
**NHS VALE OF YORK
CLINICAL COMMISSIONING GROUP**

CONSTITUTION

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NHS Vale of York Clinical Commissioning Group Constitution

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NHS Vale of York Clinical Commissioning Group Constitution

FOREWORD

This constitution sets out the framework for the Clinical Commissioning Group's (CCG's) work to commission health and social care for the people of the Vale of York.

Significant issues in the NHS remain a challenge and the CCG continues to respond to these through health and care system transformation programmes.

To help create a sustainable and efficient healthcare system we are moving to a new phase delivery with our providers and collaboration, transparency and engagement are our watchwords throughout 2017-19. We plan to work with our partners to recover targets and do this by managing the demand on services and putting prevention at the forefront of much of our work.

Transforming services as part of the wider Humber, Coast and Vale Sustainability Transformation Plan; and more importantly, driving transformation based on population need, it is critical to reposition the local system and remove the complexities within it. To do this and align planning with all of our partners will be challenging but a focus on population and 'place' will allow us to plan together and challenge where things do not work as well as they could for patients.

This is why we are planning a system based on the needs of our population in each locality within the Vale of York through the development of a local Accountable Care System. This will help to ensure that :

- Population and place needs are always put first;
- Respectful alliances with a common purpose can be built;
- We can work with patients, the public, our workforce, carers and elected members as equal partners;
- There is shared accountability and rapid, effective joint decision-making;
- We can do things once – analyse, plan, make decisions, develop contracts and deliver; and
- We can share our scarce resources.

New ways of working with our partners will drive out inefficiencies, duplication and unnecessary variation and deliver the services that patients need the most, within the allocation we receive.

Phil Mettam
Accountable Officer

NHS Vale of York Clinical Commissioning Group Constitution

INTRODUCTION

Every Clinical Commissioning Group (CCG) is required by law to have a constitution which is a legal document that outlines the governance structures and responsibilities of the CCG.

NHS Vale of York CCG is statutorily responsible for commissioning a range of healthcare for its population and the CCG must be able to demonstrate that the decisions made in this respect are made openly and transparently, that patients and the public are at the heart of these decisions and that these decisions are clinically led. This constitution sets out the arrangements the CCG is putting in place to discharge its statutory duties and ensure that its decisions are made in the manner described above. This constitution details NHS Vale of York CCGs governing principles and the rules and procedures we have established to ensure probity and accountability in the day to day running of our organisation, and arrangements made for discharging its duties with regard to registers of interest and managing conflicts of interest.

It is important to ensure that the constitution sets out a number of key principles, which include but are not limited to :

- Effective corporate governance : the constitution should include the detailed arrangements under which the CCG is to be directed and controlled and include a clear definition of the responsibilities and duties of the executive team of the CCG;
- Effective decision-making : the views of practices in the CCG need to be appropriately represented as part of the decision making process of the CCG. Practices need to ensure that the representative structures of the CCG, including democratic processes, accurately reflect the views of CCG members;
- Effective powers of delegation : the constitution should provide detailed powers of delegation under which (where appropriate) specific responsibilities can be delegated by the CCG to particular GP practices with lead responsibilities; and
- Power to demand a vote of no confidence within the CCG : i.e. to remove some or all of the CCG Governing Body where necessary and appropriate.
- Process for making amendments to the CCG constitution.

NHS Vale of York Clinical Commissioning Group comprises a membership of 26 GP practices. The CCG's constitution belongs to its members and our members have given their approval to the constitution by signing for their practice at Section B. As part of the authorisation process, the constitution will then be submitted to NHS England.

ARTICLES OF CONSTITUTION

1 ARTICLE 1 : INTRODUCTION AND COMMENCEMENT

NAME

- 1.1 The name of this clinical commissioning group is NHS Vale of York Clinical Commissioning Group.

STATUTORY FRAMEWORK

- 1.2 Clinical commissioning groups are established under the Health and Social Care Act 2012 (“the 2012 Act”)¹. They are statutory bodies that have the function of commissioning services for the purposes of the health service in England and are treated as NHS bodies for the purposes of the National Health Service Act 2005 (“the 2006 Act”)². The duties of clinical commissioning groups to commission certain health services are set out in section 3 of the 2006 Act, as amended by section 13 of the 2012 Act, and the regulations made under that provision³.
- 1.3 The NHS Commissioning Board, hereafter referred to as NHS England, is responsible for determining applications from prospective groups to be established as clinical commissioning groups⁴ and undertakes an annual assessment of each established group⁵. It has powers to intervene in a clinical commissioning group where it is satisfied that a group is failing or has failed to discharge any of its functions or that there is a significant risk that it will fail to do so⁶.
- 1.4 Clinical commissioning groups are clinically led membership organisations made up of general practices. The members of the clinical commissioning group are responsible for determining the governing arrangements for their organisations, which they are required to set out in a constitution⁷.

STATUS OF THIS CONSTITUTION

- 1.5 The revised constitution is made between members of NHS Vale of York Clinical Commissioning Group and has effect from 14 November 2018 when NHS England approved revisions to this constitution. The constitution is published on the Group’s website at www.valeofyorkccg.nhs.uk; is available upon request for inspection at the CCG’s Head Office; and the document is

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

² See section 275 of the 2006 Act, as amended by paragraph 14o(2)(c) of Schedule 4 of the 2012 Act.

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

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

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

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

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

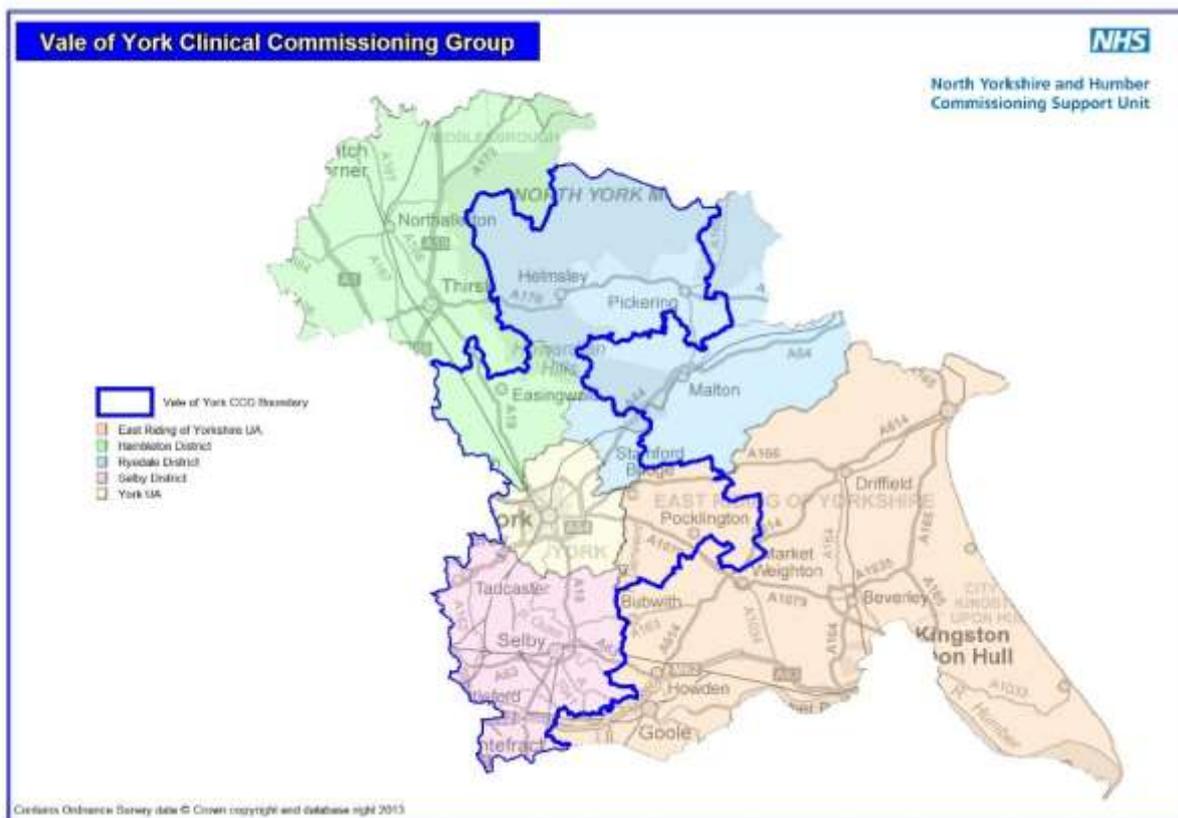
available upon application or by post from NHS Vale of York Clinical Commissioning Group, West Offices, Station Rise, York, YO1 6GA.

AMENDMENT AND VARIATION OF THE CONSTITUTION

- 1.6 This constitution can only be varied in two circumstances⁸ :
- 1.6.1 where following discussion with Members and the Local Medical Committee (LMC), the Group applies to NHS England and that application is granted.
- 1.6.2 where in the circumstances set out in legislation NHS England varies the Group's constitution other than on application by the Group.

2 ARTICLE 2 : GEOGRAPHIC AREA COVERED

- 2.1 NHS Vale of York Clinical Commissioning Group boundaries are depicted on the map below :



⁸ See Sections 14E and 14F of the 2006 Act, inserted by section 25 of the 2012 Act and any regulations issued.

3 ARTICLE 3 : MEMBERSHIP

MEMBERSHIP OF THE CLINICAL COMMISSIONING GROUP

- 3.1 The following practices comprise the members of NHS Vale of York Clinical Commissioning Group :

Practice Name
Beech Tree Surgery
Dalton Terrace Surgery
East Parade Surgery
Elvington Medical Practice
Escrick Surgery
Front Street Surgery
Haxby Group Practice
Helmsley Surgery
Jorvik Gillygate Practice
Kirbymoorside Surgery
Millfield Surgery
MyHealth
Old School Medical Practice
Pickering Medical Practice
Pocklington Group Practice
Posterngate Surgery
Priory Medical Group
Scott Road Medical Centre
Sherburn Group Practice
South Milford Surgery
Stillington Surgery
Tadcaster Medical Centre
Terrington Surgery
Tollerton Surgery
Unity Health
York Medical Group

- 3.2 Appendix B of this constitution contains the list of practices, together with the signatures of the practice representatives confirming their agreement to this constitution.

ELIGIBILITY

- 3.3 Providers of primary medical services (as defined in Regulation 2 of the National Health Service (Clinical Commissioning Groups) Regulations 2012) to a registered list of patients will be eligible to apply for membership of this Group⁹.

⁹ See Section 14A(4) of the 2006 Act, inserted by Section 25 of the 2012 Act. Regulations to be made

4 ARTICLE 4 – VISION, MISSION AND VALUES

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

VISION

4.2 Achieving the best health and wellbeing for everyone in our community.

MISSION

4.3 The Group's aims are :

- To commission excellent healthcare on behalf of, and in partnership with, everyone in our community.
- To involve the wider clinical community in the development and implementation of services.
- To enable individuals to make the best decisions concerning their own health and wellbeing.
- To build and maintain excellent partnership between all agencies in Health and Social Care.
- To lead the local Health and Social Care system in adopting best practice from around the world.
- To ensure that all this is achieved within the available resources.

VALUES

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

- Communication – Open communication, inside and outside the organisation, is essential in order for us to succeed. We recognise the messages we send out need to be clear to everyone who receives them.
- Courage – We have the courage to believe that our community has the capacity to understand complex health issues and that it can be trusted to participate in making decisions on the allocation of health resources.
- Empathy – We understand that not all ills can be cured, we understand the suffering this causes and we work to reduce it.
- Equality – We believe that health outcomes should be the same for everyone. We will reduce unnecessary inequality.
- Innovation – We believe in continuous improvement and we will use the creativity of our stakeholders and staff.
- Integrity – We will be truthful, open and honest and we will maintain consistency in our actions, values and principles.
- Measurement – Successful management is a cornerstone of successful improvement.

- Prioritisation – We will use an open and transparent process to arrive at value driven choices.
- Quality – We strive to be the best we can be and to deliver excellence in everything we do.
- Respect – We have respect for the individuals; whether they are patients or staff colleagues; we respect the culture and customers of our partner organisations.

PRINCIPLES OF GOOD GOVERNANCE

- 4.5 In accordance with Section 14L(2)(b) of the 2006 Act¹⁰, the Group will at all times observe “such generally accepted principles of good governance” in the way it conducts its business. These include :
- a) The highest standards of propriety involving impartiality, integrity and objectivity in relation to the stewardship of public funds, the management of the organisation and the conduct of its business;
 - b) The Good Governance Standard for Public Service¹¹;
 - c) The standards of behaviour published by the Committee on Standards in Public Life (1995) known as the ‘Nolan Principles’¹²;
 - d) The seven key principles of the NHS Constitution¹³;
 - e) The Equality Act 2010¹⁴;
 - f) Standards of business conduct and managing conflicts of interest as set out in Article 8 of this constitution.

ACCOUNTABILITY

- 4.6 The Group will demonstrate its accountability to its members, local people, stakeholders and NHS England in a number of ways, including by :
- Publishing its constitution;
 - Appointing lay members and non GP clinicians to its Governing Body, in accordance with the Regulations (as amended from time to time);
 - Holding meetings of its Governing Body in public (except where the Group considers it would not be in the public interest in relation to all or part of a meeting);
 - Publishing annually a commissioning plan;
 - Complying with local authority health overview and scrutiny requirements;

¹⁰ Inserted by Section 25 of the 2012 Act.

¹¹ The Good Governance Standard for Public Services, The Independent Commission on Good Governance in Public Services, Office of Public Management (OPM) and The Chartered Institute of Public Finance & Accountability (CIPFA) 2004

¹² See Appendix F

¹³ See Appendix G

¹⁴ See <http://www.legislation.gov.uk/ukpga/2010/15/contents>

- Meeting annually in public to publish and present its annual accounts (which must be published);
 - Producing annual accounts in respect of each financial year which must be externally audited;
 - Having a published and clear complaints process;
 - Complying with the Freedom of Information Act 2000;
 - Providing information to NHS England as required.
- 4.7 The Governing Body of the Group will throughout each year have an on-going role in reviewing the Group's governance arrangements to ensure that the Group continues to reflect the principles of good governance. This is supported through review by the Audit Committee and delivery of key actions in response to their recommendations.

DUTY OF CANDOUR

- 4.8 NHS Vale of York Clinical Commissioning Group shall look to promote among its members and shall itself have regards to the Duty of Candour.

5 ARTICLE 5 : FUNCTIONS AND GENERAL DUTIES

FUNCTIONS

- 5.1 The functions that the Group is responsible for exercising are largely set out in the 2006 Act, as amended by the 2012 Act. They relate to :
- a) Commissioning certain health services (where NHS England is not under a duty to do so or where the Group and NHS England have jointly determined that such services should be jointly commissioned in accordance with Article 12 of this constitution) that meet the reasonable needs of :
 - i) all people registered with member GP practices; and
 - ii) people who are usually resident within the area and are not registered with a member of any clinical commissioning group.
 - b) Commissioning emergency care for any patient in the Group's area.
 - c) Paying its employees remuneration, fees and allowances in accordance with the determinations made by its Governing Body and determining any other terms and conditions of service of the Group's employees.
 - d) Determining the remuneration and travelling or other allowances of members of its Governing Body.
- 5.2 In discharging its functions the Group will :
- a) Act¹⁵, when exercising its functions to commission health services, consistently with the discharge by the Secretary of State for Health and NHS

¹⁵ See Section 3(1F) of the 2006 Act, inserted by Section 13 of the 2012 Act.

England of their duty to **promote a comprehensive health service**¹⁶ and with the objectives and requirements placed on NHS England through *the mandate*¹⁷ published by the Secretary of State for Health before the start of each financial year by :

- i) delegating responsibility to the Group's Governing Body for the development of the Group's commissioning strategy and plan for approval by the Group;
 - ii) promoting the involvement of all group members and the engagement of stakeholders in the development of the commissioning strategy and plan;
 - iii) delegating responsibility to the Group's Governing Body for the delivery of the commissioning strategy and plan;
 - iv) requiring the Governing Body to report to and provide assurance to the Group on the delivery of the commissioning strategy and plan and whether the intended outcomes have been achieved.
- b) Meet the public sector equality duty¹⁸ by :
- delegating responsibility to the Group's Governing Body to ensure that the policies of the Group meet the requirements of the Equality Act 2010;
 - preparing and publishing specific and measurable equality objectives which will be reviewed and refreshed at least every four years;
 - requiring the Governing Body to report to and provide assurance to the Group on how the activities of the Group have met the public sector equality duty ;
 - publishing in the Group's annual report on how the Group has met the public sector equality duty and how the Group has performed in relation to the agreed equality objectives;
 - work in partnership with its local authority[ies] to develop joint strategic needs assessments¹⁹ and joint health and wellbeing strategies²⁰ by :
 - participation in the relevant Health and Wellbeing Board[s]
 - nominating representatives to represent the views of the Group at the relevant Health and Wellbeing Board[s];
 - seeking the views of group members and stakeholders to inform the development of the joint strategic needs assessments and joint health and wellbeing strategies in partnership with the relevant Health and Wellbeing Board[s].

¹⁶ See Section 1 of the 2006 Act, as amended by Section 1 of the 2012 Act.

¹⁷ See Section 13A of the 2006 Act, inserted by Section 23 of the 2012 Act.

¹⁸ See Section 149 of the Equality Act 2010, as amended by paragraphs 184 and 186 of Schedule 5 of the 2012 Act.

¹⁹ See Section 116 of the Local Government and Public Involvement in Health Act 2007, as amended by Section 192 of the 2012 Act.

²⁰ See Section 116A of the Local Government and Public Involvement in Health Act 2007, as inserted by Section 191 of the 2012 Act

GENERAL DUTIES

5.3 In discharging its functions the Group will :

- a) Make arrangements to secure public involvement in the planning, development and consideration of proposals for changes and decisions affecting the operation of commissioning arrangements²¹. The NHS Vale of York Clinical Commissioning Group will ensure that the views and needs of the public are obtained prior to making decisions about how the care provided to them is delivered by :
- Working in partnership with patients and the local community to secure the best care for them through an effective communication and engagement strategy;
 - Adopting engagement activities to meet the specific needs of the different groups and communities;
 - Publishing up to date information about health services on the Group's website and through other media;
 - Developing feedback mechanisms and encouraging and acting on feedback;
 - Delegated responsibility to the Group's Governing Body to ensure that effective public involvement mechanisms are designed, developed and implemented;
 - Requiring the Governing Body to report to and provide assurance to the Group on how public involvement has been secured and influenced the decision making of the Group and its Governing Body.
- b) Promote awareness of, and act with a view to securing that health services are provided in a way that promotes awareness of, and have regard to the NHS Constitution²² by :
- Delegating responsibility to the Group's Governing Body to promote the NHS Constitution and to commission health services in a way that ensures compliance with the principles of the NHS Constitution;
 - Requiring the Governing Body to report to and provide assurance to the Group on how the principles of the NHS Constitution have been secured through the activities of the Group and the Governing Body on its behalf.
- c) Act effectively, efficiently and economically²³ by :
- Delegating responsibility to the Group's Governing Body to ensure that the Group will act effectively, efficiently and economically in securing provision of health services for the population.
 - Requiring the Governing Body to consider effectiveness, efficiency and economy in its decision making processes.

²¹ See Section 14Z2 of the 2006 Act, inserted by Section 26 of the 2012 Act.

²² See Section 14P of the 2006 Act, inserted by Section 26 of the 2012 Act and Section 2 of the Health Act 2009 (as amended by the 2012 Act).

²³ See Section 14Q of the 2006 Act, inserted by Section 26 of the 2012 Act.

- Requiring the Governing Body to report to and provide assurance to the Group on how the principles of effectiveness, efficiency and economy have been secured in the commissioning activities undertaken on behalf of the Group.
- d) Act with a view to securing continuous improvement to the quality of services²⁴ by :
- Delegating responsibility to the Group's Governing Body to secure continuous improvement to the quality of services.
 - Requiring the Governing Body to report to and provide assurance to the Group on how improvement in the quality of services has been secured and how this has impacted on quality outcomes.
- e) Assist and support NHS England in relation to the Board's duty to **improve the quality of primary medical services**²⁵ by :
- Delegating responsibility to the Group's Governing Body to assist NHS England in improving the quality of primary medical services.
 - Requiring the Governing Body to report to and provide assurance to the Group on how the Governing Body has assisted and supported NHS England in securing improvement in the quality of primary medical services;
 - Delegating responsibility to the Group's Governing Body to commission or jointly commission any of NHS England's functions as may be determined in accordance with Article 12.
- f) Have regard to the need to **reduce inequalities**²⁶ by :
- Delegating responsibility to the Group's Governing Body to develop a strategy that will aim to secure the provision of health care services in a way that seeks to reduce inequalities.
 - Requiring the Governing Body to report to and provide assurance to the Group on how inequalities have been reduced.
- g) Promote the involvement of patients, their carers and representatives in decisions about their healthcare²⁷ by :
- Delegating responsibility to the Group's Governing Body to develop and implement a strategy to secure the involvement of patients, their carers and representatives in the decisions taken about healthcare provision.
 - Requiring the Governing Body to report to and provide assurance to the Group on how the involvement of patients, their carers and representatives have been secured and how this has impacted on the decision making process.

