NHS
Bath and
North East Somerset
Clinical Commissioning Group

NHS Bath and North East Somerset CLINICAL COMMISSIONING GROUP

CONSTITUTION

Version	Effective Date	Changes
1.0	07.09.2012	Constitution approved by NHSE
2.0	03.06.2016	NHSE approved amendments to facilitate Primary Care Co-commissioning with NHSE
3.0		NHSE approved amendments to facilitate Primary Care Fully Delegated Commissioning
4.0	27.06.2019	NHSE approved adoption of 2018-issued standard model constitution

Contents

1 Introduction

1.1 Name

The name of this clinical commissioning group is NHS Bath and North East Somerset (BaNES) Clinical Commissioning Group ("the CCG").

1.2 Statutory Framework

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

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

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

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

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

1.2.5 CCGs are clinically-led membership organisations made up of general practices. The Members of the CCG are responsible for determining the governing

arrangements for the CCG, including arrangements for clinical leadership, which are set out in this Constitution.

1.3 Status of this Constitution

1.3.1 This CCG was first authorised on 1 April 2013.

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

1.3.3 The constitution is published on the CCG website at www. http://www.bathandnortheastsomersetccg.nhs.uk/documents/policies-and-governance/nhs-banes-ccg-constitution-june-2019.

1.4 Amendment and Variation of this Constitution

1.4.1 This constitution can only be varied in two circumstances.

a) where the CCG applies to NHS England and that application is granted; and

b) where in the circumstances set out in legislation NHS England varies the constitution other than on application by the CCG.

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

a) Changes are thought to have a material impact;
b) Changes are proposed to the reserved powers of the members;
c) At least half (50%) of all the Governing Body Members formally request that the amendments be put before the membership for approval.

1.5 Related documents

1.5.1 This Constitution is also informed by a number of documents, detailed below, which provide further details on how the CCG will operate. These are the Statutory Committees' Terms of Reference (Appendix 2), Standing Orders (Appendix 3) and the Standing Financial Instructions (Appendix 4). The Governance Handbook does not form part of the Constitution for the purposes of 1.4 above.

a) **Statutory Committees' Terms of Reference** (Audit Committee, Remuneration Committee, Primary Care Commissioning Committee), Appendix 2.

b) **Standing Orders** which set out the arrangements for meetings and the selection and appointment processes for the CCG's Committees, and the CCG Governing Body (including Committees), Appendix 3.

c) **Standing Financial Instructions** which set out the delegated limits for financial commitments on behalf of the CCG, Appendix 4.

d) **The CCG Governance Handbook** which supports governance arrangements but is not part of the Constitution, and includes:

- The Scheme of Reservation and Delegation (SoRD) which sets out those decisions that are reserved for the Membership as a whole and those decisions that have been delegated by the CCG or the Governing Body;
- Prime financial policies which set out the arrangements for managing the CCG's financial affairs;
- Standards of Business Conduct Policy – which includes the arrangements the CG has made for the management of conflicts of interest;
- Non-statutory committees' Terms of Reference;
- Key governance and corporate roles and responsibilities;
- Key corporate policies and procedures.

1.6 Accountability and transparency

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

a) publish our constitution and other key documents including
- the CCG's Governance Handbook;
- key corporate policies including Risk Management Strategy, Standards of Business Conduct, Equality and Diversity policies, Publications Scheme.

b) appoint independent lay members and non-GP clinicians to our Governing Body;

c) manage actual or potential conflicts of interest in line with NHS England's statutory guidance *Managing Conflicts of Interest: Revised Statutory Guidance for CCGs 2017* and expected standards of good practice (see also part 6 of this constitution);

d) hold Governing Body meetings in public (except where we believe that it would not be in the public interest);

e) publish an annual commissioning strategy that takes account of priorities in the health and wellbeing strategy;

f) procure services in a manner that is open, transparent, non-discriminatory and fair to all potential providers and publish a Procurement Strategy;

g) involve the public, in accordance with its duties under section 14Z2 of the 2006 Act, and as set out in more detail in the CCG's Communications and Engagement Strategy;

h) When discharging its duties under section 14Z2, the CCG will ensure that it has due regard of the principles of openness; early and active involvement; fairness and non-discrimination;

i) comply with local authority health overview and scrutiny requirements;

j) meet annually in public to present an annual report which is then published;

k) produce annual accounts which are externally audited;

l) publish a clear complaints process;

m) comply with the Freedom of Information Act 2000 and with the Information Commissioner Office requirements regarding the publication of information relating to the CCG;

n) provide information to NHS England as required; and

o) be an active member of the local Health and Wellbeing Board.

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

a) publishing its principal commissioning and operational policies on the CCG's website;

b) holding public engagement events in such format and at such times and frequency as shall be determined by the CCG;

c) identifying a named Lay Member with responsibility for public and patient engagement;

d) ensuring that the Council of Members holds the Governing Body to account.

1.6.3 The Governing Body will have an ongoing role in keeping the CCG's governance arrangements under review, to ensure that the CCG continues to comply with statutory requirements, and to reflect the principles of good governance.

1.7 Liability and Indemnity

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

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

1.7.3 No Member or former Member, nor any person who is at any time a proprietor, officer or employee of any Member of former Member, shall be liable on any winding-up or dissolution of the CCG to contribute to the assets of the CCG, whether for the payment of its debts and liabilities or the expenses of its winding-up or otherwise.

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

2 Area Covered by the CCG

2.1.1 The area covered by the CCG is fully coterminous with Bath and North East Somerset Council.

2.1.2 The area of the Group may be divided into groupings or networks, as set out in the Standing Orders.

3 Membership Matters

3.1 Membership of the Clinical Commissioning Group

3.1.1 The CCG is a membership organisation.

3.1.2 All practices who provide primary medical services to a registered list of patients under a General Medical Services, Personal Medical Services or Alternative Provider Medical Services contract in our area are eligible for membership of this CCG. Membership of the CCG is not transferable.

3.1.3 The 24 practices which make up the membership of the CCG are listed below.

Batheaston Medical Centre	Coalpit Road, Batheaston, Bath BA1 7NP
Chew Medical Practice	Chew Lane, Chew Stoke, Bristol BS40 8UE
Combe Down Surgery	The Avenue, Combe Down, Bath BA2 5EG
Elm Hayes Surgery	Clandown Road, Paulton, Bristol BS39 7SF
Fairfield Park Health Centre	Tyning Lane, Camden Road, Bath BA1 6EA
Grosvenor Place Surgery	26 Grosvenor Place, London Road, Bath BA1 6BA
Harptree Surgery	Bristol Road, West Harptree BS40 6HF
Hillcrest Surgery	Wellow Lane, Peasedown St John BA2 8JQ
Hope House Surgery	The Street, Radstock BA3 3PL
Monmouth Surgery	8 Monmouth Place, Bath BA1 2AU
Newbridge Surgery	129 Newbridge Hill, Bath BA1 3PT
Heart of Bath Medical Partnership	45 Upper Oldfield Park, Bath BA2 3HT
Pulteney Practice	35 Great Pulteney Street, Bath BA2 4BY
Rush Hill & Weston Surgery	20 Rush Hill, Bath BA2 2QH
Somerton House Surgery	79a North Road, Midsomer Norton, Radstock BA3 2QE
St Augustines	4 Station Road, Keynsham BS31 2BN
St Chads & Chilcompton Surgeries	Gullick Tyning, Midsomer Norton BA3 2UH
St Marys Surgery (Timsbury)	St Marys Close, Timsbury, Bath BA2 0HE
St Michael's and The Beehive	Walwyn Close, Twerton, Bath BA2 1ER
Temple House Practice	Keynsham Health Centre. St Clements Rd, Keynsham BS31 1AF
University Medical Centre	Quarry House, North Road, Bath BA2 7AY
West View Surgery	9 Park Road , Keynsham BS31 1BX
Westfield Surgery	Waterford Park, Radstock BA3 3UJ
Widcombe	3-4 Widcombe Parade, Widcombe, Bath BA2 4JT

3.2 Nature of Membership and Relationship with CCG

3.2.1 The CCG is made up of the member practices listed above. These CCG Members are integral to the functioning of the CCG. Those exercising delegated functions on behalf of the Membership, including the Governing Body, remain accountable to the Membership.

3.3 Members' Rights

3.3.1 Members' rights and decision-making powers are set out in the Standing Orders and the CCG's Scheme of Reservations and Delegations (SORD), respectively.

3.4 Members' Meetings

3.4.1 To ensure the effective participation by each of its Members, the CCG has constituted the Council of Members which comprises all Member Practice Representatives.

3.4.2 Meetings of the Council of Members take place regularly and in accordance with the procedure set out in the Standing Orders.

3.5 Practice Representatives

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

3.5.2 The Practice Representatives meet as the Council of Members. In addition, the CCG regularly engages with Practice Representatives through other information and engagement events and channels. The role of the Practice Representative is described in the Standing Orders.

4 Arrangements for the Exercise of our Functions

4.1 Good Governance

4.1.1 The CCG will, at all times, observe generally accepted principles of good governance, and will promote good governance and proper stewardship of public resources in pursuance of its goals and in meeting its statutory duties.

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

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

b) The Good Governance Standard for Public Services;

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

d) the seven key principles of the NHS Constitution;

e) the Equality Act 2010.

4.2 General

4.2.1 The CCG will:

a) comply with all relevant laws, including regulations;

b) comply with directions issued by the Secretary of State for Health or NHS England;

c) have regard to statutory guidance including that issued by NHS England; and

d) take account, as appropriate, of other documents, advice and guidance.

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

4.3 Authority to Act: the CCG

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

a) any of its Members or employees;

b) its Governing Body;

c) a Committee or Sub-Committee of the CCG.

4.3.2 The extent of the respective bodies' and individuals' authority to act and of the powers delegated to them by the CCG is expressed through:

a) the CCG's Scheme of Reservation and Delegation; and

b) Committees' Terms of Reference.

4.4 Authority to Act: the Governing Body

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

a) any Member of the Governing Body;

b) a Committee or Sub-Committee of the Governing Body;

c) a Member of the CCG who is an individual (but not a Member of the Governing Body); and

d) any other individual who may be from outside the organisation and who can provide assistance to the CCG in delivering its functions.

4.4.2 The extent of the respective bodies' and individuals' authority to act and of the powers delegated to them by the Governing Body is expressed through:

a) the CCG's Scheme of Reservation and Delegation; and

b) Committees' Terms of Reference.

5 Procedures for Making Decisions

5.1 Scheme of Reservation and Delegation

5.1.1 The CCG has agreed the Scheme of Reservation and Delegation (SoRD) which is appended to the Governance Handbook, but not forming part of this Constitution.

5.1.2 The CCG's Scheme of Reservation and Delegation sets out:

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

b) Those decisions that have been delegated by the CCG, the Governing Body or other individuals.

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

a) Changes are proposed to the reserved powers; or

b) At least half (50%) of all the Governing Body member practice representatives (including the Chair) formally request that the amendments be put before the membership for approval.

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

5.2 Standing Orders

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

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

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

5.3 Standing Financial Instructions (SFIs)

5.3.1 The CCG has agreed a set of SFIs which include the delegated limits of financial authority set out in the Scheme of Reservation and Delegation.

5.3.2 A copy of the SFIs is included at Appendix 4 and forms part of this constitution.

5.4 The Governing Body: Its Role and Functions

5.4.1 The Governing Body has statutory responsibility for:

a) ensuring that the CCG has appropriate arrangements in place to exercise its functions effectively, efficiently and economically and in accordance with the CCG's principles of good governance (its main function); and for

b) determining the remuneration, fees and other allowances payable to employees or other persons providing services to the CCG and the allowances payable under any pension scheme established.

5.4.2 In order to discharge its statutory responsibility, the Governing Body exercises the following key functions which are also set out in the Scheme of Reservation and

Delegation. Any delegated functions must be exercised within the procedural framework established by the CCG and primarily set out in the Standing Orders and SFIs.

a) leading the development of vision and strategy for the CCG;

b) overseeing and monitoring quality improvement;

c) approving the CCG's Commissioning Plans and its consultation arrangements;

d) stimulating innovation and modernisation;

e) overseeing and monitoring performance;

f) overseeing risk assessment and securing assurance actions to mitigate identified strategic risks;

g) promoting a culture of strong engagement with patients, their carers, Members, the public and other stakeholders about the activity and progress of the CCG;

h) ensuring good governance and leading a culture of good governance throughout the CCG.

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

5.5 Composition of the Governing Body

5.5.1 Pursuant of the requirements of the National Health Service (Clinical Commissioning Groups) Regulations 2012, and ensuring a clinical majority, the CCG's Governing Body comprises:

a) The Chair (a GP or lay member of the Board);

b) The Accountable Officer;

c) The Chief Finance Officer;

d) A Secondary Care Specialist;

e) A registered nurse;

f) Three lay members:
- one who has qualifications, expertise or experience to enable them to lead on finance and audit matters, and takes a lead role in overseeing key elements of governance;
- one who has knowledge about the CCG area enabling them to express an informed view about discharge of the CCG functions (and who is the chair or vice chair of the Primary Care Commissioning Committee).

- one who leads on patient and public participation matters;

5.5.2 The CCG has agreed as additional members six representatives who are GPs or healthcare professionals.

5.6 Additional Attendees at the Governing Body Meetings

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

5.7 Appointments to the Governing Body

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

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

5.8 Committees and Sub-Committees

5.8.1 The CCG may establish Committees and Sub-Committees of the CCG, including joint committees and committees in common.

5.8.2 The Governing Body may establish Committees and Sub-Committees, including joint committees and committees in common.

