

NHS GREATER HUDDERSFIELD CLINICAL COMMISSIONING GROUP

CONSTITUTION

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CONTENTS

Part	Description		Page
	Foreword		5
1	Introduction and Commencement		6
	1.1	Name	
	1.2	Statutory framework	
	1.3	Status of this constitution	
	1.4	Amendment and variation of this constitution	
2	Area Covered		8
3	Membership		11
	3.1	Membership of the clinical commissioning group	
	3.2	Eligibility	
	3.3	Applications for Membership	
	3.4	Rights and Responsibilities of Members	
	3.5	Cessation of Members	
	3.6	Disputes	
4	Vision, Values, Ambitions and Objectives		13
	4.1	Vision	
	4.2	Values	
	4.3	Ambitions & Objectives	
	4.4	Principles of good governance	
	4.5	Accountability	
5	Functions and General Duties		16
	5.1	Functions	
	5.2	General duties	
	5.3	General financial duties	
	5.4	Public Involvement	
	5.5	Arrangements by the Group to comply with its functions	
	5.6	Other relevant regulations, directions and documents	
6	Decision Making: The Governing Structure		21
	6.1	Authority to act	
	6.2	Scheme of reservation and delegation	
	6.3	General	
	6.4	Committees of the Group	
	6.5	Joint arrangements with other Clinical commissioning groups	
	6.6	Joint commissioning arrangements with NHS England for the exercise of clinical commissioning group functions	
	6.7	Joint commissioning arrangements with NHS England for the exercise of NHS England's functions	
	6.8	Joint commissioning arrangements with local authorities	

Part	Description		Page
	6.9	The governing body	
7	Roles and Responsibilities		32
	7.1	Practice representatives	
	7.2	Other GPs or primary care health professionals	
	7.3	All members of the group's governing body	
	7.4	The chair of the governing body	
	7.5	The deputy chair of the governing body	
	7.6	Role of the accountable officer	
	7.7	Role of the chief finance officer	
	7.8	Lay Members	
	7.9	Role of the Registered Nurse	
	7.10	Role of the Secondary Care Doctor	
	7.11	Role of the Senior Manager with responsibility for Quality	
	7.12	Joint appointments with other organisations	
8	Standards of Business Conduct and Managing Conflicts of Interest		37
	8.1	Standards of business conduct	
	8.2	Conflicts of interest	
	8.3	Declaring and registering interests	
	8.4	Managing conflicts of interest: general	
	8.5	Transparency in procuring services	
9	The Group as Employer		40
10	Transparency, Ways of Working and Standing Orders		42
	10.1	General	
	10.2	Standing orders	

Appendix	Description	Page
A	Definitions of Key Descriptions used in this Constitution	43
B	List of Member Practices	45
C	Standing Orders	48
D	Scheme of Reservation and Delegation	63
E	Prime Financial Policies	73
F	The Nolan Principles	82
G	The Seven Key Principles of the NHS Constitution	83
H	Checklist for a Clinical Commissioning Group's Constitution	85

FOREWORD

NHS Greater Huddersfield CCG (the “Group”) is a membership organisation that consists of 37 GP practices. It is passionate about making a difference to the health of the people in its area; using a needs-led and evidence-based approach to commission high quality, accessible services that make a real difference to its patients and population. This is enshrined in its vision and values.

The Group’s vision is ‘*working together for better health*’.

The Group is committed to achieving this vision by:

- Focusing on people
- Leading
- Working together
- Listening
- Being adaptable
- Learning

This constitution sets out the arrangements made by the Group to meet its responsibilities for commissioning care for the population. It describes the governing principles, rules and procedures that the Group will establish to ensure probity and accountability in the day to day running of the Group; to ensure that decisions are taken in an open and transparent way and that the interests of patients and the public remain central to the goals of the Group.

This constitution applies to the following, all of whom are required to adhere to it as a condition of their appointment:

- the Group’s member practices
- the Group’s employees,
- individuals working on behalf of the Group and
- anyone who is a member of the Group’s Governing Body (including the Governing Body’s audit and remuneration committees)
- anyone who is a member of any other committee(s) or sub-committees established by the Group or its Governing Body

Dr S Ollerton
Chair
NHS Greater Huddersfield CCG
January 2017

1 INTRODUCTION AND COMMENCEMENT

1.1 Name

1.1.1 The name of this clinical commissioning group is NHS Greater Huddersfield Clinical Commissioning Group (the “Group”).

1.2 Statutory Framework

1.2.1 The Group is established under the Health and Social Care Act 2012 (“the 2012 Act”).¹ It is a statutory body which has the function of commissioning services for the purposes of the health service in England and are treated as an NHS body for the purposes of the National Health Service Act 2006 (“the 2006 Act”).² The duties of the Group to commission certain health services are set out in section 3 of the 2006 Act, as amended by section 13 of the 2012 Act, and the regulations made under that provision.³

1.2.2 NHS England will undertake an annual assessment of the Group.⁴ It has powers to intervene in the Group where it is satisfied that the Group is failing or has failed to discharge any of its functions or that there is a significant risk that it will fail to do so.⁵

1.2.3 The Group is a clinically led membership organisation made up of general practices. The members of the Group are responsible for determining the governing arrangements for their organisation, which they are required to set out in a constitution.⁶

1.3 Status of this Constitution

1.3.1 This constitution is made between the members of the Group and has effect from 22 January 2013, when the NHS Commissioning Board (referred to hereafter as NHS England) established the Group.⁷ The constitution is published on the Group’s website at www.greaterhuddersfieldccg.nhs.uk . In addition, the Group will make this document available via local libraries and upon request for inspection at:

Broad Lea House,
Dyson Wood Way,
Bradley,
Huddersfield,
HD2 1GZ.

¹ See section 11 of the 2006 Act, inserted by section 10 of the 2012 Act

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

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

⁴ See section 14Z16 of the 2006 Act, inserted by section 26 of the 2012 Act

⁵ See sections 14Z21 and 14Z22 of the 2006 Act, inserted by section 26 of the 2012 Act

⁶ See in particular sections 14L, 14M, 14N and 14O of the 2006 Act, inserted by section 25 of the 2012 Act and Part 1 of Schedule 1A to the 2006 Act, inserted by Schedule 2 to the 2012 Act and any regulations issued

⁷ See section 14D of the 2006 Act, inserted by section 25 of the 2012 Act

1.4 Amendment and Variation of this Constitution

1.4.1 This constitution can only be varied in two circumstances.⁸

- where the Group applies to NHS England, following consideration and agreement of the revisions by the Members and that application is granted;
- where in the circumstances set out in legislation NHS England varies the Group's constitution other than on application by the Group.

⁸ See sections 14E and 14F of the 2006 Act, inserted by section 25 of the 2012 Act and any regulations issued

2. AREA COVERED

2.1 The Group's geographical area covers those Lower-layer Super Output Areas (LSOAs) which are situated within the boundaries of Kirklees Council:

Kirkheaton / Upper Heaton: E01011091
Kirkheaton: E01011089
Kirkheaton, St Mary's Lane: E01011092
Waterloo, Sunny Mead: E01011095
Dalton, Briggate: E01011090
Leeds Road, Sheep Ridge: E01011106
Rawthorpe: E01011093
Dalton, Ridgeway: E01011094
Dalton, Mayfield Avenue: E01011099
Dalton, Buttermere Drive: E01011096
Dalton, Grosvenor Road: E01011097
Moldgreen: E01011098
Bradley Mills, Town Centre: E01011107
Grange Moor / Lepton (East): E01011192
Flockton / Grange Moor: E01011193
Lepton / Little Lepton: E01011191
Kirkburton, Turnshaw Rd.: E01011197
Shelley / Shelly Woodhouse: E01011118
Shelley Park: E01011120
Kirkburton / High Burton: E01011196
Lepton / High Burton: E01011190
Shepley / Lane Head: E01011199
Shepley / Stocksmoor: E01011198
Farnley Tyas, Thornstonland: E01011195
Bradley, Park Lea: E01011108
Bradley, Sherwood Avenue: E01011100
Bradley, Colne Bridge: E01011103
Deighton, E01011104
Bradley Bar, Redwood Drive: E01011102
Deighton, Riddings: E01011101
Brackenhall / Ferndale: E01011105
Fixby / Bradley Bar: E01011046
Fartown Green, Red Doles: E01011038
Fartown, Woodhouse Hill: E01011041
Cowcliffe / Fartown: E01011039
Fixby / Cowcliffe: E01011047
Cowmes / Lascelles / Gawthorpe: E01011200
Lepton, Common End Lane: E01011194
Waterloo, Fenay Bridge: E01011005
Greenside, Waterloo: E01011012
Fernside, Aldonley: E01011004
Almondbury, Fenay Lane: E01011009
Almondbury / Delacy Avenue: E01011010
Almondbury, Greenhead Lane: E01011006

Moldgreen, Ravenknowle: E01011008
Benomley, Castle Hill: E01011011
Emley: E01011119
Skelmanthorpe / Emley Moor: E01011109
Clayton West (west): E01011111
Clayton West (east): E01011112
Scissett / Kitchenroyd: E01011110
Skelmanthorpe, Matherville: E01011114
Skelmanthorpe, Lidgett Lane: E01011113
Denby Dale: E01011116
Upper Denby Dale / Denby Dale: E01011115
Cumberworth / Birds Edge: E01011117
Thornton Lodge: E01011082
Lockwood / Rashcliffe: E01011230
Crosland Moor, Yews Hill: E01011080
Lockwood, Yews Hill Road: E01011081
Crosland Moor, Barton: E01011079
Walpole Estate: E01011084
Crosland Moor, Crossland Hill Road: E01011083
Crosland Moor, Beaumont Park: E01011085
Crosland Hill, Hill Tree Park: E01011086
Netherton, Marten Drive: E01011088
Netherton / South Crosland: E01011087
Paddock: E01011237
Quarmby, Royds Hall, Cliff End: E01011234
Milnsbridge (centre): E010111149
Longwood: E010111150
Cowersley (Lower): E010111153
Cowersley (Upper): E010111154
Golcar, Scar Lane: E010111147
Golcar, Botham Hall: E010111148
Longwood Edge, Dodlee: E01011155
Outlane: E01011205
Golcar / Leymoor: E01011145
Golcar / Swallow Lane: E01011146
Golcar, Wellhouse: E01011152
Lindley / Prince Royd: E01011210
Lindley / Marsh: E01011204
Marsh, Hollin Terrace: E01011240
Oakes / Lindley / HRI: E01011208
Lindley, Lidgett Street: E01011201
Lindley, Cowrakes Road: E01011203
Birchencliffe: E01011209
Salendine Nook, New College: E01011207
Salendine Nook / Oakes: E01011206
Salendine Nook, Laund Road: E01011211
Mount / Salendine Nook: E01011202
Birkby, Norwood Park: E01011042

Birkby, Fartown: E01011040
Hillhouse: E01011045
Birkby, Bay Hall: E01011043
Birkby, George Avenue, Bromley Road: E01011044
Berry Brow / Taylor Hill: E01011228
Marsh / Edgerton: E01011239
Marsh, Jim Lane: E01011231
Paddock / Gledholt: E01011232
Paddock / Marsh: E01011233
Paddock / Springwood: E01011235
Moldgreen / Almondbury: E01011007
Highfields: E01011236
Lowerhouses / Ashenhurst: E01011223
Ashenhurst and Manor Estates: E01011225
Huddersfield Town Centre: E01011229
Newsome / Primrose Hill: E01011224
Newsome / Hall Bower: E01011226
Newsome, Blagden Farm: E01011227
Armitage Bridge, Salford: E01011222
Scapegoat Hill: E01011151
Linthwaite, Manchester Road: E01011077
Linthwaite / Blackmoorfoot: E01011071
Linthwaite: E01011072
Slaithwaite, Tudor Estate: E01011073
Slaithwaite Hill Top: E01011078
Wilberlee, Pole Moor: E01011070
Marsden, Meltham Road: E01011076
Marsden Centre: E01011074
Marsden Rural, Dirker: E01011075
Brockholes: E01011176
Brockholes, Neiley, Wood Royd: E01011169
Honley / Mag Dale: E01011171
Honley, Roundway: E01011172
Honley (west), Derwent Road: E01011173
Honley / Oldfield: E01011170
Meltham (centre): E01011178
Meltham, Broadlands, Helme: E01011175
Meltham / Thick Hollins: E01011174
Meltham, Wessenden Head Road: E01011168
Meltham (west), Blackmoorfoot: E01011177
Wooldale / New Mill: E01011189
Netherthong / Woodhead Road: E01011186
Thongsbridge / Wooldale: E01011187
Wooldale / Cinderhills: E01011184
New Mill / Toties / Scholes: E01011185
Scholes, Jackson Br, Hepworth: E01011179
Holmfirth / Netherthong: E01011188
Holmfirth (centre), Under Bank: E01011181

Hade Edge, Cartworth Moor: E01011183
Upper Thong / Burnlee: E01011180
Holme / Holmebridge: E01011182]

3 MEMBERSHIP

3.1 Membership of the Group

3.1.1 Members are set out in Appendix B.

3.2 Eligibility

Practices who are providers of primary medical services to a registered list of patients under a General Medical Services, Personal Medical Services or Alternative Provider Medical Services contract will be eligible to apply for membership of this Group.

3.3 Applications for Membership

3.3.1 No practice shall become a Member of the CCG unless that practice:

- a) is eligible to become a Member in accordance with paragraph 3.2 above;
- b) has confirmed its acceptance of this Constitution; and
- c) has been entered into the Register of Members set out in Appendix B of this Constitution.

and NHS England has approved amendment of this Constitution.

