



NHS WAKEFIELD CLINICAL COMMISSIONING GROUP

CONSTITUTION

Version control

| Version | Name | Amendment | Date |
|-------------------------|--------------------------------|---|-------------------|
| 1 | Andrea McCourt | First draft | 21 May 2012 |
| 2 | Lee Beresford/Cat de Jonge | Review | 25 May 2012 |
| 3 | Lee Beresford/Cat de Jonge | Review | 31 May 2012 |
| 4 | Kay Hughes | Finance input | 6 June 2012 |
| 5 | Andrea McCourt | Appendix C Standing Orders | 18 June 2012 |
| 6 | Constitution working group | Sections 6, 7 and 8 | 20 June 2012 |
| 7 | Constitution working group | Organisational structure | 21 June 2012 |
| 8 | Managing Conflicts of Interest | Section 8 & 6.6.3 | 27 June 2012 |
| 9 | Lee Beresford/Cat de Jonge | Review | 6 August 20102 |
| 10 | Lee Beresford/Cat de Jonge | Review following membership meeting | 15 August 2012 |
| 11 | Lee Beresford/Cat de Jonge | Update Terms of Reference | 16 August 2012 |
| 12 | Phil Earnshaw/Cat de Jonge | Update to Scheme of Delegation and Reservation | 20 August 2012 |
| 13 | Lee Beresford/Cat de Jonge | Update following final review | 30 August 2012 |
| 14 | Cat de Jonge/Gemma Gamble | Following discussions with Internal Audit | 05 September 2012 |
| 15 | Lee Beresford | Following LMC and member practice feedback | 06 September 2012 |
| 16 | Lee Beresford | Standing Orders at 2.2.2 (c) | 14 September 2012 |
| 17 | Cat de Jonge | Following CCE | 19 September 2012 |
| 18 FINAL | Cat de Jonge | | |
| 19 FINAL 10.12.12 | Gemma Gamble | | 10 December 2012 |
| 20 FINAL 07.03.13 | Heather Wells | Terms of Reference changes following CCG Board meeting 7 March 2013 | 7 March 2013 |

| Version | Name | Amendment | Date |
|-------------------------|------------------|---|------------------------------|
| 21 FINAL 18.03.13 | Heather Wells | Draft changes to Scheme of Delegation, Prime Financial Policies and Terms of Reference for Integrated Governance following Audit & Governance Group and Integrated Governance Committee 18 March 2013 | 18 March 2013 |
| 22 FINAL 16.04.13 | Gemma Gamble | Updated lead commissioner GP names in appendix B as noted at the Governing body meeting of 16.04.13. | 22 April 2013 |
| 23 | Katherine Bryant | Updated to include an additional statement re whistleblowing (9.10) | 31 May 2013 |
| 24 FINAL 15.08.13 | Katherine Bryant | Amendments to the constitution and its appendix approved by NHS England. | 15 August 2013 |
| 25 | Katherine Bryant | Proposed removal of committee terms of reference as an appendix to the CCG. Updated website links throughout the constitution. | April 2014 |
| 26 | Katherine Bryant | Amendments to the constitution and its appendix approved by NHS England. | 25 July 2014 |
| 27 | Katherine Bryant | Amendments to the constitution and appendix following a governance review and consultation of the members and the LMC | September – December 2014 |
| 28 | Katherine Bryant | Amendments to the constitution and appendix approved by Chief Officer, Chair and Lay Member (Audit). Approved by the CCG's Members on 6 th January 2015. | December 2014 - January 2015 |
| 29 | Katherine Bryant | Amendments to the constitution and its appendix presented to NHS England for approval. | January 2015 |

| Version | Name | Amendment | Date |
|-----------------------------|------------------|---|---------------|
| 30 FINAL 24.03.15 | Katherine Bryant | Amendments to the constitution and its appendix approved by NHS England. Minor amendments to description of Conflicts of Interest Management Committee, retitled the Probity Committee. | March 2015 |
| 31 | Ruth Unwin | Draft Amendments submitted to NHS England for approval | February 2018 |
| 32 | Ruth Unwin | Amendments approved by NHS England. Section 8 amended to reflect NHSE feedback | May 2018 |

New Model Constitution – 2019/20

| Version | Name | Amendment | Date |
|----------------|-------------|--|---------------|
| V1 | Amrit Reyat | Standard model | |
| V1 | Amrit Reyat | Draft Model Constitution presented to Governing Body | November 2019 |
| V1 | Amrit Reyat | Draft to Governing Body for recommendation to CCG membership | November 2019 |
| V1 | Amrit Reyat | CCG Membership approved variation in line with Standing Orders | December 2019 |
| V1 | Amrit Reyat | Application to vary the Constitution made to NHS England | January 2020 |
| V1 | Amrit Reyat | NHS England approved the New Model Constitution | March 2020 |

This model constitution has been prepared on behalf of NHS England by thiNKnow LTD with the support of Browne Jacobson LLP

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1 Introduction

1.1 Name

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

1.2 Statutory Framework

1.2.1 CCGs are established under the NHS Act 2006 (“the 2006 Act”), as amended by the Health and Social Care Act 2012. The CCG is a statutory body with the function of commissioning health services in England and is treated as an NHS body for the purposes of the 2006 Act. The powers and duties of the CCG to commission certain health services are set out in sections 3 and 3A of the 2006 Act. These provisions are supplemented by other statutory powers and duties that apply to CCGs, as well as by regulations and directions (including, but not limited to, those issued under the 2006 Act).

1.2.2 When exercising its commissioning role, the CCG must act in a way that is consistent with its statutory functions. Many of these statutory functions are set out in the 2006 Act but there are also other specific pieces of legislation that apply to CCGs, including the Equality Act 2010 and the Children Acts. Some of the statutory functions that apply to CCGs take the form of statutory duties, which the CCG must comply with when exercising its functions. These duties include things like:

- i) Acting in a way that promotes the NHS Constitution (section 14P of the 2006 Act);
- ii) Exercising its functions effectively, efficiently and economically (section 14Q of the 2006 Act);
- iii) Financial duties (under sections 223G-K of the 2006 Act);
- iv) Child safeguarding (under the Children Acts 2004, 1989);
- v) Equality, including the public-sector equality duty (under the Equality Act 2010); and
- vi) Information law, (for instance under data protection laws, such as the EU General Data Protection Regulation 2016/679, and the Freedom of Information Act 2000).

1.2.3 Our status as a CCG is determined by NHS England. All CCGs are required to have a constitution and to publish it.

1.2.4 The CCG is subject to an annual assessment of its performance by NHS England which has powers to provide support or to intervene where it is satisfied that a CCG is failing, or has failed, to discharge any of our functions or that there is a significant risk that it will fail to do so.

1.2.5 CCGs are clinically-led membership organisations made up of general practices. The Members of the CCG are responsible for determining the governing arrangements for the CCG, including arrangements for clinical leadership, which are set out in this Constitution.

1.3 Status of this Constitution

1.3.1 This CCG was first authorised on 10 December 2012.

1.3.2 Changes to this constitution are effective from the date of approval by NHS England.

1.3.3 The constitution is published on the CCG website : [here](#)

1.4 Amendment and Variation of this Constitution

1.4.1 This constitution can only be varied in two circumstances.

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

1.4.2 The Accountable Officer may periodically propose amendments to the constitution which shall be considered and approved by the Governing Body unless:

- Changes are thought to have a material impact, defined as;
 - i) Amendments giving effect to delegations outside of the CCG, where these have not already been discussed and approved by the members;
 - ii) 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;
 - iii) Any changes to the Governing Body, such as changes to the membership of the Governing Body or to the procedure followed for decision-making;
 - iv) Changes relating to the role of the clinical leader as described within the Roles and Responsibilities of the board members.
 - v) Changes are proposed to the reserved powers of the members; or
 - vi) At least half (50%) of all the Governing Body Members formally request that the amendments be put before the membership for approval.

1.5 Related documents

1.5.1 This Constitution is also informed by a number of documents which provide further details on how the CCG will operate. With the exception of the Standing Orders and the Delegated Authority Limits, these documents do not form part of the Constitution for the purposes of 1.4 above. They are the CCG's:

- i) **Standing Orders** – which set out the arrangements for meetings and the selection and appointment processes for the CCG's Committees, and the CCG Governing Body (including Committees).
- ii) **The Scheme of Reservation and Delegation** – sets out those decisions that are reserved for the membership as a whole and those decisions that have been delegated by the CCG or the Governing Body
- iii) **Prime Financial Policies** – which set out the arrangements for managing the CCG's financial affairs.
- iv) **Delegated Authority Limits** – which set out the delegated limits for financial commitments on behalf of the CCG.
- v) **The CCG Governance Handbook** –which includes:
 - Standards of Business Conduct Policy – which includes the arrangements the CCG has made for the management of conflicts of interest;
 - Terms of Reference for the non-statutory committees of the governing body;
 - The Scheme of Reservation and Delegation (SoRD);
 - Prime Financial policies;
 - Roles and responsibilities of Governing Body members

1.6 Accountability and transparency

1.6.1 The CCG will demonstrate its accountability to its members, local people, stakeholders and NHS England in a number of ways, including by being transparent. We will meet our statutory requirements to:

- i) publish our constitution and other key documents including
 - Governance handbook
 - Register of procurement decisions
- ii) appoint independent lay members and non-GP clinicians to our Governing Body;
- iii) manage actual or potential conflicts of interest in line with NHS England's statutory guidance *Managing Conflicts of Interest: Revised Statutory Guidance for CCGs 2017* and expected standards of good practice (see also part 6 of this constitution);
- iv) hold Governing Body meetings in public (except where we believe that it would not be in the public interest);
- v) publish an annual commissioning strategy that takes account of priorities in the health and wellbeing strategy;

- vi) procure services in a manner that is open, transparent, non-discriminatory and fair to all potential providers and publish a Procurement Strategy;
- vii) involve the public, in accordance with its duties under section 14Z2 of the 2006 Act, and as set out in more detail in the CCG's Communications and engagement strategy found [here](#).
- viii) When discharging its duties under section 14Z2, the CCG will ensure that it continues to put the public voice at the heart of all its work and actively engage in all aspects of its work in a timely, fair, transparent and non-discriminatory manner. Details of this can be found [here](#);
- ix) comply with local authority health overview and scrutiny requirements;
- x) meet annually in public to present an annual report which is then published;
- xi) produce annual accounts which are externally audited;
- xii) publish a clear complaints process;
- xiii) comply with the Freedom of Information Act 2000 and with the Information Commissioner Office requirements regarding the publication of information relating to the CCG;
- xiv) provide information to NHS England as required; and
- xv) be an active member of the local Health and Wellbeing Board.

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

- i) Publishing the declarations of interest for decision making members of staff; and
- ii) Publishing the CCG's declarations of gifts and hospitality.

1.7 Liability and Indemnity

1.7.1 The CCG is a body corporate established and existing under the 2006 Act. All financial or legal liability for decisions or actions of the CCG resides with the CCG as a public statutory body and not with its Member practices.

1.7.2 No Member or former Member, nor any person who is at any time a proprietor, officer or employee of any Member or former Member, shall be liable (whether as a Member or as an individual) for the debts, liabilities, acts or omissions, howsoever caused by the CCG in discharging its statutory functions.

1.7.3 No Member or former Member, nor any person who is at any time a proprietor, officer or employee of any Member of former Member, shall be

liable on any winding-up or dissolution of the CCG to contribute to the assets of the CCG, whether for the payment of its debts and liabilities or the expenses of its winding-up or otherwise.

- 1.7.4** The CCG may indemnify any Member practice representative or other officer or individual exercising powers or duties on behalf of the CCG in respect of any civil liability incurred in the exercise of the CCGs' business, provided that the person indemnified shall not have acted recklessly or with gross negligence.

2 Area Covered by the CCG

2.1.1 The area covered by the CCG is coterminous with that of Wakefield Council and covers the registered population of practices in the district.



3 Membership Matters

3.1 Membership of the Clinical Commissioning Group

3.1.1 The CCG is a membership organisation.

3.1.2 All practices who provide primary medical services to a registered list of patients under a General Medical Services, Personal Medical Services or Alternative Provider Medical Services contract in our area are eligible for membership of this CCG.

3.1.3 The practices which make up the membership of the CCG are listed below.

| Practice Name | Address |
|-------------------------------|--|
| Alverthorpe Surgery | Balne Lane Wakefield, WF2 0DP |
| Ash Grove Medical Centre | England Lane Knottingley WF11 0JA |
| Castleford Medical Practice | 12 Welbeck Street Castleford WF10 1DP |
| Chapelthorpe Medical Centre | Standbridge Lane Wakefield Clinical Commissioning Group WF2 7GP |
| Church Street Surgery | Ossett Health Village Kingsway Ossett, WF5 8DF |
| College Lane Surgery | Barnsley Road Ackworth Pontefract, WF7 7HZ |
| Crofton Health Centre | Slack Lane Crofton Wakefield, WF4 1HT |
| Eastmoor Health Centre | Windhill Road Wakefield WF1 4SD |
| Health Care First Partnership | 8-10 High Street Ferrybridge WF11 8NQ |
| Friarwood Surgery | Carleton Glen Pontefract WF8 1SU |
| Henry Moore Clinic | 26 Smawthorne Lane Castleford WF10 4EN |
| Homestead Medical Centre | Homestead Drive Wakefield Clinical Commissioning Group WF2 9PE |
| King's Medical Practice | King Edward Street Normanton WF6 2AZ |
| Drs Diggle & Phillips | Church View Health Centre Langthwaite Road South Kirkby, WF9 3AP |
| Lupset Health Centre | George A Green Court Lupset Wakefield, WF2 8FE |
| Maybush Medical Centre | Portobello Road Maybush |

| | |
|------------------------------|--|
| | Wakefield, WF1 5PN |
| Middlestown Medical Centre | New Road Middlestown Wakefield, WF4 4PA |
| New Southgate Surgery | Buxton Place Off Leeds Road Wakefield, WF1 3JQ |
| Newland Lane Surgery | The Surgery Newland Lane Normanton, WF6 1QD |
| Northgate Surgery | Northgate Pontefract WF8 1NF |
| Orchard Croft Medical Centre | Cluntergate Horbury Wakefield, WF4 5DA |
| Outwood Park Medical Centre | Potovens Lane Outwood Wakefield, WF1 2PE |
| Park View Surgery | 60 Queen Street Normanton WF6 2BU |
| Patience Lane Surgery | Patient Lane Altofts Normanton, WF6 2JZ |
| Prospect Surgery | Ossett Health Village Kingsway Ossett, WF5 8DF |
| Queen Street Surgery | 60 Queen Street Normanton WF6 2BU |
| Riverside Medical Centre | Saville Road Castleford WF10 1PH |
| St Thomas Road Surgery | St Thomas Road Featherstone WF7 5HE |
| Dr Singh & Partners | Church View Health Centre Langthwaite Road South Kirkby, WF9 3AP |
| Stanley Health Centre | Lake Lock Road Stanley Wakefield, WF3 4HS |
| Station Lane Medical Centre | Station Lane Featherstone WF7 6JL |
| Stuart Road Surgery | Stuart Road Pontefract WF8 4PQ |
| The Grange Medical Centre | Highfield Road Hemsworth Pontefract, WF9 4DP |
| Tieve Tara Medical Centre | Parkdale Airedale Castleford, WF10 2QP |
| Trinity Medical Centre | Thornhill Street Wakefield WF1 1PG |
| Warrengate Medical Centre | Warrengate Wakefield WF1 4PR |

| | |
|--------------------|---|
| White Rose Surgery | Exchange Street South Elmsall WF9 2RD |
|--------------------|---|

3.2 Nature of Membership and Relationship with CCG

3.2.1 The CCG's Members are integral to the functioning of the CCG. Those exercising delegated functions on behalf of the Membership, including the Governing Body, remain accountable to the Membership.