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

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

5.8.5 In discharging functions of the CCG that have been delegated to them, the CCG's Governing Body, any committees (joint, in common, or sub-committees), and any individuals must:

a) act within the remit of their respective terms of reference;

b) comply with the CCG's principles of good governance;

c) operate in accordance with the CCG's Scheme of Reservation and Delegation;

d) comply with the CCG's Standing Orders;

e) comply with the CCG's arrangements for discharging its statutory duties;

f) ensure that Member practices have had the opportunity to contribute to the Group's decision making process, as appropriate.

5.9 Committees of the Governing Body

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

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

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

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

5.9.5 The Remuneration Committee will be chaired by a lay member of the CCG Governing Body other than the audit chair. All members of the Remuneration Committee will be members of the CCG Governing Body.

5.9.6 **Primary Care Commissioning Committee:** NHS England has delegated primary care commissioning functions to the CCG. As is required by the terms of the delegation from NHS England in relation to primary care commissioning functions, the CCG has established a Primary Care Commissioning Committee, which reports to the Governing Body and to NHS England. Membership of the Committee is determined in accordance with the requirements of *Managing Conflicts of Interest: Revised statutory Guidance for CCGs 2017*. This includes the requirement for a lay member Chair and a lay Vice Chair.

5.9.7 None of the above Committees may operate on a joint committee basis with another CCG(s). However, the Governing Body may determine that any of the above committees meet as Committees in Common with other CCGs if this is deemed to facilitate and support collaborative or joint commissioning

arrangements.

5.9.8 The Terms of Reference for each of the above committees are included in Appendix 2 to this constitution and form part of the constitution.

5.9.9 To facilitate and further collaborative and joint commissioning arrangements with its Local Authority partners, the Governing Body has established the Integration Committee, with its sub-committee the Joint Commissioning Committee. The Integration Committee meets with the BaNES Council's Cabinet Committee as the Health and Care Board (HCB). The HCB Terms of Reference are published on https://democracy.bathnes.gov.uk/mgCommitteeDetails.aspx?ID=631.

5.9.10 The Governing Body has established a number of other Committees to assist it with the discharge of its functions.

5.9.11 Delegations to the Governing Body's non-statutory Committees as set out in 5.9.9 and 5.9.10 above are set out in the Scheme of Reservation and Delegation, as appropriate. Further information about these Committees, including terms of reference, is published in the CCG's Governance Handbook.

5.10 Collaborative Commissioning Arrangements

5.10.1 The CCG wishes to work collaboratively with its partner organisations in order to assist it with meeting its statutory duties, particularly those relating to integration. The following provisions set out the framework that will apply to such arrangements.

5.10.2 In addition to the formal joint working mechanisms envisaged below, the Governing Body may enter into strategic or other transformation discussions with its partner organisations, on behalf of the CCG.

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

a) reporting arrangements to the Governing Body, at appropriate intervals;

b) engagement events or other review sessions to consider the aims, objectives, strategy and progress of the arrangements; and

c) progress reporting against identified objectives.

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

a) identify the roles and responsibilities of those CCGs or other partner organisations that have agreed to work together and, if formal joint working is

being used, the legal basis for such arrangements;

b) specify how performance will be monitored and assurance provided to the Governing Body on the discharge of responsibilities, so as to enable the Governing Body to have appropriate oversight as to how system integration and strategic intentions are being implemented;

c) set out any financial arrangements that have been agreed in relation to the collaborative arrangements, including identifying any pooled budgets and how these will be managed and reported in annual accounts;

d) specify under which of the CCG's supporting policies the collaborative working arrangements will operate;

e) specify how the risks associated with the collaborative working arrangement will be managed and apportioned between the respective parties;

f) set out how contributions from the parties, including details around assets, employees and equipment to be used, will be agreed and managed;

g) identify how disputes will be resolved and the steps required to safely terminate the working arrangements;

h) specify how decisions are communicated to the collaborative partners.

5.11 Joint Commissioning Arrangements with Local Authority Partners

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

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

a) Delegating specified commissioning functions to the Local Authority;

b) Exercising specified commissioning functions jointly with the Local Authority;

c) Exercising any specified health-related functions on behalf of the Local Authority.

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

a) agree formal and legal arrangements to make payments to, or receive payments from, the Local Authority, or pool funds for the purpose of joint commissioning;

b) make the services of its employees or any other resources available to the Local Authority; and

c) receive the services of the employees or the resources from the Local Authority.

d) where the Governing Body makes an agreement with one or more Local Authority as described above, the agreement will set out the arrangements for joint working, including details of:

- how the parties will work together to carry out their commissioning functions;
- the duties and responsibilities of the parties, and the legal basis for such arrangements;
- how risk will be managed and apportioned between the parties;
- financial arrangements, including payments towards a pooled fund and management of that fund;
- contributions from each party, including details of any assets, employees and equipment to be used under the joint working arrangements; and
- the liability of the CCG to carry out its functions, notwithstanding any joint arrangements entered into.

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

5.12 Joint Commissioning Arrangements – Other CCGs

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

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

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

a) delegating any of the CCG's commissioning functions to another CCG;

b) exercising any of the Commissioning Functions of another CCG; or

c) exercising jointly the Commissioning Functions of the CCG and another CCG.

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

a) make payments to another CCG;

b) receive payments from another CCG; or

c) make the services of its employees or any other resources available to another CCG; or

d) receive the services of the employees or the resources available to another CCG.

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

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

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

a) how the parties will work together to carry out their commissioning functions;

b) the duties and responsibilities of the parties, and the legal basis for such arrangements;

c) how risk will be managed and apportioned between the parties;

d) financial arrangements, including 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.

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

5.12.9 The liability of the CCG to carry out its functions will not be affected where the

CCG enters into arrangements pursuant to paragraph 5.12.1 above.

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

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

a) make a quarterly written report to the Governing Body;

b) hold at least one annual engagement event to review the aims, objectives, strategy and progress of the joint commissioning arrangements; and

c) publish an annual report on progress made against objectives.

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

5.13 Joint Commissioning Arrangements with NHS England

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

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

5.13.3 In terms of either the CCG's functions or NHS England's functions, the CCG and NHS England may make arrangements to exercise any of their specified commissioning functions jointly.

5.13.4 The arrangements referred to in paragraph 5.13.3 above may include other CCGs, a combined authority or a local authority.

5.13.5 Where joint commissioning arrangements pursuant to 5.13.3 above are entered into, the parties may establish a Joint Committee to exercise the commissioning functions in question. For the avoidance of doubt, this provision does not apply to any functions fully delegated to the CCG by NHS England, including but not limited to those relating to primary care commissioning.

5.13.6 Arrangements made pursuant to 5.13.3 above may be on such terms and conditions (including terms as to payment) as may be agreed between NHS

England and the CCG.

5.13.7 Where the CCG makes arrangements with NHS England (and another CCG if relevant) as described at paragraph 5.13.3 above, the CCG shall develop and agree with NHS England a framework setting out the arrangements for joint working, including details of:

a) how the parties will work together to carry out their commissioning functions;

b) the duties and responsibilities of the parties, and the legal basis for such arrangements;

c) how risk will be managed and apportioned between the parties;

d) financial arrangements, including, if applicable, payments towards a pooled fund and management of that fund;

e) contributions from the parties, including details around assets, employees and equipment to be used under the joint working arrangements.

5.13.8 Where any joint arrangements entered into relate to the CCG's functions, the liability of the CCG to carry out its functions will not be affected where the CCG enters into arrangements pursuant to paragraph 5.13.3 above. Similarly, where the arrangements relate to NHS England's functions, the liability of NHS England to carry out its functions will not be affected where it and the CCG enter into joint arrangements pursuant to 5.13.

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

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

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

a) make a quarterly written report to the Governing Body;

b) hold at least one annual engagement event to review the aims, objectives, strategy and progress of the joint commissioning arrangements; and

c) publish an annual report on progress made against objectives.

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

beginning of the next new financial year after the expiration of the six months' notice period.

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

6.1 Conflicts of Interest

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

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

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

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

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

6.2 Declaring and Registering Interests

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

6.2.2 The CCG will, as a minimum, publish the registers of conflicts of interest and gifts and hospitality of decision making staff at least annually on the CCG website and

make them available at our headquarters upon request.

6.2.3 All relevant persons for the purposes of NHS England's statutory guidance *Managing Conflicts of Interest: Revised Statutory Guidance for CCGs 2017* must declare any interests. Declarations should be made as soon as reasonably practicable and by law within 28 days after the interest arises. This could include interests an individual is pursuing. Interests will also be declared on appointment and during relevant discussion in meetings.

6.2.4 The CCG will ensure that, as a matter of course, declarations of interest are made and confirmed, or updated at least annually. All persons required to, must declare any interests as soon as reasonable practicable and by law within 28 days after the interest arises.

6.2.5 Interests (including gifts and hospitality) of decision making staff will remain on the public register for a minimum of six months. In addition, the CCG will retain a record of historic interests and offers/receipt of gifts and hospitality for a minimum of six years after the date on which it expired. The CCG's published register of interests states that historic interests are retained by the CCG for the specified timeframe and details of whom to contact to submit a request for this information.

6.2.6 Activities funded in whole or in part by third parties who may have an interest in CCG business such as sponsored events, posts and research will be managed in accordance with the CCG policy to ensure transparency and that any potential for conflicts of interest are well-managed.

6.3 Training in Relation to Conflicts of Interest

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

6.4 Standards of Business Conduct

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

a) act in good faith and in the interests of the CCG;

b) follow the Seven Principles of Public Life; set out by the Committee on Standards in Public Life (the Nolan Principles);

c) comply with the standards set out in the Professional Standards Authority guidance - *Standards for Members of NHS Boards and Clinical Commissioning Group Governing Bodies in England;* and

d) comply with the CCG's Standards of Business Conduct, including the requirements set out in the policy for managing conflicts of interest which is available on the CCG's website and will be made available on request.

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

Appendix 1: Definitions of Terms

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

Accountable Officer (AO)	An individual, as defined under paragraph 12 of Schedule 1A of the 2006 Act, appointed by NHS England, with responsibility for ensuring the group:
	• complies with its obligations under:
	  ○ sections 14Q and 14R of the 2006 Act,
	  ○ sections 223H to 223J of the 2006 Act,
	  ○ paragraphs 17 to 19 of Schedule 1A of the NHS Act 2006, and
	  ○ any other provision of the 2006 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 CCG has responsibility for, as defined in part 2 of this constitution
Business Day	A day (other than a Saturday or Sunday) on which clearing banks in the City of London are open for the transaction of normal sterling banking business
Chair of the CCG Governing Body	The individual appointed by the CCG to act as chair of the Governing Body and who is usually either a GP member or a lay member of the Governing Body.
Chief Finance Officer (CFO)	A qualified accountant employed by the CCG with responsibility for financial strategy, financial management and financial governance and who is a member of the Governing Body.
Clinical Commissioning Group (CCG)	A body corporate established by NHS England in accordance with Chapter A2 of Part 2 of the 2006 Act.

Committee	A Committee created and appointed by the membership of the CCG or the Governing Body.
Committee in Common (CIC)	Committees of two or more CCGs that meet at the same time, in the same place.
Sub-Committee	A Committee created by and reporting to a Committee.
Council of Members	The body that comprises all Practice Representatives
Governing Body	The body appointed under section 14L of the NHS Act 2006, with the main function of ensuring that a Clinical Commissioning Group has made appropriate arrangements for ensuring that it complies with its obligations under section 14Q under the NHS Act 2006, and such generally accepted principles of good governance as are relevant to it.
Governing Body Member	Any individual appointed to the Governing Body of the CCG
Healthcare Professional	A Member of a profession that is regulated by one of the following bodies: • the General Medical Council (GMC) • the General Dental Council (GDC) • the General Optical Council; • the General Osteopathic Council • the General Chiropractic Council • the General Pharmaceutical Council • the Pharmaceutical Society of Northern Ireland • the Nursing and Midwifery Council • the Health and Care Professions Council • any other regulatory body established by an Order in Council under Section 60 of the Health Act 1999 The CCG includes Practice Managers into this definition of healthcare professionals.
Joint Committee	A Committee that is created jointly by, and is accountable to, two or more organisations, working with delegated authority to enable joint decision-making

Lay Member	A Member of the CCG Governing Body, appointed by the CCG. A lay Member is an individual who is not a Member of the CCG or a healthcare professional (as defined above or as otherwise defined in law).
Member/ Member Practice	A provider of primary medical services to a registered patient list, who is a Member of this CCG.
Member practice representative	Member practices appoint a healthcare professional to act as their practice representative in dealings between it and the CCG, under regulations made under section 89 or 94 of the 2006 Act or directions under section 98A of the 2006 Act.
NHS England	The operational name for the National Health Service Commissioning Board.
Primary Care Commissioning Committee	A Committee required by the terms of the delegation from NHS England in relation to primary care commissioning functions. The Primary Care Commissioning Committee reports to NHS England and the Governing Body
Professional Standards Authority	An independent body accountable to the UK Parliament which help Parliament monitor and improve the protection of the public. Published Standards for Members of NHS Boards and Clinical Commissioning Group Governing Bodies in England in 2013
Registers of interests	Registers a group is required to maintain and make publicly available under section 14O of the 2006 Act and the statutory guidance issues by NHS England, of the interests of: • the Members of the group; • the Members of its CCG Governing Body; • the Members of its Committees or Sub-Committees and Committees or Sub-Committees of its CCG Governing Body; and • the CCG's employees.
STP	Sustainability and Transformation Partnerships – the framework within which the NHS and local authorities have come together to plan to improve health and social care over the next few years. STP can also refer to the formal proposals agreed between the NHS and local councils – a "Sustainability and Transformation Plan".

