NHS BRADFORD DISTRICTS
CLINICAL COMMISSIONING GROUP

CONSTITUTION

Version: 17.0

This version of the constitution was approved by the Council of Representatives on 20th June 2018 and by NHS England on 12th November 2018 and is effective from 1st April 2019.

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FOREWORD

NHS Bradford Districts Clinical Commissioning Group, (BDCCG), through its member practices, strategic partners and patients, has created a vision of **'Better health for the people of Bradford'.**

We know a step change is needed if we are to make any inroads into the health inequalities suffered by some of our patients and if we are to be able to address the future health needs of our populations. Many of our patients will now live longer but they want and expect their longer lives to be healthier and happier than their predecessors.

We will work with our partners and stakeholders *'to create a sustainable health and care economy that supports people to be healthy, well and independent'*. Our contribution will be made through four ambitious transformational change programmes focussed on:

1. Self-care and ill-health prevention

2. Out-of-hospital care

3. In-hospital (planned) care

4. Urgent and emergency care

We will collaborate closely, as set out in this constitution, with neighbouring CCGs, NHS Airedale, Wharfedale and Craven CCG and NHS Bradford City CCG, as partners in the Bradford District and Craven Sustainability and Transformation Plan.

This constitution sets out the governing principles and the rules and procedures for the CCG which will enable it to achieve its vision. This includes the arrangements for day to day decision making as well as the arrangements for developing strategy for the longer term. The underpinning values of openness and transparency in decision making are also described both in respect of the relationships between practices as well public accountability.

Good governance will be central to the CCG at all times. It will ensure probity and accountability and ensure commissioning decisions are taken in an open and transparent way in the interests of the CCG population.

Helen Hirst
Accountable Officer (Chief Officer)
May 2017

1. INTRODUCTION AND COMMENCEMENT

1.1. Name

1.1.1. The name of this clinical commissioning group is NHS Bradford Districts Clinical Commissioning Group.

1.2. Statutory Framework

1.2.1. Clinical commissioning groups are established under the Health and Social Care Act 2012 ("the 2012 Act").[1] They are statutory bodies which have the function of commissioning services for the purposes of the health service in England and are treated as NHS bodies for the purposes of the National Health Service Act 2006 ("the 2006 Act").[2] The duties of clinical commissioning groups to commission certain health services are set out in section 3 of the 2006 Act, as amended by section 13 of the 2012 Act, and the regulations made under that provision.[3]

1.2.2. The NHS Commissioning Board (the legal name for the organisation known as and referred to in this document, as NHS England) is responsible for determining applications from prospective groups to be established as clinical commissioning groups[4] and undertakes an annual assessment of each established group.[5] It has powers to intervene in a clinical commissioning group where it is satisfied that a group is failing or has failed to discharge any of its functions or that there is a significant risk that it will fail to do so.[6]

1.2.3. Clinical commissioning groups are clinically led membership organisations made up of general practices. The members of the clinical commissioning group are responsible for determining the governing arrangements for their organisations, which they are required to set out in a constitution.[7]

1.3. Status of this Constitution

1.3.1. This constitution is made between the members of NHS Bradford Districts Clinical Commissioning Group and has effect from 22nd January 2013 when the NHS Commissioning Board established the group.[8] The constitution is published on the group's website at www.bradforddistrictsccg.nhs.uk. The constitution is also available for inspection at the Group's headquarters at Douglas Mill, Bowling Old Lane, Bradford, BD5 7JR (subject to prior notice of intent to inspect

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

2 See section 275 of the 2006 Act, as amended by paragraph 140(2)(c) of Schedule 4 of the 2012 Act

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

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

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

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

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

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

being given) and / or available upon application by post or e-mail to engage@bradford.nhs.uk.

1.4. Amendment and Variation of this Constitution

1.4.1. The council of representatives are responsible for approving any proposed amendments to this constitution before the group applies to NHS England for constitutional variation. Proposed amendments to the constitution will also be discussed with the Local Medical Committee.

1.4.2. This constitution can only be varied in two circumstances.[9]

i. where the group applies to NHS England and that application is granted
ii. where in the circumstances set out in legislation NHS England varies the group's constitution other than on application by the group

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

2. AREA COVERED

2.1. The geographical area covered by NHS Bradford Districts Clinical Commissioning Group is located within the City of Bradford Metropolitan District Council area. A list of our member practices is provided at Appendix B.

2.2. In the City of Bradford Metropolitan District Council, the Bradford City Clinical Commissioning Group covers the following Lower- layer Super Output Areas (LSOA)[10]:

E01010568 to E01010598
E01010600 to E01010605
E01010610 and E01010612
E01010614 to E01010616
E01010618 to E01010620
E01010623
E01010625 to E01010637
E01010649 to E01010675
E01010677 to E01010678
E01010680 to E01010690
E01010735
E01010739 to E01010766
E01010775 to E01010791
E01010794 to E01010811
E01010814 to E01010822
E01010825 to E01010827
E01010835 and E01010837
E01010840
E01010845 to E01010853
E01010864 to E01010874

[10] LSOAs describe the geographic area of the CCG for reporting purposes. LSOAs are part of a geographic reporting hierarchy designed to improve the reporting of small area statistics in England and Wales and align to postcodes.

3. MEMBERSHIP

3.1. Membership of the Clinical Commissioning Group

3.1.1. Appendix B of this constitution contains the list of member practices and confirms their written agreement to this constitution.

3.2. Eligibility and Applications for Membership

3.2.1. Providers of primary medical services to a registered list of patients under a general medical services, personal medical services or alternative provider medical services contract, will be eligible to apply for membership of this group[11].

3.2.2. No practice shall become a member practice of the CCG unless that practice is eligible under 3.2.1 above.

3.3. Termination of Membership

3.3.1. A member practice ceases to be a member if:

a) that member is a sole practitioner GP and he or she:

i. is declared bankrupt, or
ii. ceases to be registered as a medical practitioner;

b) that member practice is two or more individuals practising in partnership and:

i. the conditions in Section 86(2) of the NHS Act 2006 are no longer satisfied
ii. the partnership is dissolved

c) that member practice is a company limited by shares and:

i. the conditions in Section 86(3) of the NHS Act 2006 are no longer satisfied
ii. in respect of that company any one of the following occurs:

- a resolution is passed for voluntary winding up by reason of insolvency
- a winding up order is granted
- a resolution by its directors or members is passed to apply for an administration order
- an administrator is appointed under the Insolvency Act 1986
- a receiver or an administrative receiver is appointed over any of its assets or income
- a statutory demand is issued under the Insolvency Act 1986 which is not discharged before it is advertised
- it is unable to pay its debts as they fall due as determined by section 123 of the Insolvency Act 1986

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

d) that practice merges with any other practice, unless that other practice is an existing member practice

e) a notice of termination is served on the member by NHS England or other regulating body.

3.4. Liability

3.4.1. Members shall not be liable as members, or as individuals, for the debts, liabilities, acts or omissions, howsoever caused by the CCG in discharging its statutory functions. The CCG is a body corporate recognised as such under the Health and Social Care Act 2012, and any liability shall be that of the CCG as a public statutory body.

4. VISION, MISSION AND VALUES

4.1. Vision and Mission

4.1.1. The vision of NHS Bradford Districts Clinical Commissioning Group is ‘better health for the people of Bradford’.

4.1.2. Our mission is:

NHS Bradford Districts Clinical Commissioning Group is passionate about making a positive difference.

We will achieve our vision through genuine clinical drive and leadership in everything we do.

We will work in partnership with our members, our population and our stakeholders to achieve real integration and service transformation that makes a tangible difference to health and social care services in Bradford.

Our CCG will be clinically led and professionally managed to ensure we make the very best use of resources to deliver safe and high quality services for our population.

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

4.2. Values

4.2.1. Good corporate governance arrangements are critical to achieving the group’s objectives.

4.2.2. Bradford Districts CCG supports the values for the NHS as a whole and these core values will shape and underpin the work we undertake to deliver our vision:

- everyone counts
- respect and dignity
- commitment to quality of care
- compassion
- improving lives
- working together for patients

We will work in ways that ensure the interests of patients and the community remain at the heart of everything we do. The members will act with honesty and integrity and will ensure that the diverse needs of our community are at the forefront of all our discussions and decisions. We will ensure the delivery of all of our duties is carried out within a framework of good and robust governance.

We will drive innovation and clinical excellence in everything we do and we will ensure that our members are able to hold us to account.

4.3. Principles of Good Governance

4.3.1. In accordance with section 14L(2)(b) of the 2006 Act,[12] the group will at all times observe "such generally accepted principles of good governance as are relevant to it" in the way it conducts its business. These include:

i. the highest standards of propriety involving impartiality, integrity and objectivity in relation to the stewardship of public funds, the management of the organisation and the conduct of its business

ii. *The Good Governance Standard for Public Services*[13]

iii. the standards of behaviour published by the *Committee on Standards in Public Life (1995)* known as the 'Nolan Principles'[14]

iv. the seven key principles of the *NHS Constitution*[15]

v. the Equality Act 2010.[16]

4.4. Accountability

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

i. publishing its constitution

ii. appointing independent lay members and non GP clinicians to its governing body

iii. holding meetings of its governing body in public (except where the group considers that it would not be in the public interest in relation to all or part of a meeting)

iv. publishing annually a commissioning plan

v. complying with local authority health overview and scrutiny requirements

vi. meeting annually in public to publish and present its annual report (which must be published)

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12 Inserted by section 25 of the 2012 Act

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

14 See Appendix F

15 See Appendix G

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

vii. producing annual accounts in respect of each financial year which must be externally audited

viii. having a published and clear complaints process

ix. having a published conflicts of interest policy

x. complying with the Freedom of Information Act 2000

xi. providing information to NHS England as required

4.4.2. The governing body of the group will throughout each year have an ongoing role in reviewing the group's governance arrangements to ensure that the group continues to reflect the principles of good governance.

5. FUNCTIONS AND GENERAL DUTIES

5.1. Functions

5.1.1. The functions that the group is responsible for exercising are largely set out in the 2006 Act, as amended by the 2012 Act. An outline of these appears in the Department of Health's *Functions of clinical commissioning groups: a working document*. They relate to:

i. commissioning certain health services (where NHS England is not under a duty to do so) that meet the reasonable needs of:

   i. all people registered with member GP practices, and
   ii. people who are usually resident within the area and are not registered with a member of any clinical commissioning group

ii. commissioning emergency care for anyone present in the group's area

iii. paying its employees' remuneration, fees and allowances in accordance with the determinations made by its governing body and determining any other terms and conditions of service of the group's employees

iv. determining the remuneration and travelling or other allowances of members of its governing body

5.1.2. In discharging its functions the group will:

i. act, when exercising its functions to commission health services, consistently[17] with the discharge by the Secretary of State and NHS England of their duty to ***promote a comprehensive health service***[18] *and* with the objectives and requirements placed on NHS England through *the mandate*[19] published by the Secretary of State before the start of each financial year by:

   i. appointing an accountable officer and chief finance officer with lead responsibility to oversee its discharge
   ii. delegating responsibility to its governing body, clinical board and/or committees of the CCG
   iii. maintaining a range of policies and procedures for the operational management of the business of the CCG which will include delegating responsibilities in key areas to individuals
   iv. setting out its commissioning priorities and commissioning intentions in the commissioning plan
   v. requiring progress of delivery of the duty to be monitored through the CCG's reporting mechanisms

17 See section 3(1F) of the 2006 Act, inserted by section 13 of the 2012 Act

18 See section 1 of the 2006 Act, as amended by section 1 of the 2012 Act

19 See section 13A of the 2006 Act, inserted by section 23 of the 2012 Act

ii. ***meet the public sector equality duty***[20] by:

i. delegating responsibility to the governing body to discharge this function
ii. developing and publishing an equality and diversity strategy and objectives which sets out how the CCG intends to discharge this duty, reviewing them at least every four years
iii. publishing, at least annually, sufficient information to demonstrate compliance with the general duty across all the CCG's functions
iv. the monitoring of progress against the delivery of this duty through the CCG's reporting mechanisms

iii. work in partnership with its local authority to develop ***joint strategic needs assessments***[21] and ***joint health and wellbeing strategies***[22] by:

i. delegating responsibility to nominated CCG representatives on the Bradford and Airedale health and wellbeing board
ii. taking responsible steps to ensure that the CCG's commissioning plans are in line with the joint strategic needs assessment (JSNA), joint health and wellbeing strategy (JHWS) and other strategies overseen by the health and wellbeing board

5.2. General Duties - in discharging its functions the group will:

5.2.1. Make arrangements to ***secure public involvement*** in the planning, development and consideration of proposals for changes and decisions affecting the operation of commissioning arrangements[23] by:

i. delegating responsibility to the clinical board to discharge this function in accordance with the principles set out in: *patient and public participation in the commissioning of health and social care: statutory guidance for CCGs and NHS England*
ii. publishing and implementing a communications and engagement strategy
iii. monitoring progress against the delivery of this duty through the CCG's reporting mechanisms

5.2.2. ***Promote awareness of, and act with a view to securing that health services are provided in a way that promotes awareness of, and have regard to the NHS Constitution***[24] by:

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

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

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

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

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

i. delegating responsibility to the governing body to oversee the discharge of this duty
ii. monitoring progress against the delivery of this duty through the CCG's reporting mechanisms