3.3 Speaking, Writing or Acting in the Name of the CCG

Members are not restricted from giving personal view on any matter. However, Members should make it clear that personal views are not necessarily the view of the CCG.

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

3.4 Members' Rights

3.4.1 The CCG's Scheme of Reservation and Delegation sets out those matters reserved to the Membership.

In addition the members also have the following rights:

- Agreeing the overall vision, values and strategic direction of the CCG;
- Attending the annual Members meetings;
- Submitting a proposal for amendment of the Constitution;
- Putting themselves forward for election to the Governing Body;
- Electing the Chair (and/or other members) of the Governing Body;

3.5 Removing the Chair (or other elected members) of the Governing Body Members' Meetings

3.5.1 The group will hold an annual meeting for the Members; the Annual Members Meeting.

3.5.2 The functioning of the Annual Members meetings shall be in accordance with the arrangements *set out in the CCG's Standing Orders*.

3.6 Practice Representatives

3.6.1 Each Member practice has a nominated lead healthcare professional who represents the practice in the dealings with the CCG.

3.6.2 Practice representatives represent their practice's views and act on behalf of the practice in matters relating to the CCG. The primary means of engagement with practice representatives shall be through the Annual Members Meeting and practice representatives shall be expected to:

- i) attend or ensure representation at the Members meetings;
- ii) participate in matters reserved to the Members meetings; and
- iii) take part in the election and ratification of non-officer members of the Governing Body.

4. Arrangements for the Exercise of our Functions.

4.1 Good Governance

4.1.2 The CCG will, at all times, observe generally accepted principles of good governance. These include:

- i) Use of the governance toolkit for CCGs www.ccggovernance.org;
- ii) Undertaking regular governance reviews;
- iii) Adoption of standards and procedures that facilitate speaking out and the raising of concerns including a freedom to speak up guardian if one is appointed;
- iv) Adopting CCG values that include standards of propriety in relation to the stewardship of public funds, impartiality, integrity and objectivity;
- v) The *Good Governance Standard for Public Services*;
- vi) The standards of behaviour published by the Committee on Standards in Public Life (1995) known as the 'Nolan Principles';
- vii) The seven key principles of the NHS Constitution;
- viii) Relevant legislation including such as the Equality Act 2010; and
- ix) the standards set out in the Professional Standard Authority's guidance 'Standards for Members of NHS Boards and Clinical Commissioning Group Governing Bodies in England'.

4.2 General

4.2.1 The CCG will:

1. comply with all relevant laws, including regulations;

2. comply with directions issued by the Secretary of State for Health or NHS England;
3. have regard to statutory guidance including that issued by NHS England; and
4. take account, as appropriate, of other documents, advice and guidance.

4.2.2 The CCG will develop and implement the necessary systems and processes to comply with (a)-(d) above, documenting them as necessary in this constitution, its scheme of reservation and delegation and other relevant policies and procedures as appropriate.

4.3 Authority to Act: the CCG

4.3.1 The CCG is accountable for exercising its statutory functions. It may grant authority to act on its behalf to:

- i) any of its members or employees;
- ii) its Governing Body;
- iii) Committee or Sub-Committee of the CCG.

4.4 Authority to Act: the Governing Body

4.4.1 The Governing Body may grant authority to act on its behalf to:

- i) any Member of the Governing Body;
- ii) a Committee or Sub-Committee of the CCG;
- iii) a member of the CCG who is an individual (but not a member of the Governing Body); and
- iv) any other individual who may be from outside the organisation and who can provide assistance to the CCG in delivering its functions.

5 Procedures for Making Decisions

5.1 Scheme of Reservation and Delegation

5.1.1 The CCG has agreed a Scheme of Reservation and Delegation (SoRD) which is published on page 3 of the Governance Handbook: [Link](#)

5.1.2 The CCG's SoRD sets out:

- i) those decisions that are reserved for the membership as a whole;
- ii) those decisions that have been delegated by the CCG, the Governing Body or other individuals.

5.1.3 The CCG remains accountable for all of its functions, including those that it has delegated. All those with delegated authority, including the Governing Body, are accountable to the Members for the exercise of their delegated functions.

5.1.4 The Chief Officer may periodically propose amendments to the Scheme of Reservation and Delegation, which shall be considered and approved by the Governing Body unless:

- i) Changes are proposed to the reserved powers; or
- ii) At least half (50%) of all the Governing Body member practice representatives (including the Chair) formally request that the amendments be put before the membership for approval.

5.2 Standing Orders

5.2.1 The CCG has agreed a set of standing orders which describe the processes that are employed to undertake its business. They include procedures for:

- conducting the business of the CCG;
- the appointments to key roles including Governing Body members;
- the procedures to be followed during meetings; and
- the process to delegate powers.

5.2.2 A full copy of the standing orders is included in appendix 3. The Standing Orders form part of this constitution.

5.3 Prime Financial Policies

5.3.1 The CCG has agreed a set of Prime Financial Policies also known as Standing Financial Instructions which include the Delegated Limits of Financial Authority.

5.3.2 The Delegated Limits of Financial Authority can be found in the Standing Orders at appendix 3.

5.3.3 A copy of the Prime Financial Policies is contained within the Governance Handbook found [here](#)

5.4 The Governing Body: Its Role and Functions

5.4.1 The Governing Body has statutory responsibility for:

- i) ensuring that the CCG has appropriate arrangements in place to exercise its functions effectively, efficiently and economically and in accordance with the CCG's principles of good governance (its main function); and for
- ii) determining the remuneration, fees and other allowances payable to employees or other persons providing services to the CCG and the allowances payable under any pension scheme established.

5.4.2 The CCG has also delegated the following additional functions to the Governing Body which are also set out in the SoRD. Any delegated functions must be exercised within the procedural framework established by the CCG and primarily set out in the Standing Orders and SFIs:

- i) Leading the setting of vision and strategy;
- ii) Approving commissioning plans developed in conjunction with member practices;
- iii) Monitoring performance against plans;
- iv) Securing effective clinical engagement in the decisions of the CCG, including through engagement with Member practices;
- v) Overseeing and monitoring quality improvements;
- vi) Providing assurance of strategic risk;
- vii) Leading a culture of good governance throughout the CCG;
- viii) Making decisions on commissioned services, including care and support for patients where the CCG has a duty to commission health care services within available resources; and
- ix) Approving the remuneration of Governing Body voting members and the remuneration of other CCG staff not on Agenda for Change terms and conditions, based on recommendations by Remuneration Committee.

The detailed procedures for the Governing Body, including voting arrangements, are set out in the Standing Orders.

5.5 Composition of the Governing Body

5.5.1 This part of the constitution describes the make-up of the Governing Body roles. Further information about the individuals who fulfil these roles can be found on our website. [Here](#)

5.5.2 The National Health Service (Clinical Commissioning Groups) Regulations 2012 set out a minimum membership requirement of the Governing Body of:

- i) The Chair (who shall be a GP and Clinical Leader);
- ii) The Accountable Officer (who shall be Chief Officer);
- iii) The Chief Finance Officer;
- iv) A Secondary Care Specialist;
- v) A Registered Nurse;
- vi) Two Lay Members:
 - one who has qualifications expertise or experience to enable them to lead on finance and audit matters; and
 - another who has knowledge about the CCG area enabling them to express an informed view about discharge of the CCG functions

5.5.3 The CCG has agreed the following additional members:

- A third Lay Member who is the chair of the Primary Care Commissioning Committee and Deputy Chair;
- Three GPs drawn from member practices;
- Executive Nurse;
- The Director of Public Health;
- Local Authority Executive;

5.6 Additional Attendees at the Governing Body Meetings

5.6.1 The CCG Governing Body may invite other person(s) to attend all or any of its meetings, or part(s) of a meeting, in order to assist it in its decision-making and in its discharge of its functions as it sees fit. Any such person may be invited by the chair to speak and participate in debate, but may not vote.

5.6.2 The CCG Governing Body will regularly invite the following individuals to attend any or all of its meetings as attendees:

- i) Director of Corporate Affairs;
- ii) Executive Clinical Advisor;
- iii) Commissioning Director for Commissioning Integrated Health and Care
- iv) Associate Directors
- v) Heads of Service

5.7 Appointments to the Governing Body

5.7.1 The process of appointing GPs to the Governing Body, the selection of the Chair, and the appointment procedures for other Governing Body Members are set out in the Standing Orders.

5.7.2 Also set out in Standing Orders are the details regarding the tenure of office for each role and the procedures for resignation and removal from office.

5.8 Committees and Sub-Committees

5.8.1 The CCG may establish Committees and Sub-Committees of the CCG.

5.8.2 The Governing Body may establish Committees and Sub-Committees.

5.8.3 Each Committee and Sub-Committee established by either the CCG or the Governing Body operates under terms of reference and membership agreed by the CCG or Governing Body as relevant. Appropriate reporting and assurance mechanisms must be developed as part of agreeing terms of reference for Committees and Sub-Committees.

5.8.4 With the exception of the Remuneration Committee, any Committee or Sub-Committee established in accordance with clause 5.8 may consist of or include persons other than Members or employees of the CCG.

5.8.5 All members of the Remuneration Committee will be members of the CCG Governing Body.

5.9 Committees of the Governing Body

5.9.1 The Governing Body will maintain the following statutory or mandated Committees:

- 5.9.2 Audit Committee:** This Committee is accountable to the Governing Body and provides the Governing Body with an independent and objective view of the CCG's compliance with its statutory responsibilities. The Committee is responsible for arranging appropriate internal and external audit.
- 5.9.3** The Audit Committee will be chaired by a Lay Member who has qualifications, expertise or experience to enable them to lead on finance and audit matters and members of the Audit Committee may include people who are not Governing Body members.
- 5.9.4 Remuneration Committee:** This Committee is accountable to the Governing Body and makes recommendations to the Governing Body about the remuneration, fees and other allowances (including pension schemes) for employees and other individuals who provide services to the CCG.
- 5.9.5** The Remuneration Committee will be chaired by a lay member other than the audit chair and only members of the Governing Body may be members of the Remuneration Committee.
- 5.9.6 Primary Care Commissioning Committee:** This committee is required by the terms of the delegation from NHS England in relation to primary care commissioning functions. The Primary Care Commissioning Committee reports to the Governing Body and to NHS England. Membership of the Committee is determined in accordance with the requirements of *Managing Conflicts of Interest: Revised statutory Guidance for CCGs 2017*. This includes the requirement for a lay member Chair and a lay Vice Chair.
- 5.9.7** None of the above Committees may operate on a joint committee basis with another CCG(s).
- 5.9.8** The terms of reference for each of the above committees are included in **Appendix 2** to this constitution and form part of the constitution.
- 5.9.9** The Governing Body has also established a number of other Committees to assist it with the discharge of its functions. These Committees are set out in the SoRD and further information about these Committees, including terms of reference, are published in the CCGs governance handbook: [here](#)

5.10 Collaborative Commissioning Arrangements

- 5.10.1** The CCG wishes to work collaboratively with its partner organisations in order to assist it with meeting its statutory duties, particularly those relating to integration. The following provisions set out the framework that will apply to such arrangements.
- 5.10.2** In addition to the formal joint working mechanisms envisaged below, the Governing Body may enter into strategic or other transformation discussions with its partner organisations, on behalf of the CCG.

5.10.3 The Governing Body must ensure that appropriate reporting and assurance mechanisms are developed as part of any partnership or other collaborative arrangements. This will include:

- i) reporting arrangements to the Governing Body, at appropriate intervals;
- ii) engagement events or other review sessions to consider the aims, objectives, strategy and progress of the arrangements; and
- iii) progress reporting against identified objectives.

5.10.4 When delegated responsibilities are being discharged collaboratively, the collaborative arrangements, whether formal joint working or informal collaboration, must:

- i) identify the roles and responsibilities of those CCGs or other partner organisations that have agreed to work together and, if formal joint working is being used, the legal basis for such arrangements;
- ii) specify how performance will be monitored and assurance provided to the Governing Body on the discharge of responsibilities, so as to enable the Governing Body to have appropriate oversight as to how system integration and strategic intentions are being implemented;
- iii) set out any financial arrangements that have been agreed in relation to the collaborative arrangements, including identifying any pooled budgets and how these will be managed and reported in annual accounts;
- iv) specify under which of the CCG's supporting policies the collaborative working arrangements will operate;
- v) specify how the risks associated with the collaborative working arrangement will be managed and apportioned between the respective parties;
- vi) set out how contributions from the parties, including details around assets, employees and equipment to be used, will be agreed and managed;
- vii) identify how disputes will be resolved and the steps required to safely terminate the working arrangements;
- viii) specify how decisions are communicated to the collaborative partners.

5.11 Joint Commissioning Arrangements with Local Authority Partners

5.11.1 The CCG will work in partnership with its Local Authority partners to reduce health and social inequalities and to promote greater integration of health and social care.

5.11.2 Partnership working between the CCG and its Local Authority partners might include collaborative commissioning arrangements, including joint commissioning under section 75 of the 2006 Act, where permitted by law. In this instance, and to the extent permitted by law, the CCG delegates to the Governing Body the ability to enter into arrangements with one or more relevant Local Authority in respect of:

- i) Delegating specified commissioning functions to the Local Authority;
- ii) Exercising specified commissioning functions jointly with the Local Authority;
- iii) Exercising any specified health -related functions on behalf of the Local Authority.