²⁴ See Section 14R of the 2006 Act, inserted by Section 26 of the 2012 Act.

²⁵ See Section 14S of the 2006 Act, inserted by Section 26 of the 2012 Act.

²⁶ See Section 14T of the 2006 Act, inserted by Section 26 of the 2012 Act.

²⁷ See Section 14U of the 2006 Act, inserted by Section 26 of the 2012 Act.

- h) Act with a view to enabling patients to make choices²⁸ by :
- Delegating responsibility to the Group's Governing Body to secure the provision of healthcare services that allows patients to make choices.
 - Delegating responsibility to the Group's Governing Body to develop a policy that supports patients to be able to make choices.
 - Requiring the Governing Body to report to and provide assurance to the Group on how patients have been enabled to make choices.
- i) **Obtain appropriate advice**²⁹ from persons who, taken together, have a broad range of professional expertise in healthcare and public health by :
- Delegating responsibility to the Group's Governing Body to obtain appropriate advice from persons who have a broad range of professional expertise.
 - Requiring the Governing Body to report to and provide assurance to the Group on how advice has been sought and obtained and the impact this has had on how healthcare services have been secured.
- j) Promote innovation³⁰ by :
- Delegating responsibility to the Group's Governing Body to promote innovation in how healthcare services are provided.
 - Requiring the Governing Body to report to and provide assurance to the Group on how innovation has been achieved in securing the provision of health services.
- k) Promote research and the use of research³¹ by :
- Delegating responsibility to the Group's Governing Body to promote the use of research on matters relevant to the health service and the use of evidence from research to inform the commissioning strategy of the Group and in securing the provision of healthcare services.
 - Requiring the Governing Body to report to and provide assurance to the Group on how research has been used to inform the decisions taken to secure the provision of the healthcare services.
- l) Have regard to the need to **promote education and training**³² for persons who are employed, or who are considering becoming employed, in an activity which involves or is connected with the provision of services as part of the health service in England so as to assist the Secretary of State for Health in the discharge of their related duty³³ by :

²⁸ See Section 14V of the 2006 Act, inserted by Section 26 of the 2012 Act.

²⁹ See Section 14W of the 2006 Act, inserted by Section 26 of the 2012 Act.

³⁰ See Section 14X of the 2006 Act, inserted by Section 26 of the 2012 Act.

³¹ See Section 14Y of the 2006 Act, inserted by Section 26 of the 2012 Act.

³² See Section 14Z of the 2006 Act, inserted by Section 26 of the 2012 Act.

³³ See Section 1F(1) of the 2006 Act, inserted by Section 7 of the 2012 Act.

- Delegating responsibility to the Group's Governing Body to promote education and training for those individuals involved in the provision of healthcare services.
 - Nominating the Accountable Officer to attend and represent the views of the Group as required by the Local Education and Training Board and the Chief Finance Officer or Executive Director of Quality and Nursing to deputise should the Accountable Officer not be able to attend.
 - Requiring the Governing Body to report to and provide assurance to the Group on how it has promoted education and training in its activities.
- m) Act with a view to promoting integration of *both* health services with other health services *and* health services with health-related and social care services where the Group considers that this would improve the quality of services or reduce inequalities³⁴ by :
- Delegating responsibility to the Group's Governing Body to promote integration with other health services and health services with health-related and social care services.
 - Requiring the Group's Governing Body to report to and provide assurance to the Group on how it has promoted integration.

GENERAL FINANCIAL DUTIES

5.4 The Group will perform its functions so as to :

- a) Ensure its expenditure does not exceed the aggregate of its allotments for the financial year³⁵ by :
- Delegating responsibility to the Group's Governing Body to ensure expenditure does not exceed the aggregate of its allotments for the financial year, including approval of budgets for the financial year;
 - Requiring the Chief Finance Officer to maintain effective financial and reporting systems that provide accurate information to the Governing Body on a regular basis;
 - Requiring the Governing Body to report to and provide assurance to the Group on how it has met the duty to ensure expenditure does not exceed the aggregate of its allotments for the financial year.
- b) Ensure its use of resources (both its capital resource use and revenue resource use) does not exceed the amount specified by NHS England for the financial year³⁶ by :
- Delegating responsibility to the Group's Governing Body to ensure its use of resources does not exceed the amount specified by NHS England for the financial year.

³⁴ See Section 14Z1 of the 2006 Act, inserted by Section 26 of the 2012 Act.

³⁵ See Section 223H(1) of the 2006 Act, inserted by Section 27 of the 2012 Act.

³⁶ See Sections 223I(2) and 223I(3) of the 2006 Act, inserted by Section 27 of the 2012 Act.

- Requiring the Chief Finance Officer to maintain effective financial and reporting systems that provide accurate information to the Governing Body on a regular basis.
 - Requiring the Governing Body to report to and provide assurance to the Group on how it has met the duty to ensure its use of resources does not exceed the amount specified by NHS England for the financial year.
- c) Take account of any directions issued by NHS England, in respect of specified types of resource use in a financial year, to ensure the Group does not exceed an amount specified by NHS England³⁷ by :
- Delegating responsibility to the Group's Governing Body to ensure the Group does not exceed an amount specified by NHS England;
 - Requiring the Chief Finance Officer to maintain effective financial and reporting systems that provide accurate information to the Governing Body on a regular basis;
 - Requiring the Governing Body to report to and provide assurance to the Group on how it has met the duty to ensure the Group does not exceed an amount specified by NHS England;
 - Publish an explanation of how the Group spent any payment in respect of quality made to it by NHS England³⁸ by :
 - Delegating responsibility to the Governing Body to decide how payments received in respect of quality should be spent;
 - Requiring the Chief Finance Officer to maintain effective financial and reporting systems that provide accurate information on how any payments in respect of quality have been spent.
 - Requiring the Governing Body to report to and provide assurance to the Group on how it has spent any payment made to the Group in respect of quality.

OTHER RELEVANT REGULATIONS, DIRECTIONS AND DOCUMENTS

5.5 The Group will :

- a) Comply with all relevant regulations;
- b) Comply with directions issued by the Secretary of State for Health or NHS England; and
- c) Take account, as appropriate, of documents issued by NHS England and Healthcare Financial Management Association (HFMA).

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

³⁷ See Section 223J of the 2006 Act, inserted by Section 27 of the 2012 Act.

³⁸ See Section 223K(7) of the 2006 Act, inserted by Section 27 of the 2012 Act.

SAFEGUARDING RESPONSIBILITIES

Responsibility for ensuring the health contribution to safeguarding and promoting the welfare of adults and children is discharged effectively across the whole health economy by :

- a) Delegating responsibility to the CCGs Governing Body to ensure this is discharged.
- b) Appointing a CCG Governing Body member with responsibility for safeguarding, and requiring for this member to report on delivery of the duty to the Governing Body.
- c) Representation on the Local Safeguarding Children's Board and Local Safeguarding Adults Board;
- d) Ensuring all commissioning strategies support safeguarding policies;
- e) Audit Committee and Quality and Patient Experience Committee monitoring through performance reports and general reporting mechanisms.

6 ARTICLE 6 : DECISION MAKING – THE GOVERNING STRUCTURE

AUTHORITY TO ACT

- 6.1 The clinical commissioning group is accountable for exercising the statutory functions of the Group. It may grant authority to act on its behalf to :
 - a) Any of its members
 - b) Its Governing Body;
 - c) Employees;
 - d) A committee or sub-committee of the Group
 - e) A joint committee established in accordance with Article 12 of this constitution.
- 6.2 The extent of the authority of the respective bodies and individuals to act depends on the powers delegated to them by the Group as expressed through:
 - a) The Group's scheme of reservation and delegation; and
 - b) For committees and sub-committees or joint committees, their terms of reference.

SCHEME OF RESERVATION AND DELEGATION³⁹

- 6.3 The Group's scheme of reservation and delegation sets out :
 - a) Those decisions that are reserved for the membership as a whole;

³⁹ See Appendix D

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

6.4 The clinical commissioning group remains accountable for all its functions, including that that is has delegated.

GENERAL

6.5 In discharging function of the Group that have been delegated to its Governing Body (and its committees), committees and individuals must :

- a) Comply with the Group's principles of good governance⁴⁰.
- b) Operate in accordance with the Group's scheme of reservation and delegation⁴¹.
- c) Comply with the Group's standing orders⁴².
- d) Comply with the Group's arrangements for discharging its statutory duties⁴³.
- e) Where appropriate, ensure that member practices have had the opportunity to contribute to the Group's decision making process.

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

COMMITTEES OF THE GROUP

6.7 The Group may establish committees of the Group, including joint committees, from time to time by resolution of the Council of Representatives in accordance with Articles 7.4 – 7.17 and Appendix C (Standing Orders) of this constitution.

6.7a The Group may establish joint committees with other clinical commissioning groups (CCGs) and / or NHS England and / or other bodies pursuant to the relevant provisions of the 2006 Act provided the Group is satisfied it is reasonable and appropriate for it to do so in accordance with its functions and duties under the 2006 Act. Further provisions in relation to joint committees are set out in Article 12 below.

6.7b Committees will only be able to establish their own sub-committees to assist them in discharging their respective responsibilities, if this responsibility has been delegated to them by the Group or committee they are accountable to.

⁴⁰ See Article 4.5 – Principles of Good Governance

⁴¹ See Appendix D

⁴² See Appendix C

⁴³ See Article 5 – Functions and General Duties

THE GOVERNING BODY

6.8 Functions – the Governing Body has the following functions conferred on it by Sections 14L(2) and (3) of the 2006 Act, inserted by Section 25 of the 2012 Act, together with any other functions connected with its main functions as may be specified in regulations or in this constitution⁴⁴. The Governing Body may also have functions of the clinical commissioning group delegated to it by the Group. Where the Group has conferred additional functions on the Governing Body connected with its main functions, or has delegated any of the Group's functions to its Governing Body, these are set out from Article 6.10 below. The Governing Body has responsibility for :

- Ensuring the Group has appropriate arrangements in place to exercise its functions effectively, efficiently and economically and in accordance with the Group's principles of good governance⁴⁵ (its main function)
- Determining the remuneration, fees and other allowances payable to employees or other persons providing services to the Group and the allowances payable under any pension scheme it may establish under paragraph 11(4) of schedule 1A of the 2006, inserted by Schedule 2 of the 2012 Act.
- Approving any functions of the Group that are specified in regulations.⁴⁶
- Exercising the functions and responsibilities specified in Appendix D.

6.9 Composition of the Governing Body – the Governing Body will comprise of :

- a) The Chair (Clinical or Lay depending on whether the Accountable Officer is a clinician or management appointment) of the Governing Body will have specific responsibility for :
- Leading the Governing Body, ensuring it remains continuously able to discharge its duties and responsibilities as set out in the CCGs constitution;
 - Building and developing the CCG's Governing Body and its individual members;
 - Ensuring the CCG has proper constitutional and governance arrangements in place;
 - Ensuring that, through the appropriate support, information and evidence, the Governing Body is able to discharge its duties;
 - Supporting the Accountable Officer in discharging the responsibilities of the organisation;
 - Contributing to the building of a shared vision of the aims, values and culture of the organisation; and
 - Leading and influencing clinical and organisational change to enable the CCG to deliver commissioning responsibilities.

⁴⁴ See section 14L(3)(c) of the 2006 Act, as inserted by section 25 of the 2012 Act.

⁴⁵ See Article 4.5 – Principles of Good Governance

⁴⁶ See section 14L(5) of the 2006 Act, inserted by section 25 of the 2012 Act.

- b) Lay Person(s) who have the knowledge about the area specified in the CCGs constitution such as to enable the person to express informed views about the discharge of the CCG's functions. Lay person(s) who have qualifications, expertise or experience such as to enable the person to express informed views about financial management and audit matters.

i) Lay Governance

The role of this lay member will be to bring specific expertise and experience to the work of the Governing Body. Their focus will be strategic and impartial, providing an external view of the work of the CCG that is removed from the day-to-day running of the organisation. Their role will be to oversee key elements of governance including audit, remuneration and managing conflicts of interest.

They will need to be able to chair the Audit Committee. As Chair of the Audit Committee, this lay member would be precluded from being the Chair of the Governing Body – although they could be the Deputy Chair. This person will have a lead role in ensuring that the Governing Body and the wider CCG behaves with the utmost probity at all times.

The Chair of the Audit Committee shall also be the Conflicts of Interest Guardian as recommended by NHS England.

- ii) Lay members shall be appointed from time to time by the Accountable Officer of the CCG, after undertaking an appointment process in line with the best current recruitment practice. In making these appointments, the Accountable Officer shall involve other Governing Body members, stakeholders and partners while retaining personally the authority to make the appointment.

- c) There will be a minimum number of three General Practitioners, one appointed from each of the three localities within the Vale of York, i.e., North, Central and South.

As well as sharing responsibility with the other members for all aspects of the CCG Governing Body business, the individuals acting on behalf of member practices will bring the unique understanding of those member practices to the discussion and decision making of the Governing Body as their particular contribution.

- d) Chief Nurse (Executive Director of Quality and Nursing), other than excluded under Regulation 12(1).

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

The Executive Director of Quality and Nursing will not be employed from any organisation from which the CCG secures provision not will be general practice employee.

- e) One Secondary Care Specialist Doctor, other than one excluded under Regulation 12(1).

The Secondary Care Specialist Doctor shall be appointed by the Chair of the CCG in line with regulations 2012.

The specialist appointed must be a registered medical practitioner who is, or has been at any time in the period of 10 years ending with the date of the individual's appointment to the Governing Body, an individual who fulfils (or fulfilled) all the following conditions :

- The individual's name is included in the Specialist Register kept by the General Medical Council under Section 34D of the Medical Act 1983, or the individual is eligible to be included in that Register by virtue of the scheme referred to in subsection (2)(b) of that section;
- The individual holds a post as an NHS consultant or in a medical speciality in the armed forces;
- The individual's name is not included in the General Practitioner Register kept by the General Medical Council under Section 34C of the Medical Act 1983.

The specialist cannot be employed by a person who is a provider of primary medical services for the purposes of Chapter A2 of the 2006 Act, or a body which provides any relevant services to a person for whom the CCG has responsibility. 'Relevant service' means a service provided as part of the health service pursuant to arrangements made by the CCG in the exercise of its functions, other than either of the following :

- A service provided as a result of arrangements made pursuant to the person's exercise of a choice about where to receive the service
- A specialist service provided pursuant to a special arrangement made by the CCG in the person's particular case.

- f) The Accountable Officer for the CCG. This can be a clinical or management appointment, dependent on whether the Chair of the Governing Body is a clinical or lay appointment.
- g) Chief Finance Officer. An employee of the CCG who has a professional qualification in accountancy and the expertise or experience to lead the financial management of the CCG.
- h) Council of Representatives Member(s). General Practitioner from the Council of Representatives to represent the views of the membership at Governing Body.
- i) The Governing Body may invite such 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 speak and participate in debate, but may not vote.

j) Overview of Governing Body membership

Role	Vote (1 per person)	Tenure (if applicable)
Chair (Lay Member or Clinician)	Yes (casting vote)	3 years
Lay Member(s) <i>a nominated Lay Member will take the role of Deputy Chair</i>	Yes	3 years
Accountable Officer	Yes	N/A
Chief Finance Officer	Yes	N/A
Executive Director of Quality and Nursing (Chief Nurse)	Yes	N/A
GP Member(s) <i>minimum of four three GP Members</i>	Yes	
Secondary Care Clinician	Yes	N/A
Council of Representatives Member(s)	Yes	1 year
In Attendance		
Healthwatch Representative	No	N/A
Local Medical Committee	No	N/A
Health and Wellbeing Board Representative(s)	No	N/A
Practice Manager Representative	No	3 years
Executive Assistant	No	N/A

6.10 Roles and Appointment Process

Appointment process for Key Roles

Paragraph 6.9 of the Group's constitution sets out the composition of the Group's Governing Body, whilst Section 7 of the Group's constitution identifies certain key roles within the Group and its Governing Body. These Standing Orders set out how the Group elects / appoints individuals to these key roles. The responsibilities of each of these key roles are not included within these Standing Orders as they are set out in chapter 7 of the Group's constitution.

Individuals of the description set out within Schedule 5 of The National Health Service (Clinical Commissioning Groups) Regulations 2012 S.I.2012/1631 are automatically disqualified from membership of the Group's Governing Body.

Individuals' interests will be considered as part of the appointment process for these key roles to determine whether there are any conflicts that warrant individuals being excluded from appointment to the Governing Body. The following general principles will be applied :

An assessment of the materiality of the interests, in particular whether the individual (or a family member or business partner) could benefit from any decision the Governing Body might make.

An assessment of whether the extent of the interests and whether they are related to a business are significant enough that the individual would be unable to make a full and proper contribution to the Governing Body.

a) Accountable Officer

Nominations and Eligibility

The Accountable Officer must meet the relevant specifications outlined in *Clinical Commissioning Group Governing Body Members: role outlines, attributes and skills* as well as the legal requirements in the Act and *The National Health Service (Clinical Commissioning Groups) Regulations 2012*.

Appointment Process

The CCG will follow the *Clinical commissioning group guidance on senior appointments, including Accountable Officer* in appointing an Accountable Officer. The Chair of Governing Body will lead the process of appointing the role of Accountable Officer. The CCG will recommend a candidate after following robust recruitment exercises that test the candidates' ability to meet the requirements of the role and that they are a fit and proper person, but approval must be sought from NHS England Chief Executive. The relevant NHS England Director of Commissioning Operations will be advised of the process at an early stage.

The role will be advertised externally, e.g. using NHS Jobs, and candidates will be assessed for competency against an application form or Curriculum Vitae with a covering letter. The assessment of shortlisted applicants would, at a minimum, include an interview by a panel to include at least two of the following: Chair of Governing Body, other Governing Body Member, NHS England Director of Commissioning Operations (or alternate NHS England representative).

Where the Chair of the Governing Body is a lay person, the Group's Accountable Officer shall be a clinician. Where the Chair is a clinician the Accountable Officer shall be a suitable manager.

Grounds for Removal from Office

As per contract of employment

Notice Period

As per contract of employment

b) Chief Finance Officer

Nominations and Eligibility

The Chief Finance Officer must meet the relevant specifications outlined in *Clinical Commissioning Group Governing Body Members: role outlines,*

attributes and skills as well as the legal requirements in the Act and *The National Health Service (Clinical Commissioning Groups) Regulations 2012*.

Appointment Process

The CCG will follow the *Clinical commissioning group guidance on senior appointments, including Accountable Officer* in appointing a Chief Finance Officer. The Accountable Officer will lead the process of appointing the role of Chief Finance Officer. The relevant NHS England Director of Commissioning Operations will be advised of the process at an early stage.

The role will be advertised externally, e.g. using NHS Jobs, and candidates will be assessed for competency against an application form or Curriculum Vitae with a covering letter. The assessment of shortlisted applicants would, at a minimum, include an interview by a panel to include at least two of the following: Accountable Officer, Chair of Governing Body, other Governing Body Member, NHS England Director of Commissioning Operations (or alternate NHS England representative).

Grounds for Removal from Office

As per contract of employment

Notice Period

As per contract of employment

c Executive Director of Quality and Nursing

Nominations and Eligibility

The Executive Director of Quality and Nursing must be a registered nurse and must meet the relevant specifications outlined in *Clinical Commissioning Group Governing Body Members: role outlines, attributes and skills* (registered nurse) as well as the legal requirements in the Act and *The National Health Service (Clinical Commissioning Groups) Regulations 2012*.

The Executive Director of Quality and Nursing cannot be 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 commissioning arrangements (see *Clinical Commissioning Group Governing Body Members: role outlines, attributes and skills* for exceptions).

Appointment Process

The Accountable Officer will lead the process of appointing the role of Executive Director of Quality and Nursing. The role will be advertised externally, e.g. using NHS Jobs, and candidates will be assessed for competency against an application form or Curriculum Vitae with a covering letter. The assessment of shortlisted applicants would, at a minimum, include an interview by a panel to include at least two of the following: Accountable Officer, Chair of Governing Body, other Governing Body Member, patient representative.

Grounds for Removal from Office

As per contract of employment

Notice Period

As per contract of employment

d) Chair of Council of Representatives

Nominations and Eligibility

The Chair of the Council of Representatives will be a General Practitioner working within a member practice within Vale of York.

Appointment Process

The Chair of the Governing Body will lead the process to appoint a Chair of the Council of Representatives. All eligible General Practitioners will be invited to express an interest in the position and they will be assessed for competency, e.g. the National Leadership Framework, against a Curriculum Vitae and a covering letter. Where more than one eligible individual expresses an interest in the role, a competitive interview will take place by a panel to include at least two of the following: Chair of the Governing Body, Accountable Officer, GP Governing Body Member.

Term of Office

The Chair of the Council of Representatives will serve a term of office for two years. Based on the CCG's requirements at the time of appointment, however, normal terms of office may be varied to ensure that continuity is maintained between transitions.