Appendix 2: Committee Terms of Reference

This appendix provides the Terms of Reference for the statutory committees of the CCG's Governing Body and for committees required under NHS England delegation of primary commissioning:

a) Audit Committee
b) Remuneration Committee
c) Primary Care Commissioning Committee

The Terms of Reference for the CCG's non-statutory committees are provided in the CCG Governance Handbook.

NHS Bath and North East Somerset Clinical Commissioning Group

Audit Committee

Terms of Reference

1. Introduction

1.1 The Audit Committee (the Committee) is established in accordance with NHS Bath and North East Somerset Clinical Commissioning Group's (the Group's) Constitution. These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the Committee and shall have effect as if incorporated into the Constitution.

1.2 The Committee is authorised by the Governing Body to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any Member, officer or employee who are directed to co-operate with any reasonable request made by the Committee.

1.3 The Audit Committee may meet as committee in common with the Audit Committee(s) of (an)other CCG(s).

2. Membership

2.1 The Committee shall be appointed by the Group as set out in the Group's Constitution and may include individuals who are not on the Governing Body.

2.2 The Lay Member on the Governing Body, with a lead role in overseeing key elements of governance, will need to be able to chair the Committee.

2.3 There will be up to three other members of the Committee, at least one of whom will be drawn from the Independent Members.

3. Attendance

3.1 In addition to the Committee members, the Accountable Officer and Chief Financial Officer, Director of Nursing and Quality and the Head of Corporate Governance and Planning shall generally attend routine meetings of the Committee.

3.2 A representative of each of the internal and external auditor may also be invited to attend meetings of the Committee.

3.3 Members of the Governing Body shall be invited to attend those meetings in which the Committee will consider areas of risk or operation that are their responsibility.

3.4 The Chair of the Group may be invited to attend meetings of the Committee as required.

3.5 A representative of the local counter fraud service may be invited to attend meetings of the Committee.

4. Secretary

4.1 The Secretary shall be the secretary to the Committee and will provide administrative support and advice. The duties of the secretary in this regard include but are not

limited to:

4.1.1 agreement of the agenda with the chair of the Committee and attendees together with the collation of connected papers;
4.1.2 taking the minutes and keeping a record of matters arising and issues to be carried forward;
4.1.3 advising the Committee as appropriate on best practice, national guidance and other relevant documents.

5. Quorum

5.1 A quorum shall be two members.

6. Frequency of meetings

6.1 Meetings shall be held at least four times per year, with additional meetings where necessary.

6.2 The external auditor shall be afforded the opportunity at least once per year to meet with the Committee without members of the Governing Body present.

6.3 The Committee members shall be afforded the opportunity to meet at least once per year with no others present.

7. Remit and responsibilities of the Committee

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

Integrated governance, risk management and internal control

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

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

7.3.1 all risk and control related disclosure statements (in particular the governance statement), together with any appropriate independent assurances, prior to endorsement by the Group;
7.3.2 the underlying assurance processes that indicate the degree of achievement of Group objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements;
7.3.3 the policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements and related reporting and self-certification; and
7.3.4 the policies and procedures for all work related to fraud and corruption as set out in Secretary of State Directions and as required by the NHS Counter Fraud and Security Management Service.

7.4 The Committee shall seek reports and assurances from members of the Governing Body and senior employees as appropriate, concentrating on the over-arching systems of integrated governance, risk management and internal control, together with indicators of their effectiveness evidenced through the Committee's use of an effective assurance framework to guide its work and that of the audit and assurance functions that report to it.

Internal audit

7.5 The Committee shall ensure that there is an effective internal audit function that meets mandatory NHS Internal Audit Standards and provides appropriate independent assurance to the Committee, Accountable Officer and the Group.

7.6 The Committee shall achieve an effective internal audit function by:

7.6.1 consideration of the provision of the internal audit service, the cost of the audit and any questions of resignation and dismissal;
7.6.2 review and approval of the internal audit strategy, operational plan and more detailed programme of work, ensuring that this is consistent with the audit needs of the organisation, as identified in the assurance framework;
7.6.3 considering the major findings of internal audit work (and the senior team's response) and ensuring co-ordination between the internal and external auditors to optimise audit resources;
7.6.4 ensuring that the internal audit function is adequately resourced and has appropriate standing within the Group;
7.6.5 an annual review of the effectiveness of internal audit; and
7.6.6 overseeing the conduct of a market testing exercise for the appointment of an auditor at least once every five years and, based on the outcome, making a recommendation to the Governing Body with respect to the appointment of the auditor.

External audit

7.7 The Committee shall review the work and findings of the external auditors and consider the implications and the senior team's responses to their work.

7.8 The Committee shall achieve this by:

7.8.1 consideration of the performance of the external auditors, the provision of the external audit service, the cost of the audit and any questions of resignation and dismissal, as far as the rules governing the appointment permit;
7.8.2 discussion and agreement with the external auditors, before the audit commences, on the nature and scope of the audit as set out in the annual plan, and ensuring co-ordination, as appropriate, with other external auditors in the local health economy;
7.8.3 discussion with the external auditors of their local evaluation of audit risks and assessment of the Group and associated impact on the audit fee;
7.8.4 review of all external audit reports, including the report to those charged with governance, agreement of the annual audit letter before submission to the Group and any work undertaken outside the annual audit plan, together with the appropriateness of management responses; and
7.8.5 developing and implementing a policy on the engagement of the external auditor to supply non-audit services.

Other assurance functions

7.9 The Committee shall review the findings of other significant assurance functions, both internal and external, including but not limited to,

7.9.1 any reviews by Department of Health arm's length bodies or regulators/inspectors (for example, the Care Quality Commission and NHS Litigation Authority); and

7.9.2 professional bodies with responsibility for the performance of staff or functions (for example, Royal Colleges and accreditation bodies), and consider the implications for the governance of the Group.

Counter fraud

7.10 The Committee shall 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.

Management

7.11 The Committee shall request and review reports and positive assurances from members of the Governing Body and senior employees on the overall arrangements for governance, risk management and internal control.

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

Financial reporting

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

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

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

7.15.1 the wording in the governance statement and other disclosures relevant to the terms of reference of the Committee;
7.15.2 changes in, and compliance with, accounting policies, practices and estimation techniques;
7.15.3 unadjusted mis-statements in the financial statements;
7.15.4 significant judgements in preparing of the financial statements;
7.15.5 significant adjustments resulting from the audit;
7.15.6 letter of representation; and
7.15.7 qualitative aspects of financial reporting.

Auditor Panel

7.16 The Committee shall act as Auditor Panel

7.16.1 The auditor panel is authorised by the board/governing body to carry out the functions specified below and can seek any information it requires from any employees/ relevant third parties. All employees are directed to cooperate with any request made by the auditor panel;
7.16.2 The auditor panel is authorised by the board/ governing body to obtain outside legal or other independent professional advice (for example, from

procurement specialists) and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary. Any such 'outside advice' must be obtained in line with the organisation's existing rules;

7.16.3 The functions of the auditor panel's functions are to:

- Advise the organisation's board/ governing body on the selection and appointment of the external auditor. This includes:
  - agreeing and overseeing a robust process for selecting the external auditors in line with the organisation's normal procurement rules
  - making a recommendation to the board/ governing body as to who should be appointed
  - ensuring that any conflicts of interest are dealt with effectively
- Advise the organisation's board/ governing body on the maintenance of an independent relationship with the appointed external auditor
- Advise (if asked) the organisation's board/ governing body on whether or not any proposal from the external auditor to enter into a liability limitation agreement as part of the procurement process is fair and reasonable
- Advise on (and approve) the contents of the organisation's policy on the purchase of non-audit services from the appointed external auditor
- Advise the organisation's board/ governing body on any decision about the removal or resignation of the external auditor.

7.16.4 Reporting

- The chairperson of the auditor panel must report to the board/ governing body on how the auditor panel discharges its responsibilities
- The minutes of the panel's meetings must be formally recorded and submitted to the board/ governing body by the panel's chairperson. The chairperson of the auditor panel must draw to the attention of the board/ governing body any issues that require disclosure to the full board/ governing body, or require executive action.

General

7.17 The Audit Committee may, from time to time, investigate, discuss or review matters outside its Terms of Reference if deemed appropriate.

The Audit Committee is authorised to:

- Seek any information it requires from any employees of the organisation in order to perform its duties
- obtain outside legal or other professional advice on any matter within its Terms of Reference
- call on any employee of the CCG or of a provider organisation to be questioned at a meeting of the Committee as and when required

8. Relationship with the Governing Body

8.1 The minutes of all meetings of the Committee shall be formally recorded and submitted for information, together with recommendations where appropriate, to the Governing Body. The submission to the Governing Body shall include details of any matters in respect of which actions or improvements are needed. This will include details of any evidence of potentially ultra vires, otherwise unlawful or improper transactions, acts, omissions or practices or any other important matters. To the extent that such matters arise, the chair of the Committee shall present details to a meeting of the Governing Body in addition to submission of the minutes.

8.2 The Committee will report annually to the Governing Body in respect of the fulfilment of its functions in connection with these terms of reference. Such report shall include but not be limited to:

8.2.1 functions undertaken in connection with the statement of internal control; the assurance framework;
8.2.2 the effectiveness of risk management within the Group;
8.2.3 the integration of and adherence to governance arrangements;
8.2.4 its view as to whether the self-assessment against standards for better health is appropriate; and
8.2.5 any pertinent matters in respect of which the audit committee has been engaged.

8.3 The Group's annual report shall include a section describing the work of the Audit Committee in discharging its responsibilities.

9. Policy and best practice

9.1 The Committee is authorised to obtain such internal information as is necessary and expedient to the fulfilment of its functions.

10. Conduct of the Committee

10.1 The terms of reference of the Committee shall be reviewed by the Governing Body at least annually. Minor changes to the terms of reference can be made without a full update of the CCG Constitution.

10.2 Members of the Committee must attend at least two of all meetings each Financial Year but should aim to attend all scheduled meetings.

NHS Bath and North East Somerset Clinical Commissioning Group

Remuneration & Nominations Committee

Terms of Reference

1. Introduction

1.1 The Remuneration and Nominations Committee (the Committee) is established in accordance with NHS Bath and North East Somerset Clinical Commissioning Group's (the CCG's) Constitution, Standing Orders and Scheme of Reservation and Delegation. These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the Committee.

1.2 The Committee is authorised by the Governing Body to act within its terms of reference. All Members and employees of the Group are directed to co-operate with any request made by the Committee.

1.3 The Committee may operate under committees in common arrangements with the Remuneration Committees of Swindon and Wiltshire CCGs, as per the BSW Joint Governance Framework.

2. Membership

2.1 The Committee shall be appointed by the CCG's Governing Body.

2.2 The membership of the Committee shall consist of the lay members of the Board. One of the lay members shall be the Chair of the Committee. Neither the Chair of the Governing Body nor the Chair of the Audit Committee shall be the Chair of the Committee.

2.3 Only members of the committee have the right to attend committee meetings, and to make decisions at meetings. A senior HR representative, the CCG Chair, and the CCG's Chief Executive Officer shall normally attend Committee meetings or part thereof, as appropriate and as necessary in furtherance of the Committee's business.

2.4 The CCG's members shall be entitled to elect up to two of the GP Practice Representatives whose remit shall be to request a meeting in advance with or otherwise make representations to the Committee Chair from time to time on behalf of the Members in connection with any matters which are within the terms of reference of the Committee and which are to be discussed or determined by the same. The Committee Chair shall make all such representations known to the Committee so that it is then able, where appropriate, to take all or any of such representations into account in its deliberations.

3. Secretary

3.1 The Board Secretary shall normally act as secretary of the Committee and shall:

- Prepare meeting agendas and papers in a timely manner to enable full and proper consideration to be given to the issues;
- Prepare and hold records the minutes of all meetings of the Committee; Prepare the Committee's regular reports of its meetings for the confidential session of the Governing Body;
- Advise the Committee on matters of good governance practice, in view of

relevant guidance.

4. Quorum

4.1 A quorum shall be two members.

5. Frequency of meetings

5.1 The Committee shall normally meet twice per business year, and additional meetings shall be held as and when required.

6. Remit and responsibilities of the Committee

6.1 The Committee, while adhering to all relevant laws, regulations, national guidance and policy, and the management cost cap, may

6.1.1 make recommendations to the Governing Body regarding the remuneration and conditions of service of senior employees of the Group, the members of the Governing Body and people who provide services to the Group including:
- (a) salary, including any performance-related pay or bonus;
- (b) provisions for other benefits, including pensions and cars;
- (c) allowances under any pension scheme it might establish as an alternative to the NHS pension scheme; and
- (d) other allowances;

6.1.2 Consider, for recommendation to the Governing Body, any payments, in addition to salary, for very senior managers (VSM) and where appropriate ensure that any approvals are sought such as seeking HM Treasury approval as appropriate. This includes severance payments.;

6.1.3 Advise the Governing Body on pay policy and any annual award for all employees of the CCG including, pensions, remuneration, fees, travelling or other allowances payable to employees and to other persons providing services to the CCG;

6.1.4 monitor and evaluate the performance of the Chair of the Governing Body and of the Accountable Officer of the CCG;

6.1.5 utilise benchmarked information on other Clinical Commissioning Groups' costs and on competing earnings potential in primary care, to propose levels of remuneration, for approval by the Governing Body, that are sufficient to attract, retain and motivate members of the Governing Body and senior employees whilst remaining cost effective;

6.1.6 ensure that the Governing Body has the right balance of skills, knowledge and perspectives required from its members;

6.1.7 oversee the appointment or election process for Governing Body members;

6.1.8 ensure that succession plans are in place for the Governing Body;

6.1.9 oversee the performance review process for all members of the Governing Body including the Chair;

6.1.10 arrange regular performance evaluation of the effectiveness of the Governing Body and its committees;

6.1.11 The committee will not discuss lay member/NED remuneration or succession planning. This will be discussed at a meeting convened by the BaNES CCG Chair and most appropriate officer(s), guided by the national framework.

