

NHS Calderdale Clinical Commissioning Group Constitution

Version	Date	Details
1.0 Version Final	June 2012	N/A
1.1	4 June 2013	Draft amendments (JS/JB)
1.2	5 June 2013	Gill Jones, Debbie Robinson, Penny Woodhead,
1.3	10 June 2013	Incorporating NHS England guidance on managing conflict of interest
1.4	12 June 2013	Incorporating quoracy from Shadow Governing Body terms of reference
1.5	28 June 2013	Governing Body comments and legal advice incorporated.
1.5	12 July 2013	Submitted to NHS England
1.6	29 August 2013	Amendments made in line with NHS England recommendations
2.0 Final (as amended)	19 September 2013	Further Amendments made in line with NHS England recommendations

REVISIONS

Version	Date	Details
2.1	5 September 2014	Draft amendments (JS)
2.2	19 September 2014	Hempsons LLP
2.3	23 September 2014	Draft amendments following Hempsons LLP recommendations
2.4	3 October 2014	Draft amendments following further Hempsons LLP amendments

Version	Date	Details
2.5	8 October 2014	Draft amendments regarding committees
2.6	24 October 2014	Incorporation of alternate quoracy arrangements following comments from Governing Body members
2.7	18 November 2014	Incorporation of NHS England Model wording on joint committees, making arrangements with one or more CCGs for delegating/exercising commissioning functions (new para 6.4); joint commissioning arrangements with NHS E (new para 6.7 6.8, 6.9); LMC recommendations (para 6.7.7, 6.8.7, 6.9.7)
2.8a	21 November	Amendment to alternative quoracy arrangements to add requirement for registered nurse or secondary care specialist.
2.9a	1 December	Final wording from Hempsons LLP and Audit Committee recommendations re alternative quoracy arrangements
2.10b (clean copy)	12 December	Amendment to alternate quoracy requirements in line with Governing Body recommendation – 11 Dec 2014 and recommendations from Audit Committee 20 Nov 2014
2.11a	26 January 2015	Amendments proposed by NHSE incorporated.
FINAL (revised)	28 January 2015	N/A
3.1	27 July 2015	Incorporated provision for emergency decisions outside Governing Body meetings (SO 9.14.2); Updated Prime Financial Policies – to bring in line with practice (3.1, 8.1)

Version	Date	Details
3.2	6 September 2016	<p>Updated the scheme of delegation to incorporate:</p> <ul style="list-style-type: none"> ▪ ability of all Governing Body Committees to approve policies within their remit ▪ Role of the new Auditor Panel ▪ New delegated responsibility for the remuneration committee. <p>Incorporated provision for alternative quoracy arrangements when a decision is required regarding AO/CFO remuneration and terms of service.</p>
3.3	24 January 2017	<p>Incorporate amendments to the provisions for joint committees on advice of DAC Beachcroft LLP</p> <p>Incorporated provision for members to join meetings by telephone or video conferencing. Standing Orders</p>
3.4	17 February 2017	<p>All proposed amendments reviewed by DAC Beachcroft LLP</p> <p>Clarified ability to appoint a Governing Body member on an interim basis in certain circumstances</p> <p>Submitted to NHS England for approval 27 Feb 2017</p>
3.5	2 March 2017	<p>New amendments received from DAC Beachcroft and incorporated to aide clarity (1 March 2017)</p>

Version	Date	Details
		Re-submitted to NHS England 2 March 2017
3.6	29 March 2017	Further amendments as required by NHS England
3.7	7 April 2017	Proposed third lay member incorporated
4.0 FINAL	23 May 2017	Approved by NHS England
4.1 DRAFT	25 May 2018	Amendments proposed to incorporate recognition of the role of the GP Federation body (3.3.2), new voting role on the Governing Body (6.5.2, 7.8.1), change of title for the Assistant Clinical Chair (7.6.1), a new provision regarding recording of meetings by accredited media (9.12.1) and general updating – comments sought from Chair, CO, CFO/DCO, Audit Chair and Lay Member (Finance and Performance)
4.2 DRAFT	7 June 2018	Draft to Governing Body for recommendation to the CCG membership
5.0 FINAL	2 Aug 2018	Variation approved by NHS England
5.1 DRAFT	08.08.2019	Governing Body approved for recommendations to the CCG membership to reduce the number of GP/Nurse Practitioner members on the GB from 7 to 4 (para. 6.5.2) and to better manage conflicts of interest (para. 8.4.2 and 8.4.3.). Member practices supported amendment 24.09.2019. Para 9.8.2 amended to reflect fewer clinicians on the Governing Body.
5.1 DRAFT	30.10.2019	Application to vary the Constitution made to NHSE

Version	Date	Details
6.0 FINAL	18.11.2019	Variation approved by NHS England
6.1 DRAFT	06.12.2019	Draft to bring into line with New Model Constitution, additional delegated authority for the GB, addition of a lay advisor role to the GB, amended quoracy to reflect reduction in GP GB members. Reviewed by SMT, Chair, Deputy Chair, Lay member (F and P)
6.2 DRAFT	16.01.2020	Submitted to Governing Body for endorsement to members
6.2 DRAFT	23.01.2020	Endorsed to the Membership by the Governing Body.
6.3 DRAFT	18.02.2020	Amendment to Audit Committee Terms of Reference (Membership) approved by Chair and Deputy Chief Officer between Governing Body meetings under urgent powers
6.3 DRAFT	10.03.2020	Approved by the CCG Membership. Submitted to NHSE
7.0 FINAL	11.12.20	Approved by NHSE
7.1 DRAFT	29.04.21	Governing Body approved amendments to: Specify nature of appointment of Accountable Officer (previously appointed by NSHE and approved by Governing Body) as part of a shared role with Calderdale Metropolitan Borough Council (CMBC) Reflect changed role of the former Chief Finance Officer/Deputy Chief Officer as Chief Operating Officer

Version	Date	Details
		<p>Reflect Director of Finance as proposed member of the Governing Body</p> <p>Specify that the CCG can make joint appointments (Health and Social Care Act 2012, Chapter 7, Schedule 2, Part 2 and the arrangements that will support such appointments).</p> <p>These are minor amendments and therefore do not require approval by CCG membership nor NHSE.</p>
7.1 DRAFT	19.07.2021	Submitted to NHS England
8.0 FINAL	26.07.2021	Approved by NHS England

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1.0 Introduction and Commencement

1.1. Name

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

1.2. Statutory Framework

- 1.2.1. CCGs are established under the National Health Service Act 2006 (“the 2006 Act”) as amended by the Health and Social Care Act 2012. The CCG is a statutory body with the function of commissioning health services in England and is treated as an NHS body for the purposes of the 2006 Act. The powers and duties of the CCG to commission certain health services are set out in sections 3 and 3A of the 2006 Act. These provisions are supplemented by other statutory powers and duties that apply to CCGs, as well as by regulations and directions (including, but not limited to, those issued under the 2006 Act).
- 1.2.2. When exercising its commissioning role, the CCG must act in a way that is consistent with its statutory functions. Many of these statutory functions are set out in the 2006 Act but there are also other specific pieces of legislation that apply to CCGs, including the Equality Act 2010 and the Children Acts. Some of the statutory functions that apply to CCGs take the form of statutory duties, which the CCG must comply with when exercising its functions. These duties include things like:

Acting in a way that promotes the NHS Constitution (section 14P of the 2006 Act);

- a) Exercising its functions effectively, efficiently and economically (section 14Q of the 2006 Act);
 - b) Financial duties (under sections 223G-K of the 2006 Act);
 - c) Child safeguarding (under the Children Acts 2004,1989);
 - d) Equality, including the public-sector equality duty (under the Equality Act 2010);
- and

- e) Information law, (for instance under data protection laws, such as the EU General Data Protection Regulation 2016/679, and the Freedom of Information Act 2000).

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

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

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

1.3. Status of this Constitution

1.3.1. This CCG was first authorised on 1st April 2013.

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

1.3.3. The constitution is published on the CCG website: www.calderdaleccg.nhs.uk

1.4. Amendment and Variation of this Constitution

1.4.1. This Constitution can only be varied in two circumstances

- a) Where the CCG applies to NHS England and that application is granted;
- b) Where in the circumstances set out in legislation NHS England varies the CCG's Constitution other than on application by the CCG.

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

- Changes are thought to have a material impact;
- Changes are proposed to the reserved powers of the members;
- At least **one third** of all the Governing Body members (**including the clinical chair**) formally request that the amendment be put before the membership for approval

1.4.3. Where the Governing Body has approved amendments to the Constitution as set out in the CCG membership will be asked to confirm the current constitution on an annual basis.

1.5. Related documents

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

- a) **Standing orders** – which set out the arrangements for meetings and the selection and appointment processes for the CCG's Committees, and the CCG

Governing Body (including Committees).

- b) The Scheme of Reservation and Delegation** – sets out those decisions that are reserved for the membership as a whole and those decisions that have been delegated by the CCG or the Governing Body.
- c) Prime financial policies** – which set out the arrangements for managing the CCG’s financial affairs.
- d) Standing Financial Instructions** – which set out the delegated limits for financial commitments on behalf of the CCG.

The CCG Governance Handbookⁱ – which also includes:

- Standards of Business Conduct;
- The CCG’s Management of Conflicts of Interest Policy;
- Committee terms of reference;
- Relevant policies and procedures

1.6. Vision, Values and Aims

1.6.1. Vision

1.6.1.1. The vision of NHS Calderdale Clinical Commissioning Group is:

“To achieve the best health and wellbeing for the people of Calderdale within our available resources.”¹

1.6.2. Values

The CCG will keep the following values at the heart of its work:

- a) Preserve and uphold the values set out in the NHS constitution.
- b) Treat each other with dignity and respect.
- c) Encourage innovation and inspire people to do great things.
- d) Be ambassadors for the people of Calderdale.
- e) Value individuality and diversity and promote equity of access based on need.
- f) Work with our partners for the benefit of local people.

1.6.3. Aims

The CCG's aims are to:

- a) Commission high quality services that are evidence based and make the most of available resources.
- b) Seek to ensure that all Calderdale residents have access to appropriate clinical care at all times.
- c) Encourage and enable the development of care closer to home.
- d) Continue to tackle variation in the quality of services provided to ensure improved experience and outcomes.

¹ This covers both those patients registered with Calderdale GP practices and those patients who haven't registered with a GP but live within the Calderdale District.

- e) Improve access to and choice of services.
- f) Enhance integration and collaboration for service delivery.
- g) Improve infrastructure to support delivery.
- h) Encourage the development of supportive learning environments.

1.7. Accountability and transparency

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

- a) Publish its Constitution and other key documents including those set out at 1.5.1 above;
- b) Appoint independent lay members, and non-GP clinicians to its Governing Body;
- c) Manage actual or potential conflicts of interest in line with NHS England's statutory guidance Managing Conflicts of Interest: Revised Statutory Guidance for CCGs 2017 and expected standards of good practice (see also part 6 of this Constitution);
- d) Hold Governing Body meetings in public (except where we believe that it would not be in the public interest);
- e) Publish an annual operational plan that takes account of the priorities in the Wellbeing Strategy;
- f) Procure services in a manner that is open, transparent, non-discriminatory and fair to all potential providers and publish a Procurement Policy;
- g) Involve the public, in accordance with its duties under section 14Z2 of the 2006 Act, and as set out in more detail in the CCG's Patient and Public Engagement and Experience Strategies.
- h) When discharging our duties under section 14Z2, we will follow the principles described in the CCG's Involving People Strategy.
- i) Comply with local authority health overview and scrutiny requirements;

- j) Meet annually in public to present the annual report and accounts (the Annual General Meeting) which are then published;
- k) Produce annual accounts which are externally audited;
- l) Publish a clear complaints process;
- m) Comply with the Freedom of Information Act 2000 and with the Information Commissioners Office requirements regarding the publication of information relating to the CCG;
- n) Provide information to NHS England as required; and
- o) Be an active member of the Health and Wellbeing Board.

1.8. Liability and Indemnity

- 1.8.1. The CCG is a body corporate established and existing under the 2006 Act. All financial or legal liability for decisions or actions of the CCG resides with the CCG as a public statutory body and not with its Member practices.
- 1.8.2. No Member or former Member, nor any person who is at any time a proprietor, officer or employee of any Member or former Member, shall be liable (whether as a Member or as an individual) for the debts, liabilities, acts, omissions, howsoever caused by the CCG in discharging its statutory functions.
- 1.8.3. No Member or former Member, nor any person who is at any time a proprietor, officer, or employee of any Member or former Member, shall be liable on any winding-up or dissolution of the CCG to contribute to the assets of the CCG, whether for the payment of its debts and liabilities or the expenses or its winding-up or otherwise.
- 1.8.4. The CCG may indemnify any Member practice representative or other officer or individual exercising powers or duties on behalf of the CCG in respect of any civil liability incurred in the exercise of the CCG's business, provided that the person indemnified shall not have acted recklessly or with gross negligence.

1.8.5. The CCG shall provide an indemnity to any member of the Governing Body that if any such person acts honestly and in good faith, such person will not have to meet out of personal resources any personal civil liability which is incurred in the execution or purported execution of the functions of the Governing Body, save where they have acted recklessly or with gross negligence.

2. Area Covered

2.1. The geographical area covered by NHS Calderdale Clinical Commissioning Group is co-terminous with the Metropolitan Borough Council of Calderdale.

3. Membership Matters

3.1. Membership of the Clinical Commissioning Group

3.1.1. The CCG is a membership organisation.

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

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

Practice Name	Address
Bankfield Surgery	Huddersfield Road, Elland, Halifax, HX5 9BA
Beechwood Medical Centre	Keighley Road, Ovenden, Halifax, HX2 8AL
Boulevard Medical Practice	Boulevard Medical Practice, Savile Park Road, Halifax, HX1 2ES

	Horne Street Health Centre, Hanson Lane, Halifax HX1 5UA
Brig Royd Surgery	Hirstwood, Ripponden, HX6 4BN
Caritas Group Practice	Woodside Surgery, Boothtown Medical Centre, Woodside Road, Boothtown, Halifax HX3 6EL Mixenden Stones Surgery, Mixenden Road, Halifax, HX2 8RQ Shelf Health Centre, Shelf Moor Road, Shelf, Halifax, HX3 7PQ
Calder Community Practice	Calder Community Practice, Todmorden Health Centre, Lower George Street, Todmorden OL14 5RN
Church Lane Surgery	24 Church Lane, Brighouse, HD6 1AT
Hebden Bridge Group Practice	Valley Medical Centre, Valley Road, Hebden Bridge, HX7 7BZ Grange Dene Medical Centre, Burnley Road, Mytholmroyd, HX7 5LF Mini-Clinic, Kershaw Drive, Luddenden Foot, HX2 6PD
Keighley Road Surgery	Keighley Road, Illingworth, Halifax, HX2 9LL
King Cross Practice	199 King Cross Road, King Cross, Halifax, HX1 3LW
Longroyde Surgery	38 Castle Avenue, Rastrick, Brighouse, HD6 3HT
Lister Lane Surgery	Unit one, Victoria Lodge, 30 Lister Lane, Halifax, HX1 5AX

	<p>Boothtown Medical Centre, Woodside Road, Boothtown, Halifax, HX3 6EL</p> <p>Nursery Lane, Ovenden, Halifax, HX3 5TE</p>
Northolme Practice	<p>Kos Clinic, Roydlands Street, Hipperholme, Halifax, HX3 8AF</p> <p>Northowram Surgery, Northowram Green, Northowram, Halifax, HX3 7JE</p>
Plane Trees Group Practice	51 Sandbeds Road, Pellon, Halifax, HX2 OQL
Rastrick Health Centre	Chapel Croft, Rastrick, Brighouse, HD6 3NA
Rosegarth Practice	<p>Rothwell Mount, Halifax, HX1 2BH</p> <p>117 Oxford Lane, Siddal, Halifax, HX3 9AD</p>
Rydings Hall Surgery	Church Lane, Brighouse, HD6 1AT
Spring Hall Group Practice	<p>Spring Hall Medical Centre, Spring Hall Lane, Halifax, HX1 4JG</p> <p>Queens Road Surgery, 252 Queens Road, Halifax, HX1 4NJ</p> <p>Southowram Surgery, Law Lane, Southowram, Halifax, HX3 9QB</p>
Stainland Road Medical Centre	70 Stainland Road, Greetland, Halifax, HX4 8BD
Station Road Surgery	Station Road, Sowerby Bridge, Halifax, HX6 3AB
The Todmorden Group Practice	Todmorden Health Centre, Lower George Street, Todmorden OL14 5RN

3.2. Nature of Membership and Relationship with the CCG

3.2.1. The Clinical Commissioning Group regards General Practice as a fundamental building block of the local health and care system and the CCG's Members are integral to the functioning of the CCG. Those exercising delegated functions on behalf of the Membership, including the Governing Body, remain accountable to the Membership.

3.3. Engagement with member practices

3.3.1. The CCG will work together to develop an effective, dynamic and high-quality commissioning organisation, with the active engagement of all its member practices.

3.3.2. The CCG will develop a range of networks including the designated practice commissioning leads meetings and the Calderdale Practice Managers' Action Group to ensure strong engagement between practices, in localities and throughout the CCG.

3.3.3. The CCG is committed to developing electronic, up to date information systems supporting excellent communication to support the building of relationships across the CCG and to support the delivery of commissioning priorities.

3.3.4. The CCG will seek to ensure alignment between the CCG's Operational Plan, practice development plans and individual objective setting within practices. This will place the CCG in a strong position to deliver its commissioning priorities.

3.4. Practice Representatives

3.4.1. Each Member practice has a nominated lead healthcare professional (Practice Commissioning Lead) who represents the practice in dealings with the CCG.

3.4.2. Member practices should notify the CCG's Primary Care Team of any change to their nominated lead healthcare professional (Practice Commissioning Lead).

3.4.3. The role of the practice commissioning lead (PCL) is to:

- Provide a communication link between the practice and the Governing Body of the CCG;
- Work together to shape policy and strategy with a view to improving services, care and support for patients, carers and families;
- Test CCG plans, inform decision making on commissioning priorities and in other CCG work areas;
- Raise any commissioning issues on behalf of the practice.

3.4.4. Practice Commissioning Leads will be expected to attend the PCL meetings.

3.4.5. If the designated PCL fails to attend for a period of three consecutive meetings unless the CCG Clinical Chair is satisfied that the absence was due to a reasonable cause and that the absent PCL will be able to resume attendance at the meetings within such period as they consider reasonable, the PCL will be required to nominate a replacement.

3.5. Associates

3.5.1. The CCG will be supported in carrying out its commissioning responsibilities by members of constituent practices who have expressed an interest in becoming a Clinical or Lay Associate.

3.5.2. The role of the Clinical Associate is to provide additional clinical input into specific priority commissioning areas as identified by the CCG or its Governing Body.

3.5.3. The role of the Lay Associate is to provide additional input into non clinical priorities as identified by the CCG or its Governing Body.

3.5.4. The arrangements for the appointment outline of roles and responsibilities and terms of remuneration will be set out in the Recruitment and Remuneration of Associates and Subject Specialists Policy.

3.6. Relationships with the wider general practice

3.6.1. The CCG is committed to maintaining a dialogue with primary care partners. Key amongst those relationships are:

- **The Local Medical Committee** - the CCG recognises that the Calderdale Local Medical Committee is the statutory body representing General Medical Practitioners in the locality of the CCG.
- **The GP Federation** - The CCG recognises the role of the Calderdale GP Federation body in supporting sustainable and efficient service delivery in General Practice, aligned to Calderdale's strategic intent.
- **The Primary Care Networks** – The CCG recognises the role of Primary Care Networks and will continue to support their development.

3.7. Speaking, writing or acting in the name of the CCG

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

3.7.2 Further information on speaking, writing or acting in the name of the CCG is set out in the CCG's Standards of Business Conduct.

3.7.3 Nothing in or referred to in this Constitution (including in relation to the issue of any press release or other public statement or disclosure) will prevent or inhibit the making of any protected disclosure (as defined in the Employment Rights Act 1996, as amended by the Public Interest Disclosure Act 1998) by any member of the CCG, any member of its Governing Body, any member of any of its Committees or sub-

committees or the Committees or Sub-Committees of its Governing Body, or any employee of the CCG or of any of its members, nor will it affect the rights of any worker (as defined in that Act) under that Act.

3.7.4 Copies of the CCG's Freedom to Speak Up (Whistle Blowing) Policy, together with the other policies and procedures outlined in this chapter, will be available on www.calderdaleccg.nhs.uk

3.8. Members' Roles and Rights

3.8.1. Details regarding CCG members' roles and rights as well as arrangements for calling meetings are described in the CCG's Standing Orders (appendix B)

4.0. Arrangements for the Exercise of The CCG's Functions

4.1. Good Governance

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

4.1.3. Good corporate governance arrangements are critical to achieving the CCG's objectives.

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

- a) Adopting the principles of the UK Code of Corporate Governance where relevant
- b) The use of the governance institute toolkit for CCGs (www.ccggovernance.org/);
- c) Undertaking regular governance reviews;
- d) Adoption of standards and procedures that facilitate speaking out and the raising of concerns including having a Freedom to Speak Up Guardian;

- e) Adopting the highest standards of propriety in relation to the stewardship of public funds, impartiality, integrity and objectivity; ‘The Good Governance Standard for Public Services;² ‘
- f) The standards of behaviour published by the ‘Committee on Standards in Public Life (1995)’ known as the Nolan Principles³ ;
- g) The seven key principles of the NHS Constitution;⁴
- h) Relevant legislation including ‘The Equality Act 2010 (the 2010 Act)⁵’ and
- i) The Standards for Members of NHS Boards and Governing Bodies in England⁶.

4.1.5 The Governing Body of the CCG will, throughout each year, have an on-going role in reviewing the CCG’s governance arrangements to ensure that it continues to reflect the principles of good governance.

4.2. General

4.2.1. The CCG will:

- a) Comply with all relevant laws, including regulations;
- b) Comply with directions issued by the Secretary of State for Health or NHS England
- c) Have regard to statutory guidance including that issued by NHS England; and
- d) Take account, as appropriate, of other documents, advice and guidance.

4.2.2. The CCG will develop and implement the necessary systems and processes to comply with a) – d) above, documenting them as necessary in this constitution, its

² The Good Governance Standards for Public Services, the Independent Commission on Good Governance in Public Services, Office of Public Management (OPM) and The Chartered Institute of Public Finance and Accountability (CIPFA), 2004

³ See Appendix F

⁴ See Appendix G

⁵ See www.legislation.gov.uk/ukpga/2010/15/contents

⁶ Professional Standards Authority

scheme of reservation and delegation and other relevant policies and procedures as appropriate.

4.3. Authority to Act: the CCG

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

- a) Any of its members or employees;
- b) Its Governing Body;
- a) A Committee or Sub-Committee of the CCG.