5.2.3. Act ***effectively, efficiently and economically***[25] ***by:***

i. Delegating responsibility to the governing body to oversee the discharge of this duty and this will include:

   i. ensuring the CCG operates within the requirements of standing orders, scheme of delegation and other financial policies and procedures
   ii. establishing transparent and robust business planning processes which are aligned to the financial plan
   iii. monitoring of progress against the delivery of this duty and related performance management through the reporting mechanisms of the CCG
   iv. publishing the annual financial accounts

ii. Delegating responsibility to the clinical board to discharge the following:

   i. developing and publicising a commissioning plan which sets out the strategic objectives of the CCG
   ii. working closely with member practices to ensure the successful implementation and delivery of projects/initiatives
   iii. participating in transformational work with relevant service providers
   iv. developing collaborative working arrangements that enable the CCG to work efficiently

5.2.4. Act with a view to ***securing continuous improvement to the quality of services***[26] by:

i. delegating responsibility to the clinical board for ensuring quality is integral to all commissioned services and that the outcomes from patient experience and involvement activity inform the development of commissioning plans
ii. establishing a joint quality committee with NHS Airedale, Wharfedale and Craven CCG and NHS Bradford City CCG to undertake detailed review of the quality of commissioned services and provide related assurance
iii. monitoring progress against the delivery of this duty through the CCG's reporting mechanisms

5.2.5. Assist and support NHS England in relation to the Board's duty to ***improve the quality of primary medical services***[27] by:

[25] See section 14Q of the 2006 Act, inserted by section 26 of the 2012 Act
[26] See section 14R of the 2006 Act, inserted by section 26 of the 2012 Act
[27] See section 14S of the 2006 Act, inserted by section 26 of the 2012 Act

a) delegating responsibility to the clinical board to discharge this function
b) establishing a joint quality committee with NHS Airedale, Wharfedale and Craven CCG and NHS Bradford City CCG to undertake detailed review of the quality of commissioned services and provide related assurance
c) working closely with member practices to ensure the successful implementation and delivery of projects/initiatives
d) ensuring that the outcomes from patient experience and involvement activity inform the development of primary medical services
e) promoting the use of data and information tools to provide clinicians with the knowledge they need to identify and prioritise areas for quality improvement
f) monitoring of progress against the delivery of this duty through the CCG's reporting mechanisms

5.2.6. Have regard to the need to ***reduce inequalities***[28] by:

Delegating responsibility to the governing body to oversee the discharge of this duty and this will include:

a) receiving assurance that the CCG commissioning plan reflects the health and wellbeing agenda and addresses inequalities
b) addressing the needs of vulnerable and hard to reach groups within the communications and engagement strategy
c) monitoring progress against the delivery of this duty through the CCG's reporting mechanisms

5.2.7. ***Promote the involvement of patients, their carers and representatives in decisions about their healthcare***[29] by:

Delegating responsibility to the governing body to oversee the discharge of this duty and this will include:

a) development and publication of a communication and engagement strategy
b) maintaining and developing relationships with the overview and scrutiny committee, health and wellbeing board and healthwatch.
c) monitoring progress against the delivery of this duty through the CCG's reporting mechanisms
d) utilisation of patient representatives (such as the people's board, practice / patient participation groups and other engagement mechanisms) to inform commissioning decision making and support the CCG in discharging this function

5.2.8. Act with a view to ***enabling patients to make choices***[30] by:

Delegating responsibility to the governing body to discharge this duty which will include:

[28] See section 14T of the 2006 Act, inserted by section 26 of the 2012 Act
[29] See section 14U of the 2006 Act, inserted by section 26 of the 2012 Act
[30] See section 14V of the 2006 Act, inserted by section 26 of the 2012 Act

a) ensuring that the CCG provides information to support better patient choice
b) publicising and promoting the principles of patient choice
c) monitoring progress against the delivery of this duty through the CCG's reporting mechanisms

5.2.9. ***Obtain appropriate advice***[31] from persons who, taken together, have a broad range of professional expertise in healthcare and public health by:

Delegating responsibility to the governing body to oversee the discharge of this duty which will include:

a) appointing a secondary care clinician and a nurse member to the governing body
b) collaborative working with providers, clinical senates and clinical networks
c) utilising public health expertise on the clinical board and the governing body
d) Monitoring progress against the delivery of this duty through the CCG's reporting mechanisms

5.2.10. ***Promote innovation***[32] by:

Delegating responsibility to the clinical board to oversee the discharge of this function which will include:

a) developing commissioning plans and strategies that demonstrate innovation and roll out of best practice
b) creating opportunities for key partners and patients to be involved in developing healthcare innovation
c) monitoring progress against the delivery of this duty through the CCG's reporting mechanisms

5.2.11. ***Promote research and the use of research***[33] by:

Delegating responsibility to the clinical board to oversee the discharge of this function which will include:

a) active participation in research and development activities through working in partnership with appropriate research bodies
b) monitoring progress against the delivery of this duty through the CCG's reporting mechanisms

5.2.12. Have regard to the need to ***promote education and training***[34] for persons who are employed, or who are considering becoming employed, in an activity which involves or is connected with the provision of services as part of the health

31 See section 14W of the 2006 Act, inserted by section 26 of the 2012 Act
32 See section 14X of the 2006 Act, inserted by section 26 of the 2012 Act
33 See section 14Y of the 2006 Act, inserted by section 26 of the 2012 Act
34 See section 14Z of the 2006 Act, inserted by section 26 of the 2012 Act

service in England so as to assist the Secretary of State for Health in the discharge of his related duty[35] by:

Delegating responsibility to the governing body to oversee the discharge of this duty and this will include:

a) developing and implementing a training and development programme for all staff, governing body and clinical board members
b) monitoring the progress against the delivery of this duty through the CCG's reporting mechanisms.

5.2.13. Act with a view to ***promoting integration*** of *both* health services with other health services *and* health services with health-related and social care services where the group considers that this would improve the quality of services or reduce inequalities[36] by:

a) delegating responsibility to the clinical board to develop strategies and plans that promote integration, including the development of an accountable care system within the CCG area
b) establish effective collaborative arrangements that facilitate better integration
c) monitoring the progress against the delivery of this duty through the CCG's reporting mechanisms

5.3. General Financial Duties – the group will perform its functions so as to:

5.3.1. ***Ensure its expenditure does not exceed the aggregate of its allotments for the financial year***[37] by

a) delegating responsibility to its chief finance officer for ensuring compliance with financial statutory obligations
b) delegating responsibility to the audit and governance committee to provide assurance to the governing body regarding the discharge of this function
c) ensuring funding is drawn down from NHS England for approved expenditure only and in a way that provides value for money
d) ensuring that an adequate system of financial monitoring is in place to enable the group to fulfil its statutory responsibility not to exceed expenditure limits
e) the monitoring of progress against the delivery of this duty through the CCG's reporting mechanisms

5.3.2. ***Ensure its use of resources*** *(both its capital resource use and revenue resource use)* ***does not exceed the amount specified by NHS England for the financial year***[38] by

35 See section 1F(1) of the 2006 Act, inserted by section 7 of the 2012 Act
36 See section 14Z1 of the 2006 Act, inserted by section 26 of the 2012 Act
37 See section 223H(1) of the 2006 Act, inserted by section 27 of the 2012 Act
38 See sections 223I(2) and 223I(3) of the 2006 Act, inserted by section 27 of the 2012 Act

a) delegating responsibility to the chief finance officer to oversee how this duty is discharged
b) delegating responsibility to the audit and governance committee to provide assurance to the governing body regarding the discharge of this function
c) delegating responsibility to the governing body to approve the CCG's financial plan which is underpinned by the CCG's commissioning plan.
d) delegating responsibility to the clinical board to develop and approve the CCG's commissioning plan
e) submitting a commissioning plan to NHS England prior to the start of each financial year showing both revenue and capital allocations received and the proposed distribution of resources

5.3.3. ***Take account of any directions issued by NHS England, in respect of specified types of resource use in a financial year, to ensure the group does not exceed an amount specified by NHS England*** [39] by

a) delegating responsibility to the chief finance officer to oversee how this duty is discharged
b) delegating responsibility to the audit and governance committee to provide assurance to the governing body regarding the discharge of this function

5.3.4. ***Publish an explanation of how the group spent any payment in respect of quality*** made to it by NHS England[40] by

a) delegating responsibility to the chief finance officer to oversee how this duty is discharged
b) delegating responsibility to the audit and governance committee to provide assurance to the governing body regarding the discharge of this function
c) requiring progress of delivery of the duty to be monitored through the CCG's reporting mechanisms
d) developing principles to govern how any quality payments are spent

5.4. Other Relevant Regulations, Directions and Documents

5.4.1. The group will

a) comply with all relevant regulations
b) comply with directions issued by the Secretary of State for Health or NHS England; and
c) take account, as appropriate, of documents issued by NHS England.

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

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

6. DECISION MAKING: THE GOVERNING STRUCTURE

6.1. Authority to act

6.1.1. The clinical commissioning group is accountable for exercising the statutory functions of the group. It may grant authority to act on its behalf to:

a) any of its members
b) its clinical board
c) its governing body
d) employees
e) a committee or sub-committee of the group or of the governing body

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

a) the group's scheme of reservation and delegation, and
b) for committees, their terms of reference

6.1.3. A diagram of the group's governance structure, including collaborative arrangements in place with NHS Airedale, Wharfedale and Craven CCG and NHS Bradford City CCG, is provided at Appendix H of this constitution.

6.2. Scheme of Reservation and Delegation[41]

6.2.1. The group's scheme of reservation and delegation sets out:

a) those decisions that are reserved for the membership as a whole
b) those decisions that are the responsibilities of its governing body (and its committees), the group's committees and sub-committees, individual members and employees

6.2.2. The clinical commissioning group remains accountable for all of its functions, including those that it has delegated.

6.3. General

6.3.1. In discharging functions of the group that have been delegated to the governing body (and its committees), the committees and sub-committees of the CCG (including joint committees) and individuals must:

a) comply with the group's principles of good governance[42]
b) operate in accordance with the group's scheme of reservation and delegation[43]
c) comply with the group's standing orders[44]

41 See Appendix D
42 See section 4.4 on Principles of Good Governance above
43 See appendix D
44 See appendix C

d) comply with the group's arrangements for discharging its statutory duties[45]
e) where appropriate, ensure that member practices have had the opportunity to contribute to the group's decision making process

6.3.2. When discharging their delegated functions, committees, sub-committees and joint committees must also operate in accordance with their approved terms of reference. Terms of reference for committees, sub-committees and joint committees are available on the CCG's website: www.bradforddistrictsccg.nhs.uk.

6.3.3. Where delegated responsibilities are being discharged collaboratively, the joint (collaborative) arrangements must:

a) identify the roles and responsibilities of those clinical commissioning groups who are working together
b) identify any pooled budgets and how these will be managed and reported in annual accounts
c) specify under which clinical commissioning group's scheme of reservation and delegation and supporting policies the collaborative working arrangements will operate
d) specify how the risks associated with the collaborative working arrangement will be managed between the respective parties
e) identify how disputes will be resolved and the steps required to terminate the working arrangements
f) specify how decisions are communicated to the collaborative partners

6.4. Committees of the group

6.4.1. The group may establish committees of the group, including joint committees, from time to time by resolution of the council of representatives.

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

6.5. Joint Arrangements

6.5.1. The group may wish to work together with one or more other CCGs and/or NHS England and/or other bodies[46] in the exercise of its commissioning functions in accordance with the relevant provisions of the 2006 Act.

6.5.2. Where the group makes arrangements which involve exercising any of their commissioning functions jointly with one or more CCGs, NHS England and/or another body[47], the group may establish a joint committee to exercise those functions in accordance with the relevant provisions of the 2006 Act. Such joint

[45] See chapter 5 above
[46] Other bodies include combined authorities and such other bodies as are prescribed under the relevant provisions of the 2006 Act.
[47] Other bodies include combined authorities and such other bodies as are prescribed under the relevant provisions of the 2006 Act.

committee shall be established by the group in accordance with paragraph 6.5.1 above.

6.5.3. Where the group makes arrangements with one or more CCGs, NHS England and/or another body or bodies[48] as described at paragraph 6.5.2 above, the group shall develop and agree with the relevant body / bodies an agreement setting out the arrangements for joint working, including details of:

a) how the parties will work together to carry out their respective commissioning functions
b) the duties and responsibilities of the parties
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
g) where a joint committee is not established, the reporting arrangements on the joint working arrangements to the governing body and / or the council of representatives, to include as a minimum an annual report on progress made against objectives
h) where a joint committee is established, the reporting arrangements as between the joint committee and / or the council of representatives and the governing body, shall be set out in the joint committee's terms of reference.

6.5.4. The liability of the group to carry out its functions will not be affected where the group enters into arrangements pursuant to this paragraph 6.5.2.

6.5.5. Only joint commissioning arrangements that are safe and in the interests of patients registered with member practices will be approved by the group.

6.5.6. Where the group enters into arrangements with NHS England under which the group exercises NHS England's functions in accordance with the relevant provisions of the 2006 Act, the group will act in accordance with any guidance issued by NHS England on co-commissioning.

