



Waltham Forest
Clinical Commissioning Group

NHS Waltham Forest
Clinical Commissioning Group (CCG)

CONSTITUTION

Version	Effective Date	Changes
V1	Aug 2018	Standard model
V1.1	07/02/19	First draft based on new model (NK)
V1.2	21/02/19	Updated draft following feedback from WF CCG (GGI)
V1.3	07/03/19	Updated draft following feedback from GB (CCG)
V1.4	14/03/19	Draft confirmed following additional feedback from members and LMC

Contents

1	Introduction	5
1.1	<i>Name</i>	5
1.2	<i>Statutory Framework</i>	5
1.3	<i>Status of this Constitution</i>	6
1.4	<i>Amendment and Variation of this Constitution</i>	6
1.5	<i>Related documents.....</i>	6
1.6	<i>Accountability and transparency</i>	7
2	Area Covered by the CCG.....	10
3	Membership Matters	10
3.1	<i>Membership of the Clinical Commissioning Group.....</i>	10
3.2	<i>Nature of Membership and Relationship with CCG</i>	12
3.3	<i>Members' Rights</i>	12
3.4	<i>Members' Meetings</i>	12
3.5	<i>Practice Representatives.....</i>	12
4	Arrangements for the Exercise of our Functions.....	14
4.1	<i>Good Governance</i>	14
4.2	<i>General</i>	14
4.3	<i>Authority to Act: the CCG</i>	15
4.4	<i>Authority to Act: the Governing Body.....</i>	15
5	Procedures for Making Decisions.....	16
5.1	<i>Scheme of Reservation and Delegation.....</i>	16
5.2	<i>Standing Orders</i>	16
5.2.2	<i>.....</i>	16
5.3	<i>Standing Financial Instructions (SFIs)</i>	16
5.4	<i>The Governing Body: Its Role and Functions.....</i>	16
5.5	<i>Composition of the Governing Body</i>	17
5.7	<i>Appointments to the Governing Body</i>	19
5.8	<i>Committees and Sub-Committees.....</i>	19
5.9	<i>Committees of the Governing Body</i>	19
5.10	<i>Collaborative Commissioning Arrangements</i>	20

5.11	Joint Commissioning Arrangements with Local Authority Partners.....	21
5.12	Joint Commissioning Arrangements – Other CCGs	23
5.13	Joint Commissioning Arrangements with NHS England.....	25
6	Provisions for Conflict of Interest Management and Standards of Business Conduct	27
6.1	Conflicts of Interest.....	27
6.2	Declaring and Registering Interests.....	27
6.3	Training in Relation to Conflicts of Interest.....	28
6.4	Standards of Business Conduct.....	28
	Appendix 1: Definitions of Terms Used in This Constitution	30
	Appendix 2: Committee Terms of Reference.....	33
	Primary Care Commissioning Committee.....	33
	Appendix 3: Standing Orders.....	33
	Appendix 4: Standing Financial Instruction	33
	Voting members.....	44
	Non-voting Members.....	44
1.1.	Introduction	50
1.2.	Schedule of matters reserved to the clinical commissioning group and the scheme of reservation and delegation.....	50
2.1.	Composition of membership	51
2.2.	Key Roles.....	51
3.1.	Calling meetings.....	62
3.2.	Agenda, supporting papers and business to be transacted	62
3.3.	Petitions	62
3.4.	Chair of a meeting.....	62
3.5.	Chair's ruling	63
3.6.	Quorum	63
3.7.	Decision making.....	63
3.8.	Emergency powers and urgent decisions	64
3.9.	Suspension of Standing Orders.....	64
3.10.	Record of Attendance	65
3.11.	Minutes	65
3.12.	Admission of public and the press.....	65
4.1.	Appointment of committees and sub-committees	66
4.2.	Terms of Reference.....	67

4.3.	Delegation of Powers by Committees to Sub-committees.....	67
4.4.	Approval of Appointments to Committees and Sub-Committees.....	67
6.1.	Clinical Commissioning Group's seal.....	67
6.2.	Execution of a document by signature.....	68
7.1.	Policy statements: general principles.....	68
1.1.	General	69
1.2.	Overriding Prime Financial Policies	69
1.3.	Responsibilities and delegation	70
1.4.	Contractors and their employees.....	70
1.5.	Amendment of Prime Financial Policies	70

1 Introduction

1.1 Name

The name of this clinical commissioning group is NHS Waltham Forest Clinical Commissioning Group (“the CCG”).

1.2 Statutory Framework

1.2.1 CGs 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)
- 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 6th March 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 <http://www.walthamforestccg.nhs.uk/>.

1.4 Amendment and Variation of this Constitution

1.4.1 This constitution can only be varied in two circumstances.

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

- Changes are thought to have a material impact (see standing orders for further information)
- Changes are proposed to the reserved powers of the members;
- 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 which provide further details on how the CCG will operate. With the exception of the Standing Orders and the Standing Financial Instructions, these documents do not form part of the Constitution for the purposes of 1.4 above. They are the CCG's:

- a) **Standing orders** – which set out the arrangements for meetings and the selection and appointment processes for the CCG's Committees, and the CCG Governing Body (including Committees).
- b) **The Scheme of Reservation and Delegation** – sets out those decisions that are reserved for the membership as a whole and those decisions that have been delegated by the CCG or the Governing Body
- c) **Prime financial policies** – which set out the arrangements for managing the CCG's financial affairs.

- d) **Standing Financial Instructions** – which set out the delegated limits for financial commitments on behalf of the CCG.
- e) **The CCG Governance Handbook** – which includes:
 - Standards of Business Conduct Policy – which includes the arrangements the CCG has made for the management of conflicts of interest;
 - committee terms of reference;
 - dispute process
 - practice representative role description

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:
 - commissioning and operational policies and procedures
 - a CCG Governance Handbook;
- 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 Communication and Engagement Strategy which will be published on its website and reviewed on an annual basis.
- h) When discharging its duties under section 14Z2, the CCG will ensure that it complies with the following principles when engaging with the public:
 - i. that public involvement occurs at all stages of decision making: planning of the commissioning arrangements; development and consideration of proposals for changes in commissioning arrangements; and decisions affecting the operation of the commissioning arrangements.
 - ii. working collaboratively with our partners to ensure we engage the widest possible audience, using a variety of methods tailored to specific needs of different patient groups and communities, and actively seeking out the views of those groups most vulnerable to widening health inequalities.
 - iii. ensuring clarity about the purpose of engagement and focusing on engagement as a means of service improvement.
 - iv. valuing the feedback that the public give us and allowing adequate time and resource for this.
 - v. listening and taking account of all views - even those which may conflict with an organisationally favoured decision.
 - vi. ensuring that we truly understand our public feedback; accurately represent all views and act appropriately on the basis of feedback received.
 - vii. demonstrating responsible leadership by being transparent about our rationale.
 - viii. publishing information about health services.
 - ix. at all times seeking to build trust and reciprocity and to offer respect and empathy towards all stakeholders
- 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) holding regular events to involve and inform patients, carers and voluntary and community sector groups about the work of the CCG and inviting comment;
- b) providing information to the public at large about the work of the CCG through our website and other means by request.
- c) holding regular membership involvement events for Member practices; and
- d) committing to continuing to work alongside the Local Medical Committee regarding the provision, delivery and quality of primary care

2 Area Covered by the CCG

2.1.1 The area covered by the CCG is coterminous with The London Borough of Waltham Forest.

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.

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

Practice Name
Chingford
Chingford Medical Practice
Churchill Medical Centre
The Handsworth Medical Practice
Larkshall Medical Centre
Kingshead Medical Practice
The Microfaculty
The Old Church Surgery
The Ridgeway Surgery
Walthamstow
Addison Road Medical Practice
Claremont Medical Centre
Dr Bailey Practice
Dr Dhital's Practice (Wood Street Health Centre)
Forest Road Medical Centre
The Ecclesbourne Practice
The Firs
The Forest Surgery
The Grove Medical Centre
Higham Hill Medical Centre
Lime Tree and Sinnott Healthcare
The Penryhn Surgery
Queens Road Medical Centre
Waltham Forest Community and FHS Ltd
St James Medical Practice
Leyton/Leytonstone
The Allum Medical Centre
Crawley Road Medical Centre
Francis Road Medical Centre

Green Man Medical Centre
Hampton Medical Centre
Harrow Road Practice
High Road Surgery
Kiyani Medical Practice
Langthorne Sharma Family Practice
Leyton Green Neighbourhood Health Service
Leyton Healthcare
Lime Tree Surgery
LL Medical Care Ltd
The Lyndhurst Surgery
The Manor Practice
Orient Community Practice
Seymour Medical Centre
SMA Medical Centre

3.2 Nature of Membership and Relationship with CCG

3.2.1 The CCG's Members are integral to the functioning of the CCG. Those exercising delegated functions on behalf of the Membership, including the Governing Body, remain accountable to the Membership.

