NHS
Bury
Clinical Commissioning Group

Meeting: Governing Body			
Meeting Date	24 July 2019	**Action**	Recommend
Item No.	6b	**Confidential**	No
Title	CCG Constitution		
Presented By	Dr Jeffrey Schryer, CCG Chair Margaret O'Dwyer, Director of Commissioning and Business Delivery		
Author	Lisa Featherstone Deputy Director of Business Delivery		
Clinical Lead	-		

Executive Summary

This paper seeks the formal agreement of the Governing Body for onward recommendation to the CCG Membership for their approval of the CCG Constitution.

CCGs are statutory bodies established under the NHS Act 2006 (the 2006 Act) as amended by the Health and Social Care Act 2012 (the 2012 Act).

The legislation requires that the CCG publishes a Constitution and requires that the Constitution contains specific information. A new model Constitution for CCGs was issued by NHS England in October 2018. This sets out the minimum requirements that Constitutions must contain according to the legislation and also reflects matters that NHS England will expect to see included by way of good practice in governance.

The original constitution, upon which Bury's existing constitution is based, was prepared at a time of CCG's being established. Since then a number of changes to the health and social care landscape have taken place, including:

- A Legislative Reform Order (Legislative Reform (Clinical Commissioning Groups) reform Order 2014 Statutory Instrument 2014/2436) has been passed, introducing amendments to the 2006 Act that permits CCGs to work on a joint basis, including the forming of joint committees with each other;
- Sustainability and Transformation Plan (STP) footprint areas, such as Greater Manchester, are supporting collaboration and commissioning across larger footprints and different types of organisations and models of care are being developed, particularly integrated care systems;
- NHS England has refined its advice and guidance to CCGs with regard to a number of key areas and CCGs have sought legal clarification in a number of issues;
- The pace of change is increasing in many areas and the task of keeping everything up to date and approved through the arrangements originally required has been onerous; and
- CCGs have matured as commissioning bodies and this has informed the way that governance structures have developed.

The new model constitution takes account of all the changes that have taken place, whilst

also looking to the future and facilitates a greater degree of flexibility for CCGs at the same time as maintaining the high levels of transparency and accountability.

The new model constitution, which has seen the removal of information that there is no legal requirement to include and where this was duplicated elsewhere.

The Bury CCG Constitution presented has been built using the new model constitution.

The document presented should be considered taking account of the following colour coding structure:

- Black text reflects the wording of the model constitution;
- Text highlighted in yellow reflects additions which are permitted by the model;
- ~~Red~~ text reflects deletions that are proposed

In summary, the most significant changes are:

- Reference to the Accountable Officer being able to recommend changes to the CCG Constitution and Scheme of Reservation and Delegation for consideration and approval by the Governing Body rather than the current process of recommending changes to the Membership for approval and onto NHS England for ratification;
- Changes to the composition of the Governing Body in respect to the number of Clinical Directors, reflecting the changes that have been implemented in respect to Sector Chairs and Sector arrangements;
- Inclusion of the Strategic Commissioning Board as a key committee of the Governing Body and removal of the previously included committees, which will now be referenced through the Governance Handbook;
- Additional clarity in respect to the appointment processes for key roles of the Governing Body, including reflecting arrangements where applicable for joint roles and the inclusion of Council Members on interview panels where relevant.
- Confirmation of the governance arrangements in respect to meetings, including agenda setting and timeframes for submission of items for inclusion and supporting papers;
- New quoracy requirements for the meeting of the Governing Body;
- Updates to the Standing Financial Instructions, including delegated limits.

The Governing Body is reminded that subject to its recommendation, the CCG Constitution will be submitted to the CCG Membership for approval by mid-August prior to submission to NHS England for ratification with a view to being effective from 1st October 2019.

Recommendations

It is recommended that the Governing Body:

- Recommend the CCG Constitution for approval by the CCG Membership, in accordance with the current scheme of Reservation and Delegation.

Links to CCG Strategic Objectives	
SO1 People and Place To enable the people of Bury to live in a place where they can co-create their own good health and well-being and to provide good quality care when it is needed to help people return to the best possible quality of life	☒
SO2 Inclusive Growth To increase the productivity of Bury's economy by enabling all Bury people to contribute to and benefit from growth by accessing good jobs with good career prospects and through commissioning for social value	☒
SO3 Budget To deliver a balanced budget	☒
SO4 Staff Wellbeing To increase the involvement and wellbeing of all staff in scope of the OCO.	☐
Does this report seek to address any of the risks included on the Governing Body Assurance Framework? Yes	
GB1920_PR_4.2	

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	☐	No	☒	N/A	☐
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	☒	No	☐	N/A	☐
Have any departments/organisations who will be affected been consulted?	Yes	☒	No	☐	N/A	☐
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	☐	No	☒	N/A	☐
Are there any financial Implications?	Yes	☐	No	☒	N/A	☐
Has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	☐	No	☒	N/A	☒
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	☐	No	☒	N/A	☒
Are there any associated risks including Conflicts of Interest?	Yes	☐	No	☒	N/A	☒
Are the risks on the CCG's risk register?	Yes	☐	No	☒	N/A	☒

Governance and Reporting		
Meeting	**Date**	**Outcome**

NHS
Bury
Clinical Commissioning Group

NHS BURY
CLINICAL COMMISSIONING GROUP

CONSTITUTION

Version	Effective Date	Changes
V1	Aug 2018	Standard model
V1.1	8 July 2019	Initial draft for Bury CCG

This model constitution has been prepared on behalf of NHS England by thiNKnow LTD with the support of Browne Jacobson LLP

CONTENTS

1 Introduction

1.1 Name

1.1.1 The name of this clinical commissioning group is NHS Bury Clinical Commissioning Group ("the CCG").

1.2 Statutory Framework

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

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

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

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

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

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

1.3 Status of this Constitution

1.3.1 This CCG was first authorised on 1st April 2013

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

1.3.3 The constitution is published on the CCG website at www.buryccg.nhs.uk

1.4 Amendment and Variation of this Constitution

1.4.1 This constitution can only be varied in two circumstances.

a) where the CCG applies to NHS England and that application is granted; and
b) where in the circumstances set out in legislation NHS England varies the constitution other than on application by the CCG.

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

a) changes are thought to have a material impact; or

b) changes are proposed to the reserved powers of the members; or

c) at least half (50%) of all the Governing Body Members formally request that the amendments be put before the membership for approval

1.5 Related documents

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

a) Standing orders – which set out the arrangements for meetings and the selection and appointment processes for the CCG's Committees, and the CCG Governing Body (including Committees).

b) The Scheme of Reservation and Delegation – sets out those decisions that are reserved for the membership as a whole and those decisions that have

been delegated by the CCG or the Governing Body

c) **Prime financial policies –** which set out the arrangements for managing the CCG's financial affairs.

d) **Standing Financial Instructions –** which set out the delegated limits for financial commitments on behalf of the CCG.

e) **The CCG Governance Handbook[i] –** which includes:

- Standards of Business Conduct Policy – which includes the arrangements the CCG has made for the management of conflicts of interest;
- Committee terms of reference;
- The Scheme of Reservation and Delegation (SoRD);
- Committee Governance Structure;
- Procedures for Committee Effectiveness; and
- Committee schedules of business, meeting dates and papers planner.

1.6 Accountability and transparency

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

a) publish our constitution and other key documents including the CCG Governance Handbook;
b) appoint independent lay members and non-GP clinicians to our Governing Body;
c) manage actual or potential conflicts of interest in line with NHS England's statutory guidance *Managing Conflicts of Interest: Revised Statutory Guidance for CCGs 2017* and expected standards of good practice (see also part 6 of this constitution);
d) hold Governing Body meetings in public (except where we believe that it would not be in the public interest);
e) publish an annual commissioning strategy that takes account of priorities in the health and wellbeing strategy;
f) procure services in a manner that is open, transparent, non-discriminatory and fair to all potential providers and publish a Procurement Strategy;
g) involve the public, in accordance with its duties under section 14Z2 of the 2006 Act, and as set out in more detail in the CCG's Communication and Engagement Strategy;
h) When discharging its duties under section 14Z2, the CCG will ensure that it makes arrangements to secure public involvement in the planning, development and consideration of proposals for changes and decisions affecting the operation of commissioning arrangements by:

- Working in partnership with patients and the local community to secure the best care for them, including through appropriate engagement, involvement and community events;
- Adapting engagement activities to meet specific needs of the different patient groups and communities;
- Publishing information about health services on the CCG's website and through other media
- Encouraging and acting on feedback;
- Delegating responsibility for monitoring and reporting compliance to an appropriate committee or officer
- Requiring the reporting and publication of a Patient and Public Involvement Annual report to the CCG's Governing Body on an annual basis.

i) comply with local authority health overview and scrutiny requirements;
j) meet annually in public to present an annual report which is then published;
k) produce annual accounts which are externally audited;
l) publish a clear complaints process;
m) comply with the Freedom of Information Act 2000 and with the Information Commissioner Office requirements regarding the publication of information relating to the CCG;
n) provide information to NHS England as required; and
o) be an active member of the local Health and Wellbeing Board.

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

a) publishing on the CCG website principle commissioning and operational policies; and
b) holding engagement events.

1.7 Liability and Indemnity

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

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

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

2 Area Covered by the CCG

2.1.1 The area covered by the CCG is fully coterminous with the geographical area covered by Bury Metropolitan Borough Council and also relates to patients registered with a General Practice within the same footprint.

3 Membership Matters

3.1 Membership of the Clinical Commissioning Group

3.1.1 The CCG is a membership organisation.

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

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

Neighbourhood	Practice Name	Address
West	Tower Family Health Care	Spring Lane Medical Centre, 17 Spring Lane, Radcliffe, M26 2TQ
West	Radcliffe Medical Practise	Wave Suite, Radcliffe Primary Care Centre, 69 Church Street West, Radcliffe, M26 2SP
West	Redbank Group Practise	Sun Suite, Radcliffe Primary Care Centre, 69 Church Street West, Radcliffe, M26 2SP
West	Rock Health Care – Radcliffe	Star Suite, Radcliffe Primary Care Centre, 69 Church Street West, Radcliffe, M26 2SP
West	Mile Lane Health Care	Mile Lane, Bury, BL8 2JR
West	Monarch Medical Centre	65 Cross Lane, Radcliffe, M26 2QZ
North	Ramsbottom Health Centre	Carr Street, Ramsbottom, Bury, BL0 9DD
North	Tower Family Health Centre	Tottington Health Centre, 16 Market Street, Tottington, Bury, BL8 4AD
North	Woodbank Medical Practise	2 Hunstanton Drive, Bury, BL8 1EG
North	Garden City Medical Centre	1A Garden City, Holcombe Brook, Bury, BL0 9TN
North	Tower Family Health Care	Greenmount Medical Centre, 9 Brandlesholme Road, Greenmount, Bury, BL8 4DR

East	Townside Surgery	2nd Floor, Townside Primary Care Centre, Knowsley Place, Knowsley Street, Bury, BL9 0SN
East	Ribblesdale Medical Practise	2nd Floor, Townside Primary Care Centre, Knowsley Place, Knowsley Street, Bury, BL9 0SN
East	Tower Family Health Care	Minden, Moorgate Primary Care Centre, 22 Derby Way, Bury, BL9 0NJ
East	Peel GPs	1st Floor, Townside Primary Care Centre, Knowsley Place, Knowsley Street, Bury, BL9 0SN
East	Knowsley Medical Practise	9-11 Knowsley Street, Bury, BL9 0ST
East	Walmersley Road Practise	110 Walmersley Road, Bury, BL9 6DX
East	Huntley Mount Medical Centre	Huntley Mount Road, Bury, BL9 6JA
East	Rock Healthcare	Moorgate Primary Care Centre, 22 Derby Way, Bury, BL9 0NJ
Prestwich	Fairfax Group Practise	Fairfax Road, Prestwich, Manchester, M25 1BT
Whitefield	The Uplands Medical Practise	Bury New Road, Whitefield, Manchester, M45 8GH
Whitefield	Blackford House Medical Centre	137 Croft Lane, Hollins, Bury, BL9 8QA
Whitefield	Unsworth Medical Centre	Parr Lane, Unsworth, Bury, BL9 8JR
Prestwich	St Gabriel's Medical Centre	4 Bishop's Road, Prestwich, Manchester, M25 0HT
Prestwich	Longfield Medical Practise	Fairfax Road, Prestwich, Manchester, M25 1BT
Prestwich	Greyland Medical Centre	468 Bury Old Road, Prestwich, Manchester, M25 1NL
Whitefield	The Elms Medical Centre	Green Lane, Whitefield, Manchester, M45 7FD

Prestwich	The Birches Medical Centre	Polefield Road, Prestwich, Manchester, M25 2GN
Prestwich	Whittaker Lane Medical Centre	Daisy Bank, Whittaker Lane, Prestwich, Manchester, M25 1EX

3.2 Nature of Membership and Relationship with CCG

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

3.3 Speaking, Writing or Acting in the Name of the CCG

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

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

3.4 Members' Rights

3.4.1 Each member practice may raise any matter it feels relevant to the CCG with regard to how it operates and its commissioning decisions either or directly to the Accountable Officer or CCG chair as appropriate.