5.11.3 For purposes of the arrangements described in 5.11.2, the Governing Body may:

- i) agree formal and legal arrangements to make payments to, or receive payments from, the Local Authority, or pool funds for the purpose of joint commissioning;
- ii) make the services of its employees or any other resources available to the Local Authority; and
- iii) receive the services of the employees or the resources from the Local Authority.
- iv) where the Governing Body makes an agreement with one or more Local Authority as described above, the agreement will set out the arrangements for joint working, including details of:
 - how the parties will work together to carry out their commissioning functions;
 - the duties and responsibilities of the parties, and the legal basis for such arrangements;
 - how risk will be managed and apportioned between the parties;
 - financial arrangements, including payments towards a pooled fund and management of that fund;
 - contributions from each party, including details of any assets, employees and equipment to be used under the joint working arrangements; and
 - the liability of the CCG to carry out its functions, notwithstanding any joint arrangements entered into.

5.11.4 The liability of the CCG to carry out its functions will not be affected where the CCG enters into arrangements pursuant to paragraph 5.11.2 above.

5.11.5 The CCG established a Joint Commissioning Committee with its Local Authority Partner Wakefield District Council on April 2015. The Terms of Reference of the Joint Committee can be found at the CCGs website [here](#) (page 55).

5.12 Joint Commissioning Arrangements – Other CCGs

5.12.1 The CCG may work together with other CCGs in the exercise of its Commissioning Functions.

5.12.2 The CCG delegates its powers and duties under 5.12 to the Governing Body and all references in this part to the CCG should be read as the Governing Body, except to the extent that they relate to the continuing liability of the CCG under any joint arrangements.

5.12.3 The CCG may make arrangements with one or more other CCGs in respect of:

- i) delegating any of the CCG's commissioning functions to another CCG;
- ii) exercising any of the Commissioning Functions of another CCG; or
- iii) exercising jointly the Commissioning Functions of the CCG and another CCG.

5.12.4 For the purposes of the arrangements described at 5.12.3, the CCG may:

- i) make payments to another CCG;
- ii) receive payments from another CCG; or
- iii) make the services of its employees or any other resources available to another CCG; or
- iv) receive the services of the employees or the resources available to another CCG.

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

5.12.6 For the purposes of the arrangements described above, the CCG may establish and maintain a pooled fund made up of contributions by all of the CCGs working together jointly pursuant to paragraph 5.12.3 above. Any such pooled fund may be used to make payments towards expenditure incurred in the discharge of any of the commissioning functions in respect of which the arrangements are made.

5.12.7 Where the CCG makes arrangements with another CCG as described at paragraph 5.12.3 above, the CCG shall develop and agree with that CCG an agreement setting out the arrangements for joint working including details of:

- i) how the parties will work together to carry out their commissioning functions;
- ii) the duties and responsibilities of the parties, and the legal basis for such arrangements;
- iii) how risk will be managed and apportioned between the parties;
- iv) financial arrangements, including payments towards a pooled fund and management of that fund;
- v) contributions from the parties, including details around assets, employees and equipment to be used under the joint working arrangements.

5.12.8 The responsibility of the CCG to carry out its functions will not be affected where the CCG enters into arrangements pursuant to paragraph 5.12.1 above.

5.12.9 The liability of the CCG to carry out its functions will not be affected where the CCG enters into arrangements pursuant to paragraph 5.12.1 above.

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

5.12.11 The Governing Body shall require, in all joint commissioning arrangements, that the lead Governing Body Member for the joint arrangements:

- i) make a quarterly written report to the Governing Body;
- ii) hold at least one annual engagement event to review the aims, objectives, strategy and progress of the joint commissioning arrangements; and
- iii) publish an annual report on progress made against objectives.

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

5.13 Joint Commissioning Arrangements with NHS England

- 5.13.1** The CCG may work together with NHS England. This can take the form of joint working in relation to the CCG's functions or in relation to NHS England's functions.
- 5.13.2** The CCG delegates its powers and duties under 5.13 to the Governing Body and all references in this part to the CCG should be read as the Governing Body, except to the extent that they relate to the continuing liability of the CCG under any joint arrangements.
- 5.13.3** In terms of either the CCG's functions or NHS England's functions, the CCG and NHS England may make arrangements to exercise any of their specified commissioning functions jointly.
- 5.13.4** The arrangements referred to in paragraph 5.13.3 above may include other CCGs, a combined authority or a local authority.
- 5.13.5** Where joint commissioning arrangements pursuant to 5.13.3 above are entered into, the parties may establish a Joint Committee to exercise the commissioning functions in question. For the avoidance of doubt, this provision does not apply to any functions fully delegated to the CCG by NHS England, including but not limited to those relating to primary care commissioning.
- 5.13.6** Arrangements made pursuant to 5.13.3 above may be on such terms and conditions (including terms as to payment) as may be agreed between NHS England and the CCG.
- 5.13.7** Where the CCG makes arrangements with NHS England (and another CCG if relevant) as described at paragraph 5.13.3 above, the CCG shall develop and agree with NHS England a framework setting out the arrangements for joint working, including details of:
- i) how the parties will work together to carry out their commissioning functions;
 - ii) the duties and responsibilities of the parties, and the legal basis for such arrangements;
 - iii) how risk will be managed and apportioned between the parties;
 - iv) financial arrangements, including, if applicable, payments towards a pooled fund and management of that fund;
 - v) contributions from the parties, including details around assets, employees and equipment to be used under the joint working arrangements.
- 5.13.8** Where any joint arrangements entered into relate to the CCG's functions, the liability of the CCG to carry out its functions will not be affected where the CCG enters into arrangements pursuant to paragraph 5.13.3 above.

Similarly, where the arrangements relate to NHS England's functions, the liability of NHS England to carry out its functions will not be affected where it and the CCG enter into joint arrangements pursuant to 5.13.

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

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

5.13.11 The Governing Body of the CCG shall require, in all joint commissioning arrangements that the lead Governing Body Member for the joint arrangements make;

- i) make a quarterly written report to the Governing Body;
- ii) hold at least one annual engagement event to review the aims, objectives, strategy and progress of the joint commissioning arrangements; and
- iii) publish an annual report on progress made against objectives.

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

6 Provisions for Conflict of Interest Management and Standards of Business Conduct

6.1 Conflicts of Interest

6.1.1 As required by section 14O of the 2006 Act, the CCG has made arrangements to manage conflicts and potential conflicts of interest to ensure that decisions made by the CCG will be taken and seen to be taken without being unduly influenced by external or private interest.

6.1.2 The CCG has agreed policies and procedures for the identification and management of conflicts of interest.

6.1.3 Employees, Members, Committee and Sub-Committee members of the CCG and members of the Governing Body (and its Committees, Sub-Committees, Joint Committees) will comply with the CCG policy on conflicts of interest. Where an individual, including any individual directly involved with the business or decision-making of the CCG and not otherwise covered by one of the categories above, has an interest, or becomes aware of an interest which could lead to a conflict of interests in the event of the CCG considering an action or decision in relation to that interest, that must be considered as a potential conflict, and is subject to the provisions of this constitution and the Standards of Business Conduct Policy.

6.1.4 The CCG has appointed the Audit Chair to be the Conflicts of Interest Guardian. In collaboration with the CCG's governance lead, their role is to:

- i) Act as a conduit for GP practice staff, members of the public and healthcare professionals who have any concerns with regards to conflicts of interest;
- ii) Be a safe point of contact for employees or workers of the CCG to raise any concerns in relation to conflicts of interest;
- iii) Support the rigorous application of conflict of interest principles and policies;
- iv) Provide independent advice and judgment to staff and members where there is any doubt about how to apply conflicts of interest policies and principles in an individual situation
- v) Provide advice on minimising the risks of conflicts of interest.

6.2 Declaring and Registering Interests

6.2.1 The CCG will maintain registers of the interests of those individuals listed in the CCG's policy.

6.2.2 The CCG will, as a minimum, publish the registers of conflicts of interest and gifts and hospitality of decision making staff at least annually on the CCG website and make them available at our headquarters upon request.

- 6.2.3** All relevant persons for the purposes of NHS England’s statutory guidance *Managing Conflicts of Interest: Revised Statutory Guidance for CCGs 2017* must declare any interests. Declarations should be made as soon as reasonably practicable and by law within 28 days after the interest arises. This could include interests an individual is pursuing. Interests will also be declared on appointment and during relevant discussion in meetings.
- 6.2.4** The CCG will ensure that, as a matter of course, declarations of interest are made and confirmed, or updated at least annually. All persons required to, must declare any interests as soon as reasonable practicable and by law within 28 days after the interest arises.
- 6.2.5** Interests (including gifts and hospitality) of decision making staff will remain on the public register for a minimum of six months. In addition, the CCG will retain a record of historic interests and offers/receipt of gifts and hospitality for a minimum of six years after the date on which it expired. The CCG’s published register of interests states that historic interests are retained by the CCG for the specified timeframe and details of whom to contact to submit a request for this information.
- 6.2.6** Activities funded in whole or in part by 3rd parties who may have an interest in CCG business such as sponsored events, posts and research will be managed in accordance with the CCG policy to ensure transparency and that any potential for conflicts of interest are well-managed.

6.3 Training in Relation to Conflicts of Interest

- 6.3.1** The CCG ensures that relevant staff and all Governing Body members receive training on the identification and management of conflicts of interest and that relevant staff undertake the NHS England Mandatory training.

6.4 Standards of Business Conduct

- 6.4.1** Employees, Members, Committee and Sub-Committee members of the CCG and members of the Governing Body (and its Committees, Sub-Committees, Joint Committees) will at all times comply with this Constitution and be aware of their responsibilities as outlined in it. They should:
- i) act in good faith and in the interests of the CCG;
 - ii) follow the Seven Principles of Public Life; set out by the Committee on Standards in Public Life (the Nolan Principles);
 - iii) comply with the standards set out in the Professional Standards Authority guidance - *Standards for Members of NHS Boards and Clinical Commissioning Group Governing Bodies in England*; and
 - iv) comply with the CCG’s Standards of Business Conduct, including the requirements set out in the policy for managing conflicts of interest which is available on the CCG’s website and will be made available on request.

6.4.2 Individuals contracted to work on behalf of the CCG or otherwise providing services or facilities to the CCG will be made aware of their obligation with regard to declaring conflicts or potential conflicts of interest. This requirement will be written into their contract for services and is also outlined in the CCG's Standards of Business Conduct policy.

Appendix 1: Definitions of Terms Used in This Constitution

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| 2006 Act | National Health Service Act 2006 |
| Accountable Officer (AO) | <p>an individual, as defined under paragraph 12 of Schedule 1A of the 2006 Act, appointed by NHS England, with responsibility for ensuring the group:</p> <p>complies with its obligations under:</p> <p>sections 14Q and 14R of the 2006 Act,</p> <p>sections 223H to 223J of the 2006 Act,</p> <p>paragraphs 17 to 19 of Schedule 1A of the NHS Act 2006, and</p> <p>any other provision of the 2006 Act specified in a document published by the Board for that purpose;</p> <p>exercises its functions in a way which provides good value for money.</p> |
| Area | The geographical area that the CCG has responsibility for, as defined in part 2 of this constitution |
| Chair of the CCG Governing Body | The individual appointed by the CCG to act as chair of the Governing Body and who is usually either a GP member or a lay member of the Governing Body. |
| Chief Finance Officer (CFO) | A qualified accountant employed by the group with responsibility for financial strategy, financial management and financial governance and who is a member of the Governing Body. |
| Clinical Commissioning Groups (CCG) | A body corporate established by NHS England in accordance with Chapter A2 of Part 2 of the 2006 Act. |
| Committee | A Committee created and appointed by the membership of the CCG or the Governing Body. |
| Sub-Committee | A Committee created by and reporting to a Committee. |
| Governing Body | The body appointed under section 14L of the NHS Act 2006, with the main function of ensuring that a Clinical Commissioning Group has made appropriate arrangements for ensuring that it complies with its obligations under section 14Q under the NHS Act 2006, and such generally accepted principles of good governance as are relevant to it. |
| Governing Body Member | Any individual appointed to the Governing Body of the CCG |

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| Healthcare Professional | <p>A Member of a profession that is regulated by one of the following bodies:</p> <p>the General Medical Council (GMC)</p> <p>the General Dental Council (GDC)</p> <p>the General Optical Council;</p> <p>the General Osteopathic Council</p> <p>the General Chiropractic Council</p> <p>the General Pharmaceutical Council</p> <p>the Pharmaceutical Society of Northern Ireland</p> <p>the Nursing and Midwifery Council</p> <p>the Health and Care Professions Council</p> <p>any other regulatory body established by an Order in Council under Section 60 of the Health Act 1999</p> |
| Lay Member | <p>A lay Member of the CCG Governing Body, appointed by the CCG. A lay Member is an individual who is not a Member of the CCG or a healthcare professional (as defined above) or as otherwise defined in law.</p> |
| Primary Care Commissioning Committee | <p>A Committee required by the terms of the delegation from NHS England in relation to primary care commissioning functions. The Primary Care Commissioning Committee reports to NHS England and the Governing Body</p> |
| Professional Standards Authority | <p>An independent body accountable to the UK Parliament which help Parliament monitor and improve the protection of the public. Published <i>Standards for Members of NHS Boards and Clinical Commissioning Group Governing Bodies in England</i> in 2013</p> |
| Member/ Member Practice | <p>A provider of primary medical services to a registered patient list, who is a Member of this CCG.</p> |
| Member practice representative | <p>Member practices appoint a healthcare professional to act as their practice representative in dealings between it and the CCG, under regulations made under section 89 or 94 of the 2006 Act or directions under section 98A of the 2006 Act.</p> |
| NHS England | <p>The operational name for the National Health Service Commissioning Board.</p> |
| Registers of interests | <p>Registers a group is required to maintain and make publicly available under section 140 of the 2006 Act and the statutory guidance issues by NHS England, of the interests of:</p> |

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| | <p>the Members of the group;</p> <p>the Members of its CCG Governing Body;</p> <p>the Members of its Committees or Sub-Committees and Committees or Sub-Committees of its CCG Governing Body; and Its employees.</p> |
| STP | <p>Sustainability and Transformation Partnerships – the framework within which the NHS and local authorities have come together to plan to improve health and social care over the next few years. STP can also refer to the formal proposals agreed between the NHS and local councils – a “Sustainability and Transformation Plan”.</p> |
| Joint Committee | <p>Committees from two or more organisations that work together with delegated authority from both organisations to enable joint decision-making</p> |