Eligibility for Reappointment

There is no restriction on the number of times that an individual is eligible to be reappointed; however no individual will have the right to be reappointed. After two consecutive terms of office, the CCG must follow the appointment process to re-advertise, even where the existing Chair chooses to be considered for re-appointment.

Grounds for Removal from Office

As per the terms of the statement of appointment between the individual and CCG

Notice Period

As per the terms of the statement of appointment between the individual and CCG.

e) Chair of Governing Body

Nominations and Eligibility

The Chair of the Governing Body must meet the relevant specifications outlined in Clinical Commissioning Group Governing Body Members: role outlines, attributes and skills as well as the legal requirements in the Act and The National Health Service (Clinical Commissioning Groups) Regulations 2012.

Appointment Process

The CCG will follow the Clinical Commissioning Group guidance on senior appointments, including Accountable Officer in appointing a Chair of the Governing Body. The Accountable Officer will lead the process of appointing the role of Chair of the Governing Body. The relevant NHS England Director of Commissioning Operations will be advised of the process at an early stage.

The role will be advertised externally, e.g. using NHS Jobs, and candidates will be assessed for competency against an application form or Curriculum Vitae with a covering letter. The assessment of shortlisted applicants would, at a minimum, include an interview by a panel to include at least two of the following: Accountable Officer, Lay Member, GP Governing Body Member, NHS England Director of Commissioning Operations (or alternate NHS England representative).

Where the Chair of the Governing Body is a lay person, the Group's Accountable Officer shall be a clinician. Where the Chair is a clinician the Accountable Officer shall be a suitable manager.

Term of Office

The Chair of the Governing Body will serve a term of office for three years. Based on the CCG's requirements at the time of appointment, however, normal terms of office may be varied to ensure that continuity is maintained between transitions.

Eligibility for Reappointment

There is no restriction on the number of times that an individual is eligible to be reappointed; however no individual will have the right to be reappointed. After two consecutive terms of office, the CCG must follow the appointment process to re-advertise, even where the existing Chair chooses to be considered for re-appointment.

Grounds for Removal from Office

As per the terms of the statement of appointment between the individual and CCG

Notice Period

As per the terms of the statement of appointment between the individual and CCG.

f) GP Governing Body Members

Nominations and Eligibility

The GP Governing Body Members will be a General Practitioner working within the Vale of York geography with one for each of the Vale of York localities, i.e., North, Central and South. GP Governing Body Members must meet the relevant specifications outlined in *Clinical Commissioning Group Governing Body Members: role outlines, attributes and skills* as well as the legal requirements in the Act and *The National Health Service (Clinical Commissioning Groups) Regulations 2012*.

Appointment Process

GP Governing Body Member vacancies will be advertised to all GPs (non-principals, salaried and partners) within the relevant Vale of York locality, i.e., North, Central or South. All eligible General Practitioners will be invited to express an interest in the position and will be assessed for competency, e.g. the National Leadership Framework, against a Curriculum Vitae and a covering letter. The assessment of shortlisted applicants would, at a minimum, include an interview by a panel to include at least two of the following: Accountable Officer, Chair of Governing Body, Chief Executive of the Local Medical Committee (or alternate), patient representative.

Term of Office

GP Governing Body Members will serve a term of office for three years. Based on the CCG's requirements at the time of appointment, however, normal terms of office may be varied to ensure that continuity is maintained between transitions.

Eligibility for Reappointment

There is no restriction on the number of times that an individual is eligible to be reappointed; however no individual will have the right to be reappointed. After two consecutive terms of office, the CCG must follow the appointment process to re-advertise, even where the existing GP Governing Body Member chooses to be considered for re-appointment.

Grounds for Removal from Office

As per the terms of the statement of appointment between the individual and CCG

Notice Period

As per the terms of the statement of appointment between the individual and CCG

g) Lay Members (and Deputy Chair of Governing Body)

Nominations and Eligibility

CCG Lay Members must meet the relevant specifications outlined in *Clinical Commissioning Group Governing Body Members: role outlines, attributes and skills* as well as the legal requirements in the Act and *The National Health Service (Clinical Commissioning Groups) Regulations 2012*. At least two lay members will be appointed. One lay member must have the qualifications, expertise or experience such as to enable the person to express informed views about financial management and audit matters. One lay member must have knowledge about the area of the constitution such as to enable the person to express informed views about the discharge of the CCG's functions.

All lay members will be eligible to also have responsibility as Deputy Chair of the Governing Body provided that the applicable legal requirements in the Act and *The National Health Service (Clinical Commissioning Groups) Regulations 2012* are met.

Appointment Process

The Chair of Governing Body will lead the process of appointing the role of Lay Member. The role will be advertised externally, e.g. using NHS Jobs, and candidates will be assessed for competency against an application form or Curriculum Vitae with a covering letter. The assessment of shortlisted applicants would, at a minimum, include an interview by a panel to include at least two of the following: Accountable Officer, Chair of Governing Body, other Governing Body Member, patient representative.

One lay member will also take on responsibility as Deputy Chair of Governing Body for the duration of their tenure as lay member. Where the tenure of the Deputy Chair comes to an end, all lay members will be offered the opportunity to take on the role as Deputy Chair for the duration of their tenure as lay member.

Term of Office

Lay members will serve a term of office of three years. Based on the CCG's requirements at the time of appointment, however, normal terms of office may be varied to ensure that continuity is maintained between transitions.

Eligibility for Reappointment

There is no restriction on the number of times that an individual is eligible to be reappointed; however no individual will have the right to be reappointed. After two consecutive terms of office, the CCG must follow the appointment process to re-advertise, even where the existing lay member chooses to be considered for re-appointment.

Grounds for Removal from Office

As per the terms of the statement of appointment between the individual and CCG

Notice Period

As per the terms of the statement of appointment between the individual and CCG

h) Secondary Care Specialist Doctor

Nominations and Eligibility

The Secondary Care Specialist Doctor will be a clinically qualified consultant, either currently employed, or in employment at some time in the period of 10 years ending with the date of the individual's appointment to the governing body.

The Secondary Care Specialist Doctor cannot be 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 commissioning arrangements (see *Clinical Commissioning Group Governing Body Members: role outlines, attributes and skills* for exceptions).

The Secondary Care Specialist Doctor must meet the relevant specifications outlined in *Clinical Commissioning Group Governing Body Members: role outlines, attributes and skills* as well as the legal requirements in the Act and *The National Health Service (Clinical Commissioning Groups) Regulations 2012*.

Appointment Process

The Chair of Governing Body will lead the process of appointing the role of Secondary Care Specialist Doctor. The role will be advertised externally, e.g. using NHS Jobs, and candidates will be assessed for competency, e.g. the National Leadership Framework, against an application form or Curriculum Vitae with a covering letter. The assessment of shortlisted applicants would, at a minimum, include an interview by a panel to include at least two of the following: Accountable Officer, Chair of Governing Body, GP Governing Body Member, Chief Executive of the Local Medical Committee (or alternate), patient representative.

Term of Office

The Secondary Care Specialist Doctor will serve a term of office of three years. Based on the CCG's requirements at the time of appointment, however, normal terms of office may be varied to ensure that continuity is maintained between transitions.

Eligibility for Reappointment

There is no restriction on the number of times that an individual is eligible to be reappointed; however no individual will have the right to be reappointed. After two consecutive terms of office, the CCG must follow the appointment process to re-advertise, even where the existing Secondary Care Specialist Doctor chooses to be considered for re-appointment.

Grounds for Removal from Office

As per the agreement between the individual and the CCG

Notice Period

As per the agreement between the individual and the CCG

6.11 **Committees of the Governing Body** – the Governing Body has appointed the following committees, including joint committees and sub-committees.

- a) **Audit Committee** – the Audit Committee which is accountable to the Group's Governing Body, provides the Governing Body with an independent and objective view of the Group's financial systems, financial information and compliance with laws, regulations and directions governing the Group in so far as they relate to finance. The functions and operation of the Audit Committee will comply with best practice as outlined in the FHMA NHS Audit Committee Handbook. The Governing Body has approved and keeps under review the terms of reference for the Audit Committee, which includes information on the membership of the Audit Committee⁴⁷.

⁴⁷ Committee terms of reference are from Appendix J

In addition, the Group or the Governing Body has conferred or delegated the following functions, connected with the Governing Body's main functions⁴⁸, to the Audit Committee :

- The Committee shall review the establishment and maintenance of an effective system of integrated governance, internal control and risk across the whole of the Clinical Commissioning Group's activities that supports the achievement of its objectives.
 - The Committee will review the adequacy and effectiveness of the underlying assurance processes that indicate the degree of achievement of the management of principal risks and the appropriateness of the disclosure statements.
 - The Committee will review the adequacy and effectiveness of the policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements and related reporting and self-certification.
 - The Committee will review the adequacy and effectiveness of the policies and procedures for all work related to fraud and corruption as required by regulations, including reviewing the outcomes of counter fraud work and approving the counter fraud work programme.
 - The Committee shall ensure there is an effective internal audit function that meets mandatory NHS Internal Audit Standards as published by the HFMA and provides appropriate independent assurance to the Audit Committee, Accountable Officer and Clinical Commissioning Group. The Committee will consider the findings of internal audit work and will review and approve the internal audit work programme.
 - The Committee shall review the work and finds of the external auditors, including the report to those charged with governance, and consider the implications and Accountable Officer and / or Chief Finance Officer's responses to their work.
 - The Committee will consider the external auditors local evaluation of audit risks and assessment of the Clinical Commissioning Group and the associated impact on the audit fee.
 - The Committee shall review the findings of other significant assurance functions, both internal and external and consider the implications for the governance of the Clinical Commissioning Group.
- b) **Remuneration Committee** - the Remuneration Committee, which is accountable to the Group's Governing Body, makes recommendations to the Governing Body on determinations about the remuneration, fees and other allowances for employees and for people who provide services to the Group and on determinations about allowances under any pension scheme that the Group may establish as an alternative to the NHS pension scheme. The Governing Body has approved and keeps under review the terms of reference

⁴⁸ See section 14L(2) of the 2006 Act, inserted by section 25 of the 2012 Act.

for the Remuneration Committee which includes information on the membership of the Remuneration Committee⁴⁹.

In addition, the Group or the Governing Body has conferred or delegated the following functions, connected with the Governing Body's main function, to its Remuneration Committee :

- Determining the remuneration and conditions of service of the senior team (for the purposes of this constitution the expression 'senior team' shall include any person remunerated on the very senior manager pay scale).
- Reviewing the performance of the Accountable Officer and other senior team members and determining annual salary awards.
- Considering the severance payments of the Accountable Officer and other senior staff, seeking HM Treasury approval as appropriate in accordance with the guidance 'Managing Public Money'.
- To review and approve the business case for redundancy for all employees, including proper calculation and scrutiny of such termination payments taking account of national guidance as is appropriate.

c) Primary Care Commissioning Committee

- Plan including needs assessment, primary (medical) care services within Vale of York CCG boundaries;
- Undertake reviews of primary (medical) care services within Vale of York CCG boundaries;
- Co-ordinate a common approach to the commissioning of primary care services generally; and
- Manage the budget for commissioning of primary (medical) care services within Vale of York CCG boundaries.

d) Finance and Performance Committee

The Committee shall undertake the scrutiny of all financial recovery plans on behalf of the Governing Body of NHS Vale of York CCG and provide assurance to the Governing Body that appropriate actions are being taken in relation to financial and performance recovery. The Committee shall advise and support the Governing Body in scrutinising and tracking delivery of key financial and service priorities, outcomes and targets as specified in the CCG's Strategic and Operational Plans.

The Committee shall pro-actively challenge and review delivery against the performance expectations for the CCG against the Constitution, NHS mandate and associated NHS performance regimes, agreeing any action plans or recommendations as appropriate.

⁴⁹ Committee terms of reference are from Appendix J

e) **Quality and Patient Experience Committee**

The overall objective of the Committee will be to ensure that services commissioned are safe, effective, provide good patient experience and ensure continuous improvement in line with the NHS Constitution (2011) underpinned by the CCG Quality Assurance Strategy. In line with the NHS Constitution, this also includes:

- Actively seeking patient feedback on health services and engage with all sections of the population with the intention of improving services.
- As a membership organisation, working with NHS England, support primary medical and pharmacy services to deliver high quality primary care, including patient experience.

f) **Executive Committee**

Responsible for the business of the CCG, including approving QIPP programmes and projects, operating plan development and implementation and operational decisions; for example, HR and IG policy, procurements and policy amendments as delegated from Governing Body, staffing and resource allocation.

- g) The Governing Body may create or disestablish, from time to time, any committees with such delegated powers that it deems necessary to fulfil its obligations in accordance with the scheme of reservation and delegation.

7 ARTICLE 7 : ROLES AND RESPONSIBILITIES

- 7.1 The CCG is a member organisation and each member has a right to expect certain behaviours from their colleagues. The CCG recognises that GPs' primary responsibility is to their patients as laid down in the GMC's publication 'Good Medical Practice'.

MEMBER PRACTICES

- 7.2 The members are responsible to the CCG for the following :
- a) To consider, and where appropriate, address identified areas of variation in clinical practice.
 - b) To actively engage with the CCG to help improve services within the area.
 - c) To share appropriate referral, prescribing and emergency admissions data.
 - d) To follow the clinical pathways and referral protocols agreed by the CCG, through its Governing Body (except in individual cases where there are justified clinical reasons for not doing this, in accordance with the Individual Funding Process from time to time approved).
 - e) To manage the practices' prescribing.
 - f) To participate in and deliver, as far as possible, the clinical and cost effective strategies agreed by the CCG, through its Governing Body.

- g) To work constructively with the Council of Representatives.
- h) To respond in a timely manner to reasonable information requests from the CCG through the Governing Body.
- i) To work constructively with other member practices in achieving financial balance.
- j) To nominate commissioning and prescribing leads to represent the practice at CCG and Council of Representative meetings and represent the needs of the practice's population within the CCG.
- k) In the event that the member practices express a loss of confidence in a member[s] of the Governing Body, then in line with the Dispute Resolution Process, an Extraordinary General Meeting may be called by at least 50% of the CCG member practices and a vote of at least 66% of member practices will be required in order to refer the concerns of the member practices to NHS England. The Local Medical Committee will be informed of this action.
- l) The member practices businesses will not be individually liable for any overspend that the CCG incurs against its allocation.

THE GOVERNING BODY

- 7.3 The Governing body is responsible to the member practices for the following :
- a) To ensure the availability of timely, relevant, accurate and accessible data.
 - b) To actively engage with the member practices to manage, monitor and improve services within the area.
 - c) To share appropriate referral, prescribing and emergency admissions data.
 - d) To develop, in partnership with member practices, clinical pathways and referral protocols.
 - e) To support practices in managing their prescribing.
 - f) To engage with the member practices to develop clinical and cost-effective strategies.
 - g) To produce and implement a patient engagement strategy.
 - h) To ensure that demands for information are reasonable in nature and scope.
 - i) To oversee the commissioning budget for the member practices and to support them in achieving financial balance.
 - j) To communicate decisions and developments to all GPs (regardless of contractual status) in a timely fashion.
 - k) To recognise and engage with the Local Medical Committee as local statutory representatives of the profession.
 - l) For appropriate CCG Governing Body representative[s] to meet Officers of North Yorkshire LMC on a regular basis and to consult with the LMC on those matters devolved to CCGs directly or via NHS England which PCTs have historically been required to consult LMCs on.

- m) For appropriate CCG Governing Body representative[s] to attend LMC Division meetings.
- n) To engage and liaise with the LMC and agree with members the financial resources made available by the CCG to support the member practices' involvement in commissioning for work that is over and above their contractual obligations, in the relevant financial year.

COUNCIL OF REPRESENTATIVES

- 7.4 The Council of Representatives includes a clinical representative nominated from each practice. Each clinical representative must also provide a named deputy to attend in their absence, who must be clinically qualified in order to vote on behalf of the practice. Each practice may also have a practice manager in attendance; however the practice manager will not be a voting member of the Council. The Council will meet at least four times a year with one meeting being the Annual General Meeting for the CCG when the annual reports will be presented to the Council of Representatives.
- 7.5 Practice representatives represent their practice's views and act on behalf of the practice in matters relating to the Group.
- 7.6 The Council will delegate powers to the Governing Body to set the direction, strategy, and delivery of commissioning responsibilities, in consultation with the Council. The Accountable Officer and the Governing Body will be responsible on behalf of the members for carrying out the statutory responsibilities of an NHS commissioning organisation.

Purpose of the Council of Representatives

To ensure that there is close and effective communication between the member practices and the Governing Body.

- To engage in the clinical commissioning process and provide local intelligence to inform commissioning decisions.
- To support the Governing Body in managing, monitoring and redesigning service delivery.
- To help develop new leadership capabilities within the Vale of York Clinical Commissioning Group which will support succession planning and the sustainability of the organisation.

Remit

- The Council has the authority to make requests to the NHS Commissioning Governing Body for amendments to the Vale of York Clinical Commissioning Group constitution.
- The Council has the authority to delegate authority to the Governing Body to carry out the duties of the organisation.

- The Council has the authority to call an Extraordinary Meeting and to apply its power of recall should the leadership of the Vale of York Clinical Commissioning Group be brought into doubt.
- The Council will review performance reports, financial reports and strategic plans.

VOTING

- 7.7 Each representative will have a weighted number of votes on behalf of their practice.
- 7.8 The formula for voting will be one vote per practice plus an additional vote for every 3000 registered patients e.g., Practice A with 2500 patients has **one** vote and Practice B with 3100 patients has **two** votes.
- 7.9 Practices may apply to use a Proxy Vote if they are unable to attend the Council. A practice shall give not less than five days' notice in writing to the chair of the meeting for the appointment of a proxy who must in themselves be eligible for appointment as a practice representative.
- 7.10 A vote can be triggered by the request of **five** practices.
- 7.11 The usual majority required for the Council to pass a resolution will be a simple majority.
- 7.12 No single practice shall have a right of veto.

ALL MEMBERS OF THE GROUP'S GOVERNING BODY

- 7.13 Guidance on the roles of members of the Group's Governing Body is set out in a separate document⁵⁰. In summary, each member of the Governing Body should share responsibility as part of a team to ensure that the Group exercises its functions effectively, efficiently and economically, with good governance and in accordance with the terms of this constitution. Each brings their unique perspective, informed by their expertise and experience.
- 7.14 GP Governing Body Member vacancies will be advertised to all GPs (non-principals, salaried and partners) within the Vale of York. Any GP can apply to a vacant Governing Body Member post and they will be assessed for competency, e.g., the National Leadership Framework, against a Curriculum Vitae and a letter of application. Assessment shall be in accordance with any arrangements made by the Governing Body. The assessment of shortlisted applications would, at a minimum, include an interview by a panel to include the Accountable Officer, the Chief Executive of the Local Medical Committee (or alternative) and a patient representative.

⁵⁰ *Clinical Commissioning Group Governing Body members : role outlines, attributes and skills, NHS Commissioning Board October 2012.*

- 7.15 Lay members, including the Chair of the Governing Body, shall be appointed by the Accountable Officer of the CCG, after undertaking an appointment process in line with the best current recruitment practice. In making these appointments, the Accountable Officer shall involve other Governing Body members, stakeholders and partners while retaining personally the authority to make the appointment.
- 7.16 The Secondary Care Specialist Doctor shall be appointed by the Chair of the CCG in line with regulations 2012.
- 7.17 The Governing Body may invite such 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[s] may speak and participate in debate, but may not vote.
- 7.18 Any Governing Body Member may resign in writing to the Accountable Officer with a notice period as specified in their contract of appointment.
- 7.19 Individual Governing Body members may be removed from office following the performance management procedures in operation at the time.

THE CHAIR OF THE GOVERNING BODY

- 7.20 The Chair of the Governing Body must be a clinician if the Accountable Officer is a management appointment. If, however, the Accountable Officer is a clinician, then a Lay Chair should be appointed.
- 7.21 Where the Chair is a clinician, they will be the senior clinical voice of the Group and will take the lead in interactions with stakeholders, including NHS England.
- 7.22 The Chair of the Governing Body is responsible for :
- a) Leading the Governing Body, ensuring it remains continuously able to discharge its duties and responsibilities as set out in this constitution;
 - b) Building and developing the Group's Governing Body and its individual members;
 - c) Ensuring the Group has proper constitutional and governance arrangements in place;
 - d) Ensuring that, through the appropriate support, information and evidence, the Governing Body is able to discharge its duties;
 - e) Supporting the Accountable Officer in discharging the responsibilities of the organisation;
 - f) Contributing to building a shared vision of aims, values and culture of the organisation;
 - g) Leading and influencing to achieve clinical and organisational change to enable to the Group to deliver its commissioning responsibilities;

- h) Overseeing governance and particularly ensuring that the Governing Body and the wider group behaves with the utmost transparency and responsiveness at all times;
- i) Ensuring that the public and patients' views are heard and their expectations understood and, where appropriate as far as possible, met;
- j) Ensuring that the organisation is able to account to its local patients, stakeholders and NHS England; and
- k) Ensuring the Group builds and maintains effective relationships, particularly with the individuals involved in overview and scrutiny from the relevant local authority[ies].