3.4 Rights and Responsibilities of Members

3.4.1 Members are required to comply with the following Membership obligations:

- a) to nominate a Practice Representative for the Member
- b) to attend via their Practice Representative (or their proxy) Members' meetings
- c) to adhere to pathways, policies and protocols as agreed by the CCG;
- d) to share relevant information within and between practices, across localities and to and from the Governing Body, its committees and working groups
- e) to endeavour to make available clinical and other staff to lead or participate in commissioning project work
- f) to keep up to date on commissioning and related issues through the normal professions publications, educational events

Further detail regarding membership is provided in the Memorandum of Understanding with member practices.

3.4.2 The CCG recognises that the Kirklees Local Medical Committee is the statutory body representing General Medical Practitioners in the Kirklees area which includes the locality of the CCG.

3.5 Cessation of Membership

3.5.1 The CCG shall notify NHS England in the event that it becomes aware that any Member has ceased to meet the requirements of paragraph 3.2 and shall propose any such amendments to this Constitution under the terms of paragraph 1.4 as are appropriate to reflect the circumstances.

3.5.2 Membership of the CCG is not transferable and any proposed changes to the membership (including those arising from a merger of Members) shall be subject to the approval of NHS England.

3.6 Disputes

Any dispute between the practice and the CCG in respect of eligibility for Membership of the CCG shall be referred to NHS England for determination. The Governing Body shall determine any disputes in terms of allocation of the practices to a Locality.

4 VISION, VALUES, AMBITIONS AND OBJECTIVES

4.1 Vision

4.1.1 The vision of the Group is:

“Working together for better health.”

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

4.2 Values

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

4.2.2 The values that lie at the heart of the Group’s work are:

“Focusing on people; Leading; Working together; Listening; Being adaptable; Learning”

4.3 Ambitions and Objectives

4.3.1 The Group has identified the following five ambitions:-

- Deliver high quality, sustainable care now and in the future
- Promote self-care by empowering and supporting people
- Manage within our budget
- Ensure timely access to healthcare
- Reduce health inequalities

4.3.2 The Group has identified the following strategic objectives

- Contribute to the development of a sustainable NHS workforce to support the delivery of high quality care
- Build a collective sense of responsibility, amongst all those involved in health care, for the effective management of resources
- Work with partners and the public to improve health awareness, emotional well-being, community and personal resilience
- Shift healthcare spend towards community and primary care services to meet patient need and ensure value for money
- Ensure appropriate use of hospital services
- Improve health related experiences and outcomes for people with long term conditions, particularly those that experience significant inequalities
- Reduce avoidable variation in healthcare and patient experience
- Work with the Local Authority to commission a range of health and social care services

- Deliver our financial plans
- Invest in the health, well-being and personal development of our staff

4.4 Principles of Good Governance

4.4.1 In accordance with section 14L(2)(b) of the 2006 Act,⁹ the Group will at all times observe “such generally accepted principles of good governance” in the way it conducts its business. These include:

- 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;
- *The Good Governance Standard for Public Services*;¹⁰
- the standards of behaviour published by the *Committee on Standards in Public Life (1995)* known as the ‘Nolan Principles’¹¹
- the seven key principles of the *NHS Constitution*;¹²
- the Equality Act 2010.¹³
- *The Standards for Members of NHS Boards and Governing Bodies in England*, (November 2013, Professional Standards Authority).

4.5 Accountability

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

- publishing its constitution;
- appointing independent lay members and non GP clinicians to its Governing Body;
- holding meetings of its Governing Body in public (except where the Group considers that it would not be in the public interest in relation to all or part of a meeting);
- publishing annually a commissioning plan;

⁹ Inserted by section 25 of the 2012 Act

¹⁰ *The Good Governance Standard for Public Services*, The Independent Commission on Good Governance in Public Services, Office of Public Management (OPM) and The Chartered Institute of Public Finance & Accountability (CIPFA), 2004

¹¹ See Appendix F

¹² See Appendix G

¹³ See <http://www.legislation.gov.uk/ukpga/2010/15/contents>

- complying with local authority health overview and scrutiny requirements;
- meeting annually in public to publish and present its annual report (which must be published);
- producing annual accounts in respect of each financial year which must be externally audited;
- having a published and clear complaints process;
- complying with the Freedom of Information Act 2000;
- providing information to NHS England as required.

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

- publishing its principal commissioning and operational policies on the CCG's website
- publication of the Annual Report
- convening an Annual General Meeting
- holding Governing Body meetings in public
- holding engagement events (at such times and frequency as shall be determined by the CCG);
- identifying a named Lay Member with responsibility for public and patient engagement;
- ensuring the Governing Body is accountable to its members via the Business Meeting.

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

5 FUNCTIONS AND GENERAL DUTIES

5.1 Functions

5.1.1 The functions that the CCG are responsible for exercising are largely set out in the 2006 Act, as amended by the 2012 Act. An outline of these appears in the Department of Health's *Functions of Clinical Commissioning Groups: a working document*. The Group's functions include

- commissioning certain health services (where NHS England is not under a duty to do so) that meet the reasonable needs of:
 - 4.5.2..1 all people registered with member GP practices, and
 - 4.5.2..2 people who are usually resident within the area and are not registered with a member of any Clinical Commissioning Group;
- commissioning emergency care for anyone present in the Group's area;
- paying its employees' remuneration, fees and allowances in accordance with the determinations made by its Governing Body and determining any other terms and conditions of service of the Group's employees;
- determining the remuneration and travelling or other allowances of members of its Governing Body.

5.1.2 In discharging its functions the Group will:

- act¹⁴, when exercising its functions to commission health services, consistently with the discharge by the Secretary of State and NHS England of their duty to ***promote a comprehensive health service***¹⁵ and with the objectives and requirements placed on NHS England through *the mandate*¹⁶ published by the Secretary of State before the start of each financial year by:
 - delegating this responsibility to the Group's Governing Body, supported by its Committee structure
 - producing and publishing an annual commissioning plan which promotes a comprehensive health service
- ***meet the public sector equality duty***¹⁷ by
 - complying with the Group's Equality and Diversity Policy

¹⁴ See section 3(1F) of the 2006 Act, inserted by section 13 of the 2012 Act

¹⁵ See section 1 of the 2006 Act, as amended by section 1 of the 2012 Act

¹⁶ See section 13A of the 2006 Act, inserted by section 23 of the 2012 Act

¹⁷ See section 149 of the Equality Act 2010, as amended by paragraphs 184 and 186 of Schedule 5 of the 2012 Act

- monitoring compliance with its own policy through its established performance monitoring processes.
- publishing, at least annually, information to demonstrate compliance.
- preparing and publishing specific and measurable equality objectives, and revising these at least every four years.

and:

- work in partnership with Kirklees Council to develop **joint strategic needs assessments**¹⁸ (JSNA) and **joint health and wellbeing strategies**¹⁹ (JHWS) by
 - being an active member of the Health and Well Being Board
 - reporting the Joint Health and Well Being Strategy and JSNA to the Governing Body
 - collaborative working across the health and social care economy in the key area of transformation

5.2 General Duties

In discharging its functions the group will:

- 5.2.1 **Promote awareness of, and act with a view to securing that health services are provided in a way that promotes awareness of, and have regard to the NHS Constitution**²⁰
- 5.2.2 Act **effectively, efficiently and economically**²¹
- 5.2.3 Act with a view to **securing continuous improvement to the quality of services**²²
- 5.2.4 Assist and support NHS England in relation to the Board's duty to **improve the quality of primary medical services**²³ consulting with the LMC on any decision that significantly affects providers of general practice.
- 5.2.5 Have regard to the need to **reduce inequalities**²⁴.

¹⁸ See section 116 of the Local Government and Public Involvement in Health Act 2007, as amended by section 192 of the 2012 Act

¹⁹ See section 116A of the Local Government and Public Involvement in Health Act 2007, as inserted by section 191 of the 2012 Act

²⁰ See section 14P of the 2006 Act, inserted by section 26 of the 2012 Act and section 2 of the Health Act 2009 (as amended by 2012 Act)

²¹ See section 14Q of the 2006 Act, inserted by section 26 of the 2012 Act

²² See section 14R of the 2006 Act, inserted by section 26 of the 2012 Act

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

²⁴ See section 14T of the 2006 Act, inserted by section 26 of the 2012 Act

- 5.2.6 **Promote the involvement of patients, their carers and representatives in decisions about their healthcare²⁵ .**
- 5.2.7 Act with a view to **enabling patients to make choices²⁶**
- 5.2.8 **Obtain appropriate advice²⁷** from persons who, taken together, have a broad range of professional expertise in healthcare and public health. This will include participating in a Local Medical Committee (LMC) Liaison group which provides a regular forum for the LMC and representatives of the Governing Body to meet together and to discuss commissioning issues that affect Greater Huddersfield practices. The purpose of the group is set out in the agreed Terms of Reference. The Governing Body will consult with the LMC on important decisions that significantly affects providers of general practice.
- 5.2.9 **Promote innovation²⁸**
- 5.2.10 **Promote research and the use of research²⁹**
- 5.2.11 Have regard to the need to **promote education and training³⁰** for persons who are employed, or who are considering becoming employed, in an activity which involves or is connected with the provision of services as part of the health service in England so as to assist the Secretary of State for Health in the discharge of his related duty³¹
- 5.2.12 Act with a view to **promoting integration** of *both* health services with other health services *and* health services with health-related and social care services where the group considers that this would improve the quality of services or reduce inequalities³² by:

5.3 **General Financial Duties**

The Group will perform its functions so as to:

- 5.3.1 **Ensure its expenditure does not exceed the aggregate of its allotments for the financial year³³**

Through its Governing Body and governance structures, it will particularly discharge this duty through the following:

²⁵ See section 14U of the 2006 Act, inserted by section 26 of the 2012 Act
²⁶ See section 14V of the 2006 Act, inserted by section 26 of the 2012 Act
²⁷ See section 14W of the 2006 Act, inserted by section 26 of the 2012 Act
²⁸ See section 14X of the 2006 Act, inserted by section 26 of the 2012 Act
²⁹ See section 14Y of the 2006 Act, inserted by section 26 of the 2012 Act
³⁰ See section 14Z of the 2006 Act, inserted by section 26 of the 2012 Act
³¹ See section 1F(1) of the 2006 Act, inserted by section 7 of the 2012 Act
³² See section 14Z1 of the 2006 Act, inserted by section 26 of the 2012 Act
³³ See section 223H(1) of the 2006 Act, inserted by section 27 of the 2012 Act

- 5.3.2 **Ensure its use of resources** (both its capital resource use and revenue resource use) **does not exceed the amount specified by NHS England for the financial year**³⁴
- 5.3.3 **Take account of any directions issued by NHS England , in respect of specified types of resource use in a financial year, to ensure the group does not exceed an amount specified by NHS England**³⁵
- 5.3.4 **Publish an explanation of how the group spent any payment in respect of quality** made to it by NHS England³⁶

5.4 Public Involvement

The Group shall make arrangements to secure public involvement in the planning, development and consideration of proposals for changes and decisions affecting the operation of commissioning arrangements by;

- Publishing and implementing a Communications Strategy, Engagement Strategy, and work plan.
- Putting governance arrangements in place to ensure the implementation and performance management of the strategy.
- Promoting the following principles:
 - be transparent and accountable
 - engage with audiences by using appropriate language
 - involve members in communication and engagement work
 - maximise resources to produce high quality information
 - develop a range of platforms for people to engage with the Group
 - develop effective partnerships with agencies, stakeholders, patients, carers and patient representatives

5.5 Arrangements by the Group to comply with its functions:

The Group will comply with its functions (including its duties and powers) as set out in legislation and this constitution by:

- 5.5.1 delegating its functions to the Governing Body unless the functions are reserved to the Members under the scheme of reservation and delegation or delegated to a committee, sub-committee, Member or employee of the Group;
- 5.5.2 the Governing Body ensuring that the Group has made appropriate arrangements for ensuring that it functions effectively, efficiently and economically and complies with such generally accepted principles of good governance as are relevant to it;

³⁴ See sections 223I(2) and 223I(3) of the 2006 Act, inserted by section 27 of the 2012 Act

³⁵ See section 223J of the 2006 Act, inserted by section 27 of the 2012 Act

³⁶ See section 223K(7) of the 2006 Act, inserted by section 27 of the 2012 Act

- 5.5.3 acting in accordance with its Statement of Policy for Compliance with General, Financial and Public Sector Equality Duties that the Governing Body will adopt, keep under review and update for the Group;
- 5.5.4 the Governing Body monitoring the performance of functions through the Group's reporting mechanisms.
- 5.6 Other Relevant Regulations, Directions and Documents**
- 5.6.1 The Group will:
- 5.5.1.1 comply with all relevant regulations;
 - 5.5.1.2 comply with directions issued by the Secretary of State for Health or NHS England ; and
 - 5.5.1.3 take account, as appropriate, of documents issued by NHS England and the Department of Health.
- 5.6.2 The Group will develop and implement the necessary systems and processes to comply with these regulations and directions, documenting them as necessary in this constitution, its scheme of reservation and delegation and other relevant Group policies and procedures.

6 DECISION MAKING: THE GOVERNING STRUCTURE

6.1 Authority to act

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

6.1.1.1 any of its members;

6.1.1.2 its Governing Body;

6.1.1.3 employees;

6.1.1.4 a committee or sub-committee of the Group.

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

6.1.2.1 the Group's scheme of reservation and delegation; and

6.1.2.2 for committees, their terms of reference.