6.6. The Governing Body

6.6.1. ***Functions*** - the governing body has the following functions conferred on it by sections 14L(2) and (3) of the 2006 Act, inserted by section 25 the 2012 Act, together with any other functions connected with its main functions as may be specified in this constitution.[49] The governing body may also have functions of the clinical commissioning group delegated to it by the group. Where the group has conferred additional functions on the governing body connected with its main functions, or has delegated any of the group's functions to its governing body,

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

[49] See section 14L(3)(c) of the 2006 Act, as inserted by section 25 of the 2012 Act

these are set out from paragraph 6.6.1(d) below. The governing body has responsibility for:

a) ensuring that the group has appropriate arrangements in place to exercise its functions *effectively, efficiently and economically* and in accordance with the groups *principles of good governance*[50] (its main function)

b) determining the remuneration, fees and other allowances payable to employees or other persons providing services to the group and the allowances payable under any pension scheme it may establish under paragraph 11(4) of Schedule 1A of the 2006 Act, inserted by Schedule 2 of the 2012 Act

c) approving any functions of the group that are specified in regulations[51]

iv. receiving assurance on the development of the annual commissioning plan by the clinical board

v. approving the CCG's financial plan

vi. monitoring performance in line with the CCG's reporting mechanisms

vii. providing assurance to the CCG that its committees are undertaking their functions in accordance with this constitution

6.6.2. ***Composition of the Governing Body***

The governing body must not have less than 11 members and consists of:

a) the clinical chair (being an elected GP member of the clinical board and who is the chair of the clinical board, chair of the governing body and chair of the CCG)

b) one representative of member practices (one of the elected GP members of the clinical board in addition to the clinical chair)

c) three lay members (one of whom shall act as deputy chair)

   i. one to lead on governance matters
   ii. one to lead on patient and public participation matters
   iii. one to lead of financial matters

d) one registered nurse

e) one secondary care specialist consultant

f) the accountable officer

50 See section 4.4 on Principles of Good Governance above

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

g) the chief finance officer

h) the director of nursing and quality

i) the executive director

The governing body may invite such other person(s) to attend all or any of its meetings, or part(s) of a meeting, in order to assist it in its decision-making and in its discharge of its functions as it sees fit. Any such person may speak and participate in debate, but may not vote.

A representative from public health has a standing invitation to attend governing body meetings in an advisory, non-voting role.

The governing body will normally meet with the governing bodies of NHS Airedale, Wharfedale and Craven CCG and NHS Bradford City CCG as committees-in-common.

6.6.3. ***Committees of the Governing Body*** - the governing body has appointed the following committees and sub-committees:

a) **Audit and Governance Committee** – the audit and governance committee, which is accountable to the group's governing body, provides the governing body with an independent and objective view of the group's financial systems, financial information and compliance with laws, regulations and directions governing the group in so far as they relate to finance. The governing body has approved and keeps under review the terms of reference for the audit and governance committee, which includes information on the membership of the committee. The audit and governance committee may include individuals who are not members of the governing body.

In addition, the governing body has delegated the following functions, connected with the governing body's main function[52] to its audit and governance committee:

i. oversight of arrangements for risk management and internal control;
ii. approving the group's annual report and annual accounts.
iii. approving any changes to the provision or delivery of assurance services to the group.

The audit and governance committee will normally meet with the audit and governance committees of NHS Airedale, Wharfedale and Craven CCG and NHS Bradford City CCG as committees-in-common.

b) **Remuneration Committee** – the remuneration committee, which is accountable to the group's governing body, makes determinations about

[52] See section 14L(2) of the 2006 Act, inserted by section 25 of the 2012 Act

the remuneration, fees and other allowances for employees and for people who provide services to the group and on determinations about allowances under any pension scheme that the group may establish as an alternative to the NHS pension scheme. The governing body has approved and keeps under review the terms of reference for the remuneration committee, which includes information on the membership of the remuneration committee. The remuneration committee may only include members of the governing body.

The remuneration committee will normally meet with the remuneration committees of NHS Airedale, Wharfedale and Craven CCG and NHS Bradford City CCG as committees-in-common.

c) **Primary Care Commissioning Committee** – the primary care commissioning committee, which is accountable to the group's governing body, will make collective decisions on the review, planning and procurement of primary care services in the CCG area under delegated authority from NHS England. The governing body has approved and keeps under review the terms of reference for the primary care commissioning committee, which includes information on the membership of the primary care commissioning committee.

6.7. Other committees established by the CCG

6.7.1. The following committees and sub-committees have been established by the group:

a) **Council of Representatives**, which is accountable to member practices (whose representatives approve and keep under review the council's terms of reference), and is responsible for:

i. considering, reviewing and approving the group's constitution
ii. approving the appointment of non-elected governing body members
iii. agreeing the vision, values and overall strategic direction of the group
iv. receiving the group's annual report and annual accounts

b) **Clinical Board**, which is accountable to member practices via the council of representatives (which approves and keeps under review the clinical board's terms of reference) and is responsible for.

i. leading the development and implementation of the CCG's vision and strategy
ii. reviewing and influencing service redesign to ensure pathways of care and commissioned services meet the needs of the population
iii. supporting practices in the work of the CCG and engagement with the local population
iv. developing and approving the CCG's commissioning plan and overseeing the commissioning process

6.7.2. The following joint committees and sub-committees have been established by the CCG:

a) **Joint Quality Committee** (shared with NHS Airedale, Wharfedale and Craven CCG and NHS Bradford City CCG) which is accountable to member practices via the council of representatives (which approves and keeps under review the committee's terms of reference) and is responsible for advising and supporting the governing body in:

i. providing assurance on the quality of services commissioned, and
ii. promoting a culture of continuous improvement and innovation with respect to safety of services, clinical effectiveness and patient experience

b) **Joint Finance and Performance Committee** (shared with NHS Airedale, Wharfedale and Craven CCG and NHS Bradford City CCG) which is accountable to member practices via the council of representatives (which approves and keeps under review the committee's terms of reference) and is responsible for advising and supporting the governing body in:

i. scrutinising and tracking the key delivery of key financial and service priorities, outcomes and targets as specified in the CCG's strategic and operational plans, and
ii. ensuring that the CCG develops and adopts appropriate policies and procedures to support effective governance

c) **Joint Clinical Committee** (shared with NHS Airedale, Wharfedale and Craven CCG and NHS Bradford City CCG), which is accountable to member practices via the council of members (which approves and keeps under review the committee's terms of reference) and is responsible for the review, planning and procurement of commissioned services as set out in the committee's memorandum of understanding and terms of reference.

d) **West Yorkshire and Harrogate CCGs Joint Commissioning Committee** (known as 'healthy futures') which is accountable to member practices via the council of representatives (which approves and keeps under review the committee's terms of reference) and is responsible for the review, planning and procurement of commissioned services as set out in the committee's memorandum of understanding and terms of reference.

7. ROLES AND RESPONSIBILITIES

7.1. Practice Representatives

7.1.1. Practice representatives represent their practice's views and act on behalf of the practice in matters relating to the group. The role of each practice representative is to:

a) represent their appointing practice on the council of representatives.
b) Work with the clinical board and governing body to support the discharge of their functions
c) be responsible for advising the CCG of the views of their practices clinicians and patients and provide local intelligence to inform commissioning decisions
d) participate in pathway and service redesign, transformational change and the delivery of QIPP, working in partnership with the relevant clinical and managerial leads
e) monitor and review the effectiveness of the clinical board and governing body
f) communicate CCG developments and decisions to all member of their appointing practice

7.1.2. All member practices are required to nominate a clinician to represent the practice at the council of representatives. Member practices can remove and replace nominated representatives at any time, by notice in writing to the chair of the council of representatives. In the event that the nominated representatives are unable to attend, the practice should nominate a deputy and notify the chair of the council of representatives.

7.1.3. Each member practice authorises its nominated practice representatives to:

a) receive notice of, attend, and vote at any meeting of the council of representatives whether on a show of hands or on a poll, or sign any written resolution on behalf of that member practice
b) receive distributions on behalf of the member practice
c) deal with and give directions as to any monies, securities, benefits, documents, notices or other communications (in whatever form) arising by right of or received in connection with the member practices membership of the CCG

7.1.4. For the avoidance of doubt, the council of representatives shall be entitled to treat any nominated representative as having the continuing authority given to him / her under clause 7.1.3 until it is notified or the removal of that nominated representative in accordance with clause 7.1.2. Any provision of this constitution that requires delivery or notification to a practice shall be deemed to have been satisfied if delivery or notification is made to or served on the nominated representative.

7.1.5. A dispute resolution procedure will be agreed which will set out the process to be followed in case of:

a) a dispute between the council of representatives and the clinical board or governing body
b) a dispute relating to practice engagement with the CCG

7.2. Other GPs and Primary Care Health Professionals

7.2.1. In addition to the practice representatives identified in section 7.1 above, the group has identified a number of other GPs / primary care health professionals from member practices to either support the work of the group and / or represent the group rather than represent their own individual practices. These GPs and primary care health professional undertake the following roles on behalf of the group:

a) **Elected GPs on the Clinical board** - there are six elected GPs who represent member practices on the clinical board. The responsibilities of the clinical board are outlined in section 6.7.1. The elected GPs will have a specific portfolio of priorities that they have responsibility for, on behalf of the group. No more than one GP can be elected to the clinical board from within one member practice. Elected GPs will not act as practice representative on the council of representatives.

b) **Other GPs and Primary Care Health Professionals** - the group has identified a number of other GPs / primary care health professionals from member practices to either support the work of the group and / or represent the group rather than represent their own individual practices or to be members of the clinical board. These GPs and primary care health professionals undertake a range of roles on behalf of the group such as clinical specialty lead roles and in attending and/or chairing various meetings related to the work of the CCG.

7.3. All Members of the Group's Governing Body

7.3.1. Guidance on the roles of members of the group's governing body is set out in a separate document[53]. In summary, each member of the governing body should share responsibility as part of a team to ensure that the group exercises its functions effectively, efficiently and economically, with good governance and in accordance with the terms of this constitution. Each brings their unique perspective, informed by their expertise and experience.

7.4. The Chair of the Governing Body (Clinical Chair)

7.4.1. The chair of the governing body (who is an elected GP member of the clinical board) is responsible for:

a) leading the governing body, ensuring it remains continuously able to discharge its duties and responsibilities as set out in this constitution

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

b) building and developing the group's governing body and its individual members

c) ensuring that the group has proper constitutional and governance arrangements in place

d) ensuring that, through the appropriate support, information and evidence, the governing body is able to discharge its duties

e) supporting the accountable officer in discharging the responsibilities of the organisation

f) contributing to building a shared vision of the aims, values and culture of the organisation

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

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

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

j) ensuring that the organisation is able to account to its local patients, stakeholders and NHS England

k) ensuring that the group builds and maintains effective relationships, particularly with the individuals involved in overview and scrutiny from the relevant local authorities

7.4.2. Where the chair of the governing body is also the senior clinical voice of the group they will take the lead in interactions with stakeholders, including NHS England.

7.5. The Deputy Chair of the Governing Body

7.5.1. The deputy chair of the governing body deputises for the chair of the governing body where he or she has a conflict of interest or is otherwise unable to act. The deputy chair shall be one of the lay members.

7.6. Representative of Member Practices

7.6.1. There is one elected GP from the clinical board who acts as a representative of member practices on the governing body. Their role is to bring their unique understanding of the CCG's member practices to the discussion and decision making of the governing body.

7.7. The Accountable Officer

7.7.1. The accountable officer of the group is a member of the governing body. The accountable officer is known as the 'chief officer'.

7.7.2. This role of accountable officer has been summarised in a national document[54] as:

a) being responsible for ensuring that the clinical commissioning group fulfils its duties to exercise its functions effectively, efficiently and economically thus ensuring improvement in the quality of services and the health of the local population whilst maintaining value for money

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

c) working closely with the chair of the governing body, the accountable officer will ensure that proper constitutional, governance and development arrangements are put in place to assure the members (through the governing body) of the organisation's ongoing capability and capacity to meet its duties and responsibilities. This will include arrangements for the ongoing developments of its members and staff

7.7.3. In addition to the accountable officer's general duties, where the accountable officer is also the senior clinical voice of the group they will take the lead in interactions with stakeholders, including NHS England.

7.8. The Chief Finance Officer

7.8.1. The chief finance officer is a member of the governing body and is responsible for providing financial advice to the clinical commissioning group and for supervising financial control and accounting systems.

7.8.2. This role of chief finance officer has been summarised in a national document[55] as:

a) being the governing body's professional expert on finance and ensuring, through robust systems and processes, the regularity and propriety of expenditure is fully discharged

b) making appropriate arrangements to support, monitor on the group's finances

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54 *Clinical commissioning group Governing Body Members – Roles Attributes and Skills,* NHS Commissioning Board, October 2012

55 *Clinical commissioning group Governing Body Members – Roles Attributes and Skills,* NHS Commissioning Board, October 2012

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

d) being able to advise the governing body on the effective, efficient and economic use of the group's allocation to remain within that allocation and deliver required financial targets and duties, and

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

7.9. The Director of Nursing and Quality

7.9.1. The director of nursing and quality is a member of the governing body and is responsible for leading the CCG approach to ensuring that services commissioned are high quality, safe, responsive and effective, including the mitigation of clinical risk. In addition, this role provides leadership for improving the quality of commissioned services and for children's and adult safeguarding.

7.10. The Executive Director

7.10.1. The executive director is a member of the governing body and is the dedicated executive lead for the CCG, providing senior managerial support to the clinical chair and accountable officer to ensure that the CCG exercises its functions, effectively, efficiently and economically. The executive director is responsible, with the accountable officer, for ensuring an effective management system which enables CCG leaders, together with the wider membership, to deliver the CCG's business and strategic objectives.