3.5 Members' Meetings

3.5.1 NHS Bury CCG recognises that its strength comes from being a Membership organisation. As such active engagement of all its member practices is vital. Each member has a nominated clinician and non-clinician w who will undertake the role of Practice Representatives.

3.5.2 NHS Bury CCG engages Member Practices in a range of ways. Formally this is achieved through the GP Engagement programme and through attendance at each GP neighbourhood meeting where the CCG has a standing item to cover CCG business.

3.5.3 In addition, a series of practice visits by clinical and managerial leadership, and regular newsletters and other communication, ensure strong engagement between practices, in neighbourhoods and throughout the Bury CCG Membership.

3.5.4 NHS Bury CCG communicates with its members through a fortnightly news bulletin. Member Practices are expected to read these routinely, ensure messages are shared and discussed with all relevant practice staff and ensure requirements identified within the publication are acted upon appropriately.

3.6 Practice Representatives

3.6.1 Each Member Practice has a nominated clinician and non-clinician who are practice representatives and will represent the practice in the dealings with the CCG.

3.6.2 The nominated Practice Representatives represent their practice's views and act on behalf of the practice in matters relating to the CCG.

3.6.3. Each member may remove and replace their Practice Representative at any time and from time-to-time, providing notice to the CCG Chair in order that registers of interest and good governance in respect to decision making can be maintained.

3.6.4. The Member Representatives, at meetings of the Members and where a vote is required in relation to the CCG business being discussed will cast a vote on behalf of their Member Practice.

3.6.5. Each Member Practice will have one vote.

3.6.6. A Practice Representative will cease to me a member Representative where:

a) They are a member of a practice that ceases to be, for whatever reason, a Member of the CCG;
b) If they are no longer employed or engaged by a Member Practice within the area described at clause 2.1;
c) They are removed from the list of Practice Representatives in accordance with 3.6.3 above.

3.6.7. In addition to Practice Representatives identified at 3.6, the CCG has identified a number of GPs and other primary care health professional and managers, predominantly from Member Practices to either support the work of the CCG and / or represent the CCG rather than their own individual practices. This includes but is not limited to Clinical Leads and Practice Manager Leads.

4 Arrangements for the Exercise of our Functions.

4.1 Good Governance

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

a) use of the governance toolkit for CCGs www.ccggovernance.org ;
b) undertaking regular governance reviews;
c) adoption of standards and procedures that facilitate speaking out and the raising of concerns including a freedom to speak up guardian if one is appointed;
d) adopting CCG values that includes standards of propriety in relation to the stewardship of public funds, impartiality, integrity and objectivity
e) The Good Governance Standard for Public Services;
f) the standards of behaviour published by the Committee on Standards in Public Life (1995) known as the 'Nolan Principles'
g) the seven key principles of the NHS Constitution;
h) relevant legislation including such as the Equality Act 2010; and
i) the standards for members of NHS Boards and Clinical Commissioning Group Governing Bodies in England'.

4.2 General

4.2.1 The CCG will:

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

4.2.2 The CCG will develop and implement the necessary systems and processes to comply with (a)-(d) at 4.2.1 above, documenting them as necessary in this constitution, its scheme of reservation and delegation and other relevant policies and procedures as appropriate.

4.3 Authority to Act: the CCG

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

a) any of its members or employees;
b) its Governing Body;
c) a Committee or Sub-Committee of the CCG.

4.4 Authority to Act: the Governing Body

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

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

5 Procedures for Making Decisions

5.1 Scheme of Reservation and Delegation

5.1.1 The CCG has agreed a scheme of reservation and delegation (SoRD) which is published in full on the CCG website at www.bury.nhs.uk

5.1.2 The CCG's SoRD sets out:

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

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

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

a) Changes are proposed to the reserved powers; or
b) At least half (50%) of all the Governing Body member practice representatives (including the Chair) formally request that the amendments be put before the Membership for approval.

5.2 Standing Orders

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

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

5.2.2 A full copy of the standing orders is included in appendix 3. The standing orders form part of this constitution.

5.3 Standing Financial Instructions (SFIs)

5.3.1 The CCG has agreed a set of SFIs which include the delegated limits of financial authority set out in the SoRD.

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

5.4 The Governing Body: Its Role and Functions

5.4.1 The Governing Body has statutory responsibility for:

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

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

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

a) Leading the development of the of vision and strategy for the CCG;
b) Overseeing and monitoring quality improvement;
c) Approving the CCGs Commissioning Plan and its consultation arrangements;
d) Stimulating innovation and modernisation;
e) Overseeing and monitoring performance;
f) Overseeing risk assessment and securing assurance actions to mitigate identified strategic risks;
g) Promoting a culture of strong engagement with patients, their carers, Members, the public and other stakeholders about the activity and progress of the CCG; and
h) Ensuring good governance and leading a culture of good governance through all activities of the CCG.

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

5.5 Composition of the Governing Body

5.5.1 This part of the constitution describes the make-up of the Governing Body roles. Further information about the individuals who fulfil these roles can be found on our website www.bury.nhs.uk

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

a) The Chair;
b) The Accountable Officer;
c) The Chief Finance Officer;
d) A Secondary Care Specialist;
e) A registered nurse;

f) Two lay members:
   - one who has qualifications expertise or experience to enable them to lead on finance and audit matters; and another who
   - has knowledge about the CCG area enabling them to express an informed view about discharge of the CCG functions

5.5.3 The CCG has agreed the following additional members:

a) A third lay member who is the chair of the Primary Care Commissioning Committee;
b) Four Clinical Directors, the majority of which are GPs drawn from member practices;
c) Director of Commissioning and Business Delivery / Deputy Chief Officer; and
d) Director of Quality / Executive Nurse.

5.6 Additional Attendees at the Governing Body Meetings

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

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

a) Director of Public Health and
b) Deputy Chief Executive, Bury Local Authority.

5.7 Appointments to the Governing Body

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

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

5.8 Committees and Sub-Committees

5.8.1 The CCG may establish Committees and Sub-Committees of the CCG.

5.8.2 The Governing Body may establish Committees and Sub-Committees.

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

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

5.8.5 All members of the Remuneration Committee will be members of the CCG Governing Body.

5.9 Committees of the Governing Body

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

- **Audit Committee**

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

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

- **Remuneration Committee:**

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

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

- **Primary Care Commissioning Committee**[ii]

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

5.9.7 None of the above Committees may operate on a joint committee basis with another CCG(s).

5.9.8 The Governing Body will also establish the following Committee:

- **Strategic Commissioning Board**

5.9.9 This Board is not a statutory body and is not intended to replace any of the existing statutory bodies within the CCG or wider locality. The Board is a joint committee of Bury CCG and Bury Metropolitan Borough Council and has been established in accordance with the provisions set out at clause 5.11 of this constitution and will have overarching responsibility for all powers as have been delegated to it, subject to any reserved matters) and set out in the associated Schemes of Delegation.

5.9.10 The terms of reference for each of the above committees are included in Appendix 2 to this constitution and form part of the constitution.

5.9.11 The Governing Body has also established a number of other Committees to assist it with the discharge of its functions. These Committees are set out in the SoRD and further information about these Committees, including terms of reference, are published in the CCG Governance Handbook.

5.10 Collaborative Commissioning Arrangements

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

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

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

a) reporting arrangements to the Governing Body, at appropriate intervals;
b) engagement events or other review sessions to consider the aims, objectives, strategy and progress of the arrangements; and
c) progress reporting against identified objectives.

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

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

5.11 Joint Commissioning Arrangements with Local Authority Partners

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

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

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

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

a) establish a joint committee with the Local Authority to take responsibility for the management of such arrangements delegated to it, including monitoring the arrangements and receiving reports and information on the operation and delivery of those arrangements;
b) agree formal and legal arrangements to make payments to, or receive payments from, the Local Authority, or pool funds for the purpose of joint commissioning;

c) make the services of its employees or any other resources available to the Local Authority; and
d) receive the services of the employees or the resources from the Local Authority

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

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

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

5.11.6 The CCG may work together with a Combined Authority in the exercise of its Commissioning Functions.

5.11.7 The CCG delegates its powers and duties under 5.11.6 to the Governing Body and all references in this part to the CCG should be read as the Governing Body, except to the extent that they relate to the continuing liability of the CCG under any joint arrangements.

5.11.8 The CCG may make arrangements with Greater Manchester Combined Authority in respect of:

a) Exercising any of its Commissioning Functions jointly with the Combined Authority; and/or
b) Exercising jointly with the Combined Authority any Commissioning Functions that the CCG is exercising on behalf of another CCG, pursuant to arrangements made under section 14Z3 of the NHS Act 2006, as amended; and/or;
c) Entering into arrangements with other CCGs and the combined authority to exercise functions jointly.

5.11.9 Where arrangements are made as outlined in 5.11.8 above:

a) A Joint Committee may be established with the Combined Authority and other CCGs, as relevant; and

b) Terms and conditions, including as to payment, may be agreed.

5.11.10 Where two or more CCGs enter into arrangements with the Combined Authority to establish a Joint Committee, a pooled fund may be established. A pooled fund is a fund that is made up of contributions by each of the CCGs and the Combined Authority, working together jointly pursuant to paragraph 5.11.8 above. Any such pooled fund may be used to make payments towards expenditure incurred in the discharge of any of the commissioning functions in respect of which the arrangements are made.

5.11.11 Where the CCG enters into arrangements as described at paragraph 5.11.8 above, the CCG shall enter into an agreement setting out the arrangements for joint working including details of:

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

5.11.11 The liability of the CCG to carry out its functions will not be affected where the CCG enters into arrangements pursuant to paragraph 5.11.8 above.

5.12 Joint Commissioning Arrangements – Other CCGs

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

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

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

a) delegating any of the CCG's commissioning functions to another CCG;
b) exercising any of the Commissioning Functions of another CCG; or
c) exercising jointly the Commissioning Functions of the CCG and another CCG.

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

a) make payments to another CCG;
b) receive payments from another CCG; or

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

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

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

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

a) how the parties will work together to carry out their commissioning functions;
b) the duties and responsibilities of the parties, and the legal basis for such arrangements;
c) how risk will be managed and apportioned between the parties;
d) financial arrangements, including payments towards a pooled fund and management of that fund;
e) contributions from the parties, including details around assets, employees and equipment to be used under the joint working arrangements.

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

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

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

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

a) make a quarterly written report to the Governing Body;
b) hold at least one annual engagement event to review the aims, objectives, strategy and progress of the joint commissioning arrangements; and
c) publish an annual report on progress made against objectives.

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

place, with new arrangements starting from the beginning of the next new financial year after the expiration of the six months' notice period.

5.13 Joint Commissioning Arrangements with NHS England

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

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

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

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

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

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

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

a) how the parties will work together to carry out their commissioning functions;
b) the duties and responsibilities of the parties, and the legal basis for such arrangements;
c) how risk will be managed and apportioned between the parties;
d) financial arrangements, including, if applicable, payments towards a pooled fund and management of that fund;
e) contributions from the parties, including details around assets, employees and equipment to be used under the joint working arrangements.

5.13.8 Where any joint arrangements entered into relate to the CCG's functions, the liability of the CCG to carry out its functions will not be affected where the CCG

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

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

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

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

a) make a quarterly written report to the Governing Body;
b) hold at least one annual engagement event to review the aims, objectives, strategy and progress of the joint commissioning arrangements; and
c) publish an annual report on progress made against objectives.

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

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

6.1 Conflicts of Interest

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

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

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

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

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

6.2 Declaring and Registering Interests

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

6.2.2 The CCG will, as a minimum, publish the registers of conflicts of interest and gifts and hospitality of decision making staff at least annually on the CCG website and make them available at our headquarters upon request.

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

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

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

6.2.6 Activities funded in whole or in part by 3rd parties who may have an interest in CCG business such as sponsored events, posts and research will be managed in accordance with the CCG policy to ensure transparency and that any potential for conflicts of interest are well-managed.