4.4. Authority to Act: The Governing Body

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

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

5.0. Procedures for Making Decisions

5.1 Scheme of Reservation and Delegation⁷

5.1.1. The CCG has agreed a [Scheme of Reservation and Delegation](#) (SoRD) which is published in full on the Calderdale CCG website.

⁷ See Appendix D

5.1.2 The CCG's SoRD sets out:

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

5.1.3. The Accountable Officer may periodically propose amendments to the SoRD, which shall be considered and approved by the Governing Body unless:

- a) Changes are proposed to the reserved powers of the membership; or
- b) At least one third of all the Governing Body members (including the Clinical Chair) formally request that the amendments be put before the membership for approval.

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

5.2 Standing Orders

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

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

5.2.2. A full copy of the Standing Orders is included in Appendix C. The Standing Orders form part of this constitution.

5.3 Standing Financial Instructions (SFIs)

5.3.1 The CCG has agreed a set of SFIs which include the delegated limits of financial authority. The SFIs can be found at Appendix C.

5.4. The Governing Body: its role and functions

5.4.1. The Governing Body has statutory responsibility for:

- a) Ensuring that the CCG has appropriate arrangements in place to exercise its functions effectively, efficiently and economically and in accordance with the CCGs principles of good governance⁸ (its main function); and for
- b) Determining the remuneration, fees and other allowances payable to employees or other persons providing services to the CCG and the allowances payable under any pension scheme established.

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

- a) Strategy and Planning; - approval of commissioning plans following engagement with member practices;
- b) Approval of the arrangements for discharging the CCG's statutory duties associated with its commissioning functions;
- c) Member practice and Governing Body members – arrangements for identifying the CCG's proposed Accountable Officer;
- d) Approval of the CCG's operating structure;
- e) Financial policies and corporate budgets;
- f) Operational and risk management arrangements;
- g) Information governance;

⁸ See section 4.4 on Principles of Good Governance above

- h) Tendering and contracting;
- i) Partnership working;
- j) Ensuring good governance and leading a culture of good governance throughout the CCG;
- k) Where appropriate, ensure that member practices have had the opportunity to contribute to the CCG's decision-making process.

5.4.3. The detailed procedures for the Governing Body, including voting arrangements, are set out in the standing orders.

5.5. Composition of the Governing Body

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

5.5.2. NHS Calderdale CCG's Governing Body Membership is as follows:

- a) The Chair;
- b) The Accountable Officer (Robin Tuddenham is the CCG's Accountable Officer. They are also the Chief Executive Officer of with Calderdale Metropolitan Borough Council (CMBC). The two roles are distinct with separate contracts of employment.
- c) The Chief Operating Officer/Chief Finance Officer (who is also the CCG's Deputy Accountable Officer)
- d) A Secondary Care Specialist;
- e) A Registered Nurse;
- f) Two lay members

- One who has qualifications, expertise or experience to enable them to lead on finance and audit matters (this Lay Member will be the Audit Chair and the Conflicts of Interest Guardian); and another who
- Has knowledge about the CCG area enabling them to express an informed view about the discharge of the CCG functions and has a lead role in championing Patient and Public Involvement

5.5.3. The above roles are compliant with 'National Health Service (Clinical Commissioning Groups) Regulations 2012' in terms of the minimum membership requirement of the Governing Body:

5.5.4. In addition to the above, the CCG has agreed the following additional members on its Governing body:

- a) A third Lay Member (who is the chair or vice chair of the Commissioning Primary Medical Services Committee);
- b) At least 4 GPs⁹/nurse practitioners¹⁰ drawn from member practices, which shall include the Clinical Chair;
- c) The Chief Quality and Nursing Officer
- d) The Director of Finance

5.5.4. Either the Lay Member (Patient and Public Involvement) or the Lay Member (Finance and Performance) shall be the Deputy Chair.

⁹ Any GP under contract with NHS England for the provision of medical services in Calderdale, including salaried GPs who are employed regularly by Calderdale Practices for more than 50% of their working time.

¹⁰ Nurse Practitioners who are under a contract with NHS England to provide services from a member practice, but not nurse practitioners employed by a Calderdale Practice.

5.6. Additional Attendees at the Governing Body meetings

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

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

- a) The Director of Public Health, Calderdale Council whose role will include:
 - (i) Supporting the CCG in understanding the health and wellbeing agenda.
 - (ii) Supporting the CCG in developing their role in delivering key elements of the wellbeing strategy.

- b) The Director of Adult Services and Wellbeing or another Director that holds a health and social care portfolio at Calderdale Council whose role will include:
 - (i) Working with the CCG to continue to develop an integrated approach to commissioning;
 - (ii) Supporting the development of a collaborative working approach across Calderdale's health and social care economy;
 - (iii) Informing the decision-making of the CCG and provide an understanding of the impact of the CCG commissioning plans on Calderdale Council;
 - (iv) Providing a communication link between the CCG and the Council.

- c) Governing Body Lay Advisor whose role will include
 - (i) enhance the degree of independent financial, governance and workforce scrutiny at Governing Body meetings and in the wider work of the CCG

- 5.6.3. The individuals listed in paragraph 5.6.2 above, will be required to comply fully with all the requirements of the CCG in accordance with the CCG's Standards of Business Conduct and Policy on the Management of Conflicts of Interest (see section eight)

5.7. Appointments to the Governing Body

- 5.7.1. The process of appointing GPs to the Governing Body, the selection of the Chair, and the appointment procedures for other Governing Body Members are set out in the Standing Orders.
- 5.7.2. Also set out in the Standing Orders are the details regarding the tenure of office for each role and the procedure for resignation and removal from office.

5.8. Committees and Sub-Committees

- 5.8.1. The CCG may establish Committees and Sub-Committees of the CCG
- 5.8.2. The CCG's Governing Body may establish Committees and Sub-Committees.
- 5.8.3. Each Committee or Sub-Committee established by either the CCG or the Governing Body operates under terms of reference and membership agreed by the CCG or Governing Body as relevant. Appropriate reporting and assurance mechanisms must be developed as part of agreeing terms of reference for Committees and Sub-Committees
- 5.8.4. With the exception of the Remuneration and Nomination Committee, any Committee or Sub-Committee established in accordance with clause 5.8 may consist of or include persons other than Members or employees of the CCG.
- 5.8.5. All members of the Remuneration and Nomination Committee will be members of the CCG Governing Body.

5.8.6. All decisions taken in good faith at a meeting of any committee of the CCG or committee or sub-committee of the Governing Body shall be valid even if there is any vacancy in its membership or it is discovered subsequently that there was a defect in the calling of the meeting or the appointment of any of the members of the committee attending the meeting.

5.9. Committees of the Governing Body

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

5.9.2. Audit Committee; This Committee is accountable to the Governing Body and provides the Governing Body with an independent and objective view of the CCG's compliance with its statutory responsibilities. The Committee is responsible for arranging appropriate internal and external audit.

5.9.3. The Audit Committee will be chaired by a Lay Member who has qualifications, expertise or experience to enable them to lead on finance and audit matters and members of the Audit Committee may include people who are not Governing Body members.

5.9.4. Remuneration and Nomination Committee: This Committee is accountable to the Governing Body and makes recommendations to the Governing Body about the remuneration, fees and other allowances (including pension schemes) for employees and other individuals who provide services to the CCG.

5.9.5. Its role is also to ensure that the Governing Body and its committees have the appropriate balance of skills, experience, knowledge, perspectives and independence to enable them to discharge their respective duties and responsibilities effectively.

5.9.6. The Remuneration and Nomination Committee will be chaired by a Lay Member other than the Audit Committee Chair.

- 5.9.7. **The Commissioning Primary Medical Services Committee.** This committee is required by the terms of the delegation from NHS England in relation to primary care commissioning functions. The Commissioning Primary Medical Services Committee reports to the Governing Body and to NHS England. Membership of the Committee is determined in accordance with the requirements of 'Managing Conflicts of Interest: Revised statutory Guidance for CCGs 2017'. This includes the requirement for a Lay Member Chair and a Lay Vice Chair.
- 5.9.8 None of the above Committees may operate on a joint committee basis with another CCG(s).
- 5.9.9. The Terms of Reference for each of the above committees are included in Appendices D-F to this constitution and form part of the constitution.
- 5.9.10. The Governing Body has also established a number of other Committees to assist it with the discharge of its functions. These CCG and Governing Body Committees are set out in the SoRD and further information about these Committees, including terms of reference, are published on NHS Calderdale CCG's website: www.calderdaleccg.nhs.uk. They are also available on request to the Corporate Governance Officer, NHS Calderdale CCG.

5.10. Collaborative Commissioning Arrangements

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

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

- a) reporting arrangements to the Governing Body, at appropriate intervals;
- b) engagement events or other review sessions to consider the aims, objectives, strategy and progress of the arrangements; and
- c) progress reporting against identified objectives;
- d) Detail as to how decisions are communicated to the members in the partnership or collaborative arrangement.

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

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

5.11. Joint Commissioning Arrangements with Local Authority Partners

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

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

- a) Delegating specified commissioning functions to the Local Authority;
- b) Exercising specified commissioning functions jointly with the Local Authority;
- c) Exercising any specific health-related functions on behalf of the Local Authority.

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

- a) agree formal and legal arrangements to make payments to, or receive payments from, the Local Authority, or pool funds for the purpose of joint commissioning;
- b) make the services of its employees or any other resources available to the Local Authority; and
- c) receive the services of the employees or the resources from the Local Authority.
- d) where the Governing Body makes an agreement with one or more Local Authority as described above, the agreement will set out the arrangements for joint working, including details of:
 - how the parties will work together to carry out their commissioning functions;
 - the duties and responsibilities of the parties, and the legal basis for such arrangements;
 - how risk will be managed and apportioned between the parties;
 - financial arrangements, including payments towards a pooled fund and management of that fund;

- contributions from each party, including details of any assets, employees and equipment to be used under the joint working arrangements; and
- the liability of the CCG to carry out its functions, notwithstanding any joint arrangements entered into.

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

5.12. Joint commissioning arrangements – Other CCGs

5.12.1. The CCG may work together with other CCGs in the exercise of its commissioning functions.

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

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

- a) Delegating any of the CCG's commissioning functions to another CCG;
- b) Exercising any of the commissioning functions of another CCG; or;
- c) Exercising jointly the commissioning functions of the CCG and another CCG.

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

- a) Make payments to another CCG;
- b) Receive payments from another CCG; or

- c) Make the services of its employees or any other resources available to another CCG; or
- d) Receive the services of the employees or the resources available from another CCG.

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

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

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

- a) How the parties will work together to carry out their commissioning functions;
- b) The duties and responsibilities of the parties, and the legal basis for such arrangements
- c) How risk will be managed and apportioned between the parties;
- d) Financial arrangements, including, if applicable, payments towards a pooled fund and management of that fund;
- e) Contributions from the parties, including details around assets, employees and equipment to be used under the joint working arrangements.
- f) The circumstances in which the parties may withdraw from the arrangements, together with the process for doing so.

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

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

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

5.12.11 The Governing Body shall require, in all joint commissioning arrangements:

- a) make a quarterly written report to the Governing Body;
- b) hold at least one annual engagement event to review the aims, objectives, strategy and progress of the joint commissioning arrangements; and publish an annual report on progress made against objectives.
- c) where a joint committee is established, the sharing of joint committee meeting minutes at the next available Governing Body meeting;

5.12.12. The CCG shall, as and where it considers it appropriate, engage with its members (whether directly or through the CCG's practice commissioning leads) about developing the agreement referred to at paragraph 5.12.7 above.

5.13. Joint commissioning arrangements with NHS England

5.13.1. The CCG may work together with NHS England. This can take the form of joint working in relation to the CCG's functions or in relation to NHS England's functions.

5.13.2. The CCG delegates its powers and duties under 5.13 to the Governing Body and all references in this part to the CCG should be read as the Governing Body, except to the extent that they relate to the continuing liability of the CCG under any joint arrangements.

- 5.13.3. In terms of either the CCG's functions or NHS England's functions, the CCG and NHS England may make arrangements to exercise any of their specified commissioning functions jointly.
- 5.13.4. The arrangements referred to in paragraph 5.13.3 above may include other Clinical Commissioning Groups, a combined authority or local authority.
- 5.13.5. Where joint commissioning arrangements pursuant to 5.13.3 above are entered into, the parties may establish a Joint Committee to exercise the commissioning functions in question. For the avoidance of doubt, this provision does not apply to any functions fully delegated to the CCG by NHS England, including but not limited to those relating to primary care commissioning.
- 5.13.6. Arrangements made pursuant to 5.13.3. above may be on such terms and conditions (including terms as to payment) as may be agreed between NHS England and the CCG.
- 5.13.7. Where the CCG makes arrangements with NHS England (and another CCG if relevant) as described at paragraph 5.13.3 above, the CCG shall develop and agree with NHS England a framework setting out the arrangements for joint working, including details of:
- a) how the parties will work together to carry out their commissioning functions;
 - b) the duties and responsibilities of the parties; and the legal basis for such arrangements;
 - c) how risk will be managed and apportioned between the parties;
 - d) financial arrangements, including, if applicable, payments towards a pooled fund and management of that fund;
 - e) contributions from the parties, including details around assets, employees and equipment to be used under the joint working arrangements.

- f) The circumstances in which the parties may withdraw from the arrangements, together with the process for doing so.

5.13.8. The Governing Body shall as and where it considers it appropriate, engage with its members (whether directly or through the CCG's practice commissioning leads) about developing the framework referred to at paragraph 5.13.7 above.

5.13.9. Where any joint arrangements entered into relate to the CCG's functions, the liability of the CCG to carry out its functions will not be affected where the CCG enters into arrangements pursuant to paragraph 5.13.3 above. Similarly, where the arrangements relate to NHS England's functions, the liability of NHS England to carry out its functions will not be affected where it and the CCG enter into joint arrangements pursuant to 6.14.

5.13.10. The CCG shall have regard to any further guidance issued by NHS England on co- commissioning.

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

5.13.12. The Governing Body of the CCG shall require, in all joint commissioning arrangements that:

- a) A quarterly written report be presented to the Governing Body;
- b) Hold at least one annual engagement event to review the aims, objectives, strategy and progress of the joint commissioning arrangements; and
- c) Publish an annual report on progress made against objectives.

5.13.13. The Annual Report of any such joint commissioning arrangement shall be submitted to the CCG's Audit Committee for review and will form part of the CCG's Annual Report and Accounts.

5.14. Joint Appointments with other Organisations

5.14.1. The CCG may make joint appointments with other organisations if appropriate.

5.14.2 All joint appointments are supported by a legal agreement between the organisations who are party to the joint appointments.

6.0. Provisions for Conflict of Interest Management and Standards of Business Conduct

6.1. Conflicts of Interest

6.1.1. As required by section 14O of the 2006 Act, as inserted by section 25 of the 2012 Act, the CCG has make arrangements to manage conflicts and potential conflicts of interest that decisions made by the CCG will be taken and seen to be taken without being unduly influenced by of external or private interest.

6.1.2. The CCG has agreed a policy and procedure for the identification and management of conflicts of interest.

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

6.1.4. In order to effectively manage the conflicts of interest of Governing Body members, individuals who also have the following roles will be excluded from membership of NHS Calderdale CCG's Governing Body:

- i) Director, non-executive role, senior official of a GP Federation;
- ii) Clinical Director of a Primary Care Network;
- iii) Executive member of the Local Medical Committee, Local Pharmaceutical Committee or Local Optical Committee.

6.1.5. In addition to the above, if it is found that in order to manage the conflict of interest, an individual Governing Body member needs to exclude themselves from decision-making on such a regular basis that it significantly limits their ability to effectively perform their role, the Governing Body may take the view that the individual is no longer able to be a Governing Body member.

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

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

6.2. Declaring and Registering Interests

- 6.2.1. The CCG will maintain registers of the interests of those individuals listed in the CCG's Policy.
- 6.2.2. The CCG will, as a minimum, publish the registers of conflicts of interest and gifts and hospitality of decision-making staff at least annually on the CCG's website www.calderdaleccg.nhs.uk and make them available at our headquarters on request.
- 6.2.3. All relevant persons for the purposes of NHS England's Statutory Guidance 'Managing Conflicts of Interest: Revised Statutory Guidance for CCGs 2017' must declare any interests. Declarations should be made as soon as reasonably practicable and by law within 28 days after the interest arises¹¹. This could include interests an individual is pursuing. Interests will also be declared on appointment and during relevant discussions in meetings.
- 6.2.4. The CCG will ensure that, as a matter of course, declarations of interest are made and confirmed, or updated at least annually. All persons required to, must declare any interests as soon as reasonably practicable and by law within 28 days after the interest arises.
- 6.2.5. Interests (including gifts and hospitality) of decision-making staff will remain on the public register for a minimum of six months. In addition, the CCG will retain a record of historic interests and offers/receipt of gifts and hospitality for a minimum of six years after the date on which it expired. The CCG's published register of interests states that historic interests are retained by the CCG for the specified timeframe and details of whom to contact to submit a request for this information.
- 6.2.6. Activities funded in whole or in part by 3rd parties who may have an interest in CCG business such as sponsored events, posts and research will be managed in

¹¹ National Health Service Act 2006 (as amended by the Health and Social Care Act 2012) section 140(3)

accordance with the CCG policy to ensure transparency and that any potential for conflicts of interest are well-managed.

6.2.7. The lay member of the Governing Body, with particular responsibility for governance, in their role as Conflict of Interest Guardian will make themselves available to provide advice to any individual who believes they have, or may have, a conflict of interest.

6.2.8. The Audit Committee will take such steps as it deems appropriate, and request information it deems appropriate from individuals, to ensure that all conflicts of interest and potential conflicts of interest are declared.

6.3. Training in relation to Conflicts of Interest

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

6.4. Standards of Business Conduct

6.4.1. Employees, Members, Committee and Sub-Committee members of the CCG and members of the Governing Body (and its Committees, Sub-Committees, Joint Committees) will at all times comply with this Constitution and be aware of their responsibilities as outlined in it. They should:

- a) act in good faith and in the interests of the CCG;
- b) follow the 'Seven Principles of Public Life', set out by the Committee on Standards in Public Life (the Nolan Principles)
- c) comply with the standards set out in the Professional Standards Authority guidance – Standards for Members of NHS Boards and Clinical Commissioning Group Governing Bodies in England; and

- d) comply with the CCG's Standards of Business Conduct, including the requirements set out in the CCG's Policy on the Management of Conflicts of Interest. These policies are available on the CCG's website and will be made available on request.

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

Appendices

Appendix A Definitions of key descriptions used in this constitution

Term used	Explanation of terms used
2006 Act	National Health Service Act 2006, as amended by the 2012 Act.
2012 Act	Health and Social Care Act 2012 (this Act amends the 2006 Act)
Accountable Officer	<p>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 CCG complies with its obligations under:</p> <ul style="list-style-type: none"> ▪ sections 14Q and 14R of the 2006 Act (as inserted by section 26 of the 2012 Act), ▪ sections 223H to 223J of the 2006 Act (as inserted by section 27 of the 2012 Act), ▪ paragraphs 17 to 19 of Schedule 1A of the NHS Act 2006 (as inserted by Schedule 2 of the 2012 Act), and ▪ any other provision of the 2006 Act (as amended by the 2012 Act) specified in a document published by the Board for that purpose; <p>exercises its functions in a way which provides good value for money.</p>
Area	the geographical area that the CCG has responsibility for, as defined in Chapter 2 of this constitution
CQC	Care Quality Commission

Term used	Explanation of terms used
Chair of the Governing Body	the individual appointed by the CCG to act as chair of the Governing Body
Chief Operating Officer/Chief Finance Officer	The Chief Operating Officer/Chief Finance Officer is operationally responsible for the safe and effective running of the organisation so that its strategic business objectives and operational plans are delivered. They are also the qualified accountant employed by the CCG with responsibility for financial strategy, financial management and financial governance. The post holder is also the CCG's Deputy Accountable Officer. They are referred to as the Chief Operating Officer/Finance Officer throughout the Constitution.
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)
CCG	NHS Calderdale Clinical Commissioning Group, whose constitution this is.
Committee	a committee, sub-committee created and appointed by: <ul style="list-style-type: none"> ▪ the membership of the CCG ▪ a committee / sub-committee created by a committee created / appointed by the membership of the CCG ▪ a committee / sub-committee created / appointed by the Governing Body
Electorate of the CCG	Any GP under contract with NHS England for the provision of medical services in Calderdale, including salaried GPs who are employed regularly by Calderdale practices for more than 50% of their working time.

Term used	Explanation of terms used
	Nurse Practitioners who are under contract with NHS England to provide services from a member practice, but not nurse practitioners employed by a Calderdale Practice.
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
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: its obligations under section 14Q under the NHS Act 2006 (as inserted by section 26 of the 2012 Act), and such generally accepted principles of good governance as are relevant to it.
Governing Body member	Any member appointed to the Governing Body of the CCG.
Lay Member	A lay member of the Governing Body, appointed by the CCG. A lay member is an individual who is not a member of the CCG or a healthcare professional or as otherwise defined in regulations
Member	A provider of primary medical services that satisfies the eligibility requirements and is listed as a member of this CCG (see 3.2.1 and Appendix B)
NHS England	NHS England is the operational name for the NHS Commissioning Board (which is the legal name).
NICE	National Institute of Clinical Excellence

Term used	Explanation of terms used
<p>Practice Commissioning Lead</p>	<p>A clinical individual appointed by a practice (who is a member of the CCG) to act on its behalf in the dealings between it and the CCG, under regulations made under section 89 or 94 of the 2006 Act (as amended by section 28 of the 2012 Act) or directions under section 95A of the 2006 Act (as inserted by section 49 of the 2012 Act)</p>
<p>Registers of interests</p>	<p>The Registers that a CCG is required to maintain and make publicly available under section 140 of the 2006 Act (as inserted by section 25 of the 2012 Act), of the interests of:</p> <ul style="list-style-type: none"> ▪ the members of the CCG; ▪ the members of its Governing Body; ▪ the members of its committees or sub-committees and committees or sub-committees of its Governing Body; ▪ Employees ▪ Associates

Appendix B Standing Orders

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1. Statutory Framework and Status

1.1. Introduction

1.1.1. These Standing Orders (SOs) have been drawn up to regulate the proceedings of the NHS Calderdale Clinical Commissioning Group (CCG) so that CCG can fulfil its obligations, as set out in the National Health Services Act 2006, as amended by the Health and Social Care Act 2012 (the Act) and related regulations. They are effective from the date the CCG is established.

1.1.2. The standing orders, together with the CCG's scheme of reservation and delegation and prime financial policies, provide a procedural framework within which the CCG discharges its business. They set out the arrangements for conducting the business of the CCG, the election of member practice representatives, procedure at meetings of the CCG, governing body and any committees or sub-committees, delegation of powers, declaration of interests and standards of conduct. These arrangements must comply, where applicable, with requirements set out in the 2012 Act and related regulations.