THE DEPUTY CHAIR OF THE GOVERNING BODY

- 7.23 The Deputy Chair of the Governing Body deputised for the Chair of the Governing Body where he / she has a conflict of interest or is otherwise able to act.
- 7.24 The Deputy Chair will be the Chair of the Audit Committee.
- 7.25 The Chair of the Audit Committee shall also be the Conflicts of Interest Guardian as recommended by NHS England.

ROLE OF THE ACCOUNTABLE OFFICER

- 7.26 The Accountable Officer of the Group is a member of the Governing Body.
- 7.27 The Accountable Officer must be a clinician if the Chair of the Governing body is a lay member. If, however, the Accountable Officer is a management appointment, then a Clinical Chair should be appointed.
- 7.28 Where the Accountable Officer is a clinician, they will be the senior clinical voice of the Group and will take the lead in interactions with stakeholders, including NHS England.

The role of the Accountable Officer will :

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

Body) of the organisations on-going capability and capacity to meet its duties and responsibilities. This will include arrangements for the on-going development of its members and staff.

- d) The Accountable Officer is responsible for ensuring that arrangements are put in place so that the CCG successfully delivers its strategic business objectives. They ensure effective management systems are in place and direct the operation of the CCG according to the strategic commissioning priorities set by the clinical commissioning group.

ROLE OF THE CHIEF FINANCE OFFICER

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

The Chief Finance Officer will :

- a) Be the Governing Body's professional expert on finance and ensuring , through robust systems and processes, the regularity and propriety of expenditure is fully discharged.
- b) Make appropriate arrangements to support and monitor the Group's finances.
- c) Oversee robust audit and governance rearrangements leading to propriety in the use of the Group's resources.
- d) Be able to advise the Governing Body on the effective, efficient and economic use of the Group's allocation to remain within that allocation and deliver required financial targets and duties
- e) Produce the financial statements for audit and publication in accordance with the statutory requirements to demonstrate effective stewardship of public money and accountability to NHS England.

ROLE OF THE EXECUTIVE DIRECTOR OF QUALITY AND NURSING

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

- a) The Executive Director of Quality and Nursing will have the following specific attributes and competencies:
 - Be a Registered Nurse who has developed a high level of professional expertise and knowledge;
 - Be competent, confident and willing to give an independent strategic clinical view on all aspects of CCG business;

- Be highly regarded as a clinical leader, probably across more than one clinical discipline and/or specialty – demonstrably able to think beyond their own professional viewpoint;
 - Be able to take a balanced view of the clinical and management agenda and draw on their specialist skills to add value;
 - Be able to contribute a generic view from the perspective of a Registered Nurse whilst putting aside specific issues relating to their own clinical practice or employing organisation's circumstances;
 - Utilise evidence based methodology to bring detailed insights from a nursing perspective into discussions regarding service re-design, clinical pathway development and system reform.
- b) The Deputy Executive Nurse will deputise for the Executive Director of Quality and Nursing where he or she has a conflict of interest or is otherwise unable to act.

JOINT APPOINTMENTS WITH OTHER ORGANISATIONS

- 7.31 The Governing Body shall have the power to make joint appointments in conjunction with such other bodies as it sees fit.

8 ARTICLE 8 : STANDARDS OF BUSINESS CONDUCT AND MANAGING CONFLICTS OF INTEREST

STANDARDS OF BUSINESS CONDUCT

- 8.1 Employees, members, committee and sub-committee members of the Group and members of the Governing Body (and its committees) will at all times comply with this constitution and be aware of their responsibilities as outlined in it. They should act in good faith and in the interests of the Group and should follow the *Seven Principles of Public Life*, set out by the committee on Standards in Public Life (the Nolan Principles). The Nolan Principles are incorporated into this constitution at Appendix F.
- 8.2 They must comply with the Group's policy on business conduct, and the requirements set out in the policy for managing conflicts of interest. These policies will be available on the Group's website : www.valeofyorkccg.nhs.uk
- 8.3 This document will be available upon request for inspection at the Head Office of the NHS Vale of York Clinical Commissioning Group, West Offices, Station Rise, York, N Yorkshire, YO1 6GA.
- 8.4 Individuals contracted to work on behalf of the Group or otherwise providing services or facilities to the Group will be made aware of their obligation with

regard to declaring conflicts, or potential conflicts, of interest. This requirement will be written into their contract for services.

CONFLICTS OF INTEREST

- 8.5 As required by Section 14O of the NHS Act 2006, as inserted by Section 25 (14O) of the Health and Social Care Act 2012, the Clinical Commissioning Group will make arrangements to manage conflicts and potential conflicts of interest to ensure that decisions made by the Group will be taken and seen to be taken without any possibility of the influence of external or private interest.
- 8.6 Where an individual, i.e., an employee, group member or member of the Governing Body, or a member of a committee or a sub-committee of the Group or its Governing Body, has an interest, or perceived interest, or becomes aware of an interest which could lead to a conflict of interests in the event of the Group considering an action or decision in relation to that interest, that must be considered as a potential conflict and is subject to the provisions of this constitution.
- 8.7 A conflict of interest will include but is not limited to :
- a) A direct pecuniary interest : where an individual may financially benefit from the consequences of a commissioning decision (for example, as a provider of services);
 - b) An indirect pecuniary interest : for example, where an individual is a partner, member or shareholder in an organisation that will benefit financially from the consequences of a commissioning decision;
 - c) A non-pecuniary interest : where an individual holds a non-remunerative or not-for-profit interest in an organisation that will benefit from the consequences of a commissioning decision (for example, where an individual is a trustee of a voluntary provider that is bidding for a contract).
 - d) A non-pecuniary personal benefit : where an individual may enjoy a qualitative benefit from the consequence of a commissioning decision which cannot be given a monetary value (for example, a reconfiguration of hospital services which might result in the closure of a busy clinic next door to an individual's house);
 - e) Where an individual is closely related to, or in a relationship, including friendship, with an individual in the above categories.
- 8.8 If in doubt, the individual should assume that a potential conflict of interest exists.

DECLARING AND REGISTERING INTERESTS

- 8.9 The Group will maintain one or more registers of the interests of :
- a) The members of the Council of Representatives
 - b) The members of its Governing Body
 - c) The members of its committees or sub-committees and the committees or sub-committees of its Governing Body and

- d) Its employees.
- 8.10 The registers will be published on the Group's website at : www.valeofyorkccg.nhs.uk
- 8.11 The registers will be available upon request for inspection at the Head Office of the NHS Vale of York Clinical Commissioning Group, West Offices, Station Rise, York, N Yorkshire, YO1 6GA.
- 8.12 Individuals may declare any interest that they have, in relation to a decision to be made in the exercise of the commissioning functions of the Group, in writing to the Governing Body, as soon as they are aware of it, and in any event no later than 28 days after becoming aware.
- 8.13 Where an individual is unable to provide a declaration in writing, for example if a conflict becomes apparent in the course of a meeting, they will make an oral declaration before witnesses and provide a written declaration as soon as possible thereafter.
- 8.14 The Chair of the Audit Committee, as Conflicts of Interest Guardian, will ensure that the registers of interests are reviewed quarterly, and updated as necessary.

MANAGING CONFLICTS OF INTEREST : GENERAL

- 8.15 Individual members of the Group, the Governing Body, committee or sub-committees, the committees or sub-committees of its Governing Body and employees will comply with the arrangements determined by the Group for managing conflicts, or potential conflicts, of interest.
- 8.16 The Chair of the Audit Committee, as Conflicts of Interest Guardian, will ensure that for every interest declared, either in writing or by oral declaration, arrangements are in place to manage the conflicts of interests, or potential conflicts of interest, to ensure the integrity of the Group's decision making process.
- 8.17 Arrangements for the management of conflicts of interest are to be determined by the Chair of the Audit Committee, as Conflicts of Interest Guardian, and will include the requirement to put in writing to the relevant individual arrangements for managing the conflict of interests, or potential conflicts of interests, within a week of declaration. The arrangements will confirm the following :
 - a) When an individual should withdraw from a specified activity, on a temporary or permanent basis;
 - b) Monitoring of the specified activity undertaken by the individual, either by a line manager, colleague or other designated individual.
- 8.18 Where an interest has been declared, either in writing or by oral declaration, the declarer will ensure that before participating in any activity connected with

the Group's exercise of its commissioning functions, they have received confirmation of the arrangements to manage the conflict of interest, or potential conflict of interest, from the Chair of the Audit Committee.

- 8.19 Where an individual member, employee or person providing services to the Group is aware of an interest which :
- a) Has not been declared, either in the register or orally, they will declare this at the start of the meeting;
 - b) Has previously been declared in relation to the scheduled or likely business of the meeting, the individual concerned will bring this to the attention of the Chair of the meeting, together with details of arrangements which have been confirmed for the management of the conflict of interests, or potential conflict of interests.
- 8.20 The Chair of the meeting will then determine how this should be managed and inform the member of their decision. Where no arrangements have been confirmed, the Chair of the meeting may require the individual to withdraw from the meeting, or part of it. The individual will then comply with these arrangements, which must be recorded in the minutes of the meeting.
- 8.21 Where the Chair of any meeting of the Group, including committees, sub-committees, or the Governing Body and the Governing Body's committees, and sub-committees has a personal interest, previously declared or otherwise, in relation to the scheduled or likely business of the meeting, they must make a declaration and the Deputy Chair will act as Chair for the relevant part of the meeting. Where arrangements have been confirmed for the management of the conflict of interests, or potential conflicts of interests, in relation to the Chair, the meeting must ensure these are followed. Where no arrangements have been confirmed, the Deputy Chair may require the Chair to withdraw from the meeting, or part of it. Where there is no Deputy Chair, the members of the meeting will select one.
- 8.22 Any declarations of interests, and arrangements agreed in any meeting of the Clinical Commissioning Group, committee or sub-committee, or the Governing Body, the Governing Body's committees or sub-committees, will be recorded in the minutes.
- 8.23 Where more than 50% of the members of a meeting are required to withdraw from a meeting, or part of it, owing to the arrangements agreed for the management of conflicts, or potential conflicts, of interest, the Chair (or Deputy) will determine whether or not the discussion can proceed.
- 8.24 In making this decision, the Chair will consider whether the meeting is quorate, in accordance with the number and balance of membership set out in the Group's standing orders. Where the meeting is not quorate, owing to the absence of certain members, the discussion will be deferred until such time as a quorum can be convened. Where a quorum cannot be convened from the membership of the meeting, owing to the arrangements of managing conflicts

of interest, or potential conflicts of interest, the Chair of the meeting shall consult with the Chair of the Audit Committee on the action to be taken.

8.25 This may include :

- Requiring another of the Group's committees or sub-committees, the Group's Governing Body or the Governing Body's committees or sub-committees (as appropriate) which can be quorate to progress the item of business, or if this not possible;
- Inviting on a temporary basis one or more of the following to make up the quorum (where these are permitted members of the Governing Body or committee / sub-committee in question) so that the Group can progress the item of business :
 - a member of the Clinical Commissioning Group who is an individual;
 - an individual appointed by a member to act on its behalf in the dealings between it and the Clinical Commissioning Group;
 - a member of a relevant Health and Wellbeing Board;
 - a member of a Governing Body of another Clinical Commissioning Group.

8.26 These arrangements must be recorded in the minutes.

8.27 In any transaction undertaken in support of the Clinical Commissioning Group's exercise of its commissioning functions (including conversations between two or more individuals, emails, correspondence and other communications), individuals must ensure, where they are aware of an interest, that they conform to the arrangements confirmed for the management of that interest. Where an individual has not had confirmation of arrangements for managing the interest, they must declare their interest at the earliest possible opportunity in the course of that transaction, and declare that interest as soon as possible thereafter. The individual must also inform either their line manager (in the case of employees), or the Chair of the Audit Committee of the transaction.

8.28 The Chair of the Audit Committee will take such steps as deemed appropriate, and request information deemed appropriate from individuals, to ensure that all conflicts of interest, and potential conflicts of interest, are declared.

MANAGING CONFLICTS OF INTEREST : CONTRACTORS AND PEOPLE WHO PROVIDE SERVICES TO THE GROUP

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

8.30 Anyone contracted to provided services or facilities directly to the Clinical Commissioning Group will be subject to the same provisions of this

constitution in relation to managing conflicts of interest. This requirement will be set out in the contract for their services.

9 ARTICLE 9 : TRANSPARENCY IN PROCURING SERVICES

- 9.1 The Group recognises importance in making decisions about the services in procures in a way that does not call into question the motive behind the procurement decision that has been made. The Group will procure services in a manner that is open, transparent, non-discriminatory and fair to all potential providers.
- 9.2 The Group has published a Procurement Policy, which contains a Procurement Strategy, approved by its Governing Body which will ensure that:
- a) All relevant clinicians (not just members of the Group) and potential providers, together with local members of the public, are engaged in the decision-making processes used to procure services.
 - b) Service redesign and procurement processes are conducted in an open, transparent, non-discriminatory and fair way.
- 9.3 The Procurement Policy is available on the Group's website at www.valeofyork.nhs.uk.
- 9.4 These documents will be available upon request for inspection at the Head Office of the NHS Vale of York Clinical Commissioning Group, West offices, Station Rise, York, N Yorkshire, YO1 6GA.

10 ARTICLE 10 : THE GROUP AS EMPLOYER

- 10.1 The Group recognises that its most valuable asset is its people. It will seek to enhance their skills and experience and is committed to their development in all ways relevant to the work of the Group.
- 10.2 The Group will seek to set an example of best practice as an employer and is committed to offering all staff equality of opportunity. It will ensure that its employment practices are designed to promote diversity and to treat all individuals equally.
- 10.3 The Group will ensure that it employs suitably qualified and experienced staff who will discharge their responsibilities in accordance with the high standards expected of staff employed by the Group. All staff will be made aware of this constitution, the commissioning strategy and the relevant internal management and control systems which relate to their field of work.
- 10.4 The Group will maintain and publish policies and procedures (as appropriate) on the recruitment and remuneration of staff to ensure it can recruit, retain and develop staff of an appropriate calibre. The Group will also maintain and

publish policies on all aspects of human resources management, including grievance and disciplinary matters.

- 10.5 The Group will ensure that its rules for recruitment and management of staff provide for the appointment and advancement on merit on the basis of equal opportunity for all applicants and staff.
- 10.6 The Group will ensure that employees' behaviour reflects the values, aims and principles set out above.
- 10.7 The Group will ensure it complies with all aspects of employment law.
- 10.8 The Group will ensure that its employees have access to such expert advice and training opportunities as the Governing Body consider reasonable in order to exercise their responsibilities effectively.
- 10.9 The Group will adopt a Code of Conduct for staff and will maintain and promote effective 'whistleblowing' procedures to ensure that concerned staff have means through which their concerns can be voiced.
- 10.10 Copies of this Code of Conduct, together with the other policies and procedures outlined in this chapter, will be available on the Group's website at : www.valeofyork.nhs.uk
- 10.11 This document will be available upon request for inspection at the Head Office of the NHS Vale of York Clinical Commissioning Group. This document is available upon application from NHS Vale of York Clinical Commissioning Group, West Offices, Station Rise, York, N Yorkshire, YO1 6GA.
- 10.12 The Group recognises and confirms that nothing in or referred to in this constitution (including to the issue of press releases or other public statement or disclosure) will prevent or inhibit the making of any protected disclosure (as defined in the Employment Rights Act 1996, as amended by the Public Interest Disclosure Act 1998) by any member of the Group, any member its Governing Body, any member of any of its committees or sub-committees or the committees or sub-committees of its Governing Body, or any employee of the Group or of any of its members, nor will it affect the rights of any worker (as defined in that Act) under that Act.

11 ARTICLE 11 : WAYS OF WORKING AND STANDING ORDERS

GENERAL

- 11.1 The Group will publish annually a commissioning plan and an annual report, presenting the Group's annual report to a public meeting.
- 11.2 Key communications issued by the Group, including the notices of procurements, public consultations, Governing Body meeting dates, times,

venues and certain papers will be published on the Group's website at : www.valeofyork.nhs.uk.

- 11.3 This document will be available upon request for inspection at the Head Office of the NHS Vale of York Clinical Commissioning Group. This document is available upon application from NHS Vale of York Clinical Commissioning Group, West Offices, Station Rise, York, N Yorkshire, YO1 6GA.
- 11.4 The Group may use other means of communication, including circulating information by post, or making information available in venues or services accessible to the public.

STANDING ORDERS

- 11.5 This constitution is also informed by a number of documents which provide further details on how the Group will operate. They are the Group's :
- a) **Standing Orders (Appendix C)** : which sets out the arrangements for meetings and the appointment processes to elect the Group's representatives and appoint to the Group's committees, including the Governing Body;
 - b) **Scheme of Reservation and Delegation (Appendix D)** : which sets out those decisions that are reserved for the membership as a whole and those decisions that are the responsibilities of the Group's Governing Body, the Governing Body's committees and sub-committees, the Group's committees and sub-committees, individual members and employees;
 - c) **Prime Financial Policies (Appendix E)** : which sets out the arrangements for managing the Group's financial affairs.

LOCAL MEDICAL COMMITTEE (LMC)

- 11.6 The Group will recognise the Local Medical Committee (LMC) (or its successor), representing the GPs in the CCG area, as the local statutory representation of GPs.
- 11.7 The Group will engage and liaise with the recognised LMC (or its successor) on matters impacting on general practice whether directly or indirectly devolved to the CCG by NHS England.
- 11.8 The Group will engage and liaise with the recognised LMC (or its successor) on any other matter that would be recognised as being relevant to the provision of primary medical services or local commissioning where any proposed change has any impact on the workload or income of a practice or practices.
- 11.9 The LMC (or its successor) will be invited to participate in any selection or election process for GP Governing Body and the Accountable Officer.
- 11.10 Appropriate CCG Governing Body representatives to meet officers of the LMC on a regular basis.

12 ARTICLE 12 : JOINT COMMISSIONING ARRANGEMENTS

Joint commissioning arrangements with other clinical commissioning groups

- 12.1 The Group may wish to work together with one or more other CCGs and / or NHS England and / or other bodies⁵¹ in the exercise of its commissioning functions in accordance with the relevant provisions of the 2006 Act.
- 12.2 Where the Group makes arrangements which involve exercising any of their commissioning functions jointly with one or more CCGs, NHS England and / or another body, the Group may establish a joint committee to exercise those functions in accordance with the relevant provisions of the 2006 Act. Such joint committee shall be established by the Group in accordance with Articles 6.7, 6.7A and Appendix C (Standing Orders) of this constitution.
- 12.3 Where the Group makes arrangements with one or more CCGs, NHS England and / or another body or bodies⁵² as described at Article 12.1 above, the Group shall develop and agree with said relevant body / bodies an agreement setting out the arrangements for joint working, including details of :
- How the parties will work together to carry out their respective commissioning functions;
 - The duties and responsibilities of the parties;
 - How risk will be managed and apportioned between the parties;
 - Financial arrangements, including, if applicable, payment towards a pooled fund and management of that fund;
 - Contributions from the parties, including details around assets, employees and equipment to be used under joint working arrangements;
 - The circumstances in which the parties may withdraw from the arrangements;
 - Where a joint committee is established, the reporting arrangements on the joint working arrangements to the Governing Body and the Council of Representatives, are to include, as a minimum, quarterly written reports and an annual report on progress made against objectives;
 - Where a joint committee is established, the reporting arrangements between the joint committee, the Council of Representatives and the Governing Body, are to include, as a minimum, the sharing of joint committee meeting minutes and an annual report of the work of the joint committee.
- 12.4 The liability of the Group to carry out its functions will not be affected where the Group enters into arrangements pursuant to this Article 12.

⁵¹ Other bodies include combined authorities and such other bodies as are prescribed under the relevant provisions of the 2006 Act.

⁵² Other bodies include combined authorities and such other bodies as are prescribed under the relevant provisions of the 2006 Act.

- 12.5 Where the Group enters into arrangements with NHS England under which the Group exercises NHS England's functions in accordance with the relevant provisions of the 2006 Act, the CCG will act in accordance with any guidance issued by NHS England on co-commissioning.
- 12.6 Only joint commissioning arrangements that are safe and in the interests of patients registered with member practices will be approved by the Group.