7. Relationship with the Governing Body

7.1 The Committee will report to the confidential session of the Governing Body on its proceedings after each meeting and on all matters within its duties and responsibilities. .

7.2 The Committee shall make whatever recommendations to the board it deems appropriate on any area within its remit where action or improvement is needed.

8. Policy and best practice

The Committee is authorised by the Governing Body to instruct professional advisors and request the attendance of individuals and authorities from outside the Group with relevant experience and expertise if considered necessary or expedient for the exercise its functions.

9. Conduct of the Committee

The terms of reference of the Committee shall be reviewed by Governing Body annually.

NHS Bath and North East Somerset Clinical Commissioning Group

Primary Care Commissioning Committee Terms of Reference

Introduction

1. Simon Stevens, the Chief Executive of NHS England, announced on 1 May 2014 that NHS England was inviting CCGs to expand their role in primary care commissioning and to submit expressions of interest setting out the CCG's preference for how it would like to exercise expanded primary **medical** care commissioning functions. One option available was that NHS England would delegate the exercise of certain specified primary care commissioning functions to a CCG.

2. In accordance with its statutory powers under section 13Z of the National Health Service Act 2006 (as amended), NHS England has delegated the exercise of the functions specified in Schedule 2 to these Terms of Reference to **Bath & North East Somerset (BaNES)** CCG. The delegation is set out in Schedule 1.

3. The CCG has established the **Bath & North East Somerset (BaNES)** CCG Primary Care Commissioning Committee ("Committee"). The Committee will function as a corporate decision-making body for the management of the delegated functions and the exercise of the delegated powers.

4. It is a committee comprising representatives of the following
   - BaNES CCG
   - NHS England
   - Healthwatch
   - Health & Wellbeing Board
   - Local Medical Committee
   - Public Health Team of the Council
   - Cabinet Members of the Council from October 2018

Statutory Framework

5. NHS England has delegated to the CCG authority to exercise the primary care commissioning functions set out in Schedule 2 in accordance with section 13Z of the NHS Act.

6. Arrangements made under section 13Z may be on such terms and conditions (including terms as to payment) as may be agreed between NHS England and the CCG. Currently the terms of payment ensure that the CCG does not undertake expenditure before such time as it has received the payment of funds set aside for the CCG's delivery of the delegated authority to commission primary care services.

7. Arrangements made under section 13Z do not affect the liability of NHS England for the exercise of any of its functions. However, the CCG acknowledges that in exercising its functions (including those delegated to it), it must comply with the statutory duties set out in Chapter A2 of the NHS Act and including:

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

8. The CCG will also need to specifically, in respect of the delegated functions from NHS England, exercise those in accordance with the relevant provisions of section 13 of the NHS Act

9. The Committee is established as a committee of BaNES CCG Governing Body in accordance with Schedule 1A of the "NHS Act".

10. The members acknowledge that the Committee is subject to any directions made by NHS England or by the Secretary of State.

Role of the Committee

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

12. In performing its role the Committee will exercise its management of the functions in accordance with the agreement entered into between NHS England and BaNES CCG, which will sit alongside the delegation and terms of reference.

13. The functions of the Committee are undertaken in the context of a desire to promote improved commissioning to increase quality, efficiency, productivity and value for money and to remove administrative barriers.

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

15. This includes the following:

- GMS, PMS and APMS contracts (including the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing branch/remedial notices, and removing a contract);
- Newly designed enhanced services ("Local Enhanced Services" and "Directed Enhanced Services");
- Design of local incentive schemes as an alternative to the Quality

Outcomes Framework (QOF);

- Decision making on whether to establish new GP practices in an area;
- Approving practice mergers; and
- Making decisions on 'discretionary' payment (e.g., returner/retainer schemes).

16. The CCG will also carry out the following activities:
    a) To plan, including needs assessment, primary [medical] care services in BaNES;
    b) To undertake reviews of primary [medical] care services in BaNES;
    c) To co-ordinate a common approach to the commissioning of primary care services generally;
    d) Review and monitor spend on primary care in line with the CCG's primary care strategy and delegated responsibilities, including the application and impact of investments, and provide advice, support and approval as necessary for financial decisions.

Geographical Coverage

17. The Committee will cover the BaNES CCG area.

Membership

18. The Committee shall consist of:

Members (Voting)
3 Lay members of the Governing Body of the CCG
Director of Acute & Primary Care Commissioning of the CCG
The Chief Financial Officer of the CCG
The Director of Nursing and Quality of the CCG
2 GP/Practice representative Governing Body Members of the CCG
In Attendance (Non-voting)
Director of Commissioning, or Head of Primary Care, South Central Sub Region NHSE
Director of Finance or Head of Primary Care Finance, South Central Sub Region NHSE
Assistant Director of Nursing and Quality, South Central Sub Region NHSE
1 LMC representative
1 Healthwatch representative
1 Health & Wellbeing Board representative
1 Public Health representative

19. The Chair of the Committee shall be a Lay member of the CCG Governing Body.

20. The Vice Chair of the Committee shall be a Lay member of the CCG Governing Body. Neither Chair nor Vice-Chair shall be the Audit Chair of the CCG Governing Body (per NHSE Conflicts of Interest revised statutory guidance, June 2016).

Meetings and Voting

21. The Committee will operate in accordance with the CCG's Standing Orders. The Secretary to the Committee will be responsible for giving notice of meetings. This will be accompanied by an agenda and supporting papers and sent to each member representative no later than five [5] days before the date of the meeting. When the Chair of the Committee deems it necessary in light of the urgent circumstances to call a meeting at short notice, the notice period shall be such as s/he shall specify.

22. Each member of the Committee shall have one vote. The Committee shall reach decisions by a simple majority of members present, but with the Chair having a second and deciding vote, if necessary. However, the aim of the Committee will be to achieve consensus decision-making wherever possible.

Quorum

23. The quorum for any meeting will be a minimum of five (5), with at least one (1) lay member and one (1) clinical member.

Frequency of meetings

24. The Committee will meet quarterly with additional ad hoc meetings arranged as required. Arrangements for virtual decisions or formal voting between meetings will be agreed at quarterly meetings to ensure timely decisions.

25. Meetings of the Committee shall:

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

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

27. The Committee may delegate tasks to such individuals, sub-committees or individual members as it shall see fit, provided that any such delegations are consistent with the parties' relevant governance arrangements, are recorded in a scheme of delegation, are governed by terms of reference as appropriate and reflect appropriate arrangements for the management of conflicts of interest.

28. The Committee may call additional experts to attend meetings on an ad hoc basis to inform discussions.

29. Members of the Committee shall respect confidentiality requirements as set out in the CCG's Constitution and relevant policies.

30. The Committee will present its minutes to South Central of NHS England and the governing body of BaNES CCG in a timely manner following the meetings for information.

31. The CCG will also comply with any reporting requirements set out in its constitution.

32. It is envisaged that these Terms of Reference will be reviewed from time to time, and at least annually, reflecting experience of the Committee in fulfilling its functions. NHS England may also issue revised model terms of reference from time to time.

Accountability of the Committee

33. Budget and resource accountability arrangements will follow the standard practices established for directorate budgets as governed by the regulations in the Scheme of Reservation and Delegation, Prime Financial Policies (previously known as the Standing Financial Instructions) and Delegated Financial Limits. Decisions on allocation of funds to support commissioning of practice configuration decisions are made by the Committee membership within the limits as noted within the Scheme of Reservation and Delegation and Delegated Financial Limits. The Delegated Financial Limits should be read in conjunction with these Terms of Reference.

34. Review and monitor spend on primary care in line with the CCG's primary care strategy and delegated responsibilities, including the application and impact of investments, and provide advice, support and approval as necessary for financial decisions.

35. For the avoidance of doubt, in the event of any conflict between the terms of the Delegation and the Standing Orders or Prime Financial Policies of any of the members, the Delegation will prevail.

36. Decisions may from time to time be made following consultation with the full CCG membership via the CCG Members' meetings and / or the public following best practice for the conduct of public consultations.

Procurement of Agreed Services

37. The detailed arrangements regarding procurement will be set out in the delegation agreement.

Decisions

38. The Committee will make decisions within the bounds of its remit.

39. In the event an urgent decision of the Committee is required, the request will be communicated to the Chair, and the Director of Acute and Primary Care. The Chair may share common papers by email to the members of the Committee and request the agreement of the Committee Members to fulfil quoracy within a specified period of time. If agreement is reached within the time period the Chair will record the decision and the decision will be presented at the next meeting of the Committee. This also applies to new financial allocations and drawdowns.

40. The decisions of the Committee shall be binding on NHS England and BaNES CCG.

41. The Committee will produce an executive summary report which will be presented to South Central of NHS England and the governing body of BaNES of the CCG in a timely manner for information.

Appendix 3: Standing Orders

1 PREAMBLE

1.1 These Standing Orders, together with the Group's Scheme of Reservation and Delegation (Governance Handbook) and the Group's Prime Financial Policies (Appendix 4), regulate the proceedings through which the NHS Bath & North East Somerset Clinical Commissioning Group discharges its business in accordance with the 2006 Act, relevant regulations, and the Group's Constitution.

1.2 The Standing Orders set out:

a) the arrangements for conducting the business of the Group

b) procedures to appoint, and conditions of office for,
   i) Members of the Governing Body, its committees and sub-committees;
   ii) Senior officers;
   iii) Practice Representatives;
   iv) Cluster Commissioning Leads

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 by which powers are delegated.

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

1.3 Members of the Group, of the Governing Body, of the Group's and the Governing Body's respective committees and subcommittees, employees, and persons working on behalf of the Group are expected to comply with the Standing Orders, as appropriate.

1.4 The 2006 Act provides the CCG with powers to delegate the CCG's functions and those of the Governing Body to certain bodies (such as committees) and certain persons. The CCG has decided that certain decisions may only be exercised by the Members in formal session. The CCG's Scheme of Reservations and Delegations (SORD) sets out matters reserved, and delegations to committees, subcommittees and individuals. The SORD is provided in the Governance Handbook, but does not form part of the CCG's Constitution.

1.5 The membership will be consulted on changes to the Constitution that are thought to have a material impact.

2 ARRANGEMENTS FOR CONDUCTING THE BUSINESS OF THE CCG

2.1 Practice Representatives

2.1.1 Practice Representatives represent their Member practice's views and act on behalf of the practice in matters relating to the Group:

a) represent their nominating Member practice's views and act on its behalf in respect of CCG matters;
b) represent their nominating Member practice at Council of Members' Meetings and Cluster Meetings;
c) share information (both hard and soft) between Member practices;

d) ensure that the Member practice they represent agrees (by the Practice Representative's authorised signature), and adheres, to those obligations and responsibilities documented in writing and agreed by the CCG as appropriate from time to time;
e) engage with their relevant Cluster Commissioning Lead both individually and as part of the Cluster activities, and with other Cluster Commissioning Leads who have a specific CCG wide clinical leadership role; and
g) engage with the Governing Body via the Council of Members' Meetings and Cluster Meetings

2.1.2 The Governing Body shall be entitled to treat any Practice Representative as having continuing authority given to him/her until it is notified in writing of the removal of that Practice Representative.

2.1.3 Any provision of this Constitution that requires delivery or notification to a Member shall be deemed to have been satisfied if delivery or notification is made to or served on the relevant Practice Representative.

2.2 Clusters

2.2.1 The Area of the CCG shall be divided into Clusters (groupings of Member practices) or such other configuration of Clusters as the Governing Body may agree from time to time.

2.2.2 Each Member of the Group shall also be a member of a Cluster in which their practice is based subject to the ability of NHS England to determine otherwise.

2.2.3 The Governing Body shall determine the boundaries of the Clusters and the configuration of practices within each Cluster. Any Member of the Group shall be entitled to request a change to the boundary of a Cluster. All such changes shall be considered by the Governing Body and either confirmed or amended, but not more than once annually.

Role of Clusters

2.2.4 The role of Clusters is to
a) contribute to shaping the commissioning strategy for the Group, by providing intelligence and perspectives on the community health needs at Cluster level, which is complemented by the perspectives from patients as elicited through the Cluster Patient Reference Group and/or the Patient Reference Groups (as applicable);
b) implement agreed Group strategies and priorities at Cluster and Member practice level;
c) peer review Members' performance in respect of their duties and responsibilities as Members of the Group;
d) be a platform for exchanging knowledge and sharing of good practice between Member practices;
e) through the Cluster Commissioning Leads, feed the views of Member practices that form the Cluster to the CCG;
f) be a locus for commission some local services within the parameters of and aligned with the commissioning strategy and framework for the Group, reflecting and responding to local needs as defined within the Joint Strategic Needs Assessment

Cluster Commissioning Leads

2.2.5 There shall be one Cluster Commissioning Lead for each Cluster, determined from among the GP and Practice Manager members of the Governing Body.