3.3 Members' Rights

3.3.1 The relationship between the CCG and its Members is supported by a set of Members' rights outlined below. The relevant processes associated with these are described in the governance handbook as appropriate:

- i. Calling and attending a general meeting of the Members;
- ii. Submitting a proposal for amendment of the Constitution;
- iii. Putting themselves forward for election to the Governing Body;
- iv. Electing Clinical Directors to the Governing Body;
- v. Removing elected members of the Governing Body;
- vi. Participating in the development of the CCG's Corporate Governance documents, including the CCG Handbook.

3.4 Members' Meetings

3.4.1 The Members' Council shall comprise all Practice Representatives, the Accountable Officer (or the Managing Director on the direction of the Accountable Officer), the Chair of the Governing Body, and Clinical Vice Chair of the Governing Body.

3.4.2 The Chair and the Clinical Vice Chair of the Governing Body shall respectively be the Chair and Clinical Vice Chair of the Members' Council.

3.4.3 The Members' Council shall operate in accordance with its Terms of Reference as outlined in the Governance Handbook.

3.5 Practice Representatives

3.5.1 Each Member practice has a nominated lead healthcare professional who represents the practice in the dealings with the CCG. Each Member may remove and replace its Practice Representative at any time and from time to time, by notice in writing to the Governing Body. It is for each Member to decide how its Practice Representative is appointed, to draw up any terms of office, including the grounds for removal from office and to decide on any notice period.

3.5.2 Each Member shall notify the Governing Body of the name of its Practice Representative in writing along with a proxy.

3.5.3 Each Practice Representative shall represent the Member that has appointed it at meetings of the Members' Council in accordance with the procedures set out in the Governance Handbook.

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 demonstrate 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. This includes:

- a) Undertaking regular governance reviews; including use of the governance toolkit for CCGs www.ccggovernance.org;
- b) Adopting CCG values that include standards of propriety in relation to the stewardship of public funds, impartiality, integrity and objectivity including:
 - The Good Governance Standard for Public Services;
 - the standards of behaviour published by the Committee on Standards in Public Life (1995) known as the 'Nolan Principles';
 - the seven key principles of the NHS Constitution;
 - the standards set out in the Professional Standard Authority's guidance "Standards for Members of NHS Boards and Clinical Commissioning Group Governing Bodies in England"
- c) compliance with relevant legislation including such as the Equality Act 2010;
- d) Adoption of standards and procedures that facilitate speaking out and the raising of concerns, including a freedom to speak up guardian if one is appointed.

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.

4.4 Authority to Act: the Governing Body

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

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

5 Procedures for Making Decisions

5.1 Scheme of Reservation and Delegation

5.1.1 The CCG has agreed a scheme of reservation and delegation (SoRD) which is published in full in the CCG governance handbook on our website <http://www.walthamforestccg.nhs.uk>

5.1.2 The CCG's SoRD sets out:

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

5.1.3 The 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:

5.2.2

- 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.

5.2.3 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 SoRD.

5.3.2 A copy of the SFIs is included at Appendix 4 and form 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 The CCG has also delegated the following additional functions to the Governing Body which are also set out in the SoRD. Any delegated functions must be exercised within the procedural framework established by the CCG and primarily set out in the Standing Orders and SFIs:

- i. leading the development of vision and strategy for the CCG;
- ii. overseeing and monitoring quality improvement;
- iii. approving the CCG's Commissioning Plans and its consultation arrangements;
- iv. stimulating innovation and modernisation;
- v. overseeing and monitoring performance;
- vi. overseeing risk assessment and securing assurance actions to mitigate identified strategic risks.
- vii. promoting a culture of strong engagement with patients, their carers, Members, the public and other stakeholders about the activity and progress of the CCG;
- viii. 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 This part of the constitution describes the make-up of the Governing Body roles. Further information about the individuals who fulfil these roles can be found on our website at <http://www.walthamforestccg.nhs.uk>

5.5.2 The National Health Service (Clinical Commissioning Groups) Regulations 2012 set out a minimum membership requirement of the Governing Body of:

- a) The Chair who will be a GP
- b) The Accountable Officer (in the absence of the Accountable officer the Managing Director will have authority to deputise)
- c) The Chief Finance Officer
- d) A Secondary Care Specialist;
- e) A registered nurse
- f) Two lay members:
 - one who has qualifications expertise or experience to enable them to lead on finance and audit matters; and another who
 - has knowledge about the CCG area enabling them to express an informed view about discharge of the CCG functions

5.5.3 The CCG has agreed the following additional members:

- a) A third lay member who is the chair of the Primary Care Commissioning Committee.
- b) An additional four GPs drawn from member practices, one of whom will be the Clinical Vice Chair and act as Deputy to the Chair.
- c) A representative nominated by the London Borough of Waltham Forest.

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.

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

- a) The Director of Public Health for London Borough of Waltham Forest;
- b) The CCG Managing Director and other non-member officers
- c) A Healthwatch representative

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.
- 5.8.2 The Governing Body may establish Committees and Sub-Committees.
- 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 must be developed as part of agreeing 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.
- 5.8.5 All members of the Remuneration Committee will be members of the CCG Governing Body apart from the independent member who will be co-opted to the Committee.

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 other than the audit chair and only members of the Governing Body may be members of the Remuneration Committee, aside from the independent member.
- 5.9.6 Primary Care Commissioning Committee.** This committee is required by the terms of the delegation from NHS England in relation to primary care commissioning functions. The Primary Care Commissioning Committee reports to the Governing Body and to NHS England. Membership of the Committee is determined in accordance with the requirements of *Managing Conflicts of Interest: Revised statutory Guidance for CCGs 2017*. This includes the requirement for a lay member Chair and a lay Vice Chair.
- 5.9.7** None of the above Committees may operate on a joint committee basis with another CCG(s).
- 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** The Governing Body has also established a number of other Committees to assist it with the discharge of its functions. These Committees are set out in the SoRD and further information about these Committees, including terms of reference, are published in the CCG Governance Handbook on our website <http://www.walthamforestccg.nhs.uk>
- 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 Partnership working between the CCG and its Local Authority partners might include collaborative commissioning arrangements, including joint commissioning under section 75 of the 2006 Act, where permitted by law. In this instance, and to the extent permitted by law, the CCG delegates to the Governing Body the ability to enter into arrangements with one or more relevant Local Authority in respect of:

- a) Delegating specified commissioning functions to the Local Authority;
- b) Exercising specified commissioning functions jointly with the Local Authority;
- c) Exercising any 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 0 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 reasonably practicable and by law within 28 days after the interest arises.
- 6.2.5** Interests (including gifts and hospitality) of decision making staff will remain on the public register for a minimum of six months. In addition, the CCG will retain a record of historic interests and offers/receipt of gifts and hospitality for a minimum of six years after the date on which it expired. The CCG's published register of interests states that historic interests are retained by the CCG for the specified timeframe and details of whom to contact to submit a request for this information.
- 6.2.6** Activities funded in whole or in part by 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 Used in This Constitution

2006 Act	National Health Service Act 2006
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
Chair of the CCG Governing Body	The individual elected by Governing Body members to act as chair of the Governing Body and who is a GP member the Governing Body.
Chief Finance Officer (CFO)	A qualified accountant employed by the group with responsibility for financial strategy, financial management and financial governance and who is a member of the Governing Body.
Clinical Commissioning Groups (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.
Sub-Committee	A Committee created by and reporting to a Committee.
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)

	<p>the General Dental Council (GDC) the General Optical Council;</p> <p>the General Osteopathic Council</p> <p>the General Chiropractic Council</p> <p>the General Pharmaceutical Council</p> <p>the Pharmaceutical Society of Northern Ireland</p> <p>the Nursing and Midwifery Council</p> <p>the Health and Care Professions Council</p> <p>any other regulatory body established by an Order in Council under Section 60 of the Health Act 1999</p>
Lay Member	<p>A lay 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.</p>
Primary Care Commissioning Committee	<p>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</p>
Professional Standards Authority	<p>An independent body accountable to the UK Parliament which help Parliament monitor and improve the protection of the public. Published <i>Standards for Members of NHS Boards and Clinical Commissioning Group Governing Bodies in England</i> in 2013</p>
Member/ Member Practice	<p>A provider of primary medical services to a registered patient list, who is a Member of this CCG.</p>
Member practice representative	<p>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.</p>
NHS England	<p>The operational name for the National Health Service Commissioning Board.</p>
Registers of interests	<p>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:</p> <p>the Members of the group;</p> <p>the Members of its CCG Governing Body;</p> <p>the Members of its Committees or Sub-Committees and Committees or Sub-Committees of its CCG Governing Body;</p> <p>and Its employees.</p>
STP	<p>Sustainability and Transformation Partnerships – the framework within which the NHS and local authorities have come together</p>

	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”.
Joint Committee	Committees from two or more organisations that work together with delegated authority from both organisations to enable joint decision-making

Appendix 2: Committee Terms of Reference

Audit Committee Remuneration
Committee

Primary Care Commissioning Committee

Appendix 3: Standing Orders

Appendix 4: Standing Financial Instruction

Appendix 2

Audit Committee Terms of Reference 2017-18

Introduction

- This Committee is established in order to provide the Governing Body with an independent and objective review on their financial systems, financial information and compliance with laws, guidance and regulations governing the NHS.
- It is established in accordance with NHS Waltham Forest Clinical Commissioning Group's Constitution, Standing Orders and Scheme of Delegation.
- 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.
- In establishing the Committee and preparing these Terms of Reference, specific regard has been had to the guidance contained within the NHS Audit Committee Handbook, NHS Codes of Conduct and Accountability and the Higgs Report.