7.11. The Lay Member with a lead role in overseeing key elements of financial management and audit ('the Lay Member for Finance'):

7.11.1. This role of lay member with a lead role in overseeing key elements of financial management and audit has been summarised in a national document[56] as:

a) bringing specific expertise and experience to the work of the governing body

b) providing strategic and impartial focus, so as to provide an external view of the work of the CCG that is removed from the day to day running of the CCG

c) overseeing key elements of governance including audit and managing conflicts of interest

d) providing independent financial scrutiny and assurance to the governing body

[56] *Clinical Commissioning Group Governing Body Members – Roles Attributes and Skills,* NHS Commissioning Board Authority, October 2012

e) chairing the audit and Governance committee

f) ensuring that the governing body and the wider CCG behaves with the utmost probity at all times.

The lay member for finance will also be a member of the remuneration committee and the joint finance and performance committee.

7.12. The Lay Member with a lead role in championing patient and public involvement ('the Lay Member for PPI'):

7.12.1. This role of lay member with a lead role in championing patient and public involvement has been summarised in a national document[57] as:

a) bringing specific expertise and experience to the work of the governing body, as well as his/her knowledge as a member of the local community

b) providing strategic and impartial focus, so as to provide an external view of the work of the CCG that is removed from the day to day running of the organisation

c) helping to ensure that the public voice of the local population is heard in all aspects of the CCG business

d) opportunities are created and protected for patient and public empowerment in the work of the CCG

e) ensuring that patients and public views are heard and their expectations understood and met as appropriate

f) ensuring that the CCG builds and maintains an effective relationship with local healthwatch and draws on existing patient and public engagement and involvement expertise

g) ensuring that the CCG has appropriate arrangements in place to secure public and patient involvement

h) ensuring that the CCG responds in an effective and timely way to feedback and recommendations from patients, carers and the public

The lay member for ppi will be a member of the joint quality committee, the primary care commissioning committee and the remuneration committee.

7.13. The Lay Member with a lead role in governance matters ('the Lay Member for Governance'):

[57] *Clinical Commissioning Group Governing Body Members – Roles Attributes and Skills,* NHS Commissioning Board Authority, October 2012

7.13.1. The role of this lay member will be to bring specific expertise and experience to the work of the governing body. Their focus will be strategic and impartial, providing an external view of the work of the CCG that is removed from the day-to-day running of the organisation. They will chair the primary care commissioning committee, will be a member of the audit and governance committee and will be a member and / or the chair of the remuneration committee.

7.13.2. This lay member will have a key role, along with the lay member for finance, in ensuring that the governing body and the wider CCG behaves with the utmost probity at all times and that appropriate and effective whistle blowing and anti-fraud systems are in place.

7.14. The Secondary Care Consultant

7.14.1. The role of secondary care consultant has been summarised in a national document[58]. As a clinical member of the governing body, this person will bring a broader view, from their perspective as a secondary care specialist, on health and care issues to underpin the work of the CCG. In particular, they will bring to the governing body an understanding of patient care in the secondary care setting.

7.15. The Registered Nurse

7.15.1. The role of registered nurse has been summarised in a national document[59] . As a clinical member of the governing body, this person will bring a broader view, from their perspective as a nurse member, on health and care issues to underpin the work of the CCG especially the contribution of nursing to patient care.

7.16. Joint and Common Appointments with other Organisations

7.16.1. The group has the following joint governing body appointments with other organisations:

a) accountable officer with NHS Airedale, Wharfedale and Craven CCG and NHS Bradford City CCG
b) chief finance officer with NHS Airedale, Wharfedale and Craven CCG and NHS Bradford City CCG
c) director of nursing and quality with NHS Airedale, Wharfedale and Craven CCG and NHS Bradford City CCG.

7.16.2. The group may make other governing body appointments (for the lay member, registered nurse or secondary care consultant roles) 'in common' with NHS Airedale, Wharfedale and Craven CCG or NHS Bradford City CCG, i.e. each CCG *may elect* to appoint the same person to a specific role at each CCG,

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58 *Clinical Commissioning Group Governing Body Members – Roles Attributes and Skills,* NHS Commissioning Board Authority, October 2012

59 *Clinical Commissioning Group Governing Body Members – Roles Attributes and Skills,* NHS Commissioning Board Authority, October 2012

however, there is no obligation to do so in the way required for the 'joint appointments' referred to in paragraph 7.16.1 above.

7.16.3. The majority of managerial and staff appointments will be shared appointments with NHS Airedale, Wharfedale and Craven CCG and NHS Bradford City CCG. Some clinical leads will also have responsibilities across the three CCGs.

7.16.4. All these joint, 'in common' and shared appointments are supported by a memorandum of understanding (which includes a dispute resolution procedure) between the organisations who are party to these joint appointments A copy of the memorandum of understanding is held by the CCG governance team.

8. STANDARDS OF BUSINESS CONDUCT AND MANAGING CONFLICTS OF INTEREST

8.1.1. Employees, members, committee and sub-committee members of the group and members of the governing body (and its committees) will at all times comply with this constitution and be aware of their responsibilities as outlined in it. They should act in good faith and in the interests of the group and should follow the *Seven Principles of Public Life*, set out by the committee on standards in public life (the Nolan principles) The Nolan principles are incorporated into this constitution at Appendix F.

8.1.2. They must comply with the group's policy on business conduct, including the requirements set out in the policy for managing conflicts of interest. This policy will be available on the group's website at www.bradforddistrictsccg.nhs.uk.

9. THE GROUP AS EMPLOYER

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

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

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

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

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

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

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

9.8. The group will ensure that its employees have access to such expert advice and training opportunities as they may require in order to exercise their responsibilities effectively.

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

9.10. Copies of this code of conduct, together with the other policies and procedures outlined in this chapter, will be available on the group's website at www.bradfordcityccg.nhs.uk.

9.11. The majority of managerial and staff appointments and some clinical lead roles will be shared appointments with NHS Airedale, Wharfedale and Craven CCG and NHS Bradford City CCG, with either NHS Airedale, Wharfedale and Craven CCG or NHS Bradford Districts CCG acting as the legal employer. These arrangements are supported by a memorandum of understanding (which includes a dispute resolution procedure) between the three CCGs.

10. TRANSPARENCY, STANDING ORDERS and WAYS OF WORKING

10.1. General

10.1.1. The group will publish annually a commissioning plan and an annual report, presenting the group's annual report to a public meeting.

10.1.2. Key communications issued by the group, including the notices of procurements, public consultations, governing body and primary care commissioning committee meeting dates, times, venues, and certain papers will be published on the group's website at www.bradforddistrictsccg.nhs.uk. The group will also publish required details of remuneration, fees and allowances paid in the remuneration report which will be included within the CCG's annual report.

10.1.3. The group may use other means of communication, including circulating information by post, or making information available in venues or services accessible to the public.

10.2. Standing Orders and Other Documents

10.2.1. This constitution is also informed by a number of documents which provide further details on how the group will operate. They are the group's:

a) ***standing orders (Appendix C)*** – which sets out the arrangements for meetings and the appointment processes to elect the group's representatives and appoint to the group's committees, including the governing body;

b) ***scheme of reservation and delegation (Appendix D)*** – which sets out those decisions that are reserved for the membership as a whole and those decisions that are the responsibilities of the group's governing body, the governing body's committees and sub-committees, the group's committees and sub-committees, individual members and employees;

c) ***prime financial policies (Appendix E)*** – which sets out the arrangements for managing the group's financial affairs.

10.3 Local Medical Committee

10.3.1 The group will recognise the LMC (or its successor), representing the GPs in the CCG area, as the local statutory representatives of GPs.

10.3.2 The group will consult with the recognised LMC (or its successor) on matters impacting on general practice devolved or delegated to the CCG by NHS England.

10.3.3 The group will consult with the recognised LMC (or its successor) on any other matter that would be recognised as being relevant to the provision of primary

medical services where any proposed change has any impact on the workload or income of a practice or practices.

10.3.4 The group will engage and liaise with the recognised LMC (or its successor) when issues pertinent and relevant to quality in general practice are to be discussed.

10.3.5 The LMC (or its successor) can be invited to participate in any selection or election process for GP governing body / clinical board members and the accountable officer.

10.3.6 Appropriate CCG governing body/clinical board representatives will meet officers of the LMC (or its successor) on a regular basis.

10.3.7 The group will engage and liaise with the LMC, and agree with members, the financial resources made available by the CCG to support the member practices' involvement in commissioning, for work that is over and above their contractual obligations, in the relevant financial year.

10.3.8 The council of representatives are responsible for approving any proposed amendments to this constitution before the group applies to NHS England for constitutional variation. Proposed amendments to the constitution will also be discussed with the LMC.

10.4 Capacity and Capability

10.4.1 As described in section 7.16, the group will share staff and management with NHS Airedale, Wharfedale and Craven CCG and NHS Bradford City CCG, an arrangement that will be supported by a memorandum of understanding between the three CCGs.

10.4.2 The governing body will agree the management establishment and the membership will agree any additional practice based management activities.

10.4.3 The group will determine what commissioning support arrangements are required, over and above internal arrangements, and will determine how best to procure those in line with its procurement strategy.

APPENDIX A
DEFINITIONS OF KEY DESCRIPTIONS USED IN THIS CONSTITUTION

2006 Act	National Health Service Act 2006
2012 Act	Health and Social Care Act 2012 (this Act amends the 2006 Act)

Accountable officer	an individual, as defined under paragraph 12 of Schedule 1A of the 2006 Act (as inserted by Schedule 2 of the 2012 Act), appointed by NHS England, with responsibility for ensuring the group:
	• complies with its obligations under:
	  ○ 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;
	• exercises its functions in a way which provides good value for money.

Area	the geographical area that the group has responsibility for, as defined in Chapter 2 of this constitution
Chair of the governing body	the individual appointed by the group to act as chair of the governing body
Chief finance officer	the qualified accountant employed by the group with responsibility for financial strategy, financial management and financial governance
Clinical commissioning group	a body corporate established by NHS England in accordance with Chapter A2 of Part 2 of the 2006 Act (as inserted by section 10 of the 2012 Act)
Council of representatives	the body comprising of representatives of the members of the group
Committee	a committee or sub-committee created and appointed by: • the membership of the group • a committee / sub-committee created by a committee created / appointed by the membership of the group • a committee / sub-committee created / appointed by the governing body
Financial year	this usually runs from 1 April to 31 March, but under paragraph 17 of Schedule 1A of the 2006 Act (inserted by Schedule 2 of the 2012 Act), it can for the purposes of audit and accounts run from when a clinical commissioning group is established until the following 31 March

Group	NHS Bradford Districts Clinical Commissioning Group, whose constitution this is
Governing body	the body appointed under section 14L of the NHS Act 2006 (as inserted by section 25 of the 2012 Act), with the main function of ensuring that a clinical commissioning group has made appropriate arrangements for ensuring that it complies with: • its obligations under section 14Q under the NHS Act 2006 (as inserted by section 26 of the 2012 Act), and • such generally accepted principles of good governance as are relevant to it.
Governing body member	any member appointed to the governing body of the group
Lay member	a lay member of the governing body, appointed by the group. A lay member is an individual who is not a member of the group or a healthcare professional (i.e. an individual who is a member of a profession regulated by a body mentioned in section 25(3) of the National Health Service Reform and Health Care Professions Act 2002) or as otherwise defined in regulations
Local Medical Committee (LMC)	the Bradford and Airedale Local Medical Committee (or its successor) as recognised by the NHS Act 2006 and recognised by the group and NHS England
Member	a provider of primary medical services to a registered patient list, who is a member of this group (see Appendix B)
Practice representatives	an individual appointed by a practice (who is a member of the group) to act on its behalf in the dealings between it and the group, under regulations made under section 89 or 94 of the 2006 Act (as amended by section 28 of the 2012 Act) or directions under section 98A of the 2006 Act (as inserted by section 49 of the 2012 Act)
Registers of interests	registers a group is required to maintain and make publicly available under section 14O of the 2006 Act (as inserted by section 25 of the 2012 Act), of the interests of: • the members of the group; • the members of its governing body; • the members of its committees or sub-committees and committees or sub-committees of its governing body; and • its employees.

