



GOVERNANCE HANDBOOK

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Scheme of Reservation and Delegation (SoRD)

1. Schedule of Matters Reserved to the CCG and Scheme of Delegation

1.1 The arrangements made by the CCG as set out in this Scheme of Reservation and Delegation of decisions shall have effect as if incorporated in the CCGs Constitution.

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

Policy Area	Decision	Reserved to membership	Reserved or delegated to Governing Body	Chair and Clinical Leader	Chief Officer	Chief Finance Officer/ Deputy Chief Officer	Audit Committee	Remuneration Committee	Primary Care Commissioning Committee	Quality Performance and Governance Committee	Finance Committee	Nominations Committee	Connecting Care Executive	Clinical Strategy Group	West Yorkshire & Harrogate Joint committee of CCGs	Executive Management Committee
GENERAL	The Governing Body may determine any matter, for which it has delegated or statutory authority, it wishes in full session within its statutory powers		✓													
REGULATION AND CONTROL	Determine the arrangements by which the members of the CCG approve those decisions that are reserved for the membership.	✓														
REGULATION AND CONTROL	Approve amendments to the CCG's constitution, ahead of submission to NHS England for review and agreement on any matters concerning non-material changes to the group's constitution where: - Changes are not thought to have a material impact; or - Changes are not proposed to the reserved powers of the members or the role and appointment of		✓													

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	member practice representatives (including the GP members of the clinical executive).															
REGULATION AND CONTROL	<p>Approve amendments to the CCG's constitution, ahead of submission to NHS England for review and agreement on any matter concerning material changes to the group's constitution, defined as:</p> <ul style="list-style-type: none"> - Amendments giving effect to delegations outside of the CCG, where these have not already been discussed and approved by the members; - Mergers of CCGs or changes to the constituent organisations; - Changes to the way that members are involved in the CCG, including for instance a change in the number of practice member representatives on the Governing Body; - Any changes to the Governing Body, such as changes to The membership of the Governing Body or to the procedure followed for decision-making; - Changes relating to the role of the clinical leader as 	✓														

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	clarified in the Roles and Responsibilities of Governing Body Members; and; - changes to the reserved powers of the members.															
REGULATION AND CONTROL	Prepare the CCG's overarching Scheme of Reservation and Delegation, with exception of changes to the reserved powers of members				✓											
REGULATION AND CONTROL	Approval of the CCG's overarching Scheme of Reservation and Delegation where the following amendments apply: - Changes are proposed to the reserved powers; or - At least half (50%) of all governing body member practice representatives (including the Chair) formally request that the amendments be put before the membership for approval	✓														
REGULATION AND CONTROL	Periodically propose amendments to the Scheme of Reservation and Delegation (SoRD) contained in the CCGs Governance Handbook, which shall be approved by the Governing body unless:				✓											

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	<ul style="list-style-type: none"> - Changes are proposed to the reserved powers; or - At least half (50%) of all governing body member practice representatives (including the Chair) formally request that the amendments be put before the membership for approval. 															
REGULATION AND CONTROL	Approval of any matter concerning changes to the CCGs Governance Handbook including terms of reference for the non-statutory committees and the overarching scheme of reservation and delegated powers (in line with the above delegation)		✓													
REGULATION AND CONTROL	Approval of any matter concerning changes to the Standing Orders contained within the constitution	✓														
REGULATION AND CONTROL	Consideration and approval of changes to the terms of reference for the CCGs statutory committees and the membership of those committees	✓														
REGULATION AND CONTROL	Exercise or delegation of those functions of the CCG which have not been reserved by the CCG membership the Governing Body or other committee or sub-committee.				✓											
REGULATION AND CONTROL	Prepare the CCGs Operational Scheme of Delegation setting out key operational decisions delegated to individual employees of the CCG.				✓											

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REGULATION AND CONTROL	Approve the group's Operational Scheme of Delegation		✓													
REGULATION AND CONTROL	Prepare the Prime Financial Policies, including delegated financial limits					✓										
REGULATION AND CONTROL	Approve the Prime Financial Policies, including delegated financial limits		✓													
REGULATION AND CONTROL	Approval of Business cases over £1m		✓													
REGULATION AND CONTROL	Prepare detailed financial policies that underpin the CCGs Prime Financial Policies					✓										
REGULATION AND CONTROL	Approve detailed financial policies.									✓						
REGULATION AND CONTROL	Approve arrangements for dealing with Individual Funding Requests									✓						
REGULATION AND CONTROL	Approval of arrangements for the management of conflicts of interest		✓													
REGULATION AND CONTROL	Calling meetings of the Governing Body and chairing meetings			✓												
REGULATION AND CONTROL	One third or more members of the governing body may		✓													

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CONTROL	request a governing body meeting in writing to the chair. If the Chair refuses or fails or to call a meeting within seven days of receipt of the request presented, the members of the governing body signing the request may call a meeting .															
REGULATION AND CONTROL	The powers which the Governing Body has retained to itself within these Standing Orders may in emergency be exercised by the Chair and Chief Officer after having consulted at least two Lay Members			✓	✓											
REGULATION AND CONTROL	Set out who can execute a document by signature / use of the seal and maintain a register of sealing.		✓													
REGULATION AND CONTROL	Execute a document on behalf of the CCG in accordance with Standing Order 21			✓	✓	✓										
PRACTICE MEMBER REPRESENTATIVE S AND MEMBERS OF THE GOVERNING BODY	Approve the arrangements for: - Identifying practice members to represent practices in matters concerning the work of the CCG; and - Appointing clinical leaders to represent the CCG's membership on the CCG's Governing Body, for example through election.	✓ ✓														
PRACTICE	Recommend the process for the recruitment and											✓				

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MEMBER REPRESENTATIVES AND MEMBERS OF THE GOVERNING BODY	appointment of members of the governing body															
PRACTICE MEMBER REPRESENTATIVES AND MEMBERS OF THE GOVERNING BODY	Approve the appointment of Governing Body members, the process for recruiting and removing non-elected members to the Governing Body (subject to any regulatory requirements) and succession planning.		✓													
PRACTICE MEMBER REPRESENTATIVE & MEMBERS OF THE GOVERNING BODY	Approve arrangements for identifying the CCG's proposed Chief Officer.		✓													
STRATEGY AND PLANNING	Agree the vision, values and overall strategic direction of the CCG	✓														
STRATEGY AND PLANNING	Approval of the CCG's operating structure		✓													

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STRATEGY AND PLANNING	Approval of the CCG's: <ul style="list-style-type: none"> - Overarching commissioning strategy; - CCGs Annual Financial Plan; - Commissioning Priorities/ Health and wellbeing plan; 		✓													
STRATEGY AND PLANNING	Approval of the WY&H Joint committee of CCGs collaborative commissioning arrangements as set out in the MoU; including:- the WY&H JCCCG work plan.		✓													
STRATEGY AND PLANNING	Approval of commissioning policies for individual procedures & conditions that are included in the West Yorkshire & Harrogate ICS work plan														✓	
STRATEGY AND PLANNING	Approval of commissioning policies that are not included within the West Yorkshire & Harrogate ICS work plan.									✓						
STRATEGY AND PLANNING	Approval of prescribing policies									✓						
ANNUAL REPORT AND ACCOUNTS	Approval of the CCG's corporate budgets that meet the financial duties.		✓													
ANNUAL REPORT AND ACCOUNTS	Approval of variations to the approved budget where variation would have a significant impact on the overall		✓													

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	approved levels of income and expenditure.															
ANNUAL REPORT AND ACCOUNTS	Approval of the CCG's Annual Report and Annual Accounts		✓													
ANNUAL REPORT AND ACCOUNTS	Approval of the arrangements for discharging the CCG's statutory financial duties.		✓													
HUMAN RESOURCES	Make recommendations on the terms and conditions, remuneration and travelling or other allowances for all Governing Body members, <i>with the exception of Lay Members</i> , employees of the CCG and to other persons providing services to it including pensions and gratuities.							✓								
HUMAN RESOURCES	Approve the terms and conditions, remuneration and travelling or other allowances for all Governing Body members, employees of the CCG and to other persons providing services to it including pensions and gratuities.		✓													
HUMAN RESOURCES	Approve any other terms and conditions of services for all employees of the CCG including pensions, remuneration fees and travelling or allowance payable to employees and to other persons providing services to the CCG.		✓													
HUMAN	Approve disciplinary arrangements for employees,		✓													

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RESOURCES	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.															
HUMAN RESOURCES	Approval of the arrangements for discharging the CCG's statutory duties as an employer.		✓													
HUMAN RESOURCES	Review and Approval of HR policies for employees and for other persons working on behalf of the CCG.															✓
QUALITY AND SAFETY	Approve arrangements, including supporting policies, to minimise clinical risk, maximise patient safety and to secure continuous improvement in quality and patient outcomes.									✓						
QUALITY AND SAFETY	Approve arrangements for supporting NHS England in discharging its responsibilities in relation to securing continuous improvement in the quality of general medical services.								✓							
OPERATIONAL AND RISK MANAGEMENT	Approve the CCG's counter fraud and security management arrangements. (Compliance responsibilities in accordance with Secretary of State Directions.)				✓	✓										
OPERATIONAL AND RISK MANAGEMENT	Approval of the CCG's risk management arrangements.		✓													

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OPERATIONAL AND RISK MANAGEMENT	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).		✓													
OPERATIONAL AND RISK MANAGEMENT	Approval of a comprehensive system of internal control, including budgetary control that underpins the effective, efficient and economic operation of the CCG.		✓													
OPERATIONAL AND RISK MANAGEMENT	Approve proposals for action on litigation against or on behalf of the CCG.				✓											
OPERATIONAL AND RISK MANAGEMENT	Approve the CCG's arrangements for handling complaints.									✓						
OPERATIONAL AND RISK MANAGEMENT	Approve the CCG's arrangements for business continuity and emergency planning.									✓						
INFORMATION GOVERNANCE	Approval of the arrangements for ensuring appropriate safekeeping and confidentiality of records and for the storage, management and transfer of information and data.									✓						
INFORMATION GOVERNANCE	Approving arrangements for handling Freedom of Information requests.				✓											

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INFORMATION GOVERNANCE	Determining arrangements for handling Freedom of Information requests				✓											
TENDERING AND CONTRACTING	Approval of the CCG's contracts for any commissioning support.		✓													
TENDERING AND CONTRACTING	Approval of the CCG's contracts for corporate support (for example finance provision).		✓													
PARTNERSHIP WORKING	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 the Operational Scheme of Delegation.				✓											
PARTNERSHIP WORKING	Approve which decisions can be taken by a joint committees established under section 75 of the NHS Act 2006		✓													
PARTNERSHIP WORKING	Approve expenditure within the BCF and Section 75 pooled budgets												✓			
PARTNERSHIP WORKING	Approve transformation plans for services in the Wakefield district to promote greater integration												✓			
PARTNERSHIP WORKING	Approve decisions relating to the commissioning and decommissioning of services to promote greater integration within Wakefield place												✓			

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PARTNERSHIP WORKING	Approve decisions relating to Lead contractor arrangements		✓													
COMMISSIONING AND CONTRACTING FOR CLINICAL SERVICES	Approval of the arrangements for discharging the CCG's statutory duties associated with its commissioning functions, including but not limited to promoting the involvement of each patient, patient choice, reducing inequalities, improvement in the quality of services, obtaining appropriate advice and public engagement and consultation.		✓													
COMMISSIONING AND CONTRACTING FOR CLINICAL SERVICES	Approve arrangements for co-ordinating the commissioning of services with other CCGs and or with the local authority, where appropriate.		✓													
COMMISSIONING AND CONTRACTING FOR CLINICAL SERVICES	Approve decisions on the commissioning of healthcare services across West Yorkshire and Harrogate (such details will be detailed as Joint Committee decisions in the Joint Committee's Workplan).														✓	
COMMISSIONING AND CONTRACTING FOR CLINICAL SERVICES	Approve non-service specific matters as detailed in Schedule 2 of the Memorandum of Understanding for Collaborative Commissioning between CCGs across West Yorkshire and Harrogate.														✓	

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COMMISSIONING AND CONTRACTING FOR CLINICAL SERVICES	Approve Joint working arrangements with providers/alliance agreements and partnership working arrangements		✓													

Standing Financial Instructions

PRIME FINANCIAL POLICIES (Also known as Standing Financial Instructions)

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. This document should be read in conjunction with the following CCG documents

- Standing Orders
- Scheme of Delegation and operational Scheme of Delegation
- Policy for the issue and receipt of tenders documents
- Procurement policy

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 Accountable Officer (Chief Officer) and Chief Finance Officer/Deputy Chief Officer to effectively perform their responsibilities.

1.1.3. In support of these Prime Financial Policies, the CCG has more detailed policies, prepared by the Chief Finance Officer/Deputy Chief Officer known as *detailed financial policies*. The CCG refers to these prime and detailed financial policies together as the clinical commissioning group's financial policies.

1.1.4. These Prime Financial Policies identify the financial responsibilities which apply to everyone working for the 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 Finance Officer/Deputy Chief Officer is responsible for preparing all detailed financial policies.