1.1.3. The standing orders, scheme of reservation and delegation, and prime financial policies have effect as if incorporated into the CCG's constitution. CCG members, employees, members of the governing body, committee and sub-committee members 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.

1.2 Schedule of matters reserved to the CCG and Scheme of Delegation

1.2.1. The 2006 Act gives the CCG powers to delegate its functions and those of the governing body to certain bodies (such as committees) and persons. The CCG has decided that certain decisions may only be exercised by the CCG in formal

session. These decisions and also those delegated are contained in the CCG's Scheme of Reservation and Delegation.

1.2.2. The CCG will comply with 2006 Act and related regulations which set out provisions as to:

- Qualification and disqualification for membership and appointment of chairs of governing bodies of their audit and remuneration committees;
- How governing body members are to be appointed;
- Eligibility for reappointment.

1.3. Application for variation and amendment of Standing Orders

1.3.1. This Constitution incorporating the Standing Orders can only be varied in two circumstances:

- a) where the CCG formally applies with the approval of the members, to NHS England and that application is granted;
- b) where in the circumstances set out in legislation NHS England varies the CCG's constitution other than on application by the CCG.

1.3.2. Any variation of the Constitution will be communicated to all members via the CCG website with two weeks' notice.

1.3.3. Standing Orders will be reviewed at least annually.

2. The Clinical Commissioning Group: Composition of Membership and Appointment of Members of The Governing Body

2.1. Composition of membership of the CCG

2.1.1. Chapter 3 of the CCG Constitution provides details of the membership of the CCG.

2.2. Members of the CCG Governing Body

2.2.1. Clinical Chair

The Clinical Chair is the leading clinician who represents the clinical voice of the CCG's members.

The Clinical Chair shall be responsible for the operation of the Governing Body and chair all Governing Body meetings when present. The Chair has certain delegated executive powers as set out in the scheme of delegation. The Chair must comply with the terms of appointment and with these Standing Orders.

The Clinical Chair will be responsible either directly or indirectly for the induction, the portfolios of interests and assignments, and performance of other members of the CCG Governing Body.

The Clinical Chair shall work in close harmony with the Accountable Officer and shall ensure that key and appropriate issues are discussed by the Governing Body in a timely manner with all the necessary information and advice being made available to the Governing Body to inform the debate and ultimate resolutions.

The Clinical Chair will be appointed by CCG Governing Body from one of its eligible number. They will be appointed for a term of three years and will hold office for not more than two consecutive terms.

2.2.2. Deputy Chair

If the Clinical Chair is a GP/Nurse Practitioner, the Deputy Chair will be either the Lay Member (Patient and Public Involvement) or the Lay Member (Finance and Performance). They will take the Chair's role for discussions and decisions involving conflict of interest for the Chair or in the Chair's absence.

2.2.3. Clinical Vice Chair

The Governing Body may appoint a Clinical Vice Chair from one of the GPs/Nurse Practitioners elected to the Governing Body.

The Clinical Vice Chair will take a significant role in supporting clinical leadership and involvement in the CCG.

2.2.4. Roles and responsibilities of other Governing Body members are detailed in the CCG Governance Handbook.

3. Eligibility for Appointment – GPs and Nurse Practitioners

3.1. Assessment Process

- 3.1.1. Any eligible GP¹² or Nurse Practitioner¹³ from any of the CCG's constituent practices (as listed in Appendix B of the Constitution) may seek appointment to membership of the Governing Body.
- 3.1.2. All such new applicants will be required to undergo an assessment to establish whether they meet the competencies for Governing Body membership and therefore, eligible to apply for a position on the Governing Body as set out in 3.2. below.
- 3.1.3. Existing GP and Nurse Practitioner Governing Body members will be required to undergo an annual appraisal in order to continue to serve on the Governing Body or to seek re-appointment at the end of their term of office.

3.2. Standing for Appointment

- 3.2.1. When a GP or Nurse Practitioner position falls vacant, that vacancy may be filled by an existing incumbent whose term of office has expired (subject to satisfactory annual appraisal) or by an accredited new applicant (see 3.1 above).
- 3.2.2. If the number of eligible applicants (existing and new) is equal to the number of vacancies then those applicants will be appointed to the Governing Body.
- 3.2.3. If the number of eligible applicants exceeds the number of vacancies the Calderdale Local Medical Committee will be commissioned to administer an

¹² Any GP under contract with NHS England for the provision of medical services in Calderdale, including salaried GPs who are employed regularly by Calderdale Practices for more than 50% of their working time.

¹³ Nurse Practitioners who are under a contract with NHS England to provide services from a member practice, but not nurse practitioners employed by a Calderdale Practice

election (with each Calderdale GP and Nurse Practitioner being entitled to one vote as defined in the CCG's Constitution.)

4. Appointment of Lay Members, Secondary Care Specialist and Registered Nurse

4.1 Lay Members, Secondary Care Specialist and Registered Nurse will be appointed through the usual recruitment and selection processes.

5. Tenure

5.1 The usual term of office of GPs/Nurse Practitioners (including the Chair), Lay Members, the Secondary Care Specialist and the registered nurse is three years.

5.1. The process for re-appointment of eligible GP or Nurse Practitioners on the Governing Body is set out at 3.2. above.

5.2. Lay Members, the Secondary Care Specialist and Registered Nurse on the Governing Body will have their tenure rolled forward for a further period of three years or less as agreed between the Chair, Accountable Officer and individual, subject to satisfactory annual appraisal.

5.2.1 In certain circumstances, including but not limited to cover for parental leave or other long term absence, the CCG may appoint a person as a member of the Governing Body on an interim basis for a period that is shorter than the usual term of office.

5.3 Notice Periods

The terms and conditions of the Governing Body members are set out in their contract for service, which sets out the different notice periods depending upon the circumstances of termination of agreement.

6. Suspension and Disqualification

- 6.1 The Governing Body may suspend any Governing Body member from any or all of his/her responsibilities during any period in which the Governing Body is investigating any matter involving the Governing Body member (which may include his/her conduct or any potential grounds for disqualification) or while any procedure against the Governing Body member is outstanding. For the avoidance of doubt, any such suspension shall not, in itself, have any effect on the employment of the Governing Body member, where he/she is an employee of the CCG.
- 6.2 The Governing Body will abide by relevant legislation and regulations on the Governing Body membership disqualification criteria.

7. Disputes with Member Practices

- 7.1. The CCG will agree a local dispute resolution process, supported by a decision making panel. The process will set out how to raise a dispute, the right of appeal and the escalation to NHS England.

8. Meetings of the Member Practices

8.1. Meetings

- 8.1.2. There will be at least one meeting per annum of all member practices.
- 8.1.3. The Chair of the Governing Body may call a meeting of the CCG at any time. The meeting shall be held within 4 weeks of such a request being received by the Chair.
- 8.1.4. One-third or more members of the CCG may requisition a meeting of the CCG by putting their request in writing to the Chair. The meeting shall be held within 4 weeks of such a request being received by the Chair.

8.2. Notice of Meetings and the Business to be transacted

- 8.2.1. Before each meeting of the CCG, a written notice specifying the business proposed to be transacted shall be sent to every member of the Governing Body and every member practice of the CCG at least six clear days before the meeting.

8.3. Quorum

8.3.1. Meetings of all member practices

All Member Practice meetings will be quorate if 75% of the member practices are represented.

8.4. Decision making – all member practices

- 8.4.1. Commissioning decision making is delegated to the Governing Body as set out in the scheme of delegation.
- 8.4.2. Matters reserved to the CCG will be decided at one of the All Member Practice meetings and will be agreed by a majority vote of the member practices present.

8.5. Disagreement with a decision

- 8.5.1. In exceptional circumstances, there may be disagreement within the membership of the CCG with a decision that has been made. In such circumstances those members taking a dissenting view may have their dissent recorded.

9. Meetings of the Governing Body

9.1. Meetings

- 9.1.1. The Governing Body will meet at least four times per year in public

- 9.1.2. The Chair of the CCG Governing Body may call a meeting of the Governing Body at any time.
- 9.1.3. A meeting of the Governing Body may be requested by more than one third of Governing Body members putting their request in writing to the Chair. The meeting shall be held within 4 weeks of such a request being received by the Chair
- 9.1.4. One third or more members of the CCG may requisition a meeting of the Governing Body by putting their request in writing to the Chair. The meeting shall be held within 4 weeks of such a request being received by the Chair.

9.2. Notice of Meetings and the Business to be transacted

- 9.2.1. Before each meeting of the Governing Body that is open to members of the public, a written notice specifying the business proposed to be transacted shall be sent to every member of the Governing Body and every member practice of the CCG at least six clear days before the meeting.
- 9.2.2. No business shall be transacted at the meeting other than that specified on the agenda, or emergency motions allowed under Standing Order 9.14.
- 9.2.3. Before each meeting of the Governing Body that is open to members of the public, a public notice of the time and place of the meeting, and the public part of the agenda, shall be displayed on the CCG's website at least three clear days before the meeting.

9.3. Agenda and Supporting Papers

- 9.3.1. The Agenda will be sent to Governing Body members at least six clear days before the meeting and supporting papers, whenever possible, shall accompany the

agenda, but will certainly be despatched no later than three clear days before the meeting, save in an emergency.

9.3.2. The CCG Governing Body may determine that, at its meetings, certain matters shall appear on every agenda and shall be addressed prior to any other business being conducted.

9.3.3. The Chair of the Governing Body will draw up the agenda with the Accountable Officer and the management lead.

9.3.4. Any member of the Governing Body desiring a matter to be included on an agenda shall make his/her request in writing to the Chair at least 15 clear 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.

9.4. Petitions

9.4.1. 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.

9.5. Chair of meeting

9.5.1. At any meeting of the Governing Body, the Clinical Chair, if present, shall preside. If the Clinical Chair is absent from the meeting, the Clinical Vice Chair if present, shall preside.

9.5.2. If the Clinical Chair is absent temporarily on the grounds of a declared conflict of interest the Deputy Chair, if present, shall preside. If both are absent, a member of the Governing Body chosen by the members present, or by a majority of them, shall preside.

9.6. Chair's ruling

9.6.1. The decision of the Clinical Chair of the meeting 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.

9.7. Standard Quoracy Arrangements

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

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

9.7.2. Alternative Quoracy Arrangements (1)

Where a standard quorum cannot be convened from the membership of the Governing Body, owing to the arrangements for managing conflicts of interest or

potential conflicts of interests, alternative quoracy arrangements may be applied. In such circumstances, the Governing Body will be quorate with the presence of at least four of the remaining members of the Governing Body, to include:

- a) Either the Registered Nurse or the Secondary Care Specialist and;
- b) Either the Accountable Officer or the Chief Operating Officer/Chief Finance Officer

9.7.3. **Alternative Quoracy Arrangements (2)**

Where neither a standard quorum nor alternative quorum (1) can be convened due to an actual or potential conflict of interest for both the Chief Officer, the Chief Finance Officer/Deputy Chief Officer; for example when decisions are required regarding the remuneration and/or terms of service for the Accountable Officer, the Chief Operating Officer/Chief Finance Officer the Governing Body may be considered quorate with the presence of at least the following members of the Governing Body:

- Either the Clinical Chair or Deputy Chair
- 2 other GPs/Nurse Practitioners as elected by the membership
- 1 lay member
- Either the Registered Nurse or the Secondary Care Specialist

9.7.4. These arrangements must be recorded in the minutes.

9.8. **Decision making – Governing Body**

9.8.1. Only members of the Governing Body will be permitted to vote at meetings of the Governing Body. In the event of a tied vote the Chair of the meeting will have a second and casting vote.

9.8.2 The CCG is a key vehicle for clinical leadership. For the sake of clarity, clinical voting members on the Governing Body are the GPs/Nurse Practitioners elected

by the CCG Membership, the Registered Nurse and the Secondary Care Specialist. The importance placed on the senior clinical leadership in the governance and decision making of the CCG is also reflected in the:

- Role of the Chair of the CCG, who is the leading clinician and shall represent the voice of the CCG's membership;
- Role of the Clinical Vice Chair

9.9 Disagreement with a Decision

9.9.1. In exceptional circumstances, there may be disagreement within the membership of the Governing Body with a decision that has been made by the Governing Body. In such circumstances those members taking a dissenting view may have their dissent recorded in the minutes.

9.10. Record of Attendance

9.10.1. The names of all Governing Body members present at the meeting shall be recorded in the minutes of the meeting.

9.10.2. Members or advisors of the Governing Body or its sub-committees may participate in meetings by telephone or by the use of video conferencing facilities where they are available and with prior approval by the Chair of the meeting or if the Chair of the meeting is not present, by the Deputy Chair of the meeting. Participation in a meeting by any of these means shall be deemed to constitute presence in person at the meeting.

9.11. Minutes

9.11.1 The minutes of the proceedings of a meeting shall be drawn up and submitted for agreement at the next meeting where they shall be approved as a correct record.

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

9.11.3. Minutes shall be made available to members and the public via the CCG website.

9.12. Admission of the public and press

9.12.1 Admission and exclusion on grounds of confidentiality of business to be transacted

- a) All meetings of the CCG Governing Body, with the exception of the remuneration committee, will be open to the membership of the CCG.
- b) Subject to the remainder of this paragraph 9.12.1. the public and representatives of the press may attend all meetings of the CCG or its Governing Body, held in public.
- c) The CCG's Governing Body will agree and publicise criteria for the exclusion of business from the public part of any meeting.
- d) The public and representatives of the press shall only be required to withdraw from meetings of the CCG or Governing Body where one or more of the agreed criteria are met.
- e) The public and representatives of the press shall be required to withdraw upon a resolution as follows:

'that representatives of the press, and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest'

- f) **Recording of proceedings** – accredited representatives of the media as determined by the Accountable Officer or in his absence the Chief

Operational Officer/Chief Finance Officer may use sound and visual recording equipment and take still photographs for publication. Attendees at the meeting will be informed if such permission has been provided.

9.12.2. Business proposed to be transacted when the press and public have been excluded from a meeting

9.12.3. Matters to be dealt with by the CCG or its Governing Body following the exclusion of representatives of the press, and other members of the public, as provided above, shall be confidential to the members of the CCG or Governing Body.

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

9.12.5. Minutes will be taken during this part of a meeting and will be marked confidential.

9.12.6. These provisions apply equally to meetings of the CCG, Governing Body and their committees.

9.13. Emergency powers and urgent decisions

9.13.1. Subject to the agreement of the Chair, a member of the Governing Body may give written notice of an emergency motion after the issue of the notice of meeting and agenda, up to one hour before the time fixed for the meeting. The notice shall state the grounds of urgency. If in order, it shall be declared to the Governing Body at the commencement of the business of the meeting as an additional item included

in the agenda. The Chair's decision as to whether to include the item in the agenda shall be final.

- 9.13.2. Should an urgent item need to be added to the agenda once the agenda has been issued, the Chair or Deputy Chair in consultation with the Accountable Officer or Chief Operational Officer/Chief Finance Officer may agree to add the item to the agenda.
- 9.13.3. The powers which the Governing Body has reserved to itself may, in an emergency or for an urgent decision, be exercised by the Accountable Officer (or in his absence by the Chief Operational Officer/Chief Finance Officer and the Chair (or in his absence by the Deputy Chair), after having consulted at least two other Governing Body members. The exercise of such powers by the Accountable Officer and Chair shall be reported to the next meeting of the Governing Body in public session for formal ratification.

9.14. Suspension of Standing Orders

- 9.14.1. 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 of the Governing Body, provided one third of the Governing Body members are in agreement.
- 9.14.2. A decision to suspend Standing Orders together with the reasons for doing so shall be recorded in the minutes of the Governing Body meeting.
- 9.14.3. A separate record of matters discussed during the suspension shall be kept. These records shall be made available to the Audit Committee for review of the reasonableness of the decision to suspend Standing Orders.

10. Application of Standing Orders Committees and Sub-Committees

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

10.2 Delegation of powers by committees to sub-committees

10.2.1. Where committees are authorised to establish sub-committees they may not delegate executive powers to the sub-committee unless expressly authorised by the CCG's Governing Body.

10.3. Approval of Appointments to Committees and Sub-Committees

10.3.1. Other than where there are statutory or mandatory requirements, such as in relation to the membership of the CCG's Governing Body's Audit Committee, Remuneration and Nomination committee or the Commissioning Primary Medical Services Committee, the Governing Body shall approve the appointments to each of the committees and sub-committees which it has formally constituted. The CCG's Governing Body shall define the powers of such appointees and shall agree such travelling or other allowances as it considers appropriate.

10.3.2 The CCG shall approve the appointments to the committees of the CCG.

11.0. Use of Seal and Authorisation of Documents

11.1. CCG seal

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

- The Accountable Officer
- The Chair of the Governing Body

The Chief Operational Officer/Chief Finance Officer

11.1.2. An entry of every sealing shall be made and numbered consecutively in a book provided for that purpose and shall be signed by the persons who shall have approved and authorised the document and those who attested the seal.

11.2 Use of Seal – General guide

- All contracts for the purchase/lease of land and/or building
- All contracts for capital works exceeding £100,000
- All lease agreements where the annual lease charge exceeds £10,000 per annum and the period of the lease exceeds beyond five years
- Any other lease agreement where the total payable under the lease exceeds £100,000
- Any contract or agreement with organisations other than NHS or other government bodies including local authorities where the annual costs exceed or are expected to exceed £500,000

11.3. Execution of a document by signature

11.3.1. The following individuals or their named deputy are authorised to execute a document on behalf of the CCG by their signature.

- The Accountable Officer
- The Chair of the Governing Body
Chief Operational Officer/Chief Finance Officer

12. Overlap with Other CCG Policy Statements / Procedures and Regulations

12.1. Policy statements: general principles

12.1.1. The CCG will from time to time agree and approve Policy statements/ procedures which will apply to all or specific groups of staff employed by NHS Calderdale Clinical Commissioning Group. The decisions to approve such policies and procedures will be recorded in an appropriate CCG minute.

13. Duty to Report Non-Compliance with Standing Orders

13.1 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 CCG's Governing Body for action or ratification. All members of the CCG and staff have a duty to disclose any non-compliance with these Standing Orders to the Accountable Officer as soon as possible.

Appendix C Standing Financial Instructions

Standing Financial Instructions

Policy Ref: 022

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Responsible Committee: Audit Committee

Date Approved: 29 April 2021

Author: Director of Finance

Responsible Lead: Chief Operating Officer / Chief Finance Officer

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				responsibilities in relation to the delegated co-commissioning agreement. Changes also made in section 14 and 16 to reference most up to date CCG policies.	
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Standing Financial Instructions

Introduction

1.1. General

These Standing Financial Instructions detail the financial responsibilities and policies adopted by NHS Calderdale CCG. They are designed to ensure that the CCGs financial transactions are carried out in accordance with the law and Government policy in order to achieve probity, accuracy, economy, efficiency and effectiveness. They should be used in conjunction with the CCG Constitution which incorporates the Prime Financial Policies and the Scheme of Reservation and Delegation.

1.1.2 These Standing Financial Instructions identify the financial responsibilities which apply to everyone working for the CCG and its constituent organisations, including Trading Units and any other organisation or third party authorised under a service level agreement to undertake financial responsibilities on behalf of the CCG.

1.1.3 Should any difficulties arise regarding the interpretation or application of any of the Standing Financial Instructions, then the advice of the Chief Finance Officer or Director of Finance **must be sought before acting**. The user of these Standing Financial Instructions should also be familiar with and comply with the provisions of the CCG's Standing Orders and Prime Financial Policies which can be found within the CCG's Constitution and on the CCG website.

1.1.4 **FAILURE TO COMPLY WITH STANDING FINANCIAL INSTRUCTIONS AND STANDING ORDERS WILL BE REGARDED AS A SERIOUS MATTER THAT COULD RESULT IN DISCIPLINARY ACTION INCLUDING DISMISSAL.**

1.1.5 Overriding Standing Financial Instructions

If, for any reason, these Standing Financial Instructions are not complied with in 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 Audit Committee for referring action or ratification. All members of the CCG have a duty to disclose any non-compliance with these Standing Financial Instructions to the Chief Finance Officer as soon as possible.

2. Audit

2.1. Audit Committee

2.1.1 The Governing Body is required to establish an Audit Committee, with clearly defined terms of reference (see paragraph 6.6.3(a) of the CCG's constitution for further information). The Audit Committee will provide an independent and objective view of internal control by:

- (a) Overseeing Internal and External Audit services;
- (b) Reviewing financial and information systems and monitoring the integrity of the financial statements and reviewing significant financial reporting judgements;
- (c) Review the establishment and maintenance of an effective process and infrastructure to deliver integrated governance, including risk management and internal control across the whole of the organisation's activities (both clinical and non-clinical) that supports the achievement of the organisation's objectives;
- (d) Monitoring compliance with Standing Orders and Standing Financial Instructions;

- (e) Reviewing schedules of losses and compensations and making recommendations to the Governing Body;
 - (f) Reviewing the arrangements in place to support the Assurance Framework process prepared on behalf of the Governing Body and advising the Governing Body accordingly.
- 2.1.2 Where the Audit Committee considers there is evidence of *ultra vires* transactions, evidence of improper acts, or if there are other important matters that the committee wish to raise, the Chair of the Audit Committee should raise the matter at a full meeting of the Governing Body. Exceptionally, the matter may need to be referred to the Department of Health. (To the Chief Finance Officer in the first instance)
- 2.1.3 It is the responsibility of the Chief Finance Officer to ensure an adequate internal audit service is provided and the Audit Committee shall be involved in the selection process when/if an internal audit service provider is changed.
- 2.1.4 In the cases of third parties the Chief Finance Officer shall ensure that the provision of an adequate Internal Audit Service is specified in the Service Level Agreement and shall further specify assurance arrangements between the CCG Auditors and the Shared/Services and/or other organisation's auditors.

2.2. Chief Finance Officer

2.2.1 The Chief Finance Officer is responsible for:

- (a) 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;
- (b) ensuring that the internal audit is adequate and meets the NHS mandatory audit standards;

- (c) deciding at what stage to involve the police in cases of misappropriation and other irregularities not involving fraud or corruption;
- (d) ensuring that an annual internal audit report is prepared for the consideration of the Audit Committee. The report must cover:
 - (i) a clear opinion on the effectiveness of internal control in accordance with current controls assurance guidance issued by the Department of Health 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,
 - (iv) progress against plan over the previous year,
 - (v) strategic audit plan covering the coming three years,
 - (vi) a detailed plan for the coming year.

2.2.2 The Chief Finance Officer or designated auditors are entitled without necessarily giving prior notice to require and receive:

- (a) Access to all records, documents and correspondence relating to any financial or other relevant transactions, including documents of a confidential nature;
- (b) Access at all reasonable times to any land, premises or members of the Governing Body or employee of the CCG;
- (c) The production of any cash, stores or other property of the CCG under the control of a member of the Governing Body or an employee; and
- (d) Explanations concerning any matter under investigation.