6.2 Scheme of Reservation and Delegation³⁷

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

6.2.1.1 those decisions that are reserved for the membership as a whole;

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

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

6.3 General

6.3.1 In discharging functions of the Group that have been delegated to them, its Governing Body (and its sub group or committees) and individuals must:

6.3.1.1 comply with the Group's principles of good governance,³⁸

6.3.1.2 operate in accordance with the Group's scheme of reservation and delegation,³⁹

³⁷ See Appendix D

³⁸ See section 4.4 on Principles of Good Governance above

³⁹ See appendix D

- 6.3.1.3 comply with the Group's standing orders,⁴⁰
 - 6.3.1.4 comply with the Group's arrangements for discharging its statutory duties,⁴¹
 - 6.3.1.5 where appropriate, ensure that member practices have had the opportunity to contribute to the Group's decision making process.
- 6.3.2 When a committee, sub committee or joint committee discharges delegated functions, it must also operate in accordance with its approved terms of reference.
- 6.3.3 Where delegated responsibilities are being discharged collaboratively, the joint (collaborative) arrangements must:
- 6.3.3.1 identify the roles and responsibilities of those clinical commissioning groups who are working together;
 - 6.3.3.2 identify any pooled budgets and how these will be managed and reported in annual accounts;
 - 6.3.3.3 specify under which clinical commissioning group's scheme of reservation and delegation and supporting policies the collaborative working arrangements will operate;
 - 6.3.3.4 specify how the risks associated with the collaborative working arrangement will be managed between the respective parties;
 - 6.3.3.5 identify how disputes will be resolved and the steps required to terminate the working arrangements;
 - 6.3.3.6 specify how decisions are communicated to the collaborative partners.

6.4 Committees of the group

- 6.4.1 The Group may appoint such committees of the Group as it deems appropriate and delegate to them the exercise of any functions of the Group which in its discretion it considers to be appropriate..
- 6.4.2 A committee of the Group includes a joint committee of the Group and one or more other Clinical commissioning groups and/or one or more local authorities and/or NHS England. Further provisions in relation to joint committees are set out in paragraph 6.5 and 6.6 below.

⁴⁰ See appendix C
⁴¹ See chapter 5 above

- 6.4.3 A committee or sub-committee of the Group may consist of or include persons who are Members or employees of the Group and/or persons other than Members or employees of the Group.
- 6.4.4 Committees of the Group will be able to establish their own sub-committees, to assist them in discharging their respective responsibilities, if this responsibility has been delegated to them by the Group or the committee they are accountable to.
- 6.4.5 All decisions taken in good faith at a meeting of any committee of the Group shall be valid even if there is any vacancy in its membership or it is discovered subsequently that there was a defect in the calling of the meeting or the appointment of any of the members of the committee attending the meeting.
- 6.5 Joint Commissioning Arrangements with other Clinical Commissioning Groups**
- 6.5.1 The Group may wish to work together with one or more other Clinical commissioning groups in the exercise of its commissioning functions in accordance with the relevant provisions of the 2006 Act.
- 6.5.2 The Group may make arrangements with one or more Clinical commissioning groups in respect of:
- 6.5.2.1 delegating any of the Group's commissioning functions to another Clinical commissioning group;
 - 6.5.2.2 exercising any of the commissioning functions of another Clinical commissioning group;
 - 6.5.2.3 exercising jointly the commissioning functions of the Group, and another Clinical commissioning group.
- 6.5.3 For the purposes of the arrangements described at paragraph 6.5.2, the Group may:
- 6.5.3.1 make payments to another Clinical commissioning group;
 - 6.5.3.2 receive payments from another Clinical commissioning group;
 - 6.5.3.3 make the services of its employees or any other resources available to another Clinical commissioning group; or
 - 6.5.3.4 receive the services of the employees or the resources made available by another Clinical commissioning group.
- 6.5.4 Where the Group makes arrangements with one or more Clinical commissioning groups which involve all of those Clinical commissioning groups exercising any

of their commissioning functions jointly, a joint committee may be established to exercise those functions. Such joint committee shall be established by the Group in accordance with paragraph 6.4 above.

- 6.5.5 For the purposes of the arrangements described at paragraph 6.5.2 above, the Group may establish and maintain a pooled fund made up of contributions by all of the Clinical commissioning groups working together pursuant to paragraph 6.5.2.3 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.
- 6.5.6 Where the Group makes arrangements with one or more other Clinical commissioning groups as described at paragraph 6.5.2 above, the Group shall develop and agree with that Clinical commissioning group/those Clinical commissioning groups an agreement setting out the arrangements for joint working, including details of:
- How the parties will work together to carry out their respective commissioning functions;
 - The duties and responsibilities of the parties;
 - How risk will be managed and apportioned between the parties;
 - Financial arrangements, including, if applicable, payments towards a pooled fund and management of that fund;
 - Contributions from the parties, including details around assets, employees and equipment to be used under the joint working arrangements;
 - The circumstances in which the parties may withdraw from the arrangements;
 - Where a joint committee is not established, the reporting arrangements on the joint working arrangements to the Governing Body and the CCG's members, to include as a minimum quarterly written reports and an annual report on progress made against objectives;
 - Where a joint committee is established, the reporting arrangements as between the joint committee and the Governing Body and the CCG's members, such arrangements to include as a minimum the sharing of joint committee meeting minutes and an annual report of the work of the joint committee.
- 6.5.7 Arrangements made pursuant to paragraph 6.5.2 above do not affect the liability of the Group for the exercise of any of its functions.
- 6.5.8 The CCG will act in accordance with any further statutory guidance issued by NHS England on co-commissioning.
- 6.5.9 Only arrangements that are safe and in the interests of patients registered with member practices will be approved by the Group.
- 6.6 Joint commissioning arrangements with NHS England for the exercise of clinical commissioning group functions**

- 6.6.1 The Group may wish to work together with NHS England in the exercise of its commissioning functions in accordance with the relevant provisions of the 2006 Act.
- 6.6.2 The Group and NHS England may make arrangements to exercise any of the Group's commissioning functions jointly.
- 6.6.3 The arrangements referred to in paragraph 6.6.2 above may include other Clinical commissioning groups.
- 6.6.4 Where joint commissioning arrangements pursuant to paragraph 6.6.2 above are entered into, the parties may establish a joint committee to exercise the commissioning functions in question. Such joint committee shall be established in accordance with paragraph 6.4 above.
- 6.6.5 Arrangements made pursuant to paragraph 6.6.2 above may be on such terms and conditions (including terms as to payment) as may be agreed between NHS England and the Group.
- 6.6.6 Where the Group makes arrangements with NHS England (and one or more other Clinical commissioning groups if relevant) as described at paragraph 6.6.2 above, the Group shall develop and agree with NHS England (and any other Clinical commissioning group involved) a framework setting out the arrangements for joint working, including details of:
- How the parties will work together to carry out their respective commissioning functions;The duties and responsibilities of the parties;
 - How risk will be managed and apportioned between the parties;
 - Financial arrangements, including, if applicable, payments towards a pooled fund and management of that fund;
 - Contributions from the parties, including details around assets, employees and equipment to be used under the joint working arrangements;
 - The circumstances in which the parties may withdraw from the arrangements;
 - Where a joint committee is not established, the reporting arrangements on the joint working arrangements to the Governing Body and the CCG's members, to include as a minimum quarterly written reports and an annual report on progress made against objectives;
 - Where a joint committee is established, the reporting arrangements as between the joint committee and the Governing Body and the CCG's members, such arrangements to include as a minimum the sharing of joint committee meeting minutes and an annual report of the work of the joint committee.
- 6.6.7 Arrangements made pursuant to paragraph 6.6.2 above do not affect the liability of the Group for the exercise of any of its functions.
- 6.6.8 The CCG will act in accordance with any further statutory guidance issued by NHS England on co-commissioning.

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

6.7 Joint commissioning arrangements with NHS England for the exercise of NHS England's functions

6.7.1 The Group may wish to work with NHS England and, where applicable, other Clinical commissioning groups, to exercise specified NHS England functions in accordance with the relevant provisions of the 2006 Act.

6.7.2 The Group may enter into arrangements with NHS England and, where applicable, other Clinical commissioning groups to:

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

6.7.3 Where arrangements are made for the Group and, where applicable, other Clinical commissioning groups to exercise functions jointly with NHS England a joint committee may be established to exercise the functions in question. Such joint committee shall be established in accordance with paragraph 6.4 above.

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

6.7.5 For the purposes of the arrangements described at paragraph 6.7.2 above, NHS England and the Group may establish and maintain a pooled fund made up of contributions by the parties working together. Any such pooled fund may be used to make payments towards expenditure incurred in the discharge of any of the commissioning functions in respect of which the arrangements are made.

6.7.6 Where the Group enters into arrangements with NHS England (and one or more other Clinical commissioning groups if relevant) as described at paragraph 6.7.2 above, the parties will develop and agree a framework setting out the arrangements for joint working, including details of:

- How the parties will work together to carry out their respective commissioning functions;
- The duties and responsibilities of the parties;
- How risk will be managed and apportioned between the parties;
- Financial arrangements, including payments towards a pooled fund and management of that fund;
- Contributions from the parties, including details around assets, employees and equipment to be used under the joint working arrangements;
- The circumstances in which the parties may withdraw from the arrangements;
- Where a joint committee is not established, the reporting arrangements on the joint working arrangements to the Governing Body and the CCG's

members, to include as a minimum quarterly written reports and an annual report on progress made against objectives;

- Where a joint committee is established, the reporting arrangements as between the joint committee and the Governing Body and the CCG's members, such arrangements to include as a minimum the sharing of joint committee meeting minutes and an annual report of the work of the joint committee.

6.7.7 Arrangements made pursuant to paragraph 6.7.2 above do not affect the liability of NHS England for the exercise of any of its functions.

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

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

6.8 Joint Commissioning arrangements with local authorities

6.8.1 The Group may enter into joint commissioning arrangements with one or more local authorities pursuant to section 75 of the 2006 Act.

6.9 The Governing Body

6.9.1 **Functions** - the Governing Body has the following functions conferred on it by sections 14L(2) and (3) of the 2006 Act, inserted by section 25 the 2012 Act, together with any other functions connected with its main functions as may be specified in regulations or in this constitution.⁴² The Governing Body may also have functions of the Group delegated to it. Where the Group has conferred additional functions on the Governing Body connected with its main functions, or has delegated any of the Group's functions to its Governing Body, these are set out in the scheme of delegation and reservation. The Governing Body has responsibility for:

6.9.1.1 ensuring that the group has appropriate arrangements in place to exercise its functions *effectively, efficiently and economically* and in accordance with the groups *principles of good governance*⁴³ (its main function);

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

⁴² See section 14L(3)(c) of the 2006 Act, as inserted by section 25 of the 2012 Act

⁴³ See section 4.4 on Principles of Good Governance above

6.9.1.3 approving any functions of the group that are specified in regulations;⁴⁴ and

6.9.1.4 exercising those functions of the Group that are not reserved to the members in the Group's scheme of reservation and delegation including its functions to:

- promote the involvement of all Members in the work of the CCG in securing improvements in commissioning of care and services
- engage in a collaborative approach within the local health system with patients, the public and other stakeholders and promote the involvement of patients and their carers and representatives (if any) in decisions about the provision of health services to patients;
- secure effective clinical engagement in the decisions of the CCG;
- prepare the annual commissioning plan
- approve the timetable for producing the annual report and preparing the Accounts to present to the Members and the public at the AGM
- ensure quality governance systems are working effectively
- establish any links and working arrangements with other clinical commissioning groups or strategic, regional or other commissioning groups, as may from time to time be deemed appropriate
- co-ordinate and plan for demand, financial and investment needs of the CCG;

6.9.2 **Composition of the Governing Body** - the governing body shall have not less than 16 members and comprises the following voting members:

6.9.2.1 8 representatives of member practices, one of whom shall be appointed as the chair.

6.9.2.2 3 lay members (which could be shared posts with North Kirklees CCG), one of whom shall be appointed deputy chair of Greater Huddersfield CCG:

- i. one to lead on audit, governance and conflict of interest matters;
- ii. one to lead on patient and public participation matters;
- iii. one to lead on finance and remuneration matters.

6.9.2.3 1 registered nurse;

6.9.2.4 1 secondary care specialist doctor;

6.9.2.5 the accountable officer;

6.9.2.6 the chief finance officer;

6.9.2.7 the senior manager with responsibility for quality

⁴⁴

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

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

6.9.4 **Committees of the Governing Body** - the Governing Body has appointed the following committees and sub-committees:

6.9.4.1 **Audit Committee** – the audit committee, which is accountable to the Group’s Governing Body, provides the Governing Body with an independent and objective view of the Group’s financial systems, financial information and compliance with laws, regulations and directions governing the Group in so far as they relate to finance, risk management systems and emergency planning arrangements. The Governing Body has approved and keeps under review the terms of reference for the audit committee, which includes information on the membership of the audit committee⁴⁵.

In addition the Group or the Governing Body has conferred or delegated the following functions, connected with the Governing Body’s main function⁴⁶, to its audit committee:

1. Integrated Governance
2. Information Governance
3. Risk Management Framework

6.9.4.2 **Remuneration Committee** – the remuneration committee, which is accountable to the Group’s Governing Body makes decisions under the Scheme of Delegation on determinations about the remuneration, fees and other allowances for employees and for people who provide services to the Group and on determinations about allowances under any pension scheme that the Group may establish as an alternative to the NHS pension scheme. The Governing Body has approved and keeps under review the terms of reference for the remuneration committee, which includes information on the membership of the remuneration committee⁴⁷. A decision notice setting out the decisions of the Committee is submitted to the Governing Body.