APPENDICES TO THE NHS VALE OF YORK CLINICAL COMMISSIONING GROUP CONSTITUTION

APPENDIX A : DEFINITIONS OF KEY DESCRIPTIONS USED IN THIS CONSTITUTION

2006 Act	National Health Service Act 2006
2012 Act	Health and Social Care Act 2012 (this Act amends the 2006 Act)
Accountable Officer	An individual, as defined under paragraph 12 of schedule 1A of the 2006 (as inserted by Schedule 2 of the 2012 Act), appointed by NHS England, with responsibility for ensuring the Group : <ul style="list-style-type: none"> • complies with its obligations under : <ul style="list-style-type: none"> - Sections 14Q and 14R of the 2006 Act (as inserted by Section 26 of the 2012 Act) - Sections 223H to 223J of the 2006 Act (as inserted by Section 27 of the 2012 Act), - paragraphs 17 to 189 of Schedule 1A of the NHS Act 20056 (as inserted by Schedule 2 of the 2012 Act) and - any other provision of the 20056 Act (as amended by the 2012 Act) specified in a document published by the NHS Commissioning Board for that purpose • exercises its functions in a way which provides good value for money.
Area	The geographical area that the Group has responsibility for, as defined in chapter 2 of this constitution.
Chair of the Governing Body	The individual appointed by the Group to act as Chair of the Governing Body.
Chief Finance Officer	The qualified accountant employed by the Group with responsibility for financial strategy, financial management and financial governance.
Clinical Commissioning Group	A corporate body established by NHS England in accordance with chapter A2 of part 2 of the 2006 Act (as inserted by Section 10
Committee	A committee or sub-committee created and appointed by : <ul style="list-style-type: none"> • the membership of the Group • a committee / sub-committee created by a committee created / appointed by the membership of the Group • a committee / sub-committee created a/ appointed by the Governing Body.
Council of Representatives	Body with a clinical representative nominated by each practice that meets on at least four occasions each year.
Financial year	This usually runs from 01 April to 31 March, but under paragraph 17 of Schedule 1A of the 2006 Act (inserted by Schedule 2 of the 2012 Act), it can for the purposes of audit and accounts run from when a clinical commissioning group is established until the following 31 March.
Group	NHS Vale of York Clinical Commissioning Group, whose constitution this is.
Governing Body	The body appointed under section 15L of the NHS Act 2006 (as inserted by Section 245 of the 2012 Act), with the main

	<p>function of ensuring that a clinical commissioning group has made appropriate arrangements for ensuring that it complies with :</p> <ul style="list-style-type: none"> • its obligations under Section 14Q under the NHS Act 2006 (as inserted by Section 26 of the 2012 Act), and • such generally accepted principles of good governance as are relevant to it.
Governing Body member	Any member appointed to the Governing Body of the Group.
HFMA	Healthcare Financial Management Association – a registered charity setting and promoting the standards in financial management and governance in healthcare.
Lay member	A lay member of the Governing Body is appointed by the Group, is an individual who is not a member of the Group or a healthcare professional; i.e., an individual who is a member of a professional regulated by a body mentioned in Section 25(3) of the National Health Service Reform and Health Care Professions Act 2002) or as otherwise defined in regulations.
Local Medical Committee	The (North Yorkshire) Local Medical Committee (or its successor) as recognised by the NHS Act 2006 and recognised by NHS Vale of York CCG and NHS England (or their successors).
Member	A provider of primary medical services to a registered patient list, who is a member of this Group (see tables in Chapter 3 and Appendix B).
Practice representatives	An individual appointed by a practice (who is a member of the Group) to act on its behalf in the dealings between it and the Group, under regulations made under Section 89 or 94 of the 2006 Act (as amended by Section 28 of the 2012 Act) or directions under Section 98A of the 2006 Act (as inserted by Section 49 of the 2012 Act).
Register of Interests	<p>Registers a group is required to maintain and make publicly available under Section 14o of the 2005 Act (as inserted by Section 25 of the 2012 Act), of the interests of :</p> <ul style="list-style-type: none"> • the members of the Group. • the members of its Governing Body. • the members of its committees or sub-committees and committees or sub-committees of its Governing Body; and • its employees.

APPENDIX B : LIST OF MEMBER PRACTICES

Practice Name	Address	Practice Representative Signature	Date Signed
Beech Tree Surgery	68 Doncaster Road, Selby, YO8 9AJ Carlton Surgery, High Street, Goole, Carlton, DN14 9LY Riccall Surgery, Main Street, Riccall, York, YO19 6PZ		
Dalton Terrace Surgery	Dalton Terrace, York, YO24 4DB		
East Parade Surgery	89 East Parade, Heworth, York, YO31 7YD		
Elvington Medical Practice	Elvington Branch York Road, Elvington, York, YO41 4DY Wheldrake Branch 54a Main Street, Wheldrake, York, YO19 6AB		
Escrick Surgery	4 Main Street, Escrick, York, YO19 6LE North Duffield Surgery Main Street, North Duffield, York, YO8 5RG		

Front Street Surgery	<p>14 Front Street, Acomb, York, YO24 3BZ</p> <p>5 The Shopping Precinct, Main Street, Copmanthorpe, York, YO23 3GG</p>		
Haxby Group Practice	<p>Haxby & Wigginton Surgery, Haxby & Wigginton Health Centre, The Village, Wigginton, York, YO32 2LL</p> <p>Huntington Surgery, 1 North Lane, Huntington, York, YO32 9RU</p> <p>New Earswick Surgery, White Rose Avenue, New Earswick, York, YO32 4AG</p> <p>Stockton on the Forest Surgery, 36 The Village, Stockton on the Forest, York, YO32 9UQ</p> <p>Gale Farm Surgery 109-119 Front Street, Acomb, York, YO24 3BU</p> <p>Old Forge Surgery, The Green, Upper Poppleton,</p>		

	York, YO26 6EQ		
Helmsley Surgery	The Medical Centre, Carlton Road, Helmsley, York, YO62 5HD		
Jorvik Gillygate Practice	Jorvik Gillygate Practice, Woolpack House The Stonebow, York, YO1 7NP South Bank Medical Centre, 175 Bishopthorpe Road, York, YO23 1PD		
Kirkbymoorside Surgery	Tinley Garth, Kirkbymoorside, York, YO62 6AR		
Millfield Surgery	Millfield Lane, Easingwold, YO61 3JR		
MyHealth	Strensall Health Care Centre, Southfields Road, Strensall, York, YO32 5UA Stamford Bridge Health Care Centre, 46 Viking Road, Stamford Bridge, York, YO41 1BR Huntington Health Care Centre, Garth Road, Huntington, York, YO32 9QJ		

	Dunnington Health Care Centre, Petercroft Lane, Dunnington, York, YO19 5NQ		
Old School Medical Practice	Horseman Lane, Copmanthorpe, York, YO23 3UA Bishopthorpe Branch, The Surgery, 46 Church Lane, Bishopthorpe, York, YO23 2QG		
Pickering Medical Practice	Southgate, Pickering, YO18 8BL		
Pocklington Group Practice	The Beckside Centre, 1 Amos Drive, West Green, Pocklington, York, YO42 2BS		
Posterngate Surgery	Portholme Road, Selby, YO8 4QH Hemingbrough Surgery, Portland Lodge, Main Street, Hemingbrough, Selby, YO8 6QF		
Priory Medical Group	Priory Medical Centre, Cornlands Road, Acomb, York, YO24 3WX Rawcliffe Surgery, Belcombe Way, Water Lane, Clifton, York, YO30 6ND		

	<p>Clementhorpe Health Centre, Cherry Street, York, YO23 1AP</p> <p>Lavender Grove Surgery, Lavender Grove, Boroughbridge Road, York, YO26 5RX</p> <p>Heworth Green Surgery, 45 Heworth Green, Heworth, York, YO31 7SX</p> <p>Fulford Surgery, 2 Fulford Park, Fulford, York, YO10 4QE</p> <p>Parkview Surgery, 28 Millfield Avenue, Hull Road, York, YO10 3AB</p> <p>Tang Hall Lane Surgery, 190 Tang Hall Lane, York, YO10 3RL</p> <p>Victoria Way Surgery, 2 Victoria Way, Huntington, York, YO32 9GE</p>		
Scott Road Medical Centre	Scott Road, Selby, YO8 4BL		
Sherburn Group Practice	Beech Road, Sherburn in Elmet, LS25 6ED		

	<p>The Methodist Chapel, Ulleskelf, LS24 9DJ</p> <p>The Chapel Schoolroom, Main Street, Church Fenton, LS24 9PR</p>		
South Milford Surgery	<p>High Street, South Milford, Leeds, LS25 5AA</p> <p>Micklefield Branch 24 Churchville Terrace, Micklefield, Leeds, LS25 4AR</p> <p>Thorpe Wiloughby Branch 12 Fox Lane, Thorpe Willoughby, Selby, YO8 9NA</p>		
Stillington Surgery	North Back Lane, Stillington, York, YO61 1LL		
Tadcaster Medical Centre	Crab Garth, Tadcaster, North Yorkshire, LS24 8HD		
Terrington Surgery	North Back Lane, Terrington, York, YO60 6PS		
Tollerton Surgery	5-7 Hambleton View, Tollerton, North Yorkshire, YO61 1QW		
Unity Health	<p>Kimberlow Hill Surgery Kimberlow Rise York</p>		

	<p>YO10 5LA</p> <p>Wenlock Terrace Surgery, 18 Wenlock Terrace, York, YO10 4DU</p>		
York Medical Group	<p>Acomb Surgery, 199 Acomb Road, York, YO24 4HD</p> <p>Monkgate Surgery, 35 Monkgate, York, YO31 7PB</p> <p>Woodthorpe Surgery, 40 Moorcroft Road, York, YO24 2RQ</p> <p>Tower Court Health Centre, Oakdale Road, Clifton Moor, York, YO30 4RZ</p> <p>Water Lane, Clifton Health Centre, Water Lane, York, YO30 6PS</p> <p>York St John University, Lord Mayor's Walk, York, YO31 7EX</p> <p>32 Clifton, York, YO30 6AE</p>		

APPENDIX C : STANDING ORDERS

STATUTORY FRAMEWORK AND STATUS

Introduction

These Standing Orders have been drawn up to regulate the proceedings of the NHS Vale of York 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.

The Standing Orders, together with the Group's scheme of reservation and delegation⁵³ and the Group's prime financial policies⁵⁴ provide a procedural framework within which the Group discharges its business. They set out :

- the arrangements for conducting the business of the Group
- the appointment of member practice representatives
- 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
- the process to delegate powers
- the declarations of interests and standards of conduct.

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

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

Schedule of matters reserved to the Clinical Commissioning Group and the Scheme of Reservation and Delegation

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

⁵³ See Appendix D

⁵⁴ See Appendix E

THE CLINICAL COMMISSIONING GROUP : COMPOSITION OF MEMBERSHIP AND KEY ROLES

Composition of meetings

Article 3 of the Group's constitution provides details of the membership of the Group (also see Appendix B). The Governing Body may from time to time approve changes in the membership arising solely out of mergers or demergers of the practices named in Article 3.1.

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

Key Roles

Article 6.9 of the Group's constitution sets out the composition of the Group's Governing Body whilst Article 7 of the Group's constitution identifies certain key roles and responsibilities within the Group and its Governing Body. These Standing Orders set out how the Group appoints individuals to these key roles.

MEETINGS OF THE CLINICAL COMMISSIONING GROUP

Calling meetings

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

Agenda, supporting papers and business to be transacted

Items of business to be transacted for inclusion on the agenda of a meeting need to be notified to the Chair of the meeting at least seven working days, i.e., excluding weekends and bank holidays, before the meeting takes place. Supporting papers for such items need to be submitted at least seven working days before the meeting takes place. The agenda and supporting papers will be circulated to all members of the meeting at least five working days before the date the meeting will take place.

Agendas and certain papers for the Group's Governing Body – including details about meetings dates, times and venues – will be published on the Group's website at : www.valeofyorkccg.nhs.uk.

These documents will be available upon request for inspection at the Head Office of the NHS Vale of York Clinical Commissioning Group, West Offices, Station Rise, York, N Yorkshire, YO1 6GA.

Petitions

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

Chair of a meeting

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

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

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.

Quorum

For the Governing Body, the quorum is a minimum of six to include at least two General Practitioners, one of the Executive officers and one Lay Member.

In exceptional circumstances where all the GP members have a conflict of interest, the decisions will be made by a minimum of four of the remaining Governing Body members, including either the Executive Director of Quality and Nursing or the Chief Finance Officer.

For all of the Group's committee 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.

Decision making

Article 6 of the Group's constitution, together with the scheme of reservation and delegation sets out the governing structure for the exercise of the Group's statutory functions. When a vote of members is required, the process is set out below :

- *Eligibility* – all members of the relevant meeting have a single vote with the exception of the Council of Representatives where each practice has a weighted vote.
- *Majority necessary to confirm a decision* – simple majority for all meetings.

- *Casting vote* – in the event of an equality of votes, the Chair of the meeting shall have a second and casting vote, with the exception of the Council of Representatives.

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

If the Governing Body is contemplating a course of action that raises an issue not of formal propriety or regularity but affects the Accountable Officer's responsibility for value for money, the Accountable Officer should draw the relevant factors to the attention of the Governing Body.

If the outcome is that the Accountable Officer is overruled, it is normally sufficient to ensure that the Chief Officers' advice and the overruling of it are clearly apparent from the papers.

Exceptionally, the Accountable Officer should inform NHS England and the Department of Health. In such cases the Chief Officer should, as a member of the Governing Body, vote against the course of action rather than merely abstain from voting.

Emergency powers and urgent decisions

The Chair of the CCG may call a meeting of the Governing Body or Council of Representatives at any time.

One-third or more members of the Governing Body or Council of Representatives may requisition a meeting in writing. If the Chair refuses, or fails, to call a meeting within seven days of a requisition being presented, the members signing the requisition may forthwith call a meeting.

The powers which the Governing Body has reserved to itself within these Standing Orders may in emergency or for an urgent decision be exercised by the Accountable Officer and the Chair after having consulted at least two members of the Governing Body. The exercise of such powers by the Accountable Officer and Chair shall be reported to the next formal meeting of the Governing body in public session for formal ratification.

Suspension of Standing Orders

Except where it would contravene any statutory provision or any direction made by the Secretary of State of Health or NHS England, or in so far as relates to the rules on quorum any part of these standing orders may be suspended at any meeting.

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

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.

Record of attendance

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

Minutes

Minutes of meetings of the Governing Body – including details about meeting dates, times and venues – will be published on the Group's website at www.valeofyorkcccg.nhs.uk. This document will be available upon request for inspection at the Head Office of NHS Vale of York Clinical Commissioning Group, West Offices, Station Rise, York, North Yorkshire, YO1 6GA.

Admission of public and the press

The Governing Body and Primary Care Commissioning Committee meetings will be held in public. For the Governing Body, this will be a minimum of six per year. There will be an item of Public Participation where members of the public who have registered to speak will be able to air their views.

The deadline for registration of speakers will be 17:00 the working day before the meeting, i.e., if the meeting is on a Monday, the deadline will be on the previous Friday. Registrations via email over the weekend will not be accepted.

Those who are interested in speaking at the Governing Body or the Primary Care Commissioning Committee will contact the Executive Assistant to the Governing Body via letter or email.

Public speakers will have a maximum of three minutes. This will be timed to ensure fairness.

Governing Body and committee members are not limited to three minutes speaking time but are encouraged to be brief.

The Governing Body and Primary Care Commissioning Committee may by resolution exclude members of the press or public where it considers that it would not be in the public interest for an agenda item or items to be dealt with in public such as are envisaged in Section 1(2) of the Public Bodies (admission to meetings) Act 1960.

APPOINTMENT OF COMMITTEES AND SUB-COMMITTEES

Appointment of committees and sub-committees

The Group may appoint and sub-committees of the Group, subject to any regulations made by the Secretary of State⁵⁵ and Articles 6.7 and make provision for the appointment of committees and sub-committees of its Governing Body.

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

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

Terms of reference

Terms of reference shall have effect as incorporated into the constitution.

Delegation of powers by committees to sub-committees

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

Approval of appointments to committees and sub-committees

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

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

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

⁵⁵ See Section 14N of the 2006 Act, inserted by section 25 of the 2012 Act.

USE OF SEAL AND AUTHORISATION OF DOCUMENTS

Clinical Commissioning Group's seal

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

- The Accountable Officer
- The Chair of the Governing Body
- The Chief Finance Officer
- The Executive Director of Quality and Nursing

Execution of a document by signature

The following individuals (or their named deputy) are authorised to execute a document on behalf of the Group by their signature :

- The Accountable Officer
- The Chair of the Governing Body
- The Chief Finance Officer
- The Executive Director of Quality and Nursing

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

Policy statements : general principles

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 Vale of York 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 D : SCHEME OF RESERVATION AND DELEGATION

Schedule of matters reserved to the Clinical Commissioning Group and Scheme of Delegation

- 1.1 The arrangements made by the Group as set out in this scheme of reservation and delegation of decisions shall have effect as if incorporated in the Group's constitution.
- 1.2 The Clinical Commissioning Group remains accountable for all of its functions, including those it has delegated.
- 1.3 The Clinical Commissioning Group permits the specified persons, or a class of persons (namely nominated GPs on the individual Funding Request Panel to take decisions on its behalf as delegated clinical decision makers. Such persons not part of the NHS Vale of York CCG member practices or an employee of the NHS Vale of York CCG will enter into an honorary contract with the CCG for this purpose.

Policy Area	Ref	Decision	Reserved to the Membership	Reserved or Delegated to Governing Body	Chair of the Governing Body	Accountable Officer	Chief Finance Officer	Audit Committee	Chair of Audit Committee	Remuneration Committee	Chair of the Remuneration Committee	Primary Care Commissioning Committee
REGULATION AND CONTROL	1	Determine the arrangements by which the members of the Group approve those decisions that are reserved for the membership.	✓									
REGULATION AND CONTROL	2	Consideration and approval of applications to NHS England on any matter concerning changes to the Group's constitution, including terms of reference for the Group's Governing Body, its committees, membership of committees, the overarching scheme of reservation and delegated powers, arrangements for taking urgent decisions, standing orders and prime financial policies.	✓									

Policy Area	Ref	Decision	Reserved to the Membership	Reserved or Delegated to Governing Body	Chair of the Governing Body	Accountable Officer	Chief Finance Officer	Audit Committee	Chair of Audit Committee	Remuneration Committee	Chair of the Remuneration Committee	Primary Care Commissioning Committee
114REGULATION AND CONTROL	3	Exercise or delegation of those functions of the Clinical Commissioning Group which have not been retained as reserved by the Group, delegated to the governing body or other committee or sub-committee or [specified] member or employee				✓						
REGULATION AND CONTROL	4	Final decision regarding questions of order, relevancy and regularity and interpretation of the consultation, standing orders, scheme of reservation and delegation and prime financial policies at a meeting of the Governing Body.			✓							

Policy Area	Ref	Decision	Reserved to the Membership	Reserved or Delegated to Governing Body	Chair of the Governing Body	Accountable Officer	Chief Finance Officer	Audit Committee	Chair of Audit Committee	Remuneration Committee	Chair of the Remuneration Committee	Primary Care Commissioning Committee
REGULATION AND CONTROL	5	The powers which the Governing Body has reserved to itself within these standing orders may in emergency or for an urgent decision be exercised by the Accountable Officer and the Chair after having consulted at least two non-officer members (or member of the governing body). The exercise of such powers by the Accountable Officer and Chair shall be reported to the next formal meeting of the Governing Body in public session for formal ratification.			✓	✓						
REGULATION AND CONTROL	6	Approval of urgent decisions taken by the Accountable Officer and Chair.		✓								

Policy Area	Ref	Decision	Reserved to the Membership	Reserved or Delegated to Governing Body	Chair of the Governing Body	Accountable Officer	Chief Finance Officer	Audit Committee	Chair of Audit Committee	Remuneration Committee	Chair of the Remuneration Committee	Primary Care Commissioning Committee
REGULATION AND CONTROL	7	Approval of suspension of standing orders.		✓								

Policy Area	Ref	Decision	Reserved to the Membership	Reserved or Delegated to Governing Body	Chair of the Governing Body	Accountable Officer	Chief Finance Officer	Audit Committee	Chair of Audit Committee	Remuneration Committee	Chair of the Remuneration Committee	Primary Care Commissioning Committee
REGULATION AND CONTROL	8	<p>Prepare the Group's overarching scheme of reservation and delegation, which sets out those decisions of the Group <u>reserved</u> to the membership and those <u>delegated</u> to the</p> <ul style="list-style-type: none"> ○ Group's Governing Body ○ committees and sub-committees of the Group, or ○ its members or employees and sets out those decisions of the Governing Body <u>reserved</u> to the Governing Body and those <u>delegated</u> to the ○ Governing Body's committees and sub-committees, ○ members of the Governing Body ○ an individual who is member of the Group but not the Governing Body a specified person for inclusion in the Group's constitution. 				✓						

Policy Area	Ref	Decision	Reserved to the Membership	Reserved or Delegated to Governing Body	Chair of the Governing Body	Accountable Officer	Chief Finance Officer	Audit Committee	Chair of Audit Committee	Remuneration Committee	Chair of the Remuneration Committee	Primary Care Commissioning Committee
REGULATION AND CONTROL	9a	9a Approval of Joint Commissioning arrangements		✓								
REGULATION AND CONTROL	9b	Establishment of joint committees with other CCGs and/or NHS England and/or other bodies.		✓								
REGULATION AND CONTROL	10	Approval of the Group's overarching scheme of reservation and delegation.	✓									
REGULATION AND CONTROL	11	Prepare the Group's operational scheme of delegation, which sets out those key operational decisions delegated to individual employees of the Clinical Commissioning Group,					✓					