2.2.3 The Director of Finance position within the CCG has been created to support the Accountable Officer and Chief Operating Officer / Chief Finance Officer at the Governing Body and provide resilience for the organisation. The Director of Finance will operationally support the Chief Finance Officer in their responsibilities

and can be assumed to be a nominated representative where referred to in this document.

2.3. Role of Internal Audit

2.3.1 Internal Audit will review, appraise and report upon:

- (a) the extent of compliance with, and the financial effect of, relevant established policies, plans and procedures;
- (b) the adequacy and application of financial and other related management controls;
- (c) the suitability of financial and other related management data;
- (e) the extent to which each CCG's assets and interests are accounted for and safeguarded from loss of any kind, arising from:
 - (i) fraud and other offences,
 - (ii) waste, extravagance, inefficient administration,
 - (iii) poor value for money or other causes.

2.3.2 Whenever a matter arises which involves, or is thought to involve, irregularities concerning cash, stores, or other property or any suspected irregularity in the exercise of any function of a pecuniary nature, the Chief Finance Officer must be notified immediately.

2.3.3 The Head of Internal Audit will normally attend Audit Committee meetings and has a right of access to all Audit Committee members, the Chair and Accountable Officer of the CCG.

2.3.4 The Head of Internal Audit shall be accountable to 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 Manual. The reporting system shall be reviewed at least every three years.

In obtaining assurance for services contracted with third party organisations, the Head of Internal Audit should seek assurance from third party organisation's auditors as set out in the Service Level Agreement.

2.4. External Audit

2.4.1 CCGs are responsible for selecting and appointing their own auditors and to directly manage their own contracts under the Local Audit and Accountability Act 2014. This came into effect for CCGs for the financial year starting 1 April 2017.

2.4.2 The Audit Committee must ensure a cost-efficient and effective service. If there are any problems relating to the service provided by the External Auditor, then this should be raised with the External Auditor and referred on to the Financial Reporting Council if the issue cannot be resolved.

2.4.3 The Audit Committee is responsible for establishing an "auditor panel" to oversee the appointment of External Auditors and will also need to consider how the quality of the external audit service will be measured and monitored and incorporated into the service requirements as part of the evaluation process

2.5. Fraud and Corruption

2.5.1 In line with their responsibilities, the Accountable Officer and Chief Finance Officer shall monitor and ensure compliance with the Secretary of State's (S of S) Directions on fraud and corruption.

2.5.2 The CCG shall nominate a suitable person to carry out the duties of the Local Counter Fraud Specialist as specified by the Department of Health Fraud and Corruption Manual and guidance.

2.5.3 The Local Counter Fraud Specialist shall report to the CCG's Chief Finance Officer and shall work with staff in the NHS Counter Fraud Services and in accordance with the Department of Health Fraud and Corruption Manual.

2.5.4 The Local Counter Fraud Specialist will provide an annual written report, on counter fraud work within each PCT and report on issues in year and progress against the plan to the Audit Committee.

3. Business Planning, Budgets, Budgetary Control and Monitoring

3.1. Preparation and Approval of Operational Plans and Budgets

3.1.1 The Accountable Officer will compile and submit to the Governing Body an Operational Plan, which takes into account financial targets and forecast limits of available resources. The annual business plan will contain:

- (a) a statement of the significant assumptions on which the plan is based;
- (b) details of major changes in workload, delivery of services or resources required to achieve the plan.

3.1.2 Prior to the start of the financial year the Director of Finance on behalf of the Chief Finance Officer and Accountable Officer will, prepare and submit budgets for approval by the Governing Body. Such budgets will:

- (a) be in accordance with the aims and objectives set out in the annual business plan and the Operational Plan;
- (b) accord with workload and manpower plans;
- (c) be produced following discussion with appropriate budget holders
- (d) be prepared within the limits of available funds; and
- (e) identify potential risks.

3.1.3 The Director of Finance shall monitor financial performance against budget and business plan, periodically review them, and report to the Governing Body.

3.1.4 All budget holders must provide information as required by the Chief Finance Officer to enable budgets to be compiled. In the case of Shared Services and other organisations such requirements will be specified in the Service Level Agreement.

3.1.5 The Director of Finance has a responsibility to ensure that adequate training is delivered on an on-going basis to budget holders to help them manage successfully.

3.2 Budgetary Control and Reporting

3.2.1 The Director of Finance will devise and maintain systems of budgetary control. These will include:

- (a) 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) movements in working capital;
 - (iii) movements in cash and capital
 - (iv) capital project spend and projected outturn against plan;
 - (v) explanations of any material variances from plan;
 - (vi) details of any corrective action where necessary and the Accountable 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 variance from financial, workload and manpower budgets;

- (d) monitoring of management action to correct variances; and
- (e) arrangements for the authorisation of budget transfers.

3.2.2 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; and
- (f) no permanent employees are appointed without the approval of the Chief Operating Officer other than those provided for within the available resources and manpower establishment as approved by the Governing Body.

3.2.3 Non-recurring budgets should not be used to finance recurring expenditure without the authority in writing of the Chief Operating Officer.

3.2.4 The Chief Operating Officer is responsible for identifying and implementing QIPP schemes in accordance with the requirements of the Annual Business Plan, the Strategic Plan, Medium Term Financial Plan and a balanced budget.

3.3 Monitoring Returns

The Chief Officer is responsible for ensuring that the appropriate monitoring forms are submitted to the requisite monitoring organisation.

4 Bank and GBS Accounts

4.1 General

- 4.1.1 The Chief Finance Officer is responsible for managing the CCG's banking arrangements and for advising the CCG on the provision of banking services and operation of accounts. This advice will take into account guidance/ Directions issued from time to time by the Department of Health. In line with 'Cash Management in the NHS' the CCG should minimise the use of commercial bank accounts and use the Global Banking Services (GBS).
- 4.1.2 The Accountable Officer shall approve the banking arrangements.
- 4.1.3 Banking processes undertaken by the SBS will be operated under the SBS Director of Finance approved instructions as set out in the Service Level Agreement. Banking processes undertaken by any other third party will be operated under the Chief Finance Officer approved instructions as set out in the Service Level Agreement for each organisation.

4.2 Bank and GBS Accounts

- 4.2.1 The Chief Finance Officer is responsible for:
- (a) bank accounts and GBS accounts;
 - (b) establishing separate bank accounts for the CCG's non-exchequer funds;
 - (c) ensuring payments made from bank or GBS accounts do not exceed the amount credited to the account except where arrangements have been made; and
 - (d) reporting to the Governing Body all arrangements made with the CCG's bankers for accounts to be overdrawn.
- 4.2.2 Where such processes 4.2.1 a) to d) are undertaken by a third party these will be specified in the Service Level Agreement. In particular the Chief Finance Officer will approve the detailed bank mandate process with the

above organisations who will ensure an adequate panel of approved signatories to authorise transactions on behalf of the CCG. These will be approved as per 4.1.2 above.

4.3 Banking Procedures

4.3.1 The Chief Finance Officer will prepare detailed instructions on the operation of bank and GBS accounts which must include:

- (a) the conditions under which each bank and GBS account is to be operated;
- (b) those authorised to sign cheques or other orders drawn on the CCG's accounts;
- (c) payments over £100,000 shall be supported by more than one authorised signature on the cheque or authority to pay, as appropriate;
- (d) no cheque signatory shall sign cheques or other orders where s/he is the named payee.

4.3.2 The Chief Finance Officer must advise the CCG's bankers in writing of the conditions under which each account will be operated.

4.3.3 The detailed instructions in 4.3.1 will also be specified, where applicable, to the Chief Finance Officer of the organisations operating the CCG's banking procedures.

4.3.4 The Chief Finance Officer must advise the SBS and the Paymaster General in writing of the conditions under which accounts will be operated; the limits to be applied to any overdraft and the limitation on single signatory payments and any changes that may be required by financial regulations of the Health Service, or by resolution of the Governing Body as may be necessary from time to time. In addition, the Chief Finance Officer shall advise the bankers

and the Paymaster General, in writing, of the officer(s) authorised to release money from, and draw cheques on, each bank account of the CCG and shall notify promptly the cancellation of any such authorisation.

- 4.3.5 Where an agreement is entered into with the SBS or other body for payment to be made on behalf of the CCG from bank accounts maintained in the name of the body, or by Electronic funds Transfer (BACS), the Chief Finance Officer shall ensure that satisfactory security regulations of the SBS or other body relating to bank accounts exist and are observed. This will be specified in a Service Level Agreement with the appropriate body.

4.4 Tendering and Review

- 4.4.1 The Chief Finance Officer will review the banking arrangements of the CCG at regular intervals to ensure they reflect best practice and represent best value for money by periodically seeking competitive tenders for the CCG's banking business.
- 4.4.2 Competitive tenders should be sought at least every five years. The results of the tendering exercise should be reported to the Governing Body. This review is not necessary for GBS accounts.

5. Income, Fees and Charges and Security of Cash, Cheques and Other Negotiable Instruments

5.1 Income Systems

- 5.1.1 The Chief Finance Officer is responsible for designing, maintaining and ensuring compliance with systems for the proper recording, invoicing, collection and coding of all monies due.
- 5.1.2 The Chief Finance Officer is also responsible for the prompt banking of all monies received.

5.1.3 The arrangements for income matters dealt with by third parties will be incorporated in the Service Level Agreement.

5.2 Fees and Charges

5.2.1 The CCG shall follow the Department of Health's advice in the "Costing" Manual in setting prices for NHS service agreements.

5.2.2 The Chief Finance Officer is responsible for approving and regularly reviewing the level of all fees and charges other than those determined by the Department of Health or by Statute. Independent professional advice on matters of valuation shall be taken as necessary. The Chief Finance Officer shall notify the approved price list/fees to all third parties for suitable periodic checks against the actual amounts collected or being billed. This will be specified in the Service Level Agreement.

5.2.3 All employees must inform the Chief Finance Officer promptly of money due arising from transactions which they initiate/deal with, including all contracts, leases, tenancy agreements, private patient undertakings and other transactions. In each case a sales order must be raised

5.2.4 Any income generated from the activities of staff working in their employment hours, and/or utilising any of the CCG's facilities shall be declared as Exchequer Income and dealt with in line with the CCG's official income systems and controls and any other relevant aspects of an employee's terms and condition of employment.

5.2.5 All income generation activities shall be approved, before they are undertaken, by the appropriate budget holder/manager, and comprehensive and detailed records retained for audit. Such approval shall only be granted where the scheme generates a minimum of break even after taking account of all overheads and after further approval of prices by the Chief Finance Officer paragraph 5.2.2 above.

5.3 Debt Recovery

- 5.3.1 The Chief Finance Officer is responsible for the appropriate recovery action on all outstanding debts and where undertaken by a third party, specify the appropriate recovery action in the Service Level Agreement.
- 5.3.2 Income not received should be dealt with in accordance with losses procedures.
- 5.3.3 Systems and processes should reduce any risk of overpayments and enable any overpayment to be detected and recovery initiated.

5.4 Security of Cash, Cheques and other Negotiable Instruments

- 5.4.1 The Chief Finance Officer is responsible for:
 - (a) approving the form of all receipt books, agreement forms, or other means of officially acknowledging or recording monies received or receivable;
 - (b) ordering and securely controlling any such stationery;
 - (c) the provision of adequate facilities and systems for employees whose duties include collecting and holding cash, including the provision of safes or lockable cash boxes, the procedures for keys, and for coin operated machines; and
 - (g) prescribing systems and procedures for handling cash and negotiable securities;
 - (h) and ensuring that the detailed requirements are included in the Service Level Agreement on behalf of the CCG.

- 5.4.2 Official money shall not under any circumstances be used for the encashment of private cheques or IOUs.
- 5.4.3 All cheques, postal orders, cash etc., shall be banked intact. Disbursements shall not be made from cash received, except under arrangements approved by the Chief Finance Officer.
- 5.4.4 The holders of safe keys shall not accept unofficial funds for depositing in their safes unless such deposits are in special sealed envelopes or locked containers. It shall be made clear to the depositors that the CCG is not to be held liable for any loss, and written indemnities must be obtained from the organisation or individuals absolving the CCG from responsibility for any loss.

6. Tendering and Contracting

6.1 Duty to comply with Standing Financial Instructions

The CCG 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 DHSC);
- for the design, construction and maintenance of building and engineering works (including construction and maintenance of grounds and gardens); for disposals.

- 6.1.1 The purpose of these Standing Financial Instructions is to set out clear rules and procedures for the procurement of goods, leases, services and works for the CCG.

Section 6 also makes staff aware of the increasing number of external agencies who hold influence over the rules affecting tendering and contracting.

6.1.2 All amounts quoted in these Standing Financial Instructions refer to values must include Value Added Tax.

6.1.3 Authority to sign contracts is held by the Accountable Officer, the Chief Operating/Finance Officer and the Director of Finance. Authority to sign contracts is delegated to Heads of Service for contracts up to £50,000 only. It is important that final contracts are physically signed by the appropriate authority prior to commencement of activity.

6.2 Public Procurement

Public Contract Regulations promulgated by the Department of Health & Social Care (DHSC) describing procedures for awarding all forms of contracts shall have effect as if incorporated in these Standing Orders and Standing Financial Instructions. To ensure compliance refer to 6.5.6.

6.3 Reverse eAuctions

Consultation with the Chief Finance Officer or their nominated representative is required before using eAuctions or Dynamic Purchasing Systems.

6.4 Department of Health Guidance

The CCG shall comply as far as is practicable with the latest requirements of the Department of Health in respect of capital investment and the procurement and management of management consultants.

These can be found in the 'capital investment manual'.

6.5 Compliance

- 6.5.1 All employees (including those in the employ of organisations acting as an agent of the CCG) involved in procurement or making contracts by or on behalf of the CCG shall comply with these Standing Financial Instructions, CCG Procurement Policy and the latest guidance produced by the Department of Health, Commissioning Board and Monitor. These documents incorporate the latest NHS procurement guidance.
- 6.5.2 All employees and organisations engaged to act in any capacity to manage or supervise a contract must comply with these Standing Financial Instructions. Officers of the CCG must ensure compliance within their area of responsibility.
- 6.5.2 Failure to comply with these Standing Financial Instructions and the related Procurement Procedure's may result in disciplinary action against employees concerned.
- 6.5.3 All employees and companies / contractors / suppliers engaged on the CCG's behalf must ensure that any conflicts of interest are declared to the Chief Finance Officer or their nominated representative.
- 6.5.4 Current public contract regulations require the advertisement of opportunities, if applicable. As the Value thresholds and procedural rules change periodically confirmation must be sought from the Head of Contracting and Procurement. In respect of Health and Social Care services, under Public Contract Regulations, notice of contract award in the Government's Contract Finder portal is required.
- 6.5.5 When public contract regulations may be applicable, managers must consult the Chief Finance Officer or their nominated representative to ensure full compliance with requirements.
- 6.5.6 Where an appropriate standard or code of practice is current at the time of tender, each written contract should require that the goods, services or works will be in accordance with that standard. Any Standard must **always** be

shown as '**British Standard or equivalent**' or given the full International Standard Code.

6.5.7 The procurement of contracts must comply with any appropriate current UK legislation.

6.6 Exclusions

6.6.1 **Exclusion** - Current legislation provides that the rules for public procurement do not apply to the acquisition of land, including existing buildings and other structures, land covered with water, and any estate, interest, easement, servitude or right in or over land.

6.7 Pre-Contract Requirements and Assessment of Risk

6.7.1 All procurement activity must comply with the CCG's procurement policies.

6.7.2 In all cases before commencing any procurement process for goods, services or works with an estimated value in excess of £50,000, the following is required:

(a) an authorised business case to justify planned procurement and include:

1. a written procurement plan identifying key risks and the actions required;
2. a written record of the reasons for decisions, updated as appropriate;
3. an appropriate specification which will form the basis for the contract;
4. an estimate of the total cost of the contract (**including costs for the full term of the contract, maintenance and continuing costs, and any disposal costs, i.e., aggregated whole lifetime cost**)

5. Signed authorisation in line with the authority limitations

- (b) consultation with the Chief Finance Officer or their nominated representative on appropriate contract documentation, including terms and conditions;
- (c) For expenditure on buildings then the Chief Finance Officer needs to be consulted to advise on process. In addition, the business case will need to set out the service need, the capital and the revenue costs.
- (d) a schedule of prioritised and weighted evaluation criteria, including (as appropriate), price, technical merit, quality, sustainability, equality, analysis of cost or any other relevant criteria. **The evaluation criteria must not include any non-commercial considerations;**
- (e) unless provided for in paragraph 6.13 (Aggregation of Contracts), confirmation that supplies of a similar nature are being purchased together, and that orders are not split or disaggregated. To do so is a breach of these Standing Financial Instructions and may be a breach of Public Contract Regulations.

6.7.3 In all cases before commencing any contract for goods, services or works with an estimated value in excess of £50,000, the following is required:

- (a) evidence that each supplier has the technical capability and capacity to enter into a contract;
- (b) confirmation from the Chief Finance Officer or his nominated representative that he is satisfied regarding the financial standing of any proposed supplier for any contract exceeding £100,000 or less where the procurement is considered business critical.

6.7.4 Pre-tender consultation with suppliers must be transparent and not prejudice any potential supplier.

6.7.5 Technical advice for the preparation of a specification may not be sought from a supplier where it will provide an unfair advantage to any supplier or distort equal and fair competition.

6.7.6 Where there is a relevant Approved List of Contractors, this must be used as the source of providing the names of contractors from whom quotations and tenders are sought. There must be a consistent selection process in line with regulations, directives, DHSC and NHS guidance and these Standing Financial Instructions.

6.8 Setting up Approved Lists

6.8.1 Where the Chief Finance Officer has decided in writing that an approved list of contractors is appropriate for the supply of specific goods and services an approved list may be compiled. The CCG's Head of Contracting and Procurement shall ensure that the firms/individuals invited to tender (and where appropriate, quote) are among those on approved lists. Where in the opinion of the Chief Finance Officer it is desirable to provide tenders from entities not on the approved lists, the reason shall be recorded in writing.

6.8.2 At least four weeks before the approved list is compiled the approved list must be advertised on the designated portal and by any other appropriate means where it is considered that this would be beneficial, inviting contractors to indicate their interest in inclusion on the list.

6.8.3 The list must be kept by the Contracting Team, or approved local support function and should:

6.8.3.1 Contain the names of all suppliers who wish to be included and who have been approved by the Chief Finance Officer following an evaluation process.

- 6.8.3.2 Indicate the level of contract value as recommended by the Chief Finance Officer and the categories of work for which approval is given.
- 6.8.4 Any such list may be amended by the addition of further contractors approved by the Chief Finance Officer or by the exclusion of contractors who are not meeting the requirements of the CCG. The Contracting Team will maintain a written record of the reasons for inclusion or exclusion.
- 6.8.5 Any such list must be reviewed at regular intervals and at least every four years in accordance with Public Contract Regulations.
- 6.8.6 **Tendering from Approved Lists**
- 6.8.6.1 Tenders should be sent to a minimum of three suppliers on the approved list, selected by strict rotation. The Chief Finance Officer shall maintain a written register recording details of all invitations to tender, including reasons for selection and the responses received.
- 6.8.6.2 If a contract falls under the scope of the Public Contract Regulations regime, then existing approved lists cannot be used, and the contract must be advertised under Public Contract Regulations.

6.9 Competition Requirements for Contracts below £20,000

- 6.9.1 For contracts where the estimated expenditure or income does not, or is not reasonably expected to, exceed £20,000 the Head of Contracting and Procurement should advise the most efficient method of procurement, which demonstrates value for money, keeping a written record of the reason and action taken. As a minimum, written quotations should be sought from at least three providers/suppliers.

6.9.2 Procurement should be carried out in accordance with these Standing Financial Instructions, CCG Procurement Policy and Department of Health Guidance.

6.10 Competition Requirements for Contracts above £20,000

6.10.1 For contracts with an estimated whole life costs between £20,000 and £50,000 a minimum number of three competitive written quotations should be obtained.

6.10.2 Formal tendering procedures must be applied where the estimated whole life costs exceeds £50,000.

6.10.3 When assessing the potential value of a contract the whole life costs of the contract should be considered. The cumulative costs of a service with contractors must also be taken into account when assessing what competition requirements are needed.

6.10.4 For contracts valued above £20,000 up to £50,000, the Accountable Officer may give permission for procurement to take place without a competitive quotation being sought in exceptional circumstances for the reasons provided in 6.11 below.

6.10.5 For contracts valued over £50,000, the Chair and one other Governing Body member may give permission for procurement to take place without a tender process for the reasons provided in 6.11 below.

6.10.6 Where it is decided that competitive quotations are not applicable and should be waived, the fact of the waiver and the reasons should be documented and recorded in an appropriate CCG record by the appropriate Officer. Waivers will be kept by the Contracting Team and reported on a quarterly basis.

6.10.7 Where it is decided that competitive tendering is not applicable, as detailed above, and should be waived, the fact of the waiver and the reasons should be

documented and recorded in an appropriate record by the Chief Finance Officer, the Director of Finance or their nominated representative. Waivers will be kept by the Contracting Team and reported to the Audit Committee on a quarterly basis.

6.11 Exceptions and Instances Where Formal Quotations or Tendering is Not Required

6.11.1 Formal quotations or tendering procedures may be waived in the following circumstances:

- (b) Paragraph 6.9.1 applies, or;
- (c) where the supply is proposed under special arrangements negotiated by the DH or CB in which event the said special arrangements must be complied with;
- (d) Standing Financial Instruction No. 12 applies;
- (e) where the requirement is covered by an existing NHS contract or other contract capable of being accessed by the CCG, and the existing contract terms offers value for money;
- (f) where framework agreements are in place and capable of being accessed by the CCG. However, it may be required that specific requirements of the agreement be complied with;
- (f) where a consortium or collaborative arrangement is in place and a lead organisation has been appointed to carry out tendering activity on behalf of the consortium or collaborative members;
- (g) where the timescale genuinely precludes competitive tendering. Failure to plan the work properly would not be regarded as a justification for waiving the requirement to tender;

- (h) where specialist expertise/service/works/goods are required and these are available from only one source (specialised service);
- (i) when the task is essential to complete the project, and arises as a consequence of a recently completed assignment and engaging different consultants for the new task would be inappropriate;
- (j) there is a clear benefit to be gained from maintaining continuity with an earlier project. However, in such cases the benefits of such continuity must outweigh any potential financial advantage to be gained by competitive tendering;
- (k) for the provision of legal advice and services providing that any legal firm or partnership commissioned by the CCG is regulated by the Law Society for England and Wales 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 Chief Finance Officer will ensure that any fees paid are reasonable and within commonly accepted rates for the costing of such work.

- (l) where allowed and provided for in the Capital Investment Manual.
- (m) where a Prior Information Notice has indicated that the number of suppliers/providers in the market is limited to one provider; in such cases the development of the market must be considered and action taken as appropriate.

