NHS
Barnsley
Clinical Commissioning Group

# NHS BARNSLEY CLINICAL COMMISSIONING GROUP CONSTITUTION

| VERSION Final | | | | |
|---|---|---|---|---|
| **Version** | **Date** | **Author** | **Status** | **Comment** |
| **D2** | **08.02.13** | **NB/MDW** | **Final** | |
| **D3** | **14.06.13** | **NB/MDW** | **Final** | |
| **D4** | **07.08.13** | **NB/MDW** | **Final** | |
| **D5** | **16.08.13** | **NB/MDW** | **Final** | |
| **D6** | **28.10.13** | **NB/MDW** | **Draft** | |
| **D7** | **30.05.14** | **NB/MDW** | **Draft** | |
| **D8** | **05.08.14** | **NB/MDW** | **Final** | NHSE approved |
| **D9.6** | **08.01.15** | **VP/RMW** | **Draft** | Incorporates Capsticks' comments; reflects statutory Conflict of Interest guidance; discussed at Membership Council 17.12.14; Governing Body approved 8.1.15 |
| **D11** | **February 2015** | **VP/RMW** | **Final** | NHSE approved |
| **D12** | **December 2015** | **VP/RMW** | **Draft** | Approved by Membership Council & submitted to NHSE |
| **D13** | **January 2016** | **VP/RMW** | **FINAL** | NHSE approved |
| **D13.4** | **December 2016** | **RMW** | **Draft** | A range of updates to reflect revised statutory Conflict of Interest guidance; establishment of joint commissioning committee; changes to CCG committee structure, membership etc. |
| **D13.6** | **July 2017** | **RMW** | **Final** | Changes above approved by NHS England plus references to Clinical Transformation Board removed. |
| **D13.7** | **October 2017** | **RMW** | **Final** | Standards of Business Conduct Policy removed and Section 8 updated |
| **D14** | **October 2018** | **RMW** | **Final** | Updated to include Integrated Care Organisation Procurement Committee |

| CONTROL RECORD | | | | |
|---|---|---|---|---|
| **Title** | **Clinical Commissioning Group Constitution** | | | |
| **Reference** | | | | |
| **Purpose** | This public document sets out the Clinical Commissioning Group's arrangements for meeting its responsibilities for commissioning care for the people of Barnsley. It describes the governing principles, rules and procedures that the Clinical Commissioning Group will establish to ensure probity and accountability in the day-to-day running of the Clinical Commissioning Group; to ensure decisions are taken in an open and transparent way and that the interests of patients and the public remain central to the goals of the group. | | | |
| **Audience** | NHS Barnsley Clinical Commissioning Group | | | |
| **Issue** | 1 | | **Issue date** | 8 February 2013 |
| **Version** | 1 | | **Date** | |
| **Status** | Approved | | **Review** | |
| **Owner** | NB and MW | | | |
| **Author** | NB/MDW | | | |
| **Superseded Documents** | N/A | | | |
| **Reference and Related Documents** | **Reference**<br>The Model Constitution Framework published by NHS England on 5 April 2012<br><br>**Other related documents**<br>NHS Barnsley Clinical Commissioning Group Corporate Manual and all Standing Financial Instructions, Scheme of Delegation and Standing Orders, policies and procedures contained therein, and all policies and strategic plans developed by the Clinical Commissioning Group. | | | |
| **Committees Received Document** | | | | |
| **Approved by** | NHS Barnsley Clinical Commissioning Group Members | | **Date** | |
| **Ratified by** | | | **Date**<br>**Date** | |
| **Target Audience** | Members | | | |
| **Distribution List** | | | | |
| **Method** | Internet ✓ Other ☐ | | | |
| **Archived** | **Date** | | **Location** | |
| **Access** | | | | |

**CONTENTS**

## SECTION 1 - INTRODUCTION AND COMMENCEMENT

1.1 This document sets out the Clinical Commissioning Group's arrangements for meeting its responsibilities for commissioning care for the people of Barnsley. It describes the governing principles, rules and procedures that the Clinical Commissioning Group will establish to ensure probity and accountability in the day to day running of the Clinical Commissioning Group; to ensure decisions are taken in an open and transparent way and that the interests of patients and the public remain central to the goals of the group. All definitions of key descriptions used in this Constitution are attached as Appendix A.

### Name

1.2 The name of this Clinical Commissioning Group is NHS Barnsley Clinical Commissioning Group.[1]

In order to set out very clearly the focus on our commitment to seeking the views and understanding the needs of the population the Clinical Commissioning Group will distinct from its name have a " strapline" 'Putting Barnsley People First' below the authorised organisational logo.

### Statutory Framework

1.3 Clinical Commissioning Groups are established under the Health and Social Care Act 2012 ("the 2012 Act").[2] They are statutory bodies which have the function of commissioning services for the purposes of the health service in England and are treated as NHS bodies for the purposes of the National Health Service Act 2006 ("the 2006 Act").[3] The duties of Clinical Commissioning Groups to commission certain health services are set out in section 3 of the 2006 Act, as amended by section 13 of the 2012 Act, and the regulations made under that provision.[4]

1.4 The NHS Commissioning Board (hereafter described as NHS England in this Constitution) is responsible for determining applications from prospective groups to be established as Clinical Commissioning Groups[5] and undertakes an annual assessment of each established group.[6] It has powers to intervene in a Clinical Commissioning Group where it is satisfied that a group is failing or has failed to discharge any of its functions or that there is a significant risk that it will fail to do so.[7]

---

1 http://www.legislation.gov.uk/uksi/2012/1631/made- see regulations 3 to 6.
2 See section 1 of the 2006 Act, inserted by section 10 of the 2012 Act
3 See section 275 of the 2006 Act, as amended by paragraph 140(2)(c) of Schedule 4 of the 2012 Act
4 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
5 See section 14C of the 2006 Act, inserted by section 25 of the 2012 Act
6 See section 14Z16 of the 2006 Act, inserted by section 26 of the 2012 Act
7 See sections 14Z21 and 14Z22 of the 2006 Act, inserted by section 26 of the 2012 Act

1.5 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 constitution.[8]

### Status of this Constitution

1.6 This Constitution is made between the members of NHS Barnsley Clinical Commissioning Group and has formal effect from when NHS England establishes the group.[9] The Constitution is published on the Group's website at www.barnsleyccg.nhs.uk .

1.7 The Constitution will also be available on request at the Clinical Commissioning Group Headquarters or in member GP Practices. It will also be available on request by post from Hillder House, 49/51 Gawber Road, Barnsley S75 2PY or by email BARNCCG.Comms@nhs.net and through local libraries.

### Amendment and Variation of this Constitution

1.8 This Constitution can only be varied in two circumstances:[10]

(a) Where the Group applies to NHS England and that application is granted under the National Health Service Act 2006 section 14E;

(b) Where in the circumstances set out in legislation NHS England uses its powers under the National Health Service Act 2006 section 14F, varies the Group's Constitution other than on application by the Group.

1.9 All Appendices to the main body of the Constitution are considered to be an integral part of the Constitution and consequently can only be varied in the circumstances described above.

## SECTION 2 - AREA COVERED

2.1 The geographical area covered by NHS Barnsley Clinical Commissioning Group is fully coterminous with the boundaries of Barnsley Metropolitan Borough Council.

---

8 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

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

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

## SECTION 3 – MEMBERSHIP

### Membership of the Clinical Commissioning Group

3.1 Appendix B of this Constitution contains the list of member practices, together with the signatures of the practice representatives confirming their agreement to this Constitution.

### Joining the Clinical Commissioning Group - Eligibility

3.2 Providers of primary medical services to a registered list of patients under a General Medical Services, Personal Medical Services or Alternative Provider Medical Services contract, will be eligible to apply for membership of this group provided they are providing those services to the people of Barnsley.[11]

### Leaving the Clinical Commissioning Group

3.3 In the unlikely situation that a member practice wishes to resign from the Group it may only do so at the end of a financial year, and it must give 6 months prior notice to the Clinical Commissioning Group to enable issues relating to the financial allocation to the Clinical Commissioning Group and existing referrals from the practice "assigned to the Clinical Commissioning Group" to be handled appropriately and enable both the Barnsley Clinical Commissioning Group and the receiving Clinical Commissioning Group (assuming the practice has another Clinical Commissioning Group willing to take it and their rules allow for that) to carry out the necessary due diligence for a smooth transfer.

3.4 For the avoidance of doubt a member ceases to be a member as soon as they no longer satisfy the eligibility criteria for membership.

3.5 If a resignation or termination of a practice's membership makes the new proposed Membership inconsistent with the Constitution the Clinical Commissioning Group would seek consent to change that part of its Constitution.

### Membership Council - Members of the CCG's Governing Body

3.6 Guidance on the roles of members of the CCG's Governing Body is set out in a separate document.[12] In summary; each member of the Governing Body should share responsibility as part of a team to ensure that the CCG exercises its functions effectively 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.

---

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

12 See *Final draft clinical commissioning group Governing Body Members- Roles Attributes and Skills,* NHS Commissioning Board Authority 26th March 2012

## Selection/Election Process to Membership Council, Governing Body and Chair

### Membership Council (the Stakeholder Body) - Practice Representatives

3.7 The Membership Council only needs to recognise the practice representatives and that this practice representative is authorised to exercise all votes of the provider they represent. Practices will select their representatives by electing/nominating the individual to represent them on the Membership Council. Practice Representatives must be GPs, healthcare professionals or managing partners, and/or must be signatories to the Practice's contract (unless the Practice chooses to select a long term locum or portfolio GP to represent the Practice).

3.8 To ensure transparency practices will complete a declaration about their selection process. The declaration will be signed by a GP/healthcare professional/managing partner in the practice to confirm that they are content with the representative identified. The Practices will ensure that a General Medical Council or other professional body registration number is used to identify the individual health professional, both for the Practice Representative and the GP/healthcare professional/managing partner signing the declaration.

3.9 Where more than one practice uses the same long term locum/portfolio GP/other health care professional the practices and the GP/health professional signing the declaration should agree in which practice they exercise their vote/input to the process. This is to avoid individuals having more than one "vote". This would also apply to any other member of staff who is shared between practices.

3.10 If the practice representative leaves the practice they will notify the Clinical Commissioning Group Chief Officer in writing and use the selection process to identify their replacement.

3.11 Practices also have the freedom, should their representative wish to step down, or the practice feels a new individual should have the opportunity, to change their representative. A new declaration form should be submitted to the Clinical Commissioning Group Chief Officer with the notification of the change.

3.12 The Membership Council vote is weighted using the actual practice list size (using the most recent quarter's figures available to the CCG) to determine the proportion of the vote held by each member practice.

## The Governing Body

3.13 The Chief Officer is to be the Accountable Officer to comply with the 2012 Act and the National Health Service (Clinical Commissioning Groups) 2012 (2012 No.1631) Regulations. In addition the Governing Body comprises:

(a) The Chair;

(b) Medical Director;

(c) Nine practice representatives elected by the Membership Council (one of whom will be the Chair and one of whom will be the Medical Director);

(d) Lay member (with the qualification and experience to chair the Audit Committee);

(e) Lay member (to lead on patient and public engagement and primary care commissioning) who will be the vice chair;

(f) Lay Member for Accountable Care (to lead on integration and new models of care);

(g) Chief Nurse (the Registered Nurse);

(h) Secondary Care Specialist;

(i) Chief Officer (the Accountable Officer);

(j) Chief Finance Officer;

(k) Practice Manager.

The Clinical Commissioning Group has determined that in addition to the statutory Members of the Governing Body the Governing Body will have elected to it nine members of the Membership Council with the aim of ensuring there is a clinical majority in all decision-making.

3.14 The Membership Council also reserves the right within this constitution to consider appointing additional Lay Members, a second Secondary Care Specialist, and Associate Lay Members as the business of the Clinical Commissioning Group develops.

3.15 In addition the Clinical Commissioning Group has determined that there is a role for a practice manager on the Governing Body. This role will be recruited through a process that enables all managers within practices in Barnsley to apply.

3.16 In establishing the Governing Body, any member of the Membership Council may put themselves forward for election to the Governing Body.

3.17 If more members of the Membership Council put themselves forward for election to the Governing Body than the number of vacancies, an election will be held. If fewer put themselves forward than the number of vacancies the Membership Council will be asked to approve the nominated members for the Governing Body.

3.18 At the CCG's inception, to ensure continuity whilst allowing the regular opportunity to look at skills and competencies necessary to be on the Governing Body, elected Members were initially appointed for a term of 2 or 4 years. The allocation of the term of office was by a randomised selection process with the exception of the Chair and Medical Director whose appointment was for 4 years. Lay Members and other appointed members were also initially appointed for 2 or 4 years using a randomised process.

3.19 Subsequent elections and appointments of 3 years to the Governing Body will be made when terms of office have been reached or a member resigns.

3.20 No member may serve more than 7 years continuously before a break in service of at least 1 year. Subsequent terms of office may be adjusted to ensure the maximum 7 years is not breached. The Clinical Commissioning Group Organisational Development Plan will have succession planning as part of its action plan.

3.21 Governing Body voting: each member of the Governing Body will have a single and equal vote. The Chair will retain a casting vote.

**The Chair**

3.22 One person will Chair both the Governing Body and Membership Council.

3.23 The 9 elected members of the Governing Body (from the Membership Council) will identify one of their members to be the Chair and they would propose that individual to the Membership Council for ratification. If more than 1 person from the Governing Body elected members wishes to be Chair then the Governing Body elected members will hold an election with each member having a single and equal vote. If there is a tied vote then candidates will be proposed to the full Membership Council for them to vote. The candidate securing the most votes will be Chair.

3.24 Anyone wishing to take on the role of Chair in the first instance will have completed or have a date for attending the assessment process set out by NHS England, and will have a development plan. As with all other posts the Clinical Commissioning Group Organisational Development Plan will have succession planning as part of its action plan.

### The Vice Chair[13]

3.25 The Governing Body has nominated the Lay Member for patient and public engagement and primary care commissioning as the Governing Body Vice Chair (the Vice Chair should be a lay member if the Chair is a clinician) to deputise for the Chair of the Governing Body where he/she has a conflict of interest or is otherwise unable to act.

3.26 The roles and responsibilities will be contained within the Standing Orders in the Corporate Manual, Appendix G of the Constitution. These roles and responsibilities are consistent with the CCG regulations 2012.

## SECTION 4 - VISION, VALUES AND AIMS

### Vision (or mission)

4.1. The Vision agreed by the Barnsley Clinical Commissioning Group is:

"**We are a clinically led commissioning organisation that is accountable to the people of Barnsley. We are committed to ensuring high quality and sustainable health care by putting the people of Barnsley first".**

4.2 The Group will, through this Constitution and its actions, promote good governance and proper stewardship of public resources in pursuance of its goals and in meeting its statutory duties.

### Values

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

4.4 Services will be commissioned so that they have at their heart the following values:

(a) Equity and Fairness;

(b) Services are designed to put people first;

(c) They are needs led and resources are targeted according to needs;

(d) Quality Care delivered by vibrant Primary and Community Care or in a safe and sustainable local hospital;

[13] Reference Paragraph 2.3g in the Standing Orders contained in the Corporate Manual

(e) Excellent communication with patients.

**Principles**

4.5 In carrying out its business the Clinical Commissioning Group will adhere to the following principles:

(a) We will use allocated resources to commission the highest quality of care possible;

(b) There will be no compromise on the safety of car;

(c) Major decisions will result from listening to patients and the public as well as to members;

(d) All decision-making is clear and transparent – all written communications/documents for the public will be jargon free;

(e) We will work together with providers and other commissioners to develop integrated care for patients across all pathways;

(f) We will be professional and honest at all times;

(g) The Governing Body and staff are accountable to members;

(h) Protecting and using well the resources we have – making the best and most effective use of the Barnsley £;

(i) There will be excellent communication with all of our stakeholders.

**Objectives**

4.6 In carrying out its business the Clinical Commissioning Group will strive to meet the following objectives:

(a) To have the highest quality of governance and processes to support its business;

(b) To commission high quality health care that meets the needs of individuals and groups;

(c) Wherever it makes safe clinical sense to bring care closer to home;

(d) To support safe sustainable and accessible local hospital services, supporting them to transform the way they provide services so that they are as efficient and effective as possible for the people of Barnsley;

(e) To develop services through real partnerships with mutual accountability and strong governance that improve health and health care and effectively use the Barnsley £.

**Principles of Good Governance**

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

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

(b) The Good Governance Standard for Public Services;[15]

(c) The standards of behaviour published by the Committee on Standards in Public Life (1995) known as the 'Nolan Principles;[16]

(d) The 7 key principles of the NHS Constitution;[17]

(e) The Equality Act 2010;[18]

(f) The Healthy NHS Board: Principles of Good Governance;

(g) Standards for Members of NHS Boards and Governing Bodies in England.

**Accountability**

4.8 The Group will demonstrate its accountability to its members, local people, stakeholders and NHS England in a number of ways, including by:

(a) Publishing its Constitution;

(b) Appointing independent Lay Members and non GP clinicians to its Governing Body;

(c) Holding the meetings of its Governing Body in public, except for the discussion of those limited items where the group considers that it would not be in the public interest to discuss the matter in public;

---

14 Inserted by section 25 of the 2012 Act

15 *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

16 See Appendix D

17 See Appendix E

18 See http://www.legislation.gov.uk/ukpga/2010/15/contents

(d) Publishing annually a Commissioning Plan that aligns with the Health and Wellbeing Strategy;

(e) Complying with Local Authority Health Overview and Scrutiny requirements;

(f) Meeting annually in public to publish and present its Annual Report (which must be published in accordance with the specific regulations);

(g) Producing Annual Accounts in respect of each financial year which must be externally audited;

(h) Having a published and clear complaints process that meets best practice standards;

(i) Complying with the Freedom of Information Act 2000;

(j) Providing information to NHS England as required.

4.9 In addition to these statutory requirements, the Group will demonstrate its accountability by:

(a) Publishing all of the Clinical Commissioning Group's Operational Policies;

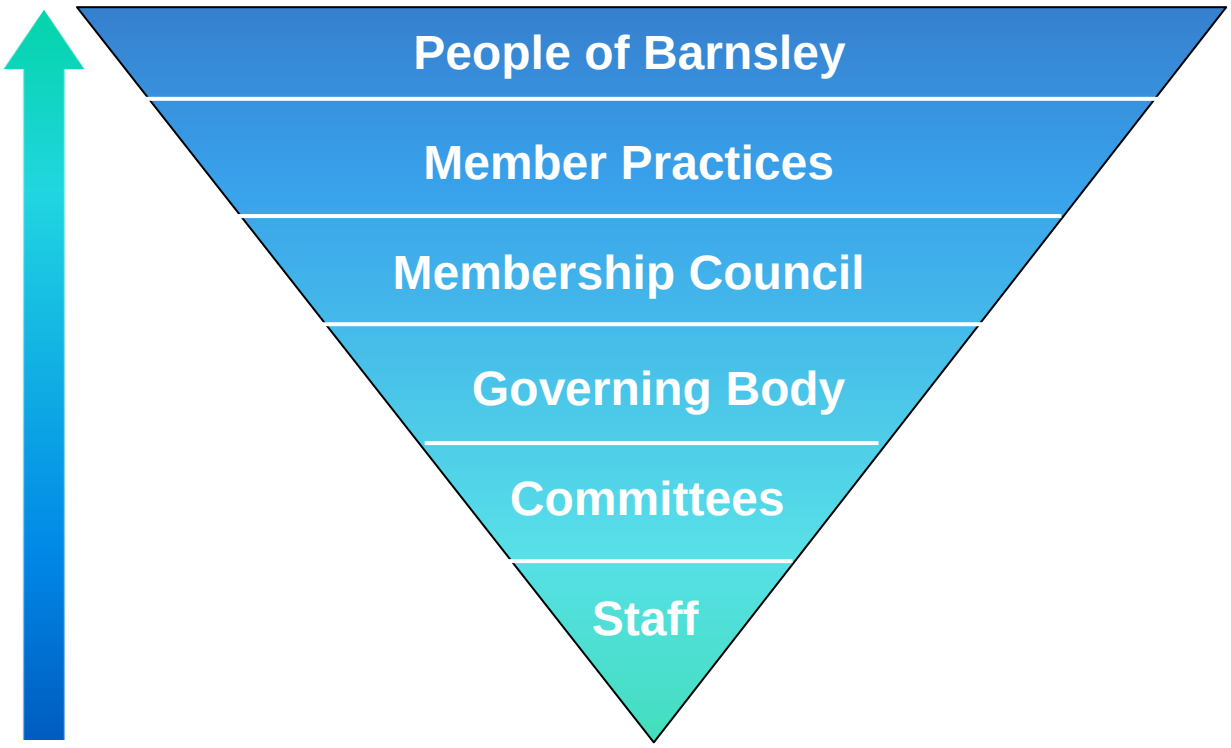
(b) Holding frequent general and specific stakeholder events with the public;

(c) Making public through its Board Meetings the Clinical Commissioning Group Risk Register and Assurance Framework.

4.10 The Governing Body of the Group will throughout each year have an ongoing role with the Membership Council in reviewing the Group's governance arrangements to ensure that the Group continues to reflect the principles of good governance, probity and transparency and is operating in line with its principles and values.

4.11 Any changes as a result of the review or any other new guidance or requirements will only be complete when the relevant section of the Corporate Manual or policy has been amended and this is confirmed to the Governing Body and the Membership Council.

4.12 The Clinical Commissioning Group has established a governance framework that can best be illustrated by the diagram below. This shows that ultimately the Clinical Commissioning Group is accountable to the people it serves and that the Clinical Commissioning Group comprises its Member Practices and is supported in discharging its responsibilities through its Membership Council, its Committees and Sub Committees and its Governing Body and staff.




## SECTION 5 – FUNCTIONS AND GENERAL DUTIES

5.1 The Clinical Commissioning Group via the Membership Council has the power to delegate the responsibility for carrying out the functions of the Clinical Commissioning Group, where functions are delegated these will be to the Governing Body and the Governing Body committees and sub committees. The terms of reference for the committees can be found on the CCG website at http://www.barnsleyccg.nhs.uk/about-us/governing-body.htm.

5.2 The functions reserved to the Membership Council are, the agreement of the Clinical Commissioning Group Long-Term Strategic Plans and agreement/approval of the Annual Commissioning intentions and the approval of all significant service transformation plans.

5.3 Other functions delegated to individuals or committees are set out in the policies of the Clinical Commissioning Group in the Corporate Manual.

5.4 All policies and delegated authority will have as part of the delegation a mechanism whereby the Governing Body and Membership Council receive reports relating to the whole business of the Clinical Commissioning Group in a cycle of reporting established by the Governing Body and agreed by the Membership Council.

5.5 As appropriate all such delegation will be reflected in the Standing Orders and Scheme of Reservation and Delegation contained in the Corporate Manual.

**Functions**

5.6 The functions that the Group is responsible for exercising are 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) 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) In discharging this duty the Clinical Commissioning Group will be consistent with the Secretary of State's and NHS England's duty to commission a comprehensive health service and in line with the Mandate set by the Secretary of State and any other guidance issued by NHS England or other regulatory body or legislation;

(c) Commissioning emergency care for anyone present in the Group's area;

(d) Paying its employees' remuneration, fees and allowances, in accordance with the determinations made by its Governing Body;

(e) Determining the remuneration and travelling or other allowances of members of its Governing Body through the Remuneration Committee;

(f) Exercising the primary care commissioning functions in accordance with the delegation by NHS England.

5.7 In discharging its functions the Group will:

(a) Act[19], when exercising its functions to commission health services, consistently with the discharge by the Secretary of State and NHS England of their duty to ***promote a comprehensive health service***[20] *and* with the objectives and requirements placed on NHS England through *the mandate*[21] published by the Secretary of State before the start of each financial year by:

19 See section 3(1F) of the 2006 Act, inserted by section 13 of the 2012 Act
20 See section 1 of the 2006 Act, as amended by section 1 of the 2012 Act
21 See section 13A of the 2006 Act, inserted by section 23 of the 2012 Act

i. Incorporating the priorities for the health service set out in 'the mandate' into our local commissioning and financial plans;

ii. Making provision within our commissioning and operational plans to prevent ill health and to fund comprehensive healthcare for both those patients who are registered and those who are not registered with our member practices, but who normally reside within the area covered by our group.

(b) Meet the public sector equality duty[22] by:

i. Setting out a strategy that encompasses all aspects of Equality and Diversity and ensuring that what we do meets the standards set out in expert guidance such as the Equality System Toolkit;

ii. Undertaking a baseline assessment of our current activity in order to determine what more we need to do to be fully compliant with our duty;

iii. Publishing our approach to promoting equality and making information accessible about what we are doing, how we will measure what we are doing and what we are achieving;

iv. Commissioning services based upon needs assessment that cover all 9 protected characteristics (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, sexual orientation and for discrimination only marriage and civil partnerships) (Equality Act 2010);

v. Embedding equality impact assessment in our commissioning processes and policy development and ensuring all committees and sub-committees and working groups take this into account in their work;

vi. Placing emphasis on leadership as well as on policies and process and having a lead for equality as a member of the Governing Body;

vii. Ensuring that the Governing Body and the Membership Council receive appropriate reports on the matter;

viii. Publishing an Annual Report as part of our annual reporting process;

(c) Work in partnership with the Local Authority to develop **joint strategic needs assessments**[23] and **joint health and wellbeing strategies**[24] by:

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

i. Being active members of the Health and Wellbeing Board and basing our plans on the Joint Health and Wellbeing Strategy;
ii. Agreeing plans with our partners on the Health and Wellbeing Board to collectively address the health and wellbeing needs of our community and reflecting this in our Commissioning Plan;
iii. Acting as good corporate citizens and promoting where possible the economic health of the local area;
iv. Looking at models of joint commissioning and partnership working across the whole system to improve services and develop a sustainable health and social care economy for Barnsley;
v. Pooling resources with partners where it makes sense and commissioning services that are more integrated and responsive to needs using section 75 agreements that are in place and developing other arrangements as necessary to support integrated provision and commissioning of services particularly for children, vulnerable groups and the elderly.