2.2.7 The role of the Cluster Commissioning Lead is to

a) act as a conduit of the specific commissioning needs of the Member practices within the Cluster to which they have been assigned;
b) be part of the Cluster Team, and chair Cluster Meetings;
c) lead on, and ensure fulfilment of, the function of the Cluster;
d) perform the additional clinical and/or corporate leadership functions for which they are responsible as may be determined by the Governing Body from time to time;
e) be accountable to the Member practices within the Cluster, and to the Governing Body.

Cluster Team

2.2.7 There shall be one Cluster Team for each Cluster, comprising the following:

a) the Cluster Commissioning Lead assigned to the Cluster;
b) the Cluster's Sessional GP Lead;
c) the Cluster's Practice Manager Lead;
d) the Cluster's Practice Nurse Lead.

2.2.8 A person shall not be eligible to be a member of the Cluster Team, and shall cease to be a member of the Cluster Team as soon as that person:

a) (if a Cluster Commissioning Lead) ceases to be a Cluster Commissioning Lead or is removed;
b) (if a Practice Manager Lead or a Practice Nurse Lead) ceases to be a member of the Practice Manager Forum or Practice Nurse Forum; and/or
c) (if a Sessional GP Lead) ceases to be a member of the Sessional GP Forum.

2.2.9 The Cluster Team shall

a) meet regularly and normally six (6) times per year;
b) invite other persons from the Member practices within the Cluster to attend its meetings as it sees fit from time to time.

2.3 Patient Reference Groups

2.3.1 Each Member practice shall set up a Patient Reference Group to encourage, facilitate and receive feedback from its patients.

2.3.2 Each Patient Reference Group shall select from their midst a Patient Representative to represent patients on the CCG's Patient and Public Engagement Forum.

2.4 Sessional GP Forum

2.4.1 The CCG shall have a Sessional GP Forum to engage with, and receive feedback from, the sessional GPs working with the Members of the Group on the provision of healthcare in the Area.

2.4.2 Each Cluster shall elect one Sessional GP Lead to serve on its Cluster Team and attend the relevant Cluster Meetings.

2.5 Practice Manager Forum

2.5.1 The Group shall have a Practice Manager Forum to engage with, and receive feedback from, the practice managers of the Member practices of the CCG on the provision of healthcare in the Area.

2.5.2 Each Cluster shall elect one Practice Manager Lead to serve on its Cluster Team and attend the relevant Cluster Meetings.

2.6 Practice Nurse Forum

2.6.1 Each Cluster shall have a Practice Nurse Forum to engage with, and receive feedback from, the practice nurses of the Member practices of the CCG on the provision of healthcare in the Area.

2.6.2 Each Cluster shall elect a Practice Nurse Lead to serve on its Cluster Team and attend the relevant Cluster Meetings.

3 APPOINTMENTS

The Standing Orders set out

a) the procedures by which individuals are appointed to the CCG's Governing Body, its committees and sub-committees, and to key roles in the CCG;
b) the conditions and terms of office.

3.1 Appointments to the Governing Body

General Eligibility

3.1.1 A member of the Governing Body shall not be eligible to become or continue in office as a member of the Governing Body if he/she:

a) is a Member of Parliament, Member of the European Parliament or member of the London Assembly;
b) is a member of a local authority in England and Wales or of an equivalent body in Scotland or Northern Ireland;
c) is an individual who, by arrangement with the Group, provides it with any service or facility in order to support the Group in discharging its commissioning functions of the Group in arranging for the provision of services as part of the health service, or an employee or member (including shareholder) of, or a partner in, a body which does so save that services and facilities do not include services commissioned by the Group in the exercise of its commissioning functions;
d) is a person who, within the period of five (5) years immediately preceding the date of the proposed appointment, has been convicted-
    i) in the United Kingdom of any offence, or
    ii) outside the United Kingdom of an offence which, if committed in any part of the United Kingdom, would constitute a criminal offence in that part,

    and, in either case, the final outcome of the proceedings was a sentence of imprisonment (whether suspended or not) for a period of not less than three (3) months without the option of a fine;
e) is a person who is subject to a bankruptcy restrictions order or an interim bankruptcy restrictions order under Schedule 4A to the Insolvency Act 1986, sections 56A to 56K of the Bankruptcy (Scotland) Act 1985, or Schedule 2A to the Insolvency (Northern Ireland) Order 1989 (which relate to bankruptcy restrictions orders and undertakings);
f) is a person who has been dismissed within a period of five (5) years immediately preceding the date of the proposed appointment, otherwise than because of redundancy, from paid employment by any of the bodies referred to in Regulation 6(1) of Schedule 5 to the Regulations. For the purposes of this paragraph (f), a person is not to be treated as having been in paid employment if any of the criteria in Regulation 6(2) of Schedule 5 to the Regulations apply.

g) is a GP or other Healthcare Professional or other professional person who has at any time been subject to an investigation or proceedings, by any body which regulates or licenses the profession concerned (the "regulatory body"), in connection with the person's fitness to practise or alleged fraud, the final outcome of which was:
   i) the person's suspension from a register held by the regulatory body, where that suspension has not been terminated;
   ii) the person's erasure from such a register, where the person has not been restored to the register;
   iii) a decision by the regulatory body which had the effect of preventing the person from practising the profession in question, where that decision has not been superseded; or
   iv) decision by the regulatory body which had the effect of imposing conditions on the person's practice of the profession in question, where those conditions have not been lifted;

h) is subject to:
   i) a disqualification order or disqualification undertaking under the Company Directors Disqualification Act 1986 or the Company Directors Disqualification (Northern Ireland) Order 2002;
   ii) an order made under section 429(2) of the Insolvency Act 1986 (disabilities on revocation of administration order against an individual);

i) has at any time been removed from the office of charity trustee for a charity or trustee for a charity by an order made by the Charity Commissioners for England and Wales, the Charity Commission, the Charity Commission for Northern Ireland or the High Court, on the grounds of misconduct or mismanagement in the administration of the charity for which the person was responsible, to which the person was privy, or which the person by their conduct contributed to or facilitated;

j) has at any time been removed, or is suspended, from the management or control of any body under:
   i) section 7 of the Law Reform (Miscellaneous Provisions) (Scotland) Act 1990 (powers of the Court of Session to deal with management of charities),
   ii) section 34(5)(e) or (ea) of the Charities and Trustee Investment (Scotland) Act 2005 (powers of Court of Session to deal with the management of charities),

k) is not eligible to work in the British Islands;

l) has for a period of five (5) consecutive meetings of the Governing Body been absent and a simple majority of the Governing Body requires that he/she be vacated from his/her office;

m) in the reasonable opinion of the Governing Body (having taken appropriate professional advice in cases where it is deemed necessary) becomes or is deemed to have developed mental or physical illness which prohibits or inhibits his/her ability to undertake his/her role; or

n) shall have behaved in a manner or exhibited conduct which in the opinion of the Governing Body has or is likely to be detrimental to the honour and interest of the Governing Body or the Group and is likely to bring the Governing Body and/or the Group into disrepute. This includes but is not limited to dishonesty, misrepresentation (either knowingly or fraudulently), defamation of any member of the Governing Body (being slander or libel), abuse of position, non-declaration of a known conflict of interest, seeking to lead or manipulate a decision of the Governing Body in a manner that would ultimately be in favour of that member whether financially or otherwise.

The Chair

Appointment process

3.1.1 The Chair of the CCG is appointed through an open recruitment process among the Member practices of the CCG. Interested candidates may apply for the role, demonstrating how they

meet the essential requirements of the person specification and how they would undertake the role. The members of the Remuneration Committee and any others deemed appropriate shall form an interview panel to assess candidates' suitability for the role of Chair, produce a shortlist of electable candidates, and put the shortlist to the CCG's Membership, for election through simple majority the candidate they deem most suitable for the role.

Eligibility

3.1.2 Any individual appointed to the role of Chair cannot at the same time of holding this office be
a) the Accountable Officer of the CCG;
b) the Chief Financial Officer of the CCG;
c) appointed to the CCG Governing Body as the Registered Nurse , the Secondary Care Specialist Doctor or the Lay Member who leads on audit, remuneration and conflict of interest matters;

3.1.3 Any individual to be appointed to the role of Chair must
a) have passed any nationally mandated assessment process for Clinical Commissioning Group Chairs;
b) be a GP;
c) not be disqualified from serving on a Governing Body, pursuant to relevant legislation and provision 3.1.1 above

Term of office

3.1.4 The Chair is appointed for a term of four (4) years, renewable by one four-year term.

3.1.5 The Chair may not serve more than two consecutive terms or a maximum of eight years.

Grounds for removal

3.1.6 The Chair shall cease to hold office if
i) he/she ceases to meet the eligibility criteria set out in 3.1.3 and 3.1.4 above; and/or
ii) if any of the grounds set out in 3.1.1 above apply;

Notice period

3.1.7 The Chair shall give three (3) months' notice in writing to the Governing Body of his/her resignation from office at any time during his/her terms of office.

The Vice Chair

3.1.8 The Governing Body selects from its membership a Vice Chair who deputises for the Chair as required and appropriate.

3.1.9 Where the Chair is a GP or other Healthcare Professional, a lay member save the one responsible for audit, remuneration and conflict of interest matters, shall be the Vice Chair.

3.1.10 Selection as Vice Chair shall not affect the individual's terms of office, and they shall serve their terms of office as applicable from the day of appointment as a member of the Governing Board.

The Medical Director (as one of the six healthcare professionals members of the Governing Body)

Appointment process

3.1.11 The Medical Director is an individual, normally a GP, employed by the CCG and a member of the CCG's Governing Body, who has responsibility for promoting and supporting excellent clinical engagement; for developing, through strategic education, Members and their teams in order to ensure high quality of care for patients. He/she is appointed through an open recruitment process among the Member practices of the CCG. Interested candidates may apply for the role, demonstrating how they meet the essential requirements of the person specification (which shall be drawn up by the Chair and the Accountable Officer) and how they would undertake the role. The members of the Remuneration Committee and any others deemed appropriate shall form an interview panel to assess candidates' suitability for the role of Chair, produce a shortlist of electable candidates, and put the shortlist to the CCG's Membership, for election through simple majority the candidate they deem most suitable for the role.

Eligibility

3.1.12 Any individual appointed to the role of Medical Director

a) cannot at the same time of holding this office be the Chair, Accountable Officer, the Chief Financial Officer; the registered nurse, the secondary care specialist doctor or a Lay Member;
b) must be a GP;
c) must not be disqualified from serving on a Governing Body, pursuant to relevant legislation and provision 3.1.1 above

Term of office

3.1.14 The Medical Director may hold office for a period of up to four (4) years, renewable by one four-year term.

3.1.15 The Medical Director may not serve more than two consecutive terms or a maximum of eight years.

Grounds for removal

3.1.16 The Medical Director shall cease to hold office if

a) ceases to meet the eligibility criteria set out in 3.1.10 above, and/or

b) if any of the grounds set out in 3.1.1 above apply.

Notice period

3.1.17 The Medical Director shall give three (3) months' notice in writing to the Governing Body of his/her resignation from office at any time during his/her terms of office.

Lay members

Appointment

3.1.18 Lay members are appointed through an open recruitment process. Interested candidates may apply for the role, demonstrating how they meet the requirements of the role and person specification (which shall be drawn up by the Chair) and the competencies set out in relevant national guidance by NHS England. The members of the Remuneration Committee and any others deemed appropriate shall form a panel to assess candidates' suitability and

through interview identify the candidate best suited and qualified to fulfil the role. The panel shall recommend this candidate to the Board for appointment.

Eligibility

3.1.19 At the time of appointment and while holding office, a Lay member
a) must not be a member of the Group;
b) must not be a Healthcare Professional;
c) must not be an individual of the description set out in Schedule 4 to the Regulations
d) not be disqualified from serving on a Governing Body, pursuant to relevant legislation and provision 3.1.1 above.

3.1.20 The Lay Member who is to lead on audit, remuneration and conflict of interest matters must have qualifications, expertise or experience such as to enable the person to express informed views about financial management, audit matters, remuneration and conflicts of interest.

3.1.21 The Lay Member who is to lead on patient and public participation matters must have knowledge qualifications, expertise or experience such as to enable the person to inform the CCG's work in ensuring participation of patients served by the Member practices, and of the public within the CCG's Area more widely.

3.1.22 The Lay Member who is to lead on primary care matters must be a person who has knowledge about the CCG's Area and health and care provision within it such as to enable the person to express informed views about the discharge of the CCG's functions.

Term of office

3.1.23 A Lay member may hold office for a period of up to four (4) years, renewable by one four-year term.

3.1.24 A Lay member may not serve more than two consecutive terms or a maximum of eight years.

Grounds for removal

3.1.25 A Lay member shall cease to hold office if
a) he/she ceases to meet the eligibility criteria set out in 3.1.16 to 3.1.19 above, and/or
b) if any of the grounds set out in 3.1.1 above apply.

Notice period

3.1.26 A Lay member shall give three (3) months' notice in writing to the Governing Body of his/her resignation from office at any time during his/her terms of office.

The Registered Nurse

Appointment

3.1.27 The Registered Nurse is appointed through an open recruitment process. Interested candidates may apply for the role, demonstrating how they meet the requirements of the role and person specification (which shall be drawn up by the Chair and the Accountable Officer) and the competencies set out in relevant national guidance by NHS England. The members of the Remuneration Committee and any others deemed appropriate shall form a panel to assess candidates' suitability and through interview identify the candidate best suited and

qualified to fulfil the role. The panel shall recommend this candidate to the Board for appointment.