6.11.2 The waiving of competitive quotations *or* competitive tendering procedures should not be used to avoid competition or for administrative convenience or other than in those circumstances set out in 6.11.1 (i) and (j) to award further work to a consultant originally appointed through a competitive procedure.

- 6.11.3 The Chief Finance Officer, Director of Finance or their nominated representative **must** be consulted before any decisions are made relating to procurement, including the requirement for competitive quotations or tendering.
- 6.11.4 Procurements which subsequently breach thresholds after original approval shall be considered a breach of standing orders and will be reported in line with SFI 1.5 and depending on the circumstances acted upon in line with SFI 1.1.4. Such breaches will be documented in an appropriate CCG record and reported to the Audit Committee at each meeting.
- 6.11.5 If, after a contract has been agreed, the contractor requests a revision, and the revision brings the total contract value to less than the original approved and allocated funding then the revision can be considered with the approval of the relevant Head of Service.
- 6.11.6 If after a contract has been agreed the contractor requests a revision which brings the total amount to greater than the original approved and allocated funding then the contract has to be resubmitted for approval depending on the contract value to the original approval authorities.

6.12 Building and Engineering Construction Works

- 6.12.1 Competitive Tendering cannot be waived for building and engineering construction works and maintenance (other than in accordance with Concode) without Department of Health approval.

6.13 Aggregation of Contracts

- 6.13.1 If a number of contracts of a similar nature are to be tendered, and the total cost of the contracts exceeds the tender threshold of £50,000, they must be tendered as one contract. If the total aggregated contract value exceeds the Public Contract Regulations threshold (see paragraph 6.5.5) they **must** be tendered as one contract under the regulations. (Total cost means whole life costs of the contract. Clarification from the Chief Finance Officer should be

sought if there is any doubt as to the definition or quantification of the whole life costs been tendered.)

- 6.13.2 Tenders for contracts for services which require a number of providers to be working in the marketplace in order to introduce flexibility and competition can be tendered as one, however, separate contracts can be awarded to more than one provider. For the avoidance of doubt, the aggregate value of the contract over the whole contract term represents the total value of the contract.

6.14 Tendering and Procurement

- 6.14.1 Unless the competition requirements have been waived in accordance with SFI 6.11, contractors must be appointed by use of one of the following methods, the CCG's approach to procurement is set out in the CCG Procurement Policy:

(a) **Selective tendering from an Approved List**

Selective tendering from an Approved List is appropriate when there is a need to tender for a particular type of service on a frequent basis.

(b) **Contracting with "Any Qualified Provider" from an Accredited Approved List**

Contracting with "Any Qualified Provider" is appropriate when services are required on an ad-hoc basis or to facilitate patient choice. It may be described as an accreditation process underpinned by a framework agreement or "call off" contract. Use of an Approved List will be required in accordance with Paragraph 6.8 (Setting up Approved Lists).

(c) The Open Tendering Procedure

Under the Open Tender Procedure all interested candidates who respond to a Government's Contract Finder advertisement if appropriate (and other adverts placed where it is considered that this would be beneficial) must be invited to tender. The best bid is chosen according to evaluation criteria. Under this procurement route, the advertisement and Service Specification must be very clearly defined so that bidders know exactly what is being procured. There is no scope to negotiate with bidders. This procurement route is more appropriate for goods/services that are not complex in nature.

(d) The Restricted Tendering Procedure

Under the Restricted Tendering Procedure, interested candidates are invited to respond to the Government's Contract Finder advertisement or advert placed by any other appropriate means (where it is considered that this would be beneficial) by submitting an expression of interest. Under this procurement route, a shortlist of candidates is then drawn up and invited to tender. There is no scope to negotiate with tenderers following receipt of bids. The Restricted Tendering Procedure should be used for goods or services that are more complex in nature and where short listing is required to ensure that the contractor has the appropriate technical ability to provide the goods or services being tendered for. A detailed specification will be sent to short-listed providers when they are invited to tender

(e) Competitive Dialogue Tendering

The use of the Competitive Dialogue Procedure is applicable only for particularly complex contracts where development of the detailed specification will take place during the tender process. Under this procurement route, shortlisted parties are invited to participate in dialogue which may have several stages. Once the dialogue is

concluded, suppliers are invited to submit a final tender. There is one provision for bidders to clarify, specify and fine-tune their final bids before a preferred bidder is chosen. Robust governance is required as there needs to be careful management of bids and avoidance of conflicts of interest to ensure equality of treatment and avoid any unfair advantage between bidders. Use of the Competitive Dialogue Procedure must be approved by the Chief Finance Officer or their nominated representative.

- 6.14.2 Procurement may be undertaken by the CCG's Contracting and Procurement Team, or on its behalf by designated Third Party agents where appropriate. Approval by the Chief Finance Officer must be obtained if such an agent is to carry out procurements over and above contractual obligations to the CCG (i.e., CCG bespoke procurements other than collaborative procurements).

6.15 Invitation to Tender or to be Included on an Approved List

- 6.15.1 All invitations to tender or for expressions of interest in a tender or inclusion on an Approved List must be advertised on Government's Contract Finder or by any other appropriate means if it is considered that it would be beneficial.
- 6.15.2 All requests for expressions of interest or invitations to tender shall state the date and time as being the latest time for receipt.
- 6.15.3 The CCG will keep a register of the companies that have expressed an interest and whether or not they have been invited to tender.
- 6.15.4 All tenders, other than those being submitted via electronic tendering software, shall be submitted in accordance with the following requirements:
- Tenders must be submitted in a plain sealed package or envelope addressed to the Accountable Officer bearing a pre-printed label supplied by the CCG and the latest date and time for the receipt of such tender.

- Tender envelopes shall not bear any names or marks indicating the sender. The use of courier/postal services must not identify the sender on the envelope or on any receipt so required by the deliverer.

6.16 Receipt and Safe Custody of Tenders, Quotations and Expressions of Interest

6.16.1 The Chief Officer or their nominated representative will be responsible for the receipt, endorsement and safe custody of tenders received until the time appointed for their opening.

6.16.2 The date and time of receipt of each tender shall be endorsed on the tender envelope/package.

6.16.3 The responsible manager will be responsible for the receipt and safe custody of quotations and tenders.

6.16.4 The corporate governance team will be responsible for the receipt and safe custody of expressions of interest in tenders or for inclusion on Approved Lists.

6.17 Opening Expressions of Interest to Tenders and Register of Expressions of Interest or Tenders

6.17.1 As soon as practicable after the date and time stated as being the latest time for receipt, the tenders shall be opened by managers authorised by the Accountable Officer to carry out such duties.

6.17.2 Every tender received shall be marked with the date of opening and initialled by those present at the opening including electronic submission.

6.17.3 A register in the CCG shall be maintained by the Accountable Officer or his nominated representative to show for each tender received:

- the names of firms' individuals from which tenders have been received;

- the date the tenders were opened;
- the persons present at the opening;
- the price shown on each tender;
- a note where price alterations have been made on the tender.

Each entry to this register shall be signed by those present.

6.17.4 No tender shall be amended after it has been received and prior to its consideration by the Tender Evaluation Panel.

6.17.5 Incomplete tenders, i.e., those from which information necessary for the adjudication of the tender is missing and amended tenders will be dealt with in the same way as late tenders.

6.18 Admissibility

6.18.1 If for any reason the designated managers are of the opinion that the tenders received are not strictly competitive (for example, because only one tender has been received, or the tender is qualified in some way), this should be discussed with the Accountable Officer, Chief Finance Officer or Director of Finance prior to award of the contract.

6.19 Late Tenders or Expressions of Interest

6.19.1 Tenders and expressions of interest received after the due time and date may be considered **only** if the Accountable Officer or Chief Finance Officer decides that there are exceptional circumstances i.e., despatched in good time but delayed through no fault of the tenderer.

6.19.1 While decisions as to the admissibility of late, incomplete or amended tenders or expressions of interest are under consideration, the documents shall be kept strictly confidential, recorded, and held in safe custody by the Accountable Officer or his nominated representative.

6.20 Evaluation of Tenders, Quotations and Expressions of Interest

6.20.1 Prior to accepting a tender, quotation or expression of interest the Tender Evaluation Team must evaluate all tenders, quotations and expressions of interest in accordance with the criteria set out in paragraph 6.7 (Pre-Contract Requirements and Risk Assessment).

6.20.2 Tenders must be evaluated by a Tender Evaluation Panel comprised of a minimum of three appropriately experienced people nominated by the Chief Finance Officer.

6.20.3 The Tender Evaluation Panel is required to maintain written records of:

- The weighting and evaluation criteria used to assess the tenders.
- The recorded schedule of scoring for each Tender Evaluation Team Member including detailed reasons for scoring decisions.
- A signed record of attendance and agreement with the scoring decisions and choice of tenderer.

6.21 Acceptance of Tender or Quotation

6.21.1 Authorisation permissions in relation to quotations and tenders are provided in the following table:

Budget holder	Supplies and services	Health and Social Care services
Designated budget holders	up to £50,000	up to £50,000
Accountable Officer, Chief Operating / Finance Officer or Director of Finance	Up to £250,000	Up to £250,000
Jointly, two of either Accountable Officer, Chief	up to £500,000	up to £500,000

Budget holder	Supplies and services	Health and Social Care services
Operating / Finance Officer or Director of Finance		
Governing Body	more than £500,000	more than £500,000

6.21.2 Successful tenderers will be those offering the best value for money to the CCG, in accordance with the Tender Evaluation Criteria, or where price is the only consideration, the tender offering the lowest cost.

6.21.3 No tender or quotation shall be accepted which will commit expenditure in excess of that which has been allocated by the CCG and which is not in accordance with these Standing Financial Instructions unless authorised at the appropriate level in accordance with the table in 6.21.1.

6.21.4 A written, signed record of the decision to award a contract will be kept by the CCG and will be reported on to the Audit Committee on a quarterly basis.

6.21.5 A Notice of an award of contract must be published in Government's Contract Finder in accordance with the Public Contract Regulations.

6.21.6 All tenderers must be informed of the outcome of the tender process and provided with detailed feedback on their submission in relation to each of the evaluation criteria.

6.21.7 A standstill period will be required in accordance with Public Contract Regulations, or the latest guidance produced by the Department of Health.

6.22 **Post Tender Negotiations**

6.22.1 The use of negotiations for any contract subject to Public Contract Regulations and not advertised as negotiated is a breach of said regulations.

- 6.22.2 Current regulations and guidance for the procurement of health services allows negotiations with providers to take place using the Competitive Dialogue Procedure. Post tender negotiations are not permitted.
- 6.22.3 Revision of the tender price as a result of incorrect assumptions by the tenderer about costs, identified during the Tender Evaluation Process, may be permitted subject to approval by the Accountable Officer. Robust governance is required to ensure equality of treatment and avoid any unfair advantage between bidders.

6.23 Tender Reports to the Governing Body

- 6.23.1 Reports to the Governing Body will be made on an exceptional circumstance basis only. Routine reports on tenders and tender waivers will be made to the Audit Committee.

6.24 Collaborative Procurement

- 6.24.1 Collaborative Procurement between the CCG and other NHS organisations may be undertaken when services are required across the region or sub-region. Third Party agents such as a Commissioning Support Unit or Commercial Procurement Collaborative (CPC) will normally support or undertake such procurement processes under the terms of an agreement with the CCG.
- 6.24.1 Any contracts awarded by NHS organisations collaboratively will be managed by a lead commissioner or under the terms of a Collaborative Commissioning Agreement or Consortium Agreement or other agreement with the same intent. Signing of such contracts will be in line with paragraph 1.1.4 (Duty to comply with Standing Orders and Standing Financial Instructions).

6.24.2 Joint contracting between the CCG and the Local Authority may take place where this is considered beneficial. The following contractual arrangements are permitted subject to the approval of the Accountable Officer or Chief Operating/Finance Officer where there are conflicts of interest as a result of shared senior posts. Further information in relation to managing such conflicts of interest can be found in section 5.3 of the CCG Management of Conflicts of Interest policy.

6.24.2.1 Pooled budget

6.24.2.2 Funding Agreement (where there is a lead commissioner and contracting will be bilateral between the lead commissioner and the supplier/provider).

6.24.2.3 Multi-lateral agreement (where the supplier/provider will contract with the CCG and the Local Authority and will send invoices to each individual party relating to activity)

6.25 Contract Documentation

6.25.1 Where appropriate contracts for goods, materials, services or disposals shall embody the NHS Standard Contract Conditions unless there are specific reasons to use another form of contract documentation. In addition to Terms and Conditions, every contract must specify the following:

- The works, goods or services to be carried out, supplied or furnished;
- The price to be paid with a statement of discounts or other deductions;
- The time or times within which the contract is to be performed;
- Such of the matters referred to in these Standing Orders that are required to be included.

6.25.2 For health services, the intended duration of a new contract is a firm indication of scale and will have direct implications for the level of resource required in the procurement process. Shorter contract duration is permitted

where there are temporary commissioning needs, particular types of treatment or for pilot services.

6.25.3 KPIs and CQUINs, if applicable, must be included in all contracts to enable effective contract management.

6.25.4 Every contract for building or engineering works (except for maintenance work, when Estmancode guidance shall be followed) shall embody or be in the terms of the current edition of one of the Joint Contracts Tribunal Standard Forms of Building Contract or Department of the Environment (GC/Wks) Standard forms of contract amended to comply with concode; or, when the content of the work is primarily engineering, the General Conditions of Contract recommended by the Institution of Mechanical and Electrical Engineers and the Association of Consulting Engineers (Form A), or (in the case of civil engineering work) the General Conditions of Contract recommended by the Institute of Civil Engineers, the Association of Consulting Engineers and the Federation of Civil Engineering Contractors. These documents shall be modified and/or amplified to accord with Department of Health guidance and, in minor respects, to cover special features of individual projects.

6.25.5 Contracts which are agreed jointly with the Local Authority may be on the basis of Local Authority contract templates, the terms and conditions must reflect the requirements of the NHS Standard Contract conditions.

6.26 Compliance Requirements for All Contracts

6.26.1 The Governing Body may only enter into contracts on behalf of a CCG within the statutory powers delegated to it by the Secretary of State and shall comply with:

(a) The CCG Standing Orders and Standing Financial Instructions;

(b) Public Contract Regulations and other statutory provisions;

- (c) any relevant directions including the Capital Investment Manual, Estate code and guidance on the Procurement and Management of Consultants;
- (d) such of the NHS Standard Contract Conditions as are applicable;
- (e) contracts with Foundation Trusts must be in a form compliant with appropriate NHS guidance;
- (f) where a tender process has taken place, contracts shall be on the same basis on which tenders or quotations were invited;
- (g) in all contracts made by the CCG, the Governing Body shall endeavour to obtain best value for money by use of all systems in place. The Accountable Officer shall nominate an officer who shall oversee and manage each contract on behalf of NHS Calderdale.

6.27 Extending Existing Contracts

6.27.1 Contracts may be extended after consultation with the Chief Finance Officer subject to the extension being in accordance with the original contract agreement. Consideration must be given as to whether the contract still offers value for money.

6.27.2 Contracts may be extended beyond the term of their contract only if this requirement arises as a result of the occurrences detailed in paragraph 6.11 (Exceptions and instances where formal tendering is not required). Authorisation for such an extension will be dependent on the value of the contract in accordance with paragraph 6.10 (Competition Requirements for Contracts above £50,000). A record of action taken will be maintained by the Contracting Team on behalf of the Chief Finance Officer and reported to the Audit Committee on a quarterly basis.

Where such an extension would result in the value of the contract exceeding Public Contract Regulations thresholds and the contract has not been previously advertised in the Government's Contract Finder an extension cannot be made without the agreement of the Accountable Officer having had due regard to all the circumstances in respect of the requested extension.

- 6.27.3 Public Contract Regulations must be taken into account in any decisions made.

6.28 Personnel and Agency or Temporary Staff Contracts

- 6.28.1 The Chief Officer shall nominate officers with delegated authority to enter into contracts of employment, regarding staff, agency staff or temporary staff service contracts.

6.29 Healthcare Services Agreements (see overlap with SFI No. 7)

- 6.29.1 Service agreements with NHS providers for the supply of healthcare services shall be drawn up in accordance with the NHS and Community Care Act 1990 and administered by the Cluster. Service agreements are not contracts in law and are not enforceable by the courts. However, a contract with a Foundation Trust, is a legal document and is enforceable in law.

- 6.29.2 The Accountable Officer shall nominate officers to commission service agreements with providers of healthcare in line with a commissioning plan approved by the Governing Body.

6.30 Disposals (See overlap with SFI No. 12)

- 6.30.1 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 Accountable Officer or his nominated officer;
- (b) obsolete or condemned articles and stores, which may be disposed of in accordance with the CCG's supplies policy;
- (c) items to be disposed of with an estimated sale value of less than £5,000, this figure to be reviewed on a periodic basis by the Audit Committee;
- (d) items arising from works of construction, demolition or site clearance, which should be dealt with in accordance with the relevant contract;
- (e) land or buildings concerning which DH guidance has been issued but subject to compliance with such guidance.

6.31 In-house Services

6.31.1 The Accountable Officer shall be responsible for ensuring that best value for money can be demonstrated for all services provided on an in-house basis. The CCG may also determine from time to time that in-house services should be market tested by competitive tendering.

6.31.2 In all cases where the Governing Body determines that in-house services should be subject to competitive tendering the following groups shall be set up:

- a) Specification group, comprising the Accountable Officer or nominated officer/s and specialist.
- b) In-house tender group, comprising a nominee of the Accountable Officer and technical support.

- c) Evaluation team, comprising normally a specialist officer, a supplies officer and a representative of the Chief Finance Officer. For services having a likely annual expenditure exceeding £50,000, a member of the Governing Body should be a member of the evaluation team.
- d) All groups should work independently of each other and individual officers may be a member of more than one group but no member of the in-house tender group may participate in the evaluation of tenders.
- e) The evaluation team shall make recommendations to the Governing Body.
- f) The Accountable Officer shall nominate an officer to oversee and manage the contract on behalf of the CCG.

6.32 Applicability of Tendering and Contracting SFIs to funds held in trust

6.32.1 These Instructions shall not only apply to expenditure from Exchequer funds but also to works, services and goods purchased from the CCG's trust funds and private resources.

7. NHS Service Agreements for Provision of Services)see overlap with SFI No 6.31

7.1 Service Level Agreements

The Accountable Officer is responsible for ensuring the CCG enters into suitable Service Level Agreements (SLA) with service commissioners for the provision of NHS services.

All SLAs should aim to implement the agreed priorities contained within the Operational Plan and wherever possible, be based upon integrated care pathways to reflect expected patient experience. In discharging this responsibility, the Accountable Officer should take into account:

- The standards of service quality expected;
- The relevant national service framework (if any);
- The provision of reliable information on cost and volume of services;
- The NHS national performance Assessment Framework;
- That SLAs build, where appropriate, on existing Joint Investment Plans;
- That SLAs are built on integrated care pathways;
- National contract proforma;
- Requirement for legally binding contracts with Foundation Trusts

The Accountable Officer or the Chief Finance Officer should seek assurances from their providers and/or auditors of their financial services (third party organisations) as specified in the contract/SLA.

7.2 Involving Partners and Jointly Managing Risk

A good SLA will result from a dialogue of clinicians, users, carers, public health professionals and managers. It will reflect knowledge of local needs and inequalities. This will require the Chief Officer to ensure that the CCG works with all partner agencies involved in both the delivery and the commissioning of the service required. The SLA will apportion responsibility for handling a particular risk to the party or parties in the best position to influence the event and financial arrangements should reflect this. In this way the CCG can jointly manage risk with all interested parties.

7.3 Reports to the Governing Body on SLAs

The Accountable Officer will need to ensure that regular reports are provided to the Governing Body detailing actual and forecast expenditure against the SLA. This will include information on costing arrangements, which increasingly should be based upon Healthcare Resource Groups (HRGs). Where HRGs are unavailable for specific services, all parties should agree a common currency for across the range of SLAs.

7.4 Agreements for The Provision of Continuing Healthcare (CHC) Services

7.4.1 Agreements

The Accountable Officer is responsible for ensuring the CCG enters into suitable Continuing Healthcare Agreements (CHA) with service providers for the provision of NHS services.

All CHAs should aim to implement the agreed priorities contained within the Individual Care Plan and wherever possible, be based upon to reflect the assessment of patient requirements. In discharging this responsibility, the Accountable Officer should take into account:

- The standards of service quality expected;
- The relevant national service framework (if any);
- The provision of reliable information on cost and volume of services;
- The relevant national performance requirements;
- Requirement for legally binding contracts with service providers

Unless the competition requirements have been waived in accordance with SFI 6.11, contractors must be appointed by use of one of the following methods, the CCG's approach to procurement is set out in the CCG Procurement Policy:

(e) Selective tendering from an Approved List

Selective tendering from an Approved List is appropriate when there is a need to tender for a particular type of service on a frequent basis.

(f) Contracting with "Any Qualified Provider" from an Accredited Approved List

Contracting with "Any Qualified Provider" is appropriate when services are required on an ad-hoc basis or to facilitate patient choice. It may be described as an accreditation process underpinned by a framework agreement or "call off" contract. Use of an Approved List will be required in accordance with Paragraph

6.8 (Setting up Approved Lists).

(g) The Restricted Tendering Procedure

Under the Restricted Tendering Procedure, interested candidates are invited to respond to the Government Contract Finder advertisement or advert placed by any other appropriate means (where it is considered that this would be beneficial) by submitting an expression of interest.

Under this procurement route, a shortlist of candidates is then drawn up and invited to tender. There is no scope to negotiate with tenderers following receipt of bids.

7.4.2 Reports to the Governing Body on CHAs

The Chief Officer, as the Accountable Officer, will need to ensure that regular reports are provided to the Governing Body and appropriate sub Committee detailing actual and forecast expenditure against the CHA. This will include information on costing arrangements for the package of care.

8. Terms of Service, Allowances and Payments of Members of the Governing Body and Employees.

8.1 Remuneration and Terms of Service (see also Section 6.5.6(b) of the CCG Constitution)

In accordance with the CCG Constitution, the Governing Body shall establish a Remuneration and Terms of Service Committee with clearly defined terms of reference, specifying which posts fall within its area of responsibility, its composition, and the arrangements for reporting. (see The Codes of Conduct and Accountability EL (94)40).

8.1.2 The Committee will:

- (a) advise and make recommendations to 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 and on determinations about benefits and allowances under any pension scheme that the CCG may establish as an alternative to the NHS pension scheme. It shall also include any arrangements for termination of employment of the Accountable Officer or the Chief Finance Officer.

- (c) Oversee and make decisions on the proper calculation and scrutiny of termination payments for redundancy, assisted voluntary early retirement, or by mutual agreement, taking account of such national guidance as is appropriate.