**General Duties**

**Securing Patient and Public Engagement in our Business and Decision making**

5.8 In discharging its functions the Group will make robust arrangements to secure public and patient involvement in the planning, development and consideration of proposals for changes to services and decisions affecting the operation of our commissioning arrangements[25] by:

(a) Setting out our intentions in a Patient and Public Engagement Strategy and being held to account for delivering it;

(b) Establishing a strong working relationship with our local health watch using their knowledge to strengthen our own approaches to public involvement in our planning decisions;

(c) Ensuring we have near to real time feedback from patients and the public about services we commission and ensuring that when we receive comments or complaints we feedback to the public the action we have taken as a result of their information;

---

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

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

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

(d) Holding regular and frequent events to engage the public, and establishing robust mechanisms that enable the Clinical Commissioning Group to routinely and systematically canvas patient and public opinion to inform our commissioning intentions;

(e) Publishing information on how members of the public can contribute to the Group's plans and the development of services;

(f) Placing emphasis on appropriate leadership through the appointment of a Lay and Clinical Lead for Patient and Public Engagement on the Governing Body;

(g) Working with the Overview and Scrutiny Committee to ensure that public opinion has been appropriately canvassed on proposals that would have a material impact on the manner in which services are delivered.

5.9 The Clinical Commissioning Group's general principles contain reference to the importance of Patient and Public Engagement in our decision making. However we wish to see Patient and Public Engagement as central to the Clinical Commissioning Group and have established some principles specific to Patient and Public Engagement. These are set out in our strategy but in summary the Clinical Commissioning Group will:

(a) Consult with patients and the local community to secure the best care for them and ensuring they have real choice;

(b) Adapt our engagement activities to meet the specific needs of the different patient groups and communities;

(c) Publish information about health services on the group's website and through other media making it accessible to all age groups;

(d) Encourage and act on feedback and tell people what we did as a result of their feedback;

(e) Monitor and report its compliance against this statement of principles via the Governing Body's Equality and Engagement Committee.

5.10 Where there may be proposals to change the way in which services are delivered the Clinical Commissioning Group will have engaged with the public before such proposals are finalised however, once proposals are finalised and the options described, the Clinical Commissioning Group will engage with the Local Authority in accordance with relevant regulations and guidance.

**Having Regard for the NHS Constitution**

5.11 The Clinical Commissioning Group is committed to promoting awareness of, and acting with a view to securing that health services that are provided in a way that has regard to the NHS Constitution[26] and will through this Constitution and in our actions:

(a) Reflect the principles upheld in the NHS Constitution in our values, and in our commissioning and operational plans and where appropriate in our policies;
(b) Actively promote the NHS Constitution via the group's website and in our engagement with patients, the public, providers of services and other key stakeholders;

(c) Demonstrate to our stakeholders and others the steps we have taken to embed the NHS Constitution in our work.

**Acting Efficiently and Effectively**

5.12 The Clinical Commissioning Group is also committed to act **effectively, efficiently and economically**[27] by:

(a) Embedding in the way we work processes that promote effectiveness and efficiency in our commissioning decisions as well as the continued financial stability of the Barnsley system;

(b) Using tools such as programme budget analysis and benchmarking tools such as the Atlas of Variation to improve value for money from our commissioning decisions;

(c) Developing a programme management approach to our business that focuses on delivery (this will be set out in our Commissioning Framework and related policies). Ensuring we continue to deliver and further develop the Group's Quality, Innovation, Productivity and Prevention plans through our commissioning activities;

(d) Establishing robust governance arrangements that place emphasis on assuring the Governing Body of the effectiveness, efficiency and economy of the decisions of the Governing Body, including those in the Corporate Manual;

(e) The Governing Body's Finance and Performance Committee will oversee the performance of the Clinical Commissioning Group in this area, incorporating responsibility for the Quality, Innovation, Productivity and Prevention delivery plan.

---

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

27 See section 14Q of the 2006 Act, inserted by section 26 of the 2012 Act

## Securing High Quality Healthcare

5.13 We will act at all times with a view to securing continuous improvement to the quality of services[28] by:

(a) Establishing robust governance arrangements including being clear which committee concerns itself with quality and patient safety and ensures that the Governing Body places emphasis on assuring the Clinical Commissioning Group of the quality and safety of the services that it commissions;

(b) Placing emphasis on securing the appropriate quality leadership through the appointment of a clinical lead as well as a senior manager and ensuring that there are appropriate policies and procedures set in the Corporate Manual;

(c) Building measures of quality into commissioning specifications and where appropriate applying penalties for significant breaches;

(d) Putting in place performance management regimes that assess quality patient safety processes, patient complaints, and trends and acting on this information, holding system wide meetings to explore quality of care;

(e) Using the commissioning for quality and innovation framework mechanisms to full effect to reward providers for quality improvements only.

5.14 As well as concerning itself with the quality of care it commissions the Clinical Commissioning Group has a vested interest in the quality of primary care and how it impacts on local care pathways. We will work with NHS England in relation to the Group's duty to **improve the quality of primary medical services**[29] by:

(a) Establishing appropriate robust governance arrangements that in due course **may,** in agreement with NHS England Area Team, include a Primary Medical Services sub-committee of the committee concerned with patient safety and quality so that the Clinical Commissioning Group can be assured of the continuous improvement in the quality of primary medical services and see how they contribute to the quality of pathways of care;

(b) Benchmarking the quality of primary care services and how they deliver their part in the pathways of care, focusing on those areas that could be improved, and sharing comparative information with

28 See section 14R of the 2006 Act, inserted by section 26 of the 2012 Act

29 See section 14S of the 2006 Act, inserted by section 26 of the 2012 Act

member practices will form part of the business of commissioning services (the outcome of these will be shared with NHS England Area Team);

(c) With the Area Team, putting supportive measures in place to help member practices to continually improve the quality of care and address variation in practice supporting quality incentive schemes to reward good performance;

(d) Placing emphasis on appropriate clinical leadership across all aspects of care.

**Being Fair**

5.15 The Clinical Commissioning Group also has a duty to work with other partners but in particular, the Local Authority and Public Health to **reduce inequalities**[30] by:

(a) Promoting the development of partnership arrangements across the Borough that are mutually accountable for the care delivered to the people of Barnsley;

(b) Focusing resources on need;

(c) Having robust governance arrangements including a joint commissioning arrangement with the Local Authority that place emphasis on integrated care that is focused on reducing inequalities;

(d) Focusing on prevention and early detection of those conditions that relate to health inequalities in our commissioning plans and quality incentive schemes

(e) Working with Public Health to ensure care is focused on needs and contributes to the reduction in inequalities. The arrangements for Public Health input to the business of the Clinical Commissioning Group will be set out in a Memorandum of Understanding with the Local Authority and the Director of Public Health

(f) One of the members of the Governing Body will be the lead for this area of business; there will also be a managerial link to public health.

**Helping People Make Choices**

5.16 We will promote the involvement of patients, their carers and representatives in decisions about their healthcare[31] by:

30 See section 14T of the 2006 Act, inserted by section 26 of the 2012 Act

31 See section 14U of the 2006 Act, inserted by section 26 of the 2012 Act

(a) Complying with NHS England's Guidance on involving the Public and Patients in decisions about their care as set out in our Patient and Public Engagement Strategy.

5.17 We will also, through our commissioning intentions, policies and contracts act with a view to ***enabling patients to make choices about their care***[32] by:

(a) Commissioning services to allow patients to make choices;

(b) Promoting the patients right to choose the provider of their health care through the Clinical Commissioning Group and Practice websites and in materials produced by the Clinical Commissioning Group;

(c) Providing patients with a directory of services and building links to other sites and social media which provide patients with information on services and the quality of services;

(d) Working with practices to understand how they and the Clinical Commissioning Group can maximise the information given to patients to help them make choices.

**Using Intelligence**

5.18 We are committed to obtaining appropriate advice[33] from persons who, taken together, have a broad range of professional expertise in healthcare and public health by:

(a) Establishing a multi-professional body to provide clinical advice and guidance to the Clinical Commissioning Group's Governing Body;

(b) Ensuring that the Governing Body has appropriate advice on the impact of any decisions taken;

(c) Securing advice on commissioning services from regional senates and clinical networks;

(d) At all times working with local and more distant experts in the clinical areas we are considering;

(e) Playing an active role in local clinical networks.

32 See section 14V of the 2006 Act, inserted by section 26 of the 2012 Act

33 See section 14W of the 2006 Act, inserted by section 26 of the 2012 Act

5.19 The Clinical Commissioning Group recognises that to improve quality and create a sustainable health care system for the people of Barnsley we need to be bold and promote innovation[34] by:

(a) Commissioning innovative treatments and care where this demonstrates benefits to patients, even when there is the requirement to manage significant change to deliver better more sustainable care;

(b) Acting on guidance from NHS England and others to increase the commissioning of effective, efficient and best value treatment;

(c) Ensuring that the local Quality, Innovation, Productivity and Prevention programme delivers on all of the domains including innovation.

5.20 The Clinical Commissioning Group will also develop an approach to the promotion of research and the use of research[35] by:

(a) Commissioning evidenced based care and services from providers who promote research and the use of research in the services they offer;

(b) Ensuring that clinicians have access through local research networks to advice that promotes innovative practice and research in the commissioning plan;

(c) Ensuring that Barnsley patients have fair access to trials based on their clinical need.

**Ensuring we have the Best Workforce**

5.21 The Clinical Commissioning Group will require providers to have regard to the need to **promote education and training**[36] 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 Barnsley by:

(a) Commissioning from providers who pay regard to workforce planning and Education and Training and who are a member of their Local Education and Training Board and who can demonstrate high quality leadership of Education and Training in the organisation;

34 See section 14X of the 2006 Act, inserted by section 26 of the 2012 Act
35 See section 14Y of the 2006 Act, inserted by section 26 of the 2012 Act
36 See section 14Z of the 2006 Act, inserted by section 26 of the 2012 Act

(b) Linking into the Local Education and Training Board to ensure they understand the workforce needed from a commissioner perspective;

(c) Ensuring we are clear in our longer term strategy and commissioning intentions of the type of workforce we expect providers to employ to deliver the services we require.

**Working with Other NHS Commissioners**

5.22 The Clinical Commissioning Group is committed to act with a view to **promoting integration** of both health services with other health services *and* health services with health related social care services where the Clinical Commissioning Group considers that this would improve the quality of services or reduce inequalities.[37] The CCG will do this by working with other Clinical Commissioning Groups as well as our local partners (described below) and will actively seek to establish robust governance arrangements that place emphasis on integrated working and mutual accountability through:

(a) Membership of the Health and Wellbeing Board;

(b) Joint Commissioning arrangements with the Local Authority;

(c) The Clinical Commissioning Group's work with other Clinical Commissioning Groups as a member of Commissioners Working Together Joint Committee of CCGs;

(d) The close relationship with Clinical Networks;

(e) Working closely with provider units through regular Governing Body to Board meeting;

(f) A commitment to work with NHS England on specialised services;

(g) System wide arrangements for operational resilience of the urgent and emergency care system and general business continuity delivered through the multi-agency Accident and Emergency Delivery Board.

The Clinical Commissioning Group has delegated to the Clinical Commissioning Group's Governing Body the power to enter into such joint arrangements with other Clinical Commissioning groups as it deems fit (see paragraphs 5.23 to 5.33).

[37] See section 14Z1 of the 2006 Act, inserted by section 26 of the 2012 Act

The Clinical Commissioning Group has delegated to the Clinical Commissioning Group's Governing Body the power to enter into joint arrangements with NHS England (see paragraphs 5.34 to 5.55). The Clinical Commissioning Group has no joint committees with any local authorities but delegates to the NHS Barnsley Clinical Commissioning Group's Governing Body the power to enter such joint committees as it deems fit but subject to any restrictions imposed by the 2006 Act, associated Regulations or NHS England guidance.

**Joint Commissioning Arrangements with Other Clinical Commissioning Groups**

5.23 The Clinical Commissioning Group (CCG) may wish to work together with other CCGs in the exercise of its commissioning functions.

5.24 The CCG may make arrangements with one or more CCG in respect of:

5.24.1 delegating any of the CCG's commissioning functions to another CCG;
5.24.2 exercising any of the commissioning functions of another CCG; or
5.24.3 exercising jointly the commissioning functions of the CCG and another CCG.

5.25 For the purposes of the arrangements described at paragraph 5.24, the CCG may:

5.25.1 make payments to another CCG;
5.25.2 receive payments from another CCG;
5.25.3 make the services of its employees or any other resources available to another CCG; or
5.25.4 receive the services of the employees or the resources available to another CCG.

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

5.27 For the purposes of the arrangements described at paragraph 5.24 above, the CCG may establish and maintain a pooled fund made up of contributions by any of the CCGs working together pursuant to paragraph 5.24.3 above. Any such pooled fund may be used to make payments towards expenditure incurred in the discharge of any of the commissioning functions in respect of which the arrangements are made.

5.28 Where the CCG makes arrangements with another CCG as described at paragraph 5.24 above, the CCG shall develop and agree with that CCG an agreement setting out the arrangements for joint working, including details of:

- How the parties will work together to carry out their commissioning functions;
- The duties and responsibilities of the parties;
- How risk will be managed and apportioned between the parties;
- Financial arrangements, including, if applicable, payments towards a pooled fund and management of that fund;
- Contributions from the parties, including details around assets, employees and equipment to be used under the joint working arrangements.

5.29 The liability of the CCG to carry out its functions will not be affected where the CCG enters into arrangements pursuant to paragraph 5.24 above.

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

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

5.32 The Governing Body of the CCG shall require, in all joint commissioning arrangements that the lead clinician and lead manager of the lead CCG make a quarterly written report to the Governing Body and hold at least annual engagement events to review aims, objectives, strategy and progress and publish an annual report on progress made against objectives.

5.33 Should a joint commissioning arrangement prove to be unsatisfactory the Governing Body of the CCG can decide to withdraw from the arrangement, but has to give 6 months' notice to partners, with new arrangements starting from the beginning of the next new financial year.

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

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

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

5.36 The arrangements referred to in paragraph 5.35 above may include other CCGs.

5.37 Where joint commissioning arrangements pursuant to 5.35 above are entered into, the parties may establish a joint committee to exercise the commissioning functions in question.

5.38 Arrangements made pursuant to 5.35 above may be on such terms and conditions (including terms as to payment) as may be agreed between NHS England and the CCG.

5.39 Where the CCG makes arrangements with NHS England (and another CCG if relevant) as described at paragraph 5.35 above, the CCG shall develop and agree with NHS England a framework setting out the arrangements for joint working, including details of:

- How the parties will work together to carry out their commissioning functions;
- The duties and responsibilities of the parties;
- How risk will be managed and apportioned between the parties;
- Financial arrangements, including, if applicable, payments towards a pooled fund and management of that fund;
- Contributions from the parties, including details around assets, employees and equipment to be used under the joint working arrangements;

5.40 The liability of the CCG to carry out its functions will not be affected where the CCG enters into arrangements pursuant to paragraph 5.35 above.

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

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

5.43 The Governing Body of the CCG shall require, in all joint commissioning arrangements that the lead clinician or lead manager of the CCG make a quarterly written report to the Governing Body and hold at least annual engagement events to review aims, objectives, strategy and progress and publish an annual report on progress made against objectives.

5.44 Should a joint commissioning arrangement prove to be unsatisfactory the Governing Body of the CCG can decide to withdraw from the arrangement, but has to give 6 months' notice to partners, with new arrangements starting from the beginning of the next new financial year.

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

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

5.46 The CCG may enter into arrangements with NHS England and, where applicable, other CCGs to:

- Exercise such functions as specified by NHS England under delegated arrangements;
- Jointly exercise such functions as specified with NHS England.

5.47 Where arrangements are made for the CCG and, where applicable, other CCGs to exercise functions jointly with NHS England a joint committee may be established to exercise the functions in question.

5.48 Arrangements made between NHS England and the CCG may be on such terms and conditions (including terms as to payment) as may be agreed between the parties.

5.49 For the purposes of the arrangements described at paragraph 5.46 above, NHS England and the CCG may establish and maintain a pooled fund made up of contributions by the parties working together. Any such pooled fund may be used to make payments towards expenditure incurred in the discharge of any of the commissioning functions in respect of which the arrangements are made.

5.50 Where the CCG enters into arrangements with NHS England as described at paragraph 5.46 above, the parties will develop and agree a framework setting out the arrangements for joint working, including details of:

- How the parties will work together to carry out their commissioning functions;
- The duties and responsibilities of the parties;
- How risk will be managed and apportioned between the parties;
- Financial arrangements, including payments towards a pooled fund and management of that fund;
- Contributions from the parties, including details around assets, employees and equipment to be used under the joint working arrangements.

5.51 The liability of NHS England to carry out its functions will not be affected where it and the CCG enter into arrangements pursuant to paragraph 5.46 above.

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

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

5.54 The Governing Body of the CCG shall require, in all joint commissioning arrangements that the lead clinician or lead manager of the CCG make a quarterly written report to the Governing Body and hold at least annual engagement events to review aims, objectives, strategy and progress and publish an annual report on progress made against objectives.

5.55 Should a joint commissioning arrangement prove to be unsatisfactory the Governing Body of the CCG can decide to withdraw from the arrangement, but has to give 6 months' notice to partners, with new arrangements starting from the beginning of the next new financial year after the expiration of the 6 months' notice period.

**Ensuring Robust Financial Management**

**General Financial Duties**

5.56 The detailed arrangements are set out in the Clinical Commissioning Group Corporate Manual but in summary the Clinical Commissioning Group will ensure:

(a) Its expenditure does not exceed the aggregate of its allotments for the financial year;[38]

(b) That its use of resources (both its capital resource use and revenue resource use) does not exceed the amount specified by NHS England for the financial year;[39]

(c) It takes account of any directions issued by NHS England, in respect of specified types of resource use in a financial year, to ensure the group does not exceed an amount specified by NHS England[40] by:

i. Establishing within the governance arrangements set out in this Constitution, an emphasis on assuring the Clinical Commissioning Group of robust financial management this will be set out clearly in the terms of reference for the responsible committee and contained within the Corporate Manual;

ii. Placing emphasis on experienced financial leadership as well as the appropriate policies and procedures;
iii. Establishing robust systems of internal control and performance management;
iv. Ensuring that financial plans incorporate contingency planning;
v. Setting challenging but achievable financial targets;
vi. Ensuring the CCG's Annual Commissioning Plan and supporting Financial Plan are signed off by the Governing Body and approved by the Membership Council at the beginning of each financial year.

38 See section 223H(1) of the 2006 Act, inserted by section 27 of the 2012 Act
39 See sections 223I(2) and 223I(3) of the 2006 Act, inserted by section 27 of the 2012 Act
40 See section 223J of the 2006 Act, inserted by section 27 of the 2012 Act

5.57 We will publish an explanation of how the Group spent any payment in respect of quality made to it by NHS England[41] and in line with the policies and procedures set out in the Corporate Manual, particularly where there are payments to practices involved.

**Other Relevant Regulations, Directions and Documents**

5.58 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 other regulatory bodies or legislation.

5.59 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.

## SECTION 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.

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

(a) The Group's Scheme of Reservation and Delegation; and

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

(b) For committees, their terms of reference.

**Scheme of Reservation and Delegation[42]**

6.3 The Group's Scheme of Reservation and Delegation contained in the Corporate Manual sets out:

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

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

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

**General**

6.5 In discharging functions of the Group that have been delegated to its Governing Body and its committees and subcommittees (these are set out in the Corporate Manual) and individuals must:

(a) Comply with the Group's principles of good governance;[43]

(b) Operate in accordance with the Group's Scheme of Reservation and Delegation;[44]

(c) Comply with the Group's Standing Orders;[45]

(d) Comply with the Group's arrangements for discharging its statutory duties;[46]

(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 all committees and sub-committees and working groups must also operate in accordance with the Scheme of Delegation as set out in the Corporate Manual. They must also comply with all relevant policies and procedures as laid down by the Clinical Commissioning Group and contained in the Corporate Manual.

---

42 See Appendix D
43 See section 4.4 on Principles of Good Governance above
44 See appendix D
45 See appendix C
46 See chapter 5 above

6.7 Where delegated responsibilities are being discharged collaboratively with parties other than Clinical Commissioning Groups or NHS England, the joint (collaborative) arrangements must:

(a) Identify the roles and responsibilities of the parties who are working together;

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

(c) Specify under which party's Scheme of Reservation and Delegation and supporting policies the collaborative working arrangements will operate;

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

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

(f) Specify how decisions are communicated to the collaborative partners.

**Committees of the Group**

6.8 A range of committees and subcommittees have been established to support the Clinical Commissioning Group in discharging its duties, these are set out in diagrammatic form below and described on pages 35-40 herein. The Terms of Reference for these Committees can also be found on the CCG's website http://www.barnsleyccg.nhs.uk/about-us/governing-body.htm.

6.9 The Clinical Commissioning Group will review the function of the committees at regular intervals and in line with good robust governance these will evolve over time.

6.10 The Audit Committee and Remuneration Committees are statutory committees of the Governing Body. The membership of the Remuneration Committee is limited to members of the Governing Body.

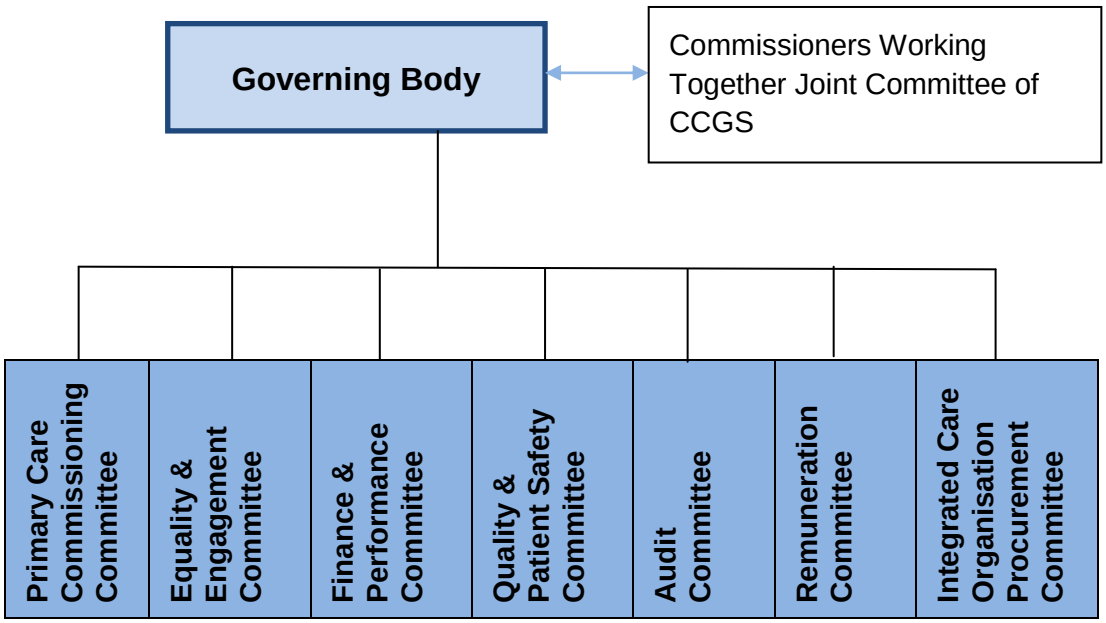
6.11 The Membership Council and Governing Body can create such other committees as they so resolve from time to time in the future. Any additional committees established may include individuals who are not members of the Governing Body but are members of the Clinical Commissioning Group.

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

6.13 Any delegation to committees or individuals will be recorded in the Corporate Manual.

**Good Governance – The Governing Body**

**Committee Structure Barnsley CCG**




6.14 Committees of the Governing Body:

(a) Audit Committee[47] - the Audit Committee is accountable to the Governing Body:

i. Function – It provides the Governing Body with an independent and objective view of the CCG's financial systems, financial information and compliance with laws regulations and directions governing the CCG in so far as they relate to finance. The Governing Body has approved and keeps under review the terms of reference for the Audit Committee. In addition the Governing Body has delegated scrutiny of the following additional functions:[48]

- Audit;
- Risk Management;
- Integrated Governance;
- Annual Governance Statement.

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

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

ii. Composition – It comprises the following people:

- Chair –The Lay Member of the Governing Body who has qualifications, expertise or experience in financial management and audit matters;

- 2 other members of the Governing Body (the Lay Member for PPE and Primary Care Commissioning, and 1 practice representative elected by the Membership Council);
- 1 member of the Membership Council;
- The Chief Finance Officer and Head of Governance and Assurance are in attendance to support the functioning of the Committee.