Appendix 2: Committee Terms of Reference

**TERMS OF REFERENCE FOR
THE NHS WAKEFIELD CLINICAL COMMISSIONING GROUP AUDIT COMMITTEE**

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| <p>Accountability arrangements and authority</p> | <p>The Governing Body for NHS Wakefield Clinical Commissioning Group (CCG) hereby resolves to establish a committee of the Governing Body to be known as the Audit Committee in line with NHS Wakefield CCG's constitution.</p> <p>The Audit Committee will operate within the legal framework for NHS Wakefield CCG.</p> <p>The membership, remit, responsibilities and reporting arrangements of the Audit 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 Audit Committee has no executive powers, other than those specifically delegated in these terms of reference.</p> <p>The Audit 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 fulfil its obligations, including legal or other independent professional advice.</p> |
| <p>Relationship and reporting</p> | <p>The Audit Committee is a sub-committee of the Governing Body for NHS Wakefield CCG. Minutes of meetings will be presented to the Governing Body. Reports on specific issues will also be prepared when necessary for consideration by the Governing Body.</p> <p>The committee will report annually to the Governing Body, reviewing its own performance, membership and terms of reference. This report will also include details of:</p> <ul style="list-style-type: none"> • fitness for purpose of the Assurance Framework • the completeness and embeddedness of risk management within the CCG • the integration of governance arrangements • the appropriateness of the evidence that shows the organisation is fulfilling regulatory requirements relating to its existences as a functioning business • details of any significant issues considered in relation to financial statements and how they were addressed <p>The committee may establish groups to support it in its role. The scope and membership of those groups will be determined by the committee.</p> |
| <p>Role and function</p> | <p>The Audit Committee is the primary committee for all strategic risk, control and governance matters of the organisation. It will seek suitable information and assurance from independent sources, such as internal / external audit, as well as from internal sources, such as executive officers / senior managers and other committees of the Governing Body in particular:</p> |

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| | <ul style="list-style-type: none"> • The Quality, Performance and Governance Committee • The Finance Committee • The Remuneration Committee and • The Primary Care Commissioning Committee <p>It is noted that the Governing Body have established an Auditor Panel to advise on the selection and appointment of the external auditor. The Auditor Panel is distinct from the Audit Committee and holds separate meetings. However where deemed appropriate the Audit Committee will take account of and work in partnership with the Auditor Panel.</p> <p>Specific duties of the committee are categorised in the “Responsibilities” section below.</p> <p>The work of the committee will be flexible to new and emerging priorities and risks.</p> |
| Responsibilities | <p>Governance, Risk Management and Internal Control</p> <p>The committee shall review the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the CCG’s activities that support the achievement of the CCG’s objectives.</p> <p>In particular, the committee will review the adequacy and effectiveness of:</p> <ul style="list-style-type: none"> • All risk and control related disclosure statements (in particular the Annual Governance Statement), together with any accompanying Head of Internal Audit Opinion and External Audit Opinion or appropriate independent assurances, prior to submission to the Governing Body; • The processes for financial and performance management (including reporting); • The underlying assurance processes that indicate the degree of achievement of CCG objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements; • Assurance about the CCG’s arrangements for policies and procedures and measures to ensure they are kept up to date; • The policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements and related reporting and self-certification; • Assurance that the conflicts of interest process is working effectively and conflicts of interest are managed and recorded appropriately; • The policies and procedures for all work related to counter fraud and security as required by NHS Counter Fraud Authority; • To oversee the effectiveness of key assurance and risk management systems and processes, including reviewing an up to date risk profile, scrutinising and challenging risks on the Governing Body Assurance Framework, to ensure that risks are managed effectively and that sufficient assurance is gained from the risk owner. This will include: <ul style="list-style-type: none"> - Reviewing the process for developing the framework and its format to ensure it is relevant and effective |

- Assessing the controls in the Assurance Framework
- Review the assurances in the Assurance Framework

Financial Reporting

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

The committee shall review the annual report and financial statements before recommending to the Governing Body for approval, focusing particularly on:

- the wording in the Annual Governance Statement and other disclosures relevant to the terms of reference of the committee;
- changes in, and compliance with, accounting policies, practices and estimation techniques;
- unadjusted misstatements in the financial statements;
- significant judgments in preparing of the financial statements;
- significant adjustments resulting from the audit;
- letter of representation;
- explanation for significant variances, and;
- qualitative aspects of financial reporting.

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

This will be evidenced through the committee's use of an effective assurance framework to guide its work and that of the audit and assurance functions that report to it.

Internal audit

The committee shall ensure that there is an effective internal audit function that meets mandatory *Public Sector Internal Audit Standards 2017* and provides appropriate independent assurance to the Audit Committee, Accountable Officer and Governing Body. This will be achieved by:

- consideration of the provision of the internal audit service, the cost of the audit and any questions of resignation and dismissal;
- review and approval of the internal audit strategy, operational plan and more detailed programme of work (including information about the purpose, scope and level of priority of each assignment), ensuring that this is consistent with the audit needs of the organisation, as identified in the assurance framework;
- review in year changes to the Internal Audit plan;
- considering the major findings of internal audit work (and management's response monitor the implementation of agreed audit recommendations) and ensuring co-ordination between the internal and external auditors to optimise audit resources where applicable;

- ensuring that the internal audit function is adequately resourced and has appropriate standing within the CCG;
- an annual review of the effectiveness of internal audit;
- Head of Internal Audit has a right of access to the Chair of the Audit Committee at any time.

External Audit

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

- Discussion and agreement with the external auditors, before the audit commences, on the nature and scope of the audit as set out in the annual plan, and ensuring co-ordination, as appropriate, with other external auditors in the local health economy;
- Discussion with the external auditors of their local evaluation of audit risks and assessment of the CCG and associated impact on the audit fee;
- Review of all external audit reports, including the report to those charged with governance, agreement of the annual audit letter before submission to the CCG and any work undertaken outside the annual audit plan, together with the appropriateness of management responses;
- In partnership with the Auditor Panel, ensuring there is in place a clear policy for the engagement of external auditors to supply non audit services;
- Receive and respond to a Public Interest Report if issued by External Auditors;
- External auditors have a right of access to the Audit Committee at any time.

Whistleblowing

The Committee shall review the effectiveness of the arrangements in place for allowing staff to raise (in confidence) concerns about possible improprieties in financial, clinical or safety matters and ensure that any such concerns are investigated proportionately and independently.

Other assurance functions

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

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

In addition, the committee will review the work of other committees within the organisation, whose work can provide relevant assurance to the audit committee's own scope of work.

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| | <p>Counter fraud</p> <p>The Committee shall satisfy itself that the Clinical Commissioning Group has adequate arrangements in place for counter fraud and security that meet NHS Counter Fraud Authority's (formerly NHS Protect) standards and shall review the outcomes work in these areas. The Committee will also approve the counter fraud and security work plan.</p> <p>Management</p> <p>The committee shall request and review reports and positive assurances from directors and managers on the overall arrangements for corporate governance, risk management and internal control.</p> <p>The committee may also request specific reports from individual functions within the CCG as they may be appropriate to the overall arrangements.</p> <p>Other Duties</p> <p>The committee will agree an annual work plan to ensure that it covers all the duties above and undertake an annual self-assessment.</p> <p>The committee may agree other areas of responsibility as appropriate with the Governing Body.</p> |
| <p>Membership</p> | <p>Membership</p> <p>The committee appointments will be approved by the Governing Body on an annual basis. The Chair of the CCG Governing Body and the CCG's Chief Finance Officer shall not be members of the Committee.</p> <p>The membership of the committee is given below :</p> <ul style="list-style-type: none"> • Chair of the Committee (the nominated lay member with responsibility for audit and conflict of interest matters); • The nominated lay member who is also the Deputy Chair of the Governing Body; • A clinical member of the Governing Body. (There are two clinical members of the Audit Committee, only one clinical member needs to be in attendance at each meeting) <p>All members of the Committee have one vote.</p> <p>Regardless of attendance, external audit, internal audit, local counter-fraud and security management providers will have full and unrestricted rights of access to the Audit Committee.</p> <p>Any director, Head of Service or Senior Managers may be invited to attend, particularly when the committee is discussing areas of risk or operation that are the responsibility of that director. The Chief Officer will be invited to attend at least one meeting each year in order to discuss the process for assurance that supports the annual governance statement. Other officers may be requested to attend in an advisory capacity.</p> <p>Representatives from NHS Counter Fraud Authority may be invited to attend meetings.</p> |

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| | <p>The Chair of the Governing Body and the Accountable Officer may also be invited to attend one meeting each year in order to form a view on, and understanding of, the committee's operations.</p> <p>For those attending, named deputies should attend in exceptional cases only and this should be communicated to the Chair and secretary of the meeting in advance.</p> |
| In Attendance | <ul style="list-style-type: none"> • Chief Finance Officer, Deputy Chief Officer • Director of Corporate Affairs • Associate Director Finance, Contracting & Performance • Heads of Service, as appropriate; • Internal Audit Manager; • External Audit representative; • Local Counter Fraud specialist; • Local Security Management specialist. • Governance and Board Secretary |
| Chair | The Chair of the committee will be the nominated lay member with responsibility for audit and conflict of interest matters. The Deputy Chair will be a lay member. |
| Quoracy | The Audit Committee shall be quorate if at least three members shall be present, this must include at least one Lay Member and one Clinical Member. |
| Frequency of meetings | <p>Meetings of the Audit Committee will be a minimum of four per year at appropriate times in the reporting and audit cycle.</p> <p>At least once a year the Chair of the Audit Committee shall meet privately with the external and internal auditors.</p> |
| Frequency of attendance | 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 a nominated clinical member cannot attend, only another elected clinical member may deputise. |
| 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> |
| Administration | 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 |

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| | <p>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 day after a meeting for distribution of minutes; • record of matters arising, issues to be carried forward; • assist the Chair to prepare reports to the Governing Body; • advise the Committee on pertinent issues/ areas of interest/policy developments; • ensure that action points are taken forward between meetings; • maintain records of members' appointments and renewal dates; • ensure that Committee members receive the development and training they need. |
| Urgent matters arising between meetings | The Chair of the committee, a clinical member and an executive, in consultation, may also act together on urgent matters arising between meetings of the committee. In the absence of the Chair, two other members and an executive, in consultation, may act together. 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 the committee's Annual Report to the Governing Body. |
| Date agreed | Approved by Governing Body on |
| 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
REMUNERATION COMMITTEE**

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| <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 Remuneration Committee.</p> <p>The committee will operate within the legal framework for NHS Wakefield CCG.</p> <p>The powers and responsibilities of the Remuneration Committee are set out in these terms of reference. In accordance with the CCG's Constitution, the Committee makes recommendations to the Governing Body about the remuneration, fees and other allowances (including pension schemes) for voting members of Governing Body and employees and other individuals who provide services to the CCG and who are not contracted under the nationally determined NHS Agenda for Change terms and conditions</p> <p>The Remuneration Committee has no executive powers, other than those specifically delegated in these terms of reference.</p> <p>The Remuneration 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 is delegated to approve policies and procedures for all areas within the committee's remit.</p> <p>Appointments to the Remuneration Committee will be approved by the Governing Body.</p> <p>The Committee will operate at all times in accordance with the Governing Body's Standing Orders, Standing Financial Instructions and Prime Financial Policies. It will ensure that it conducts its business in accordance with the principles of good governance and the Nolan seven principles of public life.</p> |
| <p>Relationship and reporting</p> | <p>The Remuneration Committee is a sub-committee of the Governing Body for NHS Wakefield CCG.</p> <p>The committee will provide an Annual Report to the Governing Body, covering the following aspects:</p> <ul style="list-style-type: none"> • a summary of the key issues discussed at each meeting • whether the committee has met and performed its function, within recognised national guidelines • any statutory reporting requirements. <p>Reports on specific issues will also be prepared when necessary for consideration by the Governing Body.</p> <p>The committee may establish groups to support it in its role. The scope and membership of those groups will be determined by the committee.</p> |

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| <p>Role and function</p> | <p>The purpose of the committee is to:</p> <ul style="list-style-type: none"> • consider and to make recommendations to Governing Body on the remuneration and conditions of service for all Governing Body Members, taking into account any national Directions or guidance on these matters. • to consider and to make recommendations to the Governing Body on the remuneration and conditions of service for members of staff employed by, and those who provide services to, NHS Wakefield CCG outside of Agenda for Change or other nationally agreed NHS Terms and Conditions; • Consider and make recommendations on the remuneration and conditions of service for Governing Body members, with the exception of lay members, whose remuneration is determined by the Governing Body itself; • have an overview of the terms and conditions provided for the employees/officers of NHS Wakefield CCG; • ensure that any payments made as a result of termination of employments are made with due regard to employment law, the policies of the CCG and in line with reasonable best practice in the Public Sector; • has due regard for employment legislation, contractual law, and equal opportunities in its deliberations. |
| <p>Responsibilities</p> | <p>The committee is authorised to consider and make recommendations to the Governing Body on behalf of NHS Wakefield CCG about the remuneration, allowances and terms of service for all members of the Governing Body (with the exception of lay members, whose remuneration is determined by the Governing Body itself) taking into account any national Directions or guidance on these matters.</p> <p>The Committee is authorised to consider and to make recommendations to Governing Body on behalf of NHS Wakefield CCG about the remuneration, allowances and terms of service of senior managers covered by the Very Senior Manager pay framework ensuring that the terms and conditions of service, remuneration and pay awards are in line with any national Directions or guidance on these matters.</p> <p>The Committee is authorised to consider and to make recommendations to Governing Body on behalf of the NHS Wakefield CCG on appropriate remuneration, allowances and terms of service not covered by <i>Agenda for Change</i> or other nationally agreed NHS terms and conditions (eg 'terms and conditions of service NHS Medical and Dental staff')</p> |