Policy Area	Ref	Decision	Reserved to the Membership	Reserved or Delegated to Governing Body	Chair of the Governing Body	Accountable Officer	Chief Finance Officer	Audit Committee	Chair of Audit Committee	Remuneration Committee	Chair of the Remuneration Committee	Primary Care Commissioning Committee
REGULATION AND CONTROL	12	Approval of the Group's operational scheme of delegation that underpins the Group's 'overarching scheme of reservation and delegation' as set out in its constitution.		✓								
REGULATION AND CONTROL	13	Approval of terms of reference of the Audit Committee and Remuneration Committee.		✓								
REGULATION AND CONTROL	14	Other that where there are statutory requirements, such as in relation to the Governing Body's Audit Committee or Remuneration Committee, the Group shall determine the membership and terms of reference of committees and sub committees, including joint committees of the Group.	✓									

Policy Area	Ref	Decision	Reserved to the Membership	Reserved or Delegated to Governing Body	Chair of the Governing Body	Accountable Officer	Chief Finance Officer	Audit Committee	Chair of Audit Committee	Remuneration Committee	Chair of the Remuneration Committee	Primary Care Commissioning Committee
REGULATION AND CONTROL	15	Prepare detailed financial policies that underpin the clinical commissioning group's prime financial policies.					✓					
REGULATION AND CONTROL	16	Approve detailed financial policies.				✓						
REGULATION AND CONTROL	17	Approve arrangements for managing exceptional funding requests.		✓								
REGULATION AND CONTROL	18	Set out who can execute a document by signature / use of the seal.				✓						

Policy Area	Ref	Decision	Reserved to the Membership	Reserved or Delegated to Governing Body	Chair of the Governing Body	Accountable Officer	Chief Finance Officer	Audit Committee	Chair of Audit Committee	Remuneration Committee	Chair of the Remuneration Committee	Primary Care Commissioning Committee
REGULATION AND CONTROL	19	Approve annual disclosure statements, including the Annual Governance Statement, following independent review by the Audit Committee.		✓								
REGULATION AND CONTROL	20	Sign annual disclosure statements, including the Annual Governance Statement, following approval by the Governing Body.				✓						
REGULATION AND CONTROL	21	Decision to waive formal tendering procedures.				✓						
PRACTICE MEMBER REPS. AND MEMBERS OF THE GOVERNING BODY	22	Approve the arrangements for identifying practice members to represent practices in matters concerning the work of the Group.	✓									

Policy Area	Ref	Decision	Reserved to the Membership	Reserved or Delegated to Governing Body	Chair of the Governing Body	Accountable Officer	Chief Finance Officer	Audit Committee	Chair of Audit Committee	Remuneration Committee	Chair of the Remuneration Committee	Primary Care Commissioning Committee
PRACTICE MEMBER REPS. AND MEMBERS OF THE GOVERNING BODY	23	Approve the process for recruiting and removing members to the Governing Body (subject to any regulatory requirements) and succession planning.	✓									
PRACTICE MEMBER REPS. AND MEMBERS OF THE GOVERNING BODY	24	Approve arrangements for identifying the Group's proposed Accountable Officer.	✓									
STRATEGY AND PLANNING	25	Agree the vision, values and overall strategic direction of the Group.	✓									
STRATEGY AND PLANNING	26	Approval of the Group's operating structure.		✓								

Policy Area	Ref	Decision	Reserved to the Membership	Reserved or Delegated to Governing Body	Chair of the Governing Body	Accountable Officer	Chief Finance Officer	Audit Committee	Chair of Audit Committee	Remuneration Committee	Chair of the Remuneration Committee	Primary Care Commissioning Committee
STRATEGY AND PLANNING	27	Approval of the Group's commissioning plan.		✓								
STRATEGY AND PLANNING	28	Approval of the Group's corporate budgets that meet the financial duties as set out in section 5.3 of the main body of the constitution.		✓								

Policy Area	Ref	Decision	Reserved to the Membership	Reserved or Delegated to Governing Body	Chair of the Governing Body	Accountable Officer	Chief Finance Officer	Audit Committee	Chair of Audit Committee	Remuneration Committee	Chair of the Remuneration Committee	Primary Care Commissioning Committee
STRATEGY AND PLANNING	29	Approval of variations to the approved budget where variation would have a significant impact on the overall approved levels of income and expenditure or the Group's ability to achieve its agreed strategic aims. (The Governing Body could set a limit above which it has to approve any variations – below this it could be the Accountable Officer / Chief Finance Officer).		✓								
STRATEGY AND PLANNING	30	Approval of the use of payment in respect of quality made to the CCG by NHS England.		✓								
ANNUAL REPORTS AND ACCOUNTS	31	Approval of the Group's annual report and annual accounts.		✓								

Policy Area	Ref	Decision	Reserved to the Membership	Reserved or Delegated to Governing Body	Chair of the Governing Body	Accountable Officer	Chief Finance Officer	Audit Committee	Chair of Audit Committee	Remuneration Committee	Chair of the Remuneration Committee	Primary Care Commissioning Committee
ANNUAL REPORTS AND ACCOUNTS	32	Sign the annual accounts on behalf of the Group.				✓	✓					
ANNUAL REPORTS AND ACCOUNTS	33	Approval of the arrangements for discharging the Group's statutory financial duties.		✓								
HUMAN RESOURCES	34	Approve the terms and conditions, remuneration and travelling or other allowances for Governing Body members, including pensions and gratuities.								✓		
HUMAN RESOURCES	35	Approve terms and conditions of employment for all employees of the Group including, pensions, remuneration, fees and travelling or other allowances payable to employees and to other persons providing services to the Group.		✓								

Policy Area	Ref	Decision	Reserved to the Membership	Reserved or Delegated to Governing Body	Chair of the Governing Body	Accountable Officer	Chief Finance Officer	Audit Committee	Chair of Audit Committee	Remuneration Committee	Chair of the Remuneration Committee	Primary Care Commissioning Committee
HUMAN RESOURCES	36	Approve any other terms and conditions of services for the Group's employees.		✓								
HUMAN RESOURCES	37	Determine the terms and conditions of employment for all employees of the Group.		✓								
HUMAN RESOURCES	38	Determine pensions, remuneration, fees and allowances payable to employees and to other persons providing services to the Group.		✓								
HUMAN RESOURCES	39	Recommend pensions, remuneration, fees and allowances payable to employees and to other persons providing services to the Group.								✓		

Policy Area	Ref	Decision	Reserved to the Membership	Reserved or Delegated to Governing Body	Chair of the Governing Body	Accountable Officer	Chief Finance Officer	Audit Committee	Chair of Audit Committee	Remuneration Committee	Chair of the Remuneration Committee	Primary Care Commissioning Committee
HUMAN RESOURCES	40	Approve disciplinary arrangements for employees, including the Accountable Officer (where he/she is an employee or member of the clinical commissioning group) and for other persons working on behalf of the Group.		✓								
HUMAN RESOURCES	41	Review disciplinary arrangements where the Accountable Officer is an employee or member of another clinical commissioning group		✓								
HUMAN RESOURCES	42	Approval of the arrangements for discharging the Group's statutory duties as an employer.		✓								

Policy Area	Ref	Decision	Reserved to the Membership	Reserved or Delegated to Governing Body	Chair of the Governing Body	Accountable Officer	Chief Finance Officer	Audit Committee	Chair of Audit Committee	Remuneration Committee	Chair of the Remuneration Committee	Primary Care Commissioning Committee
HUMAN RESOURCES	43	Approve human resources policies for employees and for other persons working on behalf of the Group		✓								
HUMAN RESOURCES	44	To review and approve the business case for redundancy for all employees, including the proper calculation and scrutiny of such termination payments taking account of national guidance as appropriate.								✓		
HUMAN RESOURCES	45	Approval of Code of Conduct for staff and whistleblowing procedures.		✓								

Policy Area	Ref	Decision	Reserved to the Membership	Reserved or Delegated to Governing Body	Chair of the Governing Body	Accountable Officer	Chief Finance Officer	Audit Committee	Chair of Audit Committee	Remuneration Committee	Chair of the Remuneration Committee	Primary Care Commissioning Committee
HUMAN RESOURCES	46	Approval of variation to funded establishment.				✓						
STANDARDS OF BUSINESS CONDUCT AND MANAGEMENT OF CONFLICTS OF INTEREST	47	Approval of arrangements for managing conflicts of interest as set out in the constitution.		✓								
STANDARDS OF BUSINESS CONDUCT AND MANAGEMENT OF CONFLICTS OF INTEREST	48	Approval of arrangements for standards of business conduct, including declaring hospitality and sponsorship.		✓								

Policy Area	Ref	Decision	Reserved to the Membership	Reserved or Delegated to Governing Body	Chair of the Governing Body	Accountable Officer	Chief Finance Officer	Audit Committee	Chair of Audit Committee	Remuneration Committee	Chair of the Remuneration Committee	Primary Care Commissioning Committee
STANDARDS OF BUSINESS CONDUCT AND MANAGEMENT OF CONFLICTS OF INTEREST	49	Approval and determination of arrangements for the management of declared conflicts of interest.							✓			
STANDARDS OF BUSINESS CONDUCT AND MANAGEMENT OF CONFLICTS OF INTEREST	50	Decision as to whether a discussion at the Governing Body or committee meeting can proceed where more than 50% of the members are required to withdraw from a meeting or part of it owing to the arrangements agreed for the management of conflicts of interest. (Delegation depends on the body/committee meeting.)			✓				✓		✓	

Policy Area	Ref	Decision	Reserved to the Membership	Reserved or Delegated to Governing Body	Chair of the Governing Body	Accountable Officer	Chief Finance Officer	Audit Committee	Chair of Audit Committee	Remuneration Committee	Chair of the Remuneration Committee	Primary Care Commissioning Committee
QUALITY AND SAFETY	51	Approve arrangements, including supporting policies, to minimise clinical risk, maximise patient safety and to secure continuous improvement in quality and patient outcomes.		✓								
QUALITY AND SAFETY	52	Approve arrangements for supporting NHS England in discharging its responsibilities in relation to securing continuous improvement in the quality of general medical services.		✓								
OPERATIONAL AND RISK MANAGEMENT	53	Prepare and recommend an operational scheme of delegation that sets out who has responsibility for operational decisions within the Group.				✓						
OPERATIONAL AND RISK MANAGEMENT	54	Approve a policy identifying all Group policies and their review and approval mechanisms.		✓								

Policy Area	Ref	Decision	Reserved to the Membership	Reserved or Delegated to Governing Body	Chair of the Governing Body	Accountable Officer	Chief Finance Officer	Audit Committee	Chair of Audit Committee	Remuneration Committee	Chair of the Remuneration Committee	Primary Care Commissioning Committee
OPERATIONAL AND RISK MANAGEMENT	55	Approve arrangements for meeting the public sector equality duty		✓								
OPERATIONAL AND RISK MANAGEMENT	56	Approval of arrangements to secure that health services are provided in a way that promotes awareness of, and have regard to the NHS Constitution.		✓								
OPERATIONAL AND RISK MANAGEMENT	57	Approve the Group's counter fraud and security management arrangements.						✓				
OPERATIONAL AND RISK MANAGEMENT	58	Approval of the Group's risk management arrangements.		✓								

Policy Area	Ref	Decision	Reserved to the Membership	Reserved or Delegated to Governing Body	Chair of the Governing Body	Accountable Officer	Chief Finance Officer	Audit Committee	Chair of Audit Committee	Remuneration Committee	Chair of the Remuneration Committee	Primary Care Commissioning Committee
OPERATIONAL AND RISK MANAGEMENT	59	Approve arrangements for risk sharing and or risk pooling with other organisations (for example arrangements for pooled funds with other clinical commissioning groups or pooled budget arrangements under section 75 of the NHS Act 2006).		✓								
OPERATIONAL AND RISK MANAGEMENT	60	Approval of a comprehensive system of internal control, including budgetary control, that underpin the effective, efficient and economic operation of the Group.				✓						
OPERATIONAL AND RISK MANAGEMENT	61	Approval of arrangements for promoting innovation.		✓								

Policy Area	Ref	Decision	Reserved to the Membership	Reserved or Delegated to Governing Body	Chair of the Governing Body	Accountable Officer	Chief Finance Officer	Audit Committee	Chair of Audit Committee	Remuneration Committee	Chair of the Remuneration Committee	Primary Care Commissioning Committee
OPERATIONAL AND RISK MANAGEMENT	62	Approval of arrangements for promoting education and training for who are employed, or are considering becoming employed, in an activity which involves or is connected with the provision of services as part of the health service in England.		✓								
OPERATIONAL AND RISK MANAGEMENT	63	Approve proposals for action on litigation against or on behalf of the Clinical Commissioning Group.				✓						
OPERATIONAL AND RISK MANAGEMENT	64	Approve the Group's arrangements for business continuity and emergency planning.		✓								

Policy Area	Ref	Decision	Reserved to the Membership	Reserved or Delegated to Governing Body	Chair of the Governing Body	Accountable Officer	Chief Finance Officer	Audit Committee	Chair of Audit Committee	Remuneration Committee	Chair of the Remuneration Committee	Primary Care Commissioning Committee
INTERNAL CONTROL	64	Approval of appointment of internal auditors.						✓				
INTERNAL CONTROL	66	Approval of Internal Audit programmes.						✓				
INTERNAL CONTROL	67	Approval of Counter Fraud programme.						✓				
INTERNAL CONTROL	68a	Approval of External Audit fee.						✓				

Policy Area	Ref	Decision	Reserved to the Membership	Reserved or Delegated to Governing Body	Chair of the Governing Body	Accountable Officer	Chief Finance Officer	Audit Committee	Chair of Audit Committee	Remuneration Committee	Chair of the Remuneration Committee	Primary Care Commissioning Committee
INTERNAL CONTROL	68b	Appointment of External Auditors		✓								
INTERNAL CONTROL	68c	Engagement of External Auditors for non-audit services						✓				
INFORMATION GOVERNANCE	69	Approve the Group's arrangements for handling complaints.		✓								
INFORMATION GOVERNANCE	70	Approval of the arrangements for ensuring appropriate and safekeeping and confidentiality of records and for the storage, management and transfer of information and data.		✓								

Policy Area	Ref	Decision	Reserved to the Membership	Reserved or Delegated to Governing Body	Chair of the Governing Body	Accountable Officer	Chief Finance Officer	Audit Committee	Chair of Audit Committee	Remuneration Committee	Chair of the Remuneration Committee	Primary Care Commissioning Committee
TENDERING AND CONTRACTING	71	Approval of the Group's contracts for any commissioning support.		✓								
TENDERING AND CONTRACTING	72	Approval of the Group's contracts for corporate support (for example finance provision).		✓								
TENDERING AND CONTRACTING	73	Approval of contracts. (Limits per detailed scheme of delegation)		✓								

Policy Area	Ref	Decision	Reserved to the Membership	Reserved or Delegated to Governing Body	Chair of the Governing Body	Accountable Officer	Chief Finance Officer	Audit Committee	Chair of Audit Committee	Remuneration Committee	Chair of the Remuneration Committee	Primary Care Commissioning Committee
TENDERING AND CONTRACTING	74	Approval of the Group's Procurement Strategy.		✓								
TENDERING AND CONTRACTING	75	Approval of business cases for investment and disinvestment decisions.		✓								
TENDERING AND CONTRACTING	76	Approval of quotes and tenders limits		✓								
PARTNERSHIP WORKING	77	Approve decisions delegated to joint committees established under section 75 of the 2006 Act.		✓								

Policy Area	Ref	Decision	Reserved to the Membership	Reserved or Delegated to Governing Body	Chair of the Governing Body	Accountable Officer	Chief Finance Officer	Audit Committee	Chair of Audit Committee	Remuneration Committee	Chair of the Remuneration Committee	Primary Care Commissioning Committee
COMMISSIONING AND CONTRACTING FOR CLINICAL SERVICES	78	Approval of the arrangements for discharging the Group's statutory duties associated with its commissioning functions, including but not limited to promoting the involvement of each patient, patient choice, reducing inequalities, improvement in the quality of services (including primary care), obtaining appropriate advice, promoting research and the use of research, promoting integration and public engagement and consultation.		✓								
COMMISSIONING AND CONTRACTING FOR CLINICAL SERVICES	79	Approve arrangements for co-ordinating the commissioning of services with other groups and or with the local authority(ies), where appropriate.		✓								

Policy Area	Ref	Decision	Reserved to the Membership	Reserved or Delegated to Governing Body	Chair of the Governing Body	Accountable Officer	Chief Finance Officer	Audit Committee	Chair of Audit Committee	Remuneration Committee	Chair of the Remuneration Committee	Primary Care Commissioning Committee
COMMUNICATIONS	80	Approving arrangements for handling Freedom of Information requests.		✓								
COMMUNICATIONS	81	Determining arrangements for handling Freedom of Information requests.				✓						
FINANCIAL POLICIES	82	Approval of the Group's prime financial policies.	✓									

Policy Area	Ref	Decision	Reserved to the Membership	Reserved or Delegated to Governing Body	Chair of the Governing Body	Accountable Officer	Chief Finance Officer	Audit Committee	Chair of Audit Committee	Remuneration Committee	Chair of the Remuneration Committee	Primary Care Commissioning Committee
FINANCIAL POLICIES	83	Approval of the Group's detailed financial policies and procedures.						✓				
FINANCIAL POLICIES	84	Approve arrangements relating to the discharge of the Group's responsibilities as a corporate trustee for funds held on trust.		✓								
FINANCIAL POLICIES	85	Approval of capital investment/disinvestment and change of use decisions, including PFI Initiatives. (If accepted would need to be reflected in prime financial policies – capital investment)		✓								

Policy Area	Ref	Decision	Reserved to the Membership	Reserved or Delegated to Governing Body	Chair of the Governing Body	Accountable Officer	Chief Finance Officer	Audit Committee	Chair of Audit Committee	Remuneration Committee	Chair of the Remuneration Committee	Primary Care Commissioning Committee
FINANCIAL POLICIES	86	Approval of banking arrangements (including opening and closing of bank accounts).				✓						
FINANCIAL POLICIES	87	Approval of Virement limits (Limits per detailed scheme of delegation) (If accepted would need to be reflected in prime financial policies)		✓								
FINANCIAL POLICIES	88	Approval of Write Off limits (If accepted would need to be reflected in prime financial policies)		✓								

Policy Area	Ref	Decision	Reserved to the Membership	Reserved or Delegated to Governing Body	Chair of the Governing Body	Accountable Officer	Chief Finance Officer	Audit Committee	Chair of Audit Committee	Remuneration Committee	Chair of the Remuneration Committee	Primary Care Commissioning Committee
NHS ENGLAND DELEGATED FUNCTION	89	Decisions relating to the exercise of primary care commissioning functions as set out in the delegation agreement and in accordance with section 13z of the NHS Act 2006 (as amended)										✓
NHS ENGLAND DELEGATED FUNCTION	90	Decision relating to the exercise of delegated functions: - Duty to have regard to impact of services in certain areas (section 13O) - Duty as respects variation in provision of health services (section 13P)										✓

APPENDIX E : PRIME FINANCIAL POLICIES

1 INTRODUCTION

GENERAL

- 1.1 These prime financial policies and supporting detailed financial policies shall have effect as if incorporated into the Group's constitution.
- 1.2 The prime financial policies are part of the Group's control environment for managing the organisation's financial affairs. They contribute to good corporate governance, internal control and managing risks. They enable sound administration, lessen the risk of irregularities and support commissioning and delivery of effective, efficient and economical services. They also help the Accountable Officer and Chief Finance Officer to effectively perform their responsibilities. They should be used in conjunction with the scheme of reservation and delegation found at Appendix D.
- 1.3 In support of these prime financial policies, the Group has prepared more detailed policies, approved by the Accountable Officer, known as *detailed financial policies*. The Group refers to these prime and detailed financial policies together as the Clinical Commissioning Group's financial policies.
- 1.4 These prime financial policies identify the financial responsibilities which apply to everyone working for the Group and its constituent organisations. They do not provide detailed procedural advice and should be read in conjunction with the detailed financial policies. The Accountable Officer is responsible for approving all detailed financial policies.
- 1.5 A list of the Group's detailed financial policies will be published and maintained on the Group's website at : www.valeofyorkcccg.nhs.uk
- 1.6 This document will be available upon request for inspection at the headquarter of the NHS Vale of York Clinical Commissioning Group, West Offices, Station Rise, York, N Yorkshire, YO1 6GA.
- 1.7 Should any difficulties arise regarding the interpretation or application of any of the prime financial policies then the advice of the Chief Finance Officer must be sought before acting. The user of these prime financial policies should also be familiar with and comply with the provisions of the Group's constitution, standing orders and scheme of reservation and delegation.
- 1.8 Failure to comply with prime financial policies and standing orders can, in certain circumstances, be regarded as a disciplinary matter that could result in dismissal.

OVERRIDING PRIME FINANCIAL POLICIES

- 1.9 If for any reason these prime financial policies are not complied with, full details of the non-compliance and any justification for non-compliance and the circumstances around the non-compliance shall be reported to the next formal meeting of the Governing Body's Audit Committee for referring action or ratification. All of the Group's members and employees have a duty to disclose any non-compliance with these prime financial policies to the Chief Finance Officer as soon as possible.

RESPONSIBILITIES AND DELEGATION

- 1.10 The roles and responsibilities of the Group's 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 (if any) and persons working on behalf of the Group are set out in Articles 6 and 7 of this constitution.
- 1.11 The financial decisions delegated by members of the Group are set out in the Group's scheme of reservation and delegation (see Appendix D).