(b) Remuneration Committee – the Remuneration Committee is accountable to the Governing Body:

i. Function – It advises the Governing Body on determinations about the appropriate remuneration, fees and other allowances; terms of service for employees and for people who provide services to the CCG; provisions for other benefits and allowances under any pension scheme. The Governing Body has approved and keeps under review the terms of reference for the Remuneration Committee;

ii. Composition – It comprises the following people*:*

- Chair – Lay Member for Governance;
- Lay Member for Patient and Public Engagement and Primary Care Commissioning;
- Three practice representatives (elected by the Membership Council) of the Governing Body – specifically the Chair & Governing Body representatives for the Finance and Performance Committee;
- Governing Body Secondary Care Clinician.

(c) Quality & Patient Safety – the Quality & Patient Safety Committee is accountable to the Governing Body:

i. Function – It advises the Governing Body with a view to ensuring that effective quality arrangements underpin all services commissioned on behalf of the CCG, regulatory requirements are met and safety is continually improved to deliver a better patient experience. It will support the Governing Body in ensuring that commissioning decisions are based on evidence of clinical effectiveness, protect patient safety and provide a positive patient experience in line with the principles of the NHS Constitution and requirements of the Care Quality Commission (CQC).

The Governing Body has approved and keeps under review the terms of reference for the Quality & Patient Safety Committee.

ii. Composition – It comprises the following people:

- Medical Director (the Chair);
- Chief Nurse (Deputy Chair);
- Associate Medical Director and 1 other Elected Member of the Governing Body;
- Governing Body Secondary Care Specialist;
- Lay Member for Patient & Public Engagement and Primary Care Commissioning;
- Head of Medicines Optimisation;
- 2 Membership Council members as clinical advisors.

(d) Finance & Performance – The Finance and Performance Committee is accountable to the Governing Body:

i. Function - It will advise and support the Governing Body in scrutinising and tracking of key financial and service priorities, outcomes and targets as specified in the CCG's strategic and operational plans. The Governing Body has approved and keeps under review the terms of reference for the Finance and Performance Committee;

ii. Composition – It comprises the following people:

- Chair – The Governing Body Chair;
- Lay Member – Chair of the Audit Committee;
- 3 practice representatives (elected by the Membership Council) of the Governing Body (Audit Committee, Finance and Contracting);
- The Chief Officer, Chief Finance Officer and Director of Strategic Planning and Performance
- A Member of the Membership Council.

(e) Equality & Engagement Committee - The Equality & Engagement Committee is accountable to the Governing Body:

i. Function - The Equality and Engagement Committee will ensure that Barnsley CCG meets the General and Specific Duties under the Equality Act 2010 across all commissioning decisions, contracting and workforce, and provide assurance to the Governing Body on communication and patient, carers and public engagement.

ii. Composition - it comprises the following people:

- The Lay Member for Patient and Public Engagement (to Chair the Committee);
- Chief Nurse (Vice Chair);
- Elected Members of the Governing Body x 1;
- Membership Council Representatives x 1;
- Head of Communications and Engagement;
- Equality and Diversity Manager;
- Head of Governance & Assurance
- Senior Primary Care Commissioning Manager

(f) Primary Care Commissioning Committee – The Primary Care Commissioning Committee is accountable to the Governing Body:

i. Function - The Committee has been established to enable the members to make collective decisions on the review, planning and procurement of primary care services in Barnsley, including functions under delegated authority from NHS England. The Committee will manage the delegated allocation for commissioning of primary care services in Barnsley;

ii. Composition – it comprises the following people:

- Lay Member for Patient and Public Engagement; and Primary Care Commissioning (Chair);
- Lay Member for Accountable Care (Vice Chair);
- Lay Member for Governance;
- Chief Officer;
- Head of Governance and Assurance;
- Secondary Care Clinician;
- One other elected GP member of the Governing Body (non-voting clinical advisor);
- Chair of the Governing Body (non-voting clinical advisor);
- Medical Director (non-voting clinical advisor).

iii. In addition to the people stated above, a representative of Healthwatch Barnsley, a Local Authority representative of the Health and Wellbeing Board, and other attendees as necessary will be invited to attend meetings and participate in the decision-making discussions of the Primary Care Commissioning Committee in a non-voting capacity.

(g) Commissioners Working Together Joint Committee of CCGs – Barnsley CCG has entered into collaborative arrangements with the Clinical Commissioning Groups from South Yorkshire and Bassetlaw, Hardwick and North Derbyshire (known as "CCGCOM"). The Governing Body has approved a Memorandum of Understanding to support this arrangement, and has agreed to formally establish a Joint Committee with other CCGs under paragraphs 5.23 to 5.33 of the Constitution under the wider Commissioners Working Together arrangements. The Joint Committee will have Terms of Reference and a Scheme of Delegation which will be approved by the Governing Bodies of those CCGs who will be members of the Joint Committee. The Terms of Reference for the Joint Committee will be available on the CCGs website.

i. Function – to exercise those functions delegated to it in the Scheme of Delegation in order to develop a strategic approach to commissioning sustainable services that are patient centred, and to facilitate the development of integrated working with social services so that the patients receive a more seamless service.

ii. Composition – it comprises the following people:

- Voting members: 2 decision makers from each of the member CCGs, who will be the Clinical Chair and Accountable Officer;

- Non-voting attendees:

  - 2 Lay Members chosen from the member CCGs
  - 1 Director of Finance chosen from the member CCGs
  - A representative from NHS England
  - A Healthwatch representative nominated by the local Healthwatch groups, and
  - 2 Local Authority representatives.

- The JC CCG may invite additional non-voting members to join the JC CCG to enable it to carry out its duties.

h) Integrated Care Organisation Procurement Committee – The Integrated Care Organisation Procurement Committee is accountable to the Governing Body:

i. Function - In accordance with its Standing Orders and NHS England's *Managing Conflicts of Interest: Revised Statutory Guidance for CGS 2017* the Governing Body has established the ICO Procurement Committee to oversee the delivery of a successful procurement process for an Integrated care Organisation (ICO) in Barnsley. The Committee is responsible for oversight of the procurement process, providing assurance that appropriate governance is in place, and managing conflicts of interest related to the procurement. Subsequent to the issue of a contract notice it will have delegated authority to take procurement decisions on behalf of the Governing Body, including:
    - Approval of the preferred bidder as recommended by the evaluation panel, and
    - Giving authority to award the contract.

ii. Composition: The Membership of the ICO Procurement Committee will be:
    - Lay Member for Patient and Public Involvement (Chair) – voting member
    - Lay Member for Governance – voting member
    - Chief Officer – voting member
    - Chief Finance Officer – voting member
    - Director of Accountable Care – non-voting member
    - External non-conflicted GP advisor(s) – non-voting member

Committees of the Governing Body Terms of reference[49] are available at http://www.barnsleyccg.nhs.uk/about-us/governing-body.htm.

## SECTION 7 - ROLES AND RESPONSIBILITIES

### Elected Member Practice Representatives – The Membership Council

7.1 Practice representatives represent their practice's views and act on behalf of the practice in matters relating to the group. The role of each of the group's elected practice representatives is to act for their practice on the Group's Membership Council.

[49] The Terms of Reference for all Committees of the Governing Body can be found on the CCG website – http://www.barnsleyccg.nhs.uk/about-us/governing-body.htm

7.2 Through their membership, the Membership Council nominated practice representatives contribute to developing an organisational culture which ensures that the voice of their member practice is heard in discussions and in matters concerning the Group's responsibilities.

7.3 It is the responsibility of the nominated practice representative to:

(a) Seek contributions to the work of the Group from their practice colleagues;

(b) Actively contribute to meetings of the Membership Council;

(c) Ensure that their practice colleagues are aware of the outcome of discussions and their responsibilities in helping to deliver the Group's goals;

(d) Bring the unique understanding of those member practices to the discussion and decision making of the Governing Body.

7.4 A framework will be developed for the roles and competencies required of a Council Member and will form part of the Organisational Development Strategy.

**Other GP and Primary Care Health Professionals**

7.5 The roles and competencies required for membership to the Governing Body will also form part of the Organisational Development Strategy.

7.6 The role and competencies required for salaried members of the Governing Body and the Clinical Commissioning Group staff are set out in their Job Descriptions/Role Profiles, these and any development plans will also form a part of the Organisational Development Strategy.

**Joint Appointments with other Organisations**

7.7 The Clinical Commissioning Group will establish any necessary joint posts with other organisations, and these will be supported by a memorandum of understanding between the organisations who are party to these joint appointments. These will be included in the Corporate Manual.

**All Members of the Group's Governing Body**

7.8 Guidance on the roles of members of the group's governing body is set out in a separate document.[50] In summary, each member of the Governing Body should share responsibility as part of a team to ensure that the group

[50] Clinical Commissioning Group Governing Body Members – Roles Attributes and Skills, NHS Commissioning Board, October 2012.

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.

**The Chair of the Governing Body**

7.9 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, and ensuring that clinical leadership is supported;

(c) Ensuring that the group has proper constitutional and governance arrangements in place;

(d) Ensuring that, through the appropriate support, information and evidence, the Governing Body is able to discharge its duties;

(e) Supporting the accountable officer in discharging the responsibilities of the organisation;

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

(g) Leading and influencing to achieve clinical and organisational change to enable the group to deliver its commissioning responsibilities;

(h) Overseeing governance and particularly ensuring that the governing body and the wider group behaves with the utmost transparency and responsiveness at all times;

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

(j) Ensuring that the organisation is able to account to its local patients, public, stakeholders, NHS England and the Membership Council as defined in the Constitution;

(k) Ensuring that the group builds and maintains effective working relationships, particularly with the stakeholders and partner organisations involved in the Health and Wellbeing Board;

(l) Where the chair of the Governing Body is also the senior clinical voice of the group they will take the lead in interactions with stakeholders, including the interface with NHS England.

**The Vice Chair of the Governing Body**

7.10 As noted at paragraph 3.25, the Governing Body has nominated the Lay Member for Patient and Public Engagement and Primary Care Commissioning as the Governing Body Vice Chair (the Vice Chair should be a lay member if the Chair is a clinician) to deputise for the Chair of the Governing Body where he/she has a conflict of interest or is otherwise unable to act.

**Elected Members of the Governing Body**

7.11 The 9 Elected Members of the Governing Body share responsibility with other members for all aspects of the Clinical Commissioning Group Governing Body business. The clinicians bring a local clinical view on health and care issues to underpin the work of the Clinical Commissioning Group. Any elected member not from a clinical background brings a general local primary care practice perspective and any other particular skills they have to the Governing Body.

7.12 On the Governing Body the Elected Members do not represent their own practice or its interests; rather they provide a generic clinical (or other) view and perspective to the debate. They ensure that the Quality (Patient Safety, Effectiveness and Patient Experience) of Patient Care is central to all activities of the Clinical Commissioning Group.

7.13 The clinical members provide strategic clinical leadership, clinical advice and support through the working of the Clinical Commissioning Group. Each elected member holds a particular portfolio of responsibilities for which they are held accountable by the chair and the Governing Body.

**Practice Manager**

7.14 The Practice Manager brings a local clinical support perspective from Primary Care on health and care issues to underpin the work of the Clinical Commissioning Group. The role shares responsibility with other Governing Body Members for all aspects of the Clinical Commissioning Group Governing Body business. On the Governing Body, the Practice Manager does not represent their practice or its interests; rather they provide a generic non-clinical view and perspective to the debate.

7.15 The Practice Manager on the Governing Body:

(a) Ensures that the Quality (Patient Safety, Clinical Effectiveness and Patient Experience) of Patient Care is central to all activities of the Clinical Commissioning Group;

(b) Connects with Barnsley Practice Managers and Nurses to support their engagement in delivering commissioning plans;

(c) Communicates GP Practice views appropriate to commissioning back to the Governing Body;

(d) Supports Patient & Public Engagement and Equality & Diversity across commissioned services and all Barnsley GP Practices;

(e) Focuses on communication strategy development, and support innovation and service improvement through increased utilisation of available information technology;

(f) Provides an active link to practices and the Membership Council.

**Secondary Care Specialist Doctor**

7.16 The Secondary Care Specialist Doctor is a member of the Governing Body. As well as sharing responsibility with the other members for all aspects of the CCG Governing Body business, they bring a broader view on health and care issues to underpin the work of the CCG. In particular, the Secondary Care Specialist Doctor brings to the Governing Body an understanding of patient care in the secondary care setting and an objective view from outside the CCG locality.

**Lay Members**

7.17 The Lay Members are members of the Governing Body and their focus is strategic and impartial, providing an independent view of the work of the CCG without operational management responsibilities. There are 2 Lay Members, one with the qualification and experience to chair the Audit Committee, and one to lead on patient and public engagement and primary care commissioning.

7.18 The role of Lay Member with the qualification and experience to chair the Audit Committee will be to oversee key elements of governance including audit, remuneration and managing conflicts of interest. 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. This person also has a specific role in ensuring that appropriate and effective whistleblowing and anti-fraud systems are in place. In addition, this person will be the CCG's Conflicts of Interest Guardian to further strengthen scrutiny and transparency of CCGs' decision-making processes. The role of the Conflicts of Interest Guardian is to:

- Act as a conduit and safe point of contact for anyone with concerns relating to conflicts of interest;
- Provide independent advice and judgment on managing conflicts of interest.

7.19 The Lay Member with a lead role in patient and public engagement and primary care commissioning ensures that, in all aspects of the CCG's business the public voice of the local population is heard and that opportunities are created and protected for patient and public empowerment in the work of the CCG. In particular, they ensure through their role as Chair of the Patient & Public Engagement Committee that:

(a) Public and patients' views are heard and their expectations understood and met as appropriate;

(b) The CCG builds and maintains an effective relationship with Local Healthwatch and draws on existing patient and public engagement and involvement expertise;

(c) The CCG has appropriate arrangements in place to secure public and patient involvement and responds in an effective and timely way to feedback and recommendations from patients, carers and the public.

7.20 The Lay Member with a lead role in patient and public engagement and primary care commissioning will also, through their role as Chair of the Primary Care Commissioning Committee, support the CCG in effectively discharging its delegated functions relating to the commissioning of primary medical services and other primary care investments in accordance with the CCG's Annual Commissioning Plan. In particular, they ensure that the Primary Care Commissioning Committee:

(a) Develops plans, including needs assessment, for primary medical care services in Barnsley;

(b) Undertakes reviews of primary medical care services in Barnsley;

(c) Co-ordinates a common approach to the commissioning of primary care services generally;

(d) Manages the budget for commissioning of primary medical care services in Barnsley.

7.21 The Lay Member for Accountable Care will provide independent and objective scrutiny over the CCG's strategy to integrate the delivery of health and care for the people of Barnsley. This will be achieved through the development of new models of care for the delivery of out of hospital services as part of the journey towards the establishment of a truly integrated Accountable Care Organisation which moves the boundaries between

commissioning and provision. This Lay Member will also be Vice Chair of the Primary Care Commissioning Committee, bringing particular expertise concerning primary care matters and supporting with conflicts of interest management in the discharge of the CCG's delegated responsibility to commission Primary Medical Services.

**Chief Officer (including role of the Accountable Officer)**

7.22 The Chief Officer is the Accountable Officer for the CCG. This role of accountable officer has been summarised in a national document[51] as:

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

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

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

7.23 The Chief Officer is also responsible for ensuring that arrangements are put in place so that the CCG successfully delivers its strategic business objectives. They have specific duties for ensuring effective management systems are in place, and are required to direct the operation of the CCG according to the strategic commissioning priorities set by the clinical commissioning group. This includes to:

(a) Contribute to the senior leadership of the CCG;

(b) Provide effective operational management across the organisation;

(c) Support the Chair of the Governing Body and other Governing Body Members to ensure that the Governing Body remains properly constituted and delivers its functions as required by the Health and Social Care Act;

[51] See the latest version of the NHS Commissioning Board Authority's Clinical Commissioning Group Governing Body Members: Role outlines, attributes and skills

(d) Ensure that services commissioned by the CCG are effectively performance managed and quality assured;

(e) Facilitate constructive relationships with and between member practices;

(f) Ensure that high quality, effective commissioning support services are in place (whether provided internally or externally);

(g) Develop and maintain collaborative and partnering relationships that will further the objectives of the CCG;

(h) Ensure the CCG implements appropriate mechanisms to communicate effectively with its external stakeholders, and

(i) Develop a capable and confident workforce with a positive culture that continually develops.

**Chief Finance Officer**

7.24 The Chief Finance Officer is a member of the Governing Body. As well as sharing responsibility with the other members for all aspects of the CCG Governing Body business, the Chief Finance Officer is responsible for providing financial advice to the clinical commissioning group and for supervising financial control and accounting systems.

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

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

(b) Making appropriate arrangements to support, monitor on the group's finances;

(c) Overseeing robust audit and governance arrangements leading to propriety in the use of the group's resources;

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

[52] See the NHS Commissioning Board's Clinical Commissioning Group Governing Body Members: Role outlines, attributes and skills

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

(f) Ensuring that procurement and contracting systems and processes are robust and the CCG's regulatory requirements are fully discharged.

**Chief Nurse (the Registered Nurse)**

7.26 The Chief Nurse is a member of the Governing Body. As well as sharing responsibility with the other members for all aspects of the CCG Governing Body business, the Chief Nurse brings 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.

**Medical Director**

7.27 The Medical Director role is a senior clinical leadership position which supports the CCG in the commissioning of safe, high quality services from all providers and ensuring the best possible experience for patients.

7.28 The Medical Director has shared accountability and a responsibility for delivery of the Clinical Commissioning Group's objectives along with other members of the Clinical Commissioning Group Governing Body. Specifically the Medical Director provides executive accountability for the delivery of the NHS Outcomes Framework domains:

(a) Preventing people from dying prematurely;

(b) Enhancing quality of life for people with long-term conditions;

(c) Helping people to recover from episodes of ill health or following injury;

(d) Ensuring that people have a positive experience of care;

(e) Treating and caring for people in a safe environment and protecting them from avoidable harm.

## SECTION 8 - STANDARDS OF BUSINESS CONDUCT AND MANAGING CONFLICTS OF INTEREST

### Standards of Business Conduct

8.1 The Clinical Commissioning Group has a *Standards of Business Conduct, Managing Conflicts of Interest, and the Acceptance of Gifts and Hospitality Policy* available on its website (http://www.barnsleyccg.nhs.uk/strategies-policies-and-plans.htm ).

8.2 In brief 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 the Corporate Manual and be aware of their responsibilities as outlined in it.

8.3 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 D.

8.4 Individual members of the Governing Body, its committees or sub-committees, Membership Council Representatives, GP Partners of Member Practices (or where a practice is a company, each director) and any individual directly involved with the business or decision-making of the CCG, and employees will comply with the arrangements determined by the Group for managing conflicts or potential conflicts of interest set out in the *Standards of Business Conduct, Managing Conflicts of Interest, and the Acceptance of Gifts and Hospitality Policy*. This policy is available from the Group's website at www.barnsleyccg.nhs.uk/strategies-policies-and-plans.htm.

8.5 The *Standards of Business Conduct, Managing Conflicts of Interest, and the Acceptance of Gifts and Hospitality Policy* is also available on request at the Clinical Commissioning Group Headquarters. It will also be available on request by post from Hillder House, 49/51 Gawber Road, Barnsley S75 2PY or by email (BARNCCG.Comms@nhs.net).

8.6 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 and is also outlined in the Group's *Standards of Business Conduct, Managing Conflicts of Interest, and the Acceptance of Gifts and Hospitality Policy*.

**Conflicts of Interest**

8.7 As required by section 140 of the 2006 Act, as inserted by section 25 of the 2012 Act, the Clinical Commissioning Group has made 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.

8.8 The management of conflicts or potential conflicts is clearly set out in the Clinical Commissioning Group's policy, but in brief where an individual has an interest, or becomes aware of an interest which could lead to a conflict of interests in the event of the Group considering an action or decision in relation to that interest, then that must be considered as a potential conflict, and is subject to the provisions of this Constitution and the *Standards of Business Conduct, Managing Conflicts of Interest, and the Acceptance of Gifts and Hospitality Policy*.

8.9 It is important that any actual or potential conflicts of interest are managed in such a way that do not affect the integrity of decisions made by the Clinical Commissioning Group such that there can be no question that there has been any influence of a conflicting interest.

8.10 The CCG manages conflicts of interest of members, employees, and contractors in line with statutory guidance, outlined in its *Standards of Business Conduct, Managing Conflicts of Interest, and the Acceptance of Gifts and Hospitality Policy* available on its website (http://www.barnsleyccg.nhs.uk/strategies-policies-and-plans.htm ). The policy sets out what a conflict of interest includes:

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

(b) Non-Financial Professional Interests: where an individual may obtain a non-financial professional benefit from the consequences of a commissioning decision, such as increasing their professional reputation or status or promoting their professional career. ;

(c) Non-Financial Personal Interests: where an individual may benefit personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit. ;

(d) Indirect Interests: This is where an individual has a close association with an individual who has a financial interest, a non-financial professional interest or a non-financial personal interest in a commissioning decision .

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

8.11 Individuals will declare any interests that they have, in relation to a decision to be made in the exercise of the commissioning functions of the Group, as soon as they are aware of it and in any event no more than 28 days after becoming aware. All persons referred to in paragraph 45 of the

Statutory Guidance for CCG's on Managing Conflicts of Interest 2017 must declare any interests. The CCG ensures that, as a matter of course, declarations of interest are made or confirmed at least annually. Declarations should be made as soon as reasonably practicable and by law within 28 days after the interest arises.

8.12 The Group will maintain one or more registers of the interests of those individuals listed in the CCG's *Standards of Business Conduct, Managing Conflicts of Interest, and the Acceptance of Gifts and Hospitality Policy*. As a minimum, the CCG will publish the Registers of Conflicts of Interest and Gifts and Hospitality of decision making staff at least annually in a prominent place on the group's website at www.barnsleyccg.nhs.uk. The Register of Interests will also be available on request at the Clinical Commissioning Group Headquarters. It will also be available on request by post from Hillder House, 49/51 Gawber Road, Barnsley S75 2PY or by email (BARNCCG.Comms@nhs.net).

8.13 Interests (including gifts and hospitality) of decision making staff will remain on the public register for a minimum of six months after the interest has expired and the CCG will retain a private record of historic interests and offers / receipts of gifts and hospitality for a minimum of 6 years after the date on which it expired. The CCG's published register of interests should state that historic interests are retained by the CCG for the specified timeframe and give details of who to contact to request this information.

8.14 Anyone seeking information in relation to procurement, or participating in a 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. This is set out in the Clinical Commissioning Group's *Standards of Business Conduct, Managing Conflicts of Interest, and the Acceptance of Gifts and Hospitality Policy*.

8.15 The Accountable Officer will ensure that for every interest declared, either in writing or by oral declaration, arrangements are in place to manage the conflict of interests or potential conflict of interests, to ensure the integrity of the Group's decision making process..

**Transparency in Procuring Services**

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

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

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

8.17 Copies of this Procurement Policy will be available on the Group's website at www.barnsleyccg.nhs.uk .

8.18 Copies of the Procurement Policy will also be available on request at the Clinical Commissioning Group Headquarters. It will also be available on request by post from Hillder House, 49/51 Gawber Road, Barnsley S75 2PY or by email (BARNCCG.Comms@nhs.net).

## SECTION 9 - THE GROUP AS EMPLOYER

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

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

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

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

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

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

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

9.8 The Group will ensure that its employees have access to such expert advice and training opportunities as the Governing Body considers reasonable in order to exercise its responsibilities effectively.

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

9.10 Copies of this Code of Conduct, together with the other policies and procedures outlined in this chapter, will be available on the Group's website at www.barnsleyccg.nhs.uk. "The Group recognises and confirms that nothing in or referred to in this Constitution (including in relation to the issue of any press release or other public statement or disclosure) will prevent or inhibit the making of any protected disclosure (as defined in the Employment Rights Act 1996, as amended by the Public Interest Disclosure Act 1998) by any member of the Group, any member of its Governing Body, any member of any of its committees or sub-committees or the committees or sub-committees of its Governing Body, or any employee of the Group or of any of its members, nor will it affect the rights of any worker (as defined in that Act) under that Act".

9.11 Copies of this Code of Conduct, together with other policies and procedures outlined in this chapter will also be available on request at the Clinical Commissioning Group Headquarters or in member GP Practices. It will also be available on request by post from:
Hillder House, 49/51 Gawber Road, Barnsley S75 2PY or by email (BARNCCG.Comms@nhs.net).

## SECTION 10 - TRANSPARENCY, WAYS OF WORKING AND STANDING ORDERS

### General

10.1 We are committed to being an open and transparent organisation, involving our stakeholders, the public and patients and our staff in everything we do. Meetings of the Governing Body will be in public (except where the Group considers that it would not be in the public interest) and our papers, policies and documents will be widely available.

10.2 The Group will publish annually a Commissioning Plan and an Annual Report, presenting the Group's Annual Report to a public meeting.

10.3 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.barnsleyccg.nhs.uk.