6.3 Training in Relation to Conflicts of Interest

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

6.4 Standards of Business Conduct

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

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

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

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

APPENDIX 1
Definitions of Terms Used in This Constitution

2006 Act	National Health Service Act 2006
Accountable Officer (AO)	an individual, as defined under paragraph 12 of Schedule 1A of the 2006 Act, appointed by NHS England, with responsibility for ensuring the group: complies with its obligations under: sections 14Q and 14R of the 2006 Act, sections 223H to 223J of the 2006 Act, paragraphs 17 to 19 of Schedule 1A of the NHS Act 2006, and any other provision of the 2006 Act specified in a document published by the Board for that purpose; exercises its functions in a way which provides good value for money.
Area	The geographical area that the CCG has responsibility for, as defined in part 2 of this constitution
Chair of the CCG Governing Body	The individual appointed by the CCG to act as chair of the Governing Body and who is usually either a GP member or a lay member of the Governing Body.
Chief Finance Officer (CFO)	A qualified accountant employed by the group with responsibility for financial strategy, financial management and financial governance and who is a member of the Governing Body.
Clinical Commissioning Groups (CCG)	A body corporate established by NHS England in accordance with Chapter A2 of Part 2 of the 2006 Act.
Committee	A Committee created and appointed by the membership of the CCG or the Governing Body.
Sub-Committee	A Committee created by and reporting to a Committee.
Governing Body	The body appointed under section 14L of the NHS Act 2006, with the main function of ensuring that a Clinical Commissioning Group has made appropriate

	arrangements for ensuring that it complies with its obligations under section 14Q under the NHS Act 2006, and such generally accepted principles of good governance as are relevant to it.
Governing Body Member	Any individual appointed to the Governing Body of the CCG
Healthcare Professional	A Member of a profession that is regulated by one of the following bodies: the General Medical Council (GMC) the General Dental Council (GDC) the General Optical Council; the General Osteopathic Council the General Chiropractic Council the General Pharmaceutical Council the Pharmaceutical Society of Northern Ireland the Nursing and Midwifery Council the Health and Care Professions Council any other regulatory body established by an Order in Council under Section 60 of the Health Act 1999
Lay Member	A lay Member of the CCG Governing Body, appointed by the CCG. A lay Member is an individual who is not a Member of the CCG or a healthcare professional (as defined above) or as otherwise defined in law.
Primary Care Commissioning Committee	A Committee required by the terms of the delegation from NHS England in relation to primary care commissioning functions. The Primary Care Commissioning Committee reports to NHS England and the Governing Body
Professional Standards Authority	An independent body accountable to the UK Parliament which help Parliament monitor and improve the protection of the public. Published *Standards for Members of NHS Boards and Clinical Commissioning Group Governing Bodies in England* in 2013

Member/ Member Practice	A provider of primary medical services to a registered patient list, who is a Member of this CCG.
Member practice representative	Member practices appoint a healthcare professional to act as their practice representative in dealings between it and the CCG, under regulations made under section 89 or 94 of the 2006 Act or directions under section 98A of the 2006 Act.
NHS England	The operational name for the National Health Service Commissioning Board.
Registers of interests	Registers a group is required to maintain and make publicly available under section 14O of the 2006 Act and the statutory guidance issues by NHS England, of the interests of: the Members of the group; the Members of its CCG Governing Body; the Members of its Committees or Sub-Committees and Committees or Sub-Committees of its CCG Governing Body; and Its employees.
STP	Sustainability and Transformation Partnerships – the framework within which the NHS and local authorities have come together to plan to improve health and social care over the next few years. STP can also refer to the formal proposals agreed between the NHS and local councils – a “Sustainability and Transformation Plan”.
Joint Committee	Committees from two or more organisations that work together with delegated authority from both organisations to enable joint decision-making

APPENDIX 2
Committee Terms of Reference

NHS
Bury
Clinical Commissioning Group

TERMS OF REFERENCE

AUDIT COMMITTEE

Terms of Reference Document Control Sheet

Document Control	
Document Name	Audit Committee Terms of Reference
Version/Revision Number	V2.2

Version Control

Version	Amendment	Date Approved
V1.0	Original version included within the Scheme of Reservation and Delegation	2013
V1.1	To reflect best practice and feedback from MIAA Committee Effectiveness review	June 2016
V1.2	Updated to reflect feedback from SMT meeting	July 2016
V1.2	Shared with Governing Body for support prior to ratification	July 2016
V2.0	Ratified by Membership	October 2016
V2.1	Refreshed for inclusion in updated Constitution	July 2019
V2.2	Reviewed by Director of Commissioning and Business Delivery for circulation to Governing Body Members	July 2019

1.0 Introduction

1.1 The Clinical Commissioning Group hereby resolves to establish a Committee to be known as the Audit Committee ("the Committee") to carry out the duties set out at Clause 6 of these Terms of Reference.

1.2 The Committee, which is established as a sub-committee of the Governing Body, is authorised by the Governing Body to investigate any activity within its Terms of Reference. The Committee can request information, reports, and assurances from any employee in relation to those areas within these Terms of Reference and all employees are directed to cooperate with any request made by the Committee.

1.3 The Committee is authorised by the Governing Body to obtain outside legal or other independent professional advice, and to secure the attendance of ~~outsiders~~ others with relevant experience and expertise if it considers this necessary. The Committee can commission reports and/or surveys necessary to fulfil its obligations.

1.4 The Committee is a non-executive committee of the Governing Body and has no executive powers, other than those specifically delegated in these Terms of Reference. ~~Any changes to these Terms of Reference must be approved by the CCG membership~~

2.0 Membership

2.1 The Committee shall be appointed by the Governing Body in accordance with the requirements of Audit Committees as set out in the National Health Service (Clinical Commissioning Group) Regulations 2012 and shall consist of not less than three members at least one of whom shall have recent and relevant financial experience.

2.2 The members ~~will include~~ of the Audit Committee are:

- Lay Member for Audit and Conflicts of Interest (Chair);
- Lay Member for Patient and Public Involvement; and
- Lay Member for Quality and Performance.

2.3 In the event of the chair of the committee being unable to attend all or part of the meeting, they will nominate a replacement from within the membership to deputise for that meeting.

2.4 ~~In addition~~, Only members of the Audit Committee have the right to attend meetings, however the Committee may co-opt members with appropriate specialist expertise, as required.

3.0 Attendance

3.1 The following colleagues and representatives will be ~~expected~~ invited to attend all, or part of the meeting, as and when appropriate:

- Chief Finance Officer;
- a Clinical Director of the Governing Body (on a rotation basis from Clinical Directors);
- ~~Deputy Director of Business Delivery;~~
- CCG Governance representative;
- Internal Audit representatives;
- External Audit representatives; and
- Counter Fraud Specialist.

3.2 In addition, the Accountable Officer, will be invited to attend meetings and should attend at least annually to discuss the assurances which support the annual governance statement.

3.3 Other Executive Directors may be invited to attend, particularly when the Committee is discussing areas of risk or operation that are the responsibility of that Director.

3.4 The ~~Deputy Director of Business Delivery~~ Head of Corporate Affairs and Governance shall be Secretary to the Committee and shall attend to provide appropriate support to the Chair and members of the Committee.

4.0 Quoracy

4.1 The meeting will achieve quoracy if at least two members are present.

4.2 A duly convened meeting of the Audit Committee at which the quorum is present shall be competent to exercise all of any of the authorities, powers and discretions delegated to it.

4.3 Members should normally attend meetings, and it is expected that members will normally attend a minimum of 75% of meetings held per annum.

5.0 Deputising Arrangements

5.1 Except for the Chair, who can nominate a member of the Audit Committee to deputise in their absence, deputies will not be permitted for members of the Audit Committee.

5.2 Should a member or officer in attendance not be able to attend a Committee meeting, apologies in advance must be provided to the Chair. Deputies can attend on behalf of officers normally in attendance and any formal acting up status will be recorded in the minutes.

6.0 Frequency

6.1 The Committee shall meet not less than four times per year; a schedule of pre-arranged meetings will be distributed to all members on an annual basis along with a proposed annual calendar of business.

6.2 The Chair of the Committee may arrange extraordinary meetings at ~~his/her~~ their discretion or at the request of Committee members or either the Head of internal Audit or the Lead Partner of External Audit.

7.0 Conduct of Meetings

7.1 Meetings of the Audit Committee shall be conducted in accordance with the provisions of Standing Orders, Scheme of Reservation and Delegation and Standing Financial Instructions.

7.2 The agenda and supporting papers will be sent out at least 5 days in advance of the meeting. Authors of papers presented must use the required template. Papers must be received by the committee secretary in line with the published deadlines unless, in exceptional circumstances, explicit agreement has been reached with the Committee Chair (or nominated Deputy).

7.3 The ~~Deputy Director of Business Delivery~~ Head of Corporate Affairs and Governance is responsible for the production of minutes, action and decision tracking and the maintenance of the formal record and documentation of the business of the Audit Committee and will ensure that the work plan is integrated and aligned to the Governing Body schedule of business and that Committee standards are upheld.

7.4 Minutes of the meetings, action tracker and decision tracker will be circulated promptly to all members as soon as reasonably practical.

7.5 Presenters of papers can expect all committee members to have read the papers and should keep to a summary that outlines the purpose of their paper/report and key issues. Committee members may question the presenter.

8.0 Duties

8.1 The duties of the Committee are categorised as follows:

Integrated Governance, Risk Management and Internal Control

8.2 The Committee shall review the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the Clinical Commissioning Group's activities.

8.3 In particular the Committee shall review the adequacy and effectiveness of:

- all risk and control related disclosure statements (in particular the Annual Governance Statement), together with any reports from Internal or External audit or other appropriate independent assurances, before making recommendations to the Governing Body
- the underlying assurance processes that indicate the degree of the achievement of corporate objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements.
- the policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements and any related reporting and self-certifications;
- the policies and procedures relating to counter-fraud and anti-corruption activities as set out in the NHS Protect Standard;
- review the effectiveness of the CCG's internal controls, CCG Governing Body Assurance Framework, Integrated Governance and Risk Management systems.
- Review compliance with relevant regulatory, legal and code of conduct requirements in relation to Information Governance, Civil Contingencies, Health and Safety.

8.4 The Committee shall also oversee, through an effective work programme:

- the production of the statement to be included in the annual report concerning internal controls and risk management;
- instances where the Clinical Commissioning Group's Standing Orders and ~~Prime Financial Policies~~ Standing Financial Instructions are waived and investigate those issues that present a risk to the internal control functions of the Group;
- ~~at least annually~~ review of the register of gifts, hospitality and sponsorship, schedule of losses, special payments and losses and declarations of interest for all staff, including specifically those relating to decision making committees and seeking assurance that declarations of

interests are being managed across the Membership as a whole, in accordance with the requirements set out in the policy; and

- review of the organisation's register of contracts to determine that effective contract arrangements are in place with suppliers and third parties and that the total financial exposure of the organisation is monitored;
- the CCG's arrangements, including approval of policies and plans as necessary in respect to Information Governance, Civil Contingencies, Health and Safety.

Financial Reporting

8.5 The Committee shall monitor the integrity of the statutory financial statements of the Clinical Commissioning Group including the annual report before submission to the Governing Body, reviewing significant financial reporting issues and judgements which they contain ~~The Committee shall also review summary financial statements, significant financial returns to regulators and any financial information contained in other official documents, including the Annual Governance Statement.~~.

8.6 The Committee shall review and challenge where necessary:

- the consistency of, and any changes to, accounting policies;
- the methods used to account for significant or unusual transactions where different approaches are possible;
- whether the Clinical Commissioning Group has followed appropriate accounting standards and made appropriate estimates and judgements, taking into account the views of the external auditors;
- the clarity of disclosure in the group's financial reports and the context in which statements are made; and
- all material information presented with the financial statements (insofar as it relates to audit and risk management).

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

Internal audit

8.8 The Committee shall ensure there is an effective internal audit function that meets mandatory NHS Internal Audit Standards (the Handbook refers to Public Sector Internal Audit Standards 2013) and provides appropriate independent assurance to the Committee, Accountable Officer and Governing Body. This will be achieved by :

- considering and approving the remit of the internal audit function and ensuring it has adequate resources and appropriate access to information to enable it to perform its function effectively and in accordance with the relevant professional standards. The Committee shall also ensure the function has adequate standing and is free from management or other restrictions;
- reviewing and assessing the internal audit strategy, operational plan and more detailed programme and scheduling of work, ensuring these are consistent with the audit needs of the organisation as identified in the Clinical Commissioning Group's Assurance Framework;
- evaluating promptly all reports giving limited or no assurance from the internal audit along with evaluating progress reports which include progress against work plan and a summary of work completed where significant assurance is given;

- assessing and monitoring management's responses to the findings and recommendations of internal audit;
- considering the provision of the internal audit service and the costs involved and undertaking a review of the effectiveness of the internal audit service annually.

8.9 The Committee shall also meet the Head of Internal Audit at least once a year, or on request of the Chair of the Committee without ~~management~~ officers being present, to discuss their remit and any issues arising from the internal audits carried out. In addition, the Head of internal audit shall be given the right of direct access to the Chair of the Audit Committee and to the Audit Committee.