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| | <p>including:</p> <ul style="list-style-type: none"> • all aspects of salary, including performance related pay elements, bonuses and allowances; • provision for other benefits including pensions. <p>Make recommendations to the CCG Governing Body on behalf of NHS Wakefield CCG on arrangements for termination of employment (including compulsory and voluntary redundancy payments and mutually agreed severance payments) and other contractual terms and conditions, taking account of such national guidance as is appropriate.</p> <p>Receive reports that monitor and evaluate the performance of individual executive members in order to determine appropriate bonus payments.</p> <p>Ensure and oversee appropriate contractual arrangements for such staff including the proper calculation and scrutiny of termination payments taking into account such national guidance as appropriate.</p> <p>Consider and make recommendations to the CCG Governing Body on any remuneration and terms of service issues for individual members of staff or professional groups of staff where national conditions allow local flexibility.</p> <p>Make recommendations to the CCG Governing Body on the approach to allowance under any pension scheme it might establish as an alternative to the NHS pension scheme.</p> <p>Report annually to NHS Wakefield CCG Governing Body that it has met and performed its function, within recognised national guidelines.</p> <p>Other Duties The committee may agree other areas of responsibility as appropriate with the Governing Body.</p> |
| <p>Membership</p> | <p>The membership of the Remuneration Committee consists exclusively of independent lay members of the Governing Body, as below :</p> <ul style="list-style-type: none"> • Committee Chair (the nominated Lay Member who is also Deputy Chair); • the two other lay members. <p>All members of the Committee have one vote. In the event of a tied vote the Committee Chair will hold a second and casting vote. Any issue on which a casting vote is used must specifically be reported to the Governing Body.</p> <p>Only committee members have the right to attend committee meetings. Other individuals such as the Chief Officer, Chief Finance</p> |

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| | Officer any HR representative and external advisers may be invited to attend for all or part of any meeting, as and when appropriate, however, they should not be in attendance for discussions about their own remuneration and terms of service. |
| In Attendance | <p>Chief Officer, when discussing all remuneration and terms of service (except their own);</p> <p>Any other officer, where appropriate except where discussing their own remuneration;</p> <ul style="list-style-type: none"> • HR representative; • Administrative support; <p>Specific invitations to attend will be extended to :-</p> <ul style="list-style-type: none"> • two nominated clinical members from the Governing Body, when discussing executive/staff remuneration • two executive members from the Governing Body, when discussing clinical remuneration. |
| Chair | The Chair of the Remunerations Committee will be the nominated lay member who is also the Deputy Chair |
| Quoracy | Meetings will be considered quorate when two of the members are present, including the Committee Chair. In extraordinary circumstances where the Committee Chair cannot attend, the Committee Chair will nominate, in advance, one of the other members to chair the meeting. |
| Frequency of meetings | As and when required, (normally at least annually). |
| Frequency of attendance | Members are expected to attend all meetings. |
| 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, Principles of the Citizen's Charter and the 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 | If any member has an interest, pecuniary or otherwise, in any matter and is present at the meeting at which the matter is under discussion, he/she will declare that interest as early as possible and shall not participate in the discussions. The Committee Chair will have the power to request that member to withdraw until the committee's consideration has been completed. All declarations of interest will be minuted. |
| Administration | 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 |

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| | <p>support to the Chair and Committee members. Duties will include:</p> <ul style="list-style-type: none"> • agreement of agenda with Committee 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. |
| Urgent matters arising between meetings | The Chair of the Committee, one of the other members and Chief Officer, 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 reports from the Committee Chair and an Annual Report to the Governing Body. |
| Date agreed | Approved by the 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 PRIMARY CARE
COMMISSIONING COMMITTEE**

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| <p>Accountability arrangements and authority</p> | <p>The Governing Body for NHS Wakefield Clinical Commissioning Group (CCG) hereby resolves to establish a committee of the Governing Body to be known as the Primary Care Commissioning Committee in line with NHS Wakefield CCG's constitution.</p> <p>The Primary Care Commissioning Committee will operate within the legal framework for NHS Wakefield CCG. In accordance with its statutory powers under section 13Z of the National Health Service Act 2006 (as amended), NHS England has delegated the exercise of the functions to NHS Wakefield CCG. The Governing Body has determined that the Primary Care Commissioning Committee will function as a corporate decision-making body for the management of the delegated functions and the exercise of the delegated powers. Consequently decisions of the Committee related to these delegated functions and delegated powers cannot be over-ruled by the Governing Body.</p> <p>The membership, remit, responsibilities and reporting arrangements of the Primary Care Commissioning 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 Primary Care Commissioning 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 Primary Care Commissioning 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 fulfil its obligations, including legal or other independent professional advice.</p> |
| <p>Relationship and reporting</p> | <p>The Primary Care Commissioning Committee is a committee of the Governing Body for NHS Wakefield CCG. Minutes of meetings will be presented to the Governing Body. Reports on specific issues will also be prepared when necessary for consideration by the Governing Body and in some instances Audit Committee where appropriate.</p> <p>Other committees of the Governing Body for NHS Wakefield CCG will refer items to the Primary Care Commissioning Committee if it is identified that the issue presents a conflict of interest for all or the majority of GP members of the Governing Body.</p> <p>The Primary Care Commissioning Committee may establish groups to support it in its role (on an ongoing or short term basis). The scope and membership of those groups will be determined by the Primary Care Commissioning Committee.</p> |
| <p>Role and function</p> | <p>The role of the Committee is to facilitate decision making about items which present conflicts of interest for all or the majority of GP members of the Governing Body, which cannot be managed in accordance with the CCG's arrangements for management of conflicts of interest as set</p> |

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| | <p>out in the Standing Orders..</p> <p>Specifically, the role of the Committee shall be to carry out the functions relating to the commissioning of primary medical services under section 83 of the NHS Act and to other areas which present a conflict of interest.</p> <p>Specific duties of the Primary Care Commissioning Committee are categorised 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.</p> <p>The Committee will ensure that appropriate clinical engagement (including from primary care) is sought before reaching decisions.</p> <p>In carrying out its role and function the Committee can monitor and assure itself (including by assigning delegates or through a subgroup or committee) that any decision it has made; or any responsibility it has been delegated by the Governing Body has been carried out within best practice or to the appropriate quality or standard expected.</p> |
| <p>Responsibilities</p> | <p>Conflicts of Interest for GPs</p> <ul style="list-style-type: none"> • make decisions on behalf of the Governing Body about items which present conflicts of interest for all or the majority of GP members of the Governing Body, which cannot be managed in accordance with the CCG’s arrangements for management of conflicts of interest as set out in the Standing Orders. . • Make decisions in relation to commissioning, monitoring and decommissioning of services to support the development and resilience of general practice in line with the general practice strategy <p>Commissioning of primary medical services</p> <ul style="list-style-type: none"> • seek to increase quality, efficiency, productivity and value for money and to remove administrative barriers in primary medical services in Wakefield district; • co-ordinate a common approach to the commissioning of primary care services generally; • direct the management of the budget for commissioning of primary medical services in Wakefield district; • to plan, including needs assessment, primary medical services in Wakefield district; • undertake reviews of primary medical care services in Wakefield district; • make decisions on the review, planning and procurement of primary medical services in Wakefield district, under delegated authority from NHS England; • make decisions in relation to GMS, PMS and APMS contracts (including the design of PMS and APMS contracts, movement by |

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| | <p>practices between GMS / PMS contracts , taking contractual action such as issuing breach/remedial notices, and removing a contract);</p> <ul style="list-style-type: none"> • make decisions in relation to enhanced services (“Local Enhanced Services” and “Directed Enhanced Services”); • make decisions in relation to commissioning urgent care (including home visits as required) for out of area registered patients; • make decisions in relation to local incentive schemes, including the design of such schemes; • make decisions on whether to establish new GP practices (including branch surgeries) in an area; • make decisions in relation to closure of GP practices (including branch surgeries) in an area; • make decisions in relation to boundary changes and list closures in an area; • approving practice mergers • make decisions to decommission primary medical services or Local Enhanced Services; • make decisions in relation to the management of poorly performing GP practices (excluding any decisions in relation to the performers list); • make decisions in relation to Premises Costs Directions (in accordance with guidance issued by NHS England or the Secretary of State); • approve commissioning policy recommendations on the use of medicines, based on guidance from clinical cabinet, proven clinical outcomes, affordability and value for money • agree optimal tender routes and procurement method when commissioning primary care medical services; • consider co-commissioning risks and threats to the CCG referring items to the Integrated Governance Committee as required; • consider the outcome of programmes of post payment verification. <p>Monitoring and assurance</p> <p>Seek assurance on behalf of the Governing Body in relation to the implementation of any actions, plans or policies that have been approved by the committee.</p> <p>Primary Care Networks (PCN)</p> <ul style="list-style-type: none"> • Make decisions in relation to financial allocation regarding the Primary Care Networks <p>Other Duties</p> <p>The Committee will agree an annual work plan to ensure that it covers all the duties above and undertake an annual self-assessment.</p> <p>The Committee may agree other areas of responsibility as appropriate with the Governing Body.</p> |
| Membership | <p>Membership</p> <p>The Committee appointments will be approved by the Governing Body on an annual basis. The membership of the Committee is given below :</p> <ul style="list-style-type: none"> • Chair of the Committee (Lay Member (Deputy Chair of Governing |

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| | <p>Body));</p> <ul style="list-style-type: none"> • Lay Member – Audit • Lay Member – Patient and Public Involvement (Deputy Chair); • Director of Commissioning Integrated Health and Care • Chief Financial Officer; Deputy Chief Officer • Registered Nurse; • Secondary Care Specialist; • Executive Clinical Advisor (GP). <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>The Chief Officer of the CCG will not be a member of the committee but will have an open invitation to attend.</p> <p>Nominated appropriate equivalent deputies can attend in extenuating circumstances. Nominated deputies will only be in attendance and cannot vote.</p> <p>Any director or senior managers may be invited to attend, particularly when the Committee is discussing areas of risk or operation that are the responsibility of that director. Other officers may be requested to attend in an advisory capacity.</p> |
| <p>In Attendance</p> | <ul style="list-style-type: none"> • Healthwatch Wakefield representative; • Wakefield Health and Wellbeing Board representative; • Chief Officer – Open invitation • NHS England representative; • Head of Primary Care • Associate Directors, as appropriate; • Head of Communications • Director of Public Health; • Director of Corporate Affairs Governance & Board Secretary • Heads of Service, as appropriate; <p>Those in attendance do not qualify to vote.</p> <p>For those attending, named deputies should attend in exceptional cases only and this should be communicated to the Chair and secretary of the meeting in advance.</p> <p>Members of the public and representatives of the press Meetings of the Committee will be held in public, and members of the public and representatives of the press will be permitted to attend and observe the meeting.</p> <p>In accordance with the CCG’s Standing Orders the public and representatives of the press shall be required to withdraw upon a resolution of members of the Committee as follows:</p> <p><i>‘that representatives of the press, and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest’,</i> Section 1 (2), Public Bodies (Admission to Meetings) Act 1960.</p> |

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| Chair | <p>The Chair of the Committee will be the Lay Member - Deputy Chair of the Governing Body.</p> <p>The Deputy Chair of the Committee will be the Lay Member – Patient & Public Involvement.</p> |
| Quoracy | <p>The Committee shall be quorate when a minimum of four members are present. This must include a Lay Member, one Executive Director and one Clinical Member.</p> |
| Frequency of meetings | <p>There shall be appropriate flexibility as the frequency of meetings of the Committee as agreed between the Chair of the Committee and the Chair of the CCG Governing Body., but these shall normally be held Quarterly. The frequency of meeting should be such as to ensure the Committee achieves its annual work-plan.</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>Declarations of interest will be an agenda item at each meeting. Everyone at a meeting will be required to declare any interest they have in any agenda items as soon as it becomes apparent. 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> |
| 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 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. |

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| Urgent matters arising between meetings | <ul style="list-style-type: none"> • The Chair of the Committee and Chief Finance Officer, in consultation, may also act together on urgent matters arising between meetings of the Committee; or • In the absence of the Chair, the Chief Finance Officer and a Lay Member, in consultation, may act together; or • The Committee has delegated a specific function within prescribed limitations to an individual, sub group or sub-committee. <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 and the Committee's Annual Report to the Governing Body.</p> |
| Date agreed | <p>Approved by Governing Body on</p> |
| Review date and Monitoring | <p>Annually, or as and when legislation or best practice guidance is updated.</p> |

Appendix 3: Standing Orders

1. STATUTORY FRAMEWORK AND STATUS

1.1. Introduction

1.1.1. These Standing Orders have been drawn up to regulate the proceedings of the NHS Wakefield Clinical Commissioning Group so that group can fulfil its obligations, as set out largely in the 2006 Act, as amended by the 2012 Act and related regulations. They are effective from the date the group is established.

1.1.2. The Standing Orders, together with the group's Scheme of Reservation and Delegation¹ and the group's prime financial policies², provide a procedural framework within which the group discharges its business. They set out:

- i) the arrangements for conducting the business of the group;
- ii) the appointment of member practice representatives;
- iii) the procedure to be followed at meetings of the group, the Governing Body and any committees or sub-committees of the group or the Governing Body;
- iv) the process to delegate powers,
- v) the declaration of interests and standards of conduct.

These arrangements must comply, and be consistent where applicable, with requirements set out in the 2006 Act (as amended by the 2012 Act) and related regulations and take account as appropriate³ of any relevant guidance.

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

1.2. Schedule of matters reserved to the clinical commissioning group and the Scheme of Reservation and Delegation

1.2.1. The 2006 Act (as amended by the 2012 Act) gives the CCG powers to delegate its functions and those of the Governing Body to certain bodies

¹ [Link](#)

² [Link](#)

³ Under some legislative provisions the group is obliged to have regard to particular guidance but under other circumstances guidance is issued as best practice guidance.

(such as committees) and certain persons. The CCG has decided that certain decisions may only be exercised by the group in formal session. These decisions and also those delegated are contained in the group's Scheme of Reservation and Delegation available [here](#)

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

2.1 Composition of Membership

2.1.1 Section 3 of the CCG's constitution provides details of the membership of the CCG.

2.1.2 Part 5 of the CCG's Constitution provides details of the governing structure used in the CCG's decision-making processes, as well as outlining certain key roles and responsibilities within the CCG and its Governing Body.

2.2 Composition of the Governing Body

2.2.1 Section 5.5 of the CCG's constitution sets out the composition of the CCG's Governing Body. These Standing Orders set out how the CCG appoints individuals to these key roles.

2.3 Key Roles

2.3.1 Section 5.5. of the CCG's Constitution sets out the composition of the CCG's Governing Body. Eligibility for all roles will be subject to compliance with regulations. These standing orders set out how the CCG appoints individuals to these key roles

2.4 Role of the Chair and Clinical Leader

2.4.1 Eligibility for appointment: the Chair and Clinical Leader must be a General Medical Practitioner already elected to the Governing Body in accordance with Standing Order 2.5.

2.4.2 Appointment process: the Clinical Leader will be appointed as follows:

2.4.3 The Deputy Chair and Chief Officer will oversee the process to identify potential candidates, including inviting expressions of interest from the General Practitioners already elected to the Governing Body.

2.4.4 The Governing Body will vote and select a candidate from one of the General Medical Practitioners elected to the Governing Body. When considering potential candidates the Governing Body will ensure that they meet the national role guidance issued by NHS England and have the attributes and competencies required. From the date of selection the candidate will assume the role of 'Chair and Clinical Leader – Designate'.