1.1.5. A list of the financial policies will be published and maintained on the CCG website at www.Wakefieldccg@nhs.uk as set out in 1.3.2 in the main body of the document.

1.1.6. Should any difficulties arise regarding the interpretation or application of any of the Prime Financial Policies then the advice of the Chief Finance Officer/Deputy Chief 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, Standing Orders and the related

Procurement Procedures can in certain circumstances be regarded as a disciplinary matter that could result in dismissal, or steps being taken against third parties in line with contractual terms.

- 1.1.8 No exemptions can be made to the CCG's Prime Financial Policies unless authorised by the Chief Officer after considering a written report. A written record of the reasons for the decision must be retained and reported to the Audit Committee.
- 1.1.9 A Register of Exemptions will be maintained centrally by the Chief Finance Officer/Deputy Chief Officer or their nominated representative, detailing the nature and value of all the contracts where an exemption has been obtained. A report will be provided to the Audit Committee.
- 1.1.10 All amounts quoted in these financial policies refer to values inclusive of Value Added Tax.
- 1.1.11 This applies to:
- All CCG recurrent operational revenue spend
 - All CCG recurrent revenue spend for commissioned healthcare services
 - Capital Expenditure
 - Expenditure under NHS England delegated co-commissioning arrangements
 - Non-recurrent project expenditure

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/Deputy Chief Officer as soon as possible.

1.3. Responsibilities and delegation

- 1.3.1. The roles and responsibilities of CCG's members, employees including those on temporary or honorary contracts), 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 or organisations working on behalf of the CCG are set out in sections 6 and 7 of the constitution.
- 1.3.2. The financial decisions delegated by members of the CCG are set out in the 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 the CCG's Prime Financial Policies, any supporting policies and the Constitution. 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/Deputy Chief Officer will review them at least bi-annually. Following consultation with the Chief Officer and scrutiny by the Governing Body's Audit Committee, the Chief Finance Officer/Deputy Chief Officer will recommend amendments, as fitting, to the Governing Body for approval.

2. INTERNAL CONTROL

- 2.1. 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.
- 2.2. The Governing Body is required to establish an Audit Committee with terms of reference agreed by the Governing Body (see paragraph 6.6.3(a) of the CCG's constitution for further information).
- 2.3. The Chief Officer has overall responsibility for systems of internal control.
- 2.4. The Chief Finance Officer/Deputy Chief Officer will ensure that:
- a) financial policies are considered for review and update bi-annually;
 - b) a system is in place for proper checking and reporting of all breaches of financial policies;
 - c) a proper procedure is in place for regular checking of the adequacy and effectiveness of the control environment.

3. AUDIT

- 3.1. The CCG will keep an effective and independent internal audit function and fully comply with the requirements of external audit and other statutory reviews.
- 3.2. 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 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/Deputy Chief Officer for any significant issues arising from audit work that management cannot resolve, and for all cases of fraud or serious irregularity.
- 3.3. 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 Chief Officer will have direct and unrestricted access to the head of internal audit and external auditors.

- 3.4. The Chief Finance Officer/Deputy Chief Officer will ensure that:
- a) the CCG has a professional and technically competent internal audit function;
 - b) the Governing Body's Audit Committee reviews any changes to the provision or delivery of assurance services to the CCG.

4. FRAUD AND CORRUPTION

- 4.1. 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.
- 4.2. The Governing Body's Audit Committee will satisfy itself that the CCG has adequate arrangements in place for countering fraud and shall review the outcomes of counter fraud work. It shall also approve the counter fraud work programme.
- 4.3. The Governing Body's Audit Committee will ensure that the CCG has arrangements in place to work effectively with NHS Counter Fraud Authority.

5. EXPENDITURE CONTROL

- 5.1. The CCG is required by statutory provisions¹ to ensure that its expenditure does not exceed the aggregate of allocations from NHS England 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/Deputy Chief Officer will:
- a) provide reports in the form required by NHS England;
 - b) ensure money drawn from NHS England is required for approved expenditure only, is drawn down 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 NHS England.

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

6. ALLOCATIONS²

6.1. The CCG's Chief Finance Officer/Deputy Chief Officer will:

- a) periodically review the basis and assumptions used by NHS England for distributing allocations 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;
- c) regularly update the Governing Body and the Finance Committee on significant changes to the initial allocation and the uses of such funds.

7. COMMISSIONING STRATEGY, BUDGETS, BUDGETARY CONTROL AND MONITORING

7.1. The CCG will produce and publish an annual commissioning plan³ that explains how it proposes to discharge its financial duties. The CCG will support this with comprehensive medium-term financial plans and annual budgets.

7.2. 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.

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

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

7.5. The Chief Officer is responsible for ensuring that information relating to the accounts or to income or expenditure, or use of resources is provided to NHS England as requested.

7.6. The Chief Officer will approve consultation arrangements for the commissioning plan⁴.

7.7. The Chief Officer is responsible for putting in place an operational scheme of delegation which sets out in writing, budgetary authorisation limits for individual committees and individuals and the responsibilities of budget holders and

² See section 223(G) of the 2006 Act, inserted by section 27 of the 2012 Act.³
14Z13 of the 2006 Act, inserted by section 26 of the 2012 Act

³ See section 14Z13 of the 2006 Act, inserted by section 26 of the 2012 Act

⁴ See section 14Z11 of the 2006 Act, inserted by section 26 of the 2012 Act

See section

budget managers. This will be incorporated into a Detailed Financial Policy on budget management prepared by Chief Finance Officer/Deputy Chief Officer and approved by the Governing Body.

- 7.8 The Chief Finance Officer/Deputy Chief Officer has a responsibility to ensure that adequate training is delivered on an on-going basis to budget holders and budget managers to help them manage effectively.

8. ANNUAL ACCOUNTS AND REPORTS

- 8.1. The Governing Body of the CCG will produce and submit to NHS England accounts and reports in accordance with all statutory obligations⁵ relevant accounting standards and accounting best practice in the form and content and at the time required by NHS England.

- 8.2. The Chief Finance Officer/Deputy Chief Officer will ensure the CCG:
- a) prepares a timetable for producing the annual report and accounts and agrees it with external auditors;
 - b) prepares the accounts according to the timetable;
 - 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;
 - e) publishes the external auditor's management letter on the CCG website at www.Wakefieldccg.nhs.uk/

9. ACCOUNTING SYSTEMS

- 9.1. The CCG will run an accounting system that creates management and financial accounts as directed by NHS England.

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

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

10. BANK ACCOUNTS

⁵ See paragraph 17 of schedule 1A of the 2006 Act, as inserted by schedule 2 of the 2012 Act

- 10.1. The CCG will keep enough liquidity to meet its current commitments.
- 10.2. The Chief Finance Officer/Deputy Chief Officer will:
- a) ensure that the CCG is using Government Banking Service as directed by NHS England

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

- 11.1. The CCG will:
- a) operate a sound system for prompt recording, invoicing and collection of all monies due;
- 11.2. The Chief Finance Officer/Deputy Chief Officer is responsible for:
- a) designing, maintaining and ensuring compliance with systems for the proper recording, invoicing, and collection and coding of all monies due;
 - b) establishing and maintaining systems and procedures for the secure handling of cash and other negotiable instruments;
 - c) approving and regularly reviewing the level of all fees and charges other than those determined by NHS England or by statute. Independent professional advice on matters of valuation shall be taken as necessary;
 - d) for developing effective arrangements for making grants or loans.
 - e) for designing, maintaining and ensuring compliance with a system for petty cash expenditure (see Detailed Financial Policy, *Petty Cash Expenditure*)
 - f) for designing, maintaining and ensuring compliance with a system for corporate credit card expenditure (see Detailed Financial Policy, *Credit Card Expenditure*).

12. TENDERING AND CONTRACTING PROCEDURE

- 12.1. The CCG will:
- a) ensure proper competition that is legally compliant within all purchasing to ensure we incur only budgeted, approved and necessary spending;
 - b) seek value for money for all goods and services;
 - c) ensure that competitive tenders are invited for:
 - i. the supply of goods, materials and manufactured articles;
 - ii. the rendering of services including all forms of management consultancy services (other than specialised services sought from or provided by the Department of Health);
 - iii. for the design, construction and maintenance of building and engineering works (including construction and maintenance of grounds and gardens) for disposals.
- 12.2. The Chief Finance Officer/Deputy Chief Officer will be responsible for

designing, maintaining and ensuring compliance with a supporting Detailed Financial Policy, *Procurement Policy*, setting out the detailed arrangements for competitive and non-competitive quotations; formal competitive tendering including authorisation and confirming where formal competitive tendering is not required. The detailed financial policy will set out in detail the limits and circumstances for when quotations and tenders are not required and the circumstances when a quotation or tender waiver may be requested. All waivers must be detailed in the Compliance with Governance Arrangements Register. The Chief Officer or Chief Finance Officer/Deputy Chief Officer must approve all such waivers and these must be reported to the next meeting of the Audit Committee.

- 12.3 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.

13. COMMISSIONING

- 13.1. 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.
- 13.2. The CCG will coordinate its work with NHS England, other clinical commissioning groups, local providers of services, local authority(ies), including through Health and Wellbeing Boards, patients and their carers and the voluntary sector and others as appropriate to develop robust commissioning plans.
- 14.3. The Chief Officer will establish arrangements to ensure that regular reports are provided to the Finance Committee detailing actual and forecast expenditure and activity for each contract.
- 14.4. The Chief Finance Officer/Deputy Chief 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. PAYROLL AND PAY EXPENDITURE

- 15.1. The CCG will put arrangements in place for an effective payroll service.
- 15.2. The Chief Finance Officer/Deputy Chief 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.

- 15.3. In addition the Chief Finance Officer/Deputy Chief Officer shall set out comprehensive procedures for the effective processing of payroll.
- 15.4. The Chief Finance Officer/Deputy Chief Officer will be responsible for designing, maintaining and ensuring compliance with a supporting Detailed Financial Policy *Off-Payroll Arrangements* setting out the detailed arrangements for the process that must be followed prior to any engagement/recruitment of any interim contractor or agency worker, including:
- vacancy control process
 - HMRC IR35 rules
 - NHSE business case rules

16. NON-PAY EXPENDITURE

- 16.1. The CCG will seek to obtain the best value-for-money goods and services received.
- 16.2. The Governing Body 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.
- 16.3. The Chief Finance Officer/Deputy Chief Officer will, on behalf of the Chief Officer:
- a) advise the Governing Body on the setting of thresholds above which quotations (competitive or otherwise) or formal tenders must be obtained; these thresholds will be incorporated within the Constitution (appendix 4);
 - 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.
- 16.4. Authorisation limits are included within the Constitution

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

- 17.1. The CCG will put arrangements in place to manage capital investment, maintain an asset register recording fixed assets and put in place policies to secure the safe storage of any fixed assets.
- 17.2. The Chief Finance Officer/Deputy Chief Officer will, on behalf of the Chief Officer:
- 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/Deputy Chief 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.

17.3 The Chief Finance Officer/Deputy Chief Officer will prepare detailed procedures for the disposals of assets and report to the Quality Performance and Finance Committee.

18. TRUST FUNDS AND TRUSTEES

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

18.2. The Chief Finance Officer/Deputy Chief 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.

19 USE OF SEAL AND EXECUTION OF DOCUMENTS BY SIGNATURE

Authority to execute documents by seal and/or signature is held by the Chief Officer, Chair of the Governing Body, Chief Finance Officer/Deputy Chief Officer, and appropriate Director/Head of Service or nominated deputy, in accordance with Standing Order 20 & 21. It is important that final contracts are physically signed by the appropriate authority prior to commencement of activity.

Operational Scheme of Delegation

This document sets out the authority granted to groups or individual members of staff in NHS Wakefield CCG to make operational decisions, as set out in the organisation's policies and procedures. The document should be read in conjunction with the Standing Orders, Prime Financial Policies/ Standing Financial Instructions.