10.4 They will also be available on request at the Clinical Commissioning Group Headquarters or in member GP Practices. It will also be available on request by post from Hillder House, 49/51 Gawber Road, Barnsley S75 2PY or by email (BARNCCG.Comms@nhs.net).

10.5 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**

10.6 This Constitution is supported by a number of documents; most importantly the Corporate Manual which as well as containing policies and documents referred to throughout the Constitution also contains details on how the Group will operate. They are the Group's:

(a) Standing Orders – 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 – 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 – which set out the arrangements for managing the Group's financial affairs.

**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) |
| **Chief Officer (Accountable Officer)** | An individual, as defined under paragraph 12 of Schedule 1A of the 2006 Act (as inserted by Schedule 2 of the 2012 Act), appointed by NHS England, with responsibility for ensuring the group:<br>• complies with its obligations under:<br>○ sections 14Q and 14R of the 2006 Act (as inserted by section 26 of the 2012 Act)<br>○ sections 223H to 223J of the 2006 Act (as inserted by section 27 of the 2012 Act)<br>○ paragraphs 17 to 19 of Schedule 1A of the NHS Act 2006 (as inserted by Schedule 2 of the 2012 Act), and<br>○ any other provision of the 2006 Act (as amended by the 2012 Act) specified in a document published by the Board for that purpose<br>• exercises its functions in a way which provides good value for money. |
| **Area** | The geographical area that the Group has responsibility for, as defined in Chapter 2 of this Constitution |
| **Chair of the Governing Body** | The individual appointed by the Group to act as Chair of the Governing Body |
| **Chief Finance Officer** | The qualified accountant employed by the Group with responsibility for financial strategy, financial management and financial governance |
| **Clinical Commissioning Group** | A body corporate established by NHS England in accordance with Chapter A2 of Part 2 of the 2006 Act (as inserted by section 10 of the 2012 Act) |
| **Committee** | A committee or sub-committee created and appointed by:<br>• the membership of the Group<br>• a committee/sub-committee created by a committee created/appointed by the membership of the group<br>a committee/sub-committee created/appointed by the Governing Body |
| **Financial year** | This usually runs from 1 April to 31 March, but under paragraph 17 of Schedule 1A of the 2006 Act (inserted by Schedule 2 of the 2012 Act), it can for the purposes of audit and accounts run from when a Clinical Commissioning Group is established until the following 31 March |

| | |
|---|---|
| **Group** | NHS Barnsley Clinical Commissioning Group, whose Constitution this is. |
| **Governing Body** | The body appointed under section 14L of the NHS Act 2006 (as inserted by section 25 of the 2012 Act), with the main function of ensuring that a Clinical Commissioning Group has made appropriate arrangements for ensuring that it complies with:<br><br>• 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 |
| **Lay Member** | A Lay Member of the Governing Body, appointed by the Group. A Lay Member is an individual who is not a member of the Group or a healthcare professional<br>(i.e. an individual who is a member of a profession regulated by a body mentioned in section 25(3) of the National Health Service Reform and Health Care Professions Act 2002) or as otherwise defined in regulations |
| **Member** | A provider of primary medical services to a registered patient list, who is a members of this group (Appendix B) |
| **Membership Council** | The Stakeholder body- Comprised of 37 elected practice member representatives |
| **Practice Representatives** | An individual appointed by a practice (who is a member of the group) to act on its behalf in the dealings between it and the Group, under regulations made under section 89 or 94 of the 2006 Act (as amended by section 28 of the 2012 Act) or directions under section 98A of the 2006 Act (as inserted by section 49 of the 2012 Act) |
| **Registers of Interests** | Registers a Group is required to maintain and make publicly available under section 14O of the 2006 Act (as inserted by section 25 of the 2012 Act), of the interests of:<br><br>• The members of the Group;<br>• The members of its Governing Body;<br>• The members of its committees or sub-committees and committees or sub-committees of its Governing Body; and<br>• Its employees. |

**APPENDIX B**
**LIST OF MEMBER PRACTICES**

| Practice Name | Address | Signature of Practice Representative & Date Signed |
|---|---|---|
| Apollo Court Medical Centre PMS Practice | Apollo Court Medical Centre, High Street, Dodworth, Barnsley, S75 3RF | |
| Ashville Medical PMS Practice | Oaks Park Primary Care Centre, Thornton Road, Kendray, Barnsley, S70 3NE | |
| BHF Brierley Medical Centre | Brierley Medical Centre, Church Drive, Brierley, Barnsley, S72 9HZ | |
| Caxton House Surgery | Caxton House Surgery, 53 High Street, Grimethorpe, Barnsley, S72 7BB | |
| Cope Street Surgery | Cope Street Surgery, 2a Cope Street, Barnsley, S70 4HY | |
| Craven & Czepulkowski | 48 High Street, Royston, Barnsley, S71 4RF | |
| Dearne Valley Group Practice | The Thurnscoe Centre, Holly Bush Drive, Thurnscoe, Rotherham, S63 0LT | |
| The Dove Valley PMS Practice | Worsbrough Health Centre, Powell Street, Worsbrough, Barnsley, S70 5NZ | |
| Dr Eko | The Health Centre, Church Street, Darton, Barnsley, S75 5HQ | |
| Goldthorpe Medical Centre PMS Practice | The Goldthorpe Centre, Goldthorpe Green, Goldthorpe, Rotherham, S63 9EH | |
| Grimethorpe Surgery | Grimethorpe Surgery, The Grimethorpe Centre, Acorn Way, Grimethorpe, Barnsley, S72 7NZ | |
| BHF Lundwood Surgery | BHF Lundwood Surgery, Priory Campus, Pontefract Road, Lundwood, Barnsley, S71 5PN | |
| Hill Brow Surgery PMS Practice | Hill Brow Surgery, Long Croft, Mapplewell, Barnsley, S75 6FH | |
| BHF Highgate Surgery | Highgate Surgery (The Grimethorpe Centre, Acorn Way, Grimethorpe, Barnsley, S72 7NZ | |
| Hollygreen Practice | Hollygreen Practice, The Goldthorpe Centre, Goldthorpe Green, Goldthorpe, Rotherham, S63 9EH | |
| Hoyland First PMS Practice | Walderslade Surgery, High Croft, Hoyland, Barnsley, S74 9AF | |
| Hoyland Medical Practice | The Hoyland Centre, High Croft, Hoyland, Barnsley, S74 9AF | |
| Huddersfield Road Surgery | Huddersfield Road Surgery, 6 Huddersfield Road, Barnsley, S70 2LT | |
| The Kakoty PMS Practice | 170 Sheffield Road, Barnsley, S70 4NW | |

| Practice Name | Address | Signature of Practice Representative & Date Signed |
|---|---|---|
| Kingswell Surgery PMS Practice | Kingswell Surgery, 40 Shrewsbury Road, Penistone, Sheffield, S36 6DY | |
| Lakeside Surgery | Lakeside Surgery, The Goldthorpe Centre, Goldthorpe Green, Goldthorpe, Rotherham, S63 9EH | |
| Lundwood Medical Centre PMS Practice | The Medical Centre, Pontefract Road, Lundwood, Barnsley, S71 5PN | |
| Monk Bretton Health Centre PMS Practice | Monk Bretton Health Centre, High Street, Monk Bretton, Barnsley, S71 2EQ | |
| The Grove Medical Centre | Park Grove Medical Centre, 124-126 Park Grove, Barnsley, S70 1QE | |
| Park Grove Surgery | Park Grove Surgery, 94 Park Grove, Barnsley, S70 1QE | |
| Penistone Group PMS Practice | 19 High Street, Penistone, Sheffield, S36 6BR | |
| The Rose Tree PMS Practice | The Rose Tree PMS Practice, The Cudworth Centre, Carlton Street, Cudworth, Barnsley, S72 8SU | |
| Rotherham Road Medical Centre PMS Practice | 100 Rotherham Road, Barnsley, S71 1UT | |
| Royston Group Practice | Royston Group Practice, The Surgery, 65D Midland Road, Royston, Barnsley, S71 4QW | |
| St George's Medical Practice | The Roundhouse Medical Centre, Wakefield Road, Barnsley, S71 1TH | |
| Victoria Medical Centre PMS Practice | Victoria Medical Centre, 7 Victoria Crescent West, Barnsley, S75 2AE | |
| Wombwell Medical Centre | Wombwell Medical Centre, George Street, Wombwell, Barnsley S73 0DD | |
| Wombwell PMS Practice | Chapelfield Medical Centre, Mayflower Way, Wombwell, Barnsley, S73 0AJ | |
| Woodgrove Surgery PMS Practice | Garland House, 1 Church Street, Darfield, Barnsley, S73 9JX | |
| Woodland Drive Medical Centre | Woodland Drive Medical Centre, Woodland Drive, Barnsley S70 6QW | |

**APPENDIX C**
**NOLAN PRINCIPLES**

1. The 'Nolan Principles' set out the ways in which holders of public office should behave in discharging their duties. The 7 principles are:

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

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

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

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

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

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

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

Source: *The First Report of the Committee on Standards in Public Life* (1995)[53]

[53] Available at http://www.public-standards.gov.uk/

**APPENDIX D**
**NHS CONSTITUTION**

The NHS Constitution sets out 7 key principles that guide the NHS in all it does:

1. **The NHS provides a comprehensive service, available to all** - irrespective of gender, race, disability, age, sexual orientation, religion or belief. It has a duty to each and every individual that it serves and must respect their human rights. At the same time, it has a wider social duty to promote equality through the services it provides and to pay particular attention to groups or sections of society where improvements in health and life expectancy are not keeping pace with the rest of the population.

2. **Access to NHS services is based on clinical need, not an individual's ability to pay** - NHS services are free of charge, except in limited circumstances sanctioned by Parliament.

3. **The NHS aspires to the highest standards of excellence and professionalism** - in the provision of high-quality care that is safe, effective and focused on patient experience; in the planning and delivery of the clinical and other services it provides; in the people it employs and the education, training and development they receive; in the leadership and management of its organisations; and through its commitment to innovation and to the promotion and conduct of research to improve the current and future health and care of the population.

4. **NHS services must reflect the needs and preferences of patients, their families and their carers** - patients, with their families and carers, where appropriate, will be involved in and consulted on all decisions about their care and treatment.

5. **The NHS works across organisational boundaries and in partnership with other organisations in the interest of patients, local communities and the wider population** - the NHS is an integrated system of organisations and services bound together by the principles and values now reflected in the Constitution. The NHS is committed to working jointly with local authorities and a wide range of other private, public and third sector organisations at national and local level to provide and deliver improvements in health and well-being.

6. **The NHS is committed to providing best value for taxpayers' money and the most cost-effective, fair and sustainable use of finite resources** - public funds for healthcare will be devoted solely to the benefit of the people that the NHS serves.

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

Source: The NHS Constitution: The NHS belongs to us all (March 2012)[54]

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

## APPENDIX E

## 1. MEETINGS OF THE GOVERNING BODY

### 1.1 Calling Meetings

1.1.1 Ordinary meetings of the Group's Governing Body shall be held at regular intervals at such times and places as the Governing Body may determine.

### 1.2 Agenda, Supporting Papers and Business to be Transacted

1.2.1 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 15 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 10 working days before the meeting takes place. The agenda and supporting papers will be circulated to all members of a meeting at least 5 working days before the date the meeting will take place.

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

### 1.3 Petitions

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

### 1.4 Chair of a Meeting

1.4.1 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.

1.4.2 If the Chair is absent temporarily on the grounds of a declared conflict of interest the Deputy Chair, if present, shall preside. If both the Chair and Deputy Chair are absent, or are disqualified from participating, or there is neither a Chair or Deputy 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.

## 1.5 Chair's Ruling

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

## 1.6 Quorum

1.6.1 A quorum will be 9 people being present including at least:

- The Chair or Vice Chair;
- One of the officers, (the Chief Officer, the Chief Finance Officer and the Chief Nurse);
- One of the Appointed Members (the Lay members, the Secondary Care Clinician and the Practice Manager);
- One of the Elected Members.

1.6.2 For 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.

## 1.7 Decision-Making

1.7.1 Chapter 6 of the Group's Constitution, together with the Scheme of Reservation and Delegation, sets out the governing structure for the exercise of the Group's statutory functions.

1.7.2 Generally it is expected that at meetings of the Governing Body decisions will be reached by consensus. Should this not be possible then a vote of members will be required, the process for which is set out below:

(a) **Eligibility:**

i. Voting members of the Governing Body are the:

- Chair;
- Registered Nurse;
- Secondary Care Clinician;
- Three Lay Members;
- Chief Officer (Accountable Officer);
- Chief Finance Officer;
- Practice Manager;
- Elected members (9 including the Chair).

(b) **Majority necessary to confirm a decision:** A simple majority of voting Governing Body members is required to confirm a decision;

(c) **Vote:** Each voting member of the Governing Body will have one vote;

(d) **Casting vote:** Should it be required the Chair will have the casting vote;

(e) **Dissenting views:** Members taking a dissenting view but losing a vote will have their dissent recorded in the minutes.

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

## 1.8 Urgent Decisions

1.8.1 For urgent decisions that are required to be made outside Governing Body or committee meetings these can be made by two of the Chair, Medical Director, Chief Officer and Chief Finance Officer one of whom should be a clinician. Wherever possible these members should consult with other voting members of the Governing Body before making decisions. Decisions taken under these provisions should be reported back to the relevant decision-making body for ratification.

## 1.9 Suspension of Standing Orders

1.9.1 Except where it would contravene any statutory provision or any direction made by the Secretary of State for Health or NHS England, any part of the Standing Orders may be suspended at any meeting, provided six voting Governing Body members are in agreement.

1.9.2 A decision to suspend Standing Orders together with the reasons for doing so shall be recorded in the minutes of the meeting.

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

## 1.10 Record of Attendance

1.10.1 The names and designations 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 minutes of the respective Governing Body committee/sub-committee meetings.

**1.11 Minutes**

1.11.1 The Chief Officer will have responsibility for:

(a) Liaising with the Chair on all aspects of the work of the Governing Body, including providing advice;

(b) Identifying an officer to undertake the role of Secretary;

(c) Overseeing the delivery of the Secretary's duties.

1.11.2 The Secretary of the Committee will be responsible for:

(a) Attending the meeting, ensuring correct minutes are taken, and once agreed by the Chair distributing minutes to the members and making available to the public on the Group website www.barnsleyccg.nhs.uk;

(b) Keeping a record of matters arising and issues to be carried forward;

(c) Producing an action list following each meeting and ensuring any outstanding action is carried forward on the action list until complete;

(d) Providing appropriate support to the Chair and Governing Body members;

(e) Agreeing the agenda with the Chair prior to sending papers to members no later than 5 working days before the meeting;

(f) Ensuring the Annual Work Programme is up-to-date and distributed at each meeting;

(g) Ensuring the papers of the Governing Body are filed in accordance with Groups policies and procedures.

**1.12 Admission of Public and the Press**

1.12.1 Meetings of the Governing Body, Annual General Meeting and Extraordinary General Meetings will be in public unless the Group considers that it is not in the public interest to permit members of the public to attend a meeting or part of a meeting.

1.12.2 The press and or the public may be excluded from the meeting or part of a meeting to prevent disruption or to discuss a confidential issue or where publicity on a matter would be prejudicial to the public interest.

1.12.3 Where press or public are excluded, members and employees will be required not to disclose confidential contents of papers or minutes, or content of any discussion at meeting on these topics, outside the Clinical Commissioning Group without express permission of the Group or its Governing Body.

## 1.13 Appointment of Committees and Sub-Committees

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

**APPENDIX F**

## 2. MEETINGS OF THE MEMBERSHIP COUNCIL

### 2.1 Calling Meetings

2.1.1 Ordinary meetings of the Membership Council shall be held at regular intervals at such times and places as the Membership Council may determine.

### 2.2 Agenda, Supporting Papers and Business to be Transacted

2.2.1 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 15 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 10 working days before the meeting takes place. The agenda and supporting papers will be circulated to all members of a meeting at least 5 working days before the date the meeting will take place.

### 2.3 Petitions

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

### 2.4 Chair of a Meeting

2.4.1 At any meeting of the Membership Council or of a committee or sub-committee of the Membership Council, the Chair of the Membership Council who is also the Chair of the Governing Body shall preside. If the Chair is absent from the meeting, the Deputy Chair, if any and if present, shall preside.

2.4.2 If the Chair is absent temporarily on the grounds of a declared conflict of interest the Deputy Chair, if present, shall preside. If both the Chair and Deputy Chair are absent, or are disqualified from participating, or there is neither a Chair or deputy 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.

## 2.5 Chair's Ruling

2.5.1 The decision of the Chair of the Membership Council 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.

## 2.6 Quorum

2.6.1 A quorum will be members representing at least 55% of total Barnsley practice actual list sizes.

2.6.2 For all committees and sub-committees of the Membership Council, the details of the quorum for these meetings and status of representatives are set out in the appropriate terms of reference.

## 2.7 Decision-Making

2.7.1 Chapter 6 of the Group's Constitution, together with the Scheme of Reservation and Delegation, sets out the governing structure for the exercise of the Group's statutory functions.

2.7.2 Generally it is expected that at meetings of the Membership Council decisions will be reached by consensus. Should this not be possible then a vote of members will be required, the process for which is set out below:

(a) **Eligibility:**

i. Voting members of the Membership Council are the:

- Practice representatives elected by their practice to membership of the Membership Council.

(b) **Majority necessary to confirm a decision:**

i. A majority of 55% of actual list size represented at the meeting is required to confirm a decision.

(c) **Vote:**

i. Each voting member of the Membership Council will have a vote pro rata to their practice list size.

(d) **Casting Vote:**

i. Should it be required the Chair will have the casting vote.

(e) **Dissenting Views:**

i. Members taking a dissenting view but losing a vote will have their dissent recorded in the minutes.

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

## 2.8 Extraordinary General Meeting

2.8.1 An Extraordinary General Meeting may be called for, in writing:

(a) By the Membership Council; or

(b) By 10 members to discuss an urgent matter.

2.8.2 The Chair will give members and any other interested parties at least 14 days' notice of any Extraordinary General Meeting with notice of the business to be discussed.

## 2.9 Urgent Decisions

2.9.1 For urgent decisions that are required to be made outside Membership Council meetings these can be made by the Chair of the Membership Council and any two members. Wherever possible these members should consult with other voting members of the Membership Council before making decisions.

## 2.10 Suspension of Standing Orders

2.10.1 Except where it would contravene any statutory provision or any direction made by the Secretary of State for Health or NHS England, any part of these Standing Orders may be suspended at any meeting, provided nine voting Membership Council members are in agreement.

2.10.2 A decision to suspend Standing Orders together with the reasons for doing so shall be recorded in the minutes of the meeting.

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

## 2.11 Record of Attendance

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

## 2.12 Minutes

2.12.1 The Membership Council may appoint a Secretary to the Membership Council

2.12.2 The Secretary of the Membership Council will be responsible for:

(a) Attending the meeting, ensuring correct minutes are taken, and once agreed by the Chair distributing minutes to the members

(b) Keeping a record of matters arising and issues to be carried forward

(c) Producing an action list following each meeting and ensuring any outstanding action is carried forward on the action list until complete

(d) Providing appropriate support to the Chair and Membership Council members

(e) Agreeing the agenda with the Chair prior to sending papers to members no later than 5 working days before the meeting

(f) Ensuring the papers of the Membership Council are filed in accordance with Groups policies and procedures

## 2.13 Appointment of Committees and Sub-Committees

2.13.1 The provisions of these Standing Orders shall apply where relevant to the operation of the Membership Council and the Membership Council's committees and sub-committee unless stated otherwise in the committee or sub-committee's terms of reference.

APPENDIX G

# Corporate Manual

# CORPORATE MANUAL

## CONTENTS

# Standing Orders

# for

# NHS Barnsley
# Clinical Commissioning Group

## STANDING ORDERS

## 1. INTRODUCTION

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

1.2 The Standing Orders, together with the CCG's Scheme of Reservation and Delegation and the CCG's Prime Financial Policies, provide a procedural framework within which the CCG discharges its business. They set out:

(a) The arrangements for conducting the business of the CCG;

(b) The procedure to be followed at formal meetings of the CCG, the Governing Body and any Committees or sub-committees of the Governing Body;

(c) The process to delegate powers;

(d) The declaration of interests and standards of conduct.

1.3 These arrangements are compliant and are consistent, with requirements set out in the 2006 Act (as amended by the 2012 Act) and related regulations and take account as appropriate of any relevant guidance.

1.4 The Standing Orders, Scheme of Reservation and Delegation and Prime Financial Policies (PFP's) have effect as if incorporated into the CCG's Constitution. CCG Members, employees, Members of the Governing Body, members of the Governing Body's Committees and sub-committees and persons working on behalf of the CCG should be aware of the existence of these documents and, where necessary, be familiar with their detailed provisions. Failure to comply with the Standing Orders, Scheme of Reservation and Delegation and Prime Financial Policies may be regarded as a disciplinary matter that could result in dismissal.

### Delegation of Powers

1.5 The 2006 NHS Act (as amended by the 2012 Act) provides the CCG with powers to delegate CCG functions and those of the Governing Body to certain bodies such as Committees and certain persons and make arrangements for delegation.

1.6 The Governing Body has resolved that certain powers and decisions may only be exercised by the Governing Body in formal session. These powers and decisions are set out in the Scheme of Reservation and Delegation and shall have effect as if incorporated into the Standing Orders. Those powers, which it has delegated to Committees, sub committees and Officers, are contained in the Scheme of Delegation.

## 2. CCG: COMPOSITION OF MEMBERSHIP, TENURE AND ROLE OF MEMBERS

### Composition of Membership

2.1 The CCG's Constitution provides details of the membership of the CCG.

2.2 The CCG's Constitution provides details of the governing structure used in the CCG's decision-making processes and outlines certain key roles and responsibilities within the CCG and its Governing Body, including the role of Practice Representatives.

### Key Roles

2.3 The CCG's Constitution sets out the composition of the CCG's Governing Body and identifies certain key roles and responsibilities within the CCG and its Governing Body. These Standing Orders set out how the CCG appoints individuals to these key roles.

**(a) Chair**

i. Nomination – N/A;

ii. Eligibility – The individual must be a GP from a Member practice, a member representative of the Membership Council and must meet the required competencies for the role as set out in paragraph 7.4 of the Constitution and in terms of the initial appointment have passed the national assessment centre for CCG Clinical Leaders;

iii. Appointment Process – The Membership Council will oversee the process;

iv. Term of Office – The Chair will be nominated for a term of office up to four years initially and three years following subsequent re-election up to a maximum of seven years in accordance with paragraphs 3.18-3.20 of the Constitution;

v. Eligibility for Reappointment – the Chair may be reappointed by the Governing Body.

vi. Grounds for Removal from Office –

- If a receiving order is made against them or they make any arrangement with their creditors;
- If in the opinion of the Governing Body (having taken appropriate professional advice in cases where it is deemed necessary) they become or are deemed to have developed mental or physical illness, which prohibits or inhibits their ability to undertake their role;
- If they cease to be a provider of primary medical services, or be engaged in or employed to deliver primary medical services with a Member practice;
- Where the level of competence is questioned and vote indicating 67% of the Governing Body lacks confidence;
- Notice period – Chair must give at least 3 months' notice of resignation to the Governing Body.

**(b) Elected Practice Representatives to the Governing Body**

i. Nomination – N/A;

ii. Eligibility – The individual must be a Member Representative of the Membership Council;

iii. Appointment process – An election process involving representatives of Member practices

iv. Term of office – Will be elected for a term of office of 2 or 4 years initially, and for 3 years following subsequent elections, up to a maximum of seven years in accordance with paragraphs 3.18-3.20 of the Constitution.

v. Eligibility for reappointment – members can put themselves forward for re-election

vi. Grounds for removal from office –

- If a receiving order is made against them or they make any arrangement with their creditors;
- If in the opinion of the Governing Body (having taken appropriate professional advice in cases where it is deemed necessary) they become or are deemed to have developed mental or physical illness, which prohibits or inhibits their ability to undertake their role;
- If they cease to be a provider of primary medical services, or be engaged in or employed to deliver primary medical services with a Member practice;

- Where level of competence and performance is below agreed levels (Governing Body to agree a performance framework for Members).

v. Notice Period – The member must give at least 3 months' notice to the Chair.

**(c) Lay Members**

i. Nomination – N/A;

ii. Eligibility - The Lay Members must have specific expertise, experience and knowledge to express informed views about the discharge of the CCG's functions. Individuals will not be eligible if they are a serving civil servant within the Department of Health or member/employee of the Care Quality Commission or serving as a Chair or Non-Executive of another NHS body if successfully appointed to the CCG:

- One Lay Member will have the qualifications, expertise and experience in financial matters and audit to Chair the Governing Body Audit Committee;

- Another will have sufficient qualifications, expertise and experience to lead on patient and public engagement, and Chair the Equality & Engagement Committee and the Primary Care Commissioning Committee;

- The third Lay Member will have sufficient qualifications, expertise and experience to provide independent and objective scrutiny over the CCG's strategy to integrate the delivery of health and care, and to support the discharge of the CCG's delegated responsibility to commission Primary Medical Services as Vice Chair of the Primary Care Commissioning Committee.

iii. Appointment Process - The appointment process will operate under best guidance. The Remuneration Committee will determine the detail of the process.

iv. Term of Office – 2 or 4 years initially, then 3 years following subsequent appointments up to a maximum of 7 years in accordance with paragraphs 3.18 to 3.20 of the Constitution.

v. Eligibility for Reappointment – Lay Members can put themselves forward for re-appointment. Process to be overseen by Remuneration Committee.

vi. Grounds for Removal from Office –

- Gross misconduct in breach of the Nolan principles;
- Non-attendance at meetings (6 in any 12 month period);
- Where level of competence and performance is below agreed levels (Governing Body to agree a performance framework for Members);
- Notice period – Member must give at least 3 months' notice to the Chair.