Membership

- The Committee shall be appointed by the Clinical Commissioning Group as set out in the Clinical Commissioning Group's Constitution and may include individuals who are not on the Governing Body.
- The Committee shall consist of a Chair, who will be a Lay Member of the Governing Body with a lead role in overseeing key elements of governance, together with two other members, at least one of whom will be another Lay Member of the Governing Body. The third member shall be appointed by the Governing Body and may be a Governing Body Member or another person with the appropriate skills or experience to be able to make a contribution to the Audit Committee. Either of the other two members may serve as Vice Chair unless they hold another position in the CCG which may lead to a conflict of interest.
- The membership of the Committee will comply with provisions set out in regulations and within the CCG's Constitution and associated Standing Orders.
- The Chair of the Governing Body will not be a member of the Committee.
- The Chief Finance Officer and appropriate Internal and External Audit representatives shall normally attend meetings. At least once a year the Committee should meet privately with the Internal and External Auditors.
- Regardless of these usual arrangements for attendance, external audit, internal audit, local counter fraud and security management (NHS Protect) will have full and unrestricted rights of access to the Audit Committee.

- The Chief Officer and other senior CCG managers should be invited to attend at least one meeting each year. The Chief Officer should be invited to attend and should discuss at least annually with the Committee the process for assurance that supports the Annual Governance Statement. He/she should also attend when the Committee considers the draft internal audit plan and the annual accounts.
- The Chair of the Governing Body should attend one meeting each year in order to form a view on, and understanding of, the Committee's operations.

Secretary/Support

- The CCG's Head of Governance shall be Secretary to the Committee and shall ensure that a minute of the meeting is taken and provide appropriate support to the Chair and Committee members.
- These arrangements will support the Chair in the management of the Committee's business and for drawing the Committee's attention to best practice, national guidance and other relevant documents as appropriate.

Quorum

- A quorum shall be two members of the Committee.
- In the event of the Chair of the Committee being unable to attend all or part of the meeting, s/he will nominate a replacement from within the membership to deputise for that meeting.
- Generally it is expected that decisions will be reached by consensus. Should this not be possible then a vote of members will be required. In the case of an equal vote, the person presiding (i.e. the Chair of the meeting) will have a second, and casting vote.

Frequency and notice of meetings

- Meetings of the Committee shall be held not less than four times a year.
- A minimum of ten days' notice should be given when calling a meeting.
- The Chair of the Committee is responsible for calling meetings. The External Auditor or Head of Internal Audit may request a meeting if they consider that one is necessary. The Committee may also hold a number of informal meetings during the year.

Remit and responsibilities of the Committee

- ***Overall responsibility***
The Committee shall critically review the Clinical Commissioning Group's financial reporting and internal control principles and ensure an appropriate relationship with both internal and external auditors is maintained. The Committee will make recommendations to the Governing Body.
- ***Authority***
The Committee is authorised by the Governing Body to pursue any activity within these Terms of Reference and within the Scheme of Reservation and Delegation, including (without limiting the generality of the foregoing) to:
 - a) Seek any information it requires from CCG employees, in line with its responsibility under these terms of reference and the Scheme of Reservation and Delegation.

- b) Require all CCG employees to co-operate with any reasonable request made by the Committee, in line with its responsibility under these terms of reference and the Scheme of Reservation and Delegation.
 - c) Review and investigate any matter within its remit and grants freedom of access to the CCG's records, documentation and employees. The Committee must have due regard to the Information Governance Policies of the organisation regarding personal identifiable information and the organisation's duty of care to its employees when exercising its authority.
 - d) Obtain outside legal or other independent advice and to secure the attendance of persons with relevant experience and expertise if it considers this necessary.
 - e) Set up any joint working arrangements with other bodies.
 - f) Establish sub-committees to deliver its objectives.
- In exercising its authority, the Committee is required to comply with:*
- a) The CCG's Standing Orders and Prime Financial policies.
 - b) The CCG's Conflict of Interest Policy.
 - c) The section of the Scheme of Delegation which refers to this Committee.

- ***Integrated Governance, Risk Management and Internal Control***

The Committee shall review the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the organisation's activities (both clinical and non-clinical), that supports the achievement of the organization's objectives.

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

- all risk and control related disclosure statements (in particular the Annual Governance Statement where this is required), together with any accompanying Head of Internal Audit statement, external audit opinion or other appropriate independent assurances, prior to endorsement by the CCG's Governing Body;
- the underlying assurance processes that indicate the degree of the achievement of corporate objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements;
- the policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements and related reporting and self-certification;
- the policies and procedures for all work related to fraud, bribery and corruption as set out by NHS Protect the CCG's arrangements for effective management of all matters relating to contractual performance and associated financial performance.

In carrying out this work the Committee will primarily utilise the work of Internal Audit, External Audit and other assurance functions, but will not be limited to these sources. It will also seek reports and assurances from directors and managers as appropriate, concentrating on the over-arching systems of integrated governance, risk management and internal control, together with indicators of their effectiveness.

This will be evidenced through the Committee's use of an effective Assurance Framework to guide its work and that of the audit and assurance functions that report to it.

The Committee will ensure that there are robust controls in place over conflicts of interest.

- **Internal Audit**

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

- consideration of the provision of the Internal Audit service, the cost of the audit and any questions of resignation and dismissal;
- review and approval of the Internal Audit strategy, operational plan and more detailed programme of work, ensuring that this is consistent with the audit needs of the organisation as identified in the Assurance Framework;
- considering the major findings of internal audit work (and management's response), and seeking to ensure co-ordination between the Internal and External Auditors to optimise audit resources;
- ensuring that the Internal Audit function is adequately resourced and has appropriate standing within the organisation;
- annual review of the effectiveness of internal audit.

- **External Audit**

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

- overseeing and approving the appointment of the external auditors;
- discussion and agreement with the external audit, before the audit commences, of the nature and scope of the audit as set out in the Annual Plan, and seeking to ensure coordination, as appropriate, with other external auditors in the local health economy;
- discussion with the external auditors of their local evaluation of audit risks and assessment of the CCG's and associated impact on the audit fee;
- review of all external audit reports, including the report to those charged with governance, agreement of the annual audit letter before submission to the Governing Body and any work undertaken outside the annual audit plan, together with the appropriateness of management responses.

- **Other Assurance Functions**

The Committee will review the findings of other significant assurance functions, both internal and external to the organisation, and consider the implications for the governance of the organisation.

These will include, but will not be limited to, any reviews by Department of Health Arm's Length Bodies or Regulators/Inspectors (for example, the Care Quality Commission, NHS Litigation Authority etc.) and professional bodies with responsibility for professional standards, performance and advice.

In addition, the Committee will review the work of other committees within the organisation, whose work can provide relevant assurance to the Audit Committee's own scope of work.

- **Counter Fraud and Bribery**

The Committee shall satisfy itself that the organisation has adequate arrangements in place for countering fraud and shall review the outcomes of counter fraud work.

Conflicts of Interest Management

- The Committee shall satisfy itself that the organisation has adequate arrangements in place for the management of conflicts of interest and meets the requirements of statutory guidance. The Audit Committee Chair shall be the CCGs Conflicts of Interest Guardian.

- ***Management***

The Committee shall request and review reports and positive assurances from the senior managers of the CCG on the overall arrangements for governance, risk management and internal control.

They may also request specific reports from individual functions within the organisation as they may be appropriate to the overall arrangements.

- **Information Governance**

The Committee shall ensure that the CCG has in place all relevant requirements to meet the minimum standard required for the Information Governance Toolkit (IGT)

- ***Financial Reporting***

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

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

The Audit Committee shall review all Tender Waivers and ensure due process has been followed.

The Audit Committee shall review the Annual Report and Financial Statements before submission to the Governing Body, focusing particularly on:

- the wording in the Annual Governance Statement and other disclosures relevant to the Terms of Reference of the Committee;
- changes in, and compliance with, accounting policies and practices and estimation techniques;
- unadjusted misstatements in the financial statements;
- significant judgements in preparation of the financial statements;
- significant adjustments resulting from the audit letter of representation;
- qualitative aspects of financial reporting.

Relationship with the Governing Body

- The Committee is accountable to the Governing Body.
- Committee's minutes shall be formally recorded by the Head of Governance and submitted to the Governing Body. The Chair of the Committee shall draw to the attention of the Governing Body any issues that require disclosure or executive action.
- The Committee will report to the Governing Body at least annually on its work in support of the annual governance statement, specifically commenting on the fitness for purpose of the assurance framework, risk management arrangements in the organisation, and financial and governance arrangements.