APPENDIX B - LIST OF MEMBER PRACTICES

Practice Name	Address
Ashcroft Surgery	Newlands Way, Eccleshill, Bradford BD10 0JE
Ashwell Medical Centre	Ashwell Road, Manningham, Bradford BD8 9DP
Baildon Medical Practice	10 Newton Way, Baildon BD17 5NH
Bingley Medical Practice	Canalside Health Centre, 2 Kingsway, Bingley BD16 4RP
Bowling Highfield Medical Practice	Rooley Lane, Bradford BD4 7SS
	Highfield Health Centre, 2 Proctor Street, Off Tong Street, Bradford BD4 9QA
Cowgill Surgery	Thornaby Drive, Clayton, Bradford BD14 6ES
Eccleshill Village Surgery	14 Institute Road, Bradford BD2 2HX
Haigh Hall Medical Centre	Haigh Hall Road, Greengates, Bradford BD10 9AZ
Heaton Medical Practice	Haworth Road, Bradford BD9 6LL
Hollyns Health and Wellbeing	Allerton Health Centre, Bell Dene Road, Allerton, Bradford BD15 7NJ
	Hollyns Health and Wellbeing, 4 Glenholme Park, Pasture Lane, Clayton, Bradford BD14 6NF
Horton Bank Top Practice	1220 Great Horton Road, Bradford, BD7 4PL
Horton Park Surgery	Horton Park Surgery, 99 Horton Park Avenue, Bradford BD7 3EG
Idle Medical Centre	440 Highfield Road, Idle, Bradford BD10 8RU
Leylands Medical Practice	81 Leylands Lane, Heaton, Bradford BD9 5PZ
Low Moor Medical Centre	29 The Plantations, Low Moor, Bradford BD12 0TH
Manor Medical Practice	Girlington Health Centre, 195 Girlington Road, Girlington, Bradford BD8 9PB
	Allerton Health Centre, Bell Dene Road, Allerton, Bradford BD15 7NJ
Moorside Surgery	370 Dudley Hill Road, Bradford BD2 3AA
Oak Glen Surgery	Eldwick and Gilstead Health Centre, 196 Swan Avenue, Bingley BD16 3PA
Parklands Medical Practice	30 Buttershaw Lane, Bradford BD6 2DD
	Park Road Surgery, Park Road, Off Manchester Road, Bradford BD5 0SG
Ridge Medical Practice	The Ridge Medical Centre, Cousen Road, Bradford BD7 3JX
	The Ridge Medical Centre, 93 Smith Avenue, Bradford BD6 1HA

Practice Name	Address
	Royds Healthy Living Centre, 20 Ridings Way, Off The Crescent, Buttershaw, Bradford, BD6 3UD
Rockwell & Wrose Medical Practice	Kings Road, Bradford BD2 1QG
	Rockwell Medical Centre, Thorpe Edge, Bradford BD10 8DP
Rooley Lane Medical Practice	Rooley Lane, Bradford BD4 7SS
Saltaire Medical Practice	Richmond Road, Shipley BD18 4RX
Shipley Medical Centre	Shipley Health Centre, Alexandra Road, Shipley BD18 3EG
Springfield Medical Practice	Canalside Healthcare Centre, 2 Kingsway, Bingley BD16 4RP
Sunnybank Medical Practice	Towngate, Wyke, Bradford BD12 9NG
Thornton-Denholme Medical Practice	Thornton Medical Centre, 4 Craven Avenue, Thornton, Bradford BD13 3LG
	The Medical Centre, Ann Street, Bradford BD13 4AN
Tong Medical Practice	2 Proctor Street, Bradford BD4 9QA
Westcliffe Medical Centre	Westcliffe Road, Shipley BD18 3EE
Wibsey & Queensbury Medical Practice	Wibsey Medical Centre, Fair Road, Wibsey, Bradford, BD6 1TD
	Queensbury Health Centre, Russell Road, Queensbury, BD13 2AG
Willows Medical Centre	Osbourne Drive, Queensbury, Bradford BD13 2GD
Wilsden Medical Practice	2 Ling Bob Court, Wilsden, Bradford BD15 0NJ
Windhill Green Medical Centre	2 Thackley Old Road, Shipley BD18 1QB
	Baildon Cliff Avenue Surgery, Shipley BD17 6NX

APPENDIX C – STANDING ORDERS

1. STATUTORY FRAMEWORK AND STATUS

1.1. Introduction

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

1.1.2. The standing orders, together with the group's scheme of reservation and delegation[60] and the group's prime financial policies[61], provide a procedural framework within which the group discharges its business. They set out:

a) the arrangements for conducting the business of the group;

b) the appointment of member practice representatives;

c) the procedure to be followed at meetings of the group, the governing body and any committees or sub-committees of the group or the governing body;

d) the process to delegate powers,

e) the declaration of interests and standards of conduct.

These arrangements must comply, and be consistent where applicable, with requirements set out in the 2006 Act (as amended by the 2012 Act) and related regulations and take account as appropriate[62] of any relevant guidance.

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

1.2. Schedule of matters reserved to the clinical commissioning group and the scheme of reservation and delegation

1.2.1. The 2006 Act (as amended by the 2012 Act) provides the group with powers to delegate the group's functions and those of the governing body to certain bodies

60 See Appendix D

61 See Appendix E

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

(such as committees) and certain persons. The group has decided that certain decisions may only be exercised by the group in formal session. These decisions and also those delegated are contained in the group's scheme of reservation and delegation (see Appendix D).

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

2.1. Composition of membership

2.1.1. Appendix B of the group's constitution provides details of the membership of the group.

2.1.2. Chapter 6 of the group's constitution provides details of the governing structure used in the group's decision-making processes, whilst Chapter 7 of the constitution outlines certain key roles and responsibilities within the group and its governing body, including the role of practice representatives (paragraph 7.1 of the constitution).

2.2. Key Roles

2.2.1. Paragraph 6.6.2 of the group's constitution sets out the composition of the group's governing body whilst Chapter 7 of the group's constitution identifies certain key roles and responsibilities within the group and its governing body. These standing orders set out how the group appoints individuals to these key roles.

2.2.2. Governing body roles will be appointed to by persons who demonstrate the attributes and skills outlined by the NHS Commissioning Board in *clinical commissioning group governing body members: role outlines, attributes and skills* (October 2012) and subsequent guidance and who meet eligibility criteria and are not disqualified for membership as specified in The National Health Service (Clinical Commissioning Groups) Regulations 2012 ['the NHS Regulations'] and subsequent legislation.

2.2.3. Terms of office for GP and non-employee members of the clinical board and governing body:

a) GP members of the clinical board and non-employee members of the governing body will normally be re-elected or re-appointed at least every 3 years
b) no one individual can serve longer than 3 full terms (i.e. 9 years), save in exceptional circumstances determined by the council of representatives and governing body
c) one-third of GP and non-employee members of the clinical board and governing body may be appointed for between two and five years to allow for continuity / succession planning.

2.2.4. **The elected GP members of the clinical board**, as listed in paragraph 7.2.1a of this constitution, are subject to the following appointment process:

a) **nominations** – when a position is or is about to become vacant this shall be declared to member practices. GPs should express an interest to the CCG officer responsible for overseeing the election process

b) **eligibility** – candidates will be GPs (non-principal, salaried or partner) who work for a significant amount or the majority of time in one or more of the CCG's member practices. They will be able to demonstrate the attributes and skills required by the CCG. They will meet the eligibility criteria and not be excluded from governing body membership as laid down in the NHS Regulations. The LMC will be involved as appropriate in the assessment of the eligibility of candidates. The process for assessing the eligibility (including competency) of the candidates will be determined by the accountable officer and approved by the council of representatives

c) **appointment process** – following confirmation of eligibility, election by all GPs (non-principal, salaried or partner) practising in the CCG's member practices. This will be on the basis of one GP, one vote. The election will be administered by the LMC

d) **term of office** – see section 2.2.3 above

e) **grounds for removal from office** – the GP clinical board member will be removed from office if that person:

i. receives a 75% majority vote of no confidence at a meeting of the council of representatives duly convened (see section 2.2.13)
ii. ceases to be a practitioner in a CCG member practice
iii. is removed from the list of registered medical practitioners or removed temporarily if suspended from the List pending a hearing
iv. become disqualified from governing body membership under the NHS regulations
v. resigns as a clinical board member and such resignation has taken effect in accordance with its terms

f) **Notice period** – the elected GPs shall give 3 months written notice of their intention to resign to the chair.

Six GPs will be elected to the clinical board of the CCG. Of the six elected GPs, one will take up the role of clinical chair and one the elected GP position on the governing body.

2.2.5. The **clinical chair**, as listed in paragraph 6.6.2 (a) of the Group's constitution, is subject to the following appointment process:

a) **nominations** –a GP clinical board member interested in applying for this role when it is vacant or about to become vacant should express interest to the CCG officer overseeing the appointment process

b) **eligibility** – candidates shall be a GP member of the clinical board, elected by the membership. They will be able to demonstrate attributes and skills outlined in guidance and as required by the CCG[63]. They will meet the eligibility criteria and not be excluded from governing body membership as laid down in the NHS regulations. The LMC will be involved as appropriate in the assessment of the eligibility of candidates. The process for assessing the eligibility (including competency) of candidates will be determined by the accountable officer and approved by the council of representatives

c) **appointment process** – once the eligibility of candidates has been confirmed, the elected GP members of the clinical board will be eligible to vote for that GP member to become the clinical chair. Voting shall be by one member one vote at a meeting of the clinical board.

d) **term of office** – see section 2.2.3 above

e) **grounds for removal from office** – the clinical chair will be removed from office if that person:

i. receives a 75% majority vote of no confidence at a meeting of the council of representatives duly convened (see section 2.2.13);
ii. ceases to be a practitioner in a CCG member practice;
iii. is removed from the List of Registered Medical Practitioners or removed temporarily if suspended from the List pending a hearing;
iv. become disqualified from governing body membership under the NHS Regulations;
v. resigns as a clinical board member and such resignation has taken effect in accordance with its terms.

f) **notice period** – the clinical chair shall give 3 months written notice of their intention to resign to the accountable officer and chair of the council of representatives.

2.2.6. The **deputy chair**, as listed in paragraph 6.6.2 (c) of this constitution, is subject to the following appointment process:

a) **nominations** – not applicable; the deputy chair shall be selected by the clinical chair from one of the lay members

b) **eligibility** – only lay members are eligible to act as deputy chair

c) **appointment process** – the deputy chair shall be selected by the clinical chair from one of the lay members

d) **term of office** – see section 2.2.3 above; any appointment as deputy chair will run in parallel with the lay member appointment

[63] *Clinical Commissioning Group Governing Body Members – Roles Attributes and Skills,* NHS Commissioning Board Authority, October 2012

e) **eligibility for reappointment** – the deputy chair will be eligible for reappointment provided he/she continues to meet the appointment criteria and is subject to satisfactory performance appraisal. A lay member cannot be appointed to the same role for more than 3 terms of office.

f) **grounds for removal from office** - a lay member will be removed from office if they no longer meet the eligibility requirements, become disqualified under NHS Regulations or should there be a 75% majority no confidence vote in that individual at a meeting of the council of members (see paragraph 2.2.13)

2.2.7. The **GP clinical board member of the governing body**, as listed in paragraph 6.6.2(b)(ii) of the group's constitution, is subject to the following appointment process:

a) **nominations** – a GP member interested in applying for this role when it is vacant or about to become vacant should express interest to the CCG officer overseeing the appointment process

b) **eligibility** –being an elected GP member of the clinical board (see section 2.2.4). They will be able to demonstrate the attributes and skills outlined in guidance[64] and as required by the CCG. They will meet the eligibility criteria and not be excluded from governing body membership as laid down in the NHS Regulations

c) **appointment process** – the clinical chair will determine which of the elected GPs on the clinical board shall as the GP clinical board member of the governing body

d) **term of office** – as determined by the clinical chair and subject to the provisions of section 2.2.3 above

e) **Grounds for removal from office** – the GP clinical board member of the governing body will be removed from office if that person:

i. receives a 75% majority vote of no confidence at a meeting of the council of representatives duly convened (see section 2.2.13);
ii. ceases to be a practitioner or practice manager in a CCG member practice
iii. is removed from the list of registered medical practitioners or removed temporarily if suspended from the list pending a hearing
iv. become disqualified from governing body membership under the NHS regulations
v. resigns as a member of the clinical board and such resignation has taken effect in accordance with its terms

[64] *Clinical Commissioning Group Governing Body Members – Roles Attributes and Skills,* NHS Commissioning Board Authority, October 2012

f) **notice period** – the GP clinical board member of the governing body shall give three months written notice of their intention to resign to the clinical chair

2.2.8. The **lay members**, **the registered nurse and the secondary care doctor** as listed respectively in paragraphs 6.6.2(c), 6.6.2(d) and 6.6.2(e) of the group's constitution, are subject to the following appointment process:

a) **nominations** – individuals interested in applying for vacant positions as a lay members, the registered nurse or the secondary care doctor on the governing body shall answer advertisements for these positions

b) **eligibility** – candidates should demonstrate that they possess the relevant skills and experience which would enhance the governing body's effectiveness and decision making and be able to hold to account the clinicians and officers of the group. They will be able to demonstrate attributes and skills outlined in guidance[65]. They will meet the eligibility criteria and not be excluded from governing body membership as laid down in the NHS regulations

c) **appointment process** – the selection and appointment process will be determined by the clinical chair and approved by the council of representatives

d) **term of office** – see section 2.2.3 above;

e) **eligibility for reappointment –** individuals will be eligible for reappointment provided he/she continues to meet the appointment criteria and is subject to satisfactory performance appraisal. A lay member / registered nurse / secondary care consultant cannot be appointed to the same role for more than 3 terms of office

f) **Grounds for removal from office**:

A lay member will be removed from office if they no longer meet the eligibility requirements, become disqualified under NHS Regulations or should there be a 75% majority no confidence vote in that individual at a meeting of the council of representatives (see section 2.2.13).