**(d) Practice Manager**

i. Nomination – N/A.

ii. Eligibility – Must be a Practice Manager from a member practice of the CCG.

iii. Appointment process - The appointment process will operate under best guidance. The Remuneration Committee will determine the detail of the process.

iv. Term of office – 2 or 4 years initially, then 3 years following subsequent appointments up to a maximum of 7 years in accordance with paragraph 3.18 to 3.20 of the Constitution.

v. Eligibility for reappointment –The Practice Manager can put themselves forward for re-appointment. Process to be overseen by Remuneration Committee.

vi. Grounds for removal from office –

- Gross misconduct in breach of the Nolan principles;
- Non-attendance at meetings (6 in any 12 month period);

- Where level of competence and performance is below agreed levels (Governing Body to agree a performance framework for Members).

v. Notice period – Member must give at least 3 months' notice to the Chair.

**(e) Secondary Care Clinician/Hospital Doctor**

i. Nomination – N/A.

ii Eligibility - Must be a secondary care clinician not employed by providers from which the CCG commission services.

iii. Appointment process - The appointment process will operate under best guidance. The Remuneration Committee will determine the detail of the process.

iv. Term of office – 2 or 4 years initially, then 3 years following subsequent appointments up to a maximum of 7 years in accordance with paragraph 3.18 to 3.20 of the Constitution.

v. Eligibility for reappointment –The Secondary Care Clinician can put themselves forward for re-appointment. Process to be overseen by the Remuneration Committee.

vi. Grounds for removal from office –

- Gross misconduct in breach of the Nolan principles;
- Non-attendance at meetings (6 in any 12 month period);
- Where level of competence and performance is below agreed levels (Governing Body to agree a performance framework for Members).

vii. Notice period – Member must give at least 3 months' notice to the Chair

**(f) Chief Officer**

i. Nomination – N/A.

ii. Eligibility – The individual must meet the required competencies of the role as set out in paragraph 7.6 of the Constitution and in terms of the initial appointment have successfully completed the national assessment process.

iii. Appointment process – The appointment process will operate under best guidance. The Remuneration Committee will determine the detail of the process.

iv. Term of Office – N/A. This is a substantive appointment.

v. Notice Period & Grounds for Removal from Office - As per Terms and Conditions of Employment.

**(g) Chief Finance Officer**

i. Nomination – N/A.

ii. Eligibility – The individual must meet the required competencies of the role as set out in paragraph 7.6 of the Constitution and in terms of the initial appointment have successfully completed the national assessment process.

iii. Appointment process – The appointment process will operate under best guidance. The Remuneration Committee will determine the detail of the process.

iv. Term of Office – N/A. This is a substantive appointment.

v. Notice Period & Grounds for Removal from Office - As per Terms and Conditions of Employment.

**(h) Chief Nurse**

i. Nomination – N/A.

ii. Eligibility – the individual must be a suitably qualified registered nurse and have the other relevant competencies as set out in the job description.

iii. Appointment process – The appointment process will operate under best guidance. The Remuneration Committee will determine the detail of the process.

iv. Term of Office – N/A. This is a substantive appointment.

v. Notice Period & Grounds for Removal from Office - As per Terms and Conditions of Employment.

**(i) Medical Director**

i. Nomination – N/A.

ii. Eligibility – The individual must be a GP and an elected Governing Body member and have the other relevant competencies as set out in the job description.

iii. Appointment process – The appointment process will operate under best guidance. The Remuneration Committee will determine the detail of the process.

iv. Term of Office – Up to 4 years initially and 3 years following subsequent re-election in accordance with paragraph 3.18-3.20 of the Constitution.

v. Eligibility for Reappointment – The Member can put themselves forward for re-appointment. Process to be overseen by the Remuneration Committee.

vi. Grounds for Removal from Office – If a receiving order is made against them or they make any arrangement with their creditors.

- If in the opinion of the Governing Body (having taken appropriate professional advice in cases where it is deemed necessary) they become or are deemed to have developed mental or physical illness, which prohibits or inhibits their ability to undertake their role;
- If they cease to be a provider of primary medical services, or be engaged in or employed to deliver primary medical services with a Member practice in the Locality, which they represent;
- Where level of competence and performance is below agreed levels (Governing Body to agree a performance framework for Members).

vii. Notice period – Member must give at least 3 months' notice to the Chair.

## (j) Vice Chair

Paragraph 3.25 of the Constitution sets out arrangements for appointment of the Vice Chair who will be a Lay Member if the Chair is a clinician. Where the Chair of the CCG has died or has ceased to hold office, or where they have been unable to perform their duties as Chair owing to illness or any other cause, the Vice-Chair shall act as Chair until a new Chair is appointed or the existing Chair resumes their duties, as the case may be; and references to the Chair in these Standing Orders shall, so long as there is no Chair able to perform those duties, be taken to include references to the Vice-Chair.

2.4 The roles and responsibilities of each of these key roles are set out in Chapter 7 of the Group's Constitution.

## 3. MEETINGS OF THE CCG MEMBERSHIP COUNCIL

### 3.1 Calling Meetings

3.1.1 Ordinary meetings of the Membership Council shall be held at regular intervals at such times and places as the Membership Council may determine.

### 3.2 Notice of Meetings, Agendas, Supporting Papers and Business to be Transacted

3.2.1 Items of business to be transacted for inclusion on the agenda of a meeting need to be notified to the Chair of the meeting at least 15 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 10 working days before the meeting takes place. The agenda and supporting working papers will be circulated to all members of a meeting at least 5 working days before the date the meeting will take place.

### 3.3 Petitions

3.3.1 Where a Petition has been received by the Membership Council the Chair shall include the Petition as an item for the agenda of the next meeting of the Governing Body.

### 3.4 Chair of Meeting

3.4.1 At any meeting of the Membership Council or of a committee or sub-committee of the Membership Council, the Chair of the Membership Council who is also the Chair of the Governing Body shall preside. If the Chair is absent from the meeting, the Governing Body Vice-Chair, if present, shall preside, if this is acceptable to the Membership Council. (If not the Chair of the meeting shall be chosen by the members present or by a majority of them, and shall preside).

3.4.2 If the Chair is absent temporarily on the grounds of a declared conflict of interest the Vice-Chair, if present, shall preside. If the Chair and Vice-Chair are absent, or are disqualified from participating, or there is neither a Chair nor Vice-Chair present, 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.

## 3.5 Chair's Ruling

3.5.1 The decision of the Chair of the Membership Council on questions of order, relevancy and regularity (including procedure on handling motions) and their interpretation of the Constitution, Standing Orders, Scheme of Reservation and Delegation and Prime Financial Policies at the meeting shall be final.

## 3.6 Quorum of the Membership Council

3.6.1 A quorum will be members representing at least 55% of total Barnsley practice actual list sizes.

3.6.2 For all committees and sub-committees of the Membership Council, the details of the quorum for these meetings and status of representatives are set out in the appropriate Terms of Reference.

## 3.7 Decision-Making including Voting of the Membership Council

3.7.1 Chapter 6 of the Group's Constitution, together with the Scheme of Reservation and Delegation, sets out the governing structure for the exercise of the Group's statutory functions. Generally it is expected that at meetings of the Membership Council decisions will be reached by consensus. Should this not be possible then a vote of members will be required, the process for which is set out below:

(a) **Eligibility**
Voting members of the Membership Council are the practice representatives elected by their practice to the Membership Council;

(b) **Majority necessary to confirm a decision**
A majority of 55% of actual list size represented at the meeting is required to confirm a decision;

(c) **Vote**
Each voting member of the Membership Council will have a vote pro rata to their practice list size (un-weighted)

(d) **Casting Vote**
Should it be required the Chair will have the casting vote;

(e) **Dissenting Views**
Members taking a dissenting view but losing a vote will have their dissent recorded in the minutes;

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

## 3.8 Extraordinary General Meeting

3.8.1 An Extraordinary General Meeting may be called for, in writing:

(a) By the Membership Council, or

(b) By 10 Members to discuss an urgent matter.

3.8.2 The Chair will give Members and any other interested parties at least 14 days' notice of any Extraordinary General meeting with notice of the business to be discussed.

## 3.9 Emergency Powers and Urgent Decisions

3.9.1 In extreme circumstances e.g. a major incident or emergency rendering the Governing Body membership unable to fulfil their statutory requirements, the Chair may make urgent decisions in order to ensure continuity of the CCG's business, in conjunction with the Membership Council.

3.9.2 For urgent decisions that are required to be made outside Membership Council meetings these can be made by the Chair of the Membership Council and any two members. Wherever possible these members should consult with other voting members of the Membership Council before making decisions.

3.9.3 Where urgent decisions are taken outside the formal meeting structure they would be reported to the next formal meeting of the Membership Council for ratification.

## 3.10 Suspension of Standing Orders

3.10.1 Except where it would contravene any statutory provision or any direction made by the Secretary of State for Health or NHS England, any part of these Standing Orders may be suspended at any meeting, provided 9 voting Membership Council members are in agreement.

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

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

### 3.11 Record of Attendance

The names and designation of all members present at meetings of the Membership Council and its Committees or Sub-Committees will be recorded in the minutes of the relevant meetings.

### 3.12 Minutes

3.12.1 The Membership Council may appoint a secretary to the Membership Council.

3.12.2 The Secretary of the Membership Council will be responsible for:

(a) Attending the meeting, ensuring correct minutes are taken, and once agreed by the Chair distributing minutes to members;

(b) Keeping a record of matters arising and issues to be carried forward;

(c) Producing an action list following each meeting and ensuring any outstanding action is carried forward on the action list until complete;

(d) Providing appropriate support to the Chair and Membership Council members;

(e) Agreeing the agenda with the Chair prior to sending the papers to members no later than 5 working days before the meeting;

(f) Ensuring the papers of the Membership Council are filed in accordance with the Group's policies and procedures.

### 3.13 Appointment of Committees and Sub-Committees

3.13.1 The provisions of these Standing Orders shall apply where relevant to the operation of the Membership Council and the Membership Council's committees and sub-committees unless stated otherwise in the committee or sub-committee's terms of reference.

## 4. MEETINGS OF THE CCG GOVERNING BODY

### 4.1 Calling Meetings

4.1.1 Ordinary meetings of the Governing Body shall be held at regular intervals at such times and places as the Governing Body may determine. The Chair of the CCG may call a meeting of the Governing Body at any time. One-third or more members of the Governing body may requisition a meeting in writing. If the Chair refuses, or fails to call a meeting within 7 days of a requisition being presented, the members signing the requisition may forthwith call a meeting.

## 4.2 Notice of Meetings, Agendas, Supporting Papers and Business to be Transacted

4.2.1 Before each meeting of the CCG's Governing Body a written notice specifying the business proposed to be transacted shall be delivered to every member so as to be available to members at least 5 days before the meeting.

Supporting papers, whenever possible, shall accompany the agenda, but will certainly be despatched no later than 3 days before the meeting, save in emergency.

4.2.2 In the case of a meeting called by members in default of the Chair calling the meeting, the notice shall be signed by those members.

4.2.3 No business shall be transacted at the meeting other than that specified on the agenda, or emergency motions allowed under Standing Order 3.8.

4.2.4 A member desiring a matter to be included on an agenda shall make his/her request in writing to the Chair at least 15 days before the meeting. The request should state whether the item of business is proposed to be transacted in the presence of the public and should include appropriate supporting information. Requests made less than 15 days before a meeting may be included on the agenda at the discretion of the Chair.

4.2.5 Agendas and certain papers for the CCG's Governing Body – including details about meeting dates, times and venues will be published on the CCG's website.

## 4.3 Petitions

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

## 4.4 Chair of Meeting

4.4.1 At any meeting of the CCG or its Governing Body the Chair if present, shall preside. If the Chair is absent from the meeting, the Vice-Chair, if present, shall preside.

4.4.2 If the Chair is absent temporarily on the grounds of a declared conflict of interest the Vice-Chair, if present, shall preside. If the Chair and Vice-Chair are absent, or are disqualified from participating, members present shall choose who shall preside.

## 4.5 Chair's Ruling

The decision of the Chair of the Governing Body on questions of order, relevancy and regularity (including procedure on handling motions) and their interpretation of the Constitution, Standing Orders, Scheme of Reservation and Delegation and Prime Financial Policies at the meeting shall be final.

## 4.6 Quorum of the Governing Body

4.6.1 No meeting of the Governing Body shall be held without a minimum of 9 members present and these must include:

- either the Chair or Vice Chair
- at least one of the officers (Chief Officer, Chief Finance Officer or Chief Nurse)
- at least one of the appointed members (the Lay Members, Secondary Care Clinician or Practice Manager) and
- at least one of the Elected Members.

If neither the Chair nor Vice Chair is present, the meeting can proceed if a temporary Chair is elected from the remaining Governing Body Members.

4.6.2 An Officer in attendance but without formal acting up status may not count towards the quorum.

4.6.3 If the Chair or other Governing Body Members have been disqualified from participating in the discussion on any matter and/or from voting on any resolution by reason of a declaration of a conflict of interest that person shall no longer count towards the quorum.
If a quorum is then not available for the discussion and/or the passing of a resolution on any matter, that matter may not be discussed further or voted upon at that meeting. Such a position shall be recorded in the minutes of the meeting. The meeting must then proceed to the next business. The position can be resolved by following the arrangements set out in section 8.6 of the *Standards of Business Conduct, Managing Conflicts of Interest, and the Acceptance of Gifts and Hospitality Policy* available on the CCG's website (http://www.barnsleyccg.nhs.uk/strategies-policies-and-plans.htm ).

4.6.4 For all other of the CCG's Committees and sub-committees, including the Governing Body's Committees and sub-committees, the details of the quorum for these meetings and status of representatives are set out in the appropriate Terms of Reference.

## 4.7 Decision-Making including Voting of the Governing Body

4.7.1 The Constitution, together with the Scheme of Reservation and Delegation, sets out the governing structure for the exercise of the CCG's statutory functions. Generally it is expected that at the CCG's and Governing Body's meetings decisions will be reached by consensus. Should this not be possible then a vote of members will be required, the process for which is set out below:

(a) Eligibility - Members who are eligible to vote are set out in Appendix E paragraph 1.7.2(a)(i) of the Constitution. A manager who has been formally appointed to act up for an Officer Member shall be entitled to exercise the voting rights of the Officer Member;

(b) Majority necessary to confirm a decision - Save as provided in Standing Orders 4.9 - Suspension of Standing Orders every question put to a vote at a meeting shall be determined by a majority of the votes of members present and voting on the question. Each voting member of the Governing Body will have 1 vote. Members excluded due to a declared conflict of interest may not vote;

(c) Casting vote - In the case of an equal vote, the person presiding (i.e. the Chair of the meeting) shall have a second, and casting vote;

(d) Dissenting views – Should a vote be taken the outcome of the vote, and any dissenting views, must be recorded in the minutes of the meeting;

(e) At the discretion of the Chair all questions put to the vote shall be determined by oral expression or by a show of hands, unless the Chair directs otherwise, or it is proposed, seconded and carried that a vote be taken by paper ballot;

(f) If at least one-third of the members present so request, the voting on any question may be recorded so as to show how each member present voted or did not vote (except when conducted by paper ballot);

(g) In no circumstances may an absent member vote by proxy. Absence is defined as being absent at the time of the vote;

(h) For all Governing Body's Committees and sub-committees, the details of the process for holding a vote are set out in the relevant terms of reference if appropriate and for the CCG's Membership Council in paragraph 3.7.1 of these Standing Orders.

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

4.7.3 For all other of the Group's Committees and sub-committees, including the Governing Body's Committees and sub-committees, the details of the process for holding a vote are set out in the appropriate Terms of Reference.

**4.8 Emergency Powers and Urgent Decisions**

For urgent decisions that are required to be made outside Governing Body or Committee meetings these can be made by 2 of the Chair, Medical Director, Chief Officer and Chief Finance Officer 1 of whom should be a clinician. Wherever possible these members should consult with other voting members of the Governing Body before making decisions. Decisions taken under these provisions should be reported back to the relevant decision making body for ratification.

**4.9 Suspension of Standing Orders**

4.9.1 Except where it would contravene any statutory provision or any direction made by the Secretary of State for Health or NHS England, any part of these Standing Orders may be suspended at any meeting, provided a majority of voting group members are in agreement.

4.9.2 A decision to suspend Standing Orders together with the reasons for doing so shall be recorded in the minutes of the meeting.

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

**4.10 Record of Attendance**

The names and designation of all members present at meetings of the Governing Body and its Committees or Sub-committees will be recorded in the minutes of the relevant meetings.

**4.11 Minutes**

The minutes of the proceedings of a meeting shall be drawn up and submitted for agreement at the next meeting where they shall be signed by the person presiding at it. Minutes shall be circulated in accordance with members' wishes. Where providing a record of a public meeting the minutes shall be made available to the public as required by the Code of Practice on Openness in the NHS.

## 4.12 Admission of Public and The Press

4.12.1 The public and representatives of the press may attend meetings of the CCG's Governing Body, except where the Governing Body passes the following resolution to exclude the public on the grounds of confidentiality:

'That representatives of the press, and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest' Paragraph 8 Schedule 1A of the NHS ACT 2006 as amended.

4.12.2 Members of the public or representatives of the press who attend public meetings of the Governing Body have no right to speak other than by invitation from the Chair.

### General Disturbances

4.12.3 The Chair or the person presiding over the meeting shall give such directions as he/she thinks fit with regard to the arrangements for meetings and accommodation of the public and representatives of the press such as to ensure that the CCG's business shall be conducted without interruption and disruption and, without prejudice to the power to exclude on grounds of the confidential nature of the business to be transacted, the public will be required to withdraw upon the Governing Body resolving as follows:

`That in the interests of public order the meeting adjourn for (the period to be specified) to enable the CCG Governing Body to complete its business without the presence of the public'. Paragraph 8 Schedule 1A to the NHS ACT 2006 as amended

### Business Proposed to be Transacted when the Press and Public have been Excluded from a Meeting

4.12.4 Matters to be dealt with by the Governing Body following the exclusion of representatives of the press, and other members of the public, as provided in (1) and (2) above, shall be confidential to Governing Body members.

4.12.5 Members and any other persons in attendance shall not reveal or disclose the contents of papers marked 'In Confidence' or minutes headed 'Items Taken in Private' outside of the CCG, without the express permission of the CCG. This prohibition shall apply equally to the content of any discussion during the Governing Body meeting, which may take place on such reports or papers.

**Use of Mechanical or Electrical Equipment for Recording or Transmission of Meetings**

4.12.6 Nothing in these Standing Orders shall be construed as permitting the introduction by the public, or press representatives, of recording, transmitting, video or similar apparatus into meetings of the CCG, its Governing Body and its Committees. Such permission shall be granted only by the Chair of the meeting.

**Observers at CCG and Governing Body Meetings**

4.12.7 The CCG will decide what arrangements and terms and conditions it feels are appropriate to offer in extending an invitation to observers to attend and address any of the CCG's meetings and may change, alter or vary these terms and conditions as it deems fit.

## 5. APPOINTMENT OF COMMITTEES AND SUB-COMMITTEES

### 5.1 Appointment of Committees and Sub-Committees

5.1.1 The CCG may appoint Committees and Sub-committees of the CCG subject to any regulations made by the Secretary of State and make provision for the appointment of committees and sub-committees of its Governing Body. Where appointed details of these are included in Chapter 6 of the Constitution.

5.1.2 Other than where there are statutory requirements, the CCG or its Governing Body shall determine the membership and Terms of Reference of the committees and sub-committees and shall, if it requires receive and consider minutes and reports from such Committees at the next appropriate meeting.

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

### 5.2 Terms of Reference

5.2.1 Terms of reference shall have effect as if incorporated into the Constitution. These are included on the website http://www.barnsleyccg.nhs.uk/about-us/governing-body.htm.

### 5.3 Delegation of Powers by Committees to Sub-Committees

5.3.1 Where Committees are authorised to establish sub-committees they may not delegate executive powers to the sub-committee unless expressly authorised by the CCG or Governing Body as relevant.

## 5.4 Approval of Appointments to Committees and Sub-Committees

5.4.1 The CCG shall approve the appointments to each of the Committees and Sub-committees, which it has formally constituted and will decide on such travelling or other allowances as is considered appropriate. The Governing Body shall approve the appointments to each of its Committees and Sub-committees and will decide on any travelling or other allowances as considered appropriate.

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

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

## 7. CUSTODY OF SEAL AND AUTHORISATION OF DOCUMENTS

## 7.1 CCG's Seal

7.1.1 The CCG may have a seal for executing documents where necessary which must be kept in a secure place. The following individuals are authorised to authenticate its use by their signature: the Chief Officer, the Chief Finance Officer and the Chair of the Governing Body. They will enter a record of the sealing of every document in a register to be kept by the Chief Officer or nominated officer.

## 7.2 Execution of a Document by Signature

7.2.1 The following individuals are authorised to execute a document on behalf of the Group by their signature. Where any document will be a necessary step in legal proceedings on behalf of the CCG it shall, unless any enactment otherwise requires, be signed by the Chair of the Governing Body, the Chief Officer or the Chief Finance Officer.

## 8. OVERLAP WITH OTHER CCG POLICY STATEMENTS, PROCEDURES, REGULATIONS

## 8.1 Policy Statements: General Principles

8.1.1 The Governing Body will from time to time agree and approve policy statements/procedures, which will apply to all, or specific groups of staff employed by the CCG. The decisions to approve such policies and

procedures will be recorded in an appropriate Governing Body minute and will be deemed where appropriate to be an integral part of the CCG's Standing Orders and Prime Financial Policies.

## 9. DUTIES AND OBLIGATIONS OF GOVERNING BODY MEMBERS AND CCG SENIOR MANAGERS

### 9.1 Requirements for Declaring Interests and Applicability to CCG and Governing Body Members

The NHS Code of Conduct and Accountability requires CCG Members and Members of the Governing Body to declare any personal or business interest, which may influence or may be perceived to influence their judgement including without limitation interests, which are "relevant and material". The Clinical Commissioning Group has a *Standards of Business Conduct, Managing Conflicts of Interest, and the Acceptance of Gifts and Hospitality Policy* available on its website (http://www.barnsleyccg.nhs.uk/strategies-policies-and-plans.htm )..

### 9.2 Register of Interests

The Chief Officer will ensure that a Register of Interests is established to record formally declarations of interests of Members of the CCG, Governing Body Members, Practice Representatives and employees of the CCG.

## 10. INDEMNITY FOR GOVERNING BODY MEMBERS

Governing Body Members who act honestly and in good faith will not have to meet out of their personal resources any personal civil liability, which is incurred in the execution, or purported execution of their Governing Body functions, save where they have acted recklessly.