8.1.3 The Governing Body will consider and need to approve proposals presented by the Accountable Officer for setting of remuneration and conditions of service for those employees and officers not covered by the Committee.

8.2 Funded Establishment

8.2.1 The manpower plans incorporated within the annual budget will form the funded establishment.

8.2.2 The funded establishment of any department may not be varied without the approval of the Chief Officer or Chief Finance Officer.

8.3 Staff Appointments

8.3.1 No officer or member of the Governing Body or employee may engage, re-engage, or regrade employees, either on a permanent or temporary nature, or hire agency staff, or agree to changes in any aspect of remuneration:

- (a) unless delegated to do so by the Accountable Officer; and
- (b) within the limit of his/her approved budget and funded establishment.

8.3.2 The Governing Body will approve procedures presented by the Accountable Officer for the determination of commencing pay rates, conditions of service, etc, for employees.

8.4 Processing Payroll

8.4.1 The Chief Finance Officer is responsible for:

- (a) specifying timetables for submission of properly authorised time records and other notifications;
- (b) the final determination of pay and allowances;
- (c) making payment on agreed dates; and
- (d) agreeing method of payment.

8.4.2 The Chief Finance Officer will issue instructions regarding:

- (a) verification and documentation of data;
- (b) the timetable for receipt and preparation of payroll data and the payment of employees and allowances;
- (c) maintenance of subsidiary records for superannuation, income tax, social security and other authorised deductions from pay;
- (d) security and confidentiality of payroll information;
- (e) checks to be applied to completed payroll before and after payment;
- (f) authority to release payroll data under the provisions of the Data Protection Act;
- (g) methods of payment available to various categories of employee and officers;

- (h) procedures for payment by cheque, bank credit, or cash to employees and officers;
- (l) procedures for the recall of cheques and bank credits
- (i) pay advances and their recovery;
- (j) maintenance of regular and independent reconciliation of pay control accounts;
- (k) separation of duties of preparing records and handling cash; and
- (m) a system to ensure the recovery from leavers of sums of money and property due by them to the CCG.

8.4.3 Appropriately nominated managers have delegated responsibility for:

- (a) submitting time records, and other notifications in accordance with agreed timetables.
- (b) completing time records and other notifications in accordance with the Chief Finance Officer's instructions and in the form prescribed by the Chief Finance Officer; and
- (c) submitting termination forms in the prescribed form immediately upon knowing the effective date of an employee's or officer's resignation, termination or retirement. Where an employee fails to report for duty or to fulfil CCG obligations in circumstances that suggest they have left without notice, the Chief Finance Officer must be informed immediately.

8.4.4 Regardless of the arrangements for providing the payroll service, the Chief Finance Officer shall ensure that the chosen method is supported by appropriate (contracted) terms and conditions, adequate internal controls and audit review procedures and that suitable arrangements are made for

the collection of payroll deductions and payment of these to appropriate bodies.

8.5 Contracts of Employment

8.5.1 The Governing Body shall delegate responsibility to a nominated manager for:

- (a) ensuring that all employees are issued with a Contract of Employment in a form approved by the Governing Body, and which complies with employment legislation; and
- (b) dealing with variations to, or termination of, contracts of employment.

9. Non-Pay Expenditure

9.1 Delegation of Authority

9.1.1 The Governing Body will approve the level of non-pay expenditure on an annual basis and the Accountable Officer will determine the level of delegation to budget managers.

9.1.2 The Accountable Officer will set out:

- (a) the list of managers who are authorised to place requisitions for the supply of goods and services; and
- (b) the maximum level of each requisition and the system for authorisation above that level.

9.1.3 The Accountable Officer shall set out procedures on the seeking of professional advice regarding the supply of goods and services.

9.2 Choice, Requisitioning, Ordering, Receipt and Payment for Goods and Services (See overlap with SFI 6)

9.2.1 Requisitioning

The requisitioner, in choosing the item to be supplied (or the service to be performed) shall always obtain the best value for money for the CCG. In so doing, the advice of the CCG's advisers on supply shall be sought. Where this advice is not acceptable to the requisitioner, the Chief Finance Officer (and/or the Accountable Officer) shall be consulted.

9.2.2 System of payment and payment verification

The Chief Finance Officer shall be responsible for the prompt payment of accounts and claims. Payment of contract invoices shall be in accordance with contract terms, or otherwise, in accordance with national guidance. Such requirements will be specified in the Service Level Agreement or terms of trade.

9.2.3 The Chief Finance Officer

The Chief Finance Officer will:

- (a) advise the Governing Body regarding the setting of thresholds above which quotations (competitive or otherwise) or formal tenders must be obtained; and, once approved, the thresholds should be incorporated in standing orders and regularly reviewed. Such thresholds will be notified to the third parties for ongoing compliance and will be specified in the Service Level Agreement.
- (b) prepare procedural instructions [where not already provided in the Scheme of Delegation or procedure notes for budget holders] on the obtaining of goods, works and services incorporating the thresholds;

- (c) be responsible for the prompt payment of all properly authorised accounts and claims;
- (d) be responsible for designing and maintaining a system of verification, recording and payment of all amounts payable. The system shall provide for:
- (i) A list of Governing Body and employees (including specimens of their signatures) authorised to certify invoices.
- (ii) Certification that:
- goods have been duly received, examined and are in accordance with specification and the prices are correct;
 - work done or services rendered have been satisfactorily carried out in accordance with the order, and, where applicable, the materials used are of the requisite standard and the charges are correct;
 - in the case of contracts based on the measurement of time, materials or expenses, the time charged is in accordance with the time sheets, the rates of labour are in accordance with the appropriate rates, the materials have been checked as regards quantity, quality, and price and the charges for the use of vehicles, plant and machinery have been examined;
 - where appropriate, the expenditure is in accordance with regulations and all necessary authorisations have been obtained;
 - the account is arithmetically correct;
 - the account is in order for payment.
- (iii) A timetable and system for submission to the Chief Finance Officer of accounts for payment; provision shall be made for the early submission of accounts subject to cash discounts or otherwise requiring early payment.

(iv) Instructions to employees regarding the handling and payment of accounts within the Finance Team.

(e) be responsible for ensuring that payment for goods and services is only made once the goods and services are received, (except as below). Where such systems are undertaken by a third party these will be detailed in the Service Level Agreement.

9.2.4 **Prepayments**

Prepayments are only permitted where exceptional circumstances apply. In such instances:

(a) prepayments are only permitted where the financial advantages outweigh the disadvantages (i.e., cashflows must be discounted to NPV using the National Loans Fund (NLF) rate plus 2%).

(b) the appropriate officer must provide, in the form of a written report, a case setting out all relevant circumstances of the purchase. The report must set out the effects on the CCG if the supplier is at some time during the course of the prepayment agreement unable to meet his/her commitments;

(l) the Chief Finance Officer will need to be satisfied with the proposed arrangements before contractual arrangements proceed (taking into account the EU public procurement rules where the contract is above a stipulated financial threshold);

(m) the budget holder is responsible for ensuring that all items due under a prepayment contract are received and he/she must immediately inform the appropriate Officer or Accountable Officer if problems are encountered; and

(e) every pre-payment will be individually approved and notified to the relevant financial services provider by the Chief Finance Officer

9.2.5 **Official Orders**

Official Orders must:

- (a) be uniquely referenced or numbered;
- (a) be in a form approved by the Chief Finance Officer;
- (b) state the CCG's terms and conditions of trade; and
- (c) only be issued to, and used by, those duly authorised by the Accountable Officer.

9.2.6 **Duties of Managers and Officers**

Managers and officers must ensure they comply fully with the guidance and limits specified by the Chief Finance Officer and that:

- (a) all contracts [other than for a simple purchase permitted within the Scheme of Delegation or delegated budget], leases, tenancy agreements and other commitments which may result in a liability are notified to the Chief Finance Officer in advance of any commitment being made;
- (b) contracts above specified thresholds are advertised and awarded in accordance with EU and GATT rules on public procurement and comply with the White Paper on Standards, Quality and International Competitiveness (CMND 8621);
- (c) where consultancy advice is being obtained, the procurement of such advice must be in accordance with guidance issued by the Department of Health;
- (d) no order shall be issued for any item or items to any firm which has made an offer of gifts, reward or benefit to directors or employees, other than:

- (i) isolated gifts of a trivial character or inexpensive seasonal gifts, such as calendars, up to the value of £25;
- (ii) conventional hospitality, such as lunches in the course of working visits;

(see the national guidance contained in HSG 1993/5 "Standards of Business Conduct for NHS Staff".)

- (e) no requisition/order is placed for any item or items for which there is no budget provision unless authorised by the Chief Finance Officer on behalf of the Accountable Officer;
- (e) all goods, services, or works are ordered on an official order except works and services executed in accordance with a contract and purchases from petty cash;
- (g) verbal orders must only be issued very exceptionally – by an employee designated by the Accountable Officer and only in cases of emergency or urgent necessity. These must be confirmed by an official order and clearly marked "Confirmation Order";
- (h) orders are not split or otherwise placed in a manner devised so as to avoid the financial thresholds;
- (i) goods are not taken on trial or loan in circumstances that could commit the CCG to a future uncompetitive purchase;
- (j) changes to the list of employees and officers authorised to certify invoices are notified to the Chief Finance Officer;
- (k) purchases from petty cash are restricted in value and by type of purchase in accordance with instructions issued by the Chief Finance Officer; and

- (l) petty cash records are maintained in a form as determined by the Chief Finance Officer. The rules for petty cash disbursement are on appendix

9.2.7 The Accountable Officer and Chief Finance Officer shall ensure that the arrangements for financial control and financial audit of building and engineering contracts and property transactions comply with the guidance contained within CONCODE and ESTATECODE. The technical audit of these contracts shall be the responsibility of the relevant Officer.

9.3 Joint Finance Arrangements with Local Authorities and Voluntary Bodies

9.3.1 Payments to local authorities and voluntary organisations made under the powers of section 256 and section 75 of the NHS Act shall comply with procedures laid down by the Chief Finance Officer which shall be in accordance with this Act

9.4 Delegated Co-Commissioning of Primary Medical Services

9.4.1 The CCG shall ensure that any decisions in respect of the Delegated Functions and which exceed the financial limits set out below are only taken:

- (a) by the following persons and/or individuals set out in column 2 of Table 1 below; and
- (b) following the approval of NHS England (if any) as set out in column 3 of the Table 1 below.

Table 1 – Financial Limits

Decision	Person / Individual	NHS England Approval
General: Taking any step or action in relation to the settlement of a	CCG Accountable Officer or Chief	NHS England Head of Legal Services and Local NHS England Team

Decision	Person / Individual	NHS England Approval
Claim, where the value of the settlement exceeds £100,000	Finance Officer or CCG Chair	Director or Director of Finance
General: Any matter in relation to the Delegated Functions which is novel, contentious or repercussive	CCG Accountable Officer or Chief Finance Officer or CCG Chair	Local NHS England Team Director or Director of Finance or NHS England Region Director or Director of Finance or NHS England Chief Executive or Chief Financial Officer
Revenue Contracts: The entering into of any Primary Medical Services Contract which has or is capable of having a term which exceeds five (5) years	CCG Accountable Officer or Chief Finance Officer or CCG Chair	Local NHS England Team Director or Director of Finance
Capital: Note: As at the date of this Agreement, the CCG will not have delegated or directed responsibility for decisions in relation to Capital expenditure (and these decisions are retained by NHS England), but the CCG may be required to carry out certain administrative services in relation to Capital expenditure under clause 13 of the delegation agreement.	n/a	n/a

10. Fixed Asset Registers and Security of Assets

10.1 Asset Registers

- 10.1.1 The Accountable Officer is 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.
- 10.1.2 Each CCG shall maintain an asset register to record fixed assets. The minimum data set to be held within these registers shall be as specified in the *Capital Accounting Manual* as issued by the Department of Health and as required to conform with the latest IFRS requirements.
- 10.1.3 Additions to the fixed asset register must be clearly identified to an appropriate budget holder and be validated by reference to:
- (a) properly authorised and approved agreements, architect's certificates, supplier's invoices and other documentary evidence in respect of purchases from third parties;
 - (b) stores, requisitions and wages records for own materials and labour including appropriate overheads; and
 - (c) lease agreements in respect of assets held under a finance lease and capitalised.
- 10.1.4 Where capital assets are sold, scrapped, lost or otherwise disposed of their value must be removed from the accounting records and each disposal must be validated by reference to authorisation documents and invoices (where appropriate).

- 10.1.5 The Chief Finance Officer shall approve procedures for reconciling balances on fixed assets accounts in ledgers against balances on fixed asset registers.
- 10.1.6 The value of each asset shall be indexed to current values in accordance with methods specified in the *Capital Accounting Manual* issued by the Department of Health.
- 10.1.7 The value of each asset shall be depreciated using methods and rates as specified in the *Capital Accounting Manual* issued by the Department of Health.
- 10.1.8 The Chief Finance Officer shall calculate and pay capital charges as specified in the *Capital Accounting Manual* issued by the Department of Health.
- 10.1.9 Where any asset procedure is undertaken by a third party, this will be subject to detailed requirements being set out in the Service Level Agreement.

10.2 Security of Assets

- 10.2.1 The overall control of fixed assets is the responsibility of the Accountable Officer.
- 10.2.2 Asset control procedures (including fixed assets, cash, cheques and negotiable instruments, and also including donated assets) must be approved by the Chief Finance Officer. This procedure shall make provision for:
- (a) recording managerial responsibility for each asset;
 - (b) identification of additions and disposals;
 - (c) identification of all repairs and maintenance expenses;

- (d) physical security of assets;
 - (e) periodic verification of the existence of condition of, and title to, assets recorded;
 - (f) identification and reporting of all costs associated with the retention of an asset;
 - (g) reporting, recording and safekeeping of cash, cheques, and negotiable instruments; and
 - (h) Where any asset control procedure is undertaken by third party this will be subject to detailed requirements being set out in the Service Level Agreement.
- 10.2.3 All discrepancies revealed by verification of physical assets to fixed asset register shall be notified to the Chief Finance Officer.
- 10.2.4 Whilst each employee and officer has a responsibility for the security of property of the CCG, it is the responsibility of the Governing Body and senior employees in all disciplines to apply such appropriate routine security practices in relation to NHS property as may be determined by the Governing Body. Any breach of agreed security practices must be reported in accordance with instructions.
- 10.2.5 Any damage to the CCG's premises, vehicles and equipment, or any loss of equipment, stores or supplies must be reported by Governing Body, Officers and employees in accordance with the procedure for reporting losses.
- 10.2.6 Where practical, assets should be marked as CCG property.

11. Stores and Receipt of Goods

11.1 General position

Stores, defined in terms of controlled stores and departmental stores (for immediate use) should be:

- (a) kept to a minimum;
- (b) subjected to annual stock take;
- (c) valued at the lower of cost and net realisable value.

11.2 Control of stores, stocktaking, condemnations and disposal

Subject to the responsibility of the Chief Finance Officer for the systems of control, overall responsibility for the control of stores shall be delegated to an employee by the Chief Officer. The day-to-day responsibility may be delegated by him/her to departmental employees and stores managers/keepers, subject to such delegation being entered in a record available to the Chief Finance Officer.

11.3 The responsibility for security arrangements and the custody of keys for any stores and locations shall be clearly defined in writing by the designated manager. Wherever practicable, stocks should be marked as health service property.

11.4 The Chief Finance Officer shall set out procedures and systems to regulate the stores including records for receipt of goods, issues, and returns to stores, and losses.

11.5 Stocktaking arrangements shall be agreed with the Chief Finance Officer and there shall be a physical check covering all items in store at least once a year.

11.6 Where a complete system of stores control is not justified, alternative arrangements shall require the approval of the Chief Finance Officer.

11.7 The designated Officer shall be responsible for a system approved by the Chief Finance Officer for a review of slow moving and obsolete items and for condemnation, disposal, and replacement of all unserviceable articles. The designated Officer shall report to the Chief Finance Officer any evidence of significant overstocking and of any negligence or malpractice (see also Disposals and Condemnations, Losses and Special Payments). Procedures for the disposal of obsolete stock shall follow the procedures set out for disposal of all surplus and obsolete goods.

11.8 **Goods supplied by NHS Logistics**

For goods supplied via the NHS Supply Chain logistics system, the Chief Officer shall identify those authorised to requisition and accept goods from NHS Supply Chain. The authorised person shall check receipt against the delivery note before forwarding this to the Chief Finance Officer who shall satisfy him/herself that the goods have been received before accepting the recharge.

12. **Disposal and Condemnations, Losses and Special Payments**

12.1 **Disposals and Condemnations**

12.1.1 **Procedures**

The Chief Finance Officer must prepare detailed procedures for the disposal of assets including condemnations and ensure that these are notified to managers.

12.1.2 When it is decided to dispose of a CCG asset, the Head of Service or authorised deputy will determine and advise the Chief Finance Officer of the estimated market value of the item, taking account of professional advice where appropriate.

12.1.3 All unserviceable articles shall be:

- (a) condemned or otherwise disposed of by an employee authorised for that purpose by the Chief Finance Officer;
- (b) recorded by the Condemning Officer in a form approved by the Chief Finance Officer which will indicate whether the articles are to be converted, destroyed or otherwise disposed of. All entries shall be confirmed by the countersignature of a second employee authorised for the purpose by the Chief Finance Officer.

12.1.4 The Condemning Officer shall satisfy him/herself as to whether or not there is evidence of negligence in use and shall report any such evidence to the Chief Finance Officer who will take the appropriate action.

12.2 Losses and Special Payments

12.2.1 Procedures

The Chief Finance Officer must prepare procedural instructions on the recording of and accounting for condemnations, losses, and special payments.

12.2.1.1 Any employee or officer discovering or suspecting a loss of any kind must either immediately inform their Head of Service, who must immediately inform the Accountable Officer and the Chief Finance Officer, or inform an officer charged with responsibility for responding to concerns involving loss confidentially. This officer will then appropriately inform the Chief Finance Officer and/or Accountable Officer. Where a criminal offence is suspected, the Chief Finance Officer must immediately inform the police if theft or arson is involved. In cases of fraud and corruption or of anomalies which may indicate fraud or corruption, the Chief Finance Officer must inform the relevant NHS Protect in accordance with S of S Directions.

12.2.2 Suspected Fraud

The Chief Finance Officer must notify the NHS Protect and the External Auditor of all frauds.

12.2.1 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.

12.2.2.3 Within limits delegated to it by the Department of Health, the Audit Committee shall approve the writing-off of losses.

12.2.2.4 The Chief Finance Officer shall be authorised to take any necessary steps and shall specify to the Managing Director of SBS where appropriate, to safeguard the CCG's interests in bankruptcies and company liquidations.

12.2.2.5 For any loss, the Chief Finance Officer, should consider whether any insurance claim can be made.

12.2.2.6 The Chief Finance Officer shall maintain a Losses and Special Payments Register in which write-off action is recorded.

12.2.2.7 No special payments exceeding delegated limits shall be made without the prior approval of the Department of Health.

12.2.2.8 All losses and special payments must be reported to the Audit Committee at every meeting.

13. Information Technology

13.1 Responsibilities and duties of the Chief Finance Officer

13.1.1 The Chief Finance Officer, who is responsible for the accuracy and security of the computerised financial data of the CCG, shall:

- (a) devise and implement any necessary procedures to ensure adequate (reasonable) protection of the CCG's data, programs and computer hardware for which he/she is responsible from accidental or intentional disclosure to unauthorised persons, deletion or modification, theft or damage, having due regard for the Data Protection Act 1998;
- (b) ensure that adequate (reasonable) controls exist over data entry, processing, storage, transmission and output to ensure security, privacy, accuracy, completeness, and timeliness of the data, as well as the efficient and effective operation of the system;
- (c) ensure that adequate controls exist such that the computer operation is separated from development, maintenance and amendment;
- (d) ensure that an adequate management (audit) trail exists through the computerised system and that such computer audit reviews as he/she may consider necessary are being carried out.

13.1.2 The Chief Finance Officer shall satisfy him/herself 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.

13.1.3 The Manager responsible shall publish and maintain a Freedom of Information (FOI) Publication Scheme or adopt a model Publication Scheme

approved by the Information Commissioner. A Publication Scheme is a complete guide to the information routinely published by a public authority. It describes the classes or types of information about the CCG that we make publicly available.

- 13.1.4 The CCG shall have a named Caldicott Guardian who will ensure that Caldicott principles for the security and use of patient information are implemented and that Data Protection and Subject Access legislation are complied with.

13.2 Responsibilities and Duties of Other Officers in Relation to Computer Systems and of a General Application

- 13.2.1 In the case of computer systems which are proposed General Applications (i.e. normally those applications which the majority of CCGs in the region wish to sponsor jointly) and includes Shared Service Centres, all responsible officers and employees will send to the Chief Finance Officer:

- (a) details of the outline design of the system;
- (b) in the case of packages acquired either from a commercial organisation, from the NHS, or from another public sector organisation, the operational requirement.

13.3 Contracts for Computer Services with Other Health Bodies or Outside Agencies

- 13.3.1 The Chief Finance Officer shall ensure 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.

13.3.2 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.

13.4 Requirements for Computer Systems Which Have an Impact on Corporate Financial Systems

13.4.1 Where computer systems have an impact on corporate financial systems the Chief Finance Officer shall satisfy him/herself that:

- (a) systems acquisition, development and maintenance are in line with corporate policies such as an Information Technology Strategy;
- (b) data produced for use with financial systems is adequate, accurate, complete and timely, and that a management (audit) trail exists;
- (c) Chief Finance Officer staff have access to such data; and
- (d) such computer audit reviews as are considered necessary are being carried out.

14. Acceptance of Gifts by Staff and Link to standards of Business Conduct

The Chief Finance Officer shall ensure that all staff are made aware of the CCG policy on 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; and the ABPI Code of Professional Conduct relating to hospitality/gifts from pharmaceutical/external industry and is also deemed to be an integral part of these Standing Financial Instructions. The CCG Management of Conflicts of Interest policy outlines guidance in relation to gifts, hospitality and sponsorship

15. Payments to Independent Contractors

15.1 Role of the CCG

15.1.1 The CCG will approve additions to, and deletions from, approved lists of contractors, taking into account the health needs of the local population, and the access to existing services. All applications and resignations received shall be dealt with equitably, within any time limits laid down in the contractors' NHS terms and conditions of service.

15.2 Duties of the Chief Officer

15.2.1 The Accountable Officer shall:

- (a) ensure that lists of all contractors, for which the CCG is responsible, are maintained in an up-to-date condition;
- (b) ensure that systems are in place to deal with applications, resignations, inspection of premises, etc, within the appropriate contractor's terms and conditions of service.