Key	Abbreviation
Governing Body	GB
Chair of Governing Body or Deputy Clinical Chair	C / DCC
Lay Member	LM
Chief Officer	CO
Chief Finance Officer	CFO
Director (Executive member of Governing Body or Associate Director)	Director
Head of Service (reporting to Director)	HoS
Head of Department (reporting to Head of Service)	HoD
Director of Corporate Affairs	DCA
Governance and Board Secretary	GBS

Human Resources

Ref	Delegated Matter	Authority/Approval	Reference Document
1	Employment Related Transactions – Personnel & Pay	Line manager – as defined in Organisation Structures	
2	Approval to changes in establishment	Chief Officer – Based on recommendation from a Director	
3	Authority to fill funded posts within establishment	Designated budget holder	
4	Authority to appoint staff to post without establishment post	Chief Officer	
5	Internal and External Secondments (applying or arranging) – Final Approval	Chief Officer	Secondment Policy
6	Engaging or continuing to employ off-payroll staff who meet any of the following criteria: <ul style="list-style-type: none"> • Cost greater than £600 per day; • Are engaged for a period greater than six months; or • Are in roles of significant influence (e.g. Accountable Officers and Directors). 	NHS England	Off Payroll Arrangements Policy
7	Rules for engagement of Off-Payroll Contractors (IR35)	Budget Holder / HMRC Assessment Tool	

Ref	Delegated Matter	Authority/Approval	Reference Document
8	Approving eligibility to claim relocation expenses associated with the recruitment and selection process.	Chief Officer	Expenses Policy
	Authorising any claims for relocation expenses associated with the recruitment and selection process.	Chief Finance Officer	
	Approving Interview Expenses	Appointing Officer	
9	Exclusion from Work (also referred to as suspension from duty)	Director / Nominated Deputy Director	Disciplinary Policy
10	Settling of Grievances	As per policy (Appendix 1)	Grievance Policy
11	If approval is given for career development courses and the employee fails to complete/ pass the course, fees and expenses incurred by the organisation will be sought unless exceptional circumstances apply which are approved by the Chief Officer.	Chief Officer	Learning and Development Policy
12	Appointment of posts - where Market payment required outside normal A4C conditions	Governing Body	Scheme of Reservation and Delegation
13	Authority to approve Flexible Early Retirement	Director	Retirement Policy
14	Carry over of Annual Leave	Director	Annual Leave and GPBH Policy
	Offer Personalised ('Buy' or 'Sell') Annual Leave	Chief Officer	
15	Extended Period of Annual Leave >2.5 weeks	Line Manager	
16	Requests for Regrading in accordance with A4C	As per policy	Grading review Policy
17	Authorisation of Travel and Subsistence expenses	Line Manager	Expenses Policy
18	Authorisation of annual leave	Line Manager	Annual Leave and GPBH Policy
19	Approval Study leave	Line Manager	Annual Leave and GPBH Policy
20	Approving Flexible Working Application	Line Manager	Flexible Working Policy
21	Approval Compassionate/Special Leave < 5 days	Line Manager	Annual Leave and GPBH Policy
22	Approval Compassionate /Special Leave >5 days	Chief Officer or Chief Finance Officer	Annual Leave and GPBH Policy

Ref	Delegated Matter	Authority/Approval	Reference Document
23	Time off in Lieu	Line Manager	Annual Leave and GPBH Policy
24	Maternity/Paternity/Parental Leave - Paid and Unpaid	As per policy	Maternity, Adoption, Paternity and Parental Leave Policy
25	Authorisation of Sick Leave	Line Manager	Sickness Absence Management Policy
26	Extensions to Sick leave pay arrangements i.e. Full pay on phased return etc.	As per policy	Sickness Absence Management Policy
27	Authorising the placement of a work experience candidate (following review of the risk assessment completed prior to the employee commencing duty).	Director/Chief Officer	
28	Lease Car Authorisation	Budget holder	Car Lease Scheme Policy (NB: This policy transferred NHS Wakefield District PCT under a TUPE or COSOP transfer with effect from 1 April 2013.)
29	Engagement of consultancy/agency staff where individual commitment is contained within devolved non pay budgets	Designated Budget Holder /Director & Chief Officer/Chief Finance Officer	Recruitment guidance – vacancy control (see also note 6)
30	Engagement of consultancy/temporary agency staff where the cost is not contained within non-pay budgets	Designated Budget Holder /Director & Chief Officer/Chief Finance Officer	

Regulation

Ref	Matter for Delegation	Authority/Approval	Reference Document
31	Engagement of CCG's solicitors	Governance & Board Secretary/ Director of Corporate Affairs	Accessing legal services procedure
32	Management of insurance policies	Chief Finance Officer	Claims Policy

33	Claim nearing settlement (Details and expected settlement) to be informed:	Chief Officer/Chief Finance Officer	Claims Policy
34	Responding to a Judicial Review	Chief Officer	Claims Policy
35	Management and monitoring of complaints against the CCG	Director of Corporate Affairs /Governance and Board Secretary	Complaints Policy
36	Reporting of incidents to the Police where a criminal offence is suspected	Director of Corporate Affairs/Governance & Board Secretary	Security Policy
37	Reporting of incidents to Counter Fraud or to the Police where fraud is suspected	Chief Finance Officer / Director of Corporate Affairs	Security Policy / Anti Fraud, Bribery and Corruption Policy
38	Approval of the CCG Business Continuity Plan	Quality, Performance and Governance Committee	Business Continuity Plan
39	Leading Security Management - Dealing with crime prevention, supply of security systems and maintenance.	Director of Corporate Affairs	Security Policy
40	Health and Safety Lead (Nominated by the Chief Officer)	Headquarters Services Manager	Health and Safety Policy
41	Review of fire precautions for HQ building	Headquarters Services Manager	Health and Safety Policy
42	Review of all statutory compliance legislation and Health & Safety requirements	Headquarters Services Manager	Health and Safety Policy
43	Maintenance of a CCG Hospitality register for items in excess of £25 received	Governance and Board Secretary	Standard of Business Conduct Policy
44	Authorisation of sponsorship deals	Governance and Board Secretary with the CCG senior Medicines Optimisation Officer	Joint Working Sponsorship Policy
45	Annual review of compliance with the Data Protection Act	SIRO	Information Governance Policy and framework
46	Annual review of compliance with the Access to Records Act	SIRO	Information Governance Policy and framework

47	Maintenance of a register of sealing	Governance & Board Secretary	Standing Orders
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Ref	Matter for Delegation	Authority/Approval	Reference Document
48	Approval of IT strategy	Quality, Performance and Governance Committee	
49	Organisational responsibility for Information Governance Risk	SIRO	Information Governance Policy and framework
50	Authorisation to provide mobile devices e.g. telephones, smartphones and tablets.	Director/HoS	Mobile Devices Policy and Procedure

Communications & Engagement

Ref	Matter for Delegation	Authority/Approval	Reference Document
51	Give information or make a comment direct to the media	Chief Officer/Executive Director/On-Call Manager	Media Handling Policy
52	Responsibility for managing the development and implementation of social media and related procedural documents.	Director of Corporate Affairs	Social Media Policy
53	Corporate use of Social Media	Communications Lead	
54	Use of Corporate logos or other visible markings or identifications associated with the CCG on Social Media	Communications Lead	
55	Access to secure folders on Network Drives	Specific Information Asset Owners	Information Governance Policy
56	Respond to Parliamentary Questions and enquiries from politicians	Director of Corporate Affairs (or Director)	

TERMS OF REFERENCE FOR NHS WAKEFIELD CLINICAL COMMISSIONING GROUP QUALITY PERFORMANCE AND GOVERNANCE COMMITTEE

Accountability arrangements and authority	<p>The Governing Body for NHS Wakefield Clinical Commissioning Group (CCG) resolves to establish a committee of the Governing Body to be known as the Quality, Performance & Governance Committee. The Committee is established to advise and support the Governing Body in scrutinising performance and ensuring delivery of key service priorities, outcomes and targets as specified in NHS Wakefield CCG’s strategic and operational plans.</p> <p>The powers and responsibilities of the Committee are set out in these terms of reference.</p> <p>The Committee has no executive powers, other than those specifically delegated in these terms of reference and will operate within the legal framework for NHS Wakefield CCG.</p> <p>Appointments to Committee will be approved by the Governing Body.</p> <p>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 co-operate with any request made by the committee within its remit as described in these terms of reference.</p> <p>The committee is delegated to approve policies and procedures for all areas within the committee’s remit. The committee has full authority to commission any reports or surveys it deems necessary to help fulfil its obligations.</p>
Relationship and reporting	<p>The Quality, Performance and Governance Committee is a committee of the Governing Body for NHS Wakefield CCG and will submit the minutes of its meetings to the Audit Committee and to the Governing Body.</p> <p>Reports on specific issues will also be prepared when necessary for consideration by the Governing Body.</p> <p>In addition, regular reports will be prepared for the Governing Body in relation to the organisation’s risk management arrangements, and for the Audit Committee in relation to this committee’s progress against its work plan.</p>

	<p>The committee will oversee the work of appropriate groups, including; Individual Funding Requests Panel; Children & Young People's Partnership Board, Safeguarding Children Board; Safeguarding Adults Board; Mid Yorkshire System Executive group; Joint Quality Board; Quality Improvement Group; Information Governance; Health and Safety and any others.</p>
Role and function	<p>The purpose of the committee is to:</p> <ul style="list-style-type: none"> • ensure that the CCG has robust systems in place to identify, manage and report on key governance, and quality and safety issues and the risks associated with them • review the CCG's performance against its strategic and operational plans • be accountable for the performance and reporting of any groups, as delegated by the Governing Body, ensuring risks are appropriately managed and reported within the risk management/assurance framework approach.
Responsibilities	<p>The committee will support the Governing Body in ensuring the continuous improvement in the quality of services commissioned by the CCG or through joint commissioning arrangements. The committee aims to ensure that quality sits at the heart of everything the CCG does, and that evidence from quality assurance processes drives the quality improvement agenda across the Wakefield healthcare economy.</p> <p>The Committee will be responsible for exercising the following functions:</p> <p>The work of the committee will provide the Governing Body with assurance on the CCG's delivery of the following statutory duties:</p> <ul style="list-style-type: none"> • secure continuous improvement in the quality of services (including primary medical services); • secure health services that have regard to the NHS constitution; • reduce inequalities; • promote integration of health and social care; • promote innovation; and • promote research, and education and training. <p>Risk Management</p> <ul style="list-style-type: none"> • oversee the development and maintenance of assurance and risk management systems and processes • maintain an up to date risk profile by reviewing all significant risks to the achievement of the CCG's objectives through the development of an Assurance Framework • ensure sound systems of internal control are in place and

report on these to the Audit Committee and Governing Body

- promote standards of health, safety and welfare across the CCG, ensuring compliance with the Health and Safety at Work Act 1974 and other relevant statutory provisions.

Quality and Patient Safety

- review the effectiveness of quality governance arrangements to ensure that the health care commissioned by the CCG fully reflects all elements of quality (patient experience, effectiveness and patient safety)
- have oversight of the process and compliance issues concerning serious incidents (SIs); independent investigations and Never Events.
- ensure that services are commissioned from providers registered with the Care Quality Commission, with systems in place to highlight any conditions of registration and outcomes from planned or unannounced inspections
- seek assurance that health care providers are delivering acceptable standards of safe care, and have effective mechanisms in place to monitor patient experience and quality of care
- provide assurance that the CCG is fulfilling its' statutory duties regarding complaints and that incident and claim reporting, together with the dissemination of alert procedures is undertaken effectively
- seek assurance that arrangements are in place across commissioned health care to prevent and control infection in line with the Hygiene Code, and that risks associated with infection prevention are highlighted and being managed appropriately both strategically and operationally
- receive minutes from provider-specific Quality Board meetings and ensure systems are in place for appropriate follow-up actions.
- ensure a clear escalation process, including appropriate trigger points, is in place to enable appropriate engagement of external bodies on areas of concern.
- ensure arrangements are in place to assist and support NHS England to secure continuous improvement in the quality of primary medical services.

Safeguarding

- ensure appropriate systems and procedures are in place for safeguarding adults and children, both within the CCG and services commissioned by the CCG;
- review the learning and outcomes of any safeguarding inspections
- receive minutes of the safeguarding children and safeguarding adults boards and ensure systems are in

place for appropriate follow-up actions.

Information governance

- seek assurance that effective arrangements are in place for Information Governance, ensuring that any risks are appropriately managed and reported within the risk management/assurance framework approach.
- seek assurance that resources and systems are in place to support the delivery of the Data Security and Protection Toolkit and receive an exception report on any significant risks or gaps in compliance;
- ensure that the Senior Information Risk Owner (SIRO) takes ownership of the CCG's information risk policy and information risk management;
- monitor compliance with Information Governance Policies
- seek assurance that the CCG is fulfilling all statutory duties regarding the Freedom of Information Act.

Performance, and compliance with constitutional standards

- ensure systems are in place for the review of progress and achievement of key national, regional and local targets for service improvement, with a particular focus on specified 'must dos' such as the NHS Outcomes Framework;
- seek assurance on the achievement of outcomes, performance and targets agreed with external partner organisations;
- ensure risk assessment, mitigation and reporting processes are in place to identify pressures within the whole system and how these affect contracts and performance as well as opportunities to further improve performance;
- provide challenge in setting ambitious targets for service improvement and embedding improvement opportunities and initiatives;
- ensure systems are in place to manage risk and variation in performance, ensuring plans are put in place and monitored to address the achievement of performance targets and objectives;
- ensure that areas of good practice are identified and embedded along with other benchmarking tools;
- ensure that variance against target performance levels is reflected in the Governing Body's risk management processes and reporting;
- provide assurance to the Governing Body on the content of the Performance Report and oversee its continued development.
- Provide a forum to evaluate requirements and advise the Governing Body on committing resources to respond to performance issues

Workforce and Human Resources

- have oversight of local workforce planning;
- provide any workforce-related reports as required to the Governing Body;
- receive workforce assurance reports;
- Review the annual staff survey results and action plan
- monitor compliance with HR policies including whistleblowing

Equality and diversity

- oversee the development and publication of an Equality Strategy and objectives which sets out how NHS Wakefield CCG intends to discharge this duty, reviewing them at least every four years;
- monitor progress of the public sector equality duty and receive assurance on behalf of the Governing Body on the delivery of the public sector equality duty;
- seek assurance that relevant equality information is published annually demonstrating due regard to the general duty of the Equality Act 2010;
- seek assurance on the implementation of the Equality Delivery System framework to improve equality performance.