2.4.5 Within three calendar months the candidate selected by the Governing Body will be presented to the members for approval (by simple majority) on a one GP one vote basis (in accordance with Standing Order 2.4.5). The Local

Medical Committee will have responsibility for conducting elections and communicating results on behalf of the CCG.

2.4.6 Eligibility of GP to vote: every partner GP (of a Member practice in Wakefield district) and every salaried GP (employed by a Member practice in Wakefield district) will be able to vote. In addition Locum GPs will be entitled to vote if they can provide evidence to the Local Medical Committee that they have worked in excess of 99 sessions with Member practices (in Wakefield district) within the past 12 months.

2.4.7 If the members reject the candidate the Governing Body will (within two calendar months) vote again and select a different candidate from one of the General Medical Practitioners elected to the Governing Body. In the intervening period the Deputy Chair and Assistant Clinical Leader will jointly assume the responsibilities of the Chair and Clinical Leader.

2.4.8 Term of office: maximum of three terms of office and of no more than a ten year tenure in total. Each term of office should be of a suggested period of upto three years with the option to extend the final period in order to maintain external perspective. This would be from the date the candidate is approved as Chair and Clinical Leader by the Members (on a one GP one vote basis).

2.4.9 Eligibility for reappointment: The current Chair shall be deemed eligible to stand for re-election provided that they:

- i) Continue to meet the eligibility criteria; and
- ii) Have not given grounds for removal.

2.4.10 Notice period: the Clinical Leader is required to provide the CCG with not less than three months' written notice if they wish to leave before the end of their term of office.

2.4.11 Grounds for removal and Disqualification from Office: In addition to the provisions of Standing Order 2.17, the Clinical Lead will be removed from office with immediate effect if:

- i) they are suspended from the Wakefield District Performers List;
- ii) their registration with the GMC is suspended;
- iii) they have been removed from the medical register;
- iv) they cease to be a provider of primary medical services, or employed to deliver primary medical services within Wakefield;
- v) the Governing Body vote by a majority of 75% (of all members of the Governing Body) to remove the individual.

2.5 Role of the General Practitioner Members of the Governing Body

2.5.1 Eligibility for appointment: candidates must be a General Medical Practitioner employed by, or a partner of, a Member practice and on the Wakefield District Performers List. In addition candidates must be able to demonstrate (subject to approval by the Nominations Committee) satisfactory leadership potential

against an appropriate competency framework that is agreed between the LMC and the CCG.

- 2.5.2 Appointment process: the General Practitioner (GP) members of the Governing Body will be elected by the Member Practices on a one GP one vote basis (in accordance with Standing Order 2.5.7).
- 2.5.3 The Local Medical Committee will have responsibility for conducting elections and communicating results on behalf of the CCG.
- 2.5.4 Nominations: candidates for election will be sponsored by their practices, with an outline of their qualifications and experience and sponsorship from both their practice and at least one other member practice. Single-handed GPs should gain sponsorship from two other member practices.
- 2.5.5 All candidates will be considered (vetted) by the Nominations Committee in order to ensure that they demonstrate satisfactory leadership potential against an appropriate competency framework that is agreed between the LMC and the CCG.
- 2.5.6 If following consideration of the candidates by the Nominations Committee, the number of approved vetted candidates is equal to (or less than) the number of positions open for election the candidates will automatically be appointed to the Governing Body; there will be no need to hold a formal vote of GPs.
- 2.5.7 Eligibility of GP to vote: every partner GP (of a Member practice in Wakefield district) and every salaried GP (employed by a Member practice in Wakefield district) will be able to vote. In addition Locum GPs will be entitled to vote if they can provide evidence to the Local Medical Committee that they have worked in excess of 99 sessions with Member practices (in Wakefield district) within the past 12 months.
- 2.5.8 If following the election process described above no one has been appointed to the vacant position on the Governing Body, a further election process will be run within six month period.
- 2.5.9 Term of office: maximum of three terms of office and of no more than a ten year tenure in total. Each term of office should be of a suggested period of upto three years with the option to extend the final period in order to maintain external perspective.
- 2.5.10 Eligibility for reappointment: A GP shall be deemed eligible to stand for re-election provided that they:
 - i) Continue to meet the eligibility criteria; and,
 - ii) Have not given grounds for removal

2.5.11 Notice period: GP members of the Governing Body are required to provide the CCG with not less than three months' written notice if they wish to leave before the end of their term of office.

2.5.12 Grounds for Removal and Disqualification from Office: In addition to the provisions of Standing Order 2.17, GP Members of the Governing Body will be removed from office with immediate effect if:

- i) they are suspended from the Wakefield District Performers List;
- ii) their registration with the GMC is suspended;
- iii) they have been removed from the medical register;
- iv) they cease to be a provider of primary medical services, or employed to deliver primary medical services within Wakefield
- v) the Governing Body vote by a majority of 75% (of all members of the Governing Body) to remove the individual.

2.6 Role of the Independent Registered Nurse

2.6.1 Eligibility for appointment: the Independent Registered Nurse must be registered on the Nursing and Midwifery Council (NMC) register. The Independent Registered Nurse cannot be an employee or member of, or a partner in, a provider of primary medical services, or a provider with whom the CCG has made significant commissioning arrangements.

2.6.2 Appointment Process: the Independent Registered Nurse will be appointed by the Governing Body upon the recommendation of the Nominations Committee via an application process.

2.6.3 Term of office: maximum of three terms of office and of no more than a ten year tenure in total. Each term of office should be of a suggested period of upto three years with the option to extend the final period in order to maintain external perspective.

2.6.4 Eligibility for reappointment: The current Registered Nurse shall be deemed eligible to stand for re-appointment provided that:

- i) They continue to meet the eligibility criteria; and,
- ii) Have not given grounds for removal

2.6.5 Notice period: the Independent Registered Nurse is required to provide the CCG with not less than three months' written notice if they wish to leave before the end of their term of office.

2.6.6 Grounds for Removal and Disqualification from Office: In addition to the provisions of Standing Order 2.17, the Independent Registered Nurse will be removed from office with immediate effect if:

- i) they are struck off or removed from the Nursing and Midwifery Council (NMC) register;

- ii) they become an employee or member of, or a partner in, a provider of primary medical services, or a provider with whom the CCG has made significant commissioning arrangements.
- iii) the Governing Body vote by a majority of 75% (of all members of the Governing Body) to remove the individual.

2.7 Role of the Independent Secondary Care Doctor

2.7.1 Eligibility for appointment: the Independent Secondary Care Doctor will be a consultant employed currently, or in employment at some time in the period of 10 years ending with the date they are appointed to the governing body. If the Independent Secondary Care Doctor no longer practises medicine, they will need to demonstrate that they still have a relevant understanding of care in the secondary setting.

2.7.2 Appointment process: the Independent Secondary Care Doctor will be appointed by the Governing Body upon the recommendation of the Nominations Committee.

2.7.3 Term of office: maximum of three terms of office and of no more than a ten year tenure in total. Each term of office should be of a suggested period of upto three years with the option to extend the final period in order to maintain external perspective.

2.7.4 Eligibility for reappointment: The current Secondary Care Specialist Doctor shall be deemed eligible to stand for re-appointment provided that:

- i) They continue to meet the eligibility criteria; and,
- iii) Have not given grounds for removal

2.7.5 Notice period: the Independent Secondary Care Doctor is required to provide the CCG with not less than three months' written notice if they wish to leave before the end of their term of office.

2.7.6 Grounds for Removal and Disqualification from Office: In addition to the provisions of Standing Order 2.17, the Independent Secondary Care Doctor will be removed from office with immediate effect if:

- i) their registration with the GMC is suspended;
- ii) they have been removed from the medical register;
- iii) they were not employment as a consultant in the period of 10 years ending with the date they are appointed to the governing body.
- iv) they are an employee or member (including shareholder) of, or a partner in, a provider of primary medical services, or a provider with whom the CCG has made significant commissioning arrangements.
- v) the Governing Body vote by a majority of 75% (of all members of the Governing Body) to remove the individual.

2.8 Lay Member - Deputy Chair of the Governing Body

- 2.8.1 Eligibility for appointment: the Deputy Chair of the Governing Body will be a Lay Member.
- 2.8.2 Appointment process: the Deputy Chair of the Governing Body will be appointed by the Governing Body upon the recommendation of the Nominations Committee via an application process.
- 2.8.3 Term of office: maximum of three terms of office and of no more than a ten year tenure in total. Each term of office should be of a suggested period of upto three years with the option to extend the final period in order to maintain external perspective.
- 2.8.4 Eligibility for Re-appointment: The current Lay Member shall be deemed eligible to stand for re- appointment provided that:
- i) They continue to meet the eligibility criteria; and,
 - ii) Have not given grounds for removal.
- 2.8.5 Notice period: the Deputy Chair of the Governing Body is required to provide the CCG with not less than three months' written notice if they wish to leave before the end of their term of office.
- 2.8.6 Grounds for removal and Disqualification from Office: In addition to the provisions of Standing Order 2.17, the Deputy Chair of the Governing Body will be removed from office with immediate effect if they are:
- i) an officer or employee of the Department of Health;
 - ii) a member or employee of the Care Quality Commission or Monitor;
 - iii) a chairman, director, member or employee of an NHS body;
 - iv) a chairman, director, governor, member or employee of an NHS Foundation Trust;
 - v) a provider of health services commissioned by CCGs or the NHS Commissioning Board, or their employees, partners, or shareholders;
 - vi) a provider of social services, or their employees who contract with a local authority; and
 - vii) employed by parties to arrangements to provide primary medical services, ophthalmic services , dental services or pharmaceutical services in Scotland or Wales who are employed for purposes connected with the provision of those services.

2.9 Lay Person – Audit

- 2.9.1 Eligibility for appointment: the Lay Person – Audit will have qualifications, expertise, or experience which enable them to express informed views about financial management and audit matters.
- 2.9.2 Appointment process: the Lay Person – Audit will be appointed by the Governing Body upon the recommendation of the Nominations Committee via an application process.
- 2.9.3 Term of office: maximum of three terms of office and of no more than a ten year tenure in total. Each term of office should be of a suggested period of

upto three years with the option to extend the final period in order to maintain external perspective.

2.9.4 Eligibility for Re-appointment: the Lay Person – The current Lay Member shall be deemed eligible to stand for re- appointment provided that:

- i) They continue to meet the eligibility criteria; and,
- ii) Have not given grounds for removal.

1.1.2. Notice period: the Lay Person – Audit is required to provide the CCG with not less than three months' written notice if they wish to leave before the end of their term of office.

1.1.3. Grounds for Removal and Disqualification from Office: In addition to the provisions of Standing Order 2.17, the Lay Person – Audit will be removed from office with immediate effect if they are:

- i) an employee of a local authority in England and Wales, or an equivalent body in Scotland and Northern Ireland;
- ii) an officer or employee of the Department of Health;
- iii) a member or employee of the Care Quality Commission or Monitor;
- iv) a chairman, director, member or employee of an NHS body;
- v) a chairman, director, governor, member or employee of an NHS foundation trust;
- vi) a provider of health services commissioned by CCGs or the NHS Commissioning Board, or their employees, partners, or shareholders;
- vii) a provider of social services, or their employees who contract with a local authority; and,
- viii) employed by parties to arrangements to provide primary medical services, ophthalmic services , dental services or pharmaceutical services in Scotland or Wales who are employed for purposes connected with the provision of those services.

2.10 Lay Person – patient and public participation matters (PPI)

2.10.1 Eligibility for appointment: the Lay Person – PPI will live within Wakefield District or have sufficient knowledge of Wakefield District to enable them to express informed views about the discharge of the CCG functions and act as a champion for patient and public involvement.

2.10.2 Appointment process: the Lay Person – PPI will be appointed by the Governing Body upon the recommendation of the Nominations Committee.

2.10.3 Term of office: maximum of three terms of office and of no more than a ten year tenure in total. Each term of office should be of a suggested period of upto three years with the option to extend the final period in order to maintain external perspective.

2.10.4 Eligibility for Re-appointment: The current Lay Member shall be deemed eligible to stand for re- appointment provided that:

- i) They continue to meet the eligibility criteria; and,
- ii) Have not given grounds for removal.

2.10.5 Notice period: the Lay Person – PPI is required to provide the CCG with not less than three months' written notice if they wish to leave before the end of their term of office.

2.10.6 Grounds for removal and Disqualification from Office: In addition to the provisions of Standing Order 2.17, the Lay Person – PPI will be removed from office with immediate effect if they are:

- i) an employee of a local authority in England and Wales, or an equivalent body in Scotland and Northern Ireland;
- ii) an officer or employee of the Department of Health;
- iii) a member or employee of the Care Quality Commission or Monitor;
- iv) a chairman, director, member or employee of an NHS body;
- v) a chairman, director, governor, member or employee of an NHS foundation trust;
- vi) a provider of health services commissioned by CCGs or the NHS Commissioning Board, or their employees, partners, or shareholders;
- vii) a provider of social services, or their employees who contract with a local authority; and,
- viii) employed by parties to arrangements to provide primary medical services, ophthalmic services, dental services or pharmaceutical services in Scotland or Wales who are employed for purposes connected with the provision of those services.

2.11 Role of the Chief Officer (Accountable Officer)

2.11.1 Eligibility for appointment: the Chief Officer will be a member of the Governing Body and an employee of the CCG. The Accountable Officer may not be the Chair of the Governing Body.

2.11.2 Appointment process: Chief Officer will be appointed as the Accountable Officer by the Governing Body in accordance with national guidance and regulations.

2.11.3 Term of office: not applicable, subject to a contract of employment.

2.11.4 Grounds for Removal and Disqualification from Office: the Chief Officer will be subject to the provisions of Standing Order 2.17.

2.12 Role of the Chief Finance Officer/ Deputy Chief Officer

2.12.1 Eligibility for appointment: the Chief Finance Officer/ Deputy Chief Officer will be a member of the Governing Body and an employee of the CCG. The Chief Finance Officer /Deputy Chief Officer must have a recognised professional qualification in accountancy.

2.12.2 Appointment process: Chief Finance Officer/Deputy Chief Officer will be appointed by the Chief Officer in accordance with agreed CCG policies and taking into account national guidance and regulations.

2.12.3 Term of office: not applicable, subject to a contract of employment.

2.12.4 Grounds for Removal and Disqualification from office: the Chief Finance Officer will be subject to the provisions of Standing Order 2.17.