Policy and best practice

- The Committee will apply best practice in its processes.
- The Committee is authorised by the Governing Body to investigate any activity within its terms of reference.
- The Committee is authorised to seek any information it requires from any CCG Member practice, provider of commissioning support services or CCG employee and all employees are directed to cooperate with any request made by the Committee.
- The Committee is authorised by the Governing Body to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary.

Conduct of the Committee

- The Committee will conduct its business in accordance with relevant national guidance and relevant codes of practice such as the Nolan Principles, which are included in the CCG Constitution.
- If any member has an interest, pecuniary or otherwise, in any matter and is present at the meeting at which the matter is under discussion, s/he will declare that interest as early as possible and shall not participate in the discussions.
- The Chair will have the power to request that member to withdraw until the Committee's consideration has been completed.
- If the Chair has a conflict of interest then an alternative Chair will be nominated from the membership of the Committee.
- The Committee will review its own performance, membership and Terms of Reference at least annually. Any resulting changes to the Terms of Reference or membership shall be approved by the Governing Body.
- The Governing Body can make any amendments, deletions or additions and even review the Terms of Reference for this Committee.

Appendix 2

Remuneration and Staffing Committee Terms of Reference

Introduction

- This Committee is established in order to provide advice on remuneration and staffing to the Governing Body.
- It is established in accordance with NHS Waltham Forest Clinical Commissioning Group's Constitution, Standing Orders and Scheme of Delegation.

Membership

- The Committee shall be appointed by the Governing Body from amongst the Governing Body members.
- Core membership:
 - Lay Member with responsibility for Governance (Chair)
 - Lay Member with responsibility for Community Participation (Vice-Chair)
 - Secondary Care Consultant
 - Two Clinical Directors
 - Accountable Officer
 - One independent member

Secretary/Support

- The Committee will be supported by an experienced HR Advisor.
- The Committee shall be minuted by the HR Advisor or Accountable Officer.
- These arrangements will support the Chairperson in the management of the Committee's business and for drawing the Committee's attention to best practice, national guidance and other relevant documents as appropriate.

Quorum

- A quorum shall be 3 members of the committee, including at least one member of the Governing Body.
- No meeting shall be quorate if the majority of Governing Body attendees are Clinical Directors.
- There shall always be at least one Lay or independent member of the Committee present when exclusions occur.
- If the Chairperson is unable to attend for all or part of the meeting, s/he will nominate a replacement from within the membership to deputise for that meeting.

Frequency and notice of meetings

- Meetings shall be held at least once per year and as frequently as the need arises.
- A minimum of ten days' notice should be given when calling a meeting.
- The Chairperson of the Committee is responsible for calling meetings.

Remit and responsibilities of the committee

- The Committee shall make recommendations to the Governing Body on determinations about pay, remuneration and conditions of service for employees of the CCG and people who provide services to the CCG (such as clinical leaders) and allowances under any pension scheme it might establish as an alternative to the NHS pension scheme.
- The Committee shall make recommendations to the Governing Body following the Chairperson's review of the performance of the CCG leadership concerning:
 - Any annual salary awards or bonuses; and
 - Severance payments seeking HM Treasury approval as appropriate.
- The Committee may make decisions relating to Membership remuneration on behalf of the Governing Body when it has been delegated this responsibility by the Governing Body.
- In addition to these responsibilities on remuneration, the Committee shall have responsibilities for staffing issues that require Governing Body or this Committee's approval e.g. structural management change, severance payments or are issues relating to staff conduct of significant HR importance.

Relationship with the Governing Body

- The Committee is accountable to the CCG Governing Body.
- The minutes of the Committee shall be formally recorded and submitted to the Governing Body (Part II). The Chairperson of the Committee shall draw to the attention of the Governing Body any significant issues or risks.

Policy and best practice

- The Committee will apply best practice in its processes.
- The Committee is authorised by the Governing Body to investigate any activity within its terms of reference.
- The Committee is authorised to seek any information it requires from

any CCG Member practice, provider of commissioning support

services or CCG employee and all employees are directed to cooperate with any request made by the Committee.

- The Committee is authorised by the Governing Body to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary.

Conduct of the Committee

- The Committee will conduct its business in accordance with relevant national guidance and relevant codes of practice such as the Nolan Principles, which are included in the CCG Constitution.
- If any member has an interest, pecuniary or otherwise, in any matter and is present at the meeting at which the matter is under discussion, s/he will declare that interest as early as possible and shall not participate in the discussions.
- The Chairperson will have the power to request that member to withdraw until the committee's consideration has been completed.
- Members cannot make recommendations on their own remuneration, i.e. Lay Members, Clinical Directors and Executive Directors are not able to vote on any remuneration that relate to them directly. The Chairperson of the Committee shall direct that members leave the Committee when remuneration that relates to them directly is under discussion.
- If the Chairperson has a conflict of interest then an alternative Chairperson will be nominated from the membership of the Committee.
- The Committee will review its own performance, membership and Terms of Reference at least annually. Any resulting changes to the Terms of Reference or membership shall be approved by the Governing Body.
- The Governing Body can make any amendments, deletions or additions and even review the Terms of Reference for this Committee.

Appendix 2

Primary Care Commissioning Committee Terms of Reference

Introduction

- 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 Waltham Forest CCG
- 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 (see appendix 1)
- The CCG has established the 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
- It is a committee comprising representatives of Waltham Forest CCG

Membership

From October 2016, the membership of the Committee will include:

Voting members

Role
Lay Chair
Lay Vice Chair
Local Authority member
CCG Chief Finance Officer
Independent GP
CCG Accountable Officer

Non-voting Members

Role/Representation
COI Guardian/ observer
Public Health
Health Watch Waltham Forest
3 x CCG GPs representing each locality
NHS England

Local Medical Committee
CCG Quality lead
Director of Strategic Commissioning
Associate Director of Strategic Commissioning
WF Practice Manager

- Each voting 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.

Secretary/Support

- The Committee will operate in accordance with the CCG's Standing Orders.
- The meeting will be supported by an experienced administrator who will be responsible for the preparation of high quality minutes, giving notice of meetings, cascading the agenda and supporting papers to all committee member no later than 7 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

Quorum

- The Committee will be Quorate with three of the six voting members in attendance, with at least one Lay member present. Where the GP member has a conflict of interest they will be excluded from the agenda item discussion and decision.

Frequency and notice of meetings

- The committee shall meet monthly in Waltham Forest CCG offices unless an alternative venue is required
- Meetings of the Committee will be held in two Parts,
 - ❖ Part One: Open Meeting- Chaired by Lay Chair - Alan Wells
 - ❖ Part Two: Closed Meeting- Chaired by Lay Chair- Alan Wells
 - a) Part One of the meeting will be held in public, subject to the application of (c)
 - b) Part Two of the meeting will be held in private
 - c) 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

- d) Voting members, CCG officers and NHS England representatives are to remain for Part two of the meeting which is to be held in private. All other committee members and the public leave the meeting once Part one has concluded.

Remit and responsibilities of the Committee

- 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 Waltham Forest under delegated authority from NHS England
- In performing its role the Committee will exercise its management of the functions in accordance with the agreement entered into between NHS England and Waltham Forest CCG, which will sit alongside the delegation and terms of reference
- The functions of the Committee are undertaken in the context of a desire to promote increased co-commissioning to increase quality, efficiency, productivity and value for money and to remove administrative barriers
- If urgent decisions are required between PCCC meetings, then the urgent decision making process shall be enacted
- The PCCC will, at its discretion, refer matters for advice to the PCAC and agree development work the PCAC is asked to undertake to inform decisions to be taken by the PCCC.
- There will be a joint meeting of the PCAC and the PCCC to discuss progress twice per year and the Chair of the PCCC and the Chair of the PCAC will also meet regularly to agree future priorities and ensure effective collaboration between both Committees.
- 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. This includes the following:

Part One

- Respond and adapt to the national and local context to deliver against the quality agenda, ensuring that the primary care quality improvement work supports and links into the delivery of national and local priorities.
- Design of local incentive schemes as an alternative to the Quality Outcomes Framework (QOF)
- To support improvements to primary care services addressing any variation in experience and access so that patients receive the same level of high quality of care and improved health outcomes across the borough.