Communications and Engagement Strategy

- oversee the development and publication of an Communication and Engagement Strategy and objectives which sets out how NHS Wakefield CCG intends to discharge this duty, reviewing them at least every four years;

Emergency Preparedness

- seek assurance on the effectiveness of organisation's arrangements for business continuity and emergency planning.
- Approve the CCG's Emergency Preparedness Response Plan

Research

- seek assurance that effective arrangements are in place to support the promotion of research, the use of research and management of intellectual property.

Individual Funding requests (IFRs)

- seek assurance that effective arrangements are in place to manage requests for an individual to receive a health care intervention that is not routinely commissioned by the CCG (referred to as individual funding requests).

	<p>Continuing Healthcare</p> <ul style="list-style-type: none"> • seek assurance that the CCG has effective arrangements in place to manage requests for NHS Continuing Healthcare, Funded Nursing Care and Personal Health Budgets. • seek assurance that the CCG has effective arrangements in place to arrange for the provision of after care for persons previously detained under the Mental Health Act, at the time that they cease to be detained. <p>Policy approval</p> <ul style="list-style-type: none"> • Individual Funding Review policy • Medicines Management policies • Continuing Health Care policies including Personal Health Budget policies • Complaints Policy • Primary Care Rebate Scheme • Commissioning Policies, unless delegated to another committee as set out in the Standing Orders or those policies which present a conflict of interest; unless the conflict cannot be managed through arrangements set out in the Standing Orders, in which case should be presented for approval at the Primary Care Co-Commissioning Committee. <p>Other Duties</p> <ul style="list-style-type: none"> • the committee will agree an annual work plan to ensure that it covers all the duties above. The committee will also contribute to the Governing Body's annual self-assessment. • as appropriate, the committee supports development and monitoring of the CCG's Strategic Plan and supporting annual delivery plan. • the committee may agree other areas of responsibility as appropriate with the Governing Body. • the committee will receive by exception any completed Internal Audit reports where there are significant recommendations and or actions relating to any of the Committee Responsibilities listed above
<p>Membership</p>	<p>The membership of the Quality, Performance and Governance Committee is given below.</p> <p>Committee members will be appointed by the Governing Body on an annual basis and will consist of the following:</p> <ul style="list-style-type: none"> • Chair of the Committee (Lay Member who is the Deputy Chair of the CCG)

	<ul style="list-style-type: none"> • The Lay Member who is nominated lead for Patient and Public Involvement • GP GB member (Clinical Governance Assurance portfolio) • Clinical Chair • Chief Officer • Chief Finance Officer /Deputy Chief Officer • Chief Nurse • The Director of Corporate Affairs <p>All members of the committee have one vote. In the event of a tied vote the Chair will hold a second and casting vote.</p> <p>Other officers may be requested to attend in an advisory capacity.</p>
In Attendance	<ul style="list-style-type: none"> • Lay Member Audit • Associate Directors and • Heads of Service, as appropriate. • Governance & Board Secretary • Any Governing Body member or Director at the discretion of the Chair of the committee. <p>Deputies attending on behalf of a Committee member may not vote and will not count towards the Quorum except in circumstances specified in the Standing Orders.</p>
Chair	<p>The Chair of the committee will be the lay member who is the Governing Body's Deputy Chair</p> <p>In the event of the Chair's absence meetings will be chaired by the Lay Member for public involvement.</p>
Quoracy	<p>The committee will be quorate if three of its members are present, including at least:</p> <ul style="list-style-type: none"> • the Chair or Deputy Chair, • an Executive Member and • GP member <p>Where one or more members of the Committee are unable to take part in a particular agenda item due to a conflict of interest, the alternative quoracy arrangements will be made up of at least three remaining members of the committee.</p>
Frequency of meetings	<p>There shall be appropriate flexibility as to the frequency of meetings but these shall normally be bi-monthly.</p>
Frequency of attendance	<p>Members are expected to attend all meetings; however a nominated appropriate equivalent deputy can attend in extenuating circumstances.</p> <p>Deputies will only be in attendance and will not count towards the quorum and are not eligible to vote unless acting up during a period of absence as specified in the Standing Orders.</p>

Sub-Committees / Groups	The committee may establish groups to support it in its role. The scope and membership of those groups will be determined by the committee.
Conduct	<p>Members of the committee and those in attendance at meetings will abide by the 'Principles of Public Life' and the NHS Code of Conduct, and the Standards for members of NHS boards and governing bodies, Citizen's Charter and Code of Practice on Access to Government Information.</p> <p>All members will have due regard to, and operate within, the prime financial policies, standing orders, the constitution and other policies and procedures of NHS Wakefield CCG.</p>
Declaration of interests	<p>All potential conflicts of interest are declared and managed in line with NHS Wakefield CCGs Declaration of Interests policy. All declarations of interest are updated at least annually and published.</p> <p>Any conflicts which present during the meeting in relation to the agenda that has not already been declared should be raised and declared as soon as it becomes apparent at the meeting. The Chair will determine whether the individual will be excluded from relevant parts of meetings, or be able to join in the discussion, but not participate in the decision making itself or vote.</p> <p>All declarations of interest will be recorded in the minutes.</p>
Matters to be referred to the Governing Body or other committees	Matters to be referred to the Governing Body or other committees will be noted and recorded in the minutes.
Administration	<p>Secretariat support for the committee will be provided by the administration function within the CCG. They will ensure that minutes of the meeting are taken and provide appropriate support to the Chair and Committee members. Duties will include:</p> <ul style="list-style-type: none"> • Develop a forward plan of matters to be considered by the committee • agreement of agenda with Chair and attendees and collation of papers; • ensuring that minutes are taken and keeping a record of matters arising and issues to be carried forward; • timely distribution of papers, no later than five days before a meeting for agenda and papers and no later than five working days after a meeting for distribution of minutes; • record of matters arising, issues to be carried forward.
Urgent matters arising between	The Chair of the Committee, Chief Officer, and a Clinical Member in consultation together, may also act on urgent matters arising

meetings	<p>between meetings of the Committee.</p> <p>In the absence of the Chair the Chief Officer a Clinical Member and an Executive Member, in consultation, may act together.</p> <p>These matters will be ratified at the next meeting of the Committee.</p>
Monitoring of compliance	The Governing Body will monitor the effectiveness of the committee through receipt of the minutes and reports regarding the organisation's risk management arrangements.
Date agreed	Approved by Governing Body March 2020
Review date and monitoring	Annually, or as and when legislation or best practice guidance is updated. Any amended Terms of Reference will be approved by the Governing Body.

TERMS OF REFERENCE FOR NHS WAKEFIELD CLINICAL COMMISSIONING GROUP FINANCE COMMITTEE

<p>Accountability arrangements and authority</p>	<p>The Finance Committee is established as a Committee of the Governing Body of NHS Wakefield Clinical Commissioning Group (CCG), in accordance with the scheme of delegation.</p> <p>The Finance Committee will operate as a corporate body for the functions delegated to it. Therefore the Governing Body cannot overrule decisions of the Finance Committee that fall within its delegated authority.</p> <p>The membership, remit, responsibilities and reporting arrangements of the Finance Committee are set out in these terms of reference and shall have effect as if incorporated into the CCG Constitution and Standing Orders.</p> <p>The Committee has no executive powers, other than those specifically delegated in these terms of reference or otherwise agreed by the Governing Body.</p> <p>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 co-operate with any request made by the Committee within its remit as described in these terms of reference. The Committee has full authority to commission any reports or surveys it deems necessary to help to fulfil its obligations, including legal or other independent professional advice.</p>
<p>Relationship and reporting</p>	<p>The Finance Committee is a Committee of the Governing Body.</p> <p>Minutes of meetings will be presented to the Governing Body.</p> <p>Reports on specific issues will also be prepared when necessary for consideration by the Governing Body.</p> <p>Other committees of the Governing Body for NHS Wakefield CCG will refer items to the Finance Committee where it is deemed that these may have an impact on the Financial Plan and/or where additional assurance is required on the financial implications of the matter under consideration.</p>
<p>Role and function</p>	<p>The role of the Committee is to provide additional assurance to the Governing Body and to external regulators on all aspects of financial planning and cost reduction. The committee will ensure strong clinical input into the assessment</p>

	<p>of impact on quality and patient experience of financial recovery schemes.</p> <p>This will include approval of the financial plan and savings schemes providing assurance that:</p> <ul style="list-style-type: none"> • the quality, safety and stakeholder impact of individual plans have been assessed and mitigated • the interrelationship with performance recovery plans have been assessed and mitigated • all possible measures are being taken to achieve financial turnaround. <p>Specific duties are set out in the ‘Responsibilities’ section below.</p> <p>In performing its role the Committee will exercise the functions in accordance with the agreement the CCG has entered into with NHS England.</p> <p>The work of the Committee will be flexible to new and emerging priorities and risks. The Committee will ensure appropriate clinical engagement in reaching decisions and in delivery of financial plans.</p>
<p>Responsibilities</p>	<ul style="list-style-type: none"> • Approve short, medium and long term financial plans which support the CCG to meet or exceed its statutory financial duties • Agree the principles and parameters underpinning the financial plan • Risk assess the deliverability of the financial plan and the organisation’s capacity and capability for implementation • Provide objectivity and challenge in identifying financial recovery opportunities including QIPP • Oversee the process for assessing the impact of financial turnaround plans, including Quality Impact Assessment • Seek assurance of the appropriate arrangements for stakeholder communications and engagement in development and delivery of the financial plans, including recovery schemes, and compliance with the CCG’s statutory duties in relation to public engagement and consultation • Seek assurance of the compliance with the CCG’s governance arrangements and robust evidence of decision making • Seek assurance of the delivery of financial plans and ensure momentum is maintained. • Provide early warning to the Governing Body where plans are not delivering to enable the organisation to be

	<p>agile in responding</p> <ul style="list-style-type: none"> • Exercise appropriate and proportionate scrutiny of new and discretionary expenditure to ensure plans support the overall financial strategy • Make recommendations to GB (or Primary Care Commissioning Committee where there is a potential conflict of interest) on decisions to commit expenditure – (postpone, avoid or fund) • Seek assurance of the impact of financial plans, including recovery schemes, on member practices are fully understood and communicated • Seek assurance that the member practices are engaged in delivery of the financial turnaround plan • Review performance against the CCG’s financial plans, ensuring management action is taken to mitigate risks to the achievement of objectives and that risks are appropriately reported within the risk management/assurance framework approach • Ensure contractual performance is monitored and included in the Finance Report <p>Policies</p> <ul style="list-style-type: none"> • Approve policies relating to financial management and financial control • Approve procurement policies and seek assurance that there is robust and transparent decision making (including equitable treatment of all parties) regarding procurement of services
Membership	<ul style="list-style-type: none"> • Chair of the Committee (Lay member who is Chair of the Quality Performance and Governance Committee.) • Clinical ChairGP GB member (Clinical Governance Assurance portfolio) • Chief OfficerChief Finance Officer/ Deputy Chief Officer • Chief Nurse • Director of Corporate Affairs • Director of Commissioning Integrated Care and Partnerships <p>All members of the committee have one vote. In the event of a tied vote the Chair will hold a second and casting vote.</p> <p>Other officers may be requested to attend in an advisory capacity.</p> <p>The membership and attendance will be kept under review</p>
In attendance	<ul style="list-style-type: none"> • Chair of Audit Committee • Associate Director of Finance

	<ul style="list-style-type: none"> • Associate Directors as required • Clinical member of planned and unplanned care <p>Deputies attending on behalf of a Committee member may not vote and will not count towards the Quorum except in circumstances specified in the Standing Orders.</p>
Chair	<p>The Chair of the Committee will be the lay member who is also the Chair of the Integrated Governance Committee.</p> <p>In his absence the meeting will be chaired by one of the clinical members.</p>
Quorum	<p>The Committee will be quorate if three of its members are present, including at least:</p> <ul style="list-style-type: none"> • one Lay Member • one Clinical Member and • one Executive Member. <p>Where one or more members of the Committee are unable to take part in a particular agenda item due to a conflict of interest, the alternative quoracy arrangements will be made up of at least three remaining members of the committee.</p>
Frequency of meetings	<p>Meetings will usually be held monthly however no meeting will take place in the month the Public Governing Body meeting is held.</p> <p>Additional meetings may be scheduled as required.</p>
Frequency of attendance	<p>Members are expected to attend all meetings; however a nominated appropriate equivalent deputy can attend in extenuating circumstances.</p> <p>Deputies will only be in attendance and will not count towards the quorum and are not eligible to vote unless acting up during a period of absence as specified in the Standing Orders.</p>
Conduct	<p>Members of the Committee and those in attendance at meetings will abide by the 'Principles of Public Life' and the NHS Code of Conduct, and the Standards for members of NHS boards and governing bodies, Citizen's Charter and Code of Practice on Access to Government Information.</p> <p>All members will have due regard to, and operate within, the prime financial policies, standing orders, the constitution and other policies and procedures of NHS Wakefield CCG.</p>
Declaration of interest	<p>All potential conflicts of interest are declared and managed in line with NHS Wakefield CCGs Declaration of Interests policy. All declarations of interest are updated at least annually and published.</p> <p>Any conflicts which present during the meeting in relation to the agenda that has not already been declared should be</p>