Eligibility

3.1.28 At the time of the appointment and while holding office, the Registered Nurse
- a) must be a registered nurse, other than one who is an employee or member (including shareholder) of, or a partner in, any of the following:
  - i) a person who is a provider of primary medical services for the purposes of Chapter A2 of the 2006 Act;
  - ii) a body which provides any relevant service to a person for whom the Group has responsibility as provided for in the subsection (1A), and regulations made under subsections (1B) and (1D) of section 3 of the 2006 Act;
- c) must not be an individual to who any of the grounds set out in 3.1.1 above apply;
- d) must have no conflicts of interest as defined by national guidance on NHS England website

Term of office

3.1.29 Notwithstanding any concurrent appointment as an employee of the Group, the registered nurse as listed in paragraph 6.6.2(d) of the Group's Constitution may (unless the Governing Body determines otherwise from time to time) hold office only for a period which is the shorter of (i) the duration of his/her contract of employment with the Group and (ii) up to four (4) years.

Grounds for removal

3.1.30 A Registered Nurse shall cease to hold office if:
- a) he/she ceases to meet the eligibility criteria set out in paragraph 3.1.25 (Eligibility) above; and/or
- b) if any of the grounds set out in paragraph 3.1.1 above apply; and/or
- c) where he/she was also appointed as an employee of the Group, he/she is no longer an employee of the Group (unless the Governing Body determines otherwise from time to time).

Notice period

3.1.31 A registered nurse shall give three (3) months' notice in writing to the Governing Body of his/her resignation from office at any time during his/her term of office.

Secondary care specialist doctor (as one of the six healthcare professionals members of the Governing Body)

Appointment

3.1.32 The secondary care specialist doctor is appointed through an open recruitment process. Interested candidates may apply for the role, demonstrating how they meet the requirements of the role and person specification (which shall be drawn up by the Chair and the Accountable Officer) and the competencies set out in relevant national guidance by NHS England. The members of the Remuneration Committee and any others deemed appropriate shall form a panel to assess candidates' suitability and through interview identify the candidate best suited and qualified to fulfil the role. The panel shall recommend this candidate to the Board for appointment.

Eligibility

3.1.33 At the time of the appointment and while holding office as a member of the Governing Body, the secondary care specialist doctor

a) must be a registered medical practitioner who is, or has been at any time in the period of ten (10) years before the appointment to the Governing Body, an individual who fulfils (or fulfilled) all the following conditions:
   i) the individual's name is included in the Specialist Register kept by the General Medical Council under section 34D of the Medical Act 1983, or the individual is eligible to be included in that Register by virtue of the scheme referred to in subsection (2)(b) of that section;
   ii) the individual holds a post as an NHS consultant (as defined in section 55(1) of the Medical Act 1983) or in a medical speciality in the armed forces (meaning the naval, military, or air forces of the Crown, and includes the reserve forces within the meaning of section 1(2) of the Reserve Forces Act 1996 (power to maintain reserve forces);
   iii) the individual's name is not included in the General Practitioner Register kept by the General Medical Council under section 34C of the Medical Act 1983.
b) must not be an employee or member (including shareholder) of, or a partner in, any of the following:
   i) a person who is a provider of primary medical services for the purposes of Chapter A2 of the 2006 Act;
   ii) a body which provides any Relevant Service to a person for whom the Group has responsibility as provided for in the subsection (1A), and regulations made under subsections (1B) and (1D) of section 3 of the 2006 Act
c) must not be an individual to who any of the grounds set out in 3.1.1 above apply;
d) must have no conflicts of interest as defined by national guidance on NHS England website.

Term of office

3.1.34 The secondary care specialist doctor may hold office for a period of up to four (4) years, renewable by one four-year term.

3.1.35 The secondary care specialist doctor may not serve more than two consecutive terms or a maximum of eight years.

Grounds for removal

3.1.36 A secondary care specialist doctor shall cease to hold office if

a) he/she ceases to meet the eligibility criteria set out in 3.1.32 above, and/or
b) if any of the grounds set out in 3.1.1 above apply.

Notice period

3.1.37 A secondary care specialist doctor shall give three (3) months' notice in writing to the Governing Body of his/her resignation from office at any time during his/her terms of office.

GP members (as part of the six healthcare professionals members of the Governing Body)

Appointment

3.1.38 Four GPs, one of them a sessional GP, shall be appointed from among the CCG's Member Practices to serve as members of the Governing Body, applying a simple majority vote.

Term of office

3.1.39 GP members of the Governing Body may hold office for a period of up to four (4) years, renewable by one four-year term.

3.1.40 GP members of the Governing Body may not serve more than two consecutive terms or a maximum of eight years.

Grounds for removal

3.1.41 GP members of the Governing Body shall cease to hold office if

a) he/she ceases to be a GP at one of the CCG's Member Practices, and/or
b) if any of the grounds set out in 3.1.1 above apply.

Notice period

3.1.42 GP members of the Governing Body shall give three (3) months' notice in writing to the Governing Body of his/her resignation from office at any time during his/her terms of office.

3.2 Appointment of Senior Officers

The Accountable Officer

Appointment

3.2.1 The Accountable Officer is appointed by NHS England through an open recruitment process, pursuant to NHS England Clinical Commissioning Group guidance on senior appointments (including accountable officers) that applies at the time of recruitment and appointment.

3.2.2 By virtue of their office, the Accountable Officer is a member of the Governing Body (ex officio appointment).

Eligibility

3.2.3 At the time of their appointment and while in post, the Accountable Officer

a) must not be an individual to who any of the grounds set out in 3.1.1 above apply;
b) must have passed any nationally mandated assessment process.

Term of office

3.2.4 The Accountable Officer is an employee on a substantive appointment, and for the duration of this appointment he/she is a member of the Governing Body (ex officio appointment).

Removal from office

3.2.5 Grounds for removal from the post of Accountable Officer are set out in the Accountable Officer's terms of employment.

3.2.6 Grounds for removal from the Governing Body are set out in 3.1.1 above.

3.2.7 Once an individual has been removed from the post of Accountable Officer, they shall cease to be a member of the Governing Body also.

Notice period

3.2.8 Conditions of notice regarding the post of Accountable Officer are set out in the Accountable Officer's terms of employment.

3.2.9 Resignation from the post of Accountable Officer shall automatically be taken as resignation from the Governing Body.

Chief Financial Officer

Appointment

3.2.10 The Chief Financial Officer is appointed by the Governing Body through an open recruitment process, pursuant to NHS England Clinical Commissioning Group guidance on senior appointments (including accountable officers) that applies at the time of recruitment and appointment.

3.2.11 By virtue of their office, the Chief Financial Officer is a member of the Governing Body (ex officio appointment).

Eligibility

3.2.12 At the time of the appointment and while in post, the Chief Financial Officer
a) must not be the CCG's Accountable Officer;
b) must hold a qualification of one of the individual CCAB bodies or CIMA;
c) must not be an individual to who any of the grounds set out in 3.1.1 above apply;
d) must have passed any nationally mandated assessment process.

Term of office

3.2.13 The Chief Financial Officer is an employee on a substantive appointment, and for the duration of this appointment he/she is a member of the Governing Body (ex officio appointment).

Removal from office

3.2.14 Grounds for removal from the post of Accountable Officer are set out in the Chief Financial Officer's terms of employment.

3.2.15 Grounds for removal from the Governing Body are set out in 3.1.1 above.

3.2.16 Once an individual has been removed from the post of Chief Financial Officer, they shall cease to be a member of the Governing Body also.

Notice period

3.2.17 Conditions of notice regarding the post of Chief Financial are set out in the Chief Financial' Officer's terms of employment.

3.2.18 Resignation from the post of Chief Financial shall automatically be taken as resignation from the Governing Body.

3.3. Appointment of Cluster Commissioning Leads

Appointment

3.3.1 Pursuant to the CCG's Constitution, six healthcare professionals are members of the Governing Body.

3.3.2 From among this group, one Cluster Commissioning Lead shall be appointed for each Cluster, meeting the role description and person specification developed for the specific Cluster Commissioning Lead role:

a) the GP Cluster Commissioning Leads shall be elected by applying a simple majority vote;
b) the Practice Manager Cluster Commissioning Lead shall be elected in a process where the Practice Managers of each of the Member practices shall apply a simple majority vote.

Eligibility

3.3.3 At the time of their appointment and while holding the office as Cluster Commissioning Lead, Cluster Commissioning Lead

a) must be able to fulfil the criteria referred to in paragraph 3.3.1 and 3.3.2 above;
b) must not be an individual to who any of the grounds set out in 3.1.1 above apply;
c) must not be a Practice Representative.

4 PRACTICE REPRESENTATIVES

Appointment

4.1 Each Member practice shall nominate one (1) Practice Representative, who is either a GP or Healthcare Professional of the practice that appoints it, and who shall represent the nominating Member practice in all its dealings with the CCG. The name of the Practice Representative must be submitted to the Governing Body.

Removal

4.2 Each Member practice may permanently remove and replace their Practice Representative at any time, by notice in writing to the Governing Body.

5 CONDUCT OF MEETINGS

5.1 General Provision

5.1.1 A meeting is constituted when:

a) members of the CCG, its Governing Body, or their respective committees and sub-committees, meet face-to-face, by telephone, by video-conference, by any other electronic means, or a combination of the above; and
b) there is a quorum.

5.1.2 If the Chair of the meeting is not present – in person, by telephone, video-conference or other electronic means – within 15 minutes of the scheduled start time of the meeting, the members shall nominate one of their midst to chair this meeting. For the duration of this meeting, the member acting as Chair may exercise any of the powers, duties and responsibilities normally held by the Chair of the meeting. The meeting minutes shall record this arrangement.

5.1.3 Members of the CCG, its Governing Body, or their respective committees and sub-committees may attend by way of telephone or video call, or otherwise by electronic means, and if necessary will give their apologies as much in advance of a meeting as possible.

5.1.4 Members who are unable to attend a meeting may send a suitably qualified nominee, at the discretion of the Chair of the meeting. Nominees shall count towards the quorum as though they were the member by whom they were nominated, and shall be entitled to vote.

5.1.5 The Chair of a meeting may invite others to attend a meeting for particular agenda items, or issue a standing invitation, if their presence will assist the business of the committee. Individuals who are so invited will not normally receive any meeting papers, and they cannot participate in any voting.

5.2 Council of Members' Meetings

Calling meetings

5.2.1 Ordinary meetings of the Group shall be held at regular intervals at such times and places as the Group may determine but not less than twice each year.

5.2.2 The Chair or one third of the total number of Members can call a special meeting of the Council of Members' Meeting by giving all Members at least twenty-one (21) days notice.

5.2.3 Planned ordinary meeting dates of the Council of Members' Meetings will be notified to Members at least annually. Planned meeting dates will be published on the group’s website and a hard copy posted at the Group's headquarters.

5.2.4 Not later than three (3) days prior to an ordinary meeting of the Council of Members, notice of any business to be transacted and any resolutions to be passed shall be published at the offices of the Group and on the Group's website.

Agenda, supporting papers and business to be transacted

5.2.5 Items of business to be transacted for inclusion on the agenda of a meeting need to be notified to the Chair at least fifteen (15) Business Days before the meeting takes place. Supporting papers for such items need to be submitted at least seven (7) Business Days

before the meeting takes place. The agenda and supporting papers will be circulated to all members of a meeting at least five (5) Business Days before the date the meeting will take place.

5.2.6 Agendas and certain papers for the Council of Members' Meetings – including details about meeting dates, times and venues - will be published on the Group's website at the web address specified in paragraph 1.3.1 of the Constitution. Alternatively, interested persons will be able to obtain a hard copy upon application to the Group's headquarters at the address specified in paragraph 1.3.1 of the Constitution.

Petitions

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

Chairing arrangements

5.2.8 The Chair of the CCG, if present, shall chair Council of Members' Meetings. If the Chair is absent from the meeting, the Vice Chair, if any and if present, shall preside.

5.2.9 If the Chair is absent temporarily on the grounds of a declared conflict of interest the Vice Chair, if present, shall preside. If both the Chair and Vice Chair are absent, or are disqualified from participating, or there is neither a chair or deputy, a Practice Representative present at Council of Members' Meeting shall be chosen by the Members present, or by a majority of them, and shall preside.

Chair's ruling

5.2.10 The decision of the Chair on questions of order, relevancy and regularity, and the Chair's interpretation of the Constitution, Standing Orders, Scheme of Reservation and Delegation and Prime Financial Policies at the meeting, shall be final.

Quorum

5.2.11 One third of persons entitled to vote upon the business to be transacted, each being a Practice Representative, shall be a quorum for the Council of Members' Meeting.

5.2.12 Proxies for Practice Representatives validly appointed in accordance with paragraph 3.8 below will count towards the quorum.

5.2.13 If any Practice Representative is disqualified from participating in discussions or decision-making on any matter due to their having declared a conflict of interest, they shall not count towards the quorum for that specific matter. If the quorum as set out in paragraph 3.6.1 is not then met for the specific matter, no further discussion or decision-making may take place on that matter.

5.2.14 If any member is disqualified from participating in discussion or decision-making on any matter due to their having declared a conflict of interest, they shall not count towards the quorum for that specific matter. If the quorum as set out in 3.6.1 is not then met for the specific matter, no further discussion or decision-making may take place on that matter.

5.2.15 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

Voting

5.2.16 Generally it is expected that at the Council of Members' Meetings decisions will be reached by consensus. Should this not be possible then a vote of members will be required.

5.2.17 If a vote becomes necessary, a resolution put to the vote of the meeting shall be decided by simple majority. The mechanism by which such votes shall be collected shall be determined by the chair, having regard to the nature of the issue and any confidentiality or other issues that, in his reasonable opinion, would militate against a simple show of hands.