The registered nurse will be removed from office in the event that they are removed from the NMC register or removed temporarily if they are suspended from the register pending a hearing. They shall be removed from office if they no longer meet the eligibility requirements, become disqualified under NHS regulations or should there be a 75% majority no confidence vote in that individual at a meeting of the council of representatives (see section 2.2.13)

[65] *Clinical Commissioning Group Governing Body Members – Roles Attributes and Skills,* NHS Commissioning Board Authority, October 2012

The secondary care consultant will be immediately removed from office in the event that they are removed from the GMC specialist register and are no longer eligible to be included or removed temporarily if they are suspended from the register pending a hearing. They shall be removed from office if they no longer meet the eligibility requirements, become disqualified under NHS regulations or should there be a 75% majority no confidence vote in that individual at a meeting of the council of representatives (see section 2.2.13)

g) **notice period** – the lay members, registered nurse and secondary care doctor shall give 3 months written notice of their intention to resign to the clinical chair

2.2.9. The **accountable officer**, as listed in paragraph 6.6.2 (f) of the group's constitution and which is a joint appointment with NHS Airedale, Wharfedale and Craven CCG and NHS Bradford City CCG, is subject to the following appointment process:

a) **nominations** - candidates shall be able to apply for this role as advertised by the group

b) **eligibility** – candidates will be able to demonstrate the experience, attributes and skills outlined in guidance[66]. They will meet the eligibility criteria and not be excluded from governing body membership as laid down in the NHS Regulations

c) **appointment process** – the selection and nomination process will be determined by the chair, in conjunction with the chairs of NHS Airedale, Wharfedale and Craven CCG and NHS Bradford City CCG and approved by the council of representatives. The interview panel will include an external individual capable of providing an expert opinion on the candidate's ability to undertake the role. The interview panel will nominate an applicant to NHS England and the applicant must receive positive confirmation that they meet the requirements for appointment as set out by NHS England. The chief executive of NHS England is legally responsible for confirming accountable officer status on the successful applicant.

d) **term of office** – the accountable officer will serve for the duration of their employment

e) **grounds for removal from office** – an individual will cease to be the accountable officer if:

i. their employment is terminated in accordance with his / her contract of employment (see section 2.2.14)
ii. they become a disqualified person under NHS regulations

[66] *Clinical Commissioning Group Governing Body Members – Roles Attributes and Skills,* NHS Commissioning Board Authority, October 2012

g) **notice period** – the accountable officer shall give six months written notice to the clinical chair

2.2.10. The **chief finance officer**, as listed in paragraph 6.6.2 (g) of the group's constitution and which is a joint appointment with NHS Airedale, Wharfedale and Craven CCG and NHS Bradford City CCG, is subject to the following appointment process:

a) **nominations** – candidates shall be able to apply for this role as advertised by the group

b) **eligibility** – candidates will be able to demonstrate attributes and skills outlined in guidance[67]. They will meet the eligibility criteria and not be excluded from governing body membership as laid down in the NHS Regulations

c) **appointment process** – the selection and appointment process will be determined by the accountable officer and approved by the council of representatives

d) **term of office** – the chief finance officer will serve for the duration of their employment

e) **grounds for removal from office** – the chief finance officer will cease to be a member of the governing body if:

i. their employment is terminated in accordance with his / her contract of employment (see section 2.2.14)
ii. they become a disqualified person under NHS Regulations

f) **notice period** – the chief finance officer shall give 6 months written notice of their intention to resign to the clinical chair

2.2.11. The **director of nursing and quality**, as listed in paragraph 6.6.2 (h) of this constitution, and which is a joint appointment with NHS Airedale, Wharfedale and Craven CCG and NHS Bradford City CCG, is subject to the following appointment process:

a) **nominations** – candidates shall be able to apply for this role as advertised by the group

b) **eligibility** – candidates will be able to demonstrate the attributes and skills outlined in guidance and as required by the CCG. They will meet the eligibility criteria and not be excluded from governing body membership as laid down in the NHS regulations

[67] *Clinical Commissioning Group Governing Body Members – Roles Attributes and Skills,* NHS Commissioning Board Authority, October 2012

c) **appointment process** – the selection and appointment process will be determined by the accountable officer and approved by the council of representatives.

d) **term of office** – the director of nursing and quality will serve for the duration of their employment

e) **grounds for removal from office** – the director of nursing and quality will cease to be a member of the governing body if:

i. their employment is terminated in accordance with his / her contract of employment (see also section 2.2.14)
ii. they become a disqualified person under NHS regulations,

f) **notice period** – the director of nursing and quality shall give 6 months written notice of their intention to resign to the clinical chair.

2.2.12. The **executive director**, as listed in paragraph 6.6.2 (i) of this constitution, is subject to the following appointment process:

a) **nominations** – candidates shall be able to apply for this role as advertised by the group;

b) **eligibility** – candidates will be able to demonstrate the attributes and skills outlined in guidance and as required by the CCG. They will meet the eligibility criteria and not be excluded from governing body membership as laid down in the NHS regulations;

c) **appointment process** – the selection and appointment process will be determined by the accountable officer and approved by the council of members;

d) **term of office** – the executive director will serve for the duration of their employment;

e) **grounds for removal from office** – the executive director will cease to be a member of the governing body if:

i. their employment is terminated in accordance with his / her contract of employment (see also section 2.2.14)
ii. they become a disqualified person under NHS regulations,

f) **notice period** – the executive director shall give 3 months written notice of their intention to resign to the clinical chair

2.2.13. In the event that member practices express a loss of confidence in a non-employee member of the clinical board or governing body, an extraordinary general meeting may be called by at least 60% of the member practices and a vote of at least 75% of member practices present at the meeting will be required in order to remove that individual from office.

2.2.14. In the event that member practices express a loss of confidence in a member/s of the clinical board or governing body who has employee status, an extraordinary general meeting may be called by at least 60% of the member practices, and a vote of at least 75% of member practices present at the meeting will be required in order to refer the concerns of the member practices to the clinical chair. The clinical chair will deal with the matter in line with the CCG's HR policies and procedures.

2.2.15. The roles and responsibilities of each of these key roles are set out in Chapter 7 of the group's constitution.

3. MEETINGS OF THE CLINICAL COMMISSIONING GROUP

3.1. Calling meetings

3.1.1. The governing body will meet no less than 4 times per annum at such times and places as the group may determine. The governing body will normally meet with the governing bodies of NHS Airedale, Wharfedale and Craven CCG and NHS Bradford City CCG as committees-in-common. Other meetings of the group shall be held at regular intervals, as specified in terms of reference, at such times and places as the group may determine. Terms of reference are available on our website www.bradforddistrictsccg.nhs.uk.

3.1.2. The clinical chair on receiving a request from 4 or more of the membership of the governing body to call an extraordinary meeting of the governing body, shall issue a notice for the meeting within 5 working days of being requested to do so.

3.1.3. Notice of any governing body meeting must indicate:

a) its proposed date and time, which must be at least 7 days after the date of the notice, except where a meeting to discuss an urgent issue is required (in which case as much notice as reasonably practicable in the circumstances should be given)
b) where it is to take place
c) an agenda of the items to be discussed at the meeting
d) any supporting papers will be made available within at least 4 working days of the meeting

3.1.4. Notice of a governing body meeting must be given to each governing body member in writing (which shall include email).

3.1.5. Failure to effectively serve notice on all governing body members does not affect the validity of the meeting, or of any business conducted at it.

3.1.6. Sections 3.1.2 – 3.1.5 also apply to meeting of committees and sub-committees of the group and committees and sub-committees of the governing body.

3.2. Agenda, supporting papers and business to be transacted

3.2.1. Items of business to be transacted for inclusion on the agenda of a meeting need to be notified to the chair of the meeting at least 7 working days (i.e. excluding weekends and bank holidays) before the meeting takes place. Supporting papers for such items need to be submitted at least 5 working days before the meeting takes place. The agenda and supporting papers will be circulated to all members of a meeting at least 4 working days before the date the meeting will take place.

3.2.2. Agendas and certain papers for the group's governing body and the group's primary care commissioning committee – including details about meeting dates, times and venues - will be published on the group's website at www.bradforddistrictsccg.nhs.uk. Paper copies of the agenda and certain papers will also be made available at meetings of the governing body and primary care commissioning committee. Paper copies are also available upon request by post to Douglas Mill, Bowling Old Lane, Bradford, BD5 7JR or by e-mail to engage@bradford.nhs.uk.

3.3. Petitions

3.3.1. Where a petition has been received by the group, the chair of the governing body shall include the petition as an item for the agenda of the next meeting of the governing body.

3.4. Chair of a meeting

3.4.1. At any meeting of the group or its governing body or of a committee or sub-committee, the chair of the group, governing body, committee or sub-committee, if any and if present, shall preside. If the chair is absent from the meeting, the deputy chair, if any and if present, shall preside.

3.4.2. If the chair is absent temporarily on the grounds of a declared conflict of interest the deputy chair, if present, shall preside. If both the chair and deputy chair are absent, or are disqualified from participating, or there is neither a chair or deputy a member of the group, governing body, committee or sub-committee respectively shall be chosen by the members present, or by a majority of them, and shall preside.

3.5. Chair's ruling

3.5.1. The decision of the chair of the governing body on questions of order, relevancy and regularity and their interpretation of the constitution, standing orders, scheme of reservation and delegation and prime financial policies at the meeting, shall be final.

3.6. Quorum

3.6.1. No business shall be transacted at a governing body meeting unless the following are present:

a) the chair or deputy chair

b) 50% of the membership

Attendance by telephone or video link is deemed to count towards quorum.

Members may send deputies to represent them at governing body meetings with the agreement of the clinical chair. Deputies will count towards quorum but will only have voting rights if they have formal acting up status.

3.6.2. If the chair or other member has been disqualified from participating in the discussion on any matter and/or from voting on any resolution by reason of a declaration of a conflict of interest, that person shall no longer count towards the quorum.

3.6.3. For all other of the group's committees and sub-committees, including the governing body's committees and sub-committees, the details of the quorum for these meetings and status of representatives are set out in the appropriate terms of reference

3.7. Decision making

3.7.1. Chapter 6 of the group's constitution, together with the scheme of reservation and delegation, sets out the governing structure for the exercise of the group's statutory functions. Generally it is expected that at the group's / governing body's meetings decisions will be reached by consensus. Should this not be possible then a vote of members will be required, the process for which is set out below:

a) **eligibility** – all members (or representatives with formal acting up status) shall have a single vote

b) **majority necessary to confirm a decision** – simple majority of those present (present includes those attending via telephone or video link)

c) **casting vote** – the chair of the governing body

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

3.7.3. For all other of the group's committees and sub-committees, including the governing body's committees and sub-committee, the details of the process for holding a vote are set out in the appropriate terms of reference.

3.8. Emergency powers and urgent decisions

3.8.1. It is recognised that there will be times when urgent decisions are required. The clinical chair, the accountable officer and chief finance officer have the authority to define an urgent decision.

3.8.2. The clinical chair, accountable officer and chief finance officer have the authority individually to make an urgent decision without consultation with the clinical board or governing body, although efforts must be made where possible to

contact and consult with the clinical board or governing body before taking such decisions. Where possible, they will always discuss urgent decisions with others who have this equal authority.

3.8.3. Such decisions will be reported to the next clinical board meeting and if relevant, to the next governing body meeting. To ensure that any urgent decisions taken are examined and the principles of good governance are upheld, a report will be submitted detailing:

a) the grounds on which it was decided to take the decision on an urgent basis, and
b) the efforts made to contact the relevant other members of the clinical board or governing body prior to taking the decision.

3.8.4. For all other of the group's committees and sub-committees, including the governing body's committees and sub-committee, the details of the process for defining and making urgent decisions are set out in the appropriate terms of reference.

3.9. Suspension of Standing Orders

3.9.1. Except where it would contravene any statutory provision or any direction made by the Secretary of State for Health or NHS England, any part of these standing orders may be suspended at any meeting, provided two-thirds of members present are in agreement.

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

3.9.3. A separate record of matters discussed during the suspension shall be kept. These records shall be made available to the governing body's audit and governance committee for review of the reasonableness of the decision to suspend standing orders.

3.10. Record of Attendance

3.10.1. The names of all members present at any meeting shall be recorded in the minutes of the group's meetings.

3.11. Minutes

3.11.1. The minutes of the proceedings of a meeting will be confirmed as a true record through formal acknowledgement at the next meeting.

3.11.2. Attendees and apologies will be recorded in the minutes.

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

3.11.4. Minutes shall be sent to meeting members. Minutes of meetings held in public (governing body and primary care commissioning committee) will be made public via the group's website www.bradforddistrictsccg.nhs.uk.

3.11.5. Administrative support will be made available to take and draft minutes.

3.12. Admission of public and the press

3.12.1. Admission and exclusion of the public and press at CCG meetings would be based on grounds of confidentiality of the business to be transacted.

3.12.2. All meetings of the CCG will be open to the membership of the CCG, except were a conflicts of interest exists.

3.12.3. The CCG will agree and publicise criteria for exclusion of business from the public part of governing body and primary care commissioning committee meetings.

3.12.4. The public and representatives of the press may attend any meeting of the governing body or the primary care commissioning committee and should only be required to withdraw from these meetings where any information being shared is exempt from publication under the agreed criteria.

3.12.5. The public and representatives of the press shall be required to withdraw from the meeting upon a resolution as follows:

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

3.12.6. A meeting can consider an emergency resolution to exclude the public / press, or to adjourn to a private place if any of those present are disrupting its business and will not leave on request.

3.12.7. When the public / press are excluded, members and other invited attendees will be required not to disclose the contents of papers or discussions without the express permission of the chair of the governing body or the chair of the primary care commissioning committee. The discussion can identify a future point at which the contents are no longer confidential and the minutes shall record this.

4. APPOINTMENT OF COMMITTEES AND SUB-COMMITTEES

4.1. Appointment of committees and sub-committees

4.1.1. The group may appoint committees and sub-committees of the group, subject to any regulations made by the Secretary of State[68], and make provision for the

[68] See section 14N of the 2006 Act, inserted by section 25 of the 2012 Act

appointment of committees and sub-committees of its governing body. Where such committees and sub-committees of the group, or committees and sub-committees of its governing body, are appointed they are included in Chapter 6 of the group's constitution.

4.1.2. Other than where there are statutory requirements, such as in relation to the governing body's audit committee or remuneration committee, the group shall determine the membership and terms of reference of committees and sub-committees and shall, if it requires, receive and consider reports of such committees at the next appropriate meeting of the group.

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

4.2. Terms of Reference

4.2.1. Terms of reference shall have effect as if incorporated into the constitution and shall be made available on the CCG website www.bradforddistrictsccg.nhs.uk.