	<p>raised and declared as soon as it becomes apparent at the meeting. The Chair will determine whether the individual will be excluded from relevant parts of meetings, or be able to join in the discussion, but not participate in the decision making itself or vote. All declarations of interest will be recorded in the minutes.</p>
Matters to be referred to the Governing Body or other committees	<p>Matters to be referred to the Governing Body or other committees will be noted and recorded in the minutes.</p>
Administration	<p>Secretariat support for the Committee will be provided by the administration function within the CCG. They will ensure that minutes of the meeting are taken and provide appropriate support to the Chair and Committee members.</p> <p>Duties will include:</p> <ul style="list-style-type: none"> • agreement of agenda with Chair and attendees and collation of papers; • ensuring that minutes are taken and keeping a record of matters arising and issues to be carried forward; • timely distribution of papers, no later than 5 working days before a meeting for agenda and papers and no later than 5 working days after a meeting for distribution of minutes; • record of matters arising, issues to be carried forward.
Urgent matters arising between meetings	<p>The Chair of the Committee, the Chief Officer and Chief Finance Officer/ Deputy Chief Officer, in consultation, may also act together on urgent matters arising between meetings of the Committee.</p> <p>In the absence of the Chair, the Chief Officer and Chief Finance Officer and a Clinical Member, in consultation, may act together.</p> <p>These matters will be ratified at the next meeting of the Committee.</p>
Monitoring of compliance	<p>The Governing Body will monitor the effectiveness of the Committee through receipt of the minutes.</p>
Date approved	<p>Approved by Governing Body March 2020</p>
Review date and monitoring	<p>These terms of reference will be subject to review in</p>

TERMS OF REFERENCE FOR THE NHS WAKEFIELD CLINICAL COMMISSIONING GROUP - CLINICAL STRATEGY GROUP

<p>Accountability arrangements and authority</p>	<p>These are the terms of reference for the Clinical Strategy Group which has been established as a formal Committee of the Governing Body to inform future commissioning intentions, inform strategic planning and advise on funding of in-year service developments.</p> <p>The Clinical Strategy Group 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 co-operate with any request made by the committee within its remit as described in these terms of reference.</p>
<p>Relationship and reporting</p>	<p>The Clinical Strategy Group is a committee of the Governing Body for NHS Wakefield CCG. Minutes of the committee meeting will be submitted to the Governing Body and will be made available to member practices. Reports on specific issues will also be prepared when necessary for consideration by the Governing Body.</p>
<p>Role and function</p>	<p>The overarching purpose of the Clinical Strategy Group is to provide strong clinical leadership for commissioning, service transformation and pathway redesign and to provide robust assurance of this to the Governing Body. This will include promotion of a culture of continuous improvement and innovation with respect to safety of services, clinical effectiveness and patient experience / feedback.</p> <p>The Clinical Strategy Group will provide advice and assurance on agreed commissioning strategies and intentions and strategic alignment with the forward strategy that is agreed for the population of Wakefield by the Governing Body.</p> <p>The Clinical Strategy Group will ensure initiatives are in place to support the development of cost saving schemes development through embedding clinical advice, support and leadership into key commissioning work streams and interlinking portfolio working across the organisation.</p>
<p>Responsibilities</p>	<p>Service Transformation and Commissioning</p> <ul style="list-style-type: none"> • provide strategic advice on proposals for service transformation, pathway redesign and commissioning business cases taking into consideration where appropriate any data intelligence received; • ensure that the business justification for transformation projects are clearly quantified; • support effective commissioning to ensure national and

	<p>local priorities are delivered in the most effective way;</p> <ul style="list-style-type: none"> • ensure strong clinical leadership, clinical involvement and influence informs key work streams and commissioning decisions; • champion patient-focused services, reduction of local health inequalities, health promotion and patient and public involvement ; • take an holistic view of commissioning, ensuring key links between CCG business, and recognising interdependencies with the wider health economy; • facilitate dialogue with clinicians across primary and secondary care that promotes multi-professional engagement and collaborative working towards better patient care; • seek assurance that, where appropriate, arrangements are in place to offer patients choice of healthcare providers; • seek assurance that the service transformation work streams fully reflect elements of quality (effectiveness, safety and experience) are in-line with national and local priorities and will lead to improved outcomes; • encourage innovative thinking, developing new approaches and improved mechanisms for integrated working; • seek assurance that necessary resources are allocated to enable implementation of transformation programmes and projects • seek assurance that equality and diversity is appropriately featured in the commissioning intentions of NHS Wakefield CCG, mindful of groups with, or associated with, protected characteristics. <p>Strategy</p> <ul style="list-style-type: none"> • influence and support the strategic vision and direction for commissioning of NHS Wakefield CCG; • provide overall strategic direction and guidance on the planning and delivery of service development and transformation programmes and associated work streams across NHS Wakefield CCG based on local need, national frameworks and guidance, good practice evidence and performance targets; • resolve strategic and directional issues and ensure continued alignment of the transformational programmes and associated projects with strategic objectives; <p>Medicines Optimisation</p> <ul style="list-style-type: none"> • provide strategic advice on commissioning policy recommendations on the use of medicines based on
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	<p>proven clinical outcomes, affordability, and value for money;</p> <p>Cost Savings</p> <ul style="list-style-type: none"> • support the development of cost savings through embedding clinical advice, support and leadership into key commissioning work streams and interlinking portfolio working across the organisation. • Seek assurance on the quality and safety impact of any cost saving plans
Membership	<p>The Clinical Strategy Group will have a majority of professional members.</p> <p>Committee members will be appointed by the Governing Body on an annual basis, and will consist of the following:</p> <ul style="list-style-type: none"> • Chair of the Committee (Clinical Chair); • Deputy Chair of the Committee (the Lay member with responsibility for patient and public participation matters); • Three GP members of the Governing Body • Clinical Directors; • Chief Finance Officer; • Chief Nurse • Director of Corporate Affairs <p>The Chief Officer will not be a member of Clinical Strategy Group but will have an open invitation to attend</p> <p>The Chair of the Clinical Strategy Group may invite other officers to attend as required.</p>
In attendance	<ul style="list-style-type: none"> • Chief Officer • Associate Directors, as appropriate • Head of Primary Care Development • Heads of Service, as appropriate; • Director of Public Health; • Public Health Consultant • Additional staff as required; <p>Other partners such as primary and secondary care clinicians and clinicians from providers of mental health services may be invited to attend the committee for specific items, subject to approval of the Chair of Clinical Strategy Group</p>
Chair	<p>The Chair of the Clinical Strategy Group will be the Clinical Chair.</p>

	The Deputy Chair of the Committee will be the Lay Member with responsibility for patient and public participation matters.
Quoracy	The Clinical Strategy Group will be quorate for decision making if three of the members are present; this will include at least: <ul style="list-style-type: none"> • one elected GP member of the Governing Body and • one Executive Director.
Frequency of meetings	There shall be appropriate flexibility as the frequency of Clinical Strategy Group meetings, but these shall normally be held monthly.
Sub-Committees / Groups	The committee may establish groups to support it in its role. The scope and membership of those groups will be determined by the committee.
Conduct	Members of the Committee and those in attendance at meetings will abide by the 'Principles of Public Life' and the NHS Code of Conduct, and the Standards for members of NHS boards and governing bodies, Principles of the Citizen's Charter and the Code of Practice on Access to Government Information. All members will have due regard to, and operate within, the prime financial policies, standing orders, the constitution and other policies and procedures of NHS Wakefield CCG.
Declaration of interests	All potential conflicts of interest are declared and managed in line with NHS Wakefield CCGs Declaration of Interests policy. All declarations of interest are updated at least annually and published. Any conflicts which present during the meeting in relation to the agenda that has not already been declared should be raised and declared as soon as it becomes apparent at the meeting. The Chair will determine whether the individual will be excluded from relevant parts of meetings, or be able to join in the discussion, but not participate in the decision making itself or vote. All declarations of interest will be recorded in the minutes.
Administration	Secretariat support for the Clinical Strategy Group will be provided by the administration function within NHS Wakefield CCG. They will ensure that minutes of the meeting are accurately recorded and will provide appropriate support to the Chair and Committee members. Papers will be circulated at least four days in advance of the meeting. Duties will include: <ul style="list-style-type: none"> • agreement of agenda with Chair and attendees and collation of papers;

	<ul style="list-style-type: none"> ensuring that minutes are taken and keeping a record of matters arising and issues to be carried forward; timely distribution of papers, no later than four working days before a meeting for agenda and papers and no later than four working days after a meeting for distribution of minutes; record of matters arising, issues to be carried forward.
Urgent matters arising between meetings	The Chair of the Committee, Deputy Chair of the Committee, and either the Chief Officer, Chief Financial Officer or the Chief Nurse may also act together on urgent matters arising between meetings of the Clinical Strategy Group. These matters will be ratified at the next meeting of the Clinical Strategy Group.
Monitoring of compliance	The Governing Body will monitor the effectiveness of the Clinical Strategy Group through receipt of the minutes.
Date Agreed	Approved at Governing Body on March 2020
Review Date and Monitoring	<p>Annually, or as and when legislation or best practice guidance is updated.</p> <p>Any amended terms of reference will be agreed by the Clinical Strategy Group for recommendation to a subsequent meeting of the Governing Body.</p>

TERMS OF REFERENCE FOR THE NHS WAKEFIELD CLINICAL COMMISSIONING GROUP PUBLIC INVOLVEMENT, PATIENT EXPERIENCE AND EQUALITY COMMITTEE

<p>Accountability arrangements and authority</p>	<p>The Governing Body for NHS Wakefield Clinical Commissioning Group (CCG) resolves to establish a committee of the Governing Body to be known as the Public Involvement, Patient Experience and Equality Committee.</p> <p>The committee will operate within the legal framework for NHS Wakefield CCG.</p> <p>The Committee has no executive powers, other than those specifically delegated in these terms of reference.</p> <p>PIPEEC was approved by the CCG Board as part of the approval of the communications and engagement strategy in September 2012. PIPEEC is tasked with ensuring NHS Wakefield CCG appropriately and effectively fulfils the statutory duty stated in Section 242 of the NHS Act 2006 and the duty for public involvement outlined in the Health and Social care Act 2012 Section 26. PIPEEC will have the authority to request and challenge any information it requires to fulfil its core business.</p> <p>The Committee will also oversee that the CCG fulfils its duty in respect of Section 149 of the Equality Act 2010, which states that a public authority must have due regard to the need to a) eliminate discrimination, harassment and victimisation, b) advance 'Equality of Opportunity', and c) foster good relations. It unifies and extends previous disparate equality legislation. Nine characteristics are protected by the Act, which are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation.</p>
<p>Relationship and reporting</p>	<p>PIPEEC will report to and submit minutes to the CCG's Governing Body. PIPEEC will receive minutes from the CCG's Patient Participation Group Network.</p> <p>The meetings will be supported and facilitated by Senior Engagement Manager.</p> <p>A member of PIPEEC will be the Committee's representative on the Integrated Care Partnership and act as a champion for the committee. This role will provide information to and from the Partnership to provide assurance for public involvement across Wakefield District.</p>

<p>Role and function</p>	<p>Role</p> <p>The role of PIPEEC is to oversee the delivery and quality of public involvement activity across all aspects of the CCG's work, taking into consideration the changing landscape of the local health economy and integrating social care aspects.</p> <p>The integration of both membership and work across health and social care will ensure that considerations and assurance given around engagement, equality and patient experience are based on full picture of the local need. This will be done with the aim of improving local services.</p> <p>Functions</p> <p>It is expected that the functions of this committee will evolve to meet the developing public involvement, equality and patient experience agenda, however, the core functions will be to:</p> <ul style="list-style-type: none"> • provide assurance to the CCG's Governing Body on public involvement carried out both in quality and meeting statutory requirements • provide assurance to the CCG's Governing Body on equality duties and reporting • champion public involvement, equality and patient experience throughout the CCG and within the local area • enable patient feedback to influence CCG planning and commissioning arrangements and subsequent provider arrangements • identify trends and prioritise areas for improvement, instigating further investigation and action from appropriate leads • receive collated patient feedback from a range of sources • ensure action plans are developed as a result of patient feedback and that progress is regularly monitored and impact measured • approve public involvement, equality and patient experience procedures and policies and make recommendations on related strategies
<p>Responsibilities</p>	<p>PIPEEC will provide a single recognised structure to oversee the delivery of patient involvement, equality and patient experience activity and ensure impact and change is demonstrable both internally and externally.</p> <p>PIPEEC will provide assurance to the CCG's Governing Body on involvement planned and carried out as part of the day to day planning, delivery and review of services. The work of the Committee will inform commissioning arrangements, business planning and identify possible improvements.</p>