6.9.4.3 **Quality and Safety Committee** – the Quality and Safety Committee, which is accountable to the Group’s Governing Body, supports the Group in delivering its aims of ensuring that the services commissioned on behalf of the Group are of a high quality and safe. The Governing Body has approved and keeps under

⁴⁵ See http://www.greaterhuddersfieldccg.nhs.uk/fileadmin/GHCCG_WEBSITE/Sections/AboutUs/Audit_Committee_Terms_of_Reference_Version_1_May_2013_.pdf

⁴⁶ See section 14L(2) of the 2006 Act, inserted by section 25 of the 2012 Act

⁴⁷ See http://www.greaterhuddersfieldccg.nhs.uk/fileadmin/greaterhuddersfield/Public_Information/Remuneration_To_R_v1.pdf for the terms of reference of the Remuneration Committee

review the terms of reference for the Quality and Safety Committee which includes information on the membership of the Quality and Safety Committee ⁴⁸.

- 6.9.4.4 **Finance and Performance Committee** – the Finance and Performance Committee, which is accountable to the Group’s Governing Body, supports the Group in scrutinising and tracking delivery of key financial and service priorities, outcomes and targets as specified in the CCG’s Strategic and Operational Plans. The Governing Body has approved and keeps under review the terms of reference for the Finance and Performance Committee which includes information on the membership of the Committee. ⁴⁹
- 6.9.4.5 **Primary Care Commissioning Committee** – the Primary Care Commissioning Committee has been established under delegated authority from NHS England. It has been established to carry out the functions relating to the commissioning of primary medical services under section 83 of the NHS Act. The Governing Body has approved and keeps under review the terms of reference for the Committee, which includes membership of the Committee. ⁵⁰
- 6.9.4.6 **Recovery Committee** – the Recovery Committee, which is accountable to the Group’s Governing Body, has been established to drive forward delivery of the CCG’s Recovery Plan with rigour and pace. The Governing Body has approved and keeps under review the terms of reference for the Recovery Committee which includes information on the membership of the Committee. ⁵¹
- 6.9.5 Committees of the Governing Body (except the Remuneration Committee) may include individuals who are not members of the Governing Body but are:
- (a) Members, officers or Governing Body members of the Group or another Clinical Commissioning Group;
 - (b) Partners or employees of Members of the Group or another Clinical Commissioning Group;
 - (c) Officers of NHS England; and
 - (d) Other individuals who are aged 18 or over, reside in the United Kingdom and are not disqualified under Schedule 5 of the CCG Regulations.
- 6.9.6 The Governing Body may appoint such other committees as it considers appropriate but committees will only be able to establish their own sub-

⁴⁸ See

http://www.greaterhuddersfieldccg.nhs.uk/fileadmin/greaterhuddersfield/Public_Information/GHCCG_Quality_Safety_Committee_TOR_Feb_2013-FINAL.pdf for the terms of reference of the Quality and Safety Committee

⁴⁹ See

http://www.greaterhuddersfieldccg.nhs.uk/fileadmin/greaterhuddersfield/Public_Information/Finance_and_Performance_Committee_TOR_V1.pdf for the terms of reference of the Finance and Performance Committee

⁵⁰ See <https://www.greaterhuddersfieldccg.nhs.uk/wp-content/uploads/2016/04/Primary-Care-Commissioning-Committee-Terms-of-Reference-v1.0.pdf> for the terms of reference of the Primary Care Commissioning Committee

⁵¹ See <https://www.greaterhuddersfieldccg.nhs.uk/wp-content/uploads/2016/09/Recovery-Committee-Terms-of-Reference.pdf> for the terms of reference of the Recovery Committee

committees to assist them in discharging their respective responsibilities, if this responsibility has been delegated to them by the Governing Body.

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

7 ROLES AND RESPONSIBILITIES

7.1 Practice Representatives

7.1.1 Each member practice shall be required to nominate a practice representative. Practice representatives represent the view of their respective practice and act on their behalf in matters relating to the Group. The role of each practice representative is set out in the Memorandum of Understanding.

7.1.2 Each member practice shall notify the Group Head of Practice Support and Development in writing of the name of its practice representative. Each member may remove and replace its practice representative at any time and from time to time by notice in writing to the Group Head of Practice Support and Development.

7.2 Other GP and Primary Care Health Professionals

7.2.1 In addition to the practice representatives identified in section 7.1 above, the Group may identify a number of other GPs / primary care health professionals from member practices to either support the work of the Group and/or represent the Group rather than their own individual practices. These GPs and primary care health professionals shall undertake such roles on behalf of the Group as may be agreed, including providing additional clinical input into specific priority commissioning areas as identified by the Group or its Governing Body.

7.2.2 The arrangements for the appointment, outline of roles and responsibilities and terms of remuneration of any such GPs and other primary health care professionals will be set out in an appropriate policy.

7.3 All Members of the Group's Governing Body

7.3.1 Guidance on the roles of members of the Group's Governing Body is set out in guidance published by NHS England *Clinical commissioning group governing body members: Role outlines, attributes and skills* (April 2012). In summary, each member of the Governing Body should share responsibility as part of a team to ensure that the Group exercises its functions effectively, efficiently and economically, with good governance and in accordance with the terms of this constitution. Each brings their unique perspective, informed by their expertise and experience.

7.4 The Chair of the Governing Body

7.4.1 The chair of the Governing Body is elected from one of the practice representatives of the group responsible for:

7.4.1.1 leading the Governing Body, ensuring it remains continuously able to discharge its duties and responsibilities as set out in this constitution;

- 7.4.1.2 building and developing the Group's Governing Body and its individual members and ensuring they maintain their own personal development plan;
- 7.4.1.3 ensuring that the Group has proper constitutional and governance arrangements in place;
- 7.4.1.4 ensuring that, through the appropriate support, information and evidence, the Governing Body is able to discharge its duties;
- 7.4.1.5 supporting the accountable officer in discharging the responsibilities of the organisation;
- 7.4.1.6 contributing to building a shared vision of the aims, values and culture of the organisation;
- 7.4.1.7 leading and influencing to achieve clinical and organisational change to enable the Group to deliver its commissioning responsibilities;
- 7.4.1.8 overseeing governance and particularly ensuring that the Governing Body and the wider Group behaves with the utmost transparency and responsiveness at all times;
- 7.4.1.9 ensuring that public and patients' views are heard and their expectations understood and, where appropriate as far as possible, met;
- 7.4.1.10 ensuring that the organisation is able to account to its local patients, stakeholders and NHS England;
- 7.4.1.11 ensuring that the Group builds and maintains effective relationships, particularly with the individuals involved in overview and scrutiny from the Kirklees Council.

7.4.2 Where the chair of the Governing Body is also the senior clinical voice of the Group they will take the lead in interactions with stakeholders, including NHS England.

7.4.3 The chair of the Governing Body is appointed by a vote of all the members of the Governing Body.

7.5 The Deputy Chair of the Governing Body

Where the Chair is a GP or other healthcare professional, the Deputy Chair will be a lay member.

7.5.1 The deputy chair of the Governing Body, deputises for the chair of the Governing Body where he or she has a conflict of interest or is otherwise unable to act.

7.6 Role of the Accountable Officer

7.6.1 The accountable officer of the Group is a member of the Governing Body.

7.6.2 The accountable officer is responsible for:

7.6.2.1 ensuring that the Group fulfils its duties to exercise its functions effectively, efficiently and economically thus ensuring improvement in the quality of services and the health of the local population whilst maintaining value for money;

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

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

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

7.7 Role of the Chief Finance Officer

7.7.1 The chief finance officer is a member of the Governing Body and is responsible for providing financial advice to the Group and for supervising financial control and accounting systems

7.7.2 This chief finance officer is responsible for:

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

7.7.2.2 making appropriate arrangements to support, monitor on the Group's finances;

7.7.2.3 overseeing robust audit and governance arrangements leading to propriety in the use of the Group's resources;

7.7.2.4 being able to advise the Governing Body on the effective, efficient and economic use of the Group's allocation to remain within that allocation and deliver required financial targets and duties; and

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

7.8 Lay Members

7.8.1 The role of the Lay Members is to bring specific expertise and experience to the work of the Governing Body. Their focus will be strategic and impartial, providing an external view of the work of the CCG that is removed from the day-to-day running of the organisation.

7.8.2 As specified in 6.9.2 above, the CCG has three lay members (which may be shared with North Kirklees CCG):

(i) one to lead on audit, governance and conflict of interest matters

This role is to oversee key elements of governance including audit, and is the guardian for managing conflicts of interest. This person chairs the Audit Committee. This person has a lead role in ensuring that the Governing Body and the wider CCG behaves with the utmost probity at all times. This person also has a specific role in ensuring that appropriate and effective whistleblowing and anti-fraud systems are in place. A full job role is available upon request from the CCG.

(ii) one to lead on patient and public participation matters

This role helps to ensure that, in all aspects of the CCG's business, the public voice of the local population is heard and that opportunities are created and protected for patient and public empowerment in the work of the CCG. In particular, this person ensures that:

- public and patients' views are heard and their expectations understood and met as appropriate;
- the CCG builds and maintains an effective relationship with Local Healthwatch and draws on existing patient and public engagement and involvement expertise;
- the CCG has appropriate arrangements in place to secure public and patient involvement and responds in an effective and timely way to feedback and recommendations from patients, carers and the public.

A full job role is available upon request from the CCG.

(iii) One to lead on finance and remuneration matters

This role will focus on overseeing key elements of finance including remuneration. A full job role is available upon request from the CCG.

7.9 Role of the Registered Nurse

7.9.1 As specified in 6.9.2 above, the CCG Governing Body includes a registered nurse.

This role brings a broader view, from the perspective of a registered nurse, on health and care issues, to underpin the work of the CCG especially the contribution of nursing to patient care. In addition, this person provides an independent strategic clinical view on all aspects of CCG business, bringing detailed insights from a nursing perspective into discussions regarding service redesign, clinical pathways and system reform.

7.10 Role of the Secondary Care Doctor

The secondary care specialist doctor has a lead role on assurance associated with clinical matters including clinical systems and research and development

This role brings a broader view on health and care issues to underpin the work of the CCG, bringing an understanding of patient care in the secondary care setting. In addition, this person provides an independent strategic clinical view on all aspects of CCG business, providing an understanding of how secondary care providers work within the health system to bring appropriate insight to discussions regarding service redesign, clinical pathways and system reform.

7.11 Role of the Senior Manager with responsibility for Quality

As specified in 6.9.2 above, the CCG Governing Body includes a senior manager with responsibility for quality.

This role leads the CCG approach to ensure that services commissioned are high quality, safe, responsive and effective for patients and communities, including mitigation of clinical risk. In addition, this role provides vision, direction and leadership to enable the CCG to achieve its strategic goals and objectives and improve the quality of commissioned services. This role provides leadership for children's and adult safeguarding.

7.12 Joint Appointments with other Organisations

The Group may make such joint appointments with other organisations as it sees fit.

Any such joint appointments will be supported by a memorandum of understanding between the organisations who are party to these joint appointments.

8 STANDARDS OF BUSINESS CONDUCT AND MANAGING CONFLICTS OF INTEREST

8.1 Standards of Business Conduct

- 8.1.1 Employees, members, committee and sub-committee members of the Group and members of the Governing Body (and its committees) will at all times comply with this constitution and be aware of their responsibilities as outlined in it. They should act in good faith and in the interests of the group and should follow the *Seven Principles of Public Life*, set out by the Committee on Standards in Public Life (the Nolan Principles) The Nolan Principles are incorporated into this constitution at Appendix F.
- 8.1.2 They must comply with the Group's policy on standards of business conduct and declaration of interest, including the requirements set out in the policy for managing conflicts of interest. This policy will be available on the Group's website at www.greaterhuddersfieldccg.nhs.uk and will be made available on request.
- 8.1.3 Individuals contracted to work on behalf of the Group or otherwise providing services or facilities to the Group will be made aware of their obligation with regard to declaring conflicts or potential conflicts of interest. This requirement will be written into their contract for services and is also outlined in the Group's Standards of Business Conduct and Conflicts of Interest Policies.

8.2 Conflicts of Interest

- 8.2.1 As required by section 14O of the 2006 Act, as inserted by section 25 of the 2012 Act, the Group will make arrangements to manage conflicts and potential conflicts of interest to ensure that decisions made by the Group will be taken and seen to be taken without any possibility of the influence of external or private interest.
- 8.2.2 Where an individual, i.e. an employee, Group member, member of the Governing Body, or a member of a committee or a sub-committee of the Group or its Governing Body has an interest, or becomes aware of an interest which could lead to a conflict of interests in the event of the Group considering an action or decision in relation to that interest, that must be considered as a potential conflict, and is subject to the provisions of this constitution and the Standards of Business Conduct and Conflicts of Interest Policies.
- 8.2.3 If in doubt, the individual concerned should assume that a potential conflict of interest exists.

8.3 Declaring and Registering Interests

- 8.3.1 The Group will maintain one or more registers of the interests of those individuals listed in the CCG's Standards of Business Conduct and Conflicts of Interest Policies.
- 8.3.2 The registers of Conflicts of Interest and Gifts and Hospitality will be published in a prominent place on the Group's website at www.greaterhuddersfieldccg.nhs.uk and will be made available on request.
- 8.3.3 Individuals will declare any interest that they have, in relation to a decision to be made in the exercise of the commissioning functions of the Group, in writing to the Governing Body, as soon as they are aware of it and in any event no later than 28 days after becoming aware.
- 8.3.4 All persons referred to in paragraph 35 of the Statutory Guidance for CCGs on Managing Conflicts of Interest 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.
- 8.3.5 The CCG ensures that, as a matter of course, declarations of interest are made and confirmed or updated at least every six months. All persons required to, must declare any interests as soon as reasonably practicable and by law within 28 days after the interest arises.
- 8.3.6 An interest remains on the public register for a minimum of six months after the interest has expired and the CCG will retain a private record of historic interests for a minimum of 6 years after the date on which it expired. The published register will state that historic interests are retained by the CCG for the specified timeframe and details of whom to contact to request this information.