External Audit

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

- Consideration of the performance of the external auditor and make recommendations to the Governing Body as far as the Audit Commission's rules permit and in accordance with the requirements of t he Local Audit and Accountability Act 2014;
- seeking assurances that there is effective process in place for the appointment and removal of the external auditor and that there are clear mechanisms to support the on-going management of the auditor contract;
- Discussion and agreement with the external auditor, before the audit commences, of the nature and scope of the audit as set out in the annual plan;
- Discussion with the external auditor of their evaluation of audit risks and assessment of the Clinical Commissioning Group and associated impact on the audit fee;
- Reviewing all external audit reports, including the report to those charged with governance, agreement of the annual audit letter (before submission to the Governing Body) and any work undertaken outside the annual audit plan, together with the appropriateness of management responses; and
- Considering the provision of the external audit service and the costs involved and undertaking a review of the effectiveness of the external audit service annually

8.11 The Committee shall also meet the external auditor at least once a year or on request of the Chair of the Committee, without ~~management~~ officers being present; to discuss their remit and any issues arising from the CCG's audit. In addition, the Lead Partner of the external audit shall be given the right of direct access to the Chair of the Audit Committee and to the Audit Committee.

Counter Fraud

8.12 The Committee shall ensure that there is effective review of the work of the Local Counter Fraud Service as required by NHS Protect. This will be achieved by:

- approval of the appointment of a Local Counter Fraud Officer either directly or through the ~~internal audit service~~ appointment of an outside provider of counter fraud services;
- review and approval of the Counter Fraud Policy, operational plans and detailed programme of work ensuring this is considered with the needs of the Clinical Commissioning Group;
- ensuring that the Counter Fraud functions are adequately resourced and have appropriate standing within the CCG;
- reviewing progress reports, findings and outcomes of any reactive work and assurances that the provision complies with NHS Protect standards; and

- seeking assurance that the Clinical Commissioning Group has adequate controls in place to ensure it complies with the Bribery Act 2010.

Conflicts of Interest

8.13 The Committee will seek assurance that for every interest declared, either in writing or by oral declaration, arrangements are in place and have been implemented to manage the conflict of interests or potential conflict of interests, to ensure the integrity of the Clinical Commissioning Group's decision making processes.

8.14 The Committee will periodically seek assurances on the review of declarations of interest against the register of interests and the assessment of risk relating to interests.

8.15 The Audit Committee Chair will undertake the role of Conflicts of Interest Guardian

Whistle-blowing

8.16 The Audit Committee shall review the CCG's arrangements for their employees to raise concerns, in confidence, about possible wrongdoing in financial reporting, clinical or safety matters or other matters. The Committee shall ensure that these arrangements allow proportionate and independent investigation of such matters and appropriate follow up action.

Other Assurance Functions

8.17 The Committee shall review the findings of other significant assurance functions, both internal and external to the Clinical Commissioning Group, and make recommendations to the Governing Body on matters affecting the governance of the Group.

8.18 These will include, but will not be limited to, any reviews by Department of Health arm's length bodies or regulators/inspectors, and professional bodies with responsibility for the performance of staff or functions. These are likely to include NHS England and Improvement.

8.19 In addition, the Committee will

- review the work of other Committees of the Governing Body, whose work can provide relevant assurance to the Committee's own areas of responsibility and scope of work;
- request and review reports and positive assurances from directors and managers on the overall arrangements for governance, risk management and internal control, and may request specific reports from individual functions within the group as they may be appropriate to the overall arrangements; and
- review policies in relation to risk management and corporate governance to ensure they are fit for purpose and accurately reflect best practise guidance and legislation.

9.0 Reporting

9.1 The Committee ~~will produce a highlight report~~ shall report formally to the Governing Body on its proceedings after each meeting on all matters within its duties and responsibilities and will bring to the attention of the Governing Body any significant control issues ~~disclosures~~ and risks.

9.2 The Audit Committee shall make whatever recommendations to the CCG Governing Body it deems appropriate on any area within its remit where action or improvement is needed.

9.3 The Audit Committee will ~~also include the minutes of the Audit Committee meeting as an appendix to the~~ report ~~and reference to any other key documents for presentation~~ annually to the Governing Body through inclusion of an overview in the Annual Governance Statement which will include as a minimum a summary of the annual self-assessment undertaken, a report of progress during the reporting period, including frequency of meetings and membership attendance.

10.0 Monitoring Compliance

10.1 The Committee will develop a calendar of business, and a work plan with specific objectives which will be reviewed regularly and formally on an annual basis.

10.2 The Committee shall undertake an annual self-assessment of its performance

11.0 Reviewing Terms of Reference

11.1 The Terms of Reference of the Committee (including membership) shall be reviewed at least annually by the Membership Audit Committee for approval in accordance with the ~~next review due September 2017~~ Scheme of Reservation and Delegation.

NHS
Bury
Clinical Commissioning Group

TERMS OF REFERENCE
REMUNERATION COMMITTEE

Terms of Reference Document Control Sheet

Document Control	
Document Name	Remuneration Committee Terms of Reference
Version/Revision Number	V2.2

Version Control

Version	Amendment	Date Approved
V1.0	Original version included within the Scheme of Reservation and Delegation	2013
V1.1	To reflect best practice and feedback from MIAA Committee Effectiveness review	July 2016
V1.2	Amendments for consistency	September 2016
V1.2	Submitted to Governing Body for information prior to ratification	September 2016
V2.0	Ratified by CCG Membership	October 2016
V2.1	Refreshed for inclusion in updated Constitution	July 2017
V2.2	Reviewed by Director of Commissioning and Business Delivery for circulation to Governing Body members	July 2019

REMUNERATION COMMITTEE TERMS OF REFERENCE

1.0 Introduction

1.1 The Clinical Commissioning Group hereby resolves to establish a Committee to be known as the Remuneration Committee (the Committee) to carry out the duties as set out in clause 7 of these Terms of Reference.

1.2 The Committee, which is established as a sub-committee of the Governing Body, is authorised by the Governing Body to investigate any activity within its Terms of Reference. The Committee can request information, reports and assurances in relation to those areas within these Terms of Reference.

1.3 The Committee is authorised by the Governing Body to obtain outside legal or other independent professional advice, and to secure attendance of others with relevant experience and expertise if it considers this is necessary. The Committee can commission reports and / or surveys necessary to fulfil its obligations.

1.4 The Committee is a non-executive committee of the Governing Body and has no executive powers, other than those specifically delegated in these Terms of Reference.

The following paragraph has been included at 7.1 and will be deleted

~~Except as outlined in these Terms of Reference, meetings of the Committee shall be conducted in accordance with the provisions of Standing Orders, Reservation and Delegation of Powers and Standing Financial Instructions approved by the Membership and reviewed from time to time. The Remuneration Committee is authorised by the Governing Body to investing any activity within its Terms of Reference which has delegated functions connected with the Governing Body's main function.~~

It was felt this was no longer required and therefore deleted. Also to keep consistency with other ToRs.

~~These Terms of Reference set out the Committee's membership, its role, responsibilities and reporting arrangements and shall have effect as if incorporated into the Clinical Commissioning Group's constitution and standing orders.~~

2.0 Membership

2.1 The Committee shall be appointed by the Clinical Commissioning Group from amongst its Governing Body Members in accordance with the requirements of Remuneration Committees as set out in the National Health Service (Clinical Commissioning Group) Regulations 2012.

2.2 The Committee shall consist of not less than 3 members and should not include full time employees or individuals who claim a significant proportion of their income from the CCG:

- Governing Body Lay Member for Patient and Public Involvement (Chair)
- Governing Body Lay Member for Audit and Conflicts of Interest ~~(Chair)~~
- Governing Body Lay Member for Quality and Performance

2.3 In the event of the Chair of the committee being unable to attend all or part of the meeting, they will nominate a replacement from within the membership to deputise for that meeting.

2.4 Only members of the Remuneration Committee have the right to attend meetings, however the Committee may co-opt members with appropriate specialist expertise, as required.

3.0 Attendance

3.1 The following officers and representatives will be invited to attend all or part of any meeting as and when appropriate:

- Accountable Officer;
- CCG Chair;
- Chief Finance Officer; and
- appropriate HR advisors.

3.2 Arrangements for HR support to the Committee will be through the CCG's commissioned HR service which will be responsible for drawing the Committee's attention to best practice, national guidance and other relevant documents as appropriate.

3.3 No Senior Manager should be present for discussions about their own remuneration.

3.4 The Deputy Director of Business Delivery shall be Secretary to the Committee and shall attend to provide appropriate support to the Chair and members of the Committee.

4.0 Quoracy

4.1 The meeting will achieve quoracy if at least two members are present, however the Chair of the Committee shall reserve the right to reconvene and rearrange a meeting should they feel this necessary.

4.2 A duly convened meeting of the Committee at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions delegated to it.

5.0 Deputising Arrangements

5.1 Except for the Chair, who can nominate a member of the Remuneration Committee to deputise in their absence, deputies will not be permitted for members of the Remuneration Committee.

5.2 Should a member or officer in attendance not be able to attend a Committee meeting, apologies in advance must be provided to the Chair. Deputies can attend on behalf of officers normally in attendance and any formal acting up status will be recorded in the minutes.

6.0 Frequency and Notice

6.1 The Committee shall normally meet at least twice a year, but additional meetings may be required, and the Chair will be advised of this in advance.

6.2 The Chair of the Committee may arrange also ask for a meeting to be convened.

6.3 Unless otherwise agreed, notice of each meeting confirming the venue, time and date together with an agenda of items to be discussed, shall be forwarded to each member of the Committee, and other persons required to attend no later than five working days before the date of the meeting. Supporting papers shall be sent to Committee members and other attendees as appropriate, at the same time.

7.0 Conduct of Meetings

7.1 Meetings of the Remuneration Committee shall be conducted in accordance with the provisions of Standing Orders, Scheme of Reservation and Delegation and Standing Financial Instructions.

7.2 A register of the Declarations of Interest of Remuneration Committee Members will be provided at every meeting, and Committee members will be required to notify of any new interests relating to the business of the meeting at the start of the meeting.

7.3 Any existing or new interests will be considered in order that assurance is provided on the arrangements that are in place and have been implemented to manage the conflict of interests or potential conflict of interests, to ensure the integrity of the Remuneration Committees' decision-making processes.

7.4 The agenda and supporting papers will be sent out at least 5 working days in advance of the meeting. Authors of papers presented must use the required template. Papers must be received by the committee secretary in line with the published deadlines unless, in exceptional circumstances, explicit agreement has been reached with the Committee Chair.

7.5 The Deputy Director of Business Delivery is responsible for ensuring the timely distribution of papers, production of minutes, action and decision tracking, and the maintenance of the formal record and documentation of the business of the Committee and will also ensure that the work plan is integrated and aligned to the Governing Body Schedule of Business and that Committee standards are upheld.

7.6 Minutes of the meetings, action tracker and decision tracker will be circulated promptly to all members as soon as reasonably practicable.

7.7 Presenters of papers can expect all committee members to have read the papers and should keep to a summary that outlines the purpose of their paper/report and key issues. Committee members may question the presenter.

8.0 Duties

8.1 The Remuneration Committee will make recommendations to the Governing Body on determinations about the remuneration, fees and other allowances, including any pension scheme that the CCG may establish as an alternative to the NHS pension scheme, for employees and for people who provide services to the CCG. This will include staff who are not under Agenda for Change terms and conditions.

8.2 Any actions taken by the CCG Remuneration Committee must be publicly defensible. The Remuneration Committee should bear in mind the need for properly defensible remuneration packages, which are linked to clear statements of responsibilities and with rewards linked to the measurable discharge of those responsibilities.

8.3 In all its ~~decisions~~ deliberations and recommendations, the Remuneration Committee should also remain aware that the CCG is corporately responsible for ensuring that its pay arrangements are appropriate in terms of Equal Pay requirements and other relevant legislation.

8.4 The CCG Remuneration Committee and CCG Governing Body, to which they report, are public bodies and as such they must always:

- observe the highest standards of propriety involving impartiality, integrity and objectivity in relation to the stewardship of public funds and the management of the bodies concerned;
- maximise value for money through ensuring that services are delivered in the most efficient and economical way, within available resources, and with independent validation of performance achieved wherever practicable; and
- bear in mind the necessity of keeping comprehensive written records of their dealings, in line with general good practice in corporate governance.

8.5 The Committee shall:

- determine the appropriate arrangements for the appointment of the Accountable Officer, Chief Finance Officer and other executive Director positions;
- determine the appropriate remuneration and terms of services for staff not under Agenda for Change pay bandings, including consideration of:
    - all aspects of salary;
    - arrangements for termination of employment and other contractual terms;
    - ensuring individuals are appropriately rewarded for their contribution to the CCG, having due regard to the CCG's circumstances and to the provision of any national arrangements for such members as appropriate; and
    - determine the contractual arrangements for such staff including the proper calculation and scrutiny of termination payments taking account of national guidance as appropriate;
- make recommendations to the Governing Body on determinations about pay and remuneration for: employees of the CCG and people who provide services to the CCG, including any allowances under any pension scheme it might establish as an alternative to the NHS pension scheme;
- reviewing the performance of the accountable officer and other senior team members and determining annual salary awards, if appropriate; and
- considering the severance payments of the Accountable Officer and usually of other senior staff, seeking HM Treasury approval as appropriate in accordance with the guidance 'Managing Public Money' (available on the HM Treasury website);
- give due consideration to subsistence levels and expenses allowed outside of the AfC framework
- determine the arrangements that will apply in respect to additional payments for supplementary work or complexity, including local arrangements for remunerating on-call managers payments;

- undertake regular benchmarking and review of remuneration levels
- approving, where authority is delegated, or recommending to the Governing Body policies for implementation across the CCG which relate to the terms of service and conditions for all employees.