Membership	<p>Members will be drawn from across Wakefield to provide representation of patient views and opinions.</p> <ul style="list-style-type: none"> ○ Chair, NHS Wakefield CCG board member ○ 2 Local Healthwatch members ○ Young Healthwatch ○ Up to 15 members of the public and voluntary and community sector representatives ○ Director of Corporate Affairs, Wakefield CCG, with responsibility for overseeing involvement activity of the CCG ○ Head of Quality ○ Senior Engagement Manager ○ Local Authority – lay representatives <p>Training will be provided to new members joining the group.</p>
Appointments	<p>Appointments to PIPEEC will be considered and approved by existing members. New appointments will be made on the receipt of resignations from current members and in the event of the committee identifying gaps in representation. All members will be required to make a verbal declaration of interest about any items of business to be discussed where they feel their interest might prejudice their contribution.</p>
Chair	<p>The Chair of PIPEEC will be a CCG lay member with responsibility for patient and public involvement.</p> <p>The meetings will be run by the Chair. In the event of the Chair's absence meetings will be chaired by the Director for Corporate Affairs, Wakefield CCG.</p>
Quoracy	<p>Quorum for PIPEEC constitutes a minimum of 8 members attending with no less than 3 members of the public and no less than 2 CCG representatives. If minimum attendance is not met, PIPEEC will be rescheduled. If necessary, CCG representatives may nominate a replacement of equivalent seniority to attend in their absence.</p>
Frequency of meetings	<p>PIPEEC will normally expect to meet 6 times a year. The Committee will set up working groups as and when deemed necessary and beneficial to the working of the group.</p>
Conduct	<p><i>Members of the committee and those in attendance at meetings will abide by the 'Principles of Public Life' and the NHS Code of Conduct, and the Standards for members of NHS boards and governing bodies, Citizen's Charter and Code of Practice on Access to Government Information.</i></p> <p><i>All members will have due regard to and operate within the Standing Orders, Prime Financial Policies and other financial procedures.</i></p>
Declaration of interests	<p>If any member has an interest, pecuniary or otherwise, in any matter and is present at the meeting at which the matter is under</p>

	discussion, he/she will declare that interest as early as possible and shall not participate in the discussions. The Chair will have the power to request that member to withdraw until the committee's consideration has been completed.
Administration	<p>Administrative support for the Committee will be provided by the Business Unit function within the CCG. They will ensure that minutes of the meeting are taken and provide appropriate support to the Chair and Committee members. Duties will include:</p> <ul style="list-style-type: none"> • agreement of agenda with Chair and attendees and collation of papers; • ensuring that minutes are taken and keeping a record of matters arising and issues to be carried forward; • timely distribution of papers, no later than five working days before a meeting for agenda and papers and no later than five working days after a meeting for distribution of minutes; • record of matters arising, issues to be carried forward. <p>The engagement lead will set the agenda, in conjunction with the PIPEEC Chair and based on feedback from the group. The agenda and associated papers will be circulated a minimum of One week prior to the meeting.</p>
Urgent matters arising between meetings	The Chair of the Committee, Director of Corporate Affairs, and Senior Engagement Manager, may also act on urgent matters arising between meetings of the Committee. These matters will be ratified at the next meeting of the Committee.
Monitoring of compliance	The Governing Body will monitor the effectiveness of the Committee through receipt of the minutes and reports regarding the organisation's risk management arrangements.
Date agreed	Approved by Governing Body March 2020
Review date and monitoring	Annually, or as and when legislation or best practice guidance is updated. Any amended Terms of Reference will be agreed by the Committee for recommendation to a subsequent meeting of the Governing Body.



CONNECTING CARE EXECUTIVE AS THE PARTNERSHIP BOARD (CHILDREN AND ADULTS) WAKEFIELD COUNCIL

NHS WAKEFIELD CLINICAL COMMISSIONING GROUP

TERMS OF REFERENCE

1. Introduction

The purpose of the Connecting Care Executive is to be the Partnership Board responsible for review of performance and oversight of the Better Care Fund and to deliver the ambition of the Health and Wellbeing Board to achieve more effective integration between the commissioning of children's, adults', public health and NHS services.

The Connecting Care Executive needs to also undertake the statutory functions outlined in the Care Act 2014 and managing the implementation of the Better Care Fund Plan and associated Section 75 Better Care Fund Partnership Agreement.

Constitution

The Connecting Care Executive will be a stand alone Partnership Board reporting to Wakefield Council (Council) and the NHS Wakefield Clinical Commissioning Group (CCG) (the Partners).

2. Membership

2.1 The membership of the Connecting Care Executive will be as follows:

2.1.1 the Council:

- Corporate Director, Adults, Health and Communities
- Corporate Director, Children's Services
- Group Finance Manager, Adults, Health and Communities
- Group Finance Manager, Children's Services
- Service Director Strategy and Commissioning
- Director of Public Health or Deputy Director of Public Health

or a deputy to be notified in writing to the Chair in advance of any meeting;

2.1.2 the CCG :

- Chief Officer
- Chief Finance Officer
- Assistant Clinical Chair of Clinical Commissioning Group
- Director of Commissioning and Integrated Care
- WCCG Governing Body Clinical lead for Children and Young People
- Chief of Service Delivery and Quality
- WCCG Clinical Lead for Care Home Vanguard and Connecting Care

or a deputy to be notified in writing to the Chair in advance of any meeting;

2.1.3 The Chair of Healthwatch Wakefield (or a deputy to be notified in writing to the Chair in advance of any meeting) shall be a non-voting observer.

2.2 **Appointments**

Appointments to the Connecting Care Executive will be agreed by the Council and CCG.

2.3 **Chair**

The Chair of the Connecting Care Executive will be the the Corporate Director, Adults, Health and Communities of the Council and the Deputy Chair will be Chief Officer of the CCG. If the Chair is absent then the Deputy Chair will preside. If both the Chair and Deputy Chair are absent such member as the members present choose will preside. The member presiding at the meeting will exercise any power or duty of the Chair.

3 **Arrangements for the Conduct of Business**

3.1 **Quorum**

The quorum for meetings of the Connecting Care Executive shall be a minimum of two members from the Council and a minimum of two members from the CCG.

3.2 **Frequency of Meetings**

Meetings will be held monthly.

3.3 **Frequency of Attendance by Members**

Members are required to attend at least 75% of the meetings held in any calendar year.

3.4 **Declaration of Interests**

The Partners shall ensure that those officers with decision-making responsibilities in the Connecting Care Executive will comply with the relevant provisions of their respective organisation's Code of Conduct policies for managing conflicts of interest to the extent relevant. In addition to each Partner's own Code of Conduct Policy the following principles for the management of conflicts of interest will also apply to members of the Connecting Care Executive:

The Partners as commissioners and providers will be jointly developing new models of integration, careful consideration will need to be given to potential conflicts of interest.

Members of the Connecting Care Executive are expected to conduct themselves in an appropriate manner and must refrain from actions that are likely to create any real or perceived conflict of interest, save those that are inherent in the institutional interests of the organisations that members represent.

Conflicts of interest may arise where a member of the Connecting Care Executive has:

- An institutional or financial/pecuniary interest in a specific service change that is being considered; and/or
- A close personal or professional connection with any individuals that may be directly affected by proposed service changes.

If any member of the Connecting Care Executive has an interest, pecuniary or otherwise, in any matter and is present at the meeting at which the matter is under consideration, they must disclose, to the Chair of the Connecting Care Executive, the nature of the interest at the meeting. This member will declare that interest as early as possible and shall not participate in the discussions and decision on that matter. The Chair will have the power to request that the member withdraw until the Connecting Care Executive has considered and made a decision on that matter.

Information obtained during the business of the Connecting Care Executive must only be used for the purpose it is intended. Particular sensitivity should be applied when considering financial, activity and performance data associated with individual services and institutions. The main purpose of sharing such information will be to inform new service models and such information should not be used for other purposes (e.g. performance management, securing competitive advantage in procurement).

Members of the Connecting Care Executive are expected to protect and maintain as confidential any privileged or sensitive information divulged during the work of the Connecting Care Executive. Where items are deemed to be privileged or particularly sensitive in nature, these should be identified and agreed by the Chair. Such items should not be disclosed until such time as it has been agreed that this information can be released.

All declarations of interest will be minuted.

3.5 Urgent matters arising between meetings

Any urgent matters arising between meetings will be dealt with by the Chair's action after agreement between the Chair and Deputy Chair or their representatives.

3.6 Secretariat Support

Secretariat support for the Connecting Care Executive will be provided by both the Council and CCG.

Minutes of all decisions shall be kept and copied to the members within seven days of the next meeting.

4. Authority

The Connecting Care Executive is authorised within the limits of the delegated authority given to either Partner and exercised by its members (which is received through their respective organisation's own scheme of delegation).

The Care Act 2014 (Part 4, section 121, (3)) sets out the legislative framework that the resources identified as part of the Better Care Fund are required to be placed into pooled budgets under section 75 joint governance arrangements between the CCG and the Council. The Connecting Care Executive shall have oversight and responsibility for the statutory arrangements for the Better Care Fund.

Voting

Both the CCG and the Council will have three votes per organisation, in relation to decisions. The following officers of the CCG and the Council through their delegated authority from their respective organisation's own scheme of delegation will have voting powers in the Connecting Care Executive:

the Council
Director of Public Health/Deputy Director of Public Health
Corporate Director, Adults, Health and Communities
Corporate Director, Children and Young People Services
the CCG
Chief Officer
Chief Finance Officer
Programme Commissioning Director Integrated Care

5. Role of the Connecting Care Executive

5.1 Role

The role of the Connecting Care Executive across Adult and Children and Young People arenas is:

- a. To promote the agenda for integrating care, both in terms of sharing commissioning resource but also in terms of delivering a far more joined up service for people living in the Wakefield District
- b. To have a forum where both the Council and the CCG can make commissioning decisions collectively on areas of joint activity
- c. To ensure individual organisational commissioning decisions which could have implications or consequences for broader partners are shared through this forum in a transparent manner
- d. Whilst there will be a 'host' partner organisation for the management of the Better Care pooled fund, it is intended that each partner organisation will follow their own organisational policies and procedures for responsibility of expenditure, commissioning and procurement policies. This is outlined in the flowchart in the attached appendix 1.
- e. Have oversight and assurance that commissioning strategy and commissioning delivery plans drive forward the strategic intentions of the Health and Wellbeing Board in relation to Wakefield's published Joint Strategic Needs Assessment.
- f. To have responsibility for the development and implementation of joint commissioning strategies in line with the Joint Strategic Needs Analysis, Joint Health and Wellbeing Strategy as approved by the Health and Wellbeing Board, Children's Partnership arrangements and the Better Care Fund arrangements.

- g. Oversee all joint commissioning arrangements within agreed budgets. Ensure the Connecting Care Executive are sighted throughout the commissioning cycle on any joint commissioning activity (from understanding the need to reviewing the commission that has been procured)
- h. To ensure the quality, improvement, innovation and productivity (QIPP) challenges are managed effectively through the joint commissioning process
- i. The Connecting Care Executive will oversee joint decommissioning of services and develop a prioritisation methodology to ensure as a District we invest in services most likely to improve outcomes.
- j. Collectively the Connecting Care Executive needs to be able to be responsive to resolving commissioning issues that need addressing, regardless of their threshold value.
- k. The Connecting Care Executive needs to make decisions about the position it will adopt in relation to any joint commissioning activity and consider the approach of joint procurement arrangements and and market management issues collectively.
- l. To oversee partnership agreements under Health Act flexibilities
- m. To monitor the formal Better Care Fund pooled budget arrangements and any other appropriate informal aligned budgets
- n. To take a strategic approach to commissioning for transformation
- o. To build effective partnerships to promote collaborative commissioning to achieve better outcomes with other local partners, including third sector and independent sector
- p. To oversee a joint transformation programme across the Children and Young People and Adult's arena that will support implementation of Connecting Care by focusing on two specific areas of joint interest in 2017/2018, these joint areas will be reviewed annually:
 - Learning Disability care packages review
 - Mental Health- review of the dementia pathway
 - Integrated Community Equipment Services (ICES)
- q. To oversee a joint transformation programme across the Children and Young People and Adult's arena that will support implementation of Connecting Care over the following key enablers:
 - Estates
 - Information, Communications and Technology (ICT)
 - Communications and Engagement
 - Contracting and Commissioning models for Integrated Care- the multispeciality community provider
- r. To undertake the statutory requirements outlined in the Children and Families Act 2014 introducing a new statutory framework for local authorities and CCG's to work together to secure services for children and young people (up to the age of 25) who have Special Education Needs or Disability (SEND), including a new statutory code of practice which captures key actions and behaviours.
- s. To undertake the statutory requirements outlined in the Care Act 2014.
- t. To undertake the role of Partnership Board for the Better Care Fund and carry out the following in connection with the Better Care Fund:
 - to agree the strategic planning and direction on the Individual Schemes;
 - to receive the financial and activity information;

- to oversee, review and performance manage the planning as well as the practical and financial implementation of the Better Care Fund;
- to review the operation of this Agreement and Schedules and agree such variations from time to time as it thinks fit;
- to promote a creative and innovative approach to health and wellbeing using the freedoms afforded by the pooled funds of the Better Care Fund

6. Relationships and Reporting

6.1 Reporting arrangements from sub-committees/groups

Existing commissioning and operational and transformational boards/groups between the CCG and the Council will report into the Connecting Care Executive as outlined in Appendix 1.