2.13 Role of the Executive Nurse

2.13.1 Eligibility for Appointment: the Executive Nurse must have a recognised nursing or midwifery qualification and will be appointed by the Chief Officer in accordance with agreed CCG policies, taking into account national guidance and regulations.

2.13.2 Appointment Process: Executive Nurse will be appointed in accordance with agreed CCG policies and procedures by the Chief Officer.

2.13.3 Term of Office: not applicable, subject to a contract of employment.

2.13.4 Grounds for Removal and Disqualification from Office: the Executive Nurse will be subject to the provisions of Standing Order 2.17.

2.14 Role of the Local Authority Executive

2.14.1 Eligibility for Appointment: the Local Authority Executive will be an employee or officer, but not an elected member, of Wakefield Council.

2.14.2 Appointment Process: the Local Authority Executive will be appointed by Wakefield Council following consultation and agreement with the Chair of the Governing Body.

2.14.3 Term of Office: three years from date of appointment.

2.14.4 Notice period: the Local Authority Executive will provide the CCG with not less than three months' written notice if they wish to leave before the end of their term of office.

2.15 Director of Public Health

2.15.1 Eligibility for Appointment: the Director of Public Health will be an employee or officer, but not an elected member, of Wakefield Council.

2.15.2 Appointment Process: the Director of Public Health will be appointed by Wakefield Council following consultation with the Governing Body.

2.15.3 Notice period: the Director of Public Health will provide the CCG with not less than three months' written notice if they wish to leave before the end of their term of office.

2.16 Disqualification from membership of the Governing Body from Office

2.16.1 In line with The National Health Service (Clinical Commissioning Groups) Regulations 2012 the following individuals may not become or continue as a member of the Governing Body with immediate effect:

- i) MPs, MEPs, members of the London Assembly, and local councillors (and their equivalents in Scotland and Northern Ireland);
- ii) members including shareholders of, or partners in, or employees of commissioning support organisations;
- iii) a person who, within the period of five years immediately preceding the date of the proposed appointment, has been convicted:
 - a) in the United Kingdom of any offence,
 - b) outside the United Kingdom of an offence which, if committed in any part of the United Kingdom, would constitute a criminal offence in that part and, either case, the final outcome of the proceedings was a sentence of imprisonment (whether suspended or not) for a period of not less than three months without the option of a fine.
- iv) a person subject to a bankruptcy restrictions order or interim order;
- v) a person who within the period of five years immediately preceding the date of the proposed appointment has been dismissed (other than because of redundancy), from paid employment by any of the following: the Board, a CCG, SHA, PCT, NHS Trust or Foundation Trust, a Special Health Authority, a Local Health Board, a Health Board, or Special Health Board, a Scottish NHS Trust, a Health and Social Services Board, the Care Quality Commission, the Health Protection Agency, Monitor, the Wales Centre for Health, the Common Services Agency for the Scottish Health Service, Healthcare Improvement Scotland, the Scottish Dental Practice Board, the Northern Ireland Central Services Agency for the Health and Social Services, a Regional Health and Social Care Board, the Regional Agency for Public Health and Wellbeing, the Regional Business Services Organisation, Health and Social Care trusts, Special health and social care agencies, the Patient and Client Council, and the Health and Social Care Regulation and Quality Improvement Authority.
- vi) a healthcare professional who has been subject to an investigation or proceedings, by any regulatory body, in connection with the person's fitness to practise or any alleged fraud, the final outcome of which was suspension or erasure from the register (where this still stands), or a decision by the regulatory body which had the effect of preventing the person from practising the profession in question or imposing conditions, where these have not been superseded or lifted;
- vii) a person disqualified from being a company director;
- viii) a person who has been removed from the office of charity trustee, or removed or suspended from the control or management of a charity, on the grounds of misconduct or mismanagement.

2.16.2 In addition to Standing Order 2.17.1 members of the Governing Body will be suspended with immediate effect in the event of:

- i) proven gross misconduct, including breach of a Nolan principle.
- ii) serial non-attendance at meetings of the Governing Body; 4 meetings per year unless for exceptional reasons accepted by the Chair.
- iii) persistent failure to abide by the terms of this constitution;
- iv) persistent failure to respond to requests in relation to the provisions of the constitution made by the Group;
- v) repeated refusal to comply with, or engage with, activities decided by the Group;
- vi) persistently behaving in a way that jeopardises the reputation of the Group;
- vii) attempting and or committing fraud against the Group;
- viii) proven failure to comply with the CCG's agreed policies and procedures relating to management of conflicts of interest.

A decision shall be made by the Governing Body on the outcome of any investigation or report shall be final.

3. DECISIONS OF THE MEMBERS

3.1 All other matters reserved to the Members, in accordance with the Schedule of Matters Reserved to the CCG and Scheme of Delegation (Appendix D to the Constitution) shall be considered on a one Member practice, one Vote basis (not a one GP one vote basis).

3.2 Decisions will either be made via a Written Resolution or at a Members Meeting.

3.3 A representation of more than thirty percent of Members may come forward in writing to the Chair and Clinical Leader where for whatever reason the membership has 'no-confidence' in the CCG Governing Body. A Members Meeting will be called in accordance with Standing Order 3.4. If at that meeting 75% of Members in attendance pass a resolution certifying 'no-confidence' in the Governing Body NHS England will be invited to coordinate or directly assist in immediately replacing elected members of the Governing Body and temporarily supporting the CCG pending completion of new elections.

3.4 Members Meetings

3.4.1 The group will hold an annual meeting for the Members; the Annual Members Meeting.

3.4.2 Notice

3.4.2.1 The Chair of the Governing Body may call a Members meeting at any time. All Members Meetings must be called by either:

- i) at least 21 clear days' notice, or
- ii) less than 21 clear days' notice if it is so agreed by resolution at the start of the Members Meetings.

3.4.2.2 Every notice calling a Members meeting must specify the place, day and time of the meeting and the general nature of the business to be transacted.

3.4.2.3 Notice of Members Meetings must be given to every member, and to all members of the Governing Body.

3.4.2.4 Members of the public will not be permitted to attend a Members Meeting unless it is deemed appropriate by the Chair and Clinical Leader.

3.4.2 Quorum

3.4.2.1 The quorum for a members meeting will be one third of the total member practices. No formal decisions may be transacted at a Members' meeting unless quorum is present.

3.4.2.2 If a quorum is not present within fifteen minutes from the time appointed for the meeting, the meeting shall be adjourned to the same day in the next week at the same time and place, or to such a day, time and place as the Chair and Clinical leader may determine.

3.4.2.3 All members of the Governing Body may attend and speak at a Members' Meeting.

3.4.3 Chair – Members' Meeting

3.4.3.1 The Chair and Clinical Leader, or in his/her absence the Deputy Chair, shall preside as chair of every Members' Meeting. If neither the Chair nor the Deputy Chair is present within fifteen minutes after the time appointed for holding the meeting. The Members present shall elect one of their number to chair the meeting.

3.4.4 Adjournment

3.4.4.1 The Chair of the Members' meeting may adjourn a Members' meeting at which a quorum is present if:

- i) those present at the meeting consent to an adjournment; or
- ii) a majority of Members present at the meeting direct the Chair to call an adjournment; or
- iii) it appears to the Chair of the meeting that an adjournment is necessary to protect the safety of any person attending the meeting or ensure that the business of the meeting is conducted in an orderly manner.

3.4.2.2 When adjourning a Members' meeting, the Chair of the meeting must either:

- i) specify the time and place to which it is adjourned, or

- ii) state that it is to continue at a time and place to be fixed by the Governing Body.

3.4.3 Voting

- 3.4.3.1 Decisions will be made by a simple majority, one Member practice, one Vote basis.
- 3.4.3.2 Unless a poll is demanded, an item / resolution put to the vote of a Members' meeting will be decided on a show of hands. The Chair will declare that outcome of the vote.
- 3.4.3.3 A poll on a resolution may be demanded in advance of the Members' Meeting or during the Members' meeting. A poll may be demanded by the Chair of the meeting, a member of the Governing Body, or the representatives of two or more Members. The Chair will declare the outcome of the Poll.
- 3.4.3.4 In the case of an equality of votes, whether on a show of hands or on a poll, the Chair of the Members' meeting shall be entitled to a casting vote in addition to any other vote he/she may have.

3.4.4 Proxies

- 3.4.4.1 Each Member practice will appoint one person (a 'proxy') to attend, speak and vote at a Members' Meeting of the CCG. The proxy will have the authority to act on behalf of the Member practice at the Members' Meeting; this will include voting on resolutions presented to the Members' Meeting.
- 3.4.4.2 Appointment: Proxies will be appointed by the Member in writing and sent to the CCG a minimum of 24 hours before the start of the meeting.
- 3.4.4.3 If the Member practice has not appointed a proxy they will not have the right to speak or vote at a Members' Meeting of the CCG. They will have the right to attend the meeting.

3.4.5 Minutes

- 3.4.5.1 Minutes will be prepared documenting decisions made at Members' Meetings.

3.5 Written Resolutions

- 3.5.1 A copy of each proposed written resolution must be sent to every Member practice and every member of the Governing Body.
- 3.5.2 Members will have 20 working days in which to respond. A Member signifies agreement to a proposed written resolution when the CCG receives an authenticated document in hard copy, email or fax.
- 3.5.3 Each Member practice will have one vote.
- 3.5.4 A written resolution can be agreed by 75% of all Member practices. If 75% has not been achieved after 20 working days the resolution will fail.

4 MEETINGS OF THE GOVERNING BODY

4.1 Calling meetings

- 4.1.1 Ordinary meetings of the group shall be held at regular intervals at such times and places as the CCG may determine.
- 4.1.2 The Chair may call a meeting of the Governing Body at any time.
- 4.1.3 One third or more members of the Governing Body may request a meeting in writing to the Chair. If the Chair refuses or fails to call a meeting within seven days of receipt of the request presented, the members of the Governing Body signing the request may forthwith call a meeting.
- 4.1.4 Meetings of the Governing Body shall be open to members of the public. The Chair may determine that members of the public may be excluded from a meeting in accordance with Standing Order 10.

4.2 Notice of meetings and business to be transacted

- 4.2.1 The Chair of the Governing Body, with support from the Chief Officer, will draw up the agenda specifying the business to be transacted.
- 4.2.2 A member desiring a matter to be included on an agenda shall make their request in writing to the Chair at least ten clear working days before the meeting. Requests received less than ten days before a meeting will be included on the agenda at the discretion of the Chair.
- 4.2.3 The agenda and supporting papers will be sent to every members of the Governing Body at least five days before the meeting takes place, save in an emergency.
- 4.2.4 Save in emergencies or the need to conduct urgent business members of the Governing Body will be given fourteen days written notice of the date and place of every meeting of the Governing Body.
- 4.2.5 Agendas and supporting papers for the group's Governing Body – including details about meeting dates, times and venues - will be published on the CCG website [here](#) as set out in 1.3.2.

4.3 Petitions

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

4.4 Chair of the Governing Body

- 4.4.1 At any meeting of the Governing Body, the Chair shall preside. If the Chair is absent from the meeting, the Deputy Chair, if any and if present, shall preside.

4.4.2 If the Chair is absent temporarily on the grounds of a declared conflict of interest the Deputy Chair, if present, shall preside. If both the Chair and Deputy Chair are absent, or are disqualified from participating, a member of the Governing Body shall be chosen by the members present, or by a majority of them, and shall preside.

4.5 Chair's ruling

The decision of the Chair of the Governing Body on questions of order, relevancy and regularity and their interpretation of the constitution, Standing Orders, Scheme of Reservation and Delegation and prime financial policies at the meeting, shall be final.

4.6 Quorum

4.6.1 No business shall be transacted at a meeting of the Governing Body unless the following are present:

- i) The Chair or Deputy Chair
- ii) 2 other GPs as elected by the membership (i.e. not including the Clinical Chair)
- iii) 1 lay member
- iv) Either the Chief Officer or the Chief Finance Officer/Deputy Chief Officer

4.6.1.1 Alternative Quoracy Arrangements:

4.6.1.2 Where a standard quorum cannot be convened from the membership of the Governing Body, owing to the arrangements for managing conflicts of interest or potential conflicts of interests, alternative quoracy arrangements may be applied. In such circumstances, the Governing Body will be quorate with the presence of at least five of the remaining members of the Governing Body, to include:

- i) Either the Registered Nurse or the Secondary Care Specialist and;
- ii) Either the Chief Officer or the Chief Finance Officer/Deputy Chief Officer

4.6.1.3 Alternative Quoracy Arrangements:

Where neither a standard quorum nor alternative quorum can be convened due to an actual or potential conflict of interest for both the Chief Officer and the Chief Finance Officer/Deputy Chief Officer; for example when decisions are required regarding the remuneration and/or terms of service for the Chief Officer and/or Chief Finance Officer/Deputy Chief Officer, the Governing Body may be considered quorate with the presence of at least the following members of the Governing Body:

- i) Either the Chair or Deputy Chair
- ii) 3 other GPs as elected by the membership
- iii) 1 lay member
- iv) Either the Registered Nurse or the Secondary Care Specialist

4.6.1.4 These arrangements must be recorded in the minutes

- 4.6.2** Members of the Governing Body may participate in meetings by telephone or by the use of video conferencing facilities where they are available. Participation in a meeting by any of these means shall be deemed to constitute presence in person at the meeting.
- 4.6.3** An officer in attendance for the Chief Officer, Chief Finance Officer or Executive Nurse but without formal acting up status may not count toward the quorum. If however the officer has been formally appointed to act up for an Executive Officer during a period of incapacity or temporarily to fill an Executive Officer vacancy they shall be entitled to exercise voting rights of the Executive Officer. The officer's status when attending a meeting will be recorded in the minutes.
- 4.6.4** If any member of the Governing Body has been disqualified from participating in the discussion on any matter and / or from voting on any resolution by reason of a declaration of a conflict of interest, that person shall no longer count towards the quorum. If a quorum is then not available for the discussion and / or the passing of a resolution on any matter, that matter may not be discussed further or voted upon at that meeting. Such a position shall be recorded in the minutes of the meeting. The meeting must then proceed to the next business.
- 4.6.5** For all other of the CCG's committees and sub-committees, including the Governing Body's committees and sub-committees, the details of the quorum for these meetings and status of representatives are set out in the appropriate terms of reference.