- To use available data to create and review a quality dashboard to assess levels of service being provided and to measure/monitor change
- Review Newly designed enhanced services (“Local Enhanced Services” and “Directed Enhanced Services”)

Part Two

- Respond to individual practice performance or contractual issue, including the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing branch/remedial notices, and terminating a contract
- Decision making on whether to establish new GP practices in an area;
- Approving practice mergers/ branch closures etc.
- Making decisions on ‘discretionary’ payment (e.g. returner/retainer schemes).
- The CCG will also carry out the following activities:
(See Appendix A- statutory frameworks for the scope of co-commissioning activities)

Policy and best practice

- The Committee will apply best practice in its processes
- The Committee is authorised and accountable to the Governing Body and will investigate any activity within its terms of reference
- The Committee is authorised to seek any information it requires from any CCG Member practice, provider of commissioning support services or CCG employee and all employees are directed to cooperate with any request made by the Committee.
- The committee can send papers to other committees for review or approval, as required.
- The Committee is authorised by the Governing Body to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary

Conduct of the Committee

- The Committee will conduct its business in accordance with relevant national guidance and relevant codes of practice such as the Nolan Principles, which are included in the CCG Constitution

- The WF CCG Conflicts of Interest Policy will be adhered to at all times and the Chair will actively ensure that members will not participate in discussions where they may be conflicted. If any member has an interest, pecuniary or otherwise, in any matter and is present at the meeting at which the matter is under discussion, s/he will declare that interest as early as possible and shall not participate in the discussions.
- The Chairperson will have the power to request that member to withdraw until the Committee's consideration has been completed.
- If the Chairperson has a conflict of interest then the lay vice chair chairperson will be required to chair the committee.
- Members of the Committee have a collective responsibility for the operation of the Committee. They will participate in discussion, review evidence and provide objective expert input to the best of their knowledge and ability, and endeavour to reach a collective view.
- 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..
- The Committee may call additional experts to attend meetings on an ad hoc basis to inform discussions.
- Members of the Committee shall respect confidentiality requirements as set out in the CCG Constitution.
- The Committee will present its minutes to the London Area Team of NHS England and to each meeting of the Waltham Forest CCG Governing Body for information
- The CCG will comply with any reporting requirements set out in its Constitution. This includes maintaining a register of any conflicts of interest which will be made publically available.
- The Committee will review its own performance, membership and Terms of Reference at least annually. Any resulting changes to the Terms of Reference or membership shall be approved by the Governing Body
- The Governing Body can make any amendments, deletions or additions and even review the Terms of Reference for this Committee.

Appendix 1:

Statutory Framework

- 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.
- Arrangements made under section 13Z may be on such terms and conditions (including terms as to payment) as may be agreed between the Board and the CCG.
- 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).
- The CCG will also need to specifically, in respect of the delegated functions from NHS England, exercise those set out below:
 - Duty to have regard to impact on services in certain areas (section 13O)
 - Duty as respects variation in provision of health services (section 13P).
- The Committee is established as a committee of the Waltham Forest CCG Governing Body in accordance with Schedule 1A of the “NHS Act”.
- The members acknowledge that the Committee is subject to any directions made by NHS England or by the Secretary of State.

Appendix 2

Urgent Decision making process



04_06_15 - PAPER
2B - Urgent Decision

APPENDIX 3 – STANDING ORDERS

1. STATUTORY FRAMEWORK AND STATUS

1.1. Introduction

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

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

- a) the arrangements for conducting the business of the group;
- b) the appointment of member practice representatives;
- c) the procedure to be followed at meetings of the group, the governing body and any committees or sub-committees of the group or the governing body;
- d) the process to delegate powers,
- e) the declaration of interests and standards of conduct.

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

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

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

- 1.2.1. The 2006 Act (as amended by the 2012 Act) provides the group with powers to delegate the group's functions and those of the governing body to certain bodies (such as committees) and certain persons. The group has decided that certain decisions may only be exercised by the group in formal session. These decisions and also those delegated are contained in the group's scheme of reservation and delegation.
- 1.2.2. Any of the following matters require the agreement of the Members' Council by a Special Resolution and no action can be taken by the Governing Body (except the calling of a general meeting at which such a resolution might be discussed) without its agreement:
- a) Change the nature of the business of the Group or do anything inconsistent with the mission, values and aims of the Group;
 - b) Use any other name than that specified in Clause 1.1 of the Constitution in relation to the activities of the Group;
 - c) Merge, amalgamate or federate the Group with any other clinical commissioning group;
 - d) seek to remove any Member or Practice Representative for any reason other than those set out in the Constitution;
 - e) Re-organise boundaries of the Group.
- 1.2.3. These decisions and also those delegated are contained in the Group's scheme of reservation and delegation.

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

2.1. Composition of membership

- 2.1.1. Chapter 3 of the group's constitution provides details of the membership of the group.
- 2.1.2. Chapter 5 of the group's constitution provides details of the governing structure used in the group's decision-making processes, whilst Chapter 5 of the constitution also outlines certain key roles and responsibilities within the group and its governing body, including the role of practice representatives.

2.2. Key Roles

- 2.2.1. Paragraph 5.5 of the group's constitution sets out the composition of the group's governing body whilst Chapter 5 of the group's constitution identifies certain key roles and responsibilities within the group and its

governing body. These standing orders set out how the group appoints individuals to these key roles.

2.2.2. Chair of the Governing Body

The Chair is subject to the following eligibility and appointment process:

- a) Eligibility – the following persons shall be eligible to be the Chair: any of the Clinical Directors who the Governing Body considers have received a satisfactory report from the national assessment centre of their competency for the role.
- b) Appointment process – where more than one Clinical Director is eligible to be appointed as the Chair of the Governing Body, each Governing Body Member shall vote for the Clinical Director who they consider is most capable of chairing the Governing Body. The Clinical Director receiving the majority of the votes cast, on a simple majority basis, shall be appointed the Chair of the Governing Body. In the event of a tied vote, the Clinical Directors sharing the tied vote shall draw lots to determine which one of them will be the Chair.
- c) Term of office – up to 3 years;
- d) Eligibility for reappointment – remains a member of the Governing Body, subject to serving a maximum term of office of 2 consecutive terms and having attended at least half of the Governing Body meetings during their term of office;
- e) Ineligibility and grounds for removal from office –
 - i) the post holder is no longer a Clinical Director or is disqualified from membership of a clinical commissioning group Governing Body under the CCG Regulations.
 - ii) the post holder commits gross misconduct, to be determined by the Governing Body, on the advice of the Remuneration & Nomination Committee;
 - iii) the post holder either does not have or has lost their clinical registration;
 - iv) the post holder has not attended Governing Body meetings for three months, unless in extenuating circumstances;
 - v) the post holder fails to disclose a relevant interest;
 - vi) where continuation in the role is not in the interests of either the public or the CCG.

f) Notice period – 3 months notification is required from either party, but immediately if the Chair is removed from office in accordance with paragraph e) above.

2.2.2A Clinical Vice Chair (and deputy to the Chair) of Governing Body

- a) Eligibility – any of the Clinical Directors shall be eligible;
- b) Appointment process - to be elected by the Governing Body by majority vote;
- c) Term of office - up to three years;

d) Eligibility for reappointment – remains a member of the Governing Body, subject to serving a maximum term of office of 2 consecutive terms and having attended at least half of the Governing Body meetings during their term of office;

e) Ineligibility and grounds for removal from office –

i) the post holder is no longer a Clinical Director or is disqualified from membership of a clinical commissioning group Governing Body under the CCG Regulations.

ii) the post holder commits gross misconduct, to be determined by the Governing Body, on the advice of the Remuneration & Nomination Committee;

iii) the post holder either does not have or has lost their clinical registration;

iv) the post holder has not attended Governing Body meetings for three months, unless in extenuating circumstances;

v) the post holder fails to disclose a relevant interest;

vi) where continuation in the role is not in the interests of either the public or the CCG.

f) Notice period – 3 months notification is required from either party, but immediately if the Clinical Vice Chair is removed from office in accordance with paragraph e) above.

2.2.3. Clinical Directors

The Clinical Directors are subject to the following appointment process:

a) Eligibility – A Clinical Director: shall be a Partner or salaried or locum GP of a Member and must have held this position for not less than 6 months within the Locality to which their Member belongs, with a minimum

of 2 sessions of clinical work per week in the Locality in which they practise. The GP must practise a majority of their total sessions in Waltham Forest.

b) Nominations and Appointment process – the following process shall be undertaken should a vacancy arise:

i) The Governing Body shall instruct the Electoral Reform Society or an organisation offering equivalent services to support the nominations and appointment process in accordance with the Governing Body’s timescales (the “Support Organisation”).

ii) The Governing Body shall establish a vetting panel comprised of members who are external to the CCG (the “Panel”). The Panel shall not include any person who is an employee of the Group or a member of the Governing Body of the Group. The membership of the Panel shall be approved by the Governing Body of the Group as competent to fulfil the function required of it.

iii) The role description shall be advertised to all Members’ practice partners and salaried and locum GPs.

iv) Any such individual may nominate himself in writing.

v) Any such nominee shall submit a completed nomination form to the Support Organisation which shall forward such application forms to the Panel.

vi) The Panel shall assess each nominee’s nomination form against the competency criteria in the role description and the eligibility criteria and notify details of those nominees it considers suitable to the Supporting Organisation.

c) Following the conclusion of the process referred to above, the nominees notified to the Supporting Organisation under Standing Order 2.4.3b)vi) shall be subject to the following election process.

d) The Members in each Locality shall elect the following number of Clinical Directors:

Locality	Number of Clinicians
Chingford	1
Walthamstow	2
Leyton and Leytonstone	2

e) Clinical directors will be appointed via election from an electorate comprising all GPs on the Waltham Forest CCG members list. Each GP will have one vote of equal weighting. Each elector will participate in the election of the clinical director(s) of the locality in which he or she practices. Where an elector practices in more than one locality on Waltham Forest

locality, he or she will participate in the election in the locality in which he or she practices most sessions.

f) The Governing Body shall appoint the Clinical Directors to the Governing Body in accordance with the outcome of the vote.

g) Term of office – up to 3 years.

h) Eligibility for reappointment – still meets the requirements set out at Standing Order 2.4.3 a), subject to serving a maximum term of office of 2 consecutive terms and having attended at least half of Governing Body meetings.

i) Ineligibility and grounds for removal from office

i) the Members' Council passes a Special Resolution for the removal of the Clinical Director

ii) the Clinical Director is disqualified from membership of a CCG governing body under the CCG Regulations.

iii) the post holder commits gross misconduct, to be determined by the Governing Body, on the advice of the Remuneration & Nomination Committee;

iv) the post holder either does not have or has lost their clinical registration;

v) the post holder has not attended Governing Body meetings for three months, unless in extenuating circumstances;

vi) the post holder fails to disclose a relevant interest;

vii) where continuation in the role is not in the interests of either the public or the CCG.

j) Notice period – 3 months notification is required from either party, but immediately if the Clinical Director is removed from office in accordance with paragraph above.