6.2 Reporting Arrangements

The Connecting Care Executive will ensure the progress on the work programme and minutes that record commissioning decisions are provided to and published by the Wakefield District Health and Wellbeing Board and the CCG's governing body.

6.3 Sub groups for Connecting Care Executive

The structure highlighted in Appendix 2 outlines the groups that will continue to exist and report into the Connecting Care Executive these include for example the existing transformation programmes on Urgent Care, Planned Care, Mental Health and Children and Young People's partnership Transformation Boards. Some workstreams of enablers will be developed to go across both adults and children and young people arena, these will include ICT, communications and engagement, Estates and contracting and commissioning models for integrated care.

It is proposed in 17/18 two areas of transformation are scoped out across both Adults and Children and Young People arena and these are recommended to be focused on mental health and personalised budgets. More work is required to define the scope of this work to ensure this adds value and doesn't duplicate existing work programmes.

A formal sub-group of the Connecting Care Executive will be held following the commissioning aspect of the Connecting Care Executive has been undertaken. This formal sub-group (Connecting Care Health and Social Care Partnership) will be a broader business meeting with wider colleagues across Health, Social Care, VCS and other appropriate organisations invited. It will adopt it's own terms of reference and have its own distinct membership. This meeting will provide Wakefield with the opportunity to resolve challenges and issues collectively with partners and ensure the richness of co-production is not lost in this revision of governance arrangements.

7. Monitoring of Compliance

The Chair and Deputy Chair will monitor compliance with these terms of reference.

8. Connecting Care Executive Decision making

Decisions of the Connecting Care Executive shall be made unanimously. Where unanimity is not reached then the item in question will in the first instance be referred to the next meeting of the Connecting Care Executive. If no unanimity is reached on the second

occasion it is discussed then the matter shall be dealt with in accordance with the dispute resolution procedure set out in the Section 75 Better Care Fund Partnership Agreement.

9. **Monitoring Information and Reports**

The following reporting arrangements will be monitored by the Connecting Care Executive:

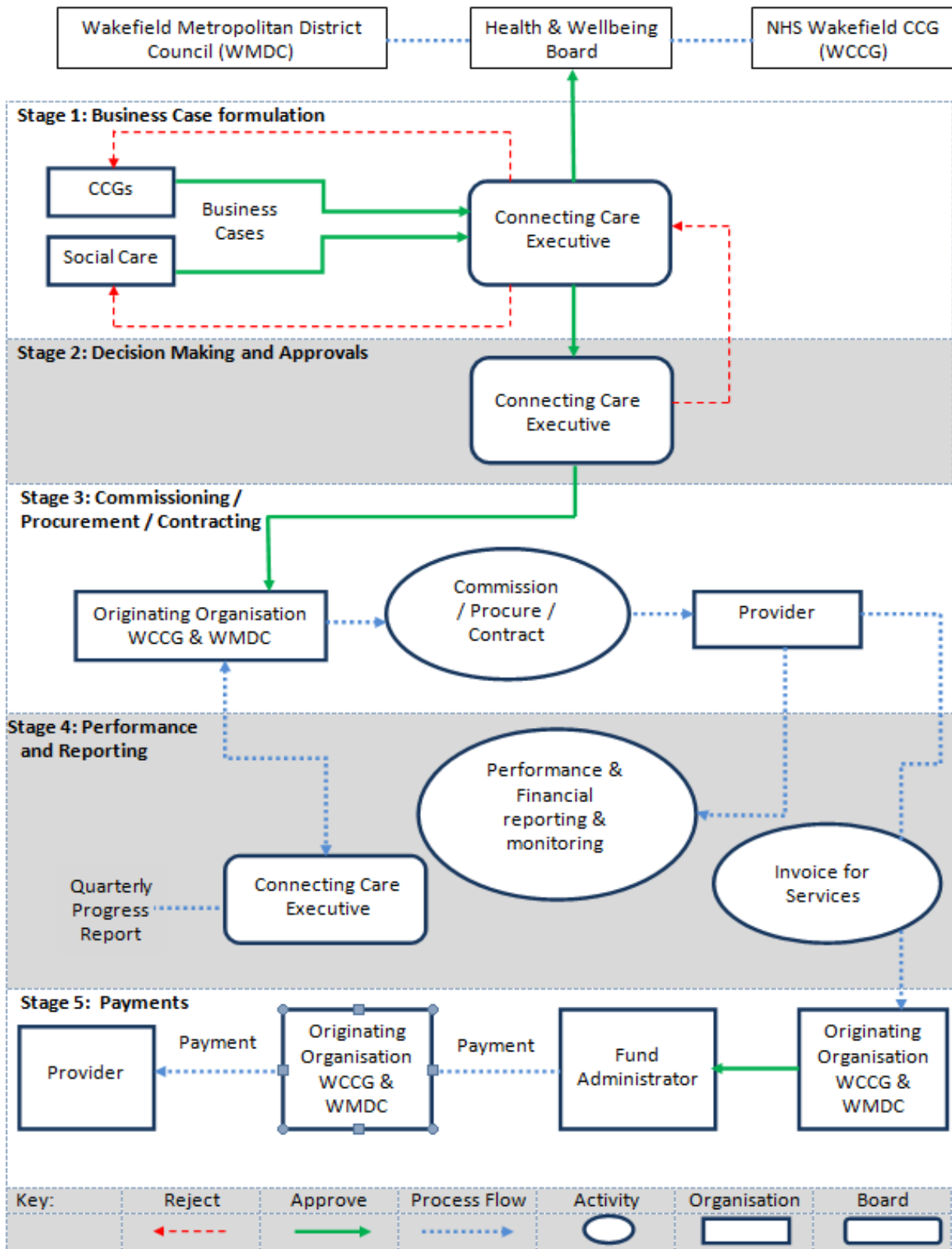
- Connecting Care Adults Assurance Framework will be reported by Public Health quarterly
- Children and Young People's Performance Framework will be reported quarterly
- All areas of joint commissioning activity or pooled budget activity across Adults and Children's arena will be reported to the Connecting Care Executive monthly
- Better Care Fund Pooled Fund Manager shall supply to the Connecting Care Executive on a Monthly basis the financial and activity information as required under the Agreement.
- NHS England has published templates for the Better Care Fund assurance and monitoring. These will be available as both quarterly reports and as an annual report and will be shared at the Connecting Care Executive before formal sign off at the Health and Well-being Board. These requirements are to ensure the ability to monitor the effectiveness of the pooled fund arrangements and provide assurance to NHS England as to the appropriate use of the Better Care Fund. The assurance templates cover reporting on: income and expenditure, payment for performance, supporting metrics, and the national conditions. This template is available in the Better Care Fund: Guidance for the operationalisation of the BCF in 2017/19.
- NHS England require submission of the monitoring reports at 5 points in the year, these dates have not been confirmed for 2017/2019. The host partner shall submit reports in accordance with the required timescales as specified by NHS England.

10. **Review of Terms of Reference**

These terms of reference will be reviewed annually or earlier in the light of national/local policy changes. The next review will take place in March 2021.

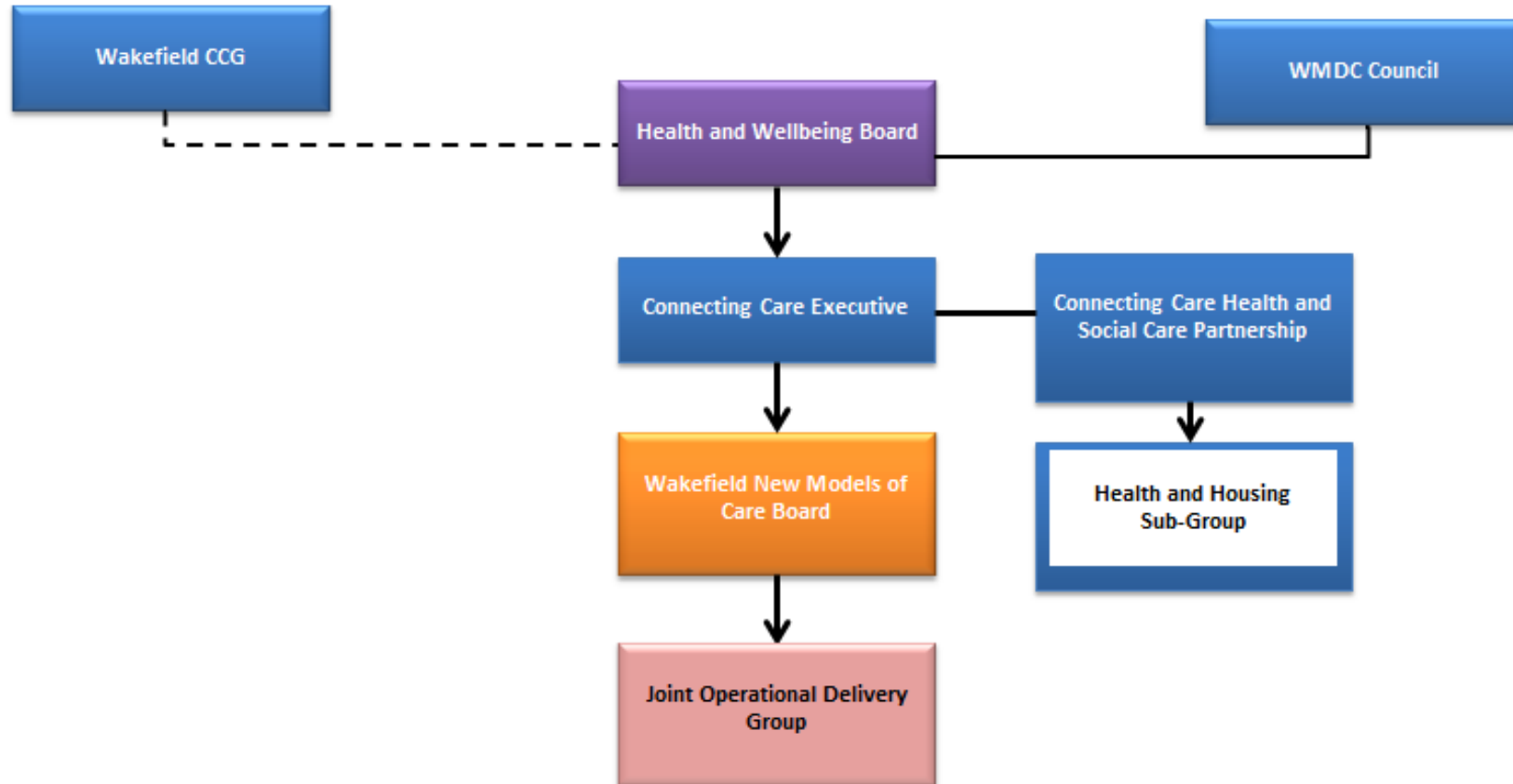
Appendix 1

Governance and Financial Processes for Better Care Fund



Wakefield Place Governance Arrangements

Sustainability Transformation Plan



TERMS OF REFERENCE FOR THE NHS WAKEFIELD CLINICAL COMMISSIONING GROUP NOMINATIONS COMMITTEE

<p>Accountability arrangements and authority</p>	<p>The Governing Body for NHS Wakefield Clinical Commissioning Group (CCG) resolves to establish a committee of the Governing Body to be known as the Nominations Committee.</p> <p>The committee will operate within the legal framework for NHS Wakefield CCG.</p> <p>The powers and responsibilities of the Nominations Committee are set out in these terms of reference. The Nominations Committee is established to advise and support the Governing Body to ensure that there is a formal, rigorous and transparent procedure for the appointment of members to the Governing Body.</p> <p>The Nominations Committee has no executive powers, other than those specifically delegated in these terms of reference.</p> <p>Appointments to the Nominations Committee will be approved by the Governing Body.</p> <p>The Nominations 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 co-operate with any request made by the committee within its remit as described in these terms of reference.</p> <p>The committee is delegated to approve policies and procedures for all areas within the committee's remit. The committee has full authority to commission any reports or surveys it deems necessary to help fulfil its obligations.</p>
<p>Relationship and reporting</p>	<p>The Nominations Committee is a committee of the Governing Body for NHS Wakefield CCG and will submit the minutes of its meetings to the Governing Body.</p> <p>Reports on specific issues will also be prepared when necessary for consideration by the Governing Body.</p> <p>In addition, regular reports will be prepared for the Audit Committee in relation to this committee's progress against its work plan.</p>
<p>Role and function</p>	<p>The purpose of the committee is to ensure that there is a formal, rigorous and transparent procedure for the appointment of members to the Governing Body including effective succession</p>