# Scheme of Reservation and Delegation

## SCHEME OF RESERVATION AND DELEGATION

As set out in the Constitution, the Scheme of Reservation and Delegation summarises, based on information contained in the Constitution and in particular the Standing Orders and Prime Financial Policies, which decisions are reserved to CCG membership via the Membership Council and which are delegated to the Governing Body, its committees and sub-committees and key Officers of the CCG.

| Constitution, Standing Orders (SO) or Prime Financial Policies (PFP) | Decision / Responsibilities | Reserved to the Membership Council | Reserved or delegated to Governing Body | Delegated to Audit Committee | Delegated to the Finance and Performance Committee | Delegated to Remuneration Committee | Delegated to Quality and Patient Safety Committee | Delegated to Primary Care Commissioning Committee | Delegated to the Commissioners Working Together Joint Committee | Delegated to ICO procurement Committee | Delegated to Management Team | Delegated to Chair | Delegated to Chief Officer | Delegated to Chief Finance Officer | All Members and Employees |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Regulation and Control** | | | | | | | | | | | | | | | |
| Constitution | Determine the arrangements by which the Members of the CCG approve those decisions that are reserved for the membership | ✓ | | | | | | | | | | | | | |
| Constitution | Consideration and approval of applications to NHS England on changes to the CCG's Constitution | ✓ | | | | | | | | | | | | | |
| Constitution | Approve the arrangements for<br>• Identifying practice members to represent practices in matters concerning the work of the group; and<br>• Appointing clinical leaders to represent the Group's membership on the Group's Board, for example through election | ✓ | | | | | | | | | | | | | |
| Constitution | Establish and approve Terms of Reference for subcommittee in line with Constitution where applicable | ✓ | ✓ | | | | | | | | | | | | |

| Constitution, Standing Orders (SO) or Prime Financial Policies (PFP) | Decision / Responsibilities | Reserved to the Membership Council | Reserved or delegated to Governing Body | Delegated to Audit Committee | Delegated to the Finance and Performance Committee | Delegated to Remuneration Committee | Delegated to Quality and Patient Safety Committee | Delegated to Primary Care Commissioning Committee | Delegated to the Commissioners Working Together Joint Committee | Delegated to ICO procurement Committee | Delegated to Management Team | Delegated to Chair | Delegated to Chief Officer | Delegated to Chief Finance Officer | All Members and Employees |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Constitution | Approve the appointment of Governing Body members, the process for recruiting and removing non-elected members to the Board (subject to any regulatory requirements) and succession planning | ✓ | | | | ✓ | | | | | | | | | |
| Constitution | Recommendations to CCG Members on changes to the Constitution covering the overall operating arrangements, the Standing Orders, Scheme of Reservation and Delegation and Prime Financial Policies | | ✓ | | | | | | | | | | | | |
| PFP 1.4 | Annual Review of the Standing Orders, Scheme of Reservation and delegation and Prime Financial Policies making recommendations to the Governing Body on required changes | | | ✓ | | | | | | | | | | | |
| PFP 5.1 and PFP 7.5 | Overall responsibility for ensuring the CCG complies with certain of its statutory obligations including its financial and accounting obligations | | | | | | | | | | | | ✓ | | |

| Constitution, Standing Orders (SO) or Prime Financial Policies (PFP) | Decision / Responsibilities | Reserved to the Membership Council | Reserved or delegated to Governing Body | Delegated to Audit Committee | Delegated to the Finance and Performance Committee | Delegated to Remuneration Committee | Delegated to Quality and Patient Safety Committee | Delegated to Primary Care Commissioning Committee | Delegated to the Commissioners Working Together Joint Committee | Delegated to ICO procurement Committee | Delegated to Management Team | Delegated to Chair | Delegated to Chief Officer | Delegated to Chief Finance Officer | All Members and Employees |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Constitution | Exercise or delegation of those functions of the CCG, which have not been retained as reserved by the CCG or delegated to the Governing Body and its Committees and sub-committees or delegated to named other individuals as set out in this document. | | | | | | | | | | | | ✓ | | |
| PFP 7.6 | Prepare the CCG's operational Scheme of Delegation, which sets out those key operational decisions delegated to individual employees of the CCG not for inclusion in the CCG's Constitution. | | | | | | | | | | | | ✓ | | |
| PFP 7.6 | Prepare detailed financial policies that underpin the CCG's Prime Financial Policies not for inclusion in the CCG's Constitution. | | | | | | | | | | | | | ✓ | |
| PFP 3 | Approve the CCG's detailed financial policies. | | | ✓ | | | | | | | | | | | |
| Constitution | Approve of the CCG's Annual Report and Annual Accounts, these first having been reviewed by the Audit Committee | | ✓ | | | | | | | | | | | | |

| Constitution, Standing Orders (SO) or Prime Financial Policies (PFP) | Decision / Responsibilities | Reserved to the Membership Council | Reserved or delegated to Governing Body | Delegated to Audit Committee | Delegated to the Finance and Performance Committee | Delegated to Remuneration Committee | Delegated to Quality and Patient Safety Committee | Delegated to Primary Care Commissioning Committee | Delegated to the Commissioners Working Together Joint Committee | Delegated to ICO procurement Committee | Delegated to Management Team | Delegated to Chair | Delegated to Chief Officer | Delegated to Chief Finance Officer | All Members and Employees |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| PFP 3 | Approval of the internal and external audit arrangements | | | ✓ | | | | | | | | | | | |
| Constitution | Approve and notify to CCG Members any changes to the Conflicts of Interest Protocol contained within the Constitution | | ✓ | | | | | | | | | | | | |
| SO | Require and receive declarations of interest | | ✓ | | | | | | | | | | | | |
| SO 4.4 | Approval of appointments to Governing Body Committees and sub-committees | | ✓ | | | | | | | | | | | | |
| SO 3.1(3) | May call a meeting of the Governing Body at any time | | | | | | | | | | | ✓ | | | |
| SO 3.3 | Management of Petitions to the Governing Body | | | | | | | | | | | ✓ | | | |
| SO 3.5 | Chair's Ruling – i.e. interpretation of the Constitution including SOs, scheme of reservation and PFPs | | | | | | | | | | | ✓ | | | |
| SO 3.8 | Application of emergency powers and urgent meetings of Governing Body, including suspension of SOs. | | | | | | | | | | | ✓ | | | |

| Constitution, Standing Orders (SO) or Prime Financial Policies (PFP) | Decision / Responsibilities | Reserved to the Membership Council | Reserved or delegated to Governing Body | Delegated to Audit Committee | Delegated to the Finance and Performance Committee | Delegated to Remuneration Committee | Delegated to Quality and Patient Safety Committee | Delegated to Primary Care Commissioning Committee | Delegated to the Commissioners Working Together Joint Committee | Delegated to ICO procurement Committee | Delegated to Management Team | Delegated to Chair | Delegated to Chief Officer | Delegated to Chief Finance Officer | All Members and Employees |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | | | |
| SO 3.12 | Admission of public and press to Governing Body meetings | | | | | | | | | | | ✓ | | | |
| **Strategy and Planning** | | | | | | | | | | | | | | | |
| Constitution 6.6.1 | Agree the vision, values and overall strategic direction of the CCG | ✓ | | | | | | | | | | | | | |
| Constitution PFP 7.1 | Approval of the CCG's Annual Commissioning Plan and supporting Financial Plan, including any consultation arrangements. | ✓ | | | | | | | | | | | | | |
| Constitution PFP 7.2 | Approval of the CCG's commissioning and corporate (running cost) budgets to meet the CCGs financial duties. | | ✓ | | | | | | | | | | | | |
| PFP 7.4 | Approval of changes to budgets where variation would have a significant impact on the overall approved levels of income and expenditure or the CCG's ability to achieve its agreed strategic aims. | | ✓ | | | | | | | | | | | | |

| Constitution, Standing Orders (SO) or Prime Financial Policies (PFP) | Decision / Responsibilities | Reserved to the Membership Council | Reserved or delegated to Governing Body | Delegated to Audit Committee | Delegated to the Finance and Performance Committee | Delegated to Remuneration Committee | Delegated to Quality and Patient Safety Committee | Delegated to Primary Care Commissioning Committee | Delegated to the Commissioners Working Together Joint Committee | Delegated to ICO procurement Committee | Delegated to Management Team | Delegated to Chair | Delegated to Chief Officer | Delegated to Chief Finance Officer | All Members and Employees |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| PFP 7.6 | Delegated authority to commit expenditure up to £100,000, subject to decisions being reported back to Governing Body for ratification. | | | | | | | | | | ✓ | | | | |
| Constitution | Approval of the arrangements for discharging the CCG's statutory duties associated with its commissioning functions, including but not limited to promoting the involvement of each patient; patient choice; reducing inequalities; improvement in the quality of services; obtaining appropriate advice and public engagement and consultation; obtain advice from persons who taken together have a broad range of professional expertise and acting effectively, efficiently and economically. | | ✓ | | | | | | | | | | | | |
| Constitution | Approval of arrangements for discharging the CCG's statutory duties in relation to promoting innovation, promoting research and the use of research and promoting education and training | | ✓ | | | | | | | | | | | | |

| Constitution, Standing Orders (SO) or Prime Financial Policies (PFP) | Decision / Responsibilities | Reserved to the Membership Council | Reserved or delegated to Governing Body | Delegated to Audit Committee | Delegated to the Finance and Performance Committee | Delegated to Remuneration Committee | Delegated to Quality and Patient Safety Committee | Delegated to Primary Care Commissioning Committee | Delegated to the Commissioners Working Together Joint Committee | Delegated to ICO procurement Committee | Delegated to Management Team | Delegated to Chair | Delegated to Chief Officer | Delegated to Chief Finance Officer | All Members and Employees |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Constitution | Approve arrangements for supporting NHS England in discharging its responsibilities in relation to securing continuous improvement in the quality of general medical services. | | ✓ | | | | | | | | | | | | |
| Constitution | Exercise the primary care commissioning functions in accordance with the delegation by NHS England. | | | | | | | ✓ | | | | | | | |
| Constitution | Oversight of the procurement process for an Integrated Care Organisation in Barnsley, providing assurance that appropriate governance is in place, and managing conflicts of interest related to the procurement. Subsequent to the issue of the contract notice it will have delegated authority to take procurement decisions on behalf of the Governing Body, including (a) Approval of the preferred bidder as recommended by the evaluation panel, and (b) Giving authority to award the contract. | | | | | | | | | ✓ | | | | | |

| Constitution, Standing Orders (SO) or Prime Financial Policies (PFP) | Decision / Responsibilities | Reserved to the Membership Council | Reserved or delegated to Governing Body | Delegated to Audit Committee | Delegated to the Finance and Performance Committee | Delegated to Remuneration Committee | Delegated to Quality and Patient Safety Committee | Delegated to Primary Care Commissioning Committee | Delegated to the Commissioners Working Together Joint Committee | Delegated to ICO procurement Committee | Delegated to Management Team | Delegated to Chair | Delegated to Chief Officer | Delegated to Chief Finance Officer | All Members and Employees |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Partnership Working** | | | | | | | | | | | | | | | |
| Constitution | Nominate representatives from the CCG to be the CCG's representatives on the Barnsley Health and Wellbeing Board | | ✓ | | | | | | | | | | | | |
| Constitution | Promote integration across health and social care services where the CCG considers that this would improve quality of services and reduce inequalities. | | ✓ | | | | | | | | | | | | |
| Constitution PFP 22.1 | Approve the Memorandum of Understanding and annual plan for the Public Health Core Offer from Barnsley Metropolitan Borough Council. | | ✓ | | | | | | | | | | | | |
| Constitution | Approve arrangements for coordinating the commissioning of services with other CCGs, NHS England, and or with the local authority, where appropriate. | | ✓ | | | | | | | | | | | | |
| Constitution | Approve arrangements for risk sharing and /or risk pooling with other organisations (for example arrangements for pooled funds with | | ✓ | | | | | | | | | | | | |

| Constitution, Standing Orders (SO) or Prime Financial Policies (PFP) | Decision / Responsibilities | Reserved to the Membership Council | Reserved or delegated to Governing Body | Delegated to Audit Committee | Delegated to the Finance and Performance Committee | Delegated to Remuneration Committee | Delegated to Quality and Patient Safety Committee | Delegated to Primary Care Commissioning Committee | Delegated to the Commissioners Working Together Joint Committee | Delegated to ICO procurement Committee | Delegated to Management Team | Delegated to Chair | Delegated to Chief Officer | Delegated to Chief Finance Officer | All Members and Employees |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | other clinical commissioning groups or pooled budget arrangements under section 75 of the NHS Act 2006). | | | | | | | | | | | | | | |
| Constitution | Carry out commissioning functions delegated to the Joint Committee of CCGs as documented in the JC CCG Delegation and Terms of Reference. | | | | | | | | ✓ | | | | | | |
| **CCG as an employer and remuneration issues** | | | | | | | | | | | | | | | |
| Constitution | Have oversight of the CCG's responsibilities as an employer including adopting a Code of Conduct for staff. | | ✓ | | | | | | | | | | | | |
| Remuneration Committee Terms of reference | Approve the Terms and Conditions, remuneration and travelling or other allowances for Governing Body Members, including pensions and gratuities. | | ✓ | | | ✓ | | | | | | | | | |
| Employee remuneration | Make recommendations to the Governing Body regarding the Terms and Conditions, remuneration and travelling or other | | ✓ | | | ✓ | | | | | | | | | |

| Constitution, Standing Orders (SO) or Prime Financial Policies (PFP) | Decision / Responsibilities | Reserved to the Membership Council | Reserved or delegated to Governing Body | Delegated to Audit Committee | Delegated to the Finance and Performance Committee | Delegated to Remuneration Committee | Delegated to Quality and Patient Safety Committee | Delegated to Primary Care Commissioning Committee | Delegated to the Commissioners Working Together Joint Committee | Delegated to ICO procurement Committee | Delegated to Management Team | Delegated to Chair | Delegated to Chief Officer | Delegated to Chief Finance Officer | All Members and Employees |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | allowances, including pensions and gratuities, for employees covered by national Agenda for Change arrangements and employees outside of or in place of national Agenda for Change arrangements.. | | | | | | | | | | | | | | |
| Constitution | Approve Terms and Conditions of employment for all employees of CCG and to other persons providing services to the CCG. | | ✓ | | | | | | | | | | | | |
| SOs | Approve human resources policies for employees and for other persons working on behalf of the group. | | ✓ | | | | | | | | | | | | |
| PFP 16.1;16.2 | Ensure an effective payroll service and that there are comprehensive procedures for effective processing of payroll. | | | | | | | | | | | | | ✓ | |
| PFP 16.3 | Approval of the CCG's detailed operational Scheme of Delegation. | | ✓ | | | | | | | | | | | | |
| PFP 16.5 | Approve arrangements for staff appointments. | | | | | | | | | | | | ✓ | | |

| Constitution, Standing Orders (SO) or Prime Financial Policies (PFP) | Decision / Responsibilities | Reserved to the Membership Council | Reserved or delegated to Governing Body | Delegated to Audit Committee | Delegated to the Finance and Performance Committee | Delegated to Remuneration Committee | Delegated to Quality and Patient Safety Committee | Delegated to Primary Care Commissioning Committee | Delegated to the Commissioners Working Together Joint Committee | Delegated to ICO procurement Committee | Delegated to Management Team | Delegated to Chair | Delegated to Chief Officer | Delegated to Chief Finance Officer | All Members and Employees |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| PFP 16.6 | Ensure all employees are issued with a contract of employment and that there are arrangements for dealing with variations/ terminations of contract. | | | | | | | | | | | | ✓ | | |
| **Operational Business and Risk Management** | | | | | | | | | | | | | | | |
| SOs | Approve CCG operational policies (i.e. excluding those defined as clinical or financial). | | | ✓ | | | | | | | | | | | |
| Quality & Patient Safety Committee Terms of Reference | Approve CCG clinical policies and clinical pathways. | | | | | | ✓ | ✓ | | | | | | | |
| PFP 4 | Approve the CCG's counter fraud arrangements. | | | ✓ | | | | | | | | | | | |
| PFP 15.1 | Approve the CCG's risk management arrangements. | | | ✓ | | | | | | | | | | | |

| Constitution, Standing Orders (SO) or Prime Financial Policies (PFP) | Decision / Responsibilities | Reserved to the Membership Council | Reserved or delegated to Governing Body | Delegated to Audit Committee | Delegated to the Finance and Performance Committee | Delegated to Remuneration Committee | Delegated to Quality and Patient Safety Committee | Delegated to Primary Care Commissioning Committee | Delegated to the Commissioners Working Together Joint Committee | Delegated to ICO procurement Committee | Delegated to Management Team | Delegated to Chair | Delegated to Chief Officer | Delegated to Chief Finance Officer | All Members and Employees |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| PFP 15.2 | Preparation and review of Assurance Framework and Risk Register with recommendations for action. | | ✓ | | | | | | | | | | | | |
| Constitution | Approve the group's arrangements for business continuity and emergency planning. | | ✓ | | | | | | | | | | | | |
| SO 6.1 | Execution of a document by use of the seal. | | ✓ | | | | | | | | | ✓ | ✓ | ✓ | |
| SO 6.2 | Signature of document which is part of legal proceedings on behalf of CCG. | | | | | | | | | | | ✓ | ✓ | ✓ | |
| Constitution | Duty to comply with the Constitution and be aware of the responsibilities in it. | | | | | | | | | | | | | | ✓ |
| SO 5.1 | Duty to disclose non-compliance with SOs to Chief Officer. | | | | | | | | | | | | | | ✓ |
| Constitution SO 8.1 | Duty to declare interests. | | | | | | | | | | | | | | ✓ |

| Constitution, Standing Orders (SO) or Prime Financial Policies (PFP) | Decision / Responsibilities | Reserved to the Membership Council | Reserved or delegated to Governing Body | Delegated to Audit Committee | Delegated to the Finance and Performance Committee | Delegated to Remuneration Committee | Delegated to Quality and Patient Safety Committee | Delegated to Primary Care Commissioning Committee | Delegated to the Commissioners Working Together Joint Committee | Delegated to ICO procurement Committee | Delegated to Management Team | Delegated to Chair | Delegated to Chief Officer | Delegated to Chief Finance Officer | All Members and Employees |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Constitution SO 8.2 | Ensure the CCG maintains up to date Register(s) of Interests, delegating responsibility to Head of Governance and Assurance to ensure Register(s) is(are) regularly reviewed. | | | | | | | | | | | | ✓ | | |
| PFP 1.3 | Any person (contractor or their employees) empowered by the CCG to commit expenditure or authorised to obtain income is covered by the PFPs and the Chief Officer should ensure such persons are made aware of this. | | | | | | | | | | | | ✓ | | |
| PFP 2.2 | Overall responsibility of CCG's systems of internal control and preparation of Annual Governance Statement. | | | | | | | | | | | | ✓ | | |
| PFP 2.3b) and c) | Ensuring that the CCG has in place a system for proper checking and reporting of all breaches of financial policies; and a proper procedure for regular checking of the adequacy and effectiveness of the control environment. | | | | | | | | | | | | | ✓ | |

| Constitution, Standing Orders (SO) or Prime Financial Policies (PFP) | Decision / Responsibilities | Reserved to the Membership Council | Reserved or delegated to Governing Body | Delegated to Audit Committee | Delegated to the Finance and Performance Committee | Delegated to Remuneration Committee | Delegated to Quality and Patient Safety Committee | Delegated to Primary Care Commissioning Committee | Delegated to the Commissioners Working Together Joint Committee | Delegated to ICO procurement Committee | Delegated to Management Team | Delegated to Chair | Delegated to Chief Officer | Delegated to Chief Finance Officer | All Members and Employees |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| PFP 3.3 | Ensuring professional and technically competent internal audit service; that the audit committee approves changes to the provision of internal audit and that minutes of audit committee are formally recorded and submitted to the Governing Body. | | | | | | | | | | | | | ✓ | |
| PFP 4.3;4.5 | Ensure appropriate security management arrangements. | | | | | | | | | | | | ✓ | | |
| PFP 5.3 | Provide financial reports in the form required by the Governing body, ensure money drawn down from NHS England is only as required and that an adequate system of monitoring financial performance is in place. | | | | | | | | | | | | | ✓ | |
| PFP 6.1 | Periodically review the basis and assumptions for allocations ensuring these are reasonable and realistic; prior to the start of the financial year submit a report to the Governing Body showing allocations received and their proposed distribution; and regularly update the Governing Body on significant changes in | | | | | | | | | | | | | ✓ | |

| Constitution, Standing Orders (SO) or Prime Financial Policies (PFP) | Decision / Responsibilities | Reserved to the Membership Council | Reserved or delegated to Governing Body | Delegated to Audit Committee | Delegated to the Finance and Performance Committee | Delegated to Remuneration Committee | Delegated to Quality and Patient Safety Committee | Delegated to Primary Care Commissioning Committee | Delegated to the Commissioners Working Together Joint Committee | Delegated to ICO procurement Committee | Delegated to Management Team | Delegated to Chair | Delegated to Chief Officer | Delegated to Chief Finance Officer | All Members and Employees |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | year. | | | | | | | | | | | | | | |
| PFP 7.7 | Ensure adequate training is delivered to budget holders and managers. | | | | | | | | | | | | | ✓ | |
| PFP 8.1 | Ensure the CCG prepares annual accounts and an annual report which are audited and published. | | | | | | | | | | | | ✓ | ✓ | |
| PFP 9.1;9.2 | Ensure the accuracy and security of CCG computerised financial data. | | | | | | | | | | | | | ✓ | |
| PFP 10.1 | Ensure the CCG has an accounting system that creates management and financial accounts. | | | | | | | | | | | | | ✓ | |
| PFP 11.1 | Manage the CCG's banking arrangements. | | | | | | | | | | | | | ✓ | |
| PFP 11.2 | Approve the CCG's banking arrangements. | | | ✓ | | | | | | | | | | | |

| Constitution, Standing Orders (SO) or Prime Financial Policies (PFP) | Decision / Responsibilities | Reserved to the Membership Council | Reserved or delegated to Governing Body | Delegated to Audit Committee | Delegated to the Finance and Performance Committee | Delegated to Remuneration Committee | Delegated to Quality and Patient Safety Committee | Delegated to Primary Care Commissioning Committee | Delegated to the Commissioners Working Together Joint Committee | Delegated to ICO procurement Committee | Delegated to Management Team | Delegated to Chair | Delegated to Chief Officer | Delegated to Chief Finance Officer | All Members and Employees |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| PFP 12.1 | Ensure a sound system of recording, collection and management of income and cash. | | | | | | | | | | | | | ✓ | |
| PFP 13 .2 | Prepare a detailed financial policy on tendering including authorisation limits for quotations and tendering. | | | | | | | | | | | | | ✓ | |
| PFP 13.3 | Approve detailed financial policy on tendering including authorisation limits for quotations and tendering. | | | ✓ | | | | | | | | | | | |
| PFP 13.5 | Nominate an individual who shall oversee and manage each contract on behalf of the CCG. | | | | | | | | | | | | ✓ | | |
| PFP 14.2 | Ensure arrangements for regular reports to Governing Body on contract expenditure. | | | | | | | | | | | | ✓ | | |
| PFP 14.3 | Maintain a system of financial monitoring to ensure effective accounting of expenditure under contracts. | | | | | | | | | | | | | ✓ | |
| PFP 15.3 | Nomination of a senior officer to be the SIRO. | | | | | | | | | | | | ✓ | | |

| Constitution, Standing Orders (SO) or Prime Financial Policies (PFP) | Decision / Responsibilities | Reserved to the Membership Council | Reserved or delegated to Governing Body | Delegated to Audit Committee | Delegated to the Finance and Performance Committee | Delegated to Remuneration Committee | Delegated to Quality and Patient Safety Committee | Delegated to Primary Care Commissioning Committee | Delegated to the Commissioners Working Together Joint Committee | Delegated to ICO procurement Committee | Delegated to Management Team | Delegated to Chair | Delegated to Chief Officer | Delegated to Chief Finance Officer | All Members and Employees |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| PFP 15.4 | Decide if the CCG will insure through risk pooling arrangements administered via NHS LA. | | ✓ | | | | | | | | | | | | |
| PFP 15.5; 15.6 | If the decision is to use the NHS LA ensure arrangements are appropriate and complementary to the risk management programme; or if the Governing Body decides not to use these arrangements, ensure that it is informed of the nature and extent of the risks that are self- insured. | | | | | | | | | | | | | ✓ | |
| PFP 17.1 | Approve the level of non-pay expenditure on an annual basis | | ✓ | | | | | | | | | | | | |
| PFP 17.2 | Set out procedures for seeking professional advice regarding the supply of goods and services. | | | | | | | | | | | | ✓ | | |
| PFP 17.3 | Advise on the setting of thresholds for quotations and tenders; be responsible for prompt payment of all properly authorized | | | | | | | | | | | | | ✓ | |

| Constitution, Standing Orders (SO) or Prime Financial Policies (PFP) | Decision / Responsibilities | Reserved to the Membership Council | Reserved or delegated to Governing Body | Delegated to Audit Committee | Delegated to the Finance and Performance Committee | Delegated to Remuneration Committee | Delegated to Quality and Patient Safety Committee | Delegated to Primary Care Commissioning Committee | Delegated to the Commissioners Working Together Joint Committee | Delegated to ICO procurement Committee | Delegated to Management Team | Delegated to Chair | Delegated to Chief Officer | Delegated to Chief Finance Officer | All Members and Employees |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | accounts and for designing and maintaining a system of verification, recording and payment. | | | | | | | | | | | | | | |
| PFP 18.1 | Put in place arrangements to manage capital investment, maintain an asset register and polices to ensure safe storage of fixed assets. | | | | | | | | | | | | ✓ | | |
| PFP 18.2 | Prepare detailed procedures for the disposal of assets | | | | | | | | | | | | | ✓ | |
| PFP 19.1 | Information Governance: Ensure appropriate arrangements for the retention of records; and arrangements for effective responses to Freedom of Information requests | | | | | | | | | | | | ✓ | | |
| PFP 20 | Re. any property held on trust and any Charitable Funds ensure appropriate management arrangements in place | | | | | | | | | | | | | ✓ | |
| PFP 21 | Ensure all staff are made aware of the CCG's policy on acceptance of gifts and other benefits in kind | | | | | | | | | | | | ✓ | | |
| PFP 22.1 | Approval of the CCG's contracts for any commissioning support and the Public Health | | ✓ | | | | | | | | | | | | |

| Constitution, Standing Orders (SO) or Prime Financial Policies (PFP) | Decision / Responsibilities | Reserved to the Membership Council | Reserved or delegated to Governing Body | Delegated to Audit Committee | Delegated to the Finance and Performance Committee | Delegated to Remuneration Committee | Delegated to Quality and Patient Safety Committee | Delegated to Primary Care Commissioning Committee | Delegated to the Commissioners Working Together Joint Committee | Delegated to ICO procurement Committee | Delegated to Management Team | Delegated to Chair | Delegated to Chief Officer | Delegated to Chief Finance Officer | All Members and Employees |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Core Offer | | | | | | | | | | | | | | |
| PFP 22.2 | Nominating senior officers to manage both the contract for commissioning support and the Public Health Core Offer | | | | | | | | | | | | ✓ | | |

# PRIME FINANCIAL POLICIES

**PRIME FINANCIAL POLICIES**

## 1. INTRODUCTION

### 1.1 General

1.1.1 The Statutory Framework for a Clinical Commissioning Group's Constitution does not prescribe the inclusion of prime financial policies (PFP), but they are referred to in NHS England Authority's Towards Establishment (as 'standing financial instructions'). The PFPs are not intended as part of the constitution and all of the information required by statute in a Clinical Commissioning Group's Constitution (see Schedule 1A of the 2006 Act, as inserted by Schedule 2 of the 2012 Act) has been appropriately included (note 1).