4.3. Delegation of Powers by Committees to Sub-committees

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

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

5.1. 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 audit and governance committee and where appropriate to the next formal meeting of the governing body for action or ratification. All members of the group and staff have a duty to disclose any non-compliance with these standing orders to the accountable officer as soon as possible.

6. USE OF SEAL AND AUTHORISATION OF DOCUMENTS

6.1. Clinical Commissioning Group's seal

6.1.1. The group may have a seal for executing documents where necessary. The following individuals or officers are authorised to authenticate its use by their signature:

a) the accountable officer
b) the chair of the governing body

c) the chief finance officer

6.2. Execution of a document by signature

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

a) the accountable officer
b) the chair of the governing body
c) the chief finance officer

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

7.1. Policy statements: general principles

7.1.1. The group will from time to time agree and approve policy statements / procedures which will apply to all or specific groups of staff employed by the group. The decisions to approve such policies and procedures will be recorded in an appropriate group minute and will be deemed where appropriate to be an integral part of the group's standing orders.

APPENDIX D: SCHEME OF RESERVATION & DELEGATION

SCHEDULE OF MATTERS RESERVED TO THE CLINICAL COMMISSIONING GROUP AND SCHEME OF DELEGATION

1.1. The arrangements made by the group as set out in this scheme of reservation and delegation of decisions shall have effect as if incorporated in the group's constitution.

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

Policy Area	Decision	Reserved or Delegated to
1. REGULATION AND CONTROL	Determine the arrangements by which the members of the group approve those decisions that are reserved for the membership.	COUNCIL OF REPRESENTATIVES
2. REGULATION AND CONTROL	Consideration and approval of applications to NHS England on any matter concerning changes to the group's constitution, including: • terms of reference for the group's governing body (as set out in this constitution) • the overarching scheme of reservation and delegated powers, • arrangements for taking urgent decisions, • standing orders • prime financial policies Consideration and approval of terms of reference for committees of the CCG (including joint committees).	COUNCIL OF REPRESENTATIVES
3. REGULATION AND CONTROL	Consideration and approval of the terms of reference of governing body committees.	GOVERNING BODY

Policy Area	Decision	Reserved or Delegated to
4. REGULATION AND CONTROL	Exercise or delegation of those functions of the clinical commissioning group which have not been retained as reserved by the group, delegated to the governing body, committee or sub-committee or specified member or employee.	ACCOUNTABLE OFFICER
5. REGULATION AND CONTROL	Prepare the group's overarching scheme of reservation and delegation, which sets out those decisions of the group reserved to the membership and those delegated to the • group's governing body • committees and sub-committees of the group, or • its members or employees • and sets out those decisions of the governing body reserved to the governing body and those delegated to the • governing body's committees and sub-committees, • members of the governing body, • an individual who is member of the group but not the governing body or a specified person for inclusion in the group's constitution.	ACCOUNTABLE OFFICER
6. REGULATION AND CONTROL	Approve the group's overarching scheme of reservation and delegation.	COUNCIL OF REPRESENTATIVES
7. REGULATION AND CONTROL	Prepare the group's operational scheme of delegation, which sets out those key operational decisions delegated to individual employees of the clinical commissioning group, not for inclusion in the group's constitution.	ACCOUNTABLE OFFICER
8. REGULATION AND CONTROL	Approve the group's operational scheme of delegation that underpins the group's 'overarching scheme of reservation and delegation' as set out in its constitution.	GOVERNING BODY

Policy Area	Decision	Reserved or Delegated to
9. REGULATION AND CONTROL	Prepare the group's prime financial policies, standing financial instructions and any detailed financial policies.	CHIEF FINANCE OFFICER
10. REGULATION AND CONTROL	Approve the group's standing financial instructions and any detailed financial policies.	JOINT FINANCE & PERFORMANCE COMMITTEE
11. REGULATION AND CONTROL	Approve arrangements for managing exceptional funding requests.	GOVERNING BODY
12. REGULATION AND CONTROL	Set out who can execute a document by signature / use of the seal.	GOVERNING BODY
13. REGULATION AND CONTROL	Receive assurance that the decisions, policies, plans and strategic objectives agreed by executive groups, officers and committees adhere & achieve the functions of the constitution and all decisions are made are in line with the group's code of conduct and conflict of interest policy.	GOVERNING BODY
14. PRACTICE MEMBER REPRESENTATIVES AND MEMBERS OF THE GOVERNING BODY	Approve the arrangements for identifying practice members to represent practices in matters concerning the work of the group;	MEMBERSHIP (constituent practices)
15. PRACTICE MEMBER REPRESENTATIVES AND MEMBERS OF THE GOVERNING BODY	Electing clinical leaders to represent the group's membership on the group's clinical board *NB individual GPs are responsible for elections under the one GP, one vote arrangement*	MEMBERSHIP (constituent practices)

Policy Area	Decision	Reserved or Delegated to
16. PRACTICE MEMBER REPRESENTATIVES AND MEMBERS OF THE GOVERNING BODY	Approve the appointment of governing body members, (aside from the elected members), receive assurance that the process for recruitment was fair and approve the process for removing non-elected members to the governing body (subject to any regulatory requirements)	COUNCIL OF REPRESENTATIVES
17. PRACTICE MEMBER REPRESENTATIVES AND MEMBERS OF THE GOVERNING BODY	Approve arrangements for identifying the group's proposed accountable officer.	COUNCIL OF REPRESENTATIVES
18. STRATEGY AND PLANNING	Agree the vision, values and overall strategic direction of the group.	COUNCIL OF REPRESENTATIVES
19. STRATEGY AND PLANNING	Approve the group's operating structure (i) managerial (ii) clinical leadership	(i) ACCOUNTABLE OFFICER (ii) CLINICAL BOARD
20. STRATEGY AND PLANNING	Development and approval of the group's commissioning plan.	CLINICAL BOARD
21. STRATEGY AND PLANNING	Scrutinise the process by which the commissioning plan is devised.	GOVERNING BODY
22. STRATEGY AND PLANNING	Approve the group's corporate budgets (the financial plan that underpins the commissioning plan) meeting the financial duties as set out in paragraph 5.3 of the main body of the constitution.	GOVERNING BODY
23. STRATEGY AND PLANNING	Approval of variations to the approved budget where variation would have a significant impact on the overall approved levels of income and expenditure or the group's ability to achieve its agreed strategic aims.	GOVERNING BODY

Policy Area	Decision	Reserved or Delegated to
24. STRATEGY AND PLANNING	Make decisions on the review, planning and procurement of commissioned services, other than those delegated to a specific committee, as set out in this scheme of reservation and delegation of	CLINICAL BOARD
25. STRATEGY AND PLANNING	Make decisions on the review, planning and procurement of primary care medical services in CCG area (as per the terms of the delegation agreement with NHS England).	PRIMARY CARE COMMISSIONING COMMITTEE
26. STRATEGY AND PLANNING	Make decisions on the review, planning and procurement of services as specified in the joint clinical committee terms of reference.	JOINT CLINICAL COMMITTEE
27. STRATEGY AND PLANNING	Make decisions on the review, planning and procurement of services as specified in the West Yorkshire and Harrogate CCGs joint committee* memorandum of understanding, terms of reference and annual work plan. * known as 'healthy futures'	WEST YORKSHIRE AND HARROGATE CCGs JOINT COMMITTEE
28. ANNUAL REPORTS AND ACCOUNTS	Receive the group's annual report and annual accounts.	COUNCIL OF REPRESENTATIVES
29. ANNUAL REPORTS AND ACCOUNTS	Approve the group's annual report and annual accounts.	AUDIT & GOVERNANCE COMMITTEE
30. ANNUAL REPORTS AND ACCOUNTS	Approve the arrangements for discharging the group's statutory financial duties.	GOVERNING BODY
31. HUMAN RESOURCES	Approve the terms and conditions, remuneration and travelling or other allowances for governing body members (excluding the lay members) and clinical board members including pensions and gratuities.	REMUNERATION COMMITTEE
32. HUMAN RESOURCES	Approve the terms and conditions, remuneration and travelling or other allowances for the lay members, including pensions and gratuities.	GOVERNING BODY

Policy Area	Decision	Reserved or Delegated to
33. HUMAN RESOURCES	Approve arrangements for the determination of terms and conditions of employment for all employees of the group including, pensions, remuneration, fees and travelling or other allowances payable to employees and to other persons providing services to the group.	REMUNERATION COMMITTEE
34. HUMAN RESOURCES	Approve disciplinary arrangements for employees, including the accountable officer (where he/she is an employee or member of the clinical commissioning group) and for other persons working on behalf of the group.	REMUNERATION COMMITTEE
35. HUMAN RESOURCES	Review disciplinary arrangements where the accountable officer is an employee or member of another clinical commissioning group.	REMUNERATION COMMITTEE
36. HUMAN RESOURCES	Approve the arrangements for discharging the group's statutory duties as an employer.	REMUNERATION COMMITTEE
37. HUMAN RESOURCES	Following consultation with the staff partnership forum, approve human resources policies for employees and for other persons working on behalf of the group	SENIOR MANAGEMENT TEAM (following consultation with the STAFF PARTNERSHIP FORUM) Remuneration related policies and the disciplinary policy also require approval from REMUNERATION COMMITTEE

Policy Area	Decision	Reserved or Delegated to
38. QUALITY AND SAFETY	Approve arrangements, including supporting policies, to minimise clinical risk, maximise patient safety and to secure continuous improvement in quality and patient outcomes.	JOINT QUALITY COMMITTEE
39. QUALITY AND SAFETY	Approve arrangements for supporting NHS England in discharging its responsibilities in relation to securing continuous improvement in the quality of general medical services.	JOINT QUALITY COMMITTEE
40. OPERATIONAL AND RISK MANAGEMENT	Approve the group's counter fraud and security management arrangements.	AUDIT & GOVERNANCE COMMITTEE
41. OPERATIONAL AND RISK MANAGEMENT	Approve the group's risk management arrangements.	AUDIT & GOVERNANCE COMMITTEE
42. OPERATIONAL AND RISK MANAGEMENT	Approve arrangements for risk sharing and or risk pooling with other organisations (for example arrangements for pooled funds with other clinical commissioning groups or pooled budget arrangements under section 75 of the NHS Act 2006).	JOINT FINANCE AND PERFORMANCE COMMITTEE
43. OPERATIONAL AND RISK MANAGEMENT	Approve comprehensive system of internal control, including budgetary control, that underpins the effective, efficient and economic operation of the group.	ACCOUNTABLE OFFICER
44. OPERATIONAL AND RISK MANAGEMENT	Approve proposals for action on litigation against or on behalf of the clinical commissioning group.	GOVERNING BODY
45. OPERATIONAL AND RISK MANAGEMENT	Approve the group's arrangements for business continuity and emergency planning.	GOVERNING BODY

Policy Area	Decision	Reserved or Delegated to
46. INFORMATION GOVERNANCE	Approve the group's arrangements for handling complaints.	GOVERNING BODY
47. INFORMATION GOVERNANCE	Approve the arrangements for ensuring appropriate and safekeeping and confidentiality of records and for the storage, management and transfer of information and data.	AUDIT & GOVERNANCE COMMITTEE
48. TENDERING AND CONTRACTING	Approve the group's contracts.	AS PER APPROVAL THRESHOLDS SET OUT IN STANDING FINANCIAL INSTRUCTIONS
49. PARTNERSHIP WORKING	Approve frameworks for collaborative decision-making and delegation to individual members or employees of the group participating in joint arrangements on behalf of the group.	COUNCIL OF REPRESENTATIVES
50. COMMISSIONING AND CONTRACTING FOR CLINICAL SERVICES	Approve the arrangements for discharging the group's statutory duties associated with its commissioning functions, including but not limited to promoting the involvement of each patient, patient choice, reducing inequalities, improvement in the quality of services, obtaining appropriate advice and public engagement and consultation.	GOVERNING BODY
51. COMMISSIONING AND CONTRACTING FOR CLINICAL SERVICES	Approve arrangements for co-ordinating the commissioning of services with other groups and / or with the local authority, where appropriate.	CLINICAL BOARDS
52. COMMUNICATIONS	Determining and approving arrangements for handling Freedom of Information requests	AUDIT & GOVERNANCE COMMITTEE

APPENDIX E – PRIME FINANCIAL POLICIES

1. INTRODUCTION

1.1. General

1.1.1. These prime financial policies and the CCG's standing financial instructions shall have effect as if incorporated into the group's constitution.

1.1.2. The prime financial policies are part of the group's control environment for managing the organisation's financial affairs. They contribute to good corporate governance, internal control and managing risks. They enable sound administration, lessen the risk of irregularities and support commissioning and delivery of effective, efficient and economical services. They also help the accountable officer and chief finance officer to effectively perform their responsibilities. They should be used in conjunction with the scheme of reservation and delegation found at Appendix D.

1.1.3. In support of these prime financial policies, the group has prepared a set of standing financial instructions, approved by the joint finance and performance committee. The group refers to these prime financial policies and the standing financial instructions together as the clinical commissioning group's financial policies.

1.1.4. These prime financial policies identify the financial responsibilities which apply to everyone working for the group and its constituent organisations. They do not provide detailed procedural advice and should be read in conjunction with the standing financial instructions and any detailed procedural documents. The joint finance and performance committee is responsible for approving standing financial instructions and any detailed financial policies.

1.1.5. The group's standing financial instructions will be published and maintained on the group's website at www.bradforddistrictsccg.nhs.uk.

1.1.6. Should any difficulties arise regarding the interpretation or application of any of the prime financial policies or standing financial instructions then the advice of the chief finance officer must be sought before acting. The user of these prime financial policies and standing financial instructions should also be familiar with and comply with the provisions of the group's constitution, standing orders and scheme of reservation and delegation.