8.6 All aspects of salary will be considered by the Remuneration Committee, including:

- performance-related elements and bonuses;
- annual inflationary uplifts to remunerations;
- provisions for other benefits, including pensions and cars; and
- arrangements for termination of employment and other contractual terms. ~~(decisions requiring dismissal will be shall be referred to the Governing Body)~~

8.7 The Remuneration Committee will also consider and make recommendations on the following issues for submission to the Governing Body and onto NHS England Remuneration Committee, as required:

- severance payments to Accountable Officers and Senior Managers; or
- termination payments requiring Treasury approval; redundancy / early retirement payments to Very Senior Managers, or costing over £50,000

8.8 The Committee will apply best practice in all elements of its decision-making processes, for example, when considering individual remuneration, the Committee will:

- comply with current disclosure requirements for remuneration;
- on occasion seek independent advice about remuneration for individuals; and
- ensure that decisions are based on clear and transparent criteria.

8.9 The Committee will have full authority to commission reports or surveys it deems necessary to fulfil its obligations.

9.0 Reporting

~~9.1~~ The Committee shall ~~produce a highlight~~ report formally to the Governing Body on its proceedings after each meeting on all matters within its duties and responsibilities and will bring to the attention of the Governing body any areas of concern. ~~This will also include the minutes of the meeting.~~

9.2 The Remuneration Committee shall make any recommendations to the Governing Body it deems appropriate on any area within its remit or where action or improvement is required.

9.3 The Remuneration Committee ~~shall submit an annual report~~ will report annually to the Governing Body through inclusion of an overview in the Annual Governance Statement which will include as a minimum a summary of the annual self-assessment undertaken, a report of business considered during the reporting period, including frequency of meetings and membership attendance.

10.0 Monitoring Compliance

10.1 The Committee will develop a schedule of business and a work plan with specific objectives which will be reviewed regularly and formally on an annual basis.

10.2 The Committee shall undertake an annual self-assessment of its performance.

11.0 Review of Terms of Reference

11.1 The Terms of Reference of the Committee (including membership) shall be reviewed at least annually by the ~~Governing Body with the next review being September 2017~~ Remuneration Committee for approval in accordance with the Scheme of Reservation and Delegation.

TERMS OF REFERENCE

PRIMARY CARE COMMISSIONING COMMITTEE

Document Control	
Document Name	Primary Care Commissioning Committee Terms of Reference
Version/Revision Number	v1.1

Version Control

Version Ref	Amendment	Date Approved
v0.1	Draft prepared using the model Terms of reference issued by NHS England	Nov 2015
v0.2	Updated to reflect feedback from Primary Care Co-Commissioning Committee and NHS England	Jan 2016
v0.3	Amended to remove membership and in attendance terminology and updated to reflect voting and non-voting responsibilities	March 2016
v0.4	Delegation agreement added	April 2016
v0.5	submitted to Primary Care Commissioning Committee for review	May 2016
v0.6	Issued for review and approval by the CCG membership	June 2016
v1.0	Ratified by the CCG Membership through virtual consultation	June 2016
V1.1	Refreshed for inclusion in updated Constitution	July 2019
V1.2	Incorporated feedback from CCG Chair and Director of Commissioning and Business Delivery	

1.0 Introduction

1.1 The Primary Care Commissioning Committee (hereafter referred to as 'the Committee') is established as a committee of NHS Bury CCG, in accordance with the Clinical Commissioning Group's (CCG) Constitution, to discharge those duties delegated from NHS England in respect to the commissioning of primary [medical] care services.

1.2 The Committee will function as a corporate decision-making body for the management of delegated functions and the exercise of delegated powers.

1.3 These Terms of Reference set out the Committee's membership, its role, responsibilities and reporting arrangements and shall have effect as if incorporated into the Clinical Commissioning Group's Constitution and Standing Orders.

1.4 The Committee will operate under the guiding principles of being a clinically led committee, ensuring clinical input is central to informing all discussions and decisions made by the Committee, whilst also balancing the requirements to manage conflicts of interest, which naturally occur as a consequence of the membership and remit of the Committee.

1.5 It is a committee comprising representatives of the following organisations or boards:

- NHS Bury CCG
- NHS England;
- Bury Metropolitan Borough Council;
- Healthwatch; and Bury Health and Well-Being Board.

2.0 Constitution

2.1 NHS England has delegated to the CCG authority to exercise the primary [medical] care commissioning functions set out in schedule 1, in accordance with section 13Z of the NHS Act.

2.2 Arrangements made under section 13Z may be on such terms and conditions (including as to payment) as may be agreed between NHS England and the CCG.

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

a) Management of conflicts of interest (section 14O);
b) Duty to promote the NHS Constitution (section 14P);
c) Duty to exercise its functions effectively, efficiently and economically (section 14Q);

d) Duty as to improvement in quality of services (section 14R);
e) Duty in relation to quality of primary [medical] services (section 14S);
f) Duties as to reducing inequalities (section 14T);
g) Duty to promote the involvement of each patient (section 14U);
h) Duty as to patient choice (section 14V);
i) Duty as to promoting integration (section 14Z1);
j) Public involvement and consultation (section 14Z2).

2.4 The CCG will specifically, in respect of the delegated functions from NHS England, exercise those in accordance with the relevant provisions of section 13 of the NHS Act, as follows:

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

2.5 In the work of this Committee, it will also exercise the CCG additional general duties to:

- Obtain appropriate advice from persons who, taken together, have a broad range of professional expertise in healthcare and public health;
- Promote innovation; and
- Promote research and the use of research.

2.6 The Committee is established as a Committee of NHS Bury CCG in accordance with Schedule 1A of the NHS Act.

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

3.0 Membership

3.1 The Committee shall have a lay and executive majority ~~be appointed by the Governing Body of the CCG, operate in accordance with the CCG's standing orders and~~ shall consist the following:

- Lay Member for Performance and Quality (Chair) (voting);
- Lay Member for Patient and Public Involvement (vice chair) (voting);
- Accountable Officer(voting);
- Chief Finance Officer(voting);
- Director of Commissioning and Business Delivery (voting);
- Director of Public Health (voting);
- Registered Nurse of the Governing Body (voting);
- Deputy Director of Primary Care (voting);
- CCG Chair (non-voting);
- Clinical Director responsible for leading on Primary Care (non-voting);

- NHS England operational representative (non-voting);
- Patient ~~Cabinet~~ Representative (non-voting);
- A representative from the LMC (non-conflicted) (non-voting);
- A representative from the LPC (non-conflicted) (non-voting);
- A representative from the LOC (non-conflicted) (non-voting);
- A representative from the LDC (non-conflicted) (non-voting);
- A representative from Healthwatch (non-voting); and
- A representative from the Health and Wellbeing Board (non-voting).

3.2 The Chair of the Committee shall be the Lay Member with responsibility for Quality and Performance.

3.3 The Vice Chair of the Committee shall be the Lay Member with responsibility for Patient and Public Involvement.

3.4 The Chair of the Committee may call additional experts to attend meetings on an ad-hoc basis to inform discussions.

4 Quoracy

4.1 The Committee must have a lay and executive majority.

4.2 The meeting will be quorate where a minimum of 9 members are present, of which 5 must be voting members, and must also include: may need to change numbers if change count above

- the chair or vice chair of the committee;
- the Accountable Officer or Chief Finance Officer; and
- the Clinical Director with responsibility for leading on Primary Care or the CCG Chair (as a representative of primary care to inform discussions).

4.3 A duly convened meeting of the Primary Care Commissioning Committee at which the quorum is present shall be competent to exercise all of any of the authorities, powers and discretions delegated to it.

4.4 Members should normally attend meetings, and it is expected that members will normally attend a minimum of 75% of meetings held per annum.

5 Deputising Arrangements

5.1 In respect to the Chair and Vice-Chair of the PCCC, deputising can only be undertaken by another Lay Member.

5.2 Should a member, whether voting or non-voting, not be able to attend a Committee meeting, apologies in advance must be provided to the Chair. Deputies can attend on behalf of other members of the Committee and must be agreed in advance with the Chair of the Committee.

5.3 Deputising arrangements will count towards the quorum, where formal representative status is confirmed, and this will be reflected within the minutes.

6 Voting

6.1 Each voting member of the Committee shall have one vote.

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

7 Frequency

7.1 The Committee shall meet not less than 6 times per year.

7.2 The Chair of the Committee may arrange extraordinary meetings at their discretion.

7.3 Meetings of the Committee will, subject to the application of clause 7.4 of these Terms of Reference, be held in public.

7.4 The Committee may resolve to exclude the public from a meeting that is open to the public (whether during the whole or part of the proceedings) in the following circumstances:

- whenever publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted; or
- for other special reasons stated in the resolution and arising from the nature of that business or of the proceedings; or
- for any other reason permitted by the Public Bodies (Admission to Meetings) Act 1960 as amended or superseded from time-to-time.

7.5 The Committee may also hold a meeting in private, convened by the Chair of the Committee or as requested by one of the Committee members and supported by the Chair of the Committee, to enable matters of a confidential nature need to be discussed.

7.6 Where a private meeting is required, this will take place before the meeting in public.

8 Conduct of Meetings

8.1 The Committee will operate in accordance with the CCG's Standing Orders, Scheme of Reservation and delegation and Standing Financial Instructions.

8.2 The agenda and supporting papers will be issued at least 5 days in advance of the meeting. Authors of papers presented must use the required template. Papers must be received by the Committee Secretary in line with the published deadlines unless, in exceptional circumstances, explicit agreement has been reached with the Committee Chair.

8.3 The Committee Secretary is responsible for the production of minutes, action and decision tracking and the maintenance of the formal record and documentation of the business of the Primary Care Commissioning Committee and will ensure that committee standards are upheld.

8.4 Minutes of the meetings, action tracker and decision tracker will be circulated promptly to all members as soon as reasonably practicable.

8.5 Presenters of papers can expect all committee members to have read the papers and should keep to a summary that outlines the purpose of their paper / report and key issues. Committee members may question the presenter.

8.6 Members of the Committee shall respect confidentiality requirements as set out in the CCG's Constitution.

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

8.8 In accordance with the arrangements set out in the CCG Constitution and detailed at clause 10.6 of these terms of reference, the Committee is authorised to establish sub-committees and / or task and finish groups to support it in discharging its duties. Notes of any such sub-committees or groups will be presented to the meeting for information.

8.9 Where an emergency or urgent decision needs to be executed in the period between the scheduled meetings, in agreement with the Chair (or in their absence the vice chair) the following will be circulated to the committee:

- the details in respect of the decision required;
- the response required and associated timescales; and
- the outcome will be communicated with the committee members.

8.10 Where a simple majority is not achieved through the emergency and urgent decision process, the casting vote will be as 6.2 above.

8.11 All emergency and urgent decisions will be reported to the Committee at its next meeting by the Chair (or vice chair) with a full explanation, regarding:

- what the decision was;

- why it was deemed and emergency or urgent decision (required to be made in the period between the scheduled meetings);
- what was the majority view of the members of the Committee; and
- how the decision was implemented.

8.12 A record of the above will form part of the minutes of the next scheduled meeting, following the emergency powers/urgent decision being made.

9 Conflicts of Interest

9.1 A register of the Declarations of Interest of Primary Care Committee Members will be provided at every meeting, and Committee members will be required to notify of any new interests relating to the business of the meeting at the start of the meeting.

9.2 Any existing or new interests will be considered in order that assurance is provided on the arrangements that are in place and have been implemented to manage the conflict of interests or potential conflict of interests, to ensure the integrity of the Primary care Commissioning Committee's decision-making processes.

9.3 The Chair of the Committee shall determine, in accordance with the CCG's Conflicts of Interest Policy, the management arrangements that will apply in respect of any conflicted member of the Committee. These management arrangements may include, but are not limited to:

- whether or not the conflicted member or colleague in attendance shall contribute to the discussion;
- the requirement for the conflicted member or colleague in attendance to absent the meeting at the point of decision making on that item of business, even where the Committee is meeting in public;
- with prior agreement from the Committee Chair, identification of an appropriate non-conflicted representative to attend the Committee on behalf of the conflicted member for that particular item of business.