1.1.2 The PFPs are part of the CCG's control environment for managing the organisation's financial affairs. They contribute to good corporate governance, internal control and managing risks. They enable sound administration; lessen the risk of irregularities and support commissioning and delivery of effective, efficient and economical services. They also help the Chief Officer and Chief Finance Officer to effectively perform their responsibilities. They should be used in conjunction with the Scheme of Reservation and Delegation.

1.1.3 These PFPs identify the financial responsibilities that apply to everyone working for the CCG. PFPs do not provide detailed procedural advice and hence should be read in conjunction with the more detailed policies.

1.1.4 Advice is separately provided to those undertaking specific finance functions; these are found in and known as, Local Work Instructions, which the Chief Finance Officer approves.

1.1.5 The Detailed Financial Policies which include, but are not limited to, budget management; tendering and procurement, counter fraud and treatment of losses and special payments will be published and maintained on the CCG's website.

1.1.6 Should any difficulties arise regarding the interpretation or application of any of the PFPs or Detailed Financial Policies then the advice of the Chief Finance Officer must be sought before acting. The user of these PFPs should also be familiar with and comply with the provisions of the CCG's Constitution, Standing Orders and Scheme of Reservation and Delegation.

1.1.7 In certain circumstances, failure to comply with Prime Financial Policies and Standing Orders can be regarded as a disciplinary matter that could result in dismissal.

### 1.2 Overriding Prime Financial Policies

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

### 1.3 Responsibilities and Delegation

1.3.1 The roles and responsibilities of Members, Governing Body Members, Committee and sub-committee members and persons working on behalf of the CCG are as set out in the Constitution.

1.3.2 The decisions delegated by Members are set out in the CCG's Scheme of Reservation and Delegation.

### 1.4 Contractors and their Employees

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

### 1.5 Amendment of Prime Financial Policies

1.5.1 To ensure that these Prime Financial Policies remain up-to-date and relevant, the Chief Finance Officer will review them at least annually. The Chief Finance Officer will recommend amendments, which will be, scrutinised and approved by the Governing Body's Audit Committee.

## 2. INTERNAL CONTROL

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

2.1 The Governing Body is required to establish an Audit Committee with terms of reference agreed by the Governing Body (as detailed in the Constitution).

### 2.2 Terms of Reference

2.2.1 The terms of reference for the Audit Committee will be clearly defined and follow guidance from the NHS Audit Committee Handbook (2014) and will include the performance of the following tasks:

(a) Ensuring there is an effective internal audit function established by management, that meets mandatory NHS Internal Audit Standards and provides appropriate independent assurance to the Audit Committee, Chief Officer and Governing Body;

(b) Reviewing the work and findings of the external auditor and considering the implications of and management's responses to their work;

(c) Reviewing the findings of other significant assurance functions, both internal and external to the CCG, and considering the implications for the governance of the CCG;

(d) Ensuring that the systems for financial reporting to the Governing Body, including those of budgetary control, are subject to review as to completeness and accuracy of the information provided to the Governing Body;

(e) Reviewing financial and information systems and monitoring the integrity of the financial statements and reviewing significant financial reporting judgments;

(f) Reviewing the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the CCG's activities (both clinical and non-clinical), that supports the achievement of the CCG's objectives;

(g) Monitoring compliance with Standing Orders and Prime Financial Policies;

(h) Reviewing schedules of losses and compensations and making recommendations to the Governing Body;

(i) Reviewing schedules of debtors/creditors balances over £5,000 and which are also over six months old and explanations/action plans;

(j) Reviewing the annual report and financial statements prior to submission to the Governing Body focusing particularly on:

The wording in the Annual Governance Statement and other

disclosures relevant to the Terms of Reference of the Committee

i. Changes in, and compliance with, accounting policies and practices
ii. Unadjusted mis-statements in the financial statements
iii. Major judgmental areas
iv. Significant adjustments resulting from audit.

(k) Reviewing the annual financial statements and recommending their approval to the Governing Body;

(l) Reviewing the external auditors report on the financial statements and the annual management letter;

(m) Conducting a review of the CCG's major accounting policies;

(n) Reviewing any incident of fraud or corruption or possible breach of ethical standards or legal or statutory requirements that could have a significant impact on the CCG's published financial accounts or reputation;

(o) Reviewing any objectives and effectiveness of the internal audit services including its working relationship with external auditors;

(p) Reviewing major findings from internal and external audit reports and ensure appropriate action is taken;

(q) Reviewing 'value for money' audits reporting on the effectiveness and efficiency of the selected departments or activities;

(r) Reviewing the mechanisms and levels of authority (eg Standing Orders, Prime Financial Policies, Delegated Limits) and make recommendations to the Governing Body;

(s) Reviewing the scope of both internal and external audit including the agreement on the number of audits per year for approval by the Governing Body;

(t) Investigating any matter within its terms of reference, having the right of access to any information relating to the particular matter under investigation;

(u) Reviewing waivers to Standing Orders;

(v) Reviewing hospitality and sponsorship registers;

(w) Reviewing the information prepared to support the controls assurance statements prepared on behalf of the Governing Body and advising the Governing Body accordingly.

2.3 **Internal Audit**

2.3.1 Internal Audit is an independent and objective assurance service which provides:

(a) An independent and objective opinion to the Chief Officer, the Governing Body, and the Audit committee on the degree to which risk management, control and governance, support the achievement of the CCGs agreed objectives;

(b) An independent and objective consultancy service specifically to help the CCG improve the CCG's risk management, control and governance arrangements;

(c) Internal Audit will review, appraise and report upon policies, procedures and operations in place to:

i. Establish and monitor the achievement of the CCGs objectives
ii. Identify, assess and manage the risks to achieving the CCGs objectives
iii. Ensure the economical, effective and efficient use of resources
iv. Ensure compliance with established policies (including behavioural and ethical expectations), procedures, laws and regulations
v. Safeguarding the CCGs assets and interests from losses of all kinds, including those arising from fraud, irregularity or corruption
vi. Ensure the integrity and reliability of information, accounts and data, including internal and external reporting and accountability processes.

(d) The Head of Internal Audit will provide to the Audit Committee:

i. A risk-based plan of internal audit work, agreed with management and approved by the Audit committee, based upon the management's Assurance Framework that will enable the auditors to collect sufficient evidence to give an opinion on the adequacy and effective operation of the CCG

ii. Regular updates on the progress against plan
iii. Reports of management's progress on the implementation of action agreed as a result of Internal audit findings
iv. An annual opinion, based upon and limited to the work performed, on the overall adequacy and effectiveness of the CCGs risk management, control and governance processes (i.e. the CCGs system of internal control)
v. Additional reports as requested by the Audit Committee

(e) The Head of Internal Audit reports to the Audit Committee and is managed by the Chief Finance Officer. The reporting system for Internal Audit shall be agreed between the Chief Finance Officer, the Audit Committee and the Head of Internal Audit. The Agreement shall be in writing and shall comply with the guidance on reporting contained in the NHS Internal Audit Standards. The reporting system shall be reviewed at least every 3 years.

(f) Managing Public Money, published by HM Treasury, requires public bodies to have a 'Head of Audit Opinion'. The Head of Internal Audit provides the Head of Audit Opinion.

2.4 **Chief Officer**

2.4.1 The Chief Officer has overall responsibility for the CCG's systems of internal control and will ensure that an Annual Governance Statement is prepared in line with national requirements:

i. A clear opinion on the effectiveness of internal control in accordance with current assurance framework guidance issued by the NHS Commissioning Board including for example compliance with control criteria and standards
ii. Major internal financial control weaknesses discovered
iii. Progress on the implementation of Internal Audit recommendations
iii. Progress against plan over the previous year
v. A strategic audit plan covering the coming 3 years
vi. A detailed plan for the coming year.

2.5 **Chief Finance Officer**

2.5.1 The Chief Finance Officer will ensure that:

(a) The detailed financial policies are considered for review and update annually;
(b) A system is in place for proper checking and reporting of all

breaches of financial policies; and

(c) A proper procedure is in place for regular checking of the adequacy and effectiveness of the control environment;

(d) Ensuring there are arrangements to review, evaluate and report on the effectiveness of internal financial control including the establishment of an effective Internal Audit function;

(e) Ensuring that the Internal Audit function meets the NHS mandatory audit standards and provides sufficient independent and objective assurance to the Audit committee and the Chief Officer;

(f) Deciding at what stage to involve the police in cases of misappropriation and other irregularities not involving fraud or corruption;

## 2.6 External Audit

2.6.1 The External Auditor is appointed by and paid for by the CCG. The Audit Committee must ensure a cost-efficient service. If there are any problems relating to the service provided by the External Auditor, then this should be raised with the External Auditor.

## 3. AUDIT

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

3.1 The Head of Internal Audit and the appointed external auditor, will have direct and unrestricted access to audit committee members, the Chair of the Governing Body, Chief Officer and Chief Finance Officer for any significant issues arising from audit work that management cannot resolve, and for all cases of fraud or serious irregularity.

3.1.2 The Head of Internal Audit and the appointed external auditor will have access to the Audit Committee members and the Chief Officer, to review audit issues as appropriate. All Audit Committee members, the Chair of the Governing Body and the Chief Officer will have direct and unrestricted access to the head of internal audit and external auditors.

3.1.3 The Chief Finance Officer will ensure that:

(a) The CCG has a professional and technically competent internal audit function as set out in more detail in the Terms of Reference of the Audit Committee;

(b) The Audit Committee approves any changes to the provision or delivery of internal audit services to the CCG;

(c) The minutes of the audit committee meetings shall be formally recorded and submitted to the Governing Body. The Chair of the Audit Committee shall draw to the attention of the Governing Body any issues that require disclosure to the full Governing Body, or require executive action.

## 4. FRAUD AND CORRUPTION

**POLICY** – the CCG requires all staff to always act honestly and with integrity to safeguard the public resources for which they are responsible. The CCG 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 CCG has adequate arrangements in place for countering fraud and shall review the outcomes of counter fraud work. It shall also approve the counter fraud annual work programme and review the annual report produced by the Local Counter Fraud Specialist.

4.1.2 The Governing Body's Audit Committee will ensure that the CCG has arrangements in place to work effectively with the NHSCounter Fraud Authority (NHS CFA).

### 4.2 Security Management

4.2.1 The Chief Officer will monitor and ensure compliance with Directions issued by the Secretary of State for Health on NHS security management.

4.2.2 The Chief Officer shall nominate a suitable person to carry out the duties of the Local Security Management Specialist (LSMS) as specified by the Secretary of State for Health guidance on NHS Security Management.

4.2.3 The Governing Body shall nominate a Lay Member to oversee the NHS Security Management service who will report to the Governing Body.

## 5. EXPENDITURE CONTROL

5.1 The CCG is required by statutory provisions[55] to ensure that its expenditure does not exceed the aggregate of allotments from NHS England and any other sums it has received and is legally allowed to spend.

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

5.1.3 The Chief Finance Officer will:

(a) Provide reports in the form required by NHS England;

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

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

## 6. ALLOCATIONS (referred to as ALLOTMENTS[56] in statute)

6.1 The Chief Finance Officer will:

(a) Periodically review the basis and assumptions used by NHS England for distributing allocations (also known as allotments) and ensure that these are reasonable and realistic and secure the CCG's entitlement to funds;

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

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

---

55 See section 223H of the 2006 Act, inserted by section 27 of the 2012 Act

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 CCG will produce and publish an annual commissioning plan[57] that explains how it proposes to discharge its financial duties. The CCG will support this with comprehensive medium term financial plans and annual budgets.

7.1 The Chief Officer will compile and submit to the Governing Body a Commissioning Strategy and Annual Commissioning Plan, which takes into account financial targets and forecast, limits of available resources. The Governing Body will ensure that this is signed off through the Membership Council.

7.1.2 Prior to the start of the Financial Year the Chief Finance Officer will, on behalf of the Chief Officer, prepare and submit commissioning and infrastructure (running cost) budgets for approval by the Governing Body.

7.1.3 The Chief Finance Officer shall monitor financial performance against budget and plan, regularly review them, and report to the Governing Body on at least a monthly basis. This report should include explanations for variances. These variances must be based on any significant departures from agreed financial plans or budgets. The report should also document requests for changes to budgets where these are in excess of the limits delegated to the Chief Officer and Chief Finance Officer.

7.1.4 The Chief Officer is responsible for ensuring that information relating to the CCG's accounts or to its income or expenditure, or its use of resources is provided to NHS England as requested, including reporting to NHS England for any delegated functions.

7.1.5 The Governing Body will approve consultation arrangements for the CCG's Annual Commissioning Plan[58].

7.1.6 The Chief Officer is responsible for putting in place an operational Scheme of Delegation, which sets out in writing budgetary authorisation limits for individual committees and individuals and the responsibilities of budget holders and budget managers. This will be incorporated into a detailed Financial Policy on budget management prepared by the Chief Finance Officer and approved by the Governing Body.

---

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

7.1.7 The Chief Finance Officer has a responsibility to ensure that adequate training is delivered on an on-going basis to budget holders and their budget managers to help them manage successfully.

7.1.8 The Chief Finance Officer will devise and maintain systems of budgetary control. These will include:

(a) Monthly financial reports to the Governing Body in a form approved by the Governing Body containing:

i. Income and expenditure to date showing trends and forecast year-end position;
ii. Risks to cash and other working capital;
iii. Capital project spend and projected outturn against plan;
iv. Explanations of any material variances from plan;
v. Details of any corrective action where necessary and the Chief Officer's and/or Chief Finance Officer's view of whether such actions are sufficient to correct the situation;

(b) The issue of timely, accurate and comprehensible advice and financial reports to each budget holder, covering the areas for which they are responsible;

(c) Investigation and reporting of variances from financial, workload and work force budgets;

(d) Monitoring of management action to correct variances;

(e) Arrangements for the authorisation of budget transfers.

7.1.9 Each Budget Holder is responsible for ensuring that:

(a) Any likely overspending or reduction of income, which cannot be met by virement, is not incurred without the prior consent of the Governing Body;

(b) The amount provided in the approved budget is not used in whole or in part for any purpose other than that specifically authorised, subject to the rules of virement;

(c) No permanent employees are appointed without the approval of the Chief Officer other than those provided for within the available resources and work force establishment as approved by the Governing Body.

## 8. ANNUAL ACCOUNTS AND REPORTS

**POLICY** – the CCG will produce and submit to NHS England accounts and reports in accordance with all statutory obligations[59], relevant accounting standards and accounting best practice in the form and content and at the time required by NHS England.

8.1 The Chief Finance Officer will ensure the CCG:-

(a) Prepares a timetable for producing the Annual Report and Accounts and agrees it with external auditors and the Governing Body's Audit Committee;

(b) Prepares the accounts according to the timetable approved by the audit committee as delegated by the Governing Body;

(c) Complies with statutory requirements and relevant directions for the publication of the externally audited annual accounts and annual report

(d) Considers the external auditor's management letter and fully address all issues within agreed timescales, ensuring it is presented to the audit committee for consideration; and

(e) Publishes the external auditor's management letter on the CCG's website and makes it available upon request for inspection at the CCG's head office.

## 9. INFORMATION TECHNOLOGY

**POLICY** – the CCG will ensure the accuracy and security of the CCG's computerised financial data.

9.1 The Chief Finance Officer is responsible for the accuracy and security of the CCG's computerised financial data and shall:-

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

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

(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.

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

## 10. ACCOUNTING SYSTEMS

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

10.1 The Chief Finance Officer will ensure:-

(a) The CCG has suitable financial and other software to enable it to comply with these policies and any consolidation requirements of NHS England;

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

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

## 11. BANK ACCOUNTS

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

11.1 The Chief Finance Officer will:-

(a) Review the banking arrangements of the CCG at regular intervals to ensure they are in accordance with Secretary of State directions , best practice and represent best value for money;

(b) Manage the CCG's banking arrangements and advise the CCG on the provision of banking services and operation of accounts;

(c) Prepare detailed instructions on the operation of bank accounts.

11.1.2 The Audit Committee shall approve the banking arrangements.

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

**POLICY** – the CCG will:

- Operate a sound system for prompt recording, invoicing and collection of all monies due;
- Seek to maximise its potential to raise additional income only to the extent that it does not interfere with the performance of the CCG or its functions;[60]
- Ensure its power to make grants and loans is used to discharge its functions effectively;[61]

12.1 The Chief Finance Officer is responsible for the following:

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

60 See section 14Z5 of the 2006 Act, inserted by section 26 of the 2012 Act.
61 See section 14Z6 of the 2006 Act, inserted by section 26 of the 2012 Act.

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

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

(d) Developing effective arrangements for making grants or loans;

(e) Appropriate recovery action on all outstanding debts.

## 13. TENDERING AND CONTRACTING PROCEDURE

**POLICY** – the CCG:

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

### 13.1 Tendering

13.1.1 The CCG shall ensure that the firms/individuals invited to tender (and where appropriate, quote) are among those on approved lists or where necessary a framework agreement. Where in the opinion of the Chief Officer it is desirable to seek tenders from firms not on the approved lists, the reason shall be recorded in writing to the Audit Committee.

13.1.2 Those with delegated financial authority identified in the Operational Scheme of Delegation 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 CCG's Standing Orders;

(b) The Public Contracts Directive 2014/24/EU', any successor legislation and any other applicable law; and

(c) Take into account as appropriate any applicable NHS England or NHS Improvement guidance that does not conflict with (b) above.

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

13.1.4 The CCG shall approve its own Procurement Policy, which should be read in conjunction with this section.

13.2 **Presumption to Tender**

13.2.1 There is a presumption that tendering will occur where:

(a) A contract opportunity that is required to be advertised under the Regulations (i.e. the contract opportunity is governed by the Regulations and the value of the contract opportunity as calculated pursuant to the Regulations exceeds the relevant financial threshold for the requirement to run a formal tender process); or

(b) The contract opportunity would pass the Cross Border Test. The Cross Border Test is passed (subject to any subsequent judicial precedent in the UK Courts or the European Court of Justice) if the contract opportunity under consideration would be (where the value of the contract exceeds the threshold and is part of the light touch regime under the Regulations, or falls outside the requirement to tender under the Regulations) of certain interest to anybody located in a member state of the European Union other than the United Kingdom.

13.2.2 The CCG shall ensure that contract opportunities with the CCG are advertised in accordance with the relevant PFPs and where more than one response is received that competitive tenders are invited in accordance with the PFPs for:

(a) The supply of goods, materials and manufactured articles;

(b) The rendering of services including all forms of management consultancy services;

(c) For the design, construction and maintenance of building and engineering works (including construction and maintenance of grounds and gardens);

(d) Subject to PFPs for disposals.

13.3 **Commissioning Health Care Services: Decision to Advertise**

Health care services are classed as light-touch services under the Regulations and as such, no requirement to advertise arises, unless above the threshold contained within regulations. Each contract opportunity should be assessed against the Cross Border Test and the CCGs Procurement Policy. Where no decision to tender is made this should be clearly documented and reported to the Audit Committee.

13.4 **In-House Services: Decision to Procure Services**

The Chief Officer shall be responsible for ensuring that best value for money can be demonstrated for all services provided on an in-house basis. The Governing Body may also determine from time to time that in-house services should be market tested by competitive tendering.

13.5 **Exceptions and Instances Where Formal Tendering Procedures Need Not be Applied**

Where a contract opportunity is required to be tendered such contract opportunities need not be advertised and formal tendering procedures need not be applied where:

(a) The estimated expenditure or income:

i. For a contract opportunity (for goods and non-healthcare services) does not, or is not reasonably expected to, exceed limits as specified in the operational Scheme of Delegation; or

ii. For any contract opportunity (for healthcare services) that does not, or is not reasonably expected to reach OJEU limits

(b) The requirement can be met under an existing contract without infringing Procurement Legislation;

(c) The CCG is entitled to call off from a Framework Agreement subject to 13.14 below;

(d) A consortium arrangement is in place and a lead organisation has been appointed to carry out tendering activity on behalf of the CCG; or

(e) An exception permitting the use of the negotiated procedure without notice validly applies under Regulation 14 of the EU Regulations.

13.5.1 Formal tendering procedures **may be waived** in the following circumstances:

(a) In very exceptional circumstances where the Chief Officer decides that formal tendering procedures would not be practicable or the estimated expenditure or income would not warrant formal tendering procedures, and the circumstances are detailed in an appropriate CCG record;

(b) Where the timescale genuinely precludes competitive tendering for reasons of extreme urgency brought about by events unforeseeable by the CCG and not attributable to the CCG. Failure to plan work properly is not a justification for waiving the requirement to tender;

(c) Where the works, services or supply required are available from only one source for technical or artistic reasons or for reasons connected with the protection of exclusive rights;

(d) When the goods required by the CCG are a partial replacement for, or in addition to, existing goods and to obtain the goods from a supplier other than the supplier who supplied the existing goods would oblige the CCG to acquire goods with different technical characteristics and this would result in:

i. Incompatibility with the existing goods; or
ii. Disproportionate technical difficulty in the operation and maintenance of the existing goods

However, no such contract may be entered in for duration of more than 3 years.

(e) When works or services required by the CCG are additional to works or services already contracted for but for unforeseen circumstances such additional works or services have become necessary and that such additional works or services;

(f) Cannot for technical or economic reasons be carried out separately from the works or services under the original contract without major inconvenience to the CCG;

(g) Can be carried out or provided separately from the works or services under the original contract but are strictly necessary to the latest stages of performance of the original contract; provided that the value of such additional works or services does not exceed 50% of the value of the original contract;

(h) For the provision of legal advice and/or services provided that any provider of legal advice and/or services commissioned by the CCG is regulated by the Solicitors Regulation Authority for the conduct of their business (or by the Bar Council for England and Wales in relation to the obtaining of Counsel's opinion) and are generally recognised as having sufficient expertise in the area of work for which they are commissioned. The Head of Governance and Assurance will ensure that any legal fees paid are reasonable and within commonly accepted rates for the costing of such work.

13.6 **Monitoring and Audit of Decision Not to Seek Tenders**

13.6.1 The waiving of competitive tendering procedures should not be used with the object of avoiding competition or solely for administrative convenience or, subject to above exceptions, to award further work to a provider originally appointed through a competitive procedure.

13.6.2 Where it is decided that competitive tendering need not be applied or should be waived, the fact of the non-application or waiver and the reasons for it should be documented and recorded in an appropriate CCG record and reported to the Audit Committee at each meeting.

13.6.3 Where the CCG proposes not to conduct a tender process in relation to a contract opportunity for a new health care service or a significantly changed health care service then the Governing Body shall consider such proposal at a meeting of the Governing Body as recommended by the 'Procurement, Patient Choice and Competition Regulations (Dec 2013)'.

13.7 **Contracts, Which Subsequently Breach Thresholds After Original Approval Not to Seek Tenders**

13.7.1 Contract opportunities estimated to be below those detailed in the Operational Scheme of Delegation or below the threshold for the application of the requirement to tender under the Regulations, for which formal tendering procedures are not used, but which subsequently prove to have a value above such limits, shall be reported to the Chief officer, and be recorded in an appropriate CCG record.

13.8 **Use of Framework Agreements**

13.8.1 The CCG may utilise any available Framework Agreement to satisfy its requirements for works, services or goods but only if it complies with the requirements of Procurement Legislation in doing so, which include (but are not limited to) ensuring that:

(a) The Framework Agreement was procured on its behalf. The CCG should satisfy itself that the original procurement process included the CCG within its scope;

(b) The Framework Agreement includes the CCG's requirement within its scope. The CCG should satisfy itself that this is the case;

(c) Where the Framework Agreement is a multi-operator Framework Agreement, the process for the selection of providers to be awarded call-off contracts under the framework agreement is followed;

(d) The call-off contract entered into with the provider contains the contractual terms set out by the Framework Agreement.

13.9 **Tendering Procedure**

13.9.1 The CCG shall ensure that no sector of any market (public, private, third sector/social enterprise) is given an unfair advantage in the design or conduct of any tender process:

(a) The subject matter and the scope of the contract opportunity should be described in a non-discriminatory manner. The CCG should utilise generic and/or descriptive terms, rather than the trade names of particular products or processes or their manufacturers or their suppliers;

(b) All participants in a tender process should be treated equally and all rules governing a tender process must apply equally to all participants;

13.10 **Advertisement of Contract Opportunities**

13.10.1 Where a formal tender process is required then:

(a) Where a contract opportunity falls within the Regulations and a process compliant with the Regulations is required, an OJEU Notice should be utilised; or

(b) Without prejudice to exceptions detailed in these PFPs where a contract opportunity does not fall within the Regulations the CCG shall utilise a form of advertising for such contract opportunity that is sufficient to enable potential providers (including providers in member states of the EU other than the UK) to access appropriate information about the contract opportunity so as to be in a position to express an interest; and

(c) In relation to any contract opportunity for health care services the CCG shall as a minimum advertise on www.contractsfinder.service.gov.uk the procurement portal.