2.2.4. Accountable Officer

The Accountable Officer is subject to the following eligibility and appointment process:

a) Eligibility – the following persons shall be eligible to be the Accountable Officer: any person who the Governing Body considers has received a satisfactory report from the national assessment centre of their competency for the role.

b) Appointment process – the following process shall be undertaken should a vacancy arise

i) The post will be advertised in accordance with good employment practice.

ii) Any applicant shall submit an application form to an externally appointed assessment board. The membership of the assessment board shall be approved by the Governing Body as competent to fulfil the function required of it.

iii) The assessment board shall assess the application of each applicant and interview each applicant and make recommendations to the Governing Body on each applicant's suitability

iv) The Governing Body shall:

- If there is only one recommended applicant to fill the post, vote by a simple majority to agree to nominate or reject the recommended applicant;
- If there is more than one recommended applicant, vote to nominate one of them. The applicant with the largest number of votes shall be nominated for the office unless all the applicants are rejected.

v) The Governing Body shall recommend to the NHS England that it should appoint its nominated candidate.

c) Term of office – the Accountable Officer's term of office shall be stated in his or her contract of employment or (if not an employee) terms of appointment.

d) Eligibility for reappointment – not applicable as the Accountable Officer shall remain a member in line with the terms of his or her contract of employment.

e) Ineligibility and grounds for removal from office – the Accountable Officer is an individual who is disqualified from membership of a clinical commissioning group governing body under the CCG Regulations and / or in accordance with his or her contract of employment.

f) Notice period – immediately if the Accountable Officer is disqualified from membership of a clinical commissioning group governing body under the CCG Regulations but otherwise the Chief Officer's notice period shall be in accordance with his or her contract of employment (if any) and / or statutory employment rights (if any) or (if not an employee) terms of appointment.

2.2.5. Chief Financial Officer

The Chief Financial Officer is subject to the following eligibility and appointment process:

a) Eligibility – the following persons shall be eligible to be the Chief Financial Officer: any person who the Governing Body considers meets the national competency requirements for the Chief Financial Officer.

b) Appointment process – the following process shall be undertaken should a vacancy arise

i) The post will be advertised in accordance with good employment practice.

ii) Any applicant shall submit an application form to an externally appointed assessment board. The membership of the assessment board shall be approved by the Governing Body as competent to fulfil the function required of it.

iii) The assessment board shall assess the application of each applicant and interview each applicant and make recommendations to the Governing Body on each applicant's suitability

iv) The Governing Body shall:

- If there is only one recommended applicant to fill the post, vote by a simple majority to agree to nominate or reject the recommended applicant;
- If there is more than one recommended applicant, vote to nominate one of them. The applicant with the largest number of votes shall be nominated for the office unless all the applicants are rejected.

v) The Governing Body shall recommend to the NHS National Commissioning Board that it should appoint its nominated candidate.

i) Term of office – the Chief Financial Officer's term of office shall be stated in his or her contract of employment or (if not an employee) terms of appointment.

j) Eligibility for reappointment – not applicable as the Chief Financial Officer shall remain a member in line with the terms of his or her contract of employment.

k) Ineligibility and grounds for removal from office –the Chief Financial Officer is an individual who is disqualified from membership of a clinical commissioning group governing body under the CCG Regulations and / or in accordance with his or her contract of employment.

l) Notice period – immediately if the Chief Financial Officer is disqualified from membership of a clinical commissioning group governing body under the CCG Regulations but otherwise the Chief Financial Officer’s notice period shall be in accordance with his or her contract of employment (if any) and / or statutory employment rights (if any) or (if not an employee) terms of appointment.

2.2.6. Lay Members

Lay Members are subject to the following eligibility and appointment process:

a) Eligibility – Lay members shall meet the requirements set out in the role function and specification that the Governing Body shall approve which shall be compliant with the CCG Regulations.

b) Appointment process – when the role becomes vacant a role description and person specification will be advertised widely. A selection process will be undertaken requiring applicants to complete an application form, demonstrating how they meet the requirements of the Job Description and Person Specification. An interview panel will assess candidates against the competency criteria. Following an interview successful candidate will be appointed

c) Term of office – the office holders will be appointed to the office for a period of up to 3 years

d) Eligibility for reappointment – the criteria referred to at paragraph a) above are still applicable, subject to serving a maximum term of office of 2 consecutive terms

e) Ineligibility and grounds for removal from office –

i) the lay member is an individual who is excluded from being a lay member or is otherwise disqualified from membership of a CCG governing body under the CCG Regulations

ii) the Governing Body passes a Special Resolution for the removal of the Lay Member.

iii) the post holder commits gross misconduct, to be determined by the Governing Body, on the advice of the Remuneration & Nomination Committee;

iv) the post holder has not attended Governing Body meetings for three months, unless in extenuating circumstances;

v) the post holder fails to disclose a relevant interest;

vi) where continuation in the role is not in the interests of either the public or the CCG.

f) Notice period – 3 months notification is required from either party, but immediately if the lay member is removed from office in accordance with paragraph e) above.

g) One of the lay members will be appointed by the Chair to be the vice chair of the Governing Body. He or she will chair the Governing Body when the Chair and Clinical Vice Chair are unavailable or excluded due to a conflict of interest.

2.2.7. Secondary Care Specialist

The secondary care specialist subject to the following eligibility and appointment process:

a) Eligibility – The secondary care specialist

i) is a secondary care specialist within the meaning of the CCG Regulations and does not fall within regulation 12(1) of the CCG Regulations and

ii) shall meet the requirements of the role function and specification that the Governing Body shall approve.

iii) the post holder commits gross misconduct, to be determined by the Governing Body, on the advice of the Remuneration & Nomination Committee;

iv) the post holder either does not have or has lost their clinical registration;

v) the post holder has not attended Governing Body meetings for three months, unless in extenuating circumstances;

vi) the post holder fails to disclose a relevant interest;

vii) where continuation in the role is not in the interests of either the public or the CCG.

b) Appointment process – when the role becomes vacant a job description and person specification will be advertised widely. A selection process will be undertaken requiring applicants to complete an application form, demonstrating how they meet the requirements of the Job Description and Person Specification. An interview panel will assess candidates against the competency criteria. Following an interview successful candidate will be appointed

- c) Term of office – the secondary care specialist will be appointed to the office for a period of up to 3 years
- d) Eligibility for reappointment – the criteria referred to at paragraph a) above are still applicable, subject to serving a maximum term of office of 2 consecutive terms
- e) Ineligibility and grounds for removal from office –
 - i) the secondary care specialist is an individual who is excluded from being a secondary care specialist or is otherwise disqualified from membership of a CCG governing body under the CCG Regulations
 - ii) the Governing Body passes a special resolution for the removal from office of the secondary care specialist.
- f) Notice period – 3 months notification is required from either party, but immediately if the secondary care consultant is removed from office in accordance with paragraph e) above.

2.2.8. Independent Nurse

The independent nurse subject to the following eligibility and appointment process:

- a) Eligibility – The independent nurse
 - i) is a registered nurse who does not fall within regulation 12(1) of the CCG Regulations, and
 - ii) shall meet the requirements of the role function and specification that the Governing Body shall approve.
- b) Appointment process – when the role becomes vacant a job description and person specification will be advertised widely. A selection process will be undertaken requiring applicants to complete an application form, demonstrating how they meet the requirements of the Job Description and Person Specification. An interview panel will assess candidates against the competency criteria. Following an interview successful candidate will be appointed.
- c) Term of office – the independent nurse will be appointed to the office for a period of up to 3 years
- d) Eligibility for reappointment – the criteria referred to at paragraph a) above are still applicable, subject to serving a maximum term of office of 2 consecutive terms
- e) Ineligibility and grounds for removal from office –

i) the independent nurse is an individual who is excluded from being an independent nurse or is otherwise disqualified from membership of a CCG governing body under the CCG Regulations

ii) the Governing Body passes a special resolution for the removal from office of the independent nurse.

iii) the post holder commits gross misconduct, to be determined by the Governing Body, on the advice of the Remuneration & Nomination Committee;

iv) the post holder either does not have or has lost their clinical registration;

v) the post holder has not attended Governing Body meetings for three months, unless in extenuating circumstances;

vi) the post holder fails to disclose a relevant interest;

vii) where continuation in the role is not in the interests of either the public or the CCG.

f) Notice period – 3 months notification is required from either party, but immediately if the independent nurse is removed from office in accordance with paragraph e) above.