CONTRACTORS AND THEIR EMPLOYEES

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

AMENDMENT OF PRIME FINANCIAL POLICIES

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

2 INTERNAL CONTROL

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

- 2.1 The Governing Body is required to establish an Audit Committee with terms for reference agreed by the Governing body (see paragraph 6.10(a) of the Group's constitution for further information).
- 2.2 The Accountable Officer has overall responsibility for the Group's system of internal control.
- 2.3 The Chief Finance Officer will ensure that :
 - a) financial policies are considered for review and update annually;
 - b) a system is in place for proper checking and reporting of all breaches of financial polies; and
 - c) a proper procedure is in place for regular checking of the adequacy and effectiveness of the control environment.

3 AUDIT

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

- 3.1 In line with terms of reference for the Governing Body's Audit Committee, the person appointed by the Group to be responsible for Internal Audit and External Audit will have direct and unrestricted access to Audit Committee members and the Chair of the Governing Body, Accountable Officer and Chief Finance Officer for any significant issues arising from audit work that management cannot resolve, and for all cases of fraud or serious irregularity.
- 3.2 The person appointed by the Group to be responsible for Internal Audit and the external auditor will have access to the Audit Committee and the Accountable Officer to review audit issues as appropriate. All Audit Committee members, the Chair of the Governing Body and the Accountable Officer will have direct and unrestricted access to the Head of Internal Audit and external auditors.
- 3.3 The Chief Finance Officer will ensure that :
 - d) The Group has a professional and technically competent internal audit function ; and
 - e) The Governing Body approves any changes to the provision or delivery of assurance services to the Group.

4 FRAUD AND CORRUPTION

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

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

5 EXPENDITURE CONTROL

- 5.1 The Group is required under the NHS Act 2006 (as amended) to ensure that its expenditure in a financial year does not exceed its income.
- 5.2 The Accountable Officer has overall executive responsibility for ensuring the Group complies with certain of its statutory obligations, including its financial and accounting obligations, and that it exercises its functions effectively, efficiently and economically and in a way which provides good value for money.
- 5.3 The Chief Finance Officer will :
- a) Provide reports in the form required by the NHS Commissioning Board
 - b) Ensure money drawn from the NHS Commissioning Board is required for approved expenditure only and is drawn down only at the time of need and follows best practice
 - c) Be responsible for ensuring that an adequate system of monitoring financial performance is in place to enable the Group to fulfil its statutory responsibility not to exceed its expenditure limits, as set out by direction of the NHS Commissioning Board.

6 ALLOCATIONS⁵⁶

6.1 The Group's Chief Finance Officer will :

- a) Periodically review the basis and assumptions used by the NHS Commissioning Board for distributing allocations and ensure that these are reasonable and realistic and secure the Group's entitlement to funds;
- b) Prior to the start of each financial year submit to the Governing Body for approval a report showing the estimated allocation to be received and its proposed distribution, including any sums to be held in reserve; and
- c) Regularly update the Governing Body on significant changes to the initial allocation and the uses of such funds.

⁵⁶ See Section 223(G) of the 2006 Act, inserted by section 27 of the 2012 Act.

7 COMMISSIONING STRATEGY, BUDGETS, BUDGETARY CONTROL AND MONITORING

POLICY : *the Group will produce and publish an annual commissioning plan⁵⁷ that explains how it proposes to discharge its financial duties. The Group will support this with comprehensive medium term financial plans and annual budgets.*

- 7.1 The Accountable Officer will compile and submit the Governing Body a commissioning strategy which takes into account financial targets and forecast limits of available resources for approval.
- 7.2 Prior to the start of the financial year the Chief Finance Officer will, on behalf of the Accountable Officer, prepare and submit budgets for approval by the Governing Body.
- 7.3 The Chief Finance Officer shall monitor financial performance against budget and plan, periodically review them, and report to the Governing Body. This report should include explanations for variances. These variances must be based on any significant departures from agreed financial plans or budgets.
- 7.4 The Accountable Officer is responsible for ensuring that information relating to the Group's accounts or to its income or expenditure, or its use of resources is provided to the NHS Commissioning Board as requested.
- 7.5 The Governing Body will approve consultation arrangements for the Group's commissioning plan⁵⁸.

⁵⁷ See Section 14Z11 of the 2006 Act, inserted by section 26 of the 2012 Act.

⁵⁸ See Section 14Z13 of the 2006 Act, inserted by section 26 of the 2012 Act.

8 ANNUAL ACCOUNTS AND REPORTS

POLICY : the Group will produce and submit to the NHS Commissioning Board accounts and reports in accordance with all statutory obligations⁵⁹, relevant accounting standards and accounting best practice in the form and content and at the time required by the NHS Commissioning Board.

8.1 The Chief Finance Officer will ensure the Group :

- a) Prepares a timetable for producing the annual report and accounts and agrees it with external auditors and the Governing Body.
- b) Prepares the accounts according to the timetable approved by Governing Body.
- c) Complies with statutory requirements and relevant directions for the publication of its annual report
- d) Considers the external auditor's management letter and fully addresses all issues within agreed timescales; and
- e) Publishes the external auditor's management letter on the Group's website at : www.valeofyorkccg.nhs.uk

8.2 This document will be available upon request for inspection at the Head Office of the NHS Vale of York Clinical Commissioning Group, West Offices, Station Rise, York, N Yorkshire, YO1 6GA.

⁵⁹ See paragraph 17 of Schedule 1A of the 2006 Act, as inserted by Schedule 2 of the 2012 Act.

9 INFORMATION TECHNOLOGY

POLICY : *the Group will ensure the accuracy and security of the Group's computerised financial data.*

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

10 ACCOUNTING SYSTEMS

POLICY : the Group will run an accounting system that creates management and financial accounts.

10.1 The Chief Finance Officer will ensure :

- a) The Group has suitable financial and other software to enable it to comply with these policies and any consolidation requirements of the NHS Commissioning Board.
- b) That contracts for computer services for financial applications with another health organisation or any other agency shall clearly define the responsibility of all parties or the security, privacy, accuracy, completeness, and timeliness of data during processing, transmission and storage. The contract should also ensure rights of access for audit purposes.

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

11 BANK ACCOUNTS

POLICY : *the Group will keep enough liquidity to meet its current commitments.*

11.1 The Chief Finance Officer will :

- a) Review the banking arrangements of the Group at regular intervals to ensure they are in accordance with Secretary of State directions⁶⁰, best practice and represent best value for money.
- b) Manage the Group's banking arrangements and advise the Group on the provision of banking services and operation of accounts
- c) Prepare detailed instructions on the operation of bank accounts.

11.2 The Accountable Officer shall approve the banking arrangements.

⁶⁰ See section 223H(3) of the NHS Act 2005, inserted by section 27 of the 2012 Act.

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

POLICY : *the Group will operate a sound system for prompt recording, invoicing and collection of all monies due; seek to maximise its potential to realise additional income only to the extent that it does not interfere with the performance of the Group or its functions; ensure its power to make grants and loans is used to discharge its functions effectively.*

12.1 The Chief Finance Officer is responsible for :

- a) Designing, maintain and ensuring compliance with systems for the proper recording, invoices and collections and coding of all monies due.
- b) Establishing and maintaining systems and procedures for the secure handing of cash and other negotiable instruments.
- c) Approving and regularly reviewing the level of all fees and charges other than those determined by the NHS Commissioning Board or by statute. Independent professional advice on matters of valuation shall be taken as necessary.
- d) For developing effective arrangements for making grants or loans.

13 TENDERING AND CONTRACTING PROCEDURE

POLICY : the Group

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

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

- a) The Group's Standing Orders;
- b) The Public Contracts Regulation 2006, any successor legislation and any other applicable law; and
- c) Take into account as appropriate any application NHS Commissioning Board or the NHS Improvement guidance that does not conflicts with (b) above.

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

14 COMMISSIONING

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

- 14.1 The Group will coordinate its work with the NHS Commissioning Board, other clinical commissioning groups, local providers of services, local authority(ies), including through Health & Wellbeing Boards, patients and their carers and the voluntary sector and others as appropriate to develop robust commissioning plans.
- 14.2 The Accountable Officer will establish arrangements to ensure that regular reports are provided to the Governing Body detailing actual and forecast expenditure and activity for each contract.
- 14.3 The Chief Finance Officer will maintain a system of financial monitoring to ensure the effective accounting of expenditure under contracts. This should provide a suitable audit trail for all payments made under the contracts whilst maintaining patient confidentiality.

15 RISK MANAGEMENT AND ASSURANCE

***POLICY** : the Group will put arrangements in place for evaluation and management of its risks.*

- 15.1 The Governing Body will agree the Risk Management Strategy and populate a risk register.

16 PAYROLL

POLICY : *the Group will put arrangements in place for an effective payroll service.*

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

17 NON-PAY EXPENDITURE

POLICY : *the Group will seek to obtain the best value for money goods and services received.*

- 17.1 The Governing Body will approve the level of non-pay expenditure on an annual basis and the Accountable Officer will determine the level of delegation to budget managers.
- 17.2 The Accountable Officer shall set out procedures on the seeking of professional advice regarding the supply of goods and services.
- 17.3 The Chief Finance Officer will :
- a) Advise the Governing Body on the setting of thresholds above which quotations (competitive or otherwise) or formal tenders must be obtained; and, once approved, the thresholds should be incorporated in the scheme of reservation and delegation; (need to identify limits for quotes and tenders so can be incorporated into scheme of delegation, etc.)
 - b) Be responsible for the prompt payment of all properly authorised accounts and claims.
 - c) Be responsible for designing and maintaining a system of verification, recording and payment of all amounts payable.

18 CAPITAL INVESTMENT, FIXED ASSET REGISTERS AND SECURITY OF ASSETS

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

18.1 The Accountable Officer will :

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

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

19 RETENTION OF RECORDS

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

19.1 The Accountable Officer shall :

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

20 TRUST FUNDS AND TRUSTEES

***POLICY** : the Group will put arrangements in place to provide for the appointment of trustees if the Group holds property on trust.*

- 20.1 The Chief Finance Officer shall ensure that each trust fund which the Group is responsible for managing is managed appropriately with regard to its purpose and to its requirements.

APPENDIX F : THE NOLAN PRINCIPLES

In 1994, the UK government established a Committee on Standards in Public Life which was chaired by Lord Nolan. The committee was tasked with making recommendations to improve standards of behaviour in public life and were revolutionary because they focused on behaviour and culture, rather than processes.

The *Seven Principles of Public Life* have been amended over the years. As of 2015, they are :

- **Selflessness** – Holders of public office should act solely in terms of the public interest.
- **Integrity** – Holders of public office must avoid placing themselves under any obligation to people or organisations that might try inappropriately to influence them in their work. They should not act or take decisions to gain financial or other material benefits for themselves, their family, or their friends. They must declare and resolve any interests and relationships.
- **Objectivity** – Holders of public office must act and take decisions impartially, fairly and on merit, using the best evidence and without discrimination or bias.
- **Accountability** – Holders of public office are accountable to the public for their decisions and actions and must submit themselves to the scrutiny necessary to ensure this.
- **Openness** – Holders of public office should act and take decisions in an open and transparent manner. Information should not be withheld from the public unless there are clear and lawful reasons for so doing.
- **Honesty** – Holders of public office should be truthful.
- **Leadership** – Holders of public office should exhibit these principles in their own behaviour. They should actively promote and robustly support the principles and be willing to challenge poor behaviour wherever it occurs.

<https://www.gov.uk/government/publications/the-7-principles-of-public-life>

APPENDIX G : THE SEVEN KEY PRINCIPLES OF THE NHS CONSTITUTION

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

1 The NHS provides a comprehensive service, available to all

It is available to all irrespective of gender, race, disability, age, sexual orientation, religion, belief, gender reassignment, pregnancy and maternity or marital or civil partnership status. The service is designed to improve, prevent, diagnose and treat both physical and mental health problems with equal regard. It has a duty to each and every individual that it serves and must respect their human rights. At the same time, it has a wider social duty to promote equality through the services it provides and to pay particular attention to groups or sections of society where improvements in health and life expectancy are not keeping pace with the rest of the population.

2 Access to NHS services is based on clinical need, not an individual's ability to pay

NHS services are free of charge, except in limited circumstances sanctioned by Parliament.

3 The NHS aspires to the highest standards of excellence and professionalism

It provides high-quality care that is safe, effective and focused on patient experience; in the people it employs, and in the support, education, training and development they receive; in the leadership and management of its organisations; and through its commitment to innovation and to the promotion, conduct and use of research to improve the current and future health and care of the population. Respect, dignity, compassion and care should be at the core of how patients and staff are treated not only because that is the right thing to do but because patient safety, experience and outcomes are all improved when staff are valued, empowered and supported.

4 The patient will be at the heart of everything the NHS does

It should support individuals to promote and manage their own health. NHS services must reflect, and should be coordinated around and tailored to, the needs and preferences of patients, their families and their carers. As part of this, the NHS will ensure that in line with the Armed Forces Covenant, those in the armed forces, reservists, their families and veterans are not disadvantaged in accessing health services in the area they reside. Patients, with their families and carers, where appropriate, will be involved in and consulted on all decisions about their care and treatment. The NHS will actively encourage feedback from the public, patients and staff, welcome it and use it to improve its services.

5 The NHS works across organisational boundaries

It works in partnership with other organisations in the interest of patients, local communities and the wider population. The NHS is an integrated system of organisations and services bound together by the principles and values reflected in the Constitution.

The NHS is committed to working jointly with other local authority services, other public sector organisations and a wide range of private and voluntary sector organisations to provide and deliver improvements in health and wellbeing.

6 The NHS is committed to providing best value for taxpayers' money

It is committed to providing the most cost-effective, fair and sustainable use of finite resources. Public funds for healthcare will be devoted solely to the benefit of the people that the NHS serves.

7 The NHS is accountable to the public, communities and patients that it serves

The NHS is a national service funded through national taxation, and it is the Government which sets the framework for the NHS and which is accountable to Parliament for its operation. However, most decisions in the NHS, especially those about the treatment of individuals and the detailed organisation of services, are rightly taken by the local NHS and by patients with their clinicians. The system of responsibility and accountability for taking decisions in the NHS should be transparent and clear to the public, patients and staff. The Government will ensure there is always a clear and up-to-date statement of NHS accountability for this purpose.

<https://www.gov.uk/government/publications/the-nhs-constitution-for-england/the-nhs-constitution-for-england>

APPENDIX H : DISPUTE RESOLUTION POLICY

Dispute Resolution Process

- 1.1 For disputes between the Council of Representatives and the Vale of York Governing Body or committee of the Governing Body, with the exception of decisions in relation to exercising the delegated functions of primary (medical) care services.
- 1.2 Where there are concerns that the Governing Body has either acted unreasonably, or taken a decision with which member practices disagree, concerns can be raised by a simple majority of practices within the locality who are in support of the challenge.
- 1.3 The first stage to address any concern is for the Governing Body to be asked to suspend further action for the proposal to be taken to the Council of Representatives for consideration and agreement. Practice representatives will be called to a Special General Meeting with a minimum of 10 working days' notice. All practice representatives will be provided with background information relating to the discussion to be held in advance of the meeting, which outlines the reasons why it is considered that the Governing Body has acted inappropriately to enable them to consider the matter in question.
- 1.4 If it is considered by the Council of Representatives that the Governing Body continues to act inappropriate, they Council of Representatives, by a vote of 66% majority of member practices at the Special General Meeting, can censure any decision or action, inform the Governing Body it has done so and request a meeting with the Governing Body. Such a meeting will, at a minimum, include the Chair, Accountable Officer and Chief Finance Officer who will be invited to attend the meeting to answer questions relating to the Governing Body's actions. A minimum of 10 working days' notice of the meeting will be given and background information provided to the Governing Body regarding the Council of Representative's concerns.
- 1.5 If a resolution is not achieved at such a meeting, independent arbitration will be sought to work together with representatives of the Governing Body and the Council of Representatives in an attempt to resolve the dispute.
- 1.6 Should the Governing Body continue in its actions and the Council of Representatives remains unhappy despite arbitration, then the Council of Representatives may take action in accordance with Paragraph 7.1.1.I of the constitution.

For disputes relating to practice engagement

- 2.1 If there is a need to determine whether or not a practice is engaging with the Clinical Commissioning Group, the Council of Representatives will be charged with setting the specific required parameters.

- 2.2 If there is not a scheduled full group meeting of the Council of Representatives within the next six weeks, a Special General Meeting will be called with a minimum of 10 working days' notice for this purpose. All Council of Representatives will be provided with background information relating to the discussion to be held to inform their consideration of the matter in question.
- 2.3 The preferred approach to address any issues relating to the failure of a practice to engage fully will always be to provide extensive support, consultation, negotiation and peer pressure where practices are acting outside the parameters set by the Council of Representatives. It is not anticipated that any additional measures will be necessary.
- 2.4 If this is unsuccessful in achieving a resolution, then an independent arbiter will be sought.
- 2.5 If all these measures fail and if 66% of member practices are in favour, the Governing Body will use the powers delegated to refer the matter to NHS England for their attention. The Local Medical Committee will be informed of this action.
- 2.6 The practice would receive written notification from the Governing Body that this is the planned course of action and would have four weeks from receipt of the letter to demonstrate to the Governing Body that they intend to meet the agreed requirements.

APPENDIX I : SCHEME OF PUBLICATION AND TRANSPARENCY

- 1.1 The CCG is a publicly accountable organisation and shall seek to maximise the openness with which it operates.
- 1.2 It shall establish appropriate procedures for ensuring that sensitive data that it necessarily holds for the purposes of any of its duties and functions is appropriately managed and to manage the risk of inappropriate disclosure.
- 1.3 The CCG shall have a policy in relation to Freedom of Information and associated regulations which shall be made available on the CCG website and available for inspection at the CCG Head Office.
- 1.4 The CCG shall publish a Publication Scheme on the CCG website and is available for inspection at the CCG Head Office.
- 1.5 In accordance with its legal obligations and the relevant guidance, the CCG shall prepare an Annual Report which shall be made widely available. Further, the CCG shall, no less than annually, hold a public meeting at which the CCG Governing Body shall present their Annual Report and respond to questions from the public.
- 1.6 Where appropriate and as a result of a CCG decision, documents and information may be made available by any or all of the following means :
 - By electronic publication for inspection or download of the CCG website.
 - By door to door distribution to residents and businesses in the CCG area.
 - By making printed copies available for inspection by members of the public or other interested parties at appropriate locations within the CCG area - such as member practices, public libraries or other appropriate locations.
 - By making printed copies of documents available for inspection during normal office hours at the CCG Head Office.
 - By making printed copies available by email or written requests to the CCG Head Office.
 - By distributing information electronically to members of the public or others who have indicated an interest in the work of the CCG and who have provided their email address to the CCG for that purpose.
- 1.7 The CCG shall not be under an obligation to use all or any of these methods, but shall decide for each category of information which of the above, or which publication method not listed above is the most appropriate mechanism for making information publically accessible.
- 1.8 The CCG shall make its best endeavours to make information available in a form which shall be accessible to those with varying needs but such endeavours shall be constrained by factors of practicality and affordability and the availability of information in any specific format cannot be guaranteed.

1.9 The CCG website is www.valeofyorkccg.nhs.uk

1.10 The address of the CCG Head Office is West Offices, Station Rise, York, North Yorkshire, YO1 6GA.

APPENDIX J : TERMS OF REFERENCE FOR THE AUDIT COMMITTEE

1 Introduction

The Audit Committee (the Committee) is established in accordance with NHS Vale of York Clinical Commissioning Group's constitution.

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

2 Membership

The Committee shall be appointed by the Clinical Commissioning Group as set out in the Clinical Commissioning Group's constitution and may include individuals who are not on the Governing Body. It shall consist of not less than three members including the following:

- Lay Member with the lead role in governance
- Lay member acting as Deputy Chair
- Secondary care clinician

The Lay Member on the Governing Body with a lead role in overseeing key elements of governance will chair the Audit Committee.

The Chair of the Governing Body will not be a member of the Committee.

3 Attendance

In addition to the members of the Committee the Chief Finance Officer (or nominated deputy), Accountable Officer (or nominated deputy), the respective appointed external and internal auditors, and anybody requested by the Chair will normally attend meetings.

The Executive Director of Quality and Nursing (or nominated deputy) will attend where requested by the Committee.

At least once a year the Committee should meet privately, separately with the external and internal auditors.

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.

The Accountable Officer will normally attend and will discuss, at least annually with the Committee, the process for assurance that supports the annual governance statement.

Any other directors (or similar) may be invited to attend, particularly when the Committee is discussing areas of risk or operation that are the responsibility of that director.

The Chair of the Governing Body may also be invited to attend one meeting each year in order to form a view on, and understanding of, the Committee's operations.

4 Secretary

The secretary will be responsible for supporting the Chair in the management of the Committee's business.

The Committee will also be supported administratively by the secretary, whose duties in this respect will include:

- Agreement of agenda with Chair and attendees and collation of papers
- Taking the minutes
- Keeping a record of matters arising and issues to be carried forward
- Advising the Committee on pertinent areas

5 Quorum

A quorum shall be two members.