	<p>planning.</p> <p>The committee does not have a role in the appointment of Executive Posts.</p>
Responsibilities	<p>Election of GPs to the Governing Body</p> <ul style="list-style-type: none"> • on behalf of the CCG, agree a competency framework with the Local Medical Committee (LMC); • ensure that candidates have demonstrated satisfactory leadership potential against the competency framework that is agreed between the LMC and the CCG; • provide support to the LMC when the LMC runs the election process to appoint GPs to the Governing Body, ensure that the election is run in accordance with the CCG's constitution <p>Secondary Care Consultant</p> <ul style="list-style-type: none"> • oversee the recruitment and selection process for the Secondary Care Consultant; • make recommendations to the Governing Body regarding the appointment of the Secondary Care Consultant; • ensure that candidates meet the requirements set out in the CCG's constitution and any other additional statutory requirements; • consider and make recommendations to the Governing Body regarding the reappointment of the Secondary Care Consultant at the end of their term of office. <p>Lay Members</p> <ul style="list-style-type: none"> • oversee the recruitment and selection process for the Lay Members; • make recommendations to the Governing Body regarding the appointment of the Lay Members; • ensure that candidates meet the requirements set out in the CCG's constitution and any other additional statutory requirements; • consider and make recommendations to the Governing Body regarding the reappointment of the Lay Members at the end of their term of office. <p>Other Duties</p> <ul style="list-style-type: none"> • the committee will agree an annual work plan to ensure that it covers all the duties above. The committee will also contribute to the Governing Body's annual self-assessment. • as appropriate, the committee will support development and monitoring of the CCG's Strategic Plan and supporting annual delivery plan. • the committee may agree other areas of responsibility as appropriate with the Governing Body.

<p>Membership</p>	<p>The membership of the Nominations Committee is given below.</p> <p>Committee members will be appointed by the Governing Body on an annual basis and will consist of the following:</p> <ul style="list-style-type: none"> • Chair of the Committee (Who is the Secondary Care Consultant); • Clinical Chair • Lay Member (the Lay member with responsibility for Patient and Public Participation matters); • Two GP GB Members • Chief Officer <p>(except when discussing their role)</p> <p>In addition when the Committee considers the appointment of GPs:</p> <ul style="list-style-type: none"> • A representative from the LMC will join the committee and have a right to vote <p>All members of the committee have one vote. In the event of a tied vote the Chair of the Committee will hold a second and casting vote.</p> <p>Other officers may be requested to attend in an advisory capacity.</p>
<p>In Attendance</p>	<ul style="list-style-type: none"> • Governance & Board Secretary • HR Advisor <p>Any Governing Body member wishing to attend (except when discussing their role).</p>
<p>Chair</p>	<p>The Chair of the committee will be the Secondary Care member of the Governing Body</p> <p>The Chair & Clinical Leader will be the Vice Chair.</p> <p>The meetings will be run by the Chair. In the event of the Chair's absence meetings will be chaired by the Vice Chair.</p>
<p>Quoracy</p>	<p>The committee will be considered quorate when at least half of the members are present, including as a minimum the Chair or Vice Chair of the Committee, and in addition a GP and a Lay Member.</p>
<p>Frequency of meetings</p>	<p>There shall be appropriate flexibility as the frequency of meetings but these shall normally be on an annual basis.</p>
<p>Frequency of attendance</p>	<p>Members are expected to attend all meetings; however a nominated appropriate equivalent deputy can attend in extenuating circumstances. Deputies will only be in attendance. Where an elected clinical member cannot attend, only another elected clinical member may deputise.</p>

Sub-Committees / Groups	The committee may establish groups to support it in its role. The scope and membership of those groups will be determined by the committee.
Conduct	<p>Members of the committee and those in attendance at meetings will abide by the 'Principles of Public Life' and the NHS Code of Conduct, and the Standards for members of NHS boards and governing bodies, Citizen's Charter and Code of Practice on Access to Government Information.</p> <p>All members will have due regard to, and operate within, the prime financial policies, standing orders, the constitution and other policies and procedures of NHS Wakefield CCG.</p>
Declaration of interests	<p>A member of the committee will not take part in the committee when the appointment or reappointment of their post will be considered. This will apply in all instances, including when the individual will retire from the Governing Body.</p> <p>All potential conflicts of interest are declared and managed in line with NHS Wakefield CCGs Declaration of Interests policy. All declarations of interest are updated at least annually and published.</p> <p>Any conflicts which present during the meeting in relation to the agenda that has not already been declared should be raised and declared as soon as it becomes apparent at the meeting. The Chair will determine whether the individual will be excluded from relevant parts of meetings, or be able to join in the discussion, but not participate in the decision making itself or vote.</p> <p>All declarations of interest will be recorded in the minutes.</p>
Administration	<p>Secretariat support for the committee will be provided by the governance function within the CCG. They will ensure that minutes of the meeting are taken and provide appropriate support to the Chair and Committee members. Duties will include:</p> <ul style="list-style-type: none"> • agreement of agenda with Chair and attendees and collation of papers; • ensuring that minutes are taken and keeping a record of matters arising and issues to be carried forward; • timely distribution of papers, no later than five working days before a meeting for agenda and papers and no later than five working days after a meeting for distribution of minutes; • record of matters arising, issues to be carried forward.
Urgent matters arising between meetings	The Chair of the Committee and the CCG's Chair & Clinical Leader in consultation together, may also act on urgent matters arising between meetings of the Committee. These matters will

	be ratified at the next meeting of the Committee.
Monitoring of compliance	The Governing Body will monitor the effectiveness of the committee through receipt of the minutes and reports regarding the organisation's risk management arrangements.
Date agreed	Approved by Governing Body March 2020
Review date and monitoring	Annually, or as and when legislation or best practice guidance is updated. Any amended Terms of Reference will be agreed by the committee for recommendation to a subsequent meeting of the Governing Body.

**TERMS OF REFERENCE FOR
THE NHS WAKEFIELD CLINICAL COMMISSIONING GROUP
EXECUTIVE MANAGEMENT GROUP**

<p>Accountability arrangements and authority</p>	<p>The Governing Body for NHS Wakefield Clinical Commissioning Group (CCG) resolves to establish a sub committee of the Quality Performance and Governance Committee to be known as the Executive Management Group.</p> <p>The committee will operate within the legal framework for NHS Wakefield CCG.</p> <p>The powers and responsibilities of the Executive Management Group are set out in these terms of reference. The Executive Management Group is established to advise and support the Governing Body in scrutinising Business Plans and approving corporate and workforce policies as specified in NHS Wakefield CCG's strategic and operational plans.</p> <p>The Executive Management Group has no executive powers, other than those specifically delegated in these terms of reference.</p> <p>Appointments to the Executive Management Group will be approved by the Quality Performance and Governance Committee.</p> <p>The Executive Management Group is authorised by the Quality Performance and Governance Committee 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 co-operate with any request made by the committee within its remit as described in these terms of reference.</p> <p>The committee is delegated to approve policies and procedures for all areas within the committee's remit. The committee has full authority to commission any reports or surveys it deems necessary to help fulfil its obligations.</p>
<p>Relationship and reporting</p>	<p>The Executive Management Group is a sub-committee of the Quality, Performance and Governance Committee for NHS Wakefield CCG and will submit the minutes of its meetings to the Quality, Performance and Governance Committee</p> <p>Reports on specific issues will also be prepared when necessary for consideration by the Governing Body.</p>
<p>Role and function</p>	<p>The purpose of the committee is to:</p> <ul style="list-style-type: none"> • Review and approve Business Plans

	<ul style="list-style-type: none"> • Review and approve Corporate Policies • Review and approve Workforce Policies
Responsibilities	<p>Business Plans</p> <ul style="list-style-type: none"> • Review and approve proposed Business Plans <p>Policy approval (Corporate)</p> <ul style="list-style-type: none"> • approve Information Governance policies • Integrated Risk Management Framework • Standards of Business Conduct • Display Screen Equipment • Fire Policy • Health and Safety Policy • Incident reporting policy • Mobile device policy • Media relations policy • Safestick procedure <p>Workforce</p> <ul style="list-style-type: none"> • Review all HR policies and monitor compliance including whistleblowing <p>Other Duties</p> <ul style="list-style-type: none"> • the committee will agree an annual work plan to ensure that it covers all the duties above. • as appropriate, the committee supports development and monitoring of the CCG's Strategic Plan and supporting annual delivery plan. • the committee may agree other areas of responsibility as appropriate with the Quality Performance and Governance Committee.
Membership	<p>The membership of the Executive Management Group is given below.</p> <p>Committee members will be appointed by the Quality Performance and Governance Committee on an annual basis and will consist of the following:</p> <ul style="list-style-type: none"> • Chief Officer of the CCG • Chief Finance Officer/Deputy Chief Officer • Chief Nurse • Director of Corporate Affairs • Director of Commissioning Integrated Health and Care

	<p>All members of the committee have one vote. In the event of a tied vote the Chair will hold a second and casting vote.</p> <p>Other officers may be requested to attend in an advisory capacity.</p>
In Attendance	<p>Associate Directors and Heads of Service, as appropriate. Governance & Board Secretary Deputies may attend on behalf of a Committee member but may not vote and will not count towards the Quorum except in circumstances specified in the Standing Orders.</p>
Chair	<p>The Chair of the committee will be the Chief Officer.</p> <p>The meetings will be run by the Chair. In the event of the Chair's absence meetings will be chaired by the Chief Finance Officer/Deputy Chief Officer.</p>
Quoracy	<p>The committee will be considered quorate when at least two of the members are present, including as a minimum the Chair or Deputy Chair and one Director.</p>
Frequency of meetings	<p>There shall be appropriate flexibility as to the frequency of meetings but these shall normally be monthly.</p>
Frequency of attendance	<p>Members are expected to attend all meetings; however a nominated appropriate equivalent deputy can attend in extenuating circumstances. Deputies will only be in attendance.</p>
Conduct	<p>Members of the committee and those in attendance at meetings will abide by the 'Principles of Public Life' and the NHS Code of Conduct, and the Standards for members of NHS boards and governing bodies, Citizen's Charter and Code of Practice on Access to Government Information.</p> <p>All members will have due regard to, and operate within, the prime financial policies, standing orders, the constitution and other policies and procedures of NHS Wakefield CCG.</p>
Declaration of interests	<p>All potential conflicts of interest will be declared and dealt with in line with the CCG's policies / procedures for handling conflicts of interest. .</p> <p>All declarations of interest will be recorded in the minutes.</p>
Matters to be referred to the Governing Body or other committees	<p>Record in the minutes any matters to be referred to the Governing Body or other committees</p>
Administration	<p>Secretariat support for the committee will be provided by the administration function within the CCG. They will ensure that minutes of the meeting are taken and provide appropriate support to the Chair and Committee members. Duties will include:</p>

	<ul style="list-style-type: none"> • agreement of agenda with Chair and attendees and collation of papers; • ensuring that minutes are taken and keeping a record of matters arising and issues to be carried forward; • timely distribution of papers, no later than five days before a meeting for agenda and papers and no later than five working days after a meeting for distribution of minutes; • record of matters arising, issues to be carried forward.
Urgent matters arising between meetings	The Chair of the Committee, Chief Finance Officer/Deputy Chief Officer and an Executive Director in consultation together, may also act on urgent matters arising between meetings of the Committee. These matters will be ratified at the next meeting of the Committee.
Monitoring of compliance	The Quality Performance and Governance Committee will monitor the effectiveness of the committee through receipt of the minutes and reports regarding the organisation's risk management arrangements.
Date agreed	June 2020
Review date and monitoring	Annually, or as and when legislation or best practice guidance is updated. Any amended Terms of Reference will be agreed by the committee for recommendation to a subsequent meeting of the Quality Performance and Governance Committee

Nolan Principles

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

Source: *The First Report of the Committee on Standards in Public Life* (1995)⁶

⁶ Available at <http://www.public-standards.gov.uk/>

The NHS Constitution – Seven Key Principles

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

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

should be transparent and clear to the public, patients and staff. The Government will ensure that there is always a clear and up-to-date statement of NHS accountability for this purpose.

Source: *The NHS Constitution: The NHS belongs to us all* (March 2012)⁷

⁷ http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_132961

Standards of Business Conduct and Receipt of Hospitality Policy can be found on NHS Wakefield CCG website [here](#)

Conflicts of Interest Policy can be found on NHS Wakefield CCG website [here](#)

Standing Orders – included in main Constitution document, Appendix 3, page 49

Member information – names of practices included in main Constitution document, Section 3, page 13