8.4 Managing Conflicts of Interest: general

- 8.4.1 Individual members of the Group, the Governing Body, committees or sub-committees, the committees or sub-committees of its Governing Body and employees will comply with the arrangements determined by the Group for managing conflicts or potential conflicts of interest.
- 8.4.2 The Accountable Officer will ensure that for every interest declared, either in writing or by oral declaration, arrangements are in place to manage the conflict of interests or potential conflict of interests, to ensure the integrity of the Group's decision making processes.
- 8.4.3 The CCG manages conflicts of interest of members, employees and contractors in line with statutory guidance, as outlined in its Standards of Business Conduct and Conflicts of Interest Policies available on its website at www.greaterhuddersfieldccg.nhs.uk

8.5 Transparency in Procuring Services

- 8.5.1 The Group recognises the importance in making decisions about the services it procures in a way that does not call into question the motives behind the procurement decision that has been made. The Group will procure services in a manner that is open, transparent, non-discriminatory and fair to all potential providers.
- 8.5.2 The Group will publish a Procurement Policy approved by its Governing Body which will ensure that:
- 8.5.2.1 all relevant clinicians (not just members of the Group) and potential providers, together with local members of the public, are engaged in the decision-making processes used to procure services;
 - 8.5.2.2 service redesign and procurement processes are conducted in an open, transparent, non-discriminatory and fair way
- 8.5.3 Copies of this Procurement Policy will be available on the Group's website at www.greaterhuddersfieldccg.nhs.uk and will be made available on request.

9 THE GROUP AS EMPLOYER

- 9.1 The Group recognises that its most valuable asset is its people. It will seek to enhance their skills and experience and is committed to their development in all ways relevant to the work of the Group.
- 9.2 The Group will seek to set an example of best practice as an employer and is committed to offering all staff equality of opportunity. It will ensure that its employment practices are designed to promote diversity and to treat all individuals equally.
- 9.3 The Group will ensure that it employs suitably qualified and experienced staff who will discharge their responsibilities in accordance with the high standards expected of staff employed by the Group. All staff will be made aware of this constitution, the commissioning strategy and the relevant internal management and control systems which relate to their field of work.
- 9.4 The Group will maintain and publish policies and procedures (as appropriate) on the recruitment and remuneration of staff to ensure it can recruit, retain and develop staff of an appropriate calibre. The Group will also maintain and publish policies on all aspects of human resources management, including grievance and disciplinary matters
- 9.5 The Group will ensure that its rules for recruitment and management of staff provide for the appointment and advancement on merit on the basis of equal opportunity for all applicants and staff.
- 9.6 The Group will ensure that employees' behaviour reflects the values, aims and principles set out above.
- 9.7 The Group will ensure that it complies with all aspects of employment law.
- 9.8 The Group will ensure that its employees have access to such expert advice and training opportunities as they may require in order to exercise their responsibilities effectively.
- 9.9 The Group will adopt a Code of Conduct for staff and will maintain and promote effective 'whistleblowing' procedures to ensure that concerned staff have means through which their concerns can be voiced.
- 9.10 Copies of this Code of Conduct, together with the other policies and procedures outlined in this chapter, will be available on the Group's website at www.greaterhuddersfieldccg.nhs.uk.
- 9.11 The Group recognises and confirms that nothing in or referred to in this constitution (including in relation to the issue of any press release or other public statement or disclosure) will prevent or inhibit the making of any protected disclosure (as defined in the Employment Rights Act 1996, as amended by the

Public Interest Disclosure Act 1998) by any member of the Group, any member of its governing body, any member of any of its committees or sub-committees or the committees or sub-committees of its governing body, or any employee of the group or of any of its members, nor will it affect the rights of any worker (as defined in the Act) under that Act.

10 TRANSPARENCY, WAYS OF WORKING AND STANDING ORDERS

10.1 General

- 10.1.1 The Group will publish annually a commissioning plan and an annual report, presenting the Group's annual report to a public meeting.
- 10.1.2 Key communications issued by the Group, including the notices of procurements, public consultations, Governing Body meeting dates, times, venues, and certain papers will be published on the Group's website at www.greaterhuddersfieldccg.nhs.uk.
- 10.1.3 The Group may use other means of communication, including circulating information by post, or making information available in venues or services accessible to the public.

10.2 Standing Orders

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

- 10.2.1.1 **Standing orders (Appendix C)** – which sets out the arrangements for meetings and the appointment processes to elect the Group's representatives and appoint to the Group's committees, including the Governing Body;
- 10.2.1.2 **Scheme of reservation and delegation (Appendix D)** – which sets out those decisions that are reserved for the membership as a whole and those decisions that are the responsibilities of the Group's Governing Body, the Governing Body's committees and sub-committees, the Group's committees and sub-committees, individual members and employees;
- 10.2.1.3 **Prime financial policies (Appendix E)** – which sets out the arrangements for managing the Group's financial affairs.

APPENDIX A

DEFINITIONS OF KEY DESCRIPTIONS USED IN THIS CONSTITUTION

2006 Act	National Health Service Act 2006
2012 Act	Health and Social Care Act 2012 (this Act amends the 2006 Act)
Accountable officer	<p>an individual, as defined under paragraph 12 of Schedule 1A of the 2006 Act (as inserted by Schedule 2 of the 2012 Act), appointed by the NHS Commissioning Board, with responsibility for ensuring the Group:</p> <ul style="list-style-type: none"> • complies with its obligations under: <ul style="list-style-type: none"> ○ sections 14Q and 14R of the 2006 Act (as inserted by section 26 of the 2012 Act), ○ sections 223H to 223J of the 2006 Act (as inserted by section 27 of the 2012 Act), ○ paragraphs 17 to 19 of Schedule 1A of the NHS Act 2006 (as inserted by Schedule 2 of the 2012 Act), and ○ any other provision of the 2006 Act (as amended by the 2012 Act) specified in a document published by the Board for that purpose; • exercises its functions in a way which provides good value for money.
Area	the geographical area covered by the Group has responsibility as set out in clause 2.1 of this constitution
CCG Regulations	The National Health Service (Clinical Commissioning Groups) Regulations 2012
Chair of the governing body	the individual appointed by the Group to act as chair of the Governing Body
Chief finance officer	the qualified accountant employed by the Group with responsibility for financial strategy, financial management and financial governance
Clinical commissioning group	a body corporate established by the NHS Commissioning Board in accordance with Chapter A2 of Part 2 of the 2006 Act (as inserted by section 10 of the 2012 Act)
Committee	<p>a committee or sub-committee created and appointed by:</p> <ul style="list-style-type: none"> • the membership of the Group • a committee / sub-committee created by a committee created / appointed by the membership of the Group • a committee / sub-committee created / appointed by the Governing Body
Financial year	this usually runs from 1 April to 31 March, but under paragraph 17 of Schedule 1A of the 2006 Act (inserted by Schedule 2 of the 2012 Act), it can for the purposes of audit and accounts run from when a clinical commissioning group is established until the following 31 March
Group	NHS Greater Huddersfield Clinical Commissioning Group, whose constitution this is
Governing body	<p>the body appointed under section 14L of the NHS Act 2006 (as inserted by section 25 of the 2012 Act), with the main function of ensuring that a clinical commissioning group has made appropriate arrangements for ensuring that it complies with:</p> <ul style="list-style-type: none"> • its obligations under section 14Q under the NHS Act 2006 (as inserted by section 26 of the 2012 Act), and • such generally accepted principles of good governance as are relevant to it.

Governing body member	any member appointed to the Governing Body of the Group
Healthcare Professional	A member of a profession that is regulated by one of the following bodies: a) the General Medical Council; b) the General Dental Council; c) the General Optical Council; d) the General Osteopathic Council; e) the General Chiropractic Council; f) the General Pharmaceutical Council; g) the Pharmaceutical Society of Northern Ireland; h) the Nursing and Midwifery Council; i) the Health Professions Council; or j) any other regulatory body established by an Order in Council under Section 60 of the Health Act 1999;
Lay member	a lay member of the Governing Body, appointed by the Group. A lay member is an individual who is not a member of the Group or a healthcare professional (i.e. an individual who is a member of a profession regulated by a body mentioned in section 25(3) of the National Health Service Reform and Health Care Professions Act 2002) or as otherwise defined in regulations
Member	a provider of primary medical services to a registered patient list, who is a member of this Group (see tables in Chapter 3 and Appendix B)
NHS England	The corporate body established as the National Health Service Commissioning Board under the National Health Service Act 2006.
Practice representatives	an individual appointed by a practice (who is a member of the Group) to act on its behalf in the dealings between it and the Group, under regulations made under section 89 or 94 of the 2006 Act (as amended by section 28 of the 2012 Act) or directions under section 98A of the 2006 Act (as inserted by section 49 of the 2012 Act)
Registers of interests	registers a Group is required to maintain and make publicly available under section 14O of the 2006 Act (as inserted by section 25 of the 2012 Act), of the interests of: <ul style="list-style-type: none"> • the members of the Group; • the members of its Governing Body; • the members of its committees or sub-committees and committees or sub-committees of its Governing Body; and • its employees.

APPENDIX B - LIST OF MEMBER PRACTICES

Practice Name	Address	Practice Representative's Signature and Date Signed
Meltham Road Surgery	9 Meltham Road, Lockwood, HD1 3UP	
Woodhouse Hill Surgery	71a Woodhouse Hill, Fartown, HD2 1DH	
The Grange Group Practice	Fartown Grange, Spaines Road, Fartown, HD2 2QA Keldregate Surgery, 268 Keldregate, Deighton, HD2 1LE	
Westbourne Surgery	11a St James Road, Marsh, HD1 4QR	
Lepton & Kirkheaton Surgeries	Highgate Lane, Lepton, HD8 0HH Kirkheaton Surgery, 2 Heaton Moor Road, Kirkheaton, HD5 0ET	
New Street and Netherton	21 New Street, Milnsbridge, HD3 4LB The Surgery, 327 Meltham Road, Netherton, HD4 7EX	
Bradford Road Medical Centre	93 Bradford Road, Fartown, HD1 6DZ 8-10 Brook Street, Thornton Lodge, HD1 3JW	
Honley Surgery	Marsh Gardens, Honley, HD9 6AG	
Fieldhead Surgery	Leymoor Road, Golcar, HD7 4QQ	
Dr Glencross Surgery	140 Fitzwilliam Street, Huddersfield, HD1 5PU	
Marsh Surgery	42 Westbourne Road, Marsh, HD1 4LE	
Newsome Surgery	1 Church Lane, Newsome, HD4 6JE	
Dr Handa's Surgery	34 Fartown Green Road, Fartown, HD2 1AE	
Clifton House & Nook	1 Church Street, Golcar, HD7 4AQ The Nook Surgery, 144 Moor Hill Road, Salendine Nook, HD3 3XA	
Colne Valley Family Doctors and Marsden Health Centre	Manchester Road, Slaithwaite, HD7 5JY	

Practice Name	Address	Practice Representative's Signature and Date Signed
	Victoria Street, Marsden, HD7 6DF	
Almondbury Surgery	Longcroft, Almondbury, HD5 8XN	
Dalton Surgery	364a Wakefield Road, Dalton, HD5 8DY	
Elmwood Family Doctors	Huddersfield Road, Holmfirth, HD9 3TR	
Meltham Group Practice	1 The Cobbles, Meltham, HD9 5QQ	
The Waterloo Practice	Wakefield Road, Waterloo, HD5 9XP	
University Health Centre	12 Sand Street, Huddersfield, HD1 3AL	
Shepley Health Centre	25 Jos Lane, Huddersfield, HD8 8DJ	
Lindley Group Practice	62 Acre Street, Lindley, HD3 3DY	
Kirkburton Health Centre	5a Shelley Lane, Kirkburton, HD8 0SJ	
Thornton Lodge Surgery	60 Thornton Lodge Road, Thornton Lodge, HD1 3SB	
Lindley Village Surgery	Thomas Street, Lindley, HD3 3JD	
Dearne Valley Health Centre	Wakefield Road, Scissett, HD8 9JL	
Oaklands Health Centre	Huddersfield Road, Holmfirth, HD9 3TP	
Slaithwaite Health Centre	New Street, Slaithwaite, HD7 5AB	
Lockwood Surgery	3 Meltham Road, Lockwood, HD1 3XH	
Crosland Moor Surgery	11 Park Road West, Crosland Moor, Huddersfield HD4 5RX	
Birkby Health Centre	37 Norwood Road, Birkby, Huddersfield, HD2 2YD	
Paddock and Longwood Family Practice	1 Speedwell Street, Paddock, HD1 4TS 101 Thornhill Road, Longwood, Huddersfield, HD3 4UL	
The Junction Surgery	Birkhouse Lane, Moldgreen, HD5 8BE	
Skelmanthorpe Family Doctors	Commercial Road, Skelmanthorpe, HD8 9DA 313 Wakefield Road, Denby Dale, Huddersfield, HD8 8RX	

Practice Name	Address	Practice Representative's Signature and Date Signed
Whitehouse Centre	23a New North Parade, Huddersfield, HD1 5JU	
Dr Edara's Surgery	15 Wentworth Street, Huddersfield, HD1 5PX	

APPENDIX C – STANDING ORDERS

1. STATUTORY FRAMEWORK AND STATUS

1.1. Introduction

- 1.1.1. These standing orders have been drawn up to regulate the proceedings of the Group so that the 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 delegation⁵² and the Group's prime financial policies⁵³, 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 appropriate⁵⁴ 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 Group and the scheme of reservation and delegation

⁵² See Appendix D

⁵³ See Appendix E

⁵⁴ Under some legislative provisions the group is obliged to have regard to particular guidance but under other circumstances guidance is issued as best practice guidance.