5.2.18 At Council of Members' Meetings resolutions shall be put to the vote by the Chair of the meeting and there shall be no requirement for the resolution to be proposed or seconded by any person.

5.2.19 A declaration by the Chair at a Council of Members' Meeting that a resolution has been carried or lost and an entry into the minutes of the meeting shall be conclusive evidence of the fact.

5.2.20 Every Member present in person shall have one vote.

5.2.21 Every question which is not the subject of a formal resolution but is nevertheless to be put to the vote at a Council of Members' Meeting shall be determined by a majority of the votes of those Practice Representatives present and voting on the question. In the case of an equal vote, the chair of the meeting shall have an additional and casting vote.

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

5.2.23 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.

Proxy Notices

5.2.24 Proxies for Practice Representatives may only validly be appointed by a notice in writing (a "proxy notice") which

a) states the name and address of the Practice Representatives appointing the proxy;
b) identifies the person appointed to be that Practice Representative's proxy and the Council of Members' Meeting in relation to which that person is appointed;
c) is signed by or on behalf of the Practice Representative appointing the proxy, or is authenticated by the relevant Member; and
d) is delivered to the Council of Members' Meeting in accordance with this Constitution and any instructions contained in the notice of the Council of Members' Meeting to which they relate.

5.2.25 The Governing Body may require proxy notices to be delivered in a particular form, and may specify different forms for different purposes.

5.2.26 Proxy notices may specify how the proxy appointed under them is to vote (or that the proxy is to abstain from voting) on one or more resolutions.

5.2.27 Unless a proxy notice indicates otherwise, it must be treated as:

a) allowing the person appointed under it as a proxy discretion as to how to vote on any ancillary or procedural resolutions put to the meeting; and
b) appointing that person as a proxy in relation to any adjournment of the Council of Members' Meeting to which it relates as well as the meeting itself.

5.2.28 An appointment under a proxy notice may be revoked by delivering to the Governing Body a notice in writing given by or on behalf of the Practice Representative by whom or on whose behalf the proxy notice was given.

5.2.29 A notice revoking a proxy appointment only takes effect if it is delivered before the start of the meeting or adjourned meeting to which it relates.

5.2.30 If a proxy notice is not executed by the Practice Representative appointing the proxy, it must be accompanied by written evidence of the authority of the person who executed it to execute it on the relevant Member's behalf.

Resolutions in writing

5.2.31 A resolution in writing signed or approved by a sufficient number of Practice Representatives that would have been required to pass a resolution had it been voted on at a Council of Members' Meeting shall be as valid and effective as if it had been passed at a Council of Members' Meeting duly convened and held. The resolution may consist of more than one document in the same form each signed or approved by one or more persons.

Emergency powers and urgent decisions

5.2.32 Emergency meetings may be called by the Chair on provision of at least three (3) Business Days' notice to Members. Emergency meeting dates will be published on the Group's website.

5.2.33 The powers which are reserved to the Governing Body may in an emergency or for an urgent decision be exercised by the Chair and the Accountable Officer, after consultation with at least one (1) Lay Member and one other member of the Governing Body. This shall be reported to the next meeting of the Governing Body for ratification.

Suspension of Standing Orders

5.2.35 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 Council of Members' Meeting.

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

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

Record of Attendance

5.2.38 The names of all members of the meeting present at the Council of Members' Meeting shall be recorded in the minutes of the Council of Members' Meetings.

Minutes

5.2.39 The Chair will identify a suitable individual to record the minutes of each Council of Members' Meeting.

5.2.40 The minutes of each Council of Members' Meeting shall record the names of those in attendance. Where an attendee is present as a representative of a Member or Cluster this shall also be recorded.

5.2.41 The draft minutes of a Council of Members' Meeting shall be submitted at the next meeting

for review as to accuracy. Acceptance of the minutes, with any amendments, shall be recorded in the minutes of the Council of Members' Meeting at which they are presented for review.

5.2.42 Draft minutes will be made available to members no later than five (5) Business Days after the Council of Members' Meeting to which they relate.

5.2.43 Where appropriate, approved minutes will be made available to the public by publishing them with the agenda and papers of the meeting to which they relate. Minutes or sections of minutes which are of a confidential nature which would not be disclosed under the Freedom of Information Act will not be made available on the Group's website.

Admission of public and the press

5.2.44 All Council of Members' Meetings shall be public unless the Chair resolve that the public be excluded from the meeting, whether for the whole or part of the proceedings on the grounds that publicity would be prejudicial to the public interest or the interests of the Group by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution and arising from the nature of the business to be transacted or the proceedings

5.2.45 Discussions and decision-making following exclusion of the public and representatives of the press shall be minuted, except that such minutes shall be treated in accordance with the confidential nature of the business.

5.2.46 Where the public and representatives of the press are excluded, members, employees and other persons remaining present at the Council of Members' Meeting are required not to disclose confidential information from papers, minutes or discussions outside of the Group, without the express permission of the Governing Body.

5.3 Meetings of the Governing Body (the Board)

Calling Meetings

5.3.1 The Governing Body shall meet on a regular basis, normally six (6) times per year and no more than two (2) months apart.

5.3.2 Meetings of the Governing Body must be open to the public unless the Governing Body resolves that the public be excluded from the meeting, whether for the whole or part of the proceedings on the grounds that publicity would be prejudicial to the public interest or the interests of the Group by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution and arising from the nature of the business to be transacted or the proceedings.

5.3.3 The Secretary on receiving a request from five (5) members of the Governing Body to call a meeting of the Governing Body or, if no Secretary has been appointed, any member of the Governing Body receiving such a request, shall call a meeting of the Governing Body by issuing a notice within five (5) Business Days of being requested to do so.

Notice of Meetings

5.3.4 Notice of any Governing Body meeting must indicate:

- its proposed date and time, which must be at least fourteen (14) 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);

- where it is to take place;
- an agenda of the items to be discussed at the meeting and any supporting papers; and
- if it anticipated that members of the Governing Body participating in the meeting will not be in the same place, how it is proposed that they should communicate with each other during the meeting.

Agenda & Supporting Papers

5.3.5 The agenda will be agreed between the Accountable Officer and the Chair.

5.3.6 The date, time, venue, agenda and all papers related to the agenda of all Governing Body meetings will be made public with seven (7) days notice on the Group's website.

5.3.7 Notice of a Governing Body meeting must be given to each member of the Governing Body in writing.

5.3.8 Failure to effectively serve notice on all members of the Governing Body does not affect the validity of the meeting, or of any business conducted at it.

5.3.9 The Chair can determine items that need to be discussed in private in line with statute and national guidance for example matters of staff discipline, or where patient or commercial confidentiality is likely to be breached.

Quorum

5.3.10 The quorum of the meeting of the Governing Body shall be not less than one third of the members of the Governing Body present, at least one of whom shall be an Independent Member, one an employee of the Group and two (2) clinical members.

5.3.11 If the total number of members of the Governing Body for the time being is less than the quorum required, the Governing Body must not take any decision other than a decision to call a Council of Members' Meeting so as to enable the Members acting through their Practice Representatives to appoint further members of the Governing Body to fill any vacancies.

5.3.12 The Governing Body may co-opt such other person(s) to attend all or any of its meetings, or part(s) of a meeting, in order to assist 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.

5.3.13 A representative in attendance on behalf of a member of the Governing Body will count towards the quorum and will have voting rights if notified in advance to the Chair as acting in a formal deputising capacity, provided that the Chair accepts the deputising arrangements.

5.3.14 If any member of the Governing Body is disqualified from participating in discussions or decision-making on any matter due to their having declared a conflict of interest, they shall not count towards the quorum for that specific matter. If the quorum is not then met for the specific matter, no further discussion or decision-making may take place on that matter.

Chair of Meeting

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

Chair's Ruling

5.3.16 The decision of the Chair 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.

Voting at Governing Body meetings

5.3.17 Any decision of the Governing Body must be decided by a simple majority decision.

5.3.18 At any meeting of the Governing Body, on a show of hands, every member of the Governing Body present shall have one vote. If the numbers of votes for and against a proposal are equal, the Chair or other person chairing the meeting has a casting vote.

5.3.19 At any Governing Body meeting a resolution put to a vote of the meeting shall be decided on a show of hands.

5.3.20 At Governing Body meetings resolutions shall be put to the vote by the chair of the meeting and there shall be no requirement for the resolution to be proposed or seconded by any person.

5.3.21 A declaration by the chair of the meeting that a resolution has on a show of hands been carried or lost and an entry into the minutes of the meeting shall be conclusive evidence of the fact.

Written Resolutions

5.3.22 A resolution in writing signed or approved by the required majority of the members of the Governing Body entitled to receive notice of a meeting of the Governing Body. The resolution may consist of more than one document in the same form each signed or approved by one or more persons.

Emergency Powers and Urgent Decisions

5.3.23 Emergency meetings may be called by the Chair on provision of three (3) Business Days' notice to members of the Governing Body. Emergency meeting dates will be published on the Group's website at the web address.

5.3.24 The powers which reserved to the Governing Body may in an emergency or for an urgent decision be exercised by the Chair and the Accountable Officer, after consultation with at least one (1) Lay Member and one other member of the Governing Body. This shall be reported to the next meeting of the Governing Body for ratification.

Record of Attendance

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

Minutes

5.3.26 The Chair will identify a suitable individual to record the minutes of each Governing Body meeting.

5.3.27 The minutes of each Governing Body meeting shall record the names of those in attendance.

5.3.28 The draft minutes of a Governing Body meeting shall be submitted at the next meeting for review as to accuracy. Acceptance of the minutes, with any amendments, shall be recorded in the minutes of the Governing Body meeting at which they are presented for review.

5.3.29 Draft minutes will be made available to members of the Governing Body no later than three (3) Business Days before the Governing Body meeting at which they are to be reviewed.

5.3.30 Where appropriate, approved minutes will be made available to the public by publishing them with the agenda and papers of the meeting to which they relate. Minutes or sections of minutes which are of a confidential nature which would not be disclosed under the Freedom of Information Act will not be made available on the Group's website.

Suspension of Standing Orders

5.3.31 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 the members of the Governing Body present are in agreement.

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

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

Transparency

5.3.34 The Governing Body will publish papers considered at meetings of the Governing Body, except where the Governing Body considers that it would not be in the public interest to do so in relation to a particular paper or part of a paper.

5.3.35 The Governing Body shall publish the following information relating to determinations made under subsection (3)(a) and (b) of section 14L of the 2006 Act (which relates to remuneration, fees and allowances, including allowances payable under certain pension schemes):

- in relation to each senior employee of the Group, any determination of the employee's salary or of any travelling and other allowances payable to the employee, including any allowances payable under a pension scheme established under paragraph 11(4) of Schedule 1A to the 2006 Act;
- any recommendation of the remuneration committee in relation to any such determination.

5.3.36 Information as to the determination of a senior employee's salary need specify only a band of £5,000 into which the salary determined falls.

5.3.37 The Governing Body must not publish any information if the Governing Body considers that it would not be in the public interest to publish it.

5.3.38 A 'senior employee' means an employee who has authority over or responsibility for directing or controlling the exercise of the Group's functions.

Admission of public and the press

5.3.39 All Governing Body Meetings shall be public unless the Chair resolve that the public be excluded from the meeting, whether for the whole or part of the proceedings on the grounds that publicity would be prejudicial to the public interest or the interests of the Group by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution and arising from the nature of the business to be transacted or the proceedings

5.3.40 Discussions and decision-making following exclusion of the public and representatives of the press shall be minuted, except that such minutes shall be treated in accordance with the confidential nature of the business.

5.3.41 Where the public and representatives of the press are excluded, members, employees and other persons remaining present at the Governing Body Meeting are required not to disclose confidential information from papers, minutes or discussions, without the express permission of the Governing Body.

Indemnity

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

6 DELEGATION OF POWERS

6.1 Appointment of committees and sub-committees

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

6.1.2 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.

6.1.3 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.

6.2 Delegation of Powers by Committees to Sub-committees

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

6.4 Approval of Appointments to Committees and Sub-Committees

6.4.1 The Group shall approve the appointments to each of the committees and sub-committees which it has formally constituted including those to the Governing Body. The Group shall agree such travelling or other allowances as it considers appropriate.

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

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

8 USE OF SEAL AND AUTHORISATION OF DOCUMENTS

8.1 Group's seal

8.1.1 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;
c) the Chief Financial Officer;

8.2 Execution of a document by signature

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

a) the Accountable Officer
b) the Chair
c) the Chief Financial Officer

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

9.1 Policy statements: general principles

9.1.1 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 NHS Bath & North East Somerset Clinical Commissioning Group. The decisions to approve such policies and procedures will

be recorded in an appropriate group minute and will be deemed where appropriate to be an integral part of the Group's Standing Orders.

Appendix 4: Standing Financial Instructions

Delegated Financial Limits

DELEGATED FINANCIAL LIMITS - SEPTEMBER 2018 (Board approved; amends approved by Audit Committee January 2019)

General Principles:

All delegations relate only to the use of budgets approved by the Board and within the individual's own areas of responsibility. There are some areas covered that relate to non-budgeted expenditure where this might arise.

Funds approved for investment in a specific area, through the planning process or an in-year business case, are subject to the same approval limits and controls as budgets, with the delegated scheme owner exercising the same authority and undertaking the same responsibilities as a budget holder.

The identity of individuals holding delegated authority under this scheme is recorded and confirmed through the maintenance of an authorised signatory list, maintained by the CCG finance team.