10 Duties and Responsibilities

10.1 The Committee has been established in accordance with statutory provisions as outlined within these Terms of Reference to enable the Committee to make collective decisions on the review, planning and procurement of primary [medical] care services in NHS Bury CCG, under delegated authority from NHS England.

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

10.3 The functions of the Committee are undertaken in the context of a desire to promote

increased co-commissioning to increase quality, efficiency, productivity and value for money and to remove administrative barriers.

10.4 The role of the Committee shall be to carry out the functions relating to the commissioning of primary [medical] care services under section 83 of the NHS Act, except those relating to individual GP performance management which have been reserved to NHS England, and includes:

- oversight of GMS, PMS and APMS contracts (including the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing breach and / or remedial notices, and removing a contract);
- authorisation of implementation of new enhanced services ("Local Enhanced Services");
- oversight of Directed Enhanced Services" applications;
- design of local incentive schemes as an alternative to the Quality Outcomes Framework (QOF);
- decision making on whether to establish new GP practices in an area;
- decision making on approving practice mergers, retirements, resignations etc.; and
- making decisions on 'discretionary' payment (e.g., returner/retainer schemes).

10.5 The PCCC will also carry out the following activities:

- agree an annual work programme and determining priorities to inform budget and resource planning;
- setting the strategic direction for primary [medical] care services, ensuring alignment with the Five Year Forward View, Locality Plan, NHS 10 Year Plan and the Health and Well-Being Board Strategy;
- carry out needs assessment to support and inform the development of primary [medical] care;
- co-ordinate a common approach to the commissioning of primary [medical] care services generally;
- oversee the implementation of a single coordinated strategy for primary [medical] care services in Bury;
- strategic development and utilisation of primary care estate;
- provide oversight of activity associated with the Prime Ministers Challenge Fund within Bury, and any Primary Care initiatives including those coordinated via the GP Federation;
- manage relevant budgets and resources associated with the responsibilities of the Committee for commissioning of primary [medical] care services in NHS Bury CCG;
- review outcomes from reviews undertaken of primary [medical] care services in NHS Bury CCG;
- support the reduction on inequalities across primary [medical] care services to improve services for patients;
- streamline processes, building on best practice locally and from the wider health economy where appropriate;

- ensure Primary Care is enabled to fully undertake its pivotal role within integrated neighbourhood teams and that Primary Care's roles in local networks and neighbourhoods are aligned;
- undertake reviews of Primary [medical] Services in Bury;
- keep abreast of and respond to other specific matters or developments in respect to Primary Care, for example in respect to Primary Care workforce or IT;
- in collaboration with NHS England, establish links between primary care medical services and other primary care contractor services to ensure coordinated primary care delivery of the CCG's strategic intentions; and
- any other matters as relevant to the remit of the Committee.

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

11 Accountabilities and Decision Making

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

11.2 The decisions of the Committee will be binding on NHS England and NHS Bury CCG.

11.3 Decisions will be published by both NHS England and NHS Bury CCG.

11.4 For the avoidance of doubt, in the event of any conflict between the terms of the Delegation and the Terms of Reference, Standing Orders and Standing Financial Instructions of any of the members, the Delegation will prevail.

12 Reporting

12.1 The minutes of Committee shall be formally recorded and submitted, along with a summary report of the decisions made to Governing Body and Greater Manchester Health and Social Care Partnership on behalf of NHS England following the meeting for information. This will include the minutes of any sub-committees to which responsibilities are delegated under clause 10.6 and will assure itself that conflicts of interest have been appropriately managed by these sub-committees.

12.2 The Committee will report ~~to the Governing Body annually on its work programme.~~ annually to the Governing Body through inclusion of an overview in the Annual Governance Statement which will include as a minimum a summary of the annual self-assessment undertaken, a report of

progress during the reporting period, including frequency of meetings and membership attendance.

13 Monitoring Compliance

13.1 The Committee will develop an annual calendar of business, and a work plan with specific objectives which will be reviewed regularly and formally on an annual basis.

13.2 The Committee shall undertake an annual self-assessment of its performance.

14 Reviewing Terms of Reference

14.1 The Terms of Reference of the Committee (including membership) shall be reviewed annually, to reflect the experience of the Committee in fulfilling its functions and the wider experiences of NHS England and CCGs in respect of primary [medical] care services co-commissioning, in accordance with the Scheme of Reservation and Delegation. ~~Governance arrangements and submitted to NHS England for information.~~

Schedule 1: Delegation

- decisions in relation to the commissioning, procurement and management of Primary Medical Services Contracts, including but not limited to the following activities:
    - decisions in relation to Enhanced Services;
    - decisions in relation to Local Incentive Schemes (including the design of such schemes);
    - decisions in relation to the establishment of new GP practices (including branch surgeries) and closure of GP practices;
    - decisions about 'discretionary' payments;
    - decisions about commissioning urgent care (including home visits as required) for out of area registered patients;

- the approval of practice mergers;
- planning primary medical care services in the Area, including carrying out needs assessments;
- undertaking reviews of primary medical care services in the Area;
- decisions in relation to the management of poorly performing GP practices and including, without limitation, decisions and liaison with the CQC where the CQC has reported non- compliance with standards (but excluding any decisions in relation to the performers list);
- management of the Delegated Funds in the Area;
- Premises Costs Directions functions;
- coordinating a common approach to the commissioning of primary care services with other commissioners in the Area where appropriate; and
- such other ancillary activities that are necessary in order to exercise the Delegated Functions.

Schedule 2: Reserved Functions

a) management of the national performers list;
b) management of the revalidation and appraisal process;
c) administration of payments in circumstances where a performer is suspended and related performers list management activities;
d) Capital Expenditure functions;
e) section 7A functions under the NHS Act;
f) functions in relation to complaints management;
g) decisions in relation to the Prime Minister's Challenge Fund; and
h) such other ancillary activities as are necessary in order to exercise the Reserved Functions.

TERMS OF REFERENCE

STRATEGIC COMMISSIONING BOARD

Document Control	
Document Name	Strategic Commissioning Board Terms of Reference
Version/Revision Number	

Version Control

Version Ref	Amendment	Date Approved
0.1	Initial draft	
0.2		
0.3		
0.4		
0.5		
0.6		
0.7		
0.8		
0.9	Updated following feedback to reflect voting arrangements in respect to tied / deadlock position	

Strategic Commissioning Board Terms of Reference

Context

1. As part of the Bury Locality Plan for Health and Social Care Transformation 2017 to 2021 and to progressing the wider public service reform agenda there is a commitment to full alignment and integration between the Council and the Clinical Commissioning Group to form Bury Health and Social Care One Commissioning Organisation.

2. As part of this commitment the statutory bodies have agreed to form a single "Strategic Commissioning Board" in Bury to bring together the integrated governance of health and social care commissioning in its widest sense.

3. The following document sets out the terms of reference for the Strategic Commissioning Board (SCB).

4. Any changes to these Terms of Reference must be approved by the Council Cabinet and the CCG Governing Body

Statutory Framework

5. The SCB is not a statutory body. It is not intended to replace any of the existing statutory bodies in the locality; instead it is a joint committee of the two statutory organisations, Bury Metropolitan Borough Council ("the Council") and NHS Bury Clinical Commissioning Group ("the CCG"). The SCB will have overarching responsibility for all powers as have been delegated to it by the two statutory organisations (subject to any reserved matters) and set out in the associated Scheme of Delegation.

Role of the Strategic Commissioning Board

6. The SCB will be responsible for setting the principles and high-level strategic direction across the full responsibilities of health and care commissioning that is the responsibility of the two partners and will align wider Council, CCG and public services by inclusion so far as possible.

7. The SCB has been established to make decisions on the objectives, priorities, strategic design, commissioning and overall delivery of health and care services, including the oversight of their effectiveness, quality and performance.

8. In performing its role, the SCB will exercise its functions in accordance with duties delegated to it to support the delivery of the Bury Locality Plan for Health and Social Care Transformation 2017 to 2021, and its successor strategies and plans; including the Bury Strategy.

9. Members of the SCB have a collective responsibility for its operation. In

undertaking its role, clinical and democratic accountability will be implicit within all decisions, as will respect for all professional areas of knowledge and expertise. Decisions will be based on achieving better outcomes and experience for the residents of Bury and those that use services within the Borough, better quality and better value.

10. The ethos of partnership working will underpin the programme of work, recognising that on occasion, difficult decisions may be required to benefit the population of Bury.

11. The SCB will have responsibility for providing a Bury response to Greater Manchester commissioning matters.

Core Business

12. As the SCB will operate as a "place based", strategic, outcomes-based commissioner, the items of business for the SCB are likely to be:
    a) Understanding the aspirations, strengths and needs of Bury communities
    b) Leading collaboratively agreement of priorities for improvement
    c) Leading collaboratively the agreement of commissioning and enabling strategies and associated use of financial and other resources
    d) Enabling and supporting others to fulfil their roles within the system
    e) Providing oversight and gaining assurance in respect of outcomes, quality, performance and finance
    f) Providing leadership, oversight and assurance in respect of the development of an effective "One Commissioning Organisation"

13. The items of business for the SCB are unlikely to include detailed plans for operational service design and re-design.

Membership

14. The Strategic Commissioning Board shall consist of the following members:
    - Councillors – Cabinet Members of the Council to include no more than 7 voting Cabinet Members;
    - CCG Governing Body Members – 9 of the clinical and lay members to include 7 voting members, of which the majority will be clinicians; and 2 non-voting members;
    - The joint Chief Executive and Accountable Officer;
    - The joint Chief Finance Officer (including S151 responsibilities); and
    - The joint Director of Strategic Commissioning.

15. In addition, other Officers and representatives will be invited to the SCB, and will be recognised as in attendance, enabled to participate fully in discussions to inform the decisions of the SCB, but will not hold voting rights. This will include, but is not limited to:
    - 2 opposition party representatives;

- additional members of the CCG Governing Body (who are not members of the SCB)
- additional members of the CCG/Council Joint Executive Team or any such equivalent successor team (who are not members of the SCB)

Chair

16. The SCB will be jointly chaired by the Council's Leader on behalf of the Council and the CCG Chair on behalf of the CCG, with chairing responsibility rotated between meetings.

17. In the event of the Chair of the SCB being unavailable for all or part of the meeting, the following deputising arrangements will apply:
    - The Deputy Council Leader will deputise for the Council Leader; and
    - The CCG Chair will nominate a deputy drawn from the CCG members of the SCB.

Quorum

18. The meeting will achieve quoracy if the following requirements are satisfied:
    - A minimum of 3 elected members, of which 1 must be the Leader or Deputy Leader of the Council;
    - A minimum of 3 Governing Body representatives, of which 2 must be practicing clinicians; and
    - At least one joint Officer.

Voting

19. It is anticipated that decisions will be made by consensus, however in the event that this cannot be achieved, a vote will be undertaken. Each voting member of the SCB will have one vote and a simple majority vote will be sufficient to carry the decision.

20. In the event that the vote is tied, and a deadlock position is reached, the item of business will be referred back, with the minuted views of the Strategic Commissioning Board members, to the respective decision-making body from which the item of business is delegated.

Deputies

21. Deputies are only permitted in respect to the Chairing of the SCB or Officer members.

22. With the exception of deputising arrangements for the Chair of the SCB, nominated deputies will not hold a vote nor will they count towards quoracy.

Frequency of meetings

23. The SCB will routinely meet at monthly times; a schedule of pre-arranged meeting dates will be distributed on an annual basis with a proposed annual calendar of business.

24. The meetings of the SCB shall be held in public:
    a) subject to any exemption provided by law

    b) the SCB may resolve to exclude the public from a meeting that is open to the public (whether during the whole or part of the proceedings) whenever publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution and arising from the nature of that business or of the proceedings or for any other reason permitted by both the Public Bodies (Admission to Meetings) Act 1960 (as amended or succeeded from time to time) and the Local Government Act 1972.

Attendance

25. Members are expected to attend every meeting.

26. Where a member is unable to attend a meeting, apologies should be notified in advance to the Chair of the meeting.

Conduct of Meetings

27. The SCB will give no less than five clear working days' notice of its meetings.

28. The agenda and supporting papers will be published at least 5 clear working days in advance of the meeting, not including the publication day and the day of the meeting. Authors of papers presented must use the required template. Papers must be received by the committee secretary in line with the published deadlines unless, in exceptional circumstances, explicit agreement has been reached with the SCB Chair.

29. The SCB will be appropriately resourced to ensure the timely distribution of papers, production of minutes, action and decision tracking, and the maintenance of the formal record and documentation of the business of the SCB.

30. Presenters of papers can expect all SCB members to have read the papers and should keep to a summary that outlines the purpose of their paper/report and key issues arising since the time of publication which may materially influence the decision or actions of the SCB. SCB members and others in attendance may question the presenter.