13.11 **Choice of Procedure**

13.11.1 (a) Where a contract opportunity falls within the Regulations and a process compliant with the Regulations is required then the CCG shall utilise an available tender procedure under the Regulations;

(b) In all other cases the CCG shall utilise a tender procedure proportionate to the value, complexity and risk of the contract opportunity and shall ensure that invitations to tender are sent to a sufficient number of providers to provide fair and adequate competition (in any event no less than 2).

13.12 **Invitation to Tender**

13.12.1 (a) All invitations to tender shall state the date and time that is the latest time for the receipt of tenders;

(b) All invitations to tender shall state that no tender will be accepted unless submitted electronically through the appropriate process, as instructed within the tender documentation

(c) Every invitation to tender must require each bidder to give a written undertaking not to engage in collusive tendering or other restrictive practice and not to engage in canvassing the CCG Members, Governing Body Member, its employees or officers concerning the contract opportunity tendered.

13.13 **Receipt and Safe Custody of Tenders**

13.13.1 (a) The Chief Officer or his/her nominated representative (who may not be from the department that sponsored or commissioned the relevant invitation to tender; referred to as the "Originating Department") will be responsible for the receipt, endorsement and safe custody of tenders received until the time appointed for their opening;

(b) For all tenders, the electronic procurement system will automatically record;

(c) An auditable date/time stamp of all actions. This audit trail is available for review in real time by all officers with appropriate access rights and cannot be edited.

13.14 **Opening Tenders and Register of Tenders**

13.14.1 (a) As soon as practicable after the date and time stated as being the latest time for the receipt of tenders, the nominated registered electronic tendering user will be able to access the electronic tenders and release them once the time and date for opening has passed;

(b) An auditable electronic log of actions, which may not be edited, is created including procurement and supplier time/date stamped actions;

(c) A register shall be maintained by the Chief Officer, or a person authorised by him/her, to show for each competitive invitation to tender despatched:

i. The names of all organisations/individuals invited to tender
ii. The names of all organisations/individuals from which tenders have been received
iii. The date the tenders were received and opened
iv. The persons present at the opening
v. The price shown on each tender; and
vi. A note where price alterations have been made on the tender and suitably initialed.

13.15 **Admissibility of Tenders**

13.15.1 Tenders will be admissible under the following circumstances:

(a) If for any reason the designated officers are of the opinion that the tenders received are not sufficient to demonstrate competition (for example, because their numbers are insufficient or any are amended, incomplete or qualified) no contract shall be awarded without the approval of the Chief Officer;

(b) Where only one tender is sought and/or received, the Chief Officer and Chief Finance Officer shall, as far practicable, ensure that the price to be paid is fair and reasonable and will ensure best value for the CCG.

13.16 **Late Tenders**

13.16.1 Where tenders are received late the following will be applied:

(a) Tenders received after the due time and date, but prior to the opening of the other tenders, may be considered only if the Chief Officer or his/her nominated officer decides that there are exceptional circumstances i.e. despatched in good time but delayed through no fault of the tenderer;

(b) Only in the most exceptional circumstances will a tender be considered which is received after the opening of the other tenders and only then if the tenders that have been duly opened have not left the custody of the Chief Officer or his/her nominated officer or if the process of evaluation and adjudication has not started;

(c) While decisions as to the admissibility of late, incomplete or amended tenders are under consideration, the tender documents shall be kept strictly confidential, recorded, and held in safe custody by the Chief Officer or his/her nominated officer;

(d) Accepted late tenders will be reported to the Governing Body.

13.17 **Electronic Auctions and Dynamic Purchasing Systems**

13.17.1 The CCG shall have policies and procedures in place for the control of all tendering activity carried out through dynamic purchasing systems and electronic auctions if such mechanisms are to be utilised by the CCG for tendering any contract opportunity. For further guidance on dynamic purchasing systems or electronic auctions refer to www.gps.cabinetoffice.gov.uk.

13.18 **Accountability Where In-House Bid**

13.18.1 In all cases where the Governing Body or the Operational Executive determines that in-house services should be subject to competitive tendering the following groups shall be set up:

(a) Specification Group, comprising the Chief Officer or nominated officer(s) and Specialist Officer whose function shall be to draw up the specification of the service to be tendered;

(b) In-house Tender Group, comprising a nominee of the Chief Officer and technical support to draw up and submit the in-house tender submission;

(c) Evaluation Group, comprising normally a specialist officer, the contract lead as delegated by the Chief Officer and a Chief Finance Officer representative whose function is to shortlist expressions of interest received and evaluate tenders received. For services having a likely annual expenditure exceeding £100,000, a non-officer member should be a member of the evaluation team.

13.18.2 No officer or employee of the CCG directly engaged or responsible for the provision of the in-house service subject to competitive tendering may be a member of any of the specification or evaluation group but the Specification Group may consult with and take into account information received from such officers or employees in drawing up the CCG's specification subject at all times to observing the duty of non-discrimination. No member of the In-house Tender Group may participate in the evaluation of tenders.

13.18.3 The Evaluation Group shall make recommendations to the Governing Body.

13.18.4 The Chief Officer shall nominate an officer to oversee and manage the contract awarded on behalf of the CCG.

13.19 **Requirement to Obtain Competitive Quotations**

13.19.1 Subject to section 13.6 competitive quotations are required for all contract opportunities where formal tendering procedures are not adopted and where the intended expenditure or income exceeds, or is reasonably expected to exceed £15,000.

13.19.2 Competitive quotations are not required where a contract opportunity need not be advertised and tendered.

13.19.3 Competitive quotations are not required where the requirement to advertise and tender a contract opportunity has been waived.

13.20 **Competitive Quotations**

13.20.1 Where competitive quotations are required:

(a) Quotations should be obtained from at least 3 organisations/individuals based on specifications or terms of reference prepared by, or on behalf of, the Clinical Commissioning Group;

(b) Quotations should be obtained in writing unless the Chief Officer or his nominated officer determines that it is impractical to do so in which case quotations may be obtained by telephone. Confirmation of telephone quotations should be obtained as soon as possible and the reasons why the telephone quotation was obtained should be set out in an appropriate CCG record;

(c) All quotations should subject to compliance with the provisions of the Freedom of Information Act 2000 be kept as confidential and should be retained for 6 months from the date of receipt for inspection;

(d) The Chief Officer or his nominated officer should evaluate each quotation received applying evaluation criteria and select the quote, which gives the best value.

13.21 **Non-Competitive Quotations**

13.21.1 (a) Non-competitive quotations in writing must be obtained for any contract opportunity where formal tendering procedures are not adopted and where competitive quotations are not required;

(b) Where competitive tendering or a competitive quotation is not required, the CCG shall use the NHS Supply Chain for procurement of all goods unless the Chief officer or nominated officers deem it inappropriate. The decision to use alternative sources must be documented in an appropriate CCG record.

13.22 **Quotations to be within Financial Limits**

13.22.1 No quotation shall be accepted by the CCG, which will commit expenditure in excess of that which has been allocated by the CCG except with the authorisation of either the Chief Officer or Chief Finance Officer.

13.23 **Evaluation of Tenders and Quotations**

13.23.1 The CCG shall ensure that it seeks to obtain best value for each contract opportunity.

13.24 **Choice of Evaluation Methodology**

13.24.1 The CCG must for each contract opportunity, which is subject to a tender, or a competitive quotation chooses to adopt evaluation criteria based on either:

(a) The lowest price; or

(b) The most economically advantageous tender, based on criteria linked to the subject matter of the contract opportunity including but not limited to some or all of:

i. Quality
ii. Price
iii. Technical Merit
iv. Aesthetic and Functional Characteristics
v. Environmental Characteristics
vi. Running Costs
vii. Cost Effectiveness
viii. After Sales Service
ix. Technical Assistance
x. Delivery Date
xi. Delivery Period and/or
xii. Period of Completion

13.25 Each invitation to tender or invitation to supply a competitive quotation must state the evaluation criteria to be used to evaluate the tender or quotation and the relative weightings of each such criterion.

**Acceptance of Formal Tenders**

13.25.1 Acceptance of tenders will be as follows:-

(a) Any discussions with a tenderer, which are deemed necessary to clarify technical aspects of his/her, tender before the award of a contract will not disqualify the tender;

(b) Incomplete tenders (i.e. those from which information necessary for the adjudication of the tender is missing) and amended tenders (i.e. those amended by the tenderer upon his own initiative either orally or in writing after the due time for receipt) should be dealt with in the same way as late tenders;

(c) Where examination of tenders reveals errors, which would affect the tender figure, the tenderer may be given details of such errors and afforded the opportunity of confirming or withdrawing his offer;

(d) No tender shall be accepted by the CCG, which will commit expenditure in excess of that which has been allocated by the CCG except with the authorisation of the Chief Officer;

(e) No tender shall be accepted by the CCG, which is obtained contrary to these PFPs except with the authorisation of the Chief Officer or Chief Finance Officer;

(f) All tenders should, subject to compliance with the provisions of the Freedom of Information Act 2000, be kept confidential and should be retained for 12 months from the date set for the receipt of tenders for inspection.

13.26 **Authorisation of Tenders and Competitive Quotations**

13.26.1 Contract will be awarded:

(a) By appropriate staff in line with the *Operational Scheme of Delegation* subject to all the requirements set out in these Standing Financial Instructions have been fully complied with;

(b) Formal authorisation must be put in writing.
In the case of authorisation by the Governing Body this shall be recorded in their minutes.

13.27 **Tender Reports to the Governing Body**

13.27.1 Reports to the Governing Body will be made on an exceptional circumstance basis only.

13.28 **Form of Contract: General**

13.28.1 The CCG shall consider the most applicable form of contract for each contract opportunity (including to the extent appropriate any NHS Standard Contract Conditions available) and should consider obtaining support from a suitably qualified professional advisor (including where appropriate legal advisors).

13.29 **Statutory Requirements**

13.29.1 The CCG must ensure that all contracts that are governed by mandatory statutory requirements (whether contained in Statute, Regulations or Directions) comply with such requirements.

13.30 **Contracts for Health Care Services**

13.30.1 Where a mandatory requirement of NHS England, the CCG shall utilise the most relevant NHS commissioning contract for the commissioning of health care services, or where a mandatory requirement of NHS England include standard provisions.

13.31 **Contracts for Building or Engineering Works**

13.31.1 If necessary the CCG will seek expert advice before commissioning any building or engineering works.

13.32 **Employment, Agency and Consultants Contracts**

13.32.1 The Chief Officer shall nominate officers with delegated authority to enter into permanent and temporary contracts of employment and other contracts for agency staff or persons engaged on a consultancy basis.

13.33 **Compliance Requirements for all Contracts**

13.33.1 The CCG may only enter into contracts within the statutory powers delegated to it by the Secretary of State or otherwise derived from Statute and each such contract shall:

(a) Comply with the CCG's Standing Orders and Prime Financial Policies;

(b) Comply with the requirements of all EU Directives directly enforceable in the UK and all other statutory provisions;

(c) Require (where applicable) the standards set out in the Standards for Better Health to be followed;

(d) Embody substantially the same terms and conditions of contract as were the basis on which tenders or quotations were invited;

(e) Be entered into and managed to obtain best value;

(f) Have an officer nominated by the Chief Officer to oversee and manage each contract on behalf of the CCG.

13.34 **Disposals**

13.34.1 Competitive Tendering or Quotation procedures shall not apply to the disposal of:

(a) Any matter in respect of which a fair price can be obtained only by negotiation or sale by auction as determined (or pre-determined in a reserve) by the Chief Officer or his nominated officer;

(b) Obsolete or condemned articles and stores, which may be disposed of in accordance with the supplies policy of the CCG.

## 14. COMMISSIONING

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

14.1 The CCG will coordinate its work with NHS England, other Clinical Commissioning Groups, and local providers of services, local authority(s), including through Health & Wellbeing Boards, patients, their carers, the voluntary sector, and others as appropriate to develop robust commissioning plans.

14.1.2 The Chief 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.

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

## 15. RISK MANAGEMENT AND INSURANCE

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

### 15.1 Risk Management

15.1.2 The Chief Officer shall ensure that the CCG has a programme of risk management, in accordance with prevailing NHS England and Department of Health Assurance Framework requirements, which will be monitored by the Audit Committee and the Governing Body Governance sub-committee's and approved by the Governing Body.

15.1.3 The existence, integration and evaluation of the above elements will assist in providing a basis to make a statement on the effectiveness of internal control within the Annual Report and Accounts.

15.1.4 The Chief Officer will also ensure that a Risk Register is maintained which will assess risks for their probability and impact. The Risk Register will be regularly reviewed by the operational executive committee and regular reports will be made to both the Audit Committee and Governing Body.

15.1.5 The Chief Officer will nominate a senior officer to be the Senior Information Risk Owner (SIRO).

15.1.6 The Chief Officer shall ensure that the CCG has a programme of risk management, in accordance with current NHS England assurance framework requirements, which must be approved and monitored by the Governing Body. The programme of risk management shall include:

(a) A process for identifying and quantifying risks and potential liabilities;

(b) Engendering among all levels of staff a positive attitude towards the control of risk;

(c) Management processes to ensure all significant risks and potential liabilities are addressed including effective systems of internal control, cost effective insurance cover, and decisions on the acceptable level of retained risk;

(d) Contingency plans to offset the impact of adverse events;

(e) Audit arrangements including; internal audit, clinical audit, health and safety review;

(f) A clear indication of which risks shall be insured;

(g) Arrangements to review the risk management programme.

15.2 **Insurance: Risk Pooling Schemes Administered by NHSLA**

15.2.1 The Governing Body shall decide if the CCG will insure through the risk pooling schemes administered by the NHS Litigation Authority or self-insure for some or all of the risks covered by the risk pooling schemes. If the Governing Body decides not to use the risk pooling schemes for any of the risk areas (clinical, property and employers/third-party liability) covered by the scheme this decision shall be reviewed annually.

15.2.2 Where the Governing Body decides to use the risk pooling schemes administered by the NHS Litigation Authority the Chief Finance Officer shall ensure that the arrangements entered into are appropriate and complementary to the risk management programme. The Chief Finance Officer shall ensure that documented procedures cover these arrangements.

15.2.3 Where the Governing Body decides not to use the risk pooling schemes administered by the NHS Litigation Authority for one or other of the risks covered by the schemes, the Chief Finance Officer shall ensure that the Governing Body is informed of the nature and extent of the risks that are self-insured as a result of this decision. The Chief Finance Officer will draw up formal documented procedures for the management of any claims arising from third parties and payments in respect of losses, which will not be reimbursed.

## 16. PAYROLL AND PAY EXPENDITURE

**POLICY** – the CCG will put arrangements in place for an effective payroll service and the management of its staffing establishment and staffing costs

16.1 **Payroll**

16.1.1 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.

16.1.2 In addition, the Chief Finance Officer shall set out comprehensive procedures for the effective processing of payroll.

16.2 **Funded Establishment**

16.2.1 The Governing Body will approve the staffing funded establishment of the CCG at the start of each Financial Year as part of the approval of initial budgets. It will then monitor variations as part of the financial reports in year.

16.2.2 During the Financial Year, the funded establishment of any department may not be varied without the approval of the Chief Officer or Chief Finance Officer or relevant approving body in line with the Scheme of Reservation and Delegation.

16.3 **Staff Appointments**

16.3.1 No Governing Body Member or employee may engage, re-engage, or re-grade employees, on a permanent or temporary nature, hire agency staff, or agree to changes in any aspect of remuneration unless authorised to do so through the financial limits within the operational Scheme of Delegation.

16.3.2 The Chief Officer will:

(a) Ensure that all employees are issued with a Contract of Employment and which complies with employment legislation; and

(b) Ensure there are arrangements for dealing with variations to, or termination of, contracts of employment.

## 17. NON-PAY EXPENDITURE

**POLICY** – the CCG 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 Chief Officer will determine the level of delegation to budget managers.

17.1.2 During the Financial Year, the non-pay expenditure budgets of any department may not be varied without the approval of the Chief Officer or Chief Finance Officer or relevant approving body in line with the Scheme of Reservation and Delegation.

17.1.3 The Chief Officer shall set out procedures on the seeking of professional advice regarding the supply of goods and services.

17.1.4 The Chief Finance Officer will:

(a) Advise the Audit Committee through the operational Scheme of Delegation, on the setting of thresholds above which quotations (competitive or otherwise) or formal tenders must be obtained;

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

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

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

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

18.1 The Chief Officer will:-

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

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

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

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

18.1.2 The Chief Finance Officer will prepare detailed procedures for the disposal of assets.

## 19. RETENTION OF RECORDS

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

19.1 The Chief Officer shall:

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

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

(c) Publish and maintain a Freedom of Information Publication Scheme.

## 20. TRUST AND CHARITABLE FUNDS

**POLICY** – the CCG will put arrangements in place to provide for the appointment of trustees if the CCG holds any property in trust or will put arrangements in place for the management of any charitable funds.

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

20.1.2 The Chief Finance Officer shall ensure that appropriate arrangements are in place with Barnsley Hospitals Charitable Trust to manage any charitable funds relating to the CCG.

## 21. ACCEPTANCE OF GIFTS BY STAFF AND LINK TO STANDARDS OF BUSINESS CONDUCT

21.1 The Chief Officer shall ensure that all staff are made aware of the CCG policy managing conflicts of interest and acceptance of sponsorship gifts and hospitality specifically acceptance of gifts and other benefits in kind by staff. This policy follows the guidance contained in the Department of Health circular HSG (93) 5 'Standards of Business Conduct for NHS Staff'; the Code of Conduct for NHS Managers 2002; the ABPI Code of Professional Conduct relating to hospitality/gifts from pharmaceutical/external industry; and NHS England's *Managing Conflicts of Interest: Revised Statutory Guidance for CCGs 2017.*

## 22. COMMISSIONING SUPPORT SERVICES AND PUBLIC HEALTH CORE OFFER

22.1 The Governing Body will approve contracts for commissioning support services provided by external organisations and the Memorandum of Understanding with Barnsley Metropolitan Borough Council for the Public Health Core Offer.

22.1.2 The Chief Officer will be responsible for nominating a senior officer to ensure a comprehensive contract is in place for commissioning support services, which also delivers value for money. The Chief Officer will also be responsible for nominating a senior officer to ensure the Memorandum of Understanding and annual plan of work is agreed with Barnsley Metropolitan Borough Council for the Public Health Core Offer.

## 23. LOSSES, COMPENSATIONS AND FRAUDS

23.1 The Chief Finance Officer must notify the NHS Counter Fraud Authority (NHS CFA) of all frauds.

23.1.2 For losses apparently caused by theft, arson, neglect of duty or gross carelessness, except if trivial, the Chief Finance Officer must immediately notify:

(a) The Governing Body, and

(b) The External Auditor.

23.1.3 The writing-off of losses shall be within limits delegated to it by NHS England and as delegated in the Operational Scheme of Delegation.

23.1.4 The Chief Officer shall be authorised to take any necessary steps to safeguard the CCG's interests in bankruptcies and company liquidations.

23.1.5 For any loss, the Chief Finance Officer should consider whether any insurance claim could be made.

23.1.6 The Chief Finance Officer shall maintain a Losses and Special Payments Register in which write-off action is recorded.

23.1.7 All losses and special payments must be reported to the Audit Committee at every meeting.

23.1.8 Section 1.1.1 Note 1 – relevant amendments to the constitution have been made to ensure statutory compliance.

**NHS Barnsley Operational Scheme of Delegation**

This operational scheme of delegation should be read in conjunction with Standing Orders, Scheme of Reservation and Delegation, Prime Financial Policies and the detailed financial policy on budget management.

| **Procurement/tendering limits** | |
|---|---|
| Verbal quotes (keep supporting evidence) | £0 to £14,999 |
| Written competitive quotations | £15,000 to £50,000 |
| Tenders | above £50,000 |
| Note: above values are shown including VAT, are for one year and where appropriate are subject to EU Procurement regulations (see note 2 below). | |

| | | | | As Delegated by the Chief Officer | | | |
|---|---|---|---|---|---|---|---|
| **Description** | **Approval** | **CCG Chair/ Chief Officer and Chief Finance Officer** | **Officer Nominated Deputy CCG Senior Manager** | **Officers or Nominated Deputies** | **CCG Senior Manager** | **Delegated CCG Staff** | **Delegated External Staff** |
| **Level** | | **Unlimited up to Budget** | **£500k and 2 signatures** | **Up to £100k** | **Up to £25k** | **Up to £500** | **Up to £2,700** |
| **Expenditure** | | | | | | | |
| Raise requisition where contract required | Note 1 | Yes | Yes | Yes | Yes | Yes | |
| Raise requisition where contract signed | Note 1 | Yes | Yes | Yes | Yes | Yes | |
| Invoices or claim forms without requisition | Note 1 | Yes | Yes | Yes | Yes | Yes | Yes |
| Quarterly freeze payments to NHS Trusts, Foundation Trusts, CCGs | Note 1 | Yes | Yes | Yes | | | |
| Goods received notes | Note 1 | Yes with no financial limit | Yes with no financial limit | Yes with no financial limit | Yes with no financial limit | Yes with no financial limit | Yes with no financial limit |

| **Description** | **Approval** | **CCG Chair/ Chief Officer and Chief Finance Officer** | **Officer Nominated Deputy CCG Senior Manager** | **Officers or Nominated Deputies** | **CCG Senior Manager** | **Delegated CCG Staff** | **Delegated External Staff** |
|---|---|---|---|---|---|---|---|

| Level | | Unlimited up to Budget | £500k and 2 signatures | Up to £100k | Up to £25k | Up to £500 | Up to £2,700 |
|---|---|---|---|---|---|---|---|
| **Losses and Special Payments** | | | | | | | |
| Write off due to: losses of cash, bad debt, damages to property, ex-gratia payments | Report to Audit Committee | Up to £50k | | | | | |
| Write off fruitless payments | Report to Audit Committee | Up to £250k | | | | | |
| Ex-gratia payments for clinical negligence and personal injury | Report to Audit Committee | Yes | | | | | |
| Early retirements, redundancy and termination settlements in line with national guidelines | Approval by Remuneration Committee | Yes | | | | | |
| **Equipment, Non-Operating Leases and Capital Assets (see note 3)** | | | | | | | |
| Acquisition of lease or capitalised asset | Note 1 | Yes | Yes | | | | |
| Disposal of lease or capital asset | Note 1 | Yes | Yes | | | | |
| Acquisition of equipment | Note 1 | Yes | Yes | | | | |
| Disposal of equipment | Note 1 | Yes | Yes | | | | |

| Description | Approval | CCG Chair/ Chief Officer and Chief Finance Officer | Officer Nominated Deputy CCG Senior Manager | Officers or Nominated Deputies | CCG Senior Manager | Delegated CCG Staff | Delegated External Staff |
|---|---|---|---|---|---|---|---|
| **Level** | | **Unlimited up to Budget** | **£500k and 2 signatures** | **Up to £100k** | **Up to £25k** | **Up to £500** | **Up to £2,700** |
| **Income** | | | | | | | |
| Debtor Request Forms | Note 1 | Yes | Yes | Yes | Yes | Yes | Yes |
| Authorisation of credit notes | Note 1 | Yes | Yes | Yes | Yes | Yes | Yes |
| Cancellation of invoices | Note 1 | Yes | Yes | Yes | Yes | Yes | Yes |
| **Legal Contracts and Decisions to Commit Expenditure** | | | | | | | |
| Contracts (after application of due process) | Note 1 | Yes | Yes | Yes | Yes | | |
| Healthcare contracts | Note 1 | Yes | Yes | Yes | | | |
| Indemnity Agreements | Note 1 | Yes | Yes | Yes | | | |
| Joint Venture Documents | Note 1 | Yes | Yes | Yes | | | |
| Operating Leases | Note 1 | Yes | Yes | Yes | | | |
| Establishment Control Form – replacement (funded) | Note 3 | Yes | Yes | Yes | Yes | | |
| Approval to recruit – change in structure | Note 3 | Yes | Yes | Yes | Yes | | |
| Letters of appointment | Note 3 | Yes | Yes | Yes | Yes | | |
| Sealing of Documents | Report to GB | Yes | Yes | Yes | | | |
| Budget Virements | Note 4 | Yes | Yes | Yes | Yes | | |

| **Notes:** |
| --- |
| **Note 1 –** All approvals in relation to budgets and decisions to commit expenditure must be given by Management Team up to £100,000 and by Governing Body beyond this level. Following relevant approval, officers then apply the relevant limits set out in this operational scheme of delegation. |
| **Note 2 –** EU Procurement threshold rates (Public Contracts regulations 2015). These rates apply to the TOTAL (excl VAT) contract value and over the life of the contract |
| Works - £4,104,394<br>Supplies - £164,176<br>Services - £164,176 |
| **Note 3 –** Staffing establishment – Under PFPs, the Governing Body will approve the funded establishment for the CCG prior to the start of the financial year. Any changes will requires approval by Management Team or Governing Body (limits as per note 1 above) and authorisation by Chief Officer or Chief Finance Officer. |
| **Note 4 –** The Chief Finance Officer (CFO0 has the authority to move funding between budget headings. However, the CFO will present the Governing Body with information each month in the finance report on movements between budgets for Governing Body approval. |