The CCG may delegate budget holder authority to CSU employees where they are best placed to manage specific expenditure or income. Additional authorisation or procedure may be required for non-financial aspects of any planned expenditure/income or where exceptional arrangements are contemplated. It is the responsibility of the budget holder to ensure that any such authorisation has been obtained or procedure completed in advance of any financial commitment. Examples would be:

- expenditure requiring quotations, tenders or business case approval
- service change requiring clinical approval
- placements, care packages or exceptional treatments, where authorisation to proceed with the care is required
- investment which has been agreed subject to more detailed proposals
- contracts of unusually long duration
- non-employed individuals where there may be taxation or employment rights issues requiring expert HR advice
- ex gratia or compensation payments, which have specific procedural requirements
- legal fees, where a specific protocol exists for accessing advice

Where possible, the ability to authorise in accordance within these limits will be controlled through the financial system. Where this is not possible it is the responsibility of the delegate's line manager to clarify and communicate the limits of authority and it is the responsibility of the delegate to comply with these limits. All limits relate to the total financial value involved including where relevant any VAT not recoverable by the CCG

DUTIES/RESPONSIBILITIES	DELEGATED TO	FINANCIAL LIMIT	ADDITIONAL SCOPE OR REQUIREMENT
VIREMENT (MOVEMENT BETWEEN EXISTING BUDGETS EXCEPT RESERVES)			
Virement within running cost budgets, recurring or non-recurring	Designated Budget Holder	£10,000	Where virement is between different areas, both budget holders must approve Recurring virements over £100,000 will be reported to the Board
	Chief Officer or Chief Financial Officer	£100,000	
	Chief Officer and Chief Financial Officer	£100,000 up	
Virement within commissioned service budgets, recurring or non-recurring	Designated Budget Holder	£30,000	
	Chief Officer and Chief Financial Officer	£100,000	
	Joint Commissioning Committee	£100,000 up	
Virement from running cost budgets to commissioned service budgets, non-recurring only	Chief Officer and Chief Financial Officer	All values	
Virement from commissioned service budgets to running cost budgets	Not permitted		
TENDERS AND QUOTATIONS – LIMITS FOR SEEKING BASED ON LIFETIME VALUE OF CONTRACT			
Informal Price testing		Up to £20,000	
Competitive quotations		£20,001-£100,000	At least 3 quotations unless less than 3 potential suppliers exist
Competitive tendering		£100,001-£118,133	At least 3 tenders
EU Compliant Competitive tendering (excluding VAT)		£118,133 up	EU compliant tender
TENDERS AND QUOTATIONS – EVALUATION			
Opening tender bids (This is only expected to occur if exceptional circumstances prevent the use of electronic tender submission procedures)	Two Board members or employees of Band 8b or above	All values	For tenders expected to exceed £500,000 one individual must be a Board member

DUTIES/RESPONSIBILITIES	DELEGATED TO	FINANCIAL LIMIT	ADDITIONAL SCOPE OR REQUIREMENT
Evaluating tender bids	At least one individual not within the team awarding the tender For any tender involving an in-house bid, at least one independent or lay member of the Board	All values	
	For any tender involving a bid from CCG member practices , evaluation team in accordance with conflict of interest arrangements		
Waiving the requirement to obtain 3 quotations or to tender	Chief Officer and Chief Financial Officer	£100,000	All waivers will be reported to the Audit Committee Single Tender Waiver action not necessary where supplier is on recognized NHS supplier framework
	Joint Commissioning Committee	£250,000	
	Board	£250,000 up	
NON-PAY EXPENDITURE – RUNNING COSTS			
Goods or services including contracts, within existing budget	Designated Budget Holder	£10,000	Budget holder may delegate authorisation of spend in specific areas or in accordance with agreed contractual terms to departmental or CSU staff. This may include setting a limit below £10,000
	Chief Officer and Chief Financial Officer	£100,000	
	Joint Commissioning Committee	£250,000	
	Board	£250,000 up	

DUTIES/RESPONSIBILITIES	DELEGATED TO	FINANCIAL LIMIT	ADDITIONAL SCOPE OR REQUIREMENT
COMMISSIONED SERVICES EXPENDITURE (HEALTHCARE)			
Agreeing contracts for the provision of healthcare services, within existing budget	Designated Budget Holder	£250,000	Financial limits reflect the value of the total commitment being entered
	Chief Financial Officer (in absence of Chief Financial Officer and in urgent circumstances Chief Officer will sign)	£250,000 up	into by the agreement Includes authority to sign contract documentation to the given value Note: All non-NHS contracts need to be added to contracts register (please contact Admin team for further details)
Agreeing contracts that enable the provision of healthcare services and that are within existing budgets	Designated Budget Holder	£100,000	Financial limits reflect the value of the total commitment being entered into by the agreement Includes authority to sign contract documentation to the given value
	Chief Financial Officer (in absence of Chief Financial Officer and in urgent circumstances Chief Officer will sign)	£100,000 up	

DUTIES/RESPONSIBILITIES	DELEGATED TO	FINANCIAL LIMIT	ADDITIONAL SCOPE OR REQUIREMENT
Payments in accordance with agreed contract values	Designated Commissioning Budget Holder	Agreed contract value plus variations up to £100,000 per month from agreed contract value	On recommendation of designated contract manager responsible for checking and coding the payment
	Chief Financial Officer	Variations in excess of £100,000 per month from agreed contract value	Or nominated deputy
Payment for activity not covered by contract, within existing budget	Designated Commissioning Budget Holder	Up to £100,000 per month per provider	On recommendation of designated support staff responsible for checking and coding the payment
	Chief Financial Officer	In excess of £100,000 per month per provider	Or nominated deputy

DUTIES/RESPONSIBILITIES	DELEGATED TO	FINANCIAL LIMIT	ADDITIONAL SCOPE OR REQUIREMENT
CONTINUING HEALTH CARE EXPENDITURE WITHIN EXISTING BUDGET			
Approval of assessment of eligibility	Continuing Health Care Commissioning Manager	None	
Approval of expenditure up to threshold	Provider CHC nursing team	Up to £900 per week	
Approval of expenditure above threshold	A Chair of the Single Funding Panel	£900 per week and over	
Approval of Fast Track CHC patients up to threshold	Continuing Health Care Commissioning Manager	Up to £1,100 per week	
Approval of Fast Track CHC patients above threshold	A Chair of the Single Funding Panel	£1,100 per week and over	This is regardless of them being complex of fast track cases
Approval of CHC Personal Health Budgets up to threshold	Continuing Health Care Commissioning Manager	Up to £650 per week	
Approval of CHC Personal Health Budgets above threshold	A Chair of the Single Funding Panel	£650 per week and over	
BUSINESS CASES FOR INVESTMENT FOR LIFETIME OF INVESTMENT			
Business cases for investment within the annual planning process	Board on recommendation of Review Panel as specified in Prioritisation Framework	All values	Includes cases for use of investment reserve, and QIPP investment
Business cases for investment in year, subject to	Chief Officer and Chief Financial Officer	£50,000	

DUTIES/RESPONSIBILITIES	DELEGATED TO	FINANCIAL LIMIT	ADDITIONAL SCOPE OR REQUIREMENT
funding availability			Use of headroom in year requires additional NHS England approval
	Joint Commissioning Committee	£250,000	
	Board	£250,000 up	
EMERGENCY EXPENDITURE (BY ON-CALL STAFF)			
Urgent expenditure arising during a declared major incident or system escalation, identified as necessary to avoid or mitigate harm and where an immediate decision is required (This does not relate to OPEL escalation where there is deemed to be time to form an appropriate authorised response).	Responsible senior manager/director as designated by on-call rota	Up to £100,000 in total during the major incident	Decision and rationale to be recorded in the incident log and reported as soon as possible to the Chief Financial Officer All emergency expenditure will be reported to the Audit Committee
	Chief Financial Officer or Chief Officer in consultation with responsible senior manager/director as designated by on-call rota	£100,000 up	
Out of hours legal advice, identified as necessary to avoid or mitigate risk and where an immediate decision is required	Responsible senior manager/director as designated by on-call rota	Up to £5,000	Reference CCG Policy: Protocol for accessing Legal Advice
PETTY CASH			
Reimbursement of purchases from petty cash through the claiming of approved expenses	Designated Budget Holder	£50	In practice this may be the relevant line manager who should obtain the budget holder
	Chief Financial Officer	£50 up	Or nominated deputy
RESERVES			
Budget movements to and from reserves	Deputy Chief Financial Officer	All values	Routine movements may be further delegated

DUTIES/RESPONSIBILITIES	DELEGATED TO	FINANCIAL LIMIT	ADDITIONAL SCOPE OR REQUIREMENT
Use of contingency reserves	Chief Financial Officer or Deputy Chief Financial Officer	All values	
CAPITAL SCHEMES AND PROPERTY ARRANGEMENTS			
Approval of capital schemes or property arrangements with financial or service implications for the CCG	Chief Financial Officer	£100,000 with no service implications	
	Joint Commissioning Committee	£250,000 or with service implication	
	Board	£250,000 up	

DUTIES/RESPONSIBILITIES	DELEGATED TO	FINANCIAL LIMIT	ADDITIONAL SCOPE OR REQUIREMENT
Authorising, granting and termination of leases for equipment (value = annual commitment) for all leases	Chief Officer and Chief Financial Officer	Up to £100k	
DISPOSALS			
Disposals of equipment owned by the CCG	Chief Financial Officer	All values	Or nominated deputy
PREPAYMENTS			
Payments in advance of good or services received	Chief Financial Officer	All values	Or nominated deputy Not required for healthcare block payments in accordance with contract
RECRUITMENT OF STAFF			
Recruitment of staff within existing budget	Designated Budget Holder	Within Authorised Budget Limit	
Engagement of temporary/interim staff where already within existing budgets	Designated Budget Holder	Within Authorised Budget Limit	To be in line with Agency spend frameworks set i.e. by NHSE
Recruitment of staff not on formal establishment including engagement of temporary/interim staff not within existing budgets	Executive Team	All values	

DUTIES/RESPONSIBILITIES	DELEGATED TO	FINANCIAL LIMIT	ADDITIONAL SCOPE OR REQUIREMENT
Payment of Overtime to Staff	Designated Budget Holder Chief Officer or Chief Financial Officer	Up to £500 £501 up	
Approval of travel and subsistence expenses	Designated Budget Holder	Up to £500	Chief Financial Officer to approve any claims that are older than 3 months in line with CCG policy
Approval of upgrading requests in line with CCG Policy and other conditions such as Agenda for Change	Designated Budget Holder	All values	
Approval of any carried forward leave to a subsequent annual leave year (up to 5 working days)	Designated Manager	N/A	The carry forward of leave should not exceed 5 days
Approval of Study Leave where there is a financial or resource commitment that is not agreed as part of the post.	Designated Budget Holder	All values	This should be in consultation with the manager if different
INCOME			
Notification of additional income streams due	All CCG and CSU members	All values	
Approval of invoice for monies due	Chief Accountant	£100,000	
	Chief Financial Officer	£100,000 up	Or nominated deputy

DUTIES/RESPONSIBILITIES	DELEGATED TO	FINANCIAL LIMIT	ADDITIONAL SCOPE OR REQUIREMENT
Cancellation of invoices	Deputy Chief Financial Officer or Chief Accountant on recommendation of invoice originator	£10,000 and raised in current financial year	
	Chief Financial Officer on recommendation of invoice originator	£10,000 up or raised in previous financial year	
Write off of bad debts	Deputy Chief Financial Officer	£10,000	All to be reported to Audit Committee on a periodic basis
	Chief Financial Officer	£10,000 up	All to be reported to Audit Committee on a periodic basis
CASH			
Drawdown of cash to meet CCG requirements	Chief Accountant	All values	Or nominated deputy
Ex-gratia agreed payments for any personal loss effects	Chief Financial Officer	Up to £1,000	Or nominated deputy Please refer to latest CCG policy on Losses and Compensations

DUTIES/RESPONSIBILITIES	DELEGATED TO	FINANCIAL LIMIT	ADDITIONAL SCOPE OR REQUIREMENT

	Chief Officer or Chief Financial Officer	£1,001 up	
Special payments – i.e. severance payments that exceed legal or contractual obligations	Chief Financial Officer Chief Officer or Chief Financial Officer	Up to £1,000 £1,001 up	Or nominated deputy Please refer to latest CCG policy on Losses and Compensations
PRIMARY CARE DELEGATED COMMISSIONING			
Approval of action in relation to the settlement of a claim from prior years.	Designated Budget Holder Chief Officer or Chief Financial Officer Board	£10,000 £100,000 £1,000,000	All claims over £10,000 to be reported to PCCC
The entering into of any Primary Care Services Revenue Contract, which is within existing budgets and which has or is capable of having a term which exceeds five (5) years.	Designated Budget Holder Chief Financial Officer (in absence of Chief Financial Officer and in urgent circumstances Chief Officer will sign)	£250,000 £1,000,000	Financial limits reflect the value of the total commitment being entered into by the agreement Includes authority to sign contract documentation to the given value
The approval of payments submitted to Primary Care Support England (PCSE)	Deputy Chief Financial Officer Director of Acute & Primary Care Commissioning Senior Commissioning Manager – Primary Care Chief Officer or Chief Financial Officer	£250,000 £250,000 £250,000 £500,000	This applies to each monthly payment request in total
Any matter in relation to the Delegated Functions which is novel, complex or repercussive relating to the financial impact	Chief Officer and Chief Financial Officer Board	£100,000 £1,000,000	All to be reported to PCCC at next available date.