- 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 (see Appendix D).
- 1.2.2. The Group will comply with the 2006 Act (as amended by the 2012 Act) and the CCG regulations which set out provisions as to:
- a) Qualification and disqualification for membership of the Governing Body
 - b) Appointment of the chair of the Governing Body and the chairs of the audit and remuneration committees;
 - c) How Governing Body members are to be appointed;
 - d) The tenure of members; and
 - e) Eligibility for reappointment.

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 (also see Appendix B).

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

2.2. Key Roles

2.2.1. Clause 6.9.2 of the Group's constitution sets out the composition of the Group's Governing Body whilst Chapter 7 of the Group's constitution identifies certain key roles and responsibilities within the Group and its Governing Body. These standing orders set out how the Group appoints individuals to these key roles.

2.2.2. In addition to the eligibility criteria set out in relation to each of the key roles below, any individual wishing to apply for any of the key roles must also meet any additional requirements set out in the CCG Regulations for the relevant role and must not be disqualified from election/ appointment to the relevant role pursuant to the CCG Regulations.

2.2.3. Practice Representatives, as listed in clause 6.9.2. of the Group's constitution, are subject to the following appointment process:

- a) **Nominations** – Self nomination.
- b) **Eligibility** – All GPs (whatever their contractual status), practice nurses, advanced nurse practitioners, and practice managers working in a Group member practice. A maximum of 2 practice representatives on the Governing Body may be a non-GP.
- c) **Appointment process** – Selection with practice endorsement.
- d) **Term of office** – 3 years.
- e) **Eligibility for reappointment** – As eligibility criteria.
- f) **Grounds for removal from office** – No longer works for a member practice.
- g) **Notice period** – 3 months.

- h) Members are able to remove one or more of the representatives of member practices from the Governing Body if they are not satisfied with their performance. The process for doing this is through a motion of no confidence.

A motion of no confidence can be put by any member practice to the Group where:

- The motion of no confidence is in writing to the chair of the Governing Body and identifies each representative to whom it applies separately and individually
- The motion of no confidence receives the support of a minimum of 25% of member practices

Within ten working days of receiving the motion of no confidence, the Governing Body will call an extraordinary meeting of the Group to consider the motion. The motion will be passed where it is supported by a minimum of 50% of member practices.

If the motion fails in respect of any representative then no further motion of no confidence can be considered in respect of that representative in the twelve months following that motion.

2.2.4 The Chair, as listed in paragraph 6.9.2. of the Group's constitution, is subject to the following appointment process:

- Nominations** – the chair will be nominated from one of the practice representatives on the Governing Body.
- Eligibility** – Any practice representative member of the Governing Body is eligible as long as they have passed the national assessment process.
- Appointment process** – A vote will take place of all the voting members of the Governing Body to elect the Chair. The Chair will be required to complete an NHS England assessment process.
- Term of office** – 3 years.
- Eligibility for reappointment** – As eligibility criteria. The chair can be appointed for a maximum of two consecutive three year terms.
- Grounds for removal from office** – No longer eligible to be a member of the Governing Body.
- Notice period** – 6 months.

2.2.5 The Secondary Care Specialist Doctor, as listed in paragraph 6.9.2. of the group's constitution, is subject to the following appointment process:

- a) **Nominations** – Self nomination.
- b) **Eligibility** – must be a registered medical practitioner who is or has been at any time in the period of ten years ending with the date of the individual's appointment to the Governing Body an individual who fulfils or fulfilled all the following three conditions:
 - his/her name is included in the specialist register kept by the GMC under Section 34D of the Medical Act 1983 or the individual is eligible to be included in the register by virtue of the scheme referred to in subsection (2)(b) of that section;
 - the individual holds a post as an NHS consultant or in a medical specialty in the armed forces;
 - the individual's name is not included in the General Practitioner Register kept by the General Medical Council under Section 34C of the Medical Act 1983.

The individual must not be an employee or member (including shareholder of) or a partner in of any of the following:

- A member practice or any other person who is a provider of primary medical services for the purposes of Chapter A2 of the 2006 Act;
 - A body which provides any service as part of the health service to a person for whom the Group has responsibility pursuant to arrangements made by the Group in exercise of its functions (except in the circumstances set out Regulation 12 (2) of the CCG Regulations)..
- c) **Appointment process** – Selection panel
 - (d) **Term of office** – 3 years
 - (e) **Eligibility for reappointment** – As eligibility criteria
 - (f) **Grounds for removal from office** – No longer meets the eligibility criteria. The Remuneration Committee will make a recommendation to the Chair on other appropriate grounds for removal from office. The Governing Body will then decide.
 - (g) **Notice period** – 3 months

2.2.6 The Registered Nurse, as listed in paragraph 6.9.2. of the Group's constitution, is subject to the following appointment process:

- a) **Nominations** – Self nomination.

- b) **Eligibility** —must not be an employee or member (including shareholder of) or a partner in of any of the following:
- A member practice or any other person who is a provider of primary medical services for the purposes of Chapter A2 of the 2006 Act;
 - A body which provides any service as part of the health service to a person for whom the Group has responsibility pursuant to arrangements made by the Group in exercise of its functions (except in the circumstances set out Regulation 12 (2) of the CCG Regulations).
- c) **Appointment process** – Selection panel.
- d) **Term of office** – 3 years
- e) **Eligibility for reappointment** – As eligibility criteria
- f) **Grounds for removal from office** – No longer meets the eligibility criteria. The Remuneration Committee will make a recommendation to the Chair on other appropriate grounds for removal from office. The Governing Body will then decide.
- g) **Notice period** – 3 months

2.2.7 The lay member leading on audit, governance and conflict of interest matters, as listed in paragraph 6.9.2. of the Group’s constitution, is subject to the following appointment process:

- a) **Nominations** – Self nomination to local process.
- b) **Eligibility** – Must live within the Metropolitan Borough of Kirklees, which includes the North Kirklees CCG area and Greater Huddersfield CCG area.
- c) **Appointment process** –Selection panel.
- d) **Term of office** – 3 years
- e) **Eligibility for reappointment** – A maximum of 3 terms
- f) **Grounds for removal from office** —
- (i) No longer meets the eligibility criteria.
 - (ii) gross misconduct to be determined by the Governing Body, on the advice of the Remuneration Committee
 - (iii) not attending Governing Body meetings for three months, unless in extenuating circumstances
 - (iv) failing to disclose a relevant interest
 - (v) where continuation in the role is not in the interests of either the public or the CCG

(vi) vote of no confidence, on the basis of the above grounds, by a simple majority of votes of the Governing Body

g) **Notice period** – 3 months to be given in writing to the Chair

2.2.8 The lay member leading on patient and public participation matters, as listed in paragraph 6.9.2. of the Group’s constitution, is subject to the following appointment process:

a) **Nominations** – Self nomination to local process.

b) **Eligibility** – Must live within the Metropolitan Borough of Kirklees, which includes the North Kirklees CCG area and Greater Huddersfield CCG area.

c) **Appointment process** – Selection panel.

d) **Term of office** – 3 years

e) **Eligibility for reappointment** – A maximum of 3 terms

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

(i) No longer meets the eligibility criteria.

(ii) gross misconduct to be determined by the Governing Body, on the advice of the Remuneration Committee

(iii) not attending Governing Body meetings for three months, unless in extenuating circumstances

(iv) failing to disclose a relevant interest

(v) where continuation in the role is not in the interests of either the public or the CCG

(vi) vote of no confidence, on the basis of the above grounds, by a simple majority of votes of the Governing Body

g) **Notice period** – 3 months to be given in writing to the Chair

2.2.9 The lay member leading on finance and remuneration matters, as listed in paragraph 6.9.2. of the Group’s constitution, is subject to the following appointment process:

a) **Nominations** – Self nomination to local process.

b) **Eligibility** – Must live within the Metropolitan Borough of Kirklees, which includes the North Kirklees CCG area and Greater Huddersfield CCG area.

c) **Appointment process** – Selection panel.

d) **Term of office** – 3 years

e) **Eligibility for reappointment** – A maximum of 3 years

- f) **Grounds for removal from office** —
- (i) No longer meets the eligibility criteria.
 - (ii) gross misconduct to be determined by the Governing Body, on the advice of the Remuneration Committee
 - (iii) not attending Governing Body meetings for three months, unless in extenuating circumstances
 - (iv) failing to disclose a relevant interest
 - (v) where continuation in the role is not in the interests of either the public or the CCG
 - (vi) vote of no confidence, on the basis of the above grounds, by a simple majority of votes of the Governing Body
- g) **Notice period** – 3 months to be given in writing to the Chair

3. MEETINGS OF THE CLINICAL COMMISSIONING GROUP

3.1. Calling meetings

- 3.1.1. Ordinary meetings of the Group shall be held at regular intervals 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 10 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 7 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.greaterhuddersfieldccg.nhs.uk .

3.3. Petitions

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

3.4. Chair of a meeting

- 3.4.1. At any meeting of the Group or its Governing Body or of a committee or sub-committee, the chair of the Group, Governing Body, committee or sub-committee, if any and if present, shall preside. If the chair is absent from the meeting, the deputy chair, if any and if present, shall preside.
- 3.4.2. If the chair is absent temporarily on the grounds of a declared conflict of interest the deputy chair, if present, shall preside. If both the chair and deputy chair are absent, or are disqualified from participating, or there is neither a chair or deputy a member of the Group, Governing Body, committee or sub-committee respectively shall be chosen by the members present, or by a majority of them, and shall preside.

3.5. Chair's ruling

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

3.6. Quorum

3.6.1. No business shall be transacted unless at least the following are present:

- a) The Chair or Vice Chair.
- b) 50% of the total practice representatives inclusive of the Chair.
- c) One representative from the three lay members, secondary care consultant and nurse advisor
- d) One representative from the management team representatives ie the Accountable Officer, Chief Finance Officer or Head of Quality and Safety
- e) If members have set representation, their representative will count towards quorum if they have formal acting up status.

3.6.2. Members of the Governing Body may participate in meetings by telephone or by the use of video conferencing facilities with the prior approval of the Chair where they are available. Participation by any of these means shall be deemed to constitute presence in person at the meeting.

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

3.7. Decision making

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

Majority necessary to confirm a decision - Simple majority

Casting vote - Chair

Dissenting views - Dissenting views must be recorded in the minutes

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

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

3.8. Emergency powers and urgent decisions

3.8.1. Subject to the agreement of the Chair, a member of the Group may give written notice of an emergency motion after the issue of the notice of meeting and

agenda, up to one hour before the time fixed for the meeting. The notice shall state the grounds of urgency. If in order, it shall be declared to the Governing Body at the commencement of the business of the meeting as an additional item included in the agenda. The Chair's decision to include the item shall be final.

- 3.8.2. Should an urgent item need to be added to the agenda once the agenda has been issued, the Chair or Deputy Chair, in consultation with the Accountable Officer or Chief Finance Officer, may agree to add the item to the agenda.
- 3.8.3. Emergency decisions – the powers which the Governing Body has reserved to itself may, in emergency or for an urgent decision, be exercised by the Accountable Officer and the Chair, after having consulted at least two non-officer members. The exercise of such powers by the Accountable Officer and Chair shall be reported to the next formal meeting of the Governing Body in public session for formal ratification.

3.9. Suspension of Standing Orders

- 3.9.1. Except where it would contravene any statutory provision or any direction made by the Secretary of State for Health or NHS England, any part of these standing orders may be suspended at any meeting, provided 50% of the 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 minutes of the proceedings of a meeting shall be drawn up by the Governing Body PA and submitted for agreement at the next meeting where they shall be signed by the person presiding at it as a true record.
- 3.11.2. No discussion shall take place upon the minutes except upon their accuracy or where the Chair considers discussion appropriate.

- 3.11.3. Attendees and apologies will be recorded in the minutes
- 3.11.4. Minutes shall be made available to members and the public via the Group's website.

3.12. Admission of public and the press

3.12.1. Admission and exclusion on grounds of confidentiality of business to be transacted:

All meetings of the Group's Governing Body will be open to the membership of the Group.

The Group will agree and publicise criteria for exclusion of business from the public part of any meeting.

The public and representatives of the press may attend all meetings of the Group or its Governing Body held in public, and should only be required to withdraw from these meetings where any information being shared is exempt from publication under the agreed criteria.

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

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

Recording of proceedings – accredited representatives of the media as determined by the Accountable Officer may use sound and visual recording equipment and take still photographs for publication.

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

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

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

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

4. COMMITTEES AND SUB-COMMITTEES

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

4.2. Appointment of committees and sub-committees

4.2.1. The Group may appoint committees and sub-committees of the Group, subject to any regulations made by the Secretary of State⁵⁵, and make provision for the appointment of committees and sub-committees of its Governing Body.

4.2.2. The Governing Body may appoint committees and sub-committees of the Governing Body.

4.3 Approval of appointments to committees and sub-committees

4.2.3. Other than where there are statutory requirements, such as in relation to the Governing Body's audit committee or remuneration committee, the Group shall determine the membership and terms of reference of committees and sub-committees that it has formally constituted and shall, if it requires, receive and consider reports of such committees at the next appropriate meeting of the Group. The Group shall agree such travelling or other allowances as it considers appropriate

4.2.4. Other than where there are statutory requirements, such as in relation to the Governing Body's audit committee or remuneration committee, the Governing Body shall approve the appointments to each of the committees and sub-committees it has formally constituted. The Governing Body shall agree such travelling or other allowances as it considers appropriate

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 (if established by the Group) or by the Governing Body (if established by the Governing Body).

⁵⁵ See section 14N of the 2006 Act, inserted by section 25 of the 2012 Act

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;

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

6.1.3. Use of Seal – General guide

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

6.2. Execution of a document by signature

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

- a) the accountable officer
- b) the chair of the Governing Body
- c) the chief finance officer

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

7.1. Policy statements: general principles

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

APPENDIX D – SCHEME OF RESERVATION & DELEGATION

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

- 1.1. The arrangements made by the Group as set out in this scheme of reservation and delegation of decisions shall have effect as if incorporated in the Group's constitution.
- 1.2. The Group remains accountable for all of its functions, including those that it has delegated.

Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Chair	Accountable Officer	Chief Finance Officer	Audit Committee	Remuneration Committee	Quality and Safety Committee	Healthy Futures Joint Committee
REGULATION AND CONTROL	Determine the arrangements by which the members of the Group approve those decisions that are reserved for the membership.	✓								
REGULATION AND CONTROL	Consideration and approval of applications to NHS England on any matter concerning changes to the Group's constitution.	✓								
REGULATION AND CONTROL	Consideration and approval of terms of reference for the CCG's Governing Body, its committees, membership of committees, the overarching scheme of reservation and delegation of powers, arrangements for taking urgent decisions, standing orders and prime financial policies.		✓							
REGULATION AND CONTROL	Exercise or delegation of those functions of the Group which have not been retained as reserved by the Group, or other committee or sub-committee or [specified] member or employee		✓							
REGULATION AND CONTROL	Prepare the Group's overarching scheme of reservation and delegation, which sets out those decisions reserved to the membership and those delegated to the		✓							

Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Chair	Accountable Officer	Chief Finance Officer	Audit Committee	Remuneration Committee	Quality and Safety Committee	Healthy Futures Joint Committee
	Governing Body, committees and sub-committees, individuals or specified persons, for inclusion in the Group's constitution.									
REGULATION AND CONTROL	Approval of the Group's overarching scheme of reservation and delegation.		✓							
REGULATION AND CONTROL	Prepare the Group's operational scheme of delegation, which sets out those key operational decisions delegated to individual employees of the Group or members of the Governing Body, not for inclusion in the Group's constitution.				✓					
REGULATION AND CONTROL	Approval of the Group's operational scheme of delegation that underpins the CCG's overarching scheme of reservation and delegation as set out in its constitution.		✓							
REGULATION AND CONTROL	Prepare detailed financial policies that underpin the Group's Prime Financial Policies.					✓				
REGULATION AND CONTROL	Approve detailed financial policies.		✓							
REGULATION AND CONTROL	Approve arrangements for managing exceptional funding requests.		✓							

Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Chair	Accountable Officer	Chief Finance Officer	Audit Committee	Remuneration Committee	Quality and Safety Committee	Healthy Futures Joint Committee
REGULATION AND CONTROL	Calling meetings of the Governing Body			✓						
REGULATION AND CONTROL	Use of and signing to authenticate the seal			✓	✓	✓				
REGULATION AND CONTROL	Execute a document on behalf of the Group			✓	✓	✓				
REGULATION AND CONTROL	Approve the establishment of committees of the Group, delegate to them the exercise of any functions of the Group which in its discretion it considers to be appropriate and approve their terms of reference.	✓								
PRACTICE MEMBER REPRESENTATIVES AND MEMBERS OF THE GOVERNING BODY	Approve the arrangements for: 1. Identifying practice members to represent practices in matters concerning the work of the Group; and 2. Appointing clinical leaders to represent the Group's membership on the Group's Governing Body. 3. Approve the appointment of Governing Body members, the process for recruiting and removing non-elected members to the Governing Body (subject to any regulatory requirements) and succession planning. 4. Approve arrangements for identifying the Group's proposed	✓ ✓ ✓								

Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Chair	Accountable Officer	Chief Finance Officer	Audit Committee	Remuneration Committee	Quality and Safety Committee	Healthy Futures Joint Committee
	Accountable Officer.		✓							
STRATEGY AND PLANNING	Agree the vision, values and overall strategic direction of the Group.	✓								
STRATEGY AND PLANNING	Approval of the Group's operating structure.		✓							
STRATEGY AND PLANNING	Approval of the Group's commissioning plan following engagement with member practices.		✓							
ANNUAL REPORT AND ACCOUNTS	Approval of the Group's corporate budgets that meet the financial duties as set out in 5.3 of the constitution.		✓							
ANNUAL REPORT AND ACCOUNTS	Approval of variations to the approved budget where variation would have a significant impact on the overall approved levels of income and expenditure.		✓							
ANNUAL REPORT AND ACCOUNTS	Approval of the Group's Annual Report and Annual Accounts						✓			
ANNUAL REPORT AND ACCOUNTS	Approval of the arrangements for discharging the Group's statutory financial duties.						✓			
HUMAN RESOURCES	Approve the terms and conditions, remuneration and travelling or other allowances for Governing Body members, including pensions and							✓		

NHS Greater Huddersfield Clinical Commissioning Group's Constitution

- 71 -

Version: No. 6 (Version no. 1 – NHSCB approved 22/1/13; Version no. 2 – NHSE approved 21/10/13; Version no. 3 – NHSE approved 30/3/15; Version no. 4 – NHS approved 24/6/15; Version no. 5 – NHSE approved 20.4.16; Version no. 6 – NHSE approved 5.9.16); Version no. 7 – NHS approved 15.6.17; Version no. 8 – approved by NHSE 29.5.19

Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Chair	Accountable Officer	Chief Finance Officer	Audit Committee	Remuneration Committee	Quality and Safety Committee	Healthy Futures Joint Committee
	gratuities									
HUMAN RESOURCES	Determine the terms and conditions of employment for all employees of the Group including pensions, remuneration, fees and travelling or other allowances payable to employees and to other persons providing services to the Group							✓		
HUMAN RESOURCES	Approve any other terms and conditions of services for the Group's employees.							✓		
HUMAN RESOURCES	Approve disciplinary arrangements for employees, including the accountable officer (where he/she is an employee or member of the Group) and for other persons working on behalf of the Group.							✓		
HUMAN RESOURCES	Review disciplinary arrangements where the accountable officer is an employee or member of another Group.							✓		

Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Chair	Accountable Officer	Chief Finance Officer	Audit Committee	Remuneration Committee	Quality and Safety Committee	Healthy Futures Joint Committee
HUMAN RESOURCES	Approval of the arrangements for discharging the Group's statutory duties as an employer.							✓		
HUMAN RESOURCES	Approve HR policies for employees and for other persons working on behalf of the Group.							✓		
QUALITY AND SAFETY	Approve arrangements, including supporting policies, to minimise clinical risk, maximise patient safety and to secure continuous improvement in quality and patient outcomes.								✓	
QUALITY AND SAFETY	Approve arrangements for supporting NHS England in discharging its responsibilities in relation to securing continuous improvement in the quality of general medical services.								✓	
OPERATIONAL AND RISK MANAGEMENT	Prepare and recommend an operational scheme of delegation that sets out who has responsibility for operational decisions within the Group.				✓					
OPERATIONAL AND RISK MANAGEMENT	Approve the Group's counter fraud and security management arrangements.						✓			
OPERATIONAL AND RISK MANAGEMENT	Approval of the Group's risk management arrangements.		✓							

NHS Greater Huddersfield Clinical Commissioning Group's Constitution

- 73 -

Version: No. 6 (Version no. 1 – NHSCB approved 22/1/13; Version no. 2 – NHSE approved 21/10/13; Version no. 3 – NHSE approved 30/3/15; Version no. 4 – NHS approved 24/6/15; Version no. 5 – NHSE approved 20.4.16; Version no. 6 – NHSE approved 5.9.16); Version no. 7 – NHS approved 15.6.17; Version no. 8 – approved by NHSE 29.5.19

Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Chair	Accountable Officer	Chief Finance Officer	Audit Committee	Remuneration Committee	Quality and Safety Committee	Healthy Futures Joint Committee
OPERATIONAL AND RISK MANAGEMENT	Approval of the Incident Reporting Policy and monitoring of incidents						✓			
OPERATIONAL AND RISK MANAGEMENT	Approve arrangements for risk sharing and or risk pooling with other organisations (for example arrangements for pooled funds with other CCGs or pooled budget arrangements under section 75 of the NHS Act 2006).		✓							
OPERATIONAL AND RISK MANAGEMENT	Approval of a comprehensive system of internal control, including budgetary control, that underpins the effective, efficient and economic operation of the Group.						✓			
OPERATIONAL AND RISK MANAGEMENT	Approve proposals for action on litigation against or on behalf of the Group.				✓					
OPERATIONAL AND RISK MANAGEMENT	Approve the Group's arrangements for handling complaints.								✓	
OPERATIONAL AND RISK MANAGEMENT	Approve the Group's arrangements for business continuity and emergency planning.						✓			
INFORMATION GOVERNANCE	Approval of the arrangements for ensuring appropriate and safekeeping and confidentiality of records and for the storage,				✓					

NHS Greater Huddersfield Clinical Commissioning Group's Constitution

- 74 -

Version: No. 6 (Version no. 1 – NHSCB approved 22/1/13; Version no. 2 – NHSE approved 21/10/13; Version no. 3 – NHSE approved 30/3/15; Version no. 4 – NHS approved 24/6/15; Version no. 5 – NHSE approved 20.4.16; Version no. 6 – NHSE approved 5.9.16); Version no. 7 – NHS approved 15.6.17; Version no. 8 –approved by NHSE 29.5.19

Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Chair	Accountable Officer	Chief Finance Officer	Audit Committee	Remuneration Committee	Quality and Safety Committee	Healthy Futures Joint Committee
	management and transfer of information and data.									
TENDERING AND CONTRACTING	Approval of the Group's contracts for any commissioning support.		✓							
TENDERING AND CONTRACTING	Approval of the Group's contracts for corporate support (for example finance provision).		✓							
PARTNERSHIP WORKING	Approve decisions that individual members or employees of the Group participating in joint arrangements on behalf of the Group can make. Such delegated decisions must be disclosed in this scheme of reservation and delegation. Approve decisions delegated to joint committees established under section 75 of the NHS Act 2006				✓					
PARTNERSHIP WORKING	Exercise the commissioning functions of the Group jointly with other Clinical commissioning group parties to the 'Healthy Futures' collaborative arrangements in respect of the matters set out in the committee's terms of reference and workplan									✓
COMMISSIONING AND	Approval of the arrangements for discharging the Group's									

NHS Greater Huddersfield Clinical Commissioning Group's Constitution

- 75 -

Version: No. 6 (Version no. 1 – NHSCB approved 22/1/13; Version no. 2 – NHSE approved 21/10/13; Version no. 3 – NHSE approved 30/3/15; Version no. 4 – NHS approved 24/6/15; Version no. 5 – NHSE approved 20.4.16; Version no. 6 – NHSE approved 5.9.16); Version no. 7 – NHS approved 15.6.17; Version no. 8 – approved by NHSE 29.5.19

Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Chair	Accountable Officer	Chief Finance Officer	Audit Committee	Remuneration Committee	Quality and Safety Committee	Healthy Futures Joint Committee
CONTRACTING FOR CLINICAL SERVICES	statutory duties associated with its commissioning functions, including but not limited to promoting the involvement of each patient, patient choice, reducing inequalities, improvement in the quality of services, obtaining appropriate advice and public engagement and consultation.		✓							
COMMISSIONING AND CONTRACTING FOR CLINICAL SERVICES	Approve arrangements for co-ordinating the commissioning of services with other CCGs and or with the local authority, where appropriate.		✓							
COMMUNICATION	Approving arrangements for handling Freedom of Information requests.				✓					
COMMUNICATION	Determining arrangements for handling Freedom of Information requests.				✓					

APPENDIX E – 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 in the 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 adopted by the CCG.
- 1.1.3 In support of these Prime Financial Policies, we have prepared more detailed policies, approved by the Chief Finance Officer (CFO), known as Detailed Financial Policies (Standing Financial Instructions – SFI's). We refer to the Prime and Detailed Financial Policies together as the Group's financial policies.
- 1.1.4 These Prime Financial Policies identify the financial responsibilities which apply to everyone working for the CCG and its constituent organisations. They do not provide detailed procedural advice and should be read in conjunction with the Detailed Financial Policies. The CFO is responsible for approving all Detailed Financial Policies.
- 1.1.5 Should any difficulties arise regarding the interpretation or application of any of the Prime Financial Policies then the advice of the CFO 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.
- 1.1.6 Failure to comply with Prime Financial Policies, standing orders and Standing Financial Instructions can in certain circumstances be regarded as a disciplinary matter that could result in dismissal.
- 1.1.7 **Overriding Prime Financial Policies** – 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 Audit Committee for referring action or ratification. All members of the Group and staff have a duty to disclose any non-compliance with these Prime Financial Policies to the CFO as soon as possible.

1.2 Responsibilities and delegation

- 1.2.1 The roles and responsibilities of Members of the Group, the Governing Body, its Committees and Sub-Committees and the committees and sub committees of its Governing Body and individual of a description specified persons are set out in the main body of this constitution and the Group's Scheme of Reservation and Delegation.
- 1.2.2 The financial decisions delegated by Members of the Group are set out in the Group's Scheme of Reservation and Delegation.

1.3 Contractors and their employees

- 1.3.1 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 CFO to ensure that such persons are made aware of this.

1.4 Amendment of Prime Financial Policies

- 1.4.1 To ensure that these policies remain up-to-date and relevant, the Chief Financial Officer will review them at least annually. Following consultation with the Accountable Officer and scrutiny by the Audit Committee, the Chief Financial Officer will recommend amendments, as fitting, to the CCG's Governing Body for approval.

2. INTERNAL CONTROL

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

- 2.1. The governing body is required to establish an audit committee with terms of reference agreed by the governing body (see paragraph 6.8.5.1) 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 Audit Committee Term of Reference, the Head of Internal Audit and the Group’s appointed external auditor, will have direct and unrestricted access to Audit Committee members and the Group’s Chair and Accountable 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 Head of Internal Audit and external auditor will have access to the Audit Committee and the Chief Officer to review audit issues as appropriate. All Audit Committee Members, the Chair of the CCG and the Chief 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:
 - the Group has a professional and technically competent internal audit function; and
 - the Audit Committee approves any changes to the provision or delivery of assurance services to the Group .