15.3 Duties of the Chief Finance Officer

15.3.1 The Chief Finance Officer shall:

- (a) ensure that contractors who are included on the CCG's approved lists receive payments;
- (b) maintain a system of payments such that all valid contractors' claims are paid promptly and correctly, and are supported by the appropriate documentation and signatures;
- (c) ensure that regular independent verification of claims is undertaken, to confirm that:
 - (i) rules have been correctly and consistently applied;
 - (ii) overpayments are detected (or preferably prevented) and recovery initiated;

- (iii) suspicions of possible fraud are identified and subsequently dealt with in line with the Secretary of State for Health's Directions on the management of fraud and corruption.
- (d) ensure that arrangements are in place to identify contractors receiving exceptionally high, low or no payments, and highlight these for further investigation; and
- (e) ensure that a prompt response is made to any query raised by the Prescription Pricing Division of the NHS Business Services Authority, regarding claims from contractors submitted directly to them.

16. Retention of Records

- 16.1 The Accountable Officer shall be responsible for maintaining archives for all records required to be retained in accordance with NHS Code of Practice – Records Management 2006.
- 16.2 The records held in archives shall be capable of retrieval by authorised persons.
- 16.3 Records held in accordance with NHS Code of Practice – Records Management 2006, shall only be destroyed in accordance with the CCG's Records Management Policy and Guidance. Detail shall be maintained of records so destroyed.

17. Risk Management and Insurance

17.1 Programme of Risk Management

The Accountable Officer shall ensure that the CCG has a programme of risk management, in accordance with current Department of Health 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; and
- g) arrangements to review the risk management programme.

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 as required by current Department of Health guidance.

17.2 Insurance: Risk Pooling Schemes administered by NHSLA

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.

17.3 Insurance arrangements with commercial insurers

17.3.1 There is a general prohibition on entering into insurance arrangements with commercial insurers. There are, however, **three exceptions** when CCGs may enter into insurance arrangements with commercial insurers. The exceptions are:

1. for **insuring motor vehicles** owned by the CCG including insuring third party liability arising from their use;
2. where the CCG is involved with a consortium in a **Private Finance Initiative contract** and the other consortium members require that commercial insurance arrangements are entered into;
3. where **income generation activities** take place. Income generation activities should normally be insured against all risks using commercial insurance. If the income generation activity is also an activity normally carried out by the CCG for an NHS purpose the activity may be covered in the risk pool. Confirmation of coverage in the risk pool must be obtained from the NHS Litigation Authority. In any case of doubt concerning a CCG's powers to enter into commercial insurance arrangements, the Chief Finance Officer should consult the Department of Health.

17.4 Arrangements to be followed by the Governing Body in agreeing Insurance cover

- (1) Where the Governing Body decides to use the risk pooling schemes administered by the NHS Litigation Authority, the Chief Finance Officer shall ensure 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.

- (2) 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.
- (3) All the risk pooling schemes require scheme members to make some contribution to the settlement of claims (the 'deductible'). The Chief Finance Officer should ensure documented procedures also cover the management of claims and payments below the deductible in each case.

Appendix D Audit Committee Terms of Reference

The Terms of Reference of The Audit Committee and Remuneration Committee Will Be Updated Following the Meeting Once Approved Under Separate Agenda Item

Audit Committee

Terms of Reference

Version:	9.0 FINAL
Approved by:	Governing Body
Date Approved:	22.10.2020
Responsible Senior Manager:	Chief Finance Officer/Deputy Chief Officer
Review date:	April 2021 or earlier if required by organisational, statutory or regulatory change.

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NHS Calderdale Clinical Commissioning Group
Audit Committee

1.0 Constitution and Purpose

- 1.1 The Audit Committee is established in accordance with NHS Calderdale Clinical Commissioning Group's (CCG) Constitution, Standing Orders and Scheme of Reservation and Delegation.
- 1.2 The Audit Committee is a Committee of the Governing Body of NHS Calderdale CCG.
- 1.3 The role of the Audit Committee is to provide the CCG's Governing Body with an independent and objective view of the CCG's financial systems, financial information and compliance with laws, regulations and directions directing the CCG in so far as they relate to finance. The Governing Body has approved and keeps under review the terms of reference of the Audit Committee.
- 1.4 In addition, the Governing Body has delegated scrutiny of the following functions to the Audit Committee;
- Audit
 - Governance, risk management and internal control
 - Emergency Preparedness and Business Continuity

2. Authority

- 2.1 The Audit Committee is authorised by the Governing Body to investigate any activity within its terms of reference. It is authorised to seek any information it requires within its remit, from any employee of Calderdale CCG or member of the Governing Body and they are directed to co-operate with any reasonable request made by the Committee.
- 2.2 The Committee will request and review reports, evidence and assurances from managers on the overall arrangements for governance, risk management and

internal control. The Committee may also request specific reports from individual functions within the CCG.

- 2.3 The Committee is authorised by the Governing Body to commission reports or surveys it deems necessary to help fulfil its obligations.
- 2.4 In exceptional cases, the Committee is authorised to obtain legal or other independent professional advice and secure the attendance of advisors with relevant expertise if it considers this is necessary. In doing so the Committee must follow any procedures put in place by the Governing Body for obtaining legal or professional advice. The Governing Body is to be informed of any issues relating to such action.
- 2.5 The Committee is authorised to approve and keep under review policies and procedures of the CCG relevant to the role of the Audit Committee.

3.0 Membership

- 3.1 The Committee shall be appointed by the Governing Body and consist of:

Members:

- Lay Member with expertise/experience in financial management/audit matters (who will act as Chair)
- Lay Member (Finance and Performance)
- Lay Member (Lay Member – Public and Patient Involvement (PPI))
- Lay Advisor
- Registered Nurse or Secondary Care Specialist
- One GP Member from the Governing Body (excluding the Chair of the Governing Body) or one GP deputy.

Attendees:

The following will be required to attend each meeting:

- Chief Finance Officer/Deputy Chief Officer or the Head of Finance
- External and internal audit representatives shall normally attend meetings.

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

3.3 Other Officers of NHS Calderdale CCG may be required to attend.

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

3.5 The Chief Officer shall be invited to attend and will discuss, at least annually, with the Audit Committee the process for assurance that supports the Annual Governance Statement. He will also be invited to attend when the Committee discusses the draft internal audit plan and internal accounts.

3.6 Any full member of the Governing Body is entitled and encouraged to attend this Committee with observer status.

4.0 Arrangements for the Conduct of Business

4.1 Chairing the Committee

The Lay Member with expertise/experience in financial management/audit matters will Chair the Committee. In the event of the chair of the Committee being unable to attend for all or part of the meeting, the remaining members present will elect one of their number to chair the meeting/that part of the meeting.

4.2 Quoracy

Meetings shall be considered quorate when two non GP members and one GP member of the Governing Body is present.

4.3 Voting

Should a vote need to be taken, only the core members of the Committee shall be allowed to vote. In the event of a tied vote, the Chair shall have a second and casting vote.

4.4 Frequency of Meetings

There will be a minimum of three meetings per year. The External Auditors or Head of Internal Audit may request a meeting if they consider one is necessary.

4.5 Declaration of Interests

Any conflicts of interest (real or potential) shall be managed in line with the CCG's Policy and guidance on the management of conflicts of interest.

All declarations of interest shall be minuted.

4.6 Administrative Support

Administrative support for the Audit Committee will be provided by a member of the Corporate Governance Team.

- Agreement of the agenda with the Chair.
- Circulation of agendas and supporting papers to Committee members at least five working days prior to the meeting.

- Drafting of minutes for approval by the Chair within ten working days of the meeting and then distributed to Committee members within 25 working days.
- Keeping an accurate record of attendance
- Keeping an accurate record of the management of conflicts of interest
- Matters arising and issues to be carried forward
- Maintain an on-going list of actions, specifying members responsible, due dates and keeping track of these actions
- Arranging meetings between the Audit Committee members, external and internal audit.

5.0 Duties / Responsibility of the Committee

The Duties and Responsibilities of the Committee are as follows:

5.1 Internal Audit

The Committee shall ensure that there is an effective internal audit function that meets mandatory NHS Internal Audit Standards¹⁴ and provides appropriate independent assurance to the Audit Committee, Chief Officer and the Governing Body. This shall be achieved by:

- Considering the major findings of internal audit work (and managers' responses) and ensuring co-ordination between internal and external auditors to optimise the use of audit resources.
- Agreeing any local Internal Audit Strategy and monitoring its implementation.
- Reviewing, approving and monitoring the implementation of the local internal Audit Plan, ensuring that this is consistent with the audit needs of the CCG as identified in the GBAF.

¹⁴ Public Sector Internal Audit Standards 2013

- Ensuring that the internal audit function is adequately resourced and has appropriate standing within the organisation.
- Undertaking an annual review of the effectiveness of internal audit.

5.2 External Audit

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

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

5.3 Counter Fraud and Local Security Management

The Committee shall satisfy itself that the CCG has adequate arrangements, policies and procedures in place for countering fraud and security that meet NHS Protect's standards and shall review the outcomes of work in these areas.

5.4 System of internal control and financial reporting

- 5.4.1 The Committee shall approve the comprehensive system of internal control, including budgetary control that underpins the effective, efficient and economic operation of the CCG.
- 5.4.2 The Committee shall approve the arrangements for the CCG's statutory financial reporting duties.
- 5.4.3 The Committee shall monitor the integrity of the financial statements of the CCG and any formal announcements relating to the CCG's financial performance.
- 5.4.4 The Committee shall ensure 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.
- 5.4.5 The Committee shall approve the Annual Report and Financial Statements on behalf of 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;
 - Changes in, and compliance with, accounting policies, practices and estimation techniques;
 - Unadjusted mis-statements in the financial statements;
 - Significant judgements in preparing of the financial statements;
 - Significant adjustments resulting from the audit;
 - Letter of representation; and
 - Explanations for significant variances.

5.5 Integrated governance, risk management and internal control

- 5.5.1 The Committee shall maintain an overview of the adequacy and effectiveness of the system of integrated governance, risk management and internal control across the whole of the CCG's activities that supports the CCG's objectives. In particular the Committee will review the adequacy and effectiveness of:

- All risk and control related disclosure statements (in particular, the Annual Governance Statement), together with any accompanying Head of Internal Audit Opinion, external audit opinion or other appropriate independent assurances prior to approving the Annual Report and Financial Statement.
- The underlying assurance processes that indicate the degree of achievement of CCG's objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements, including the process for reviewing and approving the Governing Body Assurance Framework.
- The policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements and related reporting and self-certification.
- The CCG's Integrated Risk Management Framework, highlighting issues to the Governing Body as appropriate.
- The Information Governance system across the whole of the CCG's activities. The Committee shall achieve this by reviewing the annual Senior Information Risk Owner (SIRO) Report, Information Governance (IG) toolkit and any other information governance reports as appropriate.

5.5.2 The Committee will have effective relationships with other Governing Body Committees in order to understand the processes and linkages.

5.6 **Emergency Preparedness and Business Continuity**

The Committee shall maintain an overview of the adequacy and effectiveness of emergency preparedness and business continuity arrangements in place across the organisation.

5.7 **Whistle Blowing**

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

5.8 Other assurance duties

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

5.8.2 The Committee will undertake an annual review of the effectiveness of the other Governing Body Committees.

6.0 Reporting Arrangements

6.1 The Audit Committee shall submit the minutes of its meetings to the Governing Body. The Chair of the Committee shall draw the attention of the Governing Body to any issues that require disclosure to the full Governing Body or require executive action.

6.2 The Committee shall submit an annual report to the Governing Body. The annual report will also describe how the Committee has fulfilled its Terms of Reference and provide details of any significant issues that the Committee considered in relation to the financial statements and how they were addressed.

6.3 Reports on specific issues, together with any recommendations shall be prepared for consideration by the Governing Body as appropriate.

6.4 The Auditor Panel has been established as a sub-group of the Audit Committee. The Audit Committee will maintain close relationships with the Panel as set out in the Auditor Panel Terms of Reference.

7.0 Conduct of the Committee

- 7.1 All members shall have due regard to and operate within the Constitution of the CCG, Standing Orders, Standing Financial Instructions and other financial procedures.
- 7.2 Members of the Committee shall abide by the 'Principles of Public Life' (The Nolan Principles) and the NHS Code of Conduct.
- 7.3 The Committee shall produce an annual work plan in line with the Governing Body's Assurance Framework.
- 1.4 The Committee shall undertake an annual self-assessment of its performance against the annual plan, membership and terms of reference. Any resulting changes to the terms of reference shall be submitted for approval by the Governing Body.

ENDS 22.10.2020

History

Version	Changes Applied	By	Date
Final	Approved by the Governing Body	JS	11.04.13
1.1	Submitted for review to the Audit and Governance Committee	JS	12.11.13
1.2	Amended following Audit and Governance Committee review	JS	21.11.13
2.0 Final	Approved by the Governing Body	JS	16.1.14
2.1	Proposed amendments submitted to Audit Committee for consideration	JS	22.1.15
2.2	Proposed amendments following Audit Committee	JS	23.1.15
3.0 FINAL	Approved by the Governing Body	JS	09.4.15
3.1	Proposed amendments following the Audit Committee Development Session Feb 2016	JS	20.09.16
3.2	Recommended to the Governing Body following the Audit Committee on the 30.09.2016	JS	04.10.16
4.0 FINAL	Approved by the Governing Body	JS	13.10.16
4.1	Amendments to CFO title and para.4.5 to ensure consistency across Committee ToR	JS	25.05.17
5.0 FINAL	Approved by the Governing Body	JS	08.06.17
5.1	Submitted for review to the Audit Committee	JS	18.01.18
5.2	Incorporated clarification wording to better align with the SoRD following recommendation from Audit Yorkshire	JS/ David Longstaff	29.03.18

Version	Changes Applied	By	Date
6.0 FINAL	Approved by the Governing Body	JS	12.04.18
6.1	Submitted to the Audit Committee for review	JS	17.01.19
6.1	Submitted to the Governing Body for approval	JS	11.04.19
7.0 FINAL	Approved by the Governing Body	AOC	11.04.18
8.0 FINAL	Change to membership agreed by Chair and CFO/DCO under urgent powers (Lay Advisor joining and Lay Member PPI attendance required). (Ratified by Governing Body on 23 April 2020)	AOC	18.02.20
8.1	Proposed amendment submitted to Audit Committee	AOC	27.02.20
9.0 FINAL	Approved by Governing Body	AOC	22.10.20

Appendix E Remuneration and Nomination Committee Terms of Reference

Remuneration and Nomination Committee

Terms of Reference

Version /Status	8.0 FINAL
Approved by:	Governing Body
Date approved:	22.10.2020
Responsible Senior Officer:	Chief Finance Officer/Deputy Chief Officer
Review Date:	April 2021 or earlier if required by organisational, statutory or regulatory change.

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NHS Calderdale Clinical Commissioning Group

Remuneration and Nomination Committee

1. Introduction

- 1.1 The Remuneration and Nomination Committee is established in accordance with NHS Calderdale Clinical Commissioning Group's (CCG) Constitution, Standing Orders and Scheme of Reservation and Delegation.
- 1.2 The Remuneration and Nomination Committee is a Committee of the Governing Body of NHS Calderdale CCG.
- 1.3 The Remuneration Committee has three key functions:
 - a) The Remuneration and Nomination Committee shall advise the Governing Body on determinations about the appropriate remuneration, fees and allowances payable to employees of the CCG and to other persons providing services to it and on provisions for other benefits and allowances under any pension scheme established by the CCG. It shall also advise the Governing Body on any arrangements for termination of employment of the Chief Officer or the Chief Finance Officer/Deputy Chief Officer¹⁵.
 - b) To review and approve Human Resources' Policies on behalf of the Governing Body in accordance with the CCG's scheme of reservation and delegation.
 - c) To ensure that the Governing Body and its committees have the appropriate balance of skills, experience, knowledge, perspectives and independence to enable them to discharge their respective duties and responsibilities effectively.

¹⁵ Health and Social Care Act 2012 (c.7), Part 1 – health service in England, 14L (3) and 14M (3)

1.4 These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the Committee.

2.0 Authority

2.1 When required, obtain legal or other professional advice and secure the attendance of advisors with relevant expertise if it considers this is necessary. In doing so the Committee must follow any procedure put in place by the Governing Body for obtaining legal or professional advice. The Governing Body is to be informed of any issues relating to such action.

3.0 Membership

3.1 The Committee shall be appointed by the Governing Body and consist of:

Members

- Lay Member of the Governing Body (Finance and Performance) (Chair of the Committee)
- Lay Member of the Governing Body (Patient and Public Involvement)(Deputy Chair of the Committee)
- One GP member of the Governing Body
- The Secondary Care Specialist

The nominated deputy for the Secondary Care Specialist is the Registered Nurse

3.2 The Governing Body Chair is a member of the committee for the Nomination elements of the Committee's business.

In attendance:

3.4 A Human Resources and OD specialist will be present at all meetings to act as the Human Resources and OD Advisor.

- 3.5 The Senior Corporate Governance Officer (or Governance Lead in their absence) will be present at all meetings to provide governance advice to the committee.
- 3.6 Other officers, including the Chief Officer, Chief Finance Officer/Deputy Chief Officer or external advisors, may be invited to attend for all or part of any meetings as and when appropriate. They shall not be in attendance for discussions about their own remuneration, fees and allowances and terms of service.
- 3.7 In the circumstances where the remuneration, fees and allowances for Lay Members or the Registered Nurse are being discussed, the GP member of the Governing Body and Secondary Care Specialist with advice from the Chief Finance Officer (CFO)/Deputy Chief Officer and Human Resources and OD Specialist will consider and make recommendations as appropriate.
- 3.8 This arrangement will need to be reviewed if the terms of engagement of the Secondary Care Specialist or the Registered Nurse change, in order to manage any conflicts of interest.
- 3.9 In the circumstances where the remuneration, fees and allowances for the GP members of the Governing Body are being discussed, the Lay Members and Secondary Care Specialist or Registered Nurse, with advice from the CFO/Deputy Chief Officer and Human Resources Specialist will consider and make recommendations as appropriate.

4.0 Arrangements for the Conduct of Business

4.1 Chairing the committee

The Lay Member (Finance and Performance) shall chair the committee and the Lay Member (Patient and Public Involvement) shall be Deputy Chair. In the event of the Chair or Deputy Chair of the Remuneration and Nomination Committee being unable to attend for all or part of the meeting, due to the need

to manage conflicts of interests, the remaining members present will elect one of their number to chair the meeting/that part of the meeting.

4.2 Quoracy

4.2.1 Meetings will be considered quorate when at least three members are present, including either the Chair or Deputy Chair of the Committee.

4.2.2 Where one or more members of the committee are unable to attend for all or part of the meeting due to the need to manage conflicts of interest, the meeting will be considered quorate if those identified as in attendance at paragraph 3.4-3.5 are present.

4.2.3 Members of the committee may participate in meetings by telephone or by the use of video conferencing facilities where they are available and with prior approval by the Chair of the meeting or if the Chair of the meeting is not present, by the Deputy Chair of the meeting. Participation in a meeting by any of these means shall be deemed to constitute presence in person at the meeting.

4.4 Voting

4.4.1 Should a vote need to be taken, only the core members of the committee shall be allowed to vote.

4.4.2 In circumstances where there is a tied vote, the item will be referred to the Governing Body for decision.

4.5 Frequency of meetings

The Remuneration and Nomination Committee shall meet as business dictates but at least twice per year.

4.6 Declaration of Interests

4.6.1 Any conflicts of interest (real or potential) shall be managed in line with the CCG's Policy and guidance on the management of conflicts of interest.

4.6.2 All declarations of interest shall be minuted.

4.6.3 Members of the committee shall not receive copies of papers and shall not be present for any discussion about their own remuneration, fees, allowances or terms of service.

4.7 The Chief Finance Officer/Deputy Chief Officer or any other manager acting in an advisory capacity shall not receive copies of papers and shall not be present for any discussion about their own remuneration, fees allowances or terms of service.

4.8 Any actions taken outside the meeting will be reported and minuted at the next available meeting of the committee.

4.9 Administrative Support

4.9.1 Administrative support for the Committee will be provided by a member of the Corporate Governance Team. The Chief Finance Officer/Deputy Chief Officer will provide appropriate support to the Chair and Committee members. Duties will include:

- Agreement of the agenda with the Chair.
- Circulation of agendas and supporting papers to committee members at least five working days prior to the meeting.
- Drafting of minutes for approval by the Chair within ten working days of the meeting.
- A summary of the minutes will be distributed to the committee within 20 working days and will be formally approved by the committee electronically.

- Keeping an accurate record of attendance.
- Keeping a record of matters arising and issues to be carried forward.
- Maintain an on-going list of actions, specifying members responsible, due dates and keeping track of these actions.
- Advising the committee on pertinent areas/issues.
- Enabling the development and training of members.

5.0 Duties / responsibilities of the Committee - Remuneration

- 5.1 The Remuneration and Nomination Committee shall advise the Governing Body on determinations about the appropriate remuneration, fees and allowances payable to employees of the CCG and to other persons providing services to it and on provisions for other benefits and allowances under any pension scheme established by the CCG.
- 5.2 Approve disciplinary arrangements for employees, including the Chief Officer (where he/she is an employee or member of the CCG) and for other persons working on behalf of the CCG.
- 5.3 Review the disciplinary arrangements where the Chief Officer is an employee or member of another CCG.
- 5.4 The Remuneration and Nomination Committee shall have oversight of the process for reviewing the performance of the Very Senior Managers (VSMs) and individual Governing Body members.
- 5.5 It shall also make recommendations to the Governing Body any arrangements for termination of employment of the Chief Officer or the Chief Finance Officer/Deputy Chief Officer.
- 5.6 In considering any recommendations to the Governing Body on severance payments of the Chief Officer or Chief Finance Officer/Deputy Chief Officer, the committee will seek HM Treasury approval as appropriate in accordance with the guidance 'Managing Public Money'.

5.7 In formulating these recommendations, the Committee shall:

- Apply best practice in the decision-making processes, for example, when considering individual remuneration, the committee will:
 - Comply with current disclosure requirements for remuneration;
 - Ensure that the recommendations are based on clear and transparent criteria.
- Take into account the need to ensure that employees, members of the Governing Body and people who provide support to the CCG are fairly rewarded for their individual contribution whilst having proper regard to the CCG's circumstances and performance and to the requirements of fair and open procurement / recruitment policies and to the provisions of any national arrangements.
- Take into account reports that monitor and evaluate the performance of individuals.
- Take into account relevant employment and equality law.

5.8 Oversee and make recommendations on the proper calculation and scrutiny of termination payments for redundancy, assisted voluntary early retirement, or by mutual agreement, taking account of such national guidance as is appropriate.

5.9 Review and approve Human Resources' Policies on behalf of the Governing Body in accordance with the CCG's Scheme of Reservation and Delegation.

6.0 Duties / Responsibilities of The Committee - Nomination

6.1 Governing Body and its committees – appropriate balance of skills and expertise

The Committee is responsible for ensuring that the Governing Body and its committees have the appropriate balance of skills, experience, knowledge, perspectives and independence to enable them to discharge their respective duties and responsibilities effectively.