2.3. Joint appointments.

2.3.1. Where more than one person is appointed jointly to a post on the Governing Body, those persons shall count for the purpose of the Constitution and these Standing Orders as one person.

2.3.2. Where the office of a member of the Governing Body is shared jointly by more than one person:

a) Either or both of those persons may attend or take part in meetings of the Governing Body;

b) If both are present at a meeting they should cast one vote if they agree;

c) In the case of disagreements, no vote should be cast;

d) The presence of either or both of those persons should count as the presence of one person for the purposes of Standing Order 4.4 Quorum.

2.3.3 Where one person is appointed to multiple Clinical Commissioning Group Governing Body's, those persons shall be accountable to each Clinical Commissioning Groups separately.

- 2.4 The roles and responsibilities of each of these key roles are set out either in paragraph 5.5 or Chapter 5 of the group's constitution.

3. MEETINGS OF THE CLINICAL COMMISSIONING GROUP

3.1. Calling meetings

- 3.1.1. Ordinary meetings of the Governing Body shall be held at such times and places as the group may determine.

3.2. Agenda, supporting papers and business to be transacted

- 3.2.1. Items of business to be transacted for inclusion on the agenda of a meeting need to be notified to the chair of the meeting at least 15 working days (i.e. excluding weekends and bank holidays) before the meeting takes place. Supporting papers for such items need to be submitted at least 10 working days before the meeting takes place. The agenda and supporting papers will be circulated to all members of a meeting at least 5 working days before the date the meeting will take place.
- 3.2.2. Agendas and certain papers for the group's governing body – including details about meeting dates, times and venues - will be published on the group's website at www.walthamforestccg.nhs.uk
- 3.2.3. Any papers relating to items that are to be discussed in private by the Governing Body shall not be made public.

3.3. Petitions

- 3.3.1. Where a petition or a request has been received by the group at least 14 days before the meeting, the chair of the governing body shall include the petition as an item for the agenda of the next meeting of the governing body.

3.4. Chair of a meeting

- 3.4.1. At any meeting of the group or its governing body or of a committee or sub-committee, the chair of the group, governing body, committee or sub-committee, if any and if present, shall preside. If the chair is absent from the meeting, the vice chair, if any and if present, shall preside.
- 3.4.2. If the chair is absent temporarily on the grounds of a declared conflict of interest the 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 vice a member of the group, governing body, committee or sub- committee respectively shall be chosen by the members present, or by a majority of them, and shall preside.

3.5. Chair's ruling

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

3.6. Quorum

- 3.6.1. Meetings of the governing body will be quorate when three elected GP clinical members and two other governing body members (one from the lay members or secondary care clinician and one from the Accountable Officer, Chief Finance Officer or board nurse) are present, (provided that if the Chair is not present, then either the accountable officer or chief finance officer must be present).
- 3.6.2. An officer in attendance for a Governing Body member but without formal acting up status for the purposes of decision making may not count towards the quorum.
- 3.6.3. If the reason for a meeting (or part thereof) not being quorate is that all or some of the elected members are disqualified from taking part in a vote due to a declared interest, those members can take part in a discussion of the relevant item of business but will not be allowed to vote upon it. The chair of the meeting for that item of business will ensure that the requirements of the constitution at 8.4.1 have been met.
- 3.6.4. 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 and CCG Governance Handbook.

3.7. Decision making

- 3.7.1. Chapter 5 of the group's constitution, together with the scheme of reservation and delegation, sets out the governing structure for the exercise of the group's statutory functions.
- 3.7.2. The Governing Body reserves the right to approve decisions on the composition of the constitution, unless these are deemed to have a material impact. Materiality is defined as:
- Amendments giving effect to delegations outside of the CCG, where these have not already been discussed and approved by the members;
 - Changes to the way that members are involved in the CCG, including for instance a change in the number of practice member representatives on the Governing Body;

- Any changes to the Governing Body, such as changes to the membership of the Governing Body or to the procedure followed for decision-making;
- Changes relating to the role of the clinical leader.

3.7.3. In the event that the governing body's decisions cannot be reached by consensus then a vote of members will be required, the process for which is set out below:

- a) **Eligibility** – all voting members of the Governing Body;
- b) **Majority necessary to confirm a decision** - a simple majority is allowed to confirm a decision;
- c) **Casting vote** – if the number of votes of those attending for or against a proposal are equal, the Chair of the Governing Body will hold the casting vote.
- d) **Dissenting views** – will be recorded in the Governing Body minutes.

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

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

3.8. Emergency powers and urgent decisions

3.8.1. Emergency meetings can be called by the Chair (or Vice Chair in their absence) and by the Accountable Officer (or Managing Director in their absence) and the Chief Finance Officer. A meeting will be convened of the Chair (or Vice Chair in their absence), the Chief Officer (and/or Managing Director in their absence) and the Chief Finance Officer (or Deputy Chief Finance Officer in their absence). Consultation will be made with the Vice Chair and all other available Governing Body members unless in exceptional circumstances where a time delay cannot be permitted. If other Governing Body members are not consulted they will be informed at the earliest possible time. All decisions will be reported at the next available CCG Governing Body.

3.9. Suspension of Standing Orders

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

- 3.9.2. A decision to suspend standing orders together with the reasons for doing so shall be recorded in the minutes of the meeting.
- 3.9.3. A separate record of matters discussed during the suspension shall be kept. These records shall be made available to the governing body's audit committee for review of the reasonableness of the decision to suspend standing orders.

3.10. Record of Attendance

- 3.10.1. The names of all members of the meeting present at the meeting shall be recorded in the minutes of the group's meetings. The names of all members of the governing body present shall be recorded in the minutes of the governing body meetings. The names of all members of the governing body's committees / sub-committees present shall be recorded in the minutes of the respective governing body committee / sub- committee meetings.

3.11. Minutes

- 3.11.1. The names of individuals attending each governing body meeting shall be recorded in the minutes of each meeting.
- 3.11.2. The secretary to the governing body shall be responsible for taking and drafting minutes of the meeting.
- 3.11.3. Minutes shall be approved as an accurate record of the meeting by the chair of the governing body at the following meeting of the governing body.
- 3.11.4. Minutes shall be circulated to members of the governing body with agenda papers.
- 3.11.5. Minutes shall be made available to the public via the group's web-site once these have been approved. Member practices shall receive copies of the minutes directly via e-mail.

3.12. Admission of public and the press

- 3.12.1. The Governing Body will meet regularly and not fewer than four times in public over the financial year. The CCG Governing Body reserves the right to hold a Part II section of the Governing Body meeting where the press and public will not be allowed to attend.
- 3.12.2. A Part II section of the Governing Body meeting will be held where:
 - i) 'that representatives of the press, and other members of the public, be excluded from the remainder of this meeting having regard to the

confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest', Section 1 (2), Public Bodies (Admission to Meetings) Act 1960

ii) the group shall seek guidance from the Freedom of Information Lead to ensure correct procedure is followed on matters involving the exclusion of the public and the representatives of the press from meetings of the governing body.

- 3.12.3. Minutes from the Part II meeting will be held separately from the rest of the minutes and will not be made available without the CCG Governing Body's consent.
- 3.12.4. The CCG Governing Body will also not disclose the information discussed in the Part II section of the Governing Body meeting without the Governing Body's consent.
- 3.12.5. The press and public will be invited to attend the annual AGM.
- 3.12.6. General disturbances - The Chair or Vice Chair or the person presiding over the meeting shall give such directions as he / she thinks fit with regard to the arrangements for meetings and accommodation of the public and representatives of the press such as to ensure that the CCG's business shall be conducted without interruption and disruption and, without prejudice to the power to exclude on grounds of the confidential nature of the business to be transacted, the public will be required to withdraw upon the CCG Governing Body resolving as follows:

'That in the interests of public order the meeting adjourn for (the period to be specified) to enable the CCG Governing Body to complete its business without the presence of the public'. Section 1(8) Public Bodies (Admissions to Meetings) Act 1960.

4. APPOINTMENT OF COMMITTEES AND SUB-COMMITTEES

4.1. Appointment of committees and sub-committees

- 4.1.1. The group may appoint committees and sub-committees of the group, subject to any regulations made by the Secretary of State¹, and make provision for the appointment of committees and sub-committees of its governing body. Where such committees and sub-committees of the group, or committees and sub-committees of its governing body, are appointed they are included in Chapter 5 of the group's constitution.
- 4.1.2. Other than where there are statutory requirements, such as in relation to the governing body's audit committee or remuneration committee, the group shall determine the membership and terms of reference of

¹ See section 14N of the 2006 Act, inserted by section 25 of the 2012 Act

committees and sub-committees and shall, if it requires, receive and consider reports of such committees at the next appropriate meeting of the group.