Conflict of Interest

31. As a statutory Joint Committee formed by the two statutory organisations, the SCB must comply with the standards set by the Local Government Act 2000 as set out in Part 5(a) of the Council's Constitution and Section 140 of the National Health Service Act 2006 (as amended) as set out in Section 6 of the CCG Constitution.

32. In addition, the Register of Interests will be maintained for the members of the SCB and published on the Council and CCG websites.

Reporting

33. A highlight report from the SCB will be submitted to the Governing Body and Cabinet meetings, drawing the attention of the respective Statutory Committee to any items where further action is required. The SCB minutes will be included as an appendix to this report.

Monitoring Compliance

34. Meetings of the SCB shall be conducted in accordance with the provisions of both bodies Constitutions, Standing Orders, Scheme of Reservation and delegation of the respective partners and the duties delegated.

35. The SCB shall submit an annual report to the Governing Body and Council, incorporating progress, reporting arrangements, frequency of meetings and membership attendance. A summary of which will be included within the respective Governance Statements.

36. A review of effectiveness of the SCB will be undertaken at the end of the first year of operation and at further intervals as agreed appropriate.

The Terms of Reference of the SCB will be reviewed at least annually and submitted through the appropriate Governance arrangements for approval

APPENDIX 3
Standing Orders

1. STATUTORY FRAMEWORK AND STATUS

1.1. Introduction

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

1.1.2. The standing orders, together with the Group's Scheme of Reservation and Delegation and Standing Financial Instructions, 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 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; and
e) the declaration of interests and standards of conduct.

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

1.1.4. 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

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.

1.2.2. These decisions and also those delegated are contained in the Group's scheme of reservation and delegation (see Governance Handbook).

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

2.1. Composition of membership

2.1.1. Chapter 3 of the Group's constitution provides details of the membership of the Group.

2.1.2. Chapter 5 of the Group's constitution provides details of the governing structure used in the Group's decision-making processes, whilst the governance handbook outlines certain key roles and responsibilities within the Group and its Governing Body, including the role of Member Representatives (section 3.6 of the constitution)

2.2. Key Roles

2.2.1. Paragraph 5.5.2.2 of the Group's Constitution sets out the composition of the Group's Governing Body whilst the CCG's Governance Handbook 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 appointment/ election to the relevant role pursuant to the CCG Regulations.

2.2.3. The **Chair**, as listed at 5.5.2a) of the Group's constitution, is subject to the following appointment process:

i) **Eligibility** – the Chair shall be a Partner or salaried GP in a Group member practice who is practicing for a minimum of 2 clinical sessions per week in Bury. A majority of Member Representatives will be required to ratify the appointment;

b) **Nominations** – the post shall be advertised to eligible members of the Clinical Commissioning Group

c) **Appointment process** – All applicants submit a CV, following which there will be an assessment centre including an interview with at least

one GP from a member practice, a nominee of NHS England, the Accountable Officer an independent human resources advisor

d) **Term of office** – 3 years;

e) **Eligibility for reappointment** – remains a member of the Governing Body, subject to serving a maximum term of office of 9 years;

f) **Grounds for removal from office** -;
   i) The post holder joins the LMC executive committee
   ii) Any Member Representative with the support of Member Representatives together holding at least 20% of the nominated votes allocated to Member Representatives can, at a general meeting of the Council of Members, call a motion of no confidence in the chair. If Member Representatives together holding at least 75% of the nominated votes allocated to Member Representatives approve such a motion the post holder must stand down.
   iii) The office holder is convicted of a criminal offence carrying a custodial sentence or is found guilty of gross misconduct as set out in the Group's disciplinary policy;
   iv) The GP is no longer a GP partner or salaried GP within a Group Member Practice; or
   v) The post holder is no longer practicing for a minimum of 2 clinical sessions in Bury.

g) **Notice period** – 6 months.

2.2.4. The **Deputy Chair** will be the **Lay Member for Quality and Performance** as referred to at 5.5.3a) of the Group's constitution, is subject to the appointment process for Lay Members as outlined at 2.2.8

2.2.5. The **Accountable Officer**, whose role is described at 5.5.2b) of the Group's Constitution, is subject to the following appointment process:

a) **Eligibility** – meets the full person specification set out in the role job description;

b) **Appointment process** – when the role becomes vacant a job description and person specification will be advertised widely followed by short-listing, psychometric and other testing and an interview. The interview panel shall include at least the CCG Chair and a nominee of NHS England with the appropriate expertise.

c) **Term of office** – not applicable

d) **Grounds for removal from office** –
   i) If, in the view of the CCG Chair, the individual's performance is not satisfactory under the Group's capability policy; or

ii) The office holder is convicted of a criminal offence carrying a custodial sentence or is found guilty of gross misconduct as set out in the Group's disciplinary policy

e) **Notice period** – 6 months.

2.2.6. The **Chief Finance Officer**, whose role is described at 5.5.2c) of the Group's constitution, is a joint appointment with the Local Authority and subject to the following appointment process:

a) **Eligibility** – is a qualified chartered (certified) accountant and meets the full person specification set out in the role job description

b) **Appointment process** – when the role becomes vacant a job description and person specification will be advertised widely followed by short-listing, psychometric and other testing and an interview. The interview panel shall include at least the Chair, the Accountable Officer and a nominee of NHS England with the appropriate expertise. In addition, given the nature of the joint role with the Local Authority, the interview panel will also include Elected Member(s) of the Council or other positions as required.

c) **Term of office** – not applicable

d) **Grounds for removal from office** –
i) If in the view of the CCG Chair and Accountable Officer, the individual's performance is not satisfactory under the Group's capability policy;
ii) The policy holder is for any reason removed from their professional body;
iii) The office holder is convicted of a criminal offence carrying a custodial sentence or is found guilty of gross misconduct as set out in the Group's disciplinary policy;
iv) If the post holder is found to be in breach of the requirements specific to the S151 officer within the Council Constitution and Standing Orders

e) **Notice period** – 6 months.

2.2.7. The **Clinical Directors** of the Governing Body, as listed at 5.5.3b) of the Group's constitution are subject to the following appointment process:

a) **Eligibility** – A Clinical Director shall be either:
i) A Partner or salaried GP in a Group member practice who is practicing for a minimum of 2 sessions per week in Bury;
ii) Another practising primary care clinician;
iii) Shall not be a member of the executive committee of any local primary care committee;

iv) Not be the Chair of the Governing Body, or the Accountable Officer of the Group.

b) **Nominations and Appointment process** – the following process shall be undertaken should a vacancy arise
   i) The job description will be advertised to all Member practice partners and salaried GPs and other primary care providers within Bury;
   ii) Any such person may be nominated in writing to the Accountable Officer by two persons who are Member practice partners or salaried GPs. Those nominating the relevant individual must be from two different Member practices and shall not be from the same Member practice as the nominee;
   iii) Any such nominee shall submit their CV and evidence of peer support, following which there will be an interview which will include the CCG Chair or Accountable Officer, at least one GP from a Member Practice, a representative of the LMC who is independent of the CCG's Membership and a Lay Member.
   iv) The interview panel shall assess and interview each candidate and make recommendations to the Membership on the nominees' suitability
      - If there is only one recommended candidate to fill the post, by a vote approve or reject the recommendation by a simple majority;
      - If there is more than one recommended candidate, by a vote choose the person to fulfil the post. The candidate with the largest number of votes shall be appointed to the office.
   v) If the post cannot be filled from among the Bury GP community the Governing Body may extend the advertisement of the post to other Bury practicing primary care clinicians and follow the process described in b i) – b v) above.

c) **Term of office** – 4 years

d) **Eligibility for reappointment** – still meets the requirements set out at 2.2.7b above and evidence of continued peer support at 2.2.7c) above subject to serving a maximum of 12 years

e) **Grounds for removal from office** –
   i. The post holder is no longer a partner or salaried GP in a Member Practice or is not current practicing for 2 sessions per week in Bury;
   ii. joins the executive committee of any local primary care committee
   iii. the office holder fails to attend 75% or more of Governing Body meetings without prior consultation and approval of the Chair;
   iv. Any Member representative with the support of Member Representatives together holding at least 20% of the nominated votes allocated to Member Representatives can at a general meeting call a motion of no confidence in a Clinical Member. If at

Member Representatives together holding at least 75% of the nominated votes allocated to Member Representatives approve such a motion the post holder must stand down;

v. The office holder is convicted of a criminal offence carrying a custodial sentence or is found guilty of gross misconduct as set out in the CCG's Disciplinary Policy;

vi. If in the view of the Chair and Accountable Officer, the individual's performance is not satisfactory under the CCG's Capability Policy.

f) **Notice period** – 6 months.

2.2.8. The **Lay Members**, as listed at paragraphs 5.5.2f) and 5.5.3a) of the CCG's Constitution are subject to the following appointment process:

a) **Eligibility** – Lay members shall meet the requirements set out in the role function and specification

b) **Appointment process** – when the role becomes vacant a job description and person specification will be advertised widely followed by short-listing and interview (other testing may be applied as agreed by the Chair and Accountable Officer). The interview panel shall include at least the Chair of the Governing Body, a Clinical Director, and executive member of the Governing Body and the Leader of Council or nominated elected member representative and a nominee of NHS England with the appropriate expertise.

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

d) **Eligibility for reappointment** – the criteria described at 2.2.8 a) are still applicable, subject to serving a maximum term of office of 9 years

e) **Grounds for removal from office** –

i) The office holder takes up employment in the NHS;

ii) The office holder fails to attend 75% or more of Governing Body meetings without prior consultation with and approval of the CCG Chair;

iii) The Governing Body passes a vote of no confidence by a majority of 75% of the members of the Governing Body present at the meeting;

iv) The office holder is convicted of a criminal offence carrying a custodial sentence or is found guilty of gross misconduct as set out in the CCG's Disciplinary Policy;

v) If in the view of the Chair and Accountable Officer, the individual's performance is not satisfactory under the CCG's Capability Policy.

f) **Notice period** – 3 months

2.2.9. The **Registered Nurse**, as listed at 5.5.2e) of the CCG's Constitution is subject to the following appointment process:

a) **Eligibility** – the Registered Nurse must:
   i) Be currently registered;
   ii) Have experience of working at Governing Body or senior committee level;
   iii) Not be an employee or member (including shareholder of) or a partner in 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); or
      - Any NHS or private sector healthcare provider in Greater Manchester or Lancashire

b) **Appointment process** – when the role becomes vacant a job description and person specification will be advertised widely followed by short-listing and an interview (other testing may be applied as agreed by the Chair and Accountable Officer). The interview panel shall include at least the Chair of the Governing Body, a Clinical Director one of the Governing Body lay members.

c) **Term of office** – 3 years

d) **Eligibility for reappointment** – the criteria described at 2.2.9 a) are still applicable, subject to serving a maximum term of office of 9 years

e) **Grounds for removal from office** – the following are grounds for removal from office
   i) The post holder's employment changes such that they are in breach of section 2.2.9a) iii) above or the post holder is otherwise in breach of section 2.2.9a) iii) above;
   ii) Removal from the NMC register;
   iii) The office holder fails to attend 75% or more Governing Body meetings without prior consultation with and approval of the CCG Chair;
   iv) The Governing Body passes a vote of no confidence by a majority of 75% of the members of the Governing Body present at the meeting;
   v) The office holder is convicted of a criminal offence carrying a custodial sentence or is found guilty of a gross misconduct as set out in the Group's Disciplinary Policy;

vi) If in the view of the Chair and Accountable Officer, the individual's performance is not satisfactory under the Group's Capability Policy.

f) **Notice period** – 3 months

2.2.10. The **Secondary Care Specialist Doctor** as listed at 5.5.2d) of the Group's Constitution is subject to the following appointment process

a) **Eligibility** –
   i) 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:
      - their name is included in the specialist register kept by the GMC under Section 34D of the Medical Act 1983 or 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.
   ii) Be practising or have practiced in a hospital setting in the last 10 years
   iii) Have experience of working at Governing Body or senior committee level
   iv) 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 is responsible 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).
      - any NHS or private sector healthcare provider in Greater Manchester or Lancashire

b) **Appointment process** – when the role becomes vacant a job description and person specification will be advertised widely followed by short-listing and interview (other testing may be applied as agreed by the Chair and Accountable Officer). The interview panel shall include at least the Chair of the Governing Body, a Clinical Director and one of the Governing Body Lay Members.

c) **Term of office** – 3 years

d) **Eligibility for reappointment** – the criteria described at 2.2.10 a) are still applicable, subject to serving a maximum term of office of 9 years

e) **Grounds for removal from office** – the following are grounds for removal from office
   i) The post holder's employment changes such that they are in breach of section 2.2.10a) iv) above or they are otherwise in breach of section 2.2.10a) iv) above
   ii) The post holder fails to attend 75% or more Governing Body meetings without prior consultation with and approval of the CCG Chair;
   iii) The Governing Body passes a vote of no confidence by a majority of 75% of the members of the Governing Body present at the meeting;
   iv) The office holder is convicted of a criminal offence carrying a custodial sentence or is found guilty of a gross misconduct as set out in the Group's Disciplinary Policy;
   v) If in the view of the Chair and Accountable Officer, the individual's performance is not satisfactory under the Group's Capability Policy.