1.1.7. Failure to comply with prime financial policies, standing orders or standing financial instructions can in certain circumstances be regarded as a disciplinary matter that could result in dismissal.

1.2. Overriding Prime Financial Policies

1.2.1. If for any reason these prime financial policies are not complied with, full details of the non-compliance and any justification for non-compliance and the circumstances around the non-compliance shall be reported to the next formal

meeting of the governing body's audit and governance committee for referring action or ratification. All of the group's members and employees have a duty to disclose any non-compliance with these prime financial policies to the chief finance officer as soon as possible.

1.3. Responsibilities and delegation

1.3.1. The roles and responsibilities of group's members, employees, members of the governing body, members of the governing body's committees and sub-committees, members of the group's committee and sub-committee (if any) and persons working on behalf of the group are set out in chapters 6 and 7 of this constitution.

1.3.2. The financial decisions delegated by members of the group are set out in the group's scheme of reservation and delegation (see Appendix D).

1.4. Contractors and their employees

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

1.5. Amendment of Prime Financial Policies

1.5.1. To ensure that these prime financial policies remain up-to-date and relevant, the chief finance officer will review them at least annually. Following consultation with the accountable officer and scrutiny by the governing body's audit and governance committee or by the joint finance and performance committee, the chief finance officer will recommend amendments, as fitting, to the council of representatives for approval. As these prime financial policies are an integral part of the group's constitution, any amendment will not come into force until the group applies to NHS England and that application is granted.

2. INTERNAL CONTROL

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

2.1. The governing body is required to establish an audit and governance committee with terms of reference agreed by the governing body (see paragraph 6.6.3(a) of the group's constitution for further information).

2.2. The accountable officer has overall responsibility for the group's systems of internal control.

2.3. The chief finance officer will ensure that:

a) financial policies are considered for review and update annually;
b) a system is in place for proper checking and reporting of all breaches of financial policies; and
c) a proper procedure is in place for regular checking of the adequacy and effectiveness of the control environment.

3. AUDIT

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

3.1. In line with the terms of reference for the group's audit and governance committee, the person appointed by the group to be responsible for internal audit and the appointed external auditor will have direct and unrestricted access to audit and governance committee members and the chair of the governing body, accountable officer and chief finance officer for any significant issues arising from audit work that management cannot resolve, and for all cases of fraud or serious irregularity.

3.2. The person appointed by the group to be responsible for internal audit and the external auditor will have access to the audit and governance committee and the accountable officer to review audit issues as appropriate. All audit and governance committee members, the chair of the governing body and the accountable officer will have direct and unrestricted access to the head of internal audit and external auditors.

3.3. The chief finance officer will ensure that:

a) the group has a professional and technically competent internal audit function, and
b) the audit and governance committee approves any changes to the provision or delivery of assurance services to the group

4. FRAUD AND CORRUPTION

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

4.1. The governing body's audit and governance committee will satisfy itself that the group has adequate arrangements in place for countering fraud and shall review the outcomes of counter fraud work. It shall also approve the counter fraud work programme.

4.2. The governing body's audit and governance committee will ensure that the group has arrangements in place to work effectively with NHS Counter Fraud Authority.

5. EXPENDITURE CONTROL

5.1. The group is required by statutory provisions[69] to ensure that its expenditure does not exceed the aggregate of allotments from NHS England and any other sums it has received and is legally allowed to spend.

5.2. The accountable officer has overall executive responsibility for ensuring that the group complies with certain of its statutory obligations, including its financial and accounting obligations, and that it exercises its functions effectively, efficiently and economically and in a way which provides good value for money.

5.3. The chief finance officer will:

a) provide reports in the form required by NHS England
b) ensure money drawn from NHS England is required for approved expenditure only is drawn down only at the time of need and follows best practice;
c) be responsible for ensuring that an adequate system of monitoring financial performance is in place to enable the group to fulfil its statutory responsibility not to exceed its expenditure limits, as set by direction of NHS England

6. ALLOTMENTS[70]

6.1. The group's chief finance officer will:

a) periodically review the basis and assumptions used by NHS England for distributing allotments and ensure that these are reasonable and realistic and secure the group's entitlement to funds
b) prior to the start of each financial year submit to the governing body for approval a report showing the total allocations received and their proposed distribution including any sums to be held in reserve,and
c) regularly update the governing body on significant changes to the initial allocation and the uses of such funds.

7. COMMISSIONING STRATEGY, BUDGETS, BUDGETARY CONTROL AND MONITORING

POLICY – the group will produce and publish an annual commissioning plan[71] that explains how it proposes to discharge its financial duties. The group will support this with comprehensive medium term financial plans and annual budgets

69 See section 223H of the 2006 Act, inserted by section 27 of the 2012 Act
70 See section 223(G) of the 2006 Act, inserted by section 27 of the 2012 Act.
71 See section 14Z11 of the 2006 Act, inserted by section 26 of the 2012 Act.

7.1. The accountable officer will compile and submit to the governing body a commissioning strategy which takes into account financial targets and forecast limits of available resources.

7.2. Prior to the start of the financial year the chief finance officer will, on behalf of the accountable officer, prepare and submit budgets for approval by the governing body.

7.3. The chief financial officer shall monitor financial performance against budget and plan, periodically review them, and report to the governing body and clinical board. This report should include explanations for variances. These variances must be based on any significant departures from agreed financial plans or budgets.

7.4. The accountable officer is responsible for ensuring that information relating to the group's accounts or to its income or expenditure, or its use of resources is provided to NHS England as requested.

7.5. The accountable officer will approve consultation arrangements for the group's commissioning plan[72].

8. ANNUAL ACCOUNTS AND REPORTS

POLICY – the group will produce and submit to NHS England accounts and reports in accordance with all statutory obligations[73], relevant accounting standards and accounting best practice in the form and content and at the time required by NHS England

8.1. The chief finance officer will ensure the group:

a) prepares a timetable for producing the annual report and accounts and agrees it with external auditors and the audit and governance committee
b) prepares the accounts according to the timetable approved by the audit and governance committee
c) complies with statutory requirements and relevant directions for the publication of annual report
d) considers the external auditor's management letter and fully address all issues within agreed timescales, and
e) publishes the external auditor's management letter on the group's website at www.bradforddistrictsccg.nhs.uk.

9. INFORMATION TECHNOLOGY

POLICY – the group will ensure the accuracy and security of the group's computerised financial data

[72] See section 14Z13 of the 2006 Act, inserted by section 26 of the 2012 Act

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

9.1. The chief finance officer is responsible for the accuracy and security of the group's computerised financial data and shall

a) devise and implement any necessary procedures to ensure adequate (reasonable) protection of the group's data, programs and computer hardware from accidental or intentional disclosure to unauthorised persons, deletion or 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 the chief finance officer may consider necessary are being carried out.

9.2. In addition the chief finance officer shall ensure that new financial systems and amendments to current financial systems are developed in a controlled manner and thoroughly tested prior to implementation. Where this is undertaken by another organisation, assurances of adequacy must be obtained from them prior to implementation.

10. ACCOUNTING SYSTEMS

POLICY – the group will run an accounting system that creates management and financial accounts

10.1. The chief finance officer will ensure:

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

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

11. BANK ACCOUNTS

POLICY – the group will keep enough liquidity to meet its current commitments

11.1. The chief finance officer will:

a) review the banking arrangements of the group at regular intervals to ensure they are in accordance with Secretary of State directions[74], best practice and represent best value for money
b) manage the group's banking arrangements and advise the group on the provision of banking services and operation of accounts
c) prepare detailed instructions on the operation of bank accounts.

11.2. The audit and governance committee shall approve the banking arrangements.

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

POLICY – the group will
- operate a sound system for prompt recording, invoicing and collection of all monies due
- seek to maximise its potential to raise additional income only to the extent that it does not interfere with the performance of the group or its functions[75]
- ensure its power to make grants and loans is used to discharge its functions effectively[76]

12.1. The chief financial officer is responsible for:

a) designing, maintaining and ensuring compliance with systems for the proper recording, invoicing, and collection and coding of all monies due
b) establishing and maintaining systems and procedures for the secure handling of cash and other negotiable instruments
c) approving and regularly reviewing the level of all fees and charges other than those determined by NHS England or by statute. Independent professional advice on matters of valuation shall be taken as necessary;
d) for developing effective arrangements for making grants or loans

13. TENDERING AND CONTRACTING PROCEDURE

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

74 See section 223H(3) of the NHS Act 2006, inserted by section 27 of the 2012 Act
75 See section 14Z5 of the 2006 Act, inserted by section 26 of the 2012 Act.
76 See section 14Z6 of the 2006 Act, inserted by section 26 of the 2012 Act.

engineering works (including construction and maintenance of grounds and gardens) for disposals

13.1. The group may only enter into contracts, within the statutory framework set up by the 2006 Act, as amended by the 2012 Act. Such contracts shall comply with:

a) the group's standing orders
b) the Public Contracts Regulation 2006, any successor legislation and any other applicable law, and
c) take into account as appropriate any applicable NHS England or the Independent Regulator of NHS Foundation Trusts (Monitor) guidance that does not conflict with (b) above.

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

14. COMMISSIONING

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

14.1. The group will coordinate its work with NHS England, other clinical commissioning groups, local providers of services, local authority, including through health and wellbeing boards, patients and their carers and the voluntary sector and others as appropriate to develop robust commissioning plans.

14.2. The accountable officer will establish arrangements to ensure that regular reports are provided to the clinical board and governing body detailing actual and forecast expenditure and activity for each contract.

14.3. The chief finance officer will maintain a system of financial monitoring to ensure the effective accounting of expenditure under contracts. This should provide a suitable audit trail for all payments made under the contracts whilst maintaining patient confidentiality.

15. RISK MANAGEMENT AND INSURANCE

POLICY – the group will put arrangements in place for evaluation and management of its risks

15.1. The group will do this by:

a) putting in place a risk management strategy setting out its arrangements for managing risk
b) putting in place an assurance framework, in a format based on best practice, which will be reviewed regularly by the governing body

c) putting in place a corporate risk register, in a format based on best practice, which will be regularly reviewed and reported
d) arranging appropriate insurance cover

16. PAYROLL

POLICY – the group will put arrangements in place for an effective payroll service

16.1. The chief finance officer will ensure that the payroll service selected:

a) is supported by appropriate (i.e. contracted) terms and conditions
b) has adequate internal controls and audit review processes
c) has suitable arrangements for the collection of payroll deductions and payment of these to appropriate bodies

16.2. In addition the chief finance office shall set out comprehensive procedures for the effective processing of payroll.

17. NON-PAY EXPENDITURE

POLICY – the group will seek to obtain the best value for money goods and services received

17.1. The governing body will approve the level of non-pay expenditure on an annual basis and the accountable officer will determine the level of delegation to budget managers

17.2. The accountable officer shall set out procedures on the seeking of professional advice regarding the supply of goods and services.

17.3. The chief finance officer will:

a) advise the governing body on the setting of thresholds above which quotations (competitive or otherwise) or formal tenders must be obtained; and, once approved, the thresholds should be incorporated in the scheme of reservation and delegation (Appendix D)

b) be responsible for the prompt payment of all properly authorised accounts and claims

c) be responsible for designing and maintaining a system of verification, recording and payment of all amounts payable

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

POLICY – the group will put arrangements in place to manage capital investment, maintain an asset register recording fixed assets and put in place polices to secure the safe storage of the group's fixed assets

18.1. The accountable officer will

a) ensure that there is an adequate appraisal and approval process in place for determining capital expenditure priorities and the effect of each proposal upon plans

b) be responsible for the management of all stages of capital schemes and for ensuring that schemes are delivered on time and to cost

c) shall ensure that the capital investment is not undertaken without confirmation of purchaser(s) support and the availability of resources to finance all revenue consequences, including capital charges

d) be responsible for the maintenance of registers of assets, taking account of the advice of the chief finance officer concerning the form of any register and the method of updating, and arranging for a physical check of assets against the asset register to be conducted once a year

18.2. The chief finance officer will prepare detailed procedures for the disposals of assets.

19. RETENTION OF RECORDS

POLICY – the group will put arrangements in place to retain all records in accordance with records management code of practice for health and social care 2016 and other relevant notified guidance

19.1. The accountable officer shall:

a) be responsible for maintaining all records required to be retained in accordance with records management code of practice for health and social care 2016 and other relevant notified guidance
b) ensure that arrangements are in place for effective responses to freedom of information requests
c) publish and maintain a freedom of information publication scheme

20. TRUST FUNDS AND TRUSTEES

POLICY – the group will put arrangements in place to provide for the appointment of trustees if the group holds property on trust

20.1. The chief finance officer shall ensure that each trust fund which the group is responsible for managing is managed appropriately with regard to its purpose and to its requirements.

20.2. The group does not currently have any trust funds.

APPENDIX F - NOLAN PRINCIPLES

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

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

2. **integrity** – Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might seek to influence them in the performance of their official duties

3. **objectivity** – In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit

4. **accountability** – Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office

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

6. **honesty** – Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest

7. **leadership** – Holders of public office should promote and support these principles by leadership and example

Source: *The First Report of the Committee on Standards in Public Life* (1995)[77]

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

APPENDIX G – NHS CONSTITUTION

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

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

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

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

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

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

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

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

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

Source: *The NHS Constitution: The NHS belongs to us all* (March 2012)[78]

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

APPENDIX H – GOVERNANCE STRUCTURE DIAGRAM