The committee will fulfil this responsibility by:

- a) Regularly reviewing the structure, size and composition (including the skills, knowledge, experience and diversity) of the Governing Body and making recommendations to the Governing Body on any changes;
- b) Regularly reviewing the membership of the Governing Body committees, in consultation with the committee chair and lead officer and make recommendations to the Governing Body on any changes;
- c) Overseeing the process of changeover of committee membership, in consultation with the committee chair and lead officer in order to ensure a planned changeover, induction process and effective operation of the committees;
- d) Review those results of the Governing Body and Committee annual review of effectiveness that relate to the composition of the Governing Body and Committees.
- e) Oversee the creation and delivery of Governing Body and committee action/development plans.
- f) Review the time needed by Governing Body members (excl. VSMs and the Chief Quality and Nursing Officer) to fulfil their duties, as required.

6.2 Appointment and re-appointment process for Governing Body members

The Committee shall:

- a) Maintain oversight of the terms of office of individual Governing Body members in respect of dates for renewal of tenure/re-election or retirement.
- b) Maintain an oversight of the re-appointment of Governing Body members prior to the conclusion of their specified term of office, giving due regard to the outcome of their annual performance review and ability to continue to contribute to the Governing Body in the light of knowledge, skills and experience required. This is with the exception of the Very Senior Managers (VSMs) and the Chief Quality and Nursing Officer.
- c) Oversee the production of job descriptions and the recruitment process for Governing Body members, including the election process for the GP members of the Governing Body.
- d) Before any appointment is made to the Governing Body, evaluate the balance of skills, knowledge, experience and diversity on the Governing Body, and in the light of this evaluation, review the description of the role and capabilities required.
- e) Lead the process for Governing Body appointments including VSMs and the Chief Quality and Nursing Officer; making recommendations to the Governing Body.

6.3 Succession planning

The Governing Body needs to give full consideration to succession planning for all its members including the Very Senior Managers and Chief Quality and Nursing Officer, taking into account the challenges and opportunities facing the CCG, and the skills and expertise needed on the Governing Body in the future.

The Remuneration and Nomination Committee will support this by:

- a) Overseeing the development of succession plans for:
 - Governing Body members, including GP members from member practices, Secondary Care Specialist and the Registered Nurse
 - VSMs/Chief Quality and Nursing Officer
 - Chair, Deputy Chair, Clinical Vice Chair
- b) Keeping under review the leadership needs of the organisation, with a view to ensuring the continued ability of the CCG to attract high calibre Governing Body members.

6.4 Development or amendment of CCG Policies or CCG Constitution

The Remuneration and Nomination Committee shall make recommendations to the Governing Body on the development or proposed amendment of CCG policies or CCG Constitution, resulting from the deliberations of the committee.

7.0 Governing Body Assurance Framework and Risk Management

7.1 The Remuneration and Nomination Committee:

- a) Shall oversee the development of the Governing Body Assurance Framework in respect of the principal risks relating to its remit.
- b) Shall ensure that its annual work plan appropriately reflects the strategic objectives and principal risks in the Governing Body Assurance Framework.
- c) Has responsibility for risks in line with its remit. The Committee shall:
 - Review and monitor the corporate risk register in respect of the risks identified, requesting action by accountable individuals to manage risks, as required.

- Provide the Audit Committee with assurance that those risks are being managed in line with the Integrated Risk Management Framework.

8.0 Reporting Arrangements

- 8.1 The Remuneration and Nomination Committee reports to the Governing Body.
- 8.2 The committee's discussions will usually relate to individuals and will be confidential. The minutes will be private and will be submitted to the Governing Body in the private section of the meeting.
- 8.3 Individuals seeking access to elements of the minutes that refer to themselves, should submit a Subject Access Request, in line with the CCG's Records Management Policy.
- 8.4 The Chair of the Committee shall draw to the attention of the Governing Body any issues that require approval, disclosure or other executive action.
- 8.5 The Remuneration and Nomination Committee will ensure that ratification is sought on any decisions by NHS England as required.

9.0 Conduct of the committee

- 9.1 All members will have due regard to and operate within the Constitution of the CCG, Standing Orders, Standing Financial Instructions and other financial procedures.
- 9.2 Members of the Committee will abide by the 'Principles of Public Life' (The Nolan Principles) and the NHS Code of Conduct.
- 9.3 The committee shall undertake an annual self-assessment of its performance, identifying opportunities to improve its effectiveness. The annual assessment will include a review of performance against the committee's annual plan, membership and terms of reference. This self-assessment shall form the basis

of the annual report from the Remuneration and Nomination Committee to be submitted to the Audit Committee.

- 9.4 Any resulting changes to the terms of reference shall be submitted for approval by the Governing Body.

ENDS 22.10.20

Change History

Vn. No.	Changes Applied	By	Date
1.0 FINAL	Approved by the Governing Body	JS	11.04.13
1.1	Submitted to remuneration committee for recommendations regarding amendments	JS	07.11.13
1.2	Incorporating proposed amendments from the remuneration committee	JS	07.11.13
1.3	Submitted to Audit and Governance Committee for review. Amendments incorporated	JS	21.11.13
2.0 FINAL	Approved by Governing Body	JS	16.1.14
2.1	Submitted to Remuneration Committee for review:	JS	18.12.14
2.2	Submitted to Audit Committee for recommendation to Governing Body, subject to any amendment.	JS	22.1.15
2.3	Additional amendments relating to the oversight of VSM and Governing Body appraisal process. (Remuneration Committee 18 Dec 2014 and 26 Feb 2015)	JS	27.2.15
3.0 FINAL	Approved by Governing Body	JS	9.4.15
3.1	Reviewed by Remuneration Committee, no changes recommended	JS	
3.1	amendments to take account of transfer of HR function to new provider	JS with Remuneration	

Vn. No.	Changes Applied	By	Date
		Committee Chair	
4.0 FINAL	Approved by Governing Body	JS	14.4.16
4.1	Proposed amendments to enable the committee to approve remuneration, terms and conditions of Governing Body members. Amendments to align to the Scheme of delegation. Amendment to the arrangements for minute taking and for approving minutes if moving to 1-2 meetings per year.	JS (reviewed by Remuneration Committee 23 rd February)	16.2.17
4.2	Changes to the Scheme of Delegation and Reservation regarding the remuneration committee reviewed by DAC Beachcroft LLP and approved by the CCG membership and NHSE.	To be submitted to Governing Body	08.06.17
5.0 FINAL	Approved by Governing Body with the further amendment that the Lay Advisor role is replaced by the Lay Member role (Finance and Performance), establishment of a deputy chair and requirement that quoracy includes either the committee chair or deputy chair.	JS	08.07.17
5.1	Submitted for review to the Remuneration Committee	Judith Salter	18.01.18
5.2	Submitted for approval by Governing Body	Judith Salter	12.04.2018

Vn. No.	Changes Applied	By	Date
6.0 FINAL	Approved by Governing Body	JS	12.04.18
6.1	First draft for comment	JS	10.07.18
6.2	Reviewed by GB development planning group – minor amends	JS	17.10.18
6.3	Reviewed by SMT – minor amends	JS	29.11.18
6.4	Reviewed by Remuneration Committee	JS	24.01.19
6.5	Following advice from NHSE; incorporated changed requirements regarding making recommendations on the remuneration of employees and people who provide services to the CCG.	JS	05.02.19
7.0 FINAL	Approved by Governing Body	AOC	11.04.19
7.1	Submitted to Remuneration and Nomination Committee for review	AOC	27.02.20
8.0	Approved by Governing Body	AOC	22.10.20

Appendix F Commissioning Primary Medical Services Committee Terms of Reference

Commissioning Primary Medical Services

Committee

Terms of Reference

Version:	7.0 FINAL
Approved by:	Governing Body
Date Approved:	28.01.21
Responsible Senior Officer:	Chief Operating Officer

Review date: April 2023 or earlier if required by organisational, statutory or regulatory change.

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NHS Calderdale Clinical Commissioning Group

Commissioning Primary Medical Services Committee

1.0 Constitution and Purpose

- 1.1 In accordance with its statutory powers under section 13Z of the National Health Service Act 2006 (as amended), NHS England has delegated the exercise of the functions specified in Schedule 2 to these Terms of Reference to NHS Calderdale CCG.
- 1.2 The Commissioning Primary Medical Services Committee (“Committee”) is established in accordance with Schedule 1A of the “NHS Act” and with NHS Calderdale Clinical Commissioning Group’s (CCG) Constitution, Standing Orders and Scheme of Reservation and Delegation.
- 1.3 The Governing Body has determined that the CPMS Committee will function as a corporate decision-making body for the management of the delegated functions and the exercise of the delegated powers.

Statutory Framework

- 1.4 NHS England has delegated to the CCG authority to exercise the primary care commissioning functions set out in Schedule 2 in accordance with section 13Z of the NHS Act.
- 1.5 Arrangements made under section 13Z may be on such terms and conditions (including terms as to payment) as may be agreed between NHS England and the CCG.
- 1.6 Arrangements made under section 13Z do not affect the liability of NHS England for the exercise of any of its functions. However, the CCG acknowledges that in exercising its functions (including those delegated to it), it must comply with the statutory duties set out in Chapter A2 of the NHS Act and including:

- a) Management of conflicts of interest (section 14O);
- b) Duty to promote the NHS Constitution (section 14P);
- c) Duty to exercise its functions effectively, efficiently and economically (section 14Q);
- d) Duty as to improvement in quality of services (section 14R);
- e) Duty in relation to quality of primary medical services (section 14S);
- f) Duties as to reducing inequalities (section 14T);
- g) Duty to promote the involvement of each patient (section 14U);
- h) Duty as to patient choice (section 14V);
- i) Duty as to promoting integration (section 14Z1);
- j) Public involvement and consultation (section 14Z2).

1.7 The CCG will also need to specifically, in respect of the delegated functions from NHS England, exercise those set out below:

- a) Duty to have regard to impact on services in certain areas (section 13O);
- b) Duty as respects variation in provision of health services (section 13P).

1.8 The Committee will be subject to any directions made by NHS England or by the Secretary of State.

2.0 Authority

2.1 The Committee has been established in accordance with the above statutory provisions and under delegated authority from the Governing Body to enable the members to make collective decisions on the review, planning and procurement of primary medical care services in Calderdale, under delegated authority from NHS England.

- 2.2 The Primary Medical Care Commissioning Committee has authority from the Governing Body to make decisions within the bounds of its remit. Specifically:
- a) Financial Plans in respect of primary medical services
 - b) Procurement of primary medical services
 - c) Practice payments and reimbursement
 - d) Investment in practice development
 - e) Contractual compliance and sanctions
- 2.3 The decisions of the Committee shall be binding on NHS England and NHS Calderdale CCG.
- 2.4 The Commissioning Primary Medical Services Committee is authorised by the Governing Body to investigate any activity within its terms of reference. It is authorised to seek any information it requires within its remit, from any employee of Calderdale CCG or member of the Governing Body and they are directed to co-operate with any reasonable request made by the Committee.
- 2.5 The Committee is authorised to delegate tasks to such individuals, sub-groups, working groups or individual members as are necessary to fulfil its responsibilities within its terms of reference. The Committee may not delegate executive powers delegated to it within these terms of reference (unless expressly authorised by the Governing Body) and remains accountable for the work of any such group.
- 2.6 In order to ensure that any conflicts of interest are appropriately managed within CPMSC sub-groups, the minutes of those meetings will be submitted to the Committee detailing any conflicts and how they have been managed.
- 2.7 The Committee is authorised by the Governing Body to commission reports or surveys it deems necessary to help fulfil its obligations. In doing so, the committee must operate within the requirements of the CCG's Standing Financial Instructions and Standing Orders.

2.8 In exceptional cases, the Committee is authorised to obtain legal or other independent professional advice and secure the attendance of advisors with relevant expertise if it considers this is necessary. In doing so the committee must follow any procedures put in place by the Governing Body for obtaining legal or professional advice. The Governing Body is to be informed of any issues relating to such action.

2.9 Any such arrangements shall reflect appropriate arrangements for the management of conflicts of interest.

3.0 Membership

3.1 The Committee shall be established as a committee of the Governing Body and consist of:

Members

- Lay Member to the Governing Body (Chair of the Committee)
- Lay Member (Patient and Public Involvement) (Deputy Chair of the Committee)
- Chief Operating Officer
- Director of Finance
- The Secondary Care Specialist or the Registered Nurse
- Two GP Members of the Governing Body

Attendees

- A representative of Calderdale Health and Wellbeing Board as nominated by that organisation
- A representative of Healthwatch as nominated by that organisation
- Representative of NHS England
- Head of Primary Care Quality and Improvement
- Head of Contracting and Procurement
- Chief Quality and Nursing Officer
- Administrative support

3.2 Other officers may be invited to attend any or part of any meeting as and when appropriate.

4.0 Arrangements for the Conduct of Business

4.1 Meetings of the Committee shall:

- a) Be held in public, subject to the application of 23(b);
- b) the Committee may resolve to exclude the public from a meeting that is open to the public (whether during the whole or part of the proceedings) whenever publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution and arising from the nature of that business or of the proceedings or for any other reason permitted by the Public Bodies (Admission to Meetings) Act 1960 as amended or succeeded from time to time.

4.2 Chairing the Committee

The Chair of the Committee shall always be a lay member of the Committee. In the event of the chair of the Committee being unable to attend for all or part of the meeting, the Deputy Chair will chair the meeting/that part of the meeting.

4.3 The Deputy Chair of the Committee shall always be a lay member of the Committee.

4.4 Quoracy

4.4.1 Meetings shall be considered quorate when the following are present:

- A Lay Member
- Either the Chief Operating Officer or the Director of Finance
- Either the Secondary Care Specialist or the Registered Nurse

4.4.2 Members of the Committee may participate in meetings by telephone or by the use of video conferencing facilities where they are available and

with prior approval by the Chair of the meeting or if the Chair of the meeting is not present, by the Deputy Chair of the meeting. Participation in a meeting by any of these means shall be deemed to constitute presence in person at the meeting.

4.5 **Voting**

Should a vote need to be taken, only the members of the committee shall be allowed to vote. In the event of a tied vote, the Chair shall have a second and casting vote.

4.6 Frequency of meetings

4.6.1 The Committee shall meet as business dictates and at least once per year.

4.6.2 When the Chair of the Committee deems it necessary in light of the urgent circumstances to call a meeting at short notice, the notice period shall be such as s/he shall specify.

4.7 **Urgent Decision Making**

4.7.1 From time to time, **exceptional circumstances may arise, such as in the context of emergency or crisis**, which require urgent decisions to be made by the Committee that cannot wait until the next scheduled committee meeting or for a further meeting to be arranged and justify the use of emergency powers.

4.7.2 In such cases, the decision-making authority delegated to the Committee may be exercised by:

the Committee Chair OR Deputy Chair

and the Chief Operating Officer OR Director Finance

4.7.3 Prior to making the decision, the above will have consulted with the CCG Clinical Lead for Primary Care and/or a Calderdale Local Medical Committee representative.

4.7.4 Any decision made will be notified to the Committee within 24 hours and reported to the next Committee meeting in public.

4.8 **Declarations of interest**

4.8.1 Members of the Committee shall abide by the requirements of the CCG's Constitution, Standing Orders, Standing Financial Instructions and Management of Conflicts of Interest Policy.

4.8.2 Any conflicts of interest (real or potential) shall be managed in line with the CCG's Policy and Statutory Guidance on the Management of Conflicts of Interest.

4.8.3 All declarations of interest will be minuted and recorded in line with the CCG's policy on the Management of Conflicts of Interest

4.8.4 The interests of all the members of the Committee including those required attendees shall be recorded on the CCG's register(s) of interests and publicised on the CCG's website.

4.5 **Administrative Support**

Administrative support for the Commissioning Primary Medical Services Committee will be provided by a member of the Governance Team.

- Agreement of the agenda with the Chair and Head of Primary Care Quality and Improvement
- Circulation of agendas and supporting papers to Committee members at least ten calendar days prior to the meeting.

- Drafting of minutes for approval by the Chair within seven working days of the meeting and circulation to members of the committee and attendees for approval electronically within 21 working days of the meeting.
- Submission of the approved minutes to the Governing Body for information.
- Keeping an accurate record of attendance
- Keeping an accurate record of the management of conflicts of interest
- Matters arising and issues to be carried forward
- Maintain an on-going list of actions, specifying members responsible, due dates and keeping track of these actions
- Maintaining the annual work-plan for the Committee
- Following each committee meeting or meetings of any sub-groups to which responsibilities are delegated under paragraph 2.5, forward the approved minutes to NHS England and NHS Improvement – (NE and Yorkshire).

5.0 Duties / responsibilities of the Committee

- 5.1 The Committee has been established in accordance with the above statutory provisions to enable the members to make collective decisions on the review, planning and procurement of primary medical care services in Calderdale, under delegated authority from NHS England.
- 5.2 In performing its role the Committee will exercise its management of the functions in accordance with the agreement entered into between NHS England and NHS Calderdale CCG, which will sit alongside the delegation and terms of reference.
- 5.3 The functions of the Committee are undertaken in the context of a desire to promote increased co-commissioning to increase quality, efficiency, productivity and value for money and to remove administrative barriers.

5.4 The role of the Committee shall be to carry out the functions relating to the commissioning of primary medical services under section 83 of the NHS Act.

5.5 This includes the following:

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

5.6 The CCG will also carry out the following activities:

- a) Plan, including needs assessment, primary medical care services in Calderdale;
- b) Undertake reviews of primary medical care services in Calderdale;
- c) Co-ordinate a common approach to the commissioning of primary care services generally;
- d) Have oversight and review the financial plans for primary medical care services in Calderdale;
- e) Taking procurement decisions in respect of primary medical services. These shall be in line with statutory requirements and guidance, the CCG’s

Constitution and Standing Orders and the Delegation Agreement between NHS England and the CCG.

5.7 The Committee has the authority to approve policies in respect of all areas of its responsibilities.

5.8 **Governing Body Assurance Framework and Risk Management**

5.8.1 The Committee shall oversee the continued development of the Governing Body Assurance Framework in respect of the principal risks relating to those functions, responsibilities and powers delegated to the CPMS Committee.

5.8.2 The CPMS Committee has responsibility for operational risks relating to those functions, responsibilities and powers delegated to the CPMS Committee. The Committee shall:

- Review and monitor the corporate risk register in respect of the risks identified above, requesting action by accountable individuals to manage risks, as required.
- Recommend to the Governing Body, the content of the corporate risk register which relates to those risks that fall within the responsibility of the CPMSC, and are rated at 15 or above, as a true reflection of the current risk position.
- Provide the Audit Committee with assurance that risks associated with Commissioning Primary Medical Services Committee are being managed in line with the Integrated Risk Management Framework.

6.0 **Reporting**

6.1 The Committee shall receive the minutes of any sub group or working group established under paragraph 2.5.

6.2 The Governing Body shall receive the minutes of the Committee's formal meetings.

6.3 Following each committee meeting or meetings of any sub-groups to which responsibilities are delegated under paragraph 2.5, forward the approved minutes to NHS England and NHS Improvement – (NE and Yorkshire for its information).

6.4 Following each meeting, the Chair of the Committee shall draw to the Governing Body alongside the minutes any key decisions or issues.

7.0 Conduct of the Committee

7.1 All members shall have due regard to and operate within the Constitution of the CCG, standing orders, standing financial instructions and other financial procedures.

7.2 Members of the committee shall abide by the 'Principles of Public Life' (The Nolan Principles) and the NHS Code of Conduct.

7.3 Members of the Committee have a collective responsibility for the operation of the Committee. They will participate in discussion, review evidence and provide objective expert input to the best of their knowledge and ability, and endeavour to reach a collective view.

7.4 The Committee shall agree an Annual Work Plan with the Governing Body and in line with the Governing Body's Assurance Framework.

7.5 The Committee shall undertake an annual self-assessment of its own performance against the annual plan, membership and terms of reference. This self-assessment shall form the basis of the annual report from the Commissioning Primary Services Committee to the Audit Committee

7.6 The review of the terms of reference should also take account of any Directions issued by the Department of Health or NHS England and any revised model terms of reference issued by NHS England.

7.7 Any resulting changes to the terms of reference shall be submitted for approval by the Governing Body.

ENDS 28.01.21

Change History

Version no.	Changes applied	By	Date	Circulation
0.1	Amendment of NHS England model terms of reference to apply to Calderdale CCG	Corporate and Governance Manager	20.01.15	Chief Officer, Chair of Audit Committee, Chair, Chief Finance Officer Head of Primary Care Quality NHSE
0.2	Proposed amendment to add NHS England to 'in attendance' to allow NHSE to attend if necessary, to 'advise on any technical matters'. To clarify para 8.3 '..after each meeting'.	Alison Knowles, NHSE	21.01.15	Chief Officer, Head of Primary Care Quality.
0.2	No additional changes	N/A	29.01.15	Lay Advisor
0.3	Proposed amendments, Lay Advisor to the Governing Body	Incorporated for review	04.02.15	Governing Body and SMT
1.0	FINAL	Governing Body	05.02.15	Governing Body, NHS England, website
1.1	Proposed amendments	John Mallalieu	25.03.16	N/A
1.2	Proposed amendments	Judith Salter	12.04.16	N/A

1.3	Proposed amendments	Judith Salter/John Mallalieu	13.04.16	CPMS Committee (21 st April 2016)
2.0	FINAL	Governing Body	09.06.16	Governing Body, website
2.1	Proposed amendment – to amend deadline for sending papers out, incorporate authority to approve policies, update responsibilities to incorporate GBAF and risk register, update requirements regarding sub-groups in line with the revised statutory guidance on management of conflicts of interest.	Judith Salter	20.01.17	CPMSC Committee
2.2	Amend 4.8 to read 10 ‘calendar days’ Remove 6.3 – requirement to produce an ‘executive summary’ as the committee is meeting sufficiently regularly to have timely minutes.	CPMSC	02.2.2017	Submitted to Governing Body 6 April 2017
3.0	FINAL	Governing Body	06.04.17	Governing Body, website
3.1	Submitted to the CPMSC (development) for review	JS	01.02.18	CPMSC
3.2	Additional amendments from CPMSC and Audit Yorkshire	JS	07.03.18	CPMSC
4.0	FINAL	Governing Body	12.04.17	Governing Body, website

4.1	Proposed amendment following CPMSC review on 24.01.19	CPMSC	11.04.19	Submitted to Governing Body
5.0	FINAL	Governing Body	11.04.19	Website
5.1	Reviewed and amended	CPMSC	13.02.20	Submitted to Governing Body
6.0	FINAL	Governing Body	22.10.20	Submitted to NHSE Website
6.1	Reviewed and amended	CPMSC	21.01.21	Submitted to Governing Body
7.0	FINAL	Governing Body	28.01.20	Website