f) **Notice period** – 3 months

2.2.11. The **Director of Commissioning and Business Delivery**, whose role is described at 5.5.23c) of the Group's constitution is subject to the following appointment process:

a) **Eligibility** – meets the full person specification set out in the role job description;

b) **Appointment process** – when the role becomes vacant a job description and person specification will be advertised widely followed by short-listing, psychometric and other testing and an interview. The interview panel shall include at least the Chair, the Accountable Officer and a nominee of NHS England with the appropriate expertise.

c) **Term of office** – not applicable

d) **Grounds for removal from office** –
   i) If, in the view of the CCG Chair and Accountable Officer, the individual's performance is not satisfactory under the Group's capability policy; or
   ii) The office holder is convicted of a criminal offence carrying a custodial sentence or is found guilty of gross misconduct as set out in the Group's disciplinary policy

2.2.12. The **Director of Quality / Executive Nurse**, whose role is described at 5.5.23c) of the Group's constitution is subject to the following appointment process:

a) **Eligibility** – meets the full person specification set out in the role job description;

b) **Appointment process** – when the role becomes vacant a job description and person specification will be advertised widely followed by short-listing, psychometric and other testing and an interview. The interview panel shall include at least the Chair, the Accountable Officer and a nominee of NHS England with the appropriate expertise.

c) **Term of office** – not applicable

d) **Grounds for removal from office** –
   i) If, in the view of the CCG Chair and Accountable Officer, the individual's performance is not satisfactory under the Group's capability policy; or
   ii) The office holder is convicted of a criminal offence carrying a custodial sentence or is found guilty of gross misconduct as set out in the Group's disciplinary policy

2.2.13. The roles and responsibilities of each of these key roles are set out in the CCG's Governance Handbook.

3. MEETINGS OF THE GOVERNING BODY AND ITS COMMITTEES AND SUB-COMMITTEES

3.1. Calling Meetings

3.1.1. Ordinary meetings of the CCG shall be held at regular intervals at such times and places as the CCG may determine.

3.1.2. The Governing Body will meet in public no less than 2 times per year.

3.2. Agenda, Supporting papers and business to be transacted

3.2.1. Items of business to be transacted on the agenda of a meeting need to be notified to the chair of the meeting at least 15 working days before the meeting with supporting papers submitted at least 10 working days before the meeting takes place.

3.2.2. The agenda will be agreed with the Chair of the meeting.

3.2.3. 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.

3.2.4. Accidental omission to effectively serve notice on all members does not affect the validity of the meeting, or any business conducted at it.

3.2.5. Agendas and certain papers for the Group's Governing Body, Primary Care Commissioning Committee and Strategic Commissioning Board, including details about meeting dates, times and venues will be published on the CCG website at www.buryccg.nhs.net.

3.2.6. The Chair of the respective Committee will determine those items that need to be discussed in private in line with statute and national guidance. A note of the items (without content) to be discussed in such a way shall normally be published in the agenda. A full list of such items shall be published at the Annual General Meeting.

3.2.7. Any papers relating to items that are to be discussed in private by the Governing Body, Primary Care Commissioning Committee or Strategic Commissioning Board shall not be made public.

3.3. Petitions

3.3.1. Where a petition has been received by the Group, the Chair of the Governing Body, Primary Care Commissioning Committee or Strategic Commissioning Board shall include the petition as an item for the agenda of the next meeting.

3.4. Chair of a Meeting

3.4.1. At any meeting of the CCG or its governing body or of a committee or sub-committee, the chair of the CCG, 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 nor deputy, a member of the CCG, Governing Body, committee or sub-committee 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 CCG, Governing Body, committees and sub-committees, on the question of order, relevancy and regularity and their interpretation of the Constitution, standing orders, scheme of

reservation and delegation and standing financial instructions at the meeting, shall be final.

3.6. Quorum

3.6.1. The quorum of the Governing Body shall be 9 members, and should include:

a) The Chair or Deputy Chair of the Governing Body;
b) The Accountable Officer or Deputy Chief Officer;
c) Chief Finance Officer or a nominated deputy with authority to act on behalf of the Chief Finance Officer in matter relating to the CCG;
d) A Clinical Director of the Governing Body; and
e) A Lay Member of the Governing Body.

3.6.2. For all other of the CCG's committees and sub-committees, including the Governing Body's committees and sub-committees, the detail 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 5 of the CCG's Constitution, together with the scheme of reservation and delegation, sets out the governing structure for the exercise of the CCG's statutory functions. Generally, it is expected that the Group's and Governing Body shall normally look to make decisions by consensus. Should this not be possible then a vote of the members will be required, and the following rules will apply:

a) **Eligibility** – Group / Governing Body members as outlined at Clause 5.5 of the Bury CCG Constitution.
b) **Majority necessary to confirm a decision** – simply majority decision of those present and eligible to vote shall apply;
c) **Casting Vote** – Chair
d) **Dissenting Views** - should a vote be taken the outcome of the vote, and any dissenting views, must be recorded in the minutes of the meeting.

3.7.2. For all other of the CCG's committees and sub-committees, including the Governing Body's committees and sub-committees, the detail of the process for holding a vote for these meetings are set out in the appropriate terms of reference.

3.8. Emergency Powers and Urgent Decisions

3.8.1. The Group will delegate responsibility for emergency powers and urgent decisions to a group of at least four members of the Governing Body that must include at least:

a) The Chair or Deputy Chair of the Governing Body;

b) The Accountable Officer or Deputy Chief Officer;
c) Chief Finance Officer or a nominated deputy with authority to act on behalf of the Chief Finance Officer in matter relating to the CCG;
d) A Clinical Director of the Governing Body; and
e) A Lay Member

3.8.2. The Chair or Deputy Chair of the Governing Body will convene the group either in person or by virtual means.

3.8.3. The Chair or Deputy Chair of the Governing Body will determine what constitutes an emergency or urgent decision.

3.8.4. All such decisions will be reported to the Governing Body at its next meeting within the Chair's report with an explanation of:
a) What the decisions was;
b) Why it was deemed an emergency or urgent decision;
c) Who was in the group convened to make the decision

3.8.5. A record of matters discussed during the meeting shall be kept. These records shall be made available to the Governing Body Audit Committee for review of the reasonableness of the decisions to take such action.

3.9. Suspension of Standing Orders

3.9.1. Except where it would contravene any statutory provision, or any direction made by the Secretary of State for Health or the NHS Commissioning Governing Body, any part of these standing orders may be suspended at any meeting, providing all 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 =CCG'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 and sub-committees present shall be recorded in the minutes of the respective governance body committee / sub-committee meetings.

3.11. Minutes

3.11.1. The Governing Body must keep and publish, excluding in relation to those meetings or parts of meetings from which the public are excluded pursuant to the Constitution, minutes of all:

a) Annual general Meetings;
b) Meetings of the Governing Body and any committee or sub-committee carrying out functions or powers on its behalf, including
   i) The names of persons present at the meeting;
   ii) The decisions made at the meeting; and
   iii) Where appropriate the reasons for the decision.

3.11.2. Any such minutes shall be made available or copied on request to any Member.

3.11.3. The minutes of the proceedings of a meeting shall be drawn up and submitted for agreement at the next meeting where they shall be signed by the person presiding at it as a true record.

3.11.4. No discussion shall take place upon the minutes except upon their accuracy or where the person presiding at the meeting considers discussion appropriate.

3.12. Admission of the Public and the Press

3.12.1. Part 1 of the meetings of the Governing Body and Primary Care Commissioning Committee will be held in public. Members of the press and public will be excluded from Part 2 sessions of these meetings under Section 1(2) Public bodies (Admission to meetings) act 1960.

3.12.2. Meetings of the Strategic Commissioning Board will be held in public. Members of the press and public will be excluded from the meeting for the discussion of any agenda items sessions of these meetings under Section 1(2) Public bodies (Admission to meetings) act 1960.

3.12.3. Members of the public and member Representatives will be allowed to ask questions at a meeting in Public. These should be submitted in advance of the meeting and must relate to items of business on the meeting agenda.

3.12.4. Members of the public and Member representatives are not allowed to contribute to the discussion unless expressly invited to do so by the Chair of the meeting.

4. APPOINTMENT OF COMMITTEES AND SUB-COMMITTEES

4.1. Appointment of committees and sub-committees

4.1.1. The Group may appoint committees and sub-committees of the Group, subject to any regulations made by the Secretary of State and make provision for the appointment of committees and sub-committees of its Governing Body. Where such committees and sub-committees of the Group, or committees and sub-committees of its governing body, are appointed they are included in the CCG's Committee Handbook, with the exception of the Audit Committee, Remuneration Committee and Primary care Commissioning Committee which are included in Chapter 5 of the CCG's Constitution.

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

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

4.2. Terms of Reference

4.2.1. Terms of reference shall have effect as if incorporated into the constitution and shall be added to this document as an appendix to the Constitution or in the Committee Handbook as referred to in 4.1.1 above.

4.3. Delegation of Powers by Committees to Sub-committees

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

4.4. Approval of Appointments to Committees and Sub-Committees

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

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

5.1.1. 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 subject to the Scheme of Delegation:

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

6.2. Execution of a document by signature

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

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

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

7.1. Policy statements: general principles

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

APPENDIX 4
Standing Financial instructions

Financial Delegated Limits for Approval and Authorisation.

Section	Description	Delegated to					
		Governing Body	Executive Team	Chairman	Accountable Officer	Chief Finance Officer	Other CCG Officer (as specified by authorised signatory list
A	**GIFTS & HOSPITALITY** Director of Commissioning and Business Delivery to maintain a register of declared gifts and hospitality received	Items over £50 or of a repetitive nature					
B	**LITIGATION CLAIMES** Medical negligence and other litigation payments made on the advice of NHSLA	Over £50,000			Up to £50,000		
C	**LOSSES & SPECIAL PAYMENTS** Chief Finance Officer to maintain a register of losses and special payments. All to be reported to the Audit Committee	Over £50,000			Up to £50,000	Up to £50,000	
D	**PETTY CASH**					Up to £50 (float)	In accordance with the authorised signatory list where funds are in existing budgets

Section	Description	Delegated to					
		Governing Body	Executive Team	Chairman	Accountable Officer	Chief Finance Officer	Other CCG Officer (as specified by authorised signatory list
E	**REQUISITIONING GOODS & SERVICES: NON-HEALTHCARE** Services including IT, consultancy (i.e. non-NHS staff employed on contracts etc.), maintenance and support services		Over £250,000 (countersigned by both Accountable Officer and Chief Finance Officer)		Up to £250,000	Up to £100,000	In accordance with the authorised signatory list where funds are in existing budgets
F	**RELOCATION EXPENSES** Require approval by Remuneration Committee				Over £8,000, subject to approval at Remuneration Committee	Up to £8,000, subject to approval at Remuneration Committee	
G	**SIGNING OF CONTRACTS AND VARIATIONS**				Accountable Officer or Chief Finance Officer signature, subject to approval at Governing Body, with recommendation from the appropriate sub committees	Accountable Officer or Chief Finance Officer signature, subject to approval at Governing Body, with recommendation from the appropriate sub committees	

Section	Description	Delegated to					
		Governing Body	Executive Team	Chairman	Accountable Officer	Chief Finance Officer	Other CCG Officer (as specified by authorised signatory list
H	**APPROVAL OF MONTHLY HEALTHCARE CONTRACT PAYMENTS** All healthcare contract payments must be supported by signed contract (see Appendix F)				Where a signed contract is not in place, two approvals required (Accountable Officer, Chief Finance Officer, Director of Commissioning and Business Delivery or Deputy Chief Finance Officer)	Where a signed contract is not in place, two approvals required (Accountable Officer, Chief Finance Officer, Director of Commissioning and Business Delivery or Deputy Chief Finance Officer)	Where a purchase order and / or signed contract is in place, in accordance with the authorised signatory list where funds are in existing budgets
I	**APPROVAL OF AD- HOC HEALTHCARE PAYMENTS** See authorised signatory list for approval limits for other CCG officers. Please see section J for approvals relating to business cases and contract variations.	Over £250,000			Up to £250,000	Up to £100,000	In accordance with the authorised signatory list where funds are in existing budgets
J	**APPROVAL OF BUSINESS CASES & TENDERS**						

Section	Description	Delegated to					
		Governing Body	**Executive Team**	**Chairman**	**Accountable Officer**	**Chief Finance Officer**	**Other CCG Officer (as specified by authorised signatory list**
J1	**Approval of Commissioned services – programme costs and corporate costs excluded from running costs**	>£1m			