6 Frequency and Notice of Meetings

A minimum of five meetings will be held a year as set out in the Audit Committee Timetable. The Chair will agree dates and the secretary will give a minimum of 10 working days' notice of meetings.

The external auditors or Head of Internal Audit may request a meeting if they consider that one is necessary

7 Remit and Responsibilities of the Committee

The Committee shall critically review the Clinical Commissioning Group's financial reporting and internal control principles and ensure an appropriate relationship with both internal and external auditors is maintained.

The duties of the Committee will be driven by the priorities identified by the Clinical Commissioning Group, and the associated risks. It will operate to a programme of business, agreed by the Clinical Commissioning Group that will be flexible to new and emerging priorities and risks.

As part of its integrated approach, the Committee will have effective relationships with other committees (for example, the Quality and Patient Experience Committee and Finance and Performance Committee) so that it understands processes and linkages. The distinct roles of these committees should, however, remain.

The key duty of the Audit Committee will be to provide and report assurance to the Governing Body on broadly the following areas:

Integrated Governance, Risk Management and Internal Control

The Committee shall review the establishment and maintenance of an effective system of integrated governance, risk management and internal control and the management of conflicts of interest across the whole of the Clinical Commissioning Group's activities that support the achievement of the Clinical Commissioning Group's objectives.

Its work will dovetail with that of the Quality and Patient Experience Committee, through which the Clinical Commissioning Group seeks assurance that robust clinical quality is in place.

Its work will also dovetail with that of the Finance and Performance Committee, through which the Clinical Commissioning Group seeks assurance that robust finance and performance is in place.

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

- All risk and control related disclosure statements (in particular the governance statement), together with any appropriate independent assurances, prior to endorsement by the Clinical Commissioning Group.
- The management of Information Governance within the Clinical Commissioning Group.
- The policies, procedures and strategies for all work related to cyber security within the Clinical Commissioning Group.
- The underlying assurance processes that indicate the degree of achievement of Clinical Commissioning Group objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements.
- The policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements and related reporting and self-certification.
- The policies and procedures for all work related to fraud and corruption as set out in the NHS Counter Fraud Authority's counter fraud standards for commissioners.

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 NHS Internal Audit Standards and provides appropriate independent assurance to the Audit Committee, Accountable Officer and Clinical Commissioning Group. This will be achieved by:

- Consideration of the provision of the internal audit service, the cost of the audit and any questions of resignation and dismissal.
- Review and approval of the internal audit strategy, operational plan and more detailed programme of work, ensuring that this is consistent with the audit needs of the organisation, as identified in the assurance framework.
- Considering the major findings of internal audit work (and management's response) and ensuring co-ordination between the internal and external auditors to optimise audit resources.
- Ensuring that the internal audit function is adequately resourced and has appropriate standing within the Clinical Commissioning Group.
- An annual review of the effectiveness of internal audit.
- Drawing the Committee's attention to best practice, national guidance and other relevant documents, as appropriate.

External Audit

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

- Consideration of the performance and independence of the external auditors, as far as the rules governing the appointment permit.
- Discussion and agreement with the external auditors, before the audit commences, on the nature and scope of the audit as set out in the annual plan, and ensuring co-ordination, as appropriate, with other external auditors in the local health economy.
- Discussion with the external auditors of their local evaluation of audit risks and assessment of the Clinical Commissioning Group 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 Clinical Commissioning Group and any work undertaken outside the annual audit plan, together with the appropriateness of management responses.
- Ensuring that there is in place a clear policy for the engagement of external auditors to supply non-audit services.

Other assurance functions

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

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 Committee's own areas of responsibility. In particular, this will include clinical governance, risk management or quality committees that are established. In reviewing work on clinical governance and issues around clinical risk and management, the Committee will wish to satisfy itself on the assurance that can be gained from the clinical audit and quality assurance function.

Counter Fraud

The Committee shall satisfy itself that the Clinical Commissioning Group has adequate arrangements in place for countering fraud and shall review the outcomes of counter fraud work. It shall also approve the counter fraud work programme.

Management

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

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

Financial Reporting

The Committee shall monitor the integrity of the financial statements of the Clinical Commissioning Group and any formal announcements relating to the Clinical Commissioning Group's financial performance.

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

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

- The wording in the governance statement and other disclosures relevant to the terms of reference of the Committee;
- Changes in, and compliance with, accounting policies, practices and estimation techniques;
- Unadjusted mis-statements in the financial statements;
- Significant judgements in preparing of the financial statements;

- Significant adjustments resulting from the audit;
- Letter of representation; and
- Qualitative aspects of financial reporting.

Auditor Panel Provisions

The Committee will act as the CCG's Auditor Panel. It will formally record when it is acting as Auditor Panel. To be quorate, two lay members must be present. In the event of a dispute, the Chair has the casting vote.

The role of the Auditor Panel is to advise the Governing Body on the selection and appointment of the external auditor. The main tasks are to:

- Agree and oversee a robust process for selecting the external auditors in line with the organisation's normal procurement rules at least once every five years.
- Make a recommendation to the Governing Body as to the appointment.
- Advise on the purchase of 'non-audit services' from the auditor. This includes the approval of any policy on the purchase of 'non-audit services'.
- Ensure that any conflicts of interest for members and attendees at the auditor panel or external auditor, are dealt with effectively. For example, if non-statutory audit services work is awarded to the external auditor, ensure that the auditor's independence is maintained.
- Advise the Governing Body on the maintenance of an independent relationship with the appointed external auditor and that communications are professional.
- Advise the Governing Body on any decision as to the removal or resignation of the external auditor.
- Conflicts of Interest, both actual and perceived, shall be managed in line with NHS Vale of York CCG Conflicts of Interest policy and recorded at the start of every meeting.

8 Relationship with the Governing Body

The minutes of the Committee meetings shall be formally recorded by the secretary and submitted to the Governing Body. The Chair of the Committee shall draw to the attention of the Governing Body any issues that require disclosure or executive action.

The Committee will report to the Governing Body at least annually on its work in support of the annual governance statement, specifically commenting on the fitness for purpose of the assurance framework, risk management arrangements in the organisation, and financial and governance arrangements.

9 Policy and Best Practice

The Committee is authorised by the Governing Body to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any member of the group and all employees are directed to co-operate with any request made by the Committee. The Committee is authorised by the Governing Body to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary.

10 Raising Concerns (Whistleblowing)

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

The Freedom to Speak Up Guardian is the Executive Director of Quality and Nursing.

11 Conduct of the Committee

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

The Committee will review, at least annually, its own performance, membership and terms of reference. Any resulting changes to the terms of reference or membership will be approved by the Governing Body.

12 Review of Committee Effectiveness

The Committee shall undertake a review of its effectiveness at least annually. The Committee shall be subject to any review of Vale of York Clinical Commissioning Group committees as required.

Author	Abigail Combes Head of Legal and Governance
Reviewing Committee (including date)	Audit Committee 23 May 2018
Approved by (including date)	Governing Body 05 July 2018
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Review Date :	July 2019

APPENDIX K : TERMS OF REFERENCE FOR THE PRIMARY CARE COMMISSIONING COMMITTEE

Introduction

1. Simon Stevens, the Chief Executive of NHS England, announced on 01 May 2014 that NHS England was inviting CCGs to expand their role in primary care commissioning and to submit expressions of interest setting out the CCG's preference for how it would like to exercise expanded primary medical care commissioning functions. One option available was that NHS England would delegate the exercise of certain specified primary care commissioning functions to a CCG.
2. In accordance with its statutory powers under section 13Z of the National Health Service Act 2006 (as amended) (the "NHS Act"), NHS England has delegated the exercise of the functions specified in Schedule 2 to these Terms of Reference to NHS Vale of York CCG. The delegation is set out in Schedule 1.
3. The CCG has established the NHS Vale of York CCG Primary Care Commissioning Committee (the "Committee"). The Committee will function as a corporate decision-making body for the management of the delegated functions and the exercise of the delegated powers.
4. It is a committee comprising representatives of the following organisations :
 - NHS Vale of York CCG
 - NHS England
 - Healthwatch
 - Health and Wellbeing Board(s)
 - Director of Public Health

Statutory Framework

5. NHS England has delegated to the CCG authority to exercise the primary care commissioning functions set out in Schedule 2 in accordance with section 13Z of the NHS Act.
6. Arrangements made under section 13Z may be on such terms and conditions (including terms as to payment) as may be agreed between the Board and the CCG.
7. Arrangements made under section 13Z do not affect the liability of NHS England for the exercise of any of its functions. However, the CCG acknowledges that in exercising its functions (including those delegated to it), it must comply with the statutory duties set out in Chapter A2 of the NHS Act and including:
 - a) Management of conflicts of interest (section 14O);
 - b) Duty to promote the NHS Constitution (section 14P);
 - c) Duty to exercise its functions effectively, efficiently and economically (section 14Q);

- d) Duty as to improvement in quality of services (section 14R);
 - e) Duty in relation to quality of primary medical services (section 14S);
 - f) Duties as to reducing inequalities (section 14T);
 - g) Duty to promote the involvement of each patient (section 14U);
 - h) Duty as to patient choice (section 14V);
 - i) Duty as to promoting integration (section 14Z1);
 - j) Public involvement and consultation (section 14Z2).
8. The CCG will also need to specifically, in respect of the delegated functions from NHS England, exercise those in accordance with the relevant provisions of section 13 of the NHS Act
- Duty to have regard to impact on services in certain areas (section 13O);
 - Duty as respects variation in provision of health services (section 13P).
9. The Committee is established as a committee of the Governing Body of NHS Vale of York CCG in accordance with Schedule 1A of the NHS Act.
10. The members acknowledge that the Committee is subject to any directions made by NHS England or by the Secretary of State.

Role of the Committee

11. The Committee has been established in accordance with the above statutory provisions to enable the members to make collective decisions on the review, planning and procurement of primary care services in the Vale of York area, under delegated authority from NHS England.
12. In performing its role the Committee will exercise its management of the functions in accordance with the agreement entered into between NHS England and NHS Vale of York CCG, which will sit alongside the delegation and terms of reference.
13. The functions of the Committee are undertaken in the context of commissioning to increase quality, efficiency, productivity and value for money and to remove administrative barriers.
14. 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.
15. This includes the following:
- GMS, PMS and APMS contracts (including the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing branch/remedial notices, and removing a contract);
 - Newly designed enhanced services (“Local Enhanced Services” and “Directed Enhanced Services”);

- Design of local incentive schemes as an alternative to the Quality Outcomes Framework (QOF);
- Decision making on whether to establish new GP practices in an area;
- Approving practice mergers; and
- Making decisions on 'discretionary' payment (e.g., returner/retainer schemes).

16. The CCG will also carry out the following activities :

- a) To plan, including needs assessment, primary care services in the Vale of York CCG area;
- b) To undertake reviews of primary care services in Vale of York CCG area;
- c) To co-ordinate a common approach to the commissioning of primary care services generally;
- d) To manage the budget for commissioning of primary care services in Vale of York CCG area.

Geographical Coverage

17. The Committee will comprise the NHS Vale of York CCG area.

Membership

18. The Committee shall consist of :

- Lay Chair of Quality and Patient Experience Committee (Chair)
- Lay Chair of Audit Committee
- Lay Chair of Finance and Performance Committee
- Accountable Officer
- Chief Finance Officer
- Director of Director of Primary Care and Population Health
- Representative of NHS England
- (voting members)

19. The Chair of the Committee shall be the Lay Chair of the Quality and Patient Experience Committee.

20. The Vice Chair of the Committee shall be a Lay Member but not the Lay Chair of the Audit Committee.

21. The following standing attendees (non-voting) will be invited :

- Up to two GPs from each locality
- LMC representative
- Director of Public Health
- Healthwatch Representative
- Health and Wellbeing Board Representative
- Practice Manager

Meetings and Voting

22. The Committee will operate in accordance with the CCG's Standing Orders. The Executive Support to the Committee will be responsible for giving notice of meetings. This will be accompanied by an agenda and supporting papers and sent to each member representative no later than 5 working days before the date of the meeting. When the Chair of the Committee deems it necessary in light of the urgent circumstances to call a meeting at short notice, the notice period shall be such as s/he shall specify.
23. Each member of the Committee shall have one vote. The Committee shall reach decisions by a simple majority of members present, but with the Chair having a second and deciding vote, if necessary. However, the aim of the Committee will be to achieve consensus decision-making wherever possible.

Quorum

24. The committee shall be quorate with the following attendance :

- At least four members-

Frequency of meetings

25. The committee will meet six times a year with dates circulated to committee members in advance. Additional meetings may be convened at short notice if the Chair deems it necessary in accordance with paragraph 22 above.
26. Meetings of the Committee shall :
- a) be held in public, subject to the application of 26(b);
 - b) the Committee may resolve to exclude the public from a meeting that is open to the public (whether during the whole or part of the proceedings) whenever publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution and arising from the nature of that business or of the proceedings or for any other reason permitted by the Public Bodies (Admission to Meetings) Act 1960 as amended or succeeded from time to time.
27. Members of the Committee have a collective responsibility for the operation of the Committee. They will participate in discussion, review evidence and provide objective expert input to the best of their knowledge and ability, and endeavour to reach a collective view.
28. The Committee may delegate tasks to such individuals, sub-committees or individual members as it shall see fit, provided that any such delegations are consistent with the parties' relevant governance arrangements, are recorded in a scheme of delegation, are governed by terms of reference as appropriate and reflect appropriate arrangements for the management of conflicts of interest. A Primary Care Commissioning Delivery Group ~~will~~ may be established to ensure the delivery of arrangements agreed by the Committee.
29. The Committee may call additional experts to attend meetings on an ad hoc basis to inform discussions.

30. Members of the Committee shall respect confidentiality requirements as set out in the CCG's Constitution.
31. The Committee will present its minutes to the North (Yorkshire and Humber) area team of NHS England and the governing body of NHS Vale of York CCG each quarter for information, including the minutes of any sub-committees to which responsibilities are delegated under paragraph 28 above.
32. The CCG will also comply with any reporting requirements set out in its constitution.
33. The Committee shall review its terms of reference at least annually. The Committee shall undertake a review of its effectiveness at least annually.

Links to other Committees and Groups

34. Due to the nature of integrated governance, the work of the Committee dovetails with some functions of the Audit Committee. Both Chairs will work collaboratively to ensure that where objectives align, their work will complement rather than duplicate effort, bringing their own perspectives to agenda items.

Accountability of the Committee

35. The Primary Care Commissioning Committee is a delegated committee of the Clinical Commissioning Group Governing Body, and its powers are set out in the CCG's Constitution, including revised Standing Financial Instructions and Standing Orders.
36. For the avoidance of doubt, in the event of any conflict between the provisions of these Terms of Reference and the CCG's Standing Orders or Standing Financial Instructions, the latter will prevail.

Procurement of Agreed Services

37. The detailed arrangements for procurement of agreed services will follow the Standing Financial Instructions and Standing Orders of the Clinical Commissioning Group. These reflect the arrangements within the CCG's constitution and the delegation agreement with NHS England. The Committee will adhere to these arrangements.

Decisions

38. The Committee will make decisions within the bounds of its remit.
39. The decisions of the Committee shall be binding on NHS England and NHS Vale of York CCG.
40. The Committee will produce an executive summary report which will be presented to the North (Yorkshire and Humber) area team of NHS England and the governing body of NHS Vale of York CCG each quarter for information.

Conflicts of Interest

- 41 Conflicts of Interest, both actual and perceived, shall be managed in line with NHS Vale of York CCG Conflicts of Interest policy and recorded at the start of every meeting.

Secretary

- 42 The secretary will be responsible for supporting the Chair in the management of the Committee's business.

The Committee will also be supported administratively by the secretary, whose duties in this respect will include :

- Agreement of agenda with Chair and attendees and collation of papers
- Taking the minutes
- Keeping a record of matters arising and issues to be carried forward
- Advising the Committee on pertinent areas

[Signature provisions]

Schedule 1 : Delegation

[Delegation from NHS England attached separately]

Schedule 2 : Delegated Commissioning Functions

Delegated commissioning functions are as follows :

- GMS, PMS and APMS contracts (including the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing branch/remedial notices, and removing a contract);
- Newly designed enhanced services ("Local Enhanced Services" and "Directed Enhanced Services");
- Design of local incentive schemes as an alternative to the Quality Outcomes Framework (QOF);
- Decision making on whether to establish new GP practices in an area;
- Approving practice mergers; and
- Making decisions on 'discretionary' payment (e.g., returner/retainer schemes).

Delegated commissioning arrangements exclude individual GP performance management (medical performers' list for GPs, appraisal and revalidation).

APPENDIX L : TERMS OF REFERENCE FOR THE REMUNERATION COMMITTEE

1 Constitution and Authority

NHS Vale of York Clinical Commissioning Group Governing Body resolves to establish a Remuneration Committee which has delegated decision making authority as set out in these Terms of Reference. The Remuneration Committee is authorised by the Governing Body to approve any activity within its Terms of Reference. The Remuneration Committee is authorised to create working groups as necessary to fulfil its responsibilities within these Terms of Reference.

2 Purpose of the Committee

The Remuneration Committee is responsible for determining the terms and conditions, remuneration and travelling or other allowances for staff who are members of the Governing Body. Those staff who are employed by the CCG and not members of the Governing Body will have their terms and conditions, remuneration and travelling or other allowances determined by the Executive Committee of the Governing Body. This includes those employees not currently working under the terms of Agenda for Change.

3 Remit

The Committee shall approve the terms and conditions, remuneration and travelling or other allowances for Governing Body members, including pensions and gratuities.

The Committee shall make recommendations to the Governing Body on:

- The terms and conditions of employment for all Governing Body members of the Clinical Commissioning Group (the Group).
- Pensions, remuneration, fees and allowances payable to employees and to other persons providing services to the Group.
- Retention Premia.
- Annual salary awards [where applicable].
- Allowances under any pension scheme it might establish as an alternative to the NHS pension scheme.
- The severance payments of NHS Vale of York Clinical Commissioning Group employees and contractors, seeking HM approval as appropriate in accordance with the guidance 'Managing Public Money'.
- Policies and instructions relating to remuneration.
- Any significant amendments to the terms and conditions of employment which affects all employees of the Clinical Commissioning Group generally (for example changes to the Agenda for Change terms and conditions)

4 Frequency

Meetings shall be held as and when required upon receipt of a request to the Chair or Vice Chair. The Committee will meet a minimum of twice per financial

year. Seven calendar days' notice will be provided of the meeting and any documents to be considered / discussed at the meeting will be circulated to the Committee at least two calendar days prior to the meeting.

5 Membership

The Committee shall be appointed by the NHS Vale of York Clinical Commissioning Group from amongst its Governing Body members. The membership of the Committee shall comprise the following:

- Lay Chair of Primary Care Commissioning Committee and Quality and Patient Experience Committee (Chair)
- Lay Member and Chair of Audit Committee
- Lay Member and Chair of Finance and Performance Committee (Vice-Chair)

Other directors and external advisers such as Human Resources representatives may be invited to attend for all or part of any meeting as and when appropriate. The role of other individuals who attend and external advisors will be to draw the Committee's attention to best practice, national guidance and other relevant documents as appropriate.

Full time employees or individuals who claim a significant proportion of their income from the NHS Vale of York Clinical Commissioning Group are not permitted to be voting members of the Committee.

No individual should be in attendance for discussion about their own remuneration and terms of service.

6 Quoracy

The quorum shall be the Chair (or in his or her absence, the Vice Chair) plus one other member.

Where a quorum cannot be convened from the membership of the meeting, owing to the arrangements for managing conflicts of interest or potential conflicts of interests, the Chair of the meeting shall consult with the Chair of the Audit Committee on the action to be taken. This may include:

- requiring another of the Group's committees or sub-committees, the Group's Governing Body or the Governing Body's committees or sub-committees (as appropriate) which can be quorate to progress the item of business, or if this is not possible,
- inviting on a temporary basis one or more Governing Body members to make up the quorum so that the group can progress the item of business.

7 Accountability

The minutes of the Committee meetings will be submitted by the Committee Chair within seven calendar days of the meeting.

8 Decision Making

All Members of the Remuneration Committee will have voting rights. Each member will have one vote, and the Chair shall have the casting vote.

9 Administrative Support

A Secretary will be identified by the NHS Vale of York Clinical Commissioning Group. The Secretary will be responsible for supporting the Chair in the management of remuneration business. This will include arranging, formally minuting and archiving of all reports and documentation associated with the business of the Committee.

10 Committee Effectiveness

The Committee shall review its effectiveness annually.

11 Review of Terms of Reference

The Committee shall review its terms of reference at least annually.

Author	Abigail Combes Head of Legal and Governance
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APPENDIX M : OTHER COMMITTEE TERMS OF REFERENCE

1.1 The Terms of Reference for the following Governing Body Committees can be found on the CCG website at www.valeofyorkccg.nhs.uk :

- Council of Representatives
- Executive Committee
- Finance and Performance Committee
- Quality and Patient Experience Committee