4.7 Decision making – voting

- 4.7.1** Section 6 of this constitution, together with the Scheme of Reservation and Delegation, sets out the governing structure for the exercise of the group's statutory functions. Generally, it is expected that at the Governing Body's meetings decisions will be reached by consensus. Should this not be possible then a vote of members will be required, the process for which is set out below:
- 4.7.2** Eligibility – only members of the Governing Body can vote. Each member of the Governing Body shall have one vote. In no circumstance may an absent member vote by proxy.
- 4.7.3** Voting - at the discretion of the Chair all questions put to a vote shall be determined by oral expression or by a show of hands, unless the Chair directs otherwise, or it is proposed, seconded and carried that a vote be taken by paper ballot. If a member of the Governing Body so requests, their vote shall be recorded by name.
- 4.7.4** Majority necessary to confirm a decision – decisions will be made by a simple majority.

- 4.7.5 Casting vote – in the event of a tied vote the Chair will hold a second and casting vote.
- 4.7.6 Dissenting views – in exceptional circumstances where there is disagreement with a decision made, those members taking a dissenting view may have their dissent recorded in the minutes.
- 4.7.7 No resolution of the Governing Body shall be passed if it is opposed by all of the Lay Members present, or by all of the Executive Officers present, or by all of the GP Governing Body members present.
- 4.7.8 For all other of the CCG's committees and sub-committees, including the Governing Body's committees and sub-committee, the details of the process for holding a vote are set out in the appropriate terms of reference.

4.8 Emergency powers and urgent decisions.

- 4.8.1 Subject to the agreement of the Chair, a member of the Governing Body may give written notice of an emergency motion after the issue of the notice of meeting and agenda, up to one hour before the time fixed for the meeting. The notice shall state the grounds of urgency. If in order, it shall be declared to the Governing Body at the commencement of the business of the meeting as an additional item included in the agenda. The Chair's decision to include the item shall be final.
- 4.8.2 Urgent decisions made during the meeting will be recorded in the minutes.

5 SUSPENSION OF STANDING ORDERS

- 5.1 Except where it would contravene any statutory provision or any direction made by the Secretary of State for Health or NHS England, any part of these Standing Orders may be suspended at any meeting, provided that at least two thirds of the whole number of the members of the Governing Body are present and are in agreement (including at least one member who is an officer member of the CCG and one member who is not).
- 5.2 A decision to suspend Standing Orders together with the reasons for doing so shall be recorded in the minutes of the meeting.
- 5.3 A separate record of matters discussed during the suspension shall be kept. These records shall be made available to the Governing Body's Audit Committee for review of the reasonableness of the decision to suspend Standing Orders.

6 APPLICATION FOR VARIATION AND AMENDMENT OF STANDING ORDERS

- 6.1 This constitution can only be varied in two circumstances:
 - 6.1.1 where the CCG formally applies to NHS England and that application is granted;

6.1.2 where in the circumstances set out in legislation NHS England varies the CCG's constitution, other than on application by the CCG.

6.2 Any changes will be communicated to members.

7 RECORD OF ATTENDANCE

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

8 MINUTES

8.1 The minutes of the proceedings of a meeting shall be drawn up and submitted for agreement at the next meeting, where they shall be signed by the person presiding at it. Signed minutes will be conclusive evidence of the events of the meeting.

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

8.3 Where providing a record of a public meeting the minutes shall be made available to the public as required by the Code of Practice on Openness in the NHS.

9 EMERGENCY POWERS AND URGENT DECISIONS

9.1 The powers which the Governing Body has reserved to itself within these Standing Orders may in an emergency or for an urgent decision be exercised by the Chief Officer and the Chair, after having consulted at least two Lay Members. The exercise of such powers by the Chief Officer and the Chair will be reported to the next meeting of the Governing Body in public session for noting.

10 ADMISSION OF PUBLIC AND THE PRESS

10.1 Subject to the conflict of interest provisions included in the constitution all meetings of the CCG Governing Body will be open to the membership of the CCG.

10.2 The public and representatives of the press may attend all meetings of the Governing Body that are held in public, and should only be required to withdraw from these meetings where any information being shared is exempt from publication under the Freedom of Information Act 2000. Guidance on the Freedom of Information Act exemptions can be found in the CCG Freedom of Information Act policy.

10.3 The public and representatives of the press shall be required to withdraw upon a resolution as follows:

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

- 10.4** In the event of general disturbances the Chair of the meeting shall give such directions as they think fit to ensure that the CCG's business shall be conducted without interruption and disruption. Without prejudice to the power to exclude on grounds of the confidential nature of the business to be transacted, the public will be required to withdraw upon the Governing Body resolving:

That in the interests of public order the meeting adjourn for (the period to be specified) to enable the Governing Body to complete its business without the presence of the public. '

- 10.5** The Chair may exclude any member of the public from a meeting if they are interfering with, or preventing, the proper conduct of the meeting.

11 BUSINESS PROPOSED TO BE TRANSACTED WHEN THE PRESS AND PUBLIC HAVE BEEN EXCLUDED FROM A MEETING

- 11.1** Matters to be dealt with by the Governing Body following the exclusion of representatives of the press, and other members of the public, as provided above, shall be confidential to the members of the CCG.
- 11.2** Members of the Governing Body and officers or any employee of the CCG in attendance shall not reveal or disclose the contents of papers marked 'In Confidence' or minutes headed 'Items Taken in Private' outside of the meeting, without the express permission of the Governing Body. This prohibition shall apply equally to the content of any discussion during the Governing Body meeting which may take place on such reports or papers.
- 11.3** Minutes will be taken during this part of a meeting and will be marked confidential.

12 USE OF MECHANICAL OR ELECTRICAL EQUIPMENT FOR RECORDING OR TRANSMISSION OF MEETINGS

- 12.1** Nothing in these Standing Orders shall be construed as permitting the introduction of recording, transmitting, video or similar apparatus into meetings of the Governing Body. Such permission shall be granted only by the Chair.

13 OBSERVERS

- 13.1** The Governing Body will decide what arrangements and terms and conditions it feels are appropriate to offer in extending an invitation to observers to attend and address any of the Governing Body meeting. The Governing

Body may change, alter or vary these terms and conditions as it sees fit.

14 APPOINTMENT OF COMMITTEES AND SUB-COMMITTEES

14.1 Appointment of committees and sub-committees

14.1.1 The CCG may appoint committees and sub-committees of the group, subject to any regulations made by the Secretary of State⁴, and make provision for the appointment of committees and sub-committees of its Governing Body. Where such committees and sub-committees of the group, or committees and sub-committees of its Governing Body, are appointed they are included in Section 6 of the group's constitution.

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

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

14.4 Meetings of the CCGs committees and sub-committees will not usually be open to the public and representatives of the press.

15 TERMS OF REFERENCE

15.1 Terms of reference shall have effect as if incorporated into the Standing Orders.

16 DELEGATION OF POWERS BY COMMITTEES TO SUB-COMMITTEES

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

17 APPROVAL OF APPOINTMENTS TO COMMITTEES AND SUB-COMMITTEES

17.1 The Governing Body shall approve the appointments to each of the committees and sub-committees which it has formally constituted including those the Governing Body.

17.2 Where the group determines that persons, who are neither members nor employees, shall be appointed to a committee or sub-committee the terms of

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

such appointment shall be within the powers of the group. The group shall define the powers of such appointees and shall agree such travelling or other allowances as it considers appropriate.

18 APPOINTMENTS FOR STATUTORY FUNCTIONS

18.1 Where the Governing Body is required to appoint persons to a committee and/or to undertake statutory functions as required by the Secretary of State, and where such appointments are to operate independently of the Governing Body such appointments shall be made in accordance with the regulations and directions made by the Secretary of State.

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

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

20 USE OF SEAL AND AUTHORISATION OF DOCUMENTS

20.1 Clinical Commissioning Group's seal

20.1.1 The CCG may have a seal for executing documents where necessary. At least two of the following individuals or officers are authorised to authenticate its use by their signature:

- i) the Chief Officer;
- ii) the Clinical Chair ;
- iii) the Chief Finance Officer;
- v) the appropriate Director, Associate Director or Head of Service or nominated deputy.

20.1.2 An entry of every sealing shall be made and numbered consecutively in a book provided for that purpose, and shall be signed by the persons who shall have approved and authorised the document and those who attested the seal. A report of all sealing's will be made to the Audit Committee at least twice per year.

20.2 Use of Seal – General guide, the seal shall be used for:

20.2.1 All contracts for the purchase/lease of land and/or building;

20.2.2 All contracts for capital works exceeding £100,000;

20.2.3 All lease agreements where the annual lease charge exceeds £10,000 per annum and the period of the lease exceeds beyond five years;

20.2.4 Any other lease agreement where the total payable under the lease exceeds £100,000;

20.2.5 Any contract or agreement with organisations other than NHS or other government bodies including local authorities where the annual costs exceed or are expected to exceed £500,000.

21 EXECUTION OF A DOCUMENT BY SIGNATURE

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

- i) the Chief Officer;
- ii) the Clinical Chair,
- iii) the Chief Finance Officer,
- iv) the appropriate Director, Associate Director or Head of Service or nominated deputy.

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

22.1 Policy statements: general principles

22.2 The group will from time to time agree and approve policy statements / procedures which will apply to all or specific groups of staff employed by NHS Wakefield Clinical Commissioning Group. The decisions to approve such policies and procedures will be recorded in an appropriate group minute and will be deemed where appropriate to be an integral part of the group's Standing Orders.

Appendix 4: Delegated Financial Limits

Delegated Authorities and Requisition Limits

| Key | Abbreviati |
|--|-----------------|
| Governing Body | GB |
| Chair of Governing Body | C |
| Lay Member | LM |
| Chief Officer | AO |
| Chief Finance Officer/ Deputy Chief Officer (Executive /Associate Director) | CFO Director |
| Head of Service (reporting to Director) | HoS |
| Head of Finance | HoF |
| Head of Department (reporting to Head of Service) | HoD |
| Associate Director of Finance and Contracting | ADFC |
| Director of Corporate Affairs | DCA |
| Governance and Board Secretary | GBS |

Finance and Procurement Delegated Limits

| Re | Delegated Matter | Detail | Authority |
|----|---|-----------------------------------|-----------|
| 1 | Operational Budget | Department budgets | HoD |
| | | Commissioning budgets | HoS |
| | | Budget virements between headings | HoS |
| 2a | Commitment of expenditure, for NHS contracts and other commissioned health care services | Under £50k | HoD |
| | NB : Business case (using the Business Case template found on Skyline) required for amounts above £50k (except those covered in 2b below | £50k- £100k | HoS |
| | | £100k-£500k | HoS |
| | | £500k-£1m | Director |
| | | Over £1m | AO or CFO |
| 2b | Continuing Healthcare packages (Reported in the quarterly CHC report to Quality, Performance and Governance Committee) | | |
| | | | |

| | | | |
|----|---|---|--|
| | Approval of Continuing Healthcare Package for Physical and Mental Health/LD placements, | Up to £150,000 (Tier 1 and 2) | HoS/ Deputy Head of Service |
| | Approval of Continuing Healthcare Package for Physical and Mental Health/LD placements, | between £150,000 and £500,000 (Tier 3) | HoS / Deputy Head of Service and Director |
| | Approval of an Urgent Continuing Healthcare Package for physical and Mental Health/LD placements, | between £150,000 and £500,000 (Tier 3) | HoS / Deputy Head of Service and Director or On-call Manager |
| | Approval of Continuing Healthcare Package for physical and Mental Health/LD placements, | between £500,000 and £1 Million (Tier 4) | CFO/DCO + CO |
| 3a | Commitment of expenditure, for non health care | Under £50k | HoD |
| | NB : Business case (using the Business Case template found on Skyline) required for amounts above £50k | £50k- £100k | HoS |
| | | £100k - £500k | Director |
| | | £500k - £1m | C + Director |
| | | Over £1m | GB |
| | | NB where expenditure has previously been approved by the Board then requisitions/procurement authorisations may be signed at Director level | |
| 3b | Management consultancy | For over £50k or a day rate of £600, a business case to NHSE required before commitment (see policy on Skyline) | Director +LM and NHSE |
| 4 | Lease agreements (see also Standing Order 20) – use of seal) | | CFO / CO |
| 5 | Charitable Funds | | CFO / CO |

| Ref | Delegated Matter | Detail | Authority |
|---|--|------------------------------|---|
| 6 Competitive Quotes / Tendering processes : | | | |
| 6a) | Competitive quotes for procurement values | £50k - £100k | HoS |
| 6b) | Tendering procedures for procurement values | Over £100k | HoS |
| 6c) | Waiver of :- (i) competitive quotations (ii) tendering (See section 7.1) | £50k- £100k Over £100k | CO/CFO* CO/CFO*+ LM |
| 6d) | Opening Competitive Quotes / Tenders | £50k - £100k (ie quotes) | 2 of : GBS, HoF ADFC, or Director |
| | | £100k - £250k (i.e. tenders) | 2 of : GBS, HoF ADFC or Director |
| | | £250k and over | Director + GBS/HoF ADFC |
| 6e) | Acceptance of lowest quote / Tender | | Director/GBS |
| 6f) | Acceptance of quote / tender on a "best value" basis : | Under £1m Over £1m | CO/ CFO* GB |
| 6g) | Notice where tenders are in excess of pre-tender estimates £5k or 5% which is lower | | CO/ /CFO* |
| 7 | Disposals / condemnation /redundant items | | CFO / CO |
| 8 | Losses and Special Payments (including fruitless payment, cash, abandoned claims, damage to chattels) | Under £50k | CFO |
| | | £50k and over | GB |
| 9 | Write-off non-NHS debts | Under £10k | HoF ADFC |
| | | £10k - £50k | CFO |
| | | Over £50k | GB |
| 10 | Non-enforcement of NHS debtors | Under £50k | CFO |
| | | £50k and over | GB |

- * Where the Chief Finance Officer is formally deputising for the Chief Officer during a period of absence

| Ref | Delegated Matter | Detail | Authority |
|------------|---|---|---|
| 11 | Compensation claims, ex-gratia payments, extra-contractual payments to suppliers | Under £1k | HoS + DCA/ GBS |
| | | £1k - £20k | HoS + HoF ADFC |
| | | £20k and over | GB |
| 12 | Petty Cash | Under £50 | HoS |
| | | £50 and over | HoS + HoF ADFC |
| 13 | Use of Seal – authentication by signature (see Standing Order 20) | At least two of : | CO CFO, Clinical Chair, Director, HoS |
| 14 | Execution of document by signature on behalf of CCG (see Standing Order 21) | | CO, CFO, Director Clinical Chair HoS |
| 15 | Business case required prior to procurement process (for further detail see section 13 of document) | Under £50k Above £50k | No Yes |
| 16 | Authorisation of course/conference fees & travel expenses for educational or development purposes | | Director |
| 17 | Off-payroll arrangements | See Detailed Financial Policy Off payroll arrangements | |