4. **FRAUD AND CORRUPTION**

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

- 4.1. The Audit Committee will satisfy itself that the Clinical Commissioning Group has adequate arrangements in place for countering fraud and shall review the outcomes of counter fraud work. It shall also approve the counter fraud work programme.

5. **EXPENDITURE CONTROL**

- 5.1. The Group is required by statutory provisions⁵⁶ to ensure that its expenditure does not exceed the aggregate of allotments from NHS England and any other sums it has received and is legally allowed to spend. The Chief 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.
- 5.2. The Chief Finance Officer will:
- a) provide reports in the form required by NHS England ;
 - b) ensure money drawn from NHS England is required for approved expenditure only is drawn down only at the time of need and follows best practice;
 - c) be responsible for ensuring that an adequate system of monitoring financial performance is in place to enable the CCG to fulfil its statutory responsibility not to exceed its expenditure limits, as set by direction of NHS England .

6. ALLOTMENTS⁵⁷

- 6.1. The Chief Finance Officer of the CCG will:
- (a) periodically review the basis and assumptions used by NHS England for distributing allotments and ensure that these are reasonable and realistic and secure the CCG's entitlement to funds;
 - (b) prior to the start of each financial year submit to the CCG 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 CCG Governing Body on significant changes to the initial allocation and the uses of such funds.

7. COMMISSIONING STRATEGY, BUDGETS, BUDGETARY CONTROL AND MONITORING

POLICY – The Group will produce and publish an annual commissioning plan⁵⁸ that explains how it proposes to discharge its financial duties. The Group will support this with comprehensive medium term financial plans and annual budgets.

⁵⁶ See section 223H of the 2012 Act

⁵⁷ See section 223(G) of the 2006 Act, inserted by section 27 of the 2012 Act.

⁵⁸ See Section 14Z11 of the 2012 Act

- 7.1. The Chief Officer will compile and submit to the CCG 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 Chief Officer, prepare and submit budgets for approval by the CCG 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 shall include explanations for material variances.
- 7.4. The Chief Officer is responsible for ensuring that information relating to the Group's accounts or to its income or expenditure, or its use of resources is provided to NHS England as requested.
- 7.5. The Chief Officer will approve consultation arrangements for the commissioning plan⁵⁹.

8. ANNUAL ACCOUNTS AND REPORTS

POLICY – The Group will produce and submit to NHS England accounts and reports in accordance with all statutory obligations⁶⁰, relevant accounting standards and accounting best practice in the form and content and at the time required by NHS England .

- 8.1. The Chief Finance Officer will ensure the group:
 - a) prepares a timetable for producing the annual report and accounts and agrees it with external auditors and the Audit Committee;
 - b) prepares the accounts according to the timetable approved by the Audit Committee;
 - c) complies with statutory requirements and relevant directions for the publication of annual report;
 - d) considers the external auditor's management letter and fully address all issues within agreed timescales; and
 - e) publishes the external auditor's management letter on the group's website at www.greaterhuddersfieldccg.nhs.uk .

9. ACCOUNTING SYSTEMS

POLICY – The Group will run an accounting system that creates

⁵⁹ See section 14Z13 of the 2012 Act

⁶⁰ See schedule 2 section 17 of the 2012 Act

management and financial accounts.

- 9.1. The CFO will ensure the Group has suitable financial and other software to enable it to comply with these policies and any consolidation requirements of NHS England.

10. BANK ACCOUNTS

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

- 10.1. 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 directions⁶¹, best practice and represent best value for money;
 - b) manage the group's banking arrangements and advise the CCG on the provision of banking services and operation of accounts;
 - c) prepare detailed instructions on the operation of bank accounts.
- 10.2. The Accountable Officer shall approve the banking arrangements.

11. 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.

The Group will seek to maximise its potential to raise additional income only to the extent that it does not interfere with the performance of the CCG or its functions.⁶²

The Group will ensure its power to make grants and loans is used to discharge its functions effectively.⁶³

- 11.1. 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;

⁶¹ See section 223H(3) of the NHS Act 2006, inserted by section 27 of the 2012 Act

⁶² See section 14Z5 of the 2012 Act

⁶³ See section 14Z6 of the 2012 Act

- b) establishing and maintaining systems and procedures for the secure handling of cash and other negotiable instruments;
- c) approving and regularly reviewing the level of all fees and charges other than those determined by NHS England or by statute. Independent professional advice on matters of valuation shall be taken as necessary;
- d) for developing effective arrangements for making grants or loans.

12. 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. The Group will seek value for money for all goods and services.

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

The Public Contracts Regulations 2006 which transpose European Directives place legal requirement and procedures for awarding contracts above a certain threshold amount. The Department of Health has provided guidance on how these Regulations may be interpreted but this guidance is not binding on CCGs, ultimately it is for CCGs to ensure that they comply with applicable law.

- 12.1. The Group shall ensure that the firms/individuals invited to tender (and where appropriate, quote) are suitably qualified to do so, or where appropriate on an approved list or an applicable framework agreement. Where in the opinion of the Chief Finance Officer it is desirable to seek tenders from firms not on the approved lists, the reason shall be recorded in writing to the Chief Officer or the CCG Governing Body.
- 12.2. The Governing Body may only negotiate contracts on behalf of the Group, and the Group enter into contracts, within the statutory framework set up under the Health and Social Care Bill 2012. They shall comply with:

- (a) the Group 's Standing Orders;
- (b) the Public Contracts Regulation 2006, any successor legislation and any other applicable law; and
- (c) any applicable NHS England or Monitor guidance that does not conflict with (b)

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

13. 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.

13.1. The Group will coordinate its work with NHS England, local NHS Trusts, other CCGs, and Foundation Trusts, local authority, including through Health & Wellbeing Boards, users, carers and the voluntary sector to develop robust commissioning plans.

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

13.3. Where the Group makes arrangements for the provision of services by non-NHS providers it is the Chief Officer who is responsible for ensuring that the agreements put in place have due regard to the quality and cost-effectiveness of services provided.

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

14. RISK MANAGEMENT AND INSURANCE

14.1. The Group will put arrangements in place for evaluation and management of its risks.

15. NON-PAY EXPENDITURE

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

- 15.1. The Chief Officer will approve the level of non-pay expenditure on an annual basis and the Governing Body will determine the level of delegation to budget managers
- 15.2. The Chief Finance Officer shall set out procedures on the seeking of professional advice regarding the supply of goods and services.
- 15.3. The Chief Finance Officer will:
- (a) advise the Governing Body on the setting of thresholds above which quotations (competitive or otherwise) or formal tenders must be obtained; and, once approved, the thresholds should be incorporated in the Group's 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.

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

The Chief Finance Officer:

- (a) shall 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) is responsible for the management of all stages of capital schemes and for ensuring that schemes are delivered on time and to cost;
- (c) shall ensure that the capital investment is not undertaken without confirmation of purchaser(s) support and the availability of resources to finance all revenue consequences, including capital charges.

The Group shall maintain an asset register recording fixed assets. The Chief Finance Officer is responsible for the maintenance of registers of assets, taking account of the advice of the Audit Committee 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.

APPENDIX F - NOLAN PRINCIPLES

1. The 'Nolan Principles' set out the ways in which holders of public office should behave in discharging their duties. The seven principles are:
 - a) **Selflessness** – Holders of public office should act solely in terms of the public interest. They should not do so in order to gain financial or other benefits for themselves, their family or their friends.
 - b) **Integrity** – Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might seek to influence them in the performance of their official duties.
 - c) **Objectivity** – In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.
 - d) **Accountability** – Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.
 - e) **Openness** – Holders of public office should be as open as possible about all the decisions and actions they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.
 - f) **Honesty** – Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.
 - g) **Leadership** – Holders of public office should promote and support these principles by leadership and example.

Source: *The First Report of the Committee on Standards in Public Life* (1995)⁶⁴

⁶⁴ Available at <http://www.public-standards.gov.uk/>

APPENDIX G – NHS CONSTITUTION

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

1. **the NHS provides a comprehensive service, available to all** - irrespective of gender, race, disability, age, sexual orientation, religion or belief. It has a duty to each and every individual that it serves and must respect their human rights. At the same time, it has a wider social duty to promote equality through the services it provides and to pay particular attention to groups or sections of society where improvements in health and life expectancy are not keeping pace with the rest of the population
2. **access to NHS services is based on clinical need, not an individual's ability to pay** - NHS services are free of charge, except in limited circumstances sanctioned by Parliament.
3. **the NHS aspires to the highest standards of excellence and professionalism** - in the provision of high-quality care that is safe, effective and focused on patient experience; in the planning and delivery of the clinical and other services it provides; in the people it employs and the education, training and development they receive; in the leadership and management of its organisations; and through its commitment to innovation and to the promotion and conduct of research to improve the current and future health and care of the population.
4. **NHS services must reflect the needs and preferences of patients, their families and their carers** - patients, with their families and carers, where appropriate, will be involved in and consulted on all decisions about their care and treatment.
5. **the NHS works across organisational boundaries and in partnership with other organisations in the interest of patients, local communities and the wider population** - the NHS is an integrated system of organisations and services bound together by the principles and values now reflected in the Constitution. The NHS is committed to working jointly with local authorities and a wide range of other private, public and third sector organisations at national and local level to provide and deliver improvements in health and well-being
6. **the NHS is committed to providing best value for taxpayers' money and the most cost-effective, fair and sustainable use of finite resources** - public funds for healthcare will be devoted solely to the benefit of the people that the NHS serves
7. **the NHS is accountable to the public, communities and patients that it serves** - the NHS is a national service funded through national taxation, and it is the Government which sets the framework for the NHS and which is accountable to Parliament for its operation. However, most decisions in the NHS, especially those about the treatment of individuals and the detailed organisation of

services, are rightly taken by the local NHS and by patients with their clinicians. The system of responsibility and accountability for taking decisions in the NHS should be transparent and clear to the public, patients and staff. The Government will ensure that there is always a clear and up-to-date statement of NHS accountability for this purpose

Source: *The NHS Constitution: The NHS belongs to us all* (March 2012)⁶⁵

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

APPENDIX H – CHECKLIST FOR A CLINICAL COMMISSIONING GROUP’S CONSTITUTION

Essential/ Optional	Content	Included
Essential	<p>The constitution must specify:</p> <ul style="list-style-type: none"> • the name of the clinical commissioning group; • the members of the group; and • the area of the group <p>The name of the group must comply with such requirements as may be prescribed</p>	Y
Essential	<p>The constitution must specify the arrangements made by the clinical commissioning group for the discharge of its functions (including its functions in determining the terms and conditions of its employees)</p>	Y
Optional	<p>The arrangements may include provision:</p> <ul style="list-style-type: none"> • for the appointment of committees or sub-committees of the clinical commissioning group; and • for any such committees to consist of or include persons other than members or employees of the clinical commissioning group 	
Optional	<p>The arrangements may include provision for any functions of the clinical commissioning group to be exercised on its behalf by:</p> <ul style="list-style-type: none"> • any of its members or employees; • its governing body; or • a committee or sub-committee of the group 	Y
Essential	<p>The constitution must specify the procedure to be followed by the clinical commissioning group in making decisions</p>	Y
Essential	<p>The constitution must specify the arrangements made by the clinical commissioning group for discharging its duties in respect of registers of interest and management of conflicts of interest as specified under section 14O(1) to (4) of the 2006 Act, as inserted by section 25 of the 2012 Act</p>	Y
Essential	<p>The constitution must also specify the arrangements made by the clinical commissioning group for securing that there is transparency about the decisions of the group and the manner in which they are made</p> <p>The provisions made above must secure that there is effective participation by each member of the clinical commissioning group in the exercise of the group’s functions</p>	Y
Essential	<p>The constitution must specify the arrangements made by the clinical commissioning group for the discharge of the functions of its governing body</p>	Y

Essential/ Optional	Content	Included
Essential	The arrangements must include: <ul style="list-style-type: none"> • provision for the appointment of the audit committee and remuneration committee of the governing body 	Y
Optional	The arrangements may include: <ul style="list-style-type: none"> • provision for the audit committee (but not the remuneration committee) to include individuals who are not members of the governing body • provision for the appointment of other committees or sub-committees of the governing body. These may include provision for a committee or sub-committee to include individuals who are not members of the governing body but are: <ul style="list-style-type: none"> ○ members of the clinical commissioning group, or ○ individuals of a description specified in the constitution 	Y
Optional	The arrangements may include provision for any functions of the governing body to be exercised on its behalf by: <ul style="list-style-type: none"> • any committee or sub-committee of the governing body, • a member of the governing body; • a member of the clinical commissioning group who is an individual (but is not a member of the governing body); or • an individual of a description specified in the constitution 	Y
Essential	The constitution must specify the procedure to be followed by the governing body in making decisions	Y
Essential	The constitution must also specify the arrangements made by the clinical commissioning group for securing that there is transparency about the decisions of the governing body and the manner in which they are made This provision must include provision for meetings of governing bodies to be open to the public, except where the clinical commissioning group considers that it would not be in the public interest to permit members of the public to attend a meeting or part of a meeting	Y
Essential	In its constitution, the clinical commissioning group must describe the arrangements which it has made and include a statement of the principles which it will follow in implementing those arrangements, to secure that individuals to whom health services are being or may be provided pursuant to its commissioning arrangements are involved (whether by being consulted or provided with information or in other ways): <ul style="list-style-type: none"> • in the planning of the commissioning arrangements by the group; • in the development and consideration of proposals by the group for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the 	Y

Essential/ Optional	Content	Included
	individuals or the range of health services available to them; and <ul style="list-style-type: none"> • in decisions of the group affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact 	