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

4.2. Terms of Reference

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

4.3. Delegation of Powers by Committees to Sub-committees

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

4.4. Approval of Appointments to Committees and Sub-Committees

- 4.4.1. The group shall approve the appointments to each of the committees and sub-committees which it has formally constituted including those the governing body.

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

- 5.1. If for any reason these standing orders are not complied with, full details of the non-compliance and any justification for non-compliance and the circumstances around the non-compliance, shall be reported to the next formal meeting of the governing body for action or ratification. All members of the group and staff have a duty to disclose any non-compliance with these standing orders to the accountable officer as soon as possible.

6. USE OF SEAL AND AUTHORISATION OF DOCUMENTS

6.1. Clinical Commissioning Group's seal

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

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

- c) the chief finance officer;

6.2. Execution of a document by signature

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

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

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

7.1. Policy statements: general principles

7.1.1. The group will from time to time agree and approve policy statements / procedures which will apply to all or specific groups of staff employed by NHS Waltham Forest 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 – PRIME FINANCIAL POLICIES

1. INTRODUCTION

1.1. General

- 1.1.1. These prime financial policies and supporting detailed financial policies shall have effect as if incorporated into the Group's Constitution.
- 1.1.2. The prime financial policies are part of the Group's control environment for managing the organisation's financial affairs. They contribute to good corporate governance, internal control and managing risks. They enable sound administration, lessen the risk of irregularities and support commissioning and delivery of effective, efficient and economical services. They also help the Accountable Officer and Chief Finance Officer to effectively perform their responsibilities. They should be used in conjunction with the scheme of reservation and delegation found at Appendix D.
- 1.1.3. In support of these prime financial policies, the Group has prepared more detailed policies, approved by the Chief Finance Officer known as *detailed financial policies*. The Group refers to these prime and detailed financial policies together as the clinical commissioning Group's financial policies.
- 1.1.4. These prime financial policies identify the financial responsibilities which apply to everyone working for the Group and its constituent organisations. They do not provide detailed procedural advice and should be read in conjunction with the detailed financial policies. The Accountable Officer and Chief Financial Officer is responsible for approving all detailed financial policies.
- 1.1.5. A list of the Group's detailed financial policies will be published and maintained for April 2013 on the Group's website.
- 1.1.6. Should any difficulties arise regarding the interpretation or application of any of the prime financial policies then the advice of the Chief Finance Officer must be sought before acting. The user of these prime financial policies should also be familiar with and comply with the provisions of the Group's Constitution, Standing Orders and scheme of reservation and delegation.
- 1.1.7. Failure to comply with prime financial policies and Standing Orders can in certain circumstances be regarded as a disciplinary matter that could result in dismissal.

1.2. Overriding Prime Financial Policies

- 1.2.1. If for any reason these prime financial policies are not complied with, full details of the non-compliance and any justification for non-compliance and the circumstances around the non-compliance shall be reported to the next formal meeting of the Governing Body's audit committee for referring action or

ratification. All of the Group's members and employees have a duty to disclose any non-compliance with these prime financial policies to the Chief Finance Officer as soon as possible.

1.3. Responsibilities and delegation

- 1.3.1. The roles and responsibilities of the Group's members, employees, members of the Governing Body, members of the Governing Body's committees and sub-committees, members of the Group's committees and sub-committees (if any) and persons working on behalf of the Group are set out in chapters 6 and 7 of this Constitution.
- 1.3.2. The financial decisions delegated by members of the Group are set out in the Group's scheme of reservation and delegation (see Appendix D).

1.4. Contractors and their employees

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

1.5. Amendment of Prime Financial Policies

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

2. INTERNAL CONTROL

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

- 2.1. The Governing Body is required to establish an audit committee with terms of reference agreed by the Governing Body (see paragraph 6.5.11 of the Group's Constitution for further information).
- 2.2. The Accountable Officer has overall responsibility for the Group's systems of internal control.

- 2.3. The Chief Finance Officer will ensure that:
- a) financial policies are considered for review and update annually;
 - b) a system is in place for proper checking and reporting of all breaches of financial policies; and
 - c) a proper procedure is in place for regular checking of the adequacy and effectiveness of the control environment.

3. AUDIT

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

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

4. FRAUD AND CORRUPTION

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

- 4.1. The Governing Body’s audit committee will satisfy itself that the Group has adequate arrangements in place for countering fraud and shall review the

outcomes of counter fraud work. It shall also approve the counter fraudwork programme.

- 4.2. The Governing Body's audit committee will ensure that the Group has arrangements in place to work effectively with NHS Protect.

5. EXPENDITURE CONTROL

- 5.1. The Group is required by statutory provisions⁵⁸ to ensure that its expenditure does not exceed the aggregate of allotments from the NHS Commissioning Board and any other sums it has received and is legally allowed to spend.

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

- 5.3. The Chief Finance Officer will:

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

6. ALLOTMENTS⁵⁹

- 6.1. The Group's Chief Finance Officer will:

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

⁵⁸ See section 223H of the 2006 Act, inserted by section 27 of the 2012 Act

⁵⁹ See section 223(G) of the 2006 Act, inserted by section 27 of the 2012 Act.

7. COMMISSIONING STRATEGY, BUDGETS, BUDGETARY CONTROL AND MONITORING

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

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

8. ANNUAL ACCOUNTS AND REPORTS

POLICY – the Group will produce and submit to the NHS Commissioning Board accounts and reports in accordance with all statutory obligations⁶², relevant accounting standards and accounting best practice in the form and content and at the time required by the NHS Commissioning Governing Body

- 8.1. The Chief Finance Officer will ensure the Group:
 - a) prepares a timetable for producing the annual report and accounts and agrees it with external auditors and the Governing Body;
 - b) prepares the accounts according to the timetable approved by the Governing Body;

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

61 See section 14Z13 of the 2006 Act, inserted by section 26 of the 2012 Act

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

- c) complies with statutory requirements and relevant directions for the publication of annual report;
- d) considers the external auditor's management letter and fully address all issues within agreed timescales; and
- e) publishes the external auditor's management letter on the Group's website.

9. INFORMATION TECHNOLOGY

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

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

10. ACCOUNTING SYSTEMS

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

- 10.1. The Chief Finance Officer will ensure:

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

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

11. BANK ACCOUNTS

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

11.1. The Chief Finance Officer will:

- a) review the banking arrangements of the Group at regular intervals to ensure they are in accordance with Secretary of State directions⁶³, best practice and represent best value for money;
- b) manage the Group's banking arrangements and advise the Group on the provision of banking services and operation of accounts;
- c) prepare detailed instructions on the operation of bank accounts.

11.2. The Governing Body's Audit Committee shall approve the banking arrangements.

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

POLICY – the Group will

- operate a sound system for prompt recording, invoicing and collection of all monies due
- seek to maximise its potential to raise additional income only to the extent that it does not interfere with the performance of the Group or its functions 64
- ensure its power to make grants and loans is used to discharge its functions effectively 65

⁶³ See section 223H(3) of the NHS Act 2006, inserted by section 27 of the 2012 Act

⁶⁴ See section 14Z5 of the 2006 Act, inserted by section 26 of the 2012 Act.

⁶⁵ See section 14Z6 of the 2006 Act, inserted by section 26 of the 2012 Act.

12.1. The Chief Finance Officer is responsible for:

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

13. **TENDERING AND CONTRACTING PROCEDURE**

POLICY – the Group:

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

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

- a) the Group's Standing Orders;
- b) the Public Contracts Regulations 2006, any successor legislation and any other applicable law; and
- c) as appropriate any applicable NHS Commissioning Board or Monitor guidance that does not conflict with (b) above.

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

13.3. The Group will put in place a procurement strategy.

14. COMMISSIONING

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

14.1. The Group will coordinate its work with the NHS Commissioning Board, other clinical commissioning groups, local providers of services, local authority(ies), including through Health & Wellbeing Boards, patients and their carers and the voluntary sector and others as appropriate to develop robust commissioning plans.

14.2. The Accountable Officer will establish arrangements to ensure that regular reports are provided to the Governing Body detailing actual and forecast expenditure and activity for each contract.

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

15. RISK MANAGEMENT AND INSURANCE

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

15.1. The Group will manage risk through its risk management strategy, published on its website.

16. PAYROLL

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

16.1. The Chief Finance Officer will ensure that the payroll service selected:

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

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

17. NON-PAY EXPENDITURE

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

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

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

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

- 18.1. The Accountable Officer will:
- a) ensure that there is an adequate appraisal and approval process in place for determining capital expenditure priorities and the effect of each proposal upon plans;
 - b) be responsible for the management of all stages of capital schemes and for ensuring that schemes are delivered on time and to cost;
 - c) shall ensure that the capital investment is not undertaken without the availability of resources to finance all revenue consequences, including capital charges;

- d) be responsible for the maintenance of registers of assets, taking account of the advice of the Chief Finance Officer concerning the form of any register and the method of updating, and arranging for a physical check of assets against the asset register to be conducted once a year.

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

19. RETENTION OF RECORDS

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

19.1. The Accountable Officer shall:

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

20. TRUST FUNDS AND TRUSTEES

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

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