper competition that is legally compliant within all purchasing to ensure we incur only budgeted, approved and necessary spending
- will seek value for money for all goods and services
- shall ensure that competitive tenders are invited for
  - the supply of goods, materials and manufactured articles;
  - the rendering of services including all forms of management consultancy services (other than specialised services sought from or provided by the Department of Health); and
  - for the design, construction and maintenance of building and engineering works (including construction and maintenance of grounds and gardens) for disposals
13.1. The CCG shall ensure that the firms / individuals invited to tender (and where appropriate, quote) are among those on approved lists or where necessary a framework agreement. Where in the opinion of the chief finance officer it is desirable to seek tenders from firms not on the approved lists, the reason shall be recorded in writing to the Chief Officer, the CCG Governing Body and the CCG’s QIPP Performance and Finance Committee.

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

a) the CCG’s standing orders;

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

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

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

14. COMMISSIONING

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

14.1. The CCG will coordinate its work with the NHS Commissioning Board, other clinical commissioning CCGs, 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 Chief Officer will establish arrangements to ensure that regular reports are provided to the Governing Body and QIPP Performance and Finance Committee detailing actual and forecast expenditure and activity for each contract.

14.3. Where the CCG makes arrangements for the provision of services by non-NHS providers it is the Chief Officer who is responsible for ensuring that the agreements put in place have due regard to the quality and cost-effectiveness of services provided. Before making any agreement with
non-NHS providers, the CCG should explore fully the scope to make maximum cost-effective use of NHS facilities.

14.4. The Chief Finance Officer will maintain a system of financial monitoring to ensure the effective accounting of expenditure under contracts. This should provide a suitable audit trail for all payments made under the contracts whilst maintaining patient confidentiality.

15. **RISK MANAGEMENT AND INSURANCE**

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

15.1. The Chief Financial Officer will prepare the Board Assurance Framework, which will be a standing agenda item at meetings of the CCG. This document will reviewed at each meeting of the Governing Body.

16. **PAYROLL**

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

16.1. The Chief Financial Officer will ensure that the payroll service selected:

   a) is supported by appropriate (i.e. contracted) terms and conditions;

   b) has adequate internal controls and audit review processes;

   c) has suitable arrangements for the collection of payroll deductions and payment of these to appropriate bodies.

16.2. In addition the Chief Financial Officer shall set out comprehensive procedures for the effective processing of payroll.

17. **NON-PAY EXPENDITURE**

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

17.1. The Chief Officer will approve the level of non-pay expenditure on an annual basis and the Chief Officer will determine the level of delegation to budget managers

17.2. The Chief Officer shall set out procedures on the seeking of professional advice regarding the supply of goods and services.
17.3. The Chief Financial Officer will:

a) advise the Governing Body on the setting of thresholds above which quotations (competitive or otherwise) or formal tenders must be obtained; and, once approved, the thresholds should be incorporated in the scheme of reservation and delegation;

b) be responsible for the prompt payment of all properly authorised accounts and claims;

c) be responsible for designing and maintaining a system of verification, recording and payment of all amounts payable.

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

**POLICY** – the CCG 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 CCG’s fixed assets.

18.1. The Chief Officer will

a) ensure that there is an adequate appraisal and approval process in place for determining capital expenditure priorities and the effect of each proposal upon plans;

b) be responsible for the management of all stages of capital schemes and for ensuring that schemes are delivered on time and to cost;

c) shall ensure that the capital investment is not undertaken without confirmation of purchaser(s) support and the availability of resources to finance all revenue consequences, including capital charges;

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

18.2. The Chief Finance Officer will prepare detailed procedures for the disposals of assets.

19. RETENTION OF RECORDS

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

19.1. The Chief Officer shall:

a) be responsible for maintaining all records required to be retained in accordance with NHS Code of Practice Records Management 2006 and other relevant notified guidance;

b) ensure that arrangements are in place for effective responses to Freedom of Information requests;

c) publish and maintain a Freedom of Information Publication Scheme.

20. **TRUST FUNDS AND TRUSTEES**

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

20.1. The Chief Financial Officer shall ensure that each trust fund which the CCG is responsible for managing is managed appropriately with regard to its purpose and to its requirements.
APPENDIX F - NOLAN PRINCIPLES

1. The ‘Nolan Principles’ set out the ways in which holders of public office should behave in discharging their duties. The seven principles are:

a) **Selflessness** – Holders of public office should act solely in terms of the public interest. They should not do so in order to gain financial or other benefits for themselves, their family or their friends.

b) **Integrity** – Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might seek to influence them in the performance of their official duties.

c) **Objectivity** – In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.

d) **Accountability** – Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.

e) **Openness** – Holders of public office should be as open as possible about all the decisions and actions they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.

f) **Honesty** – Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.

g) **Leadership** – Holders of public office should promote and support these principles by leadership and example.

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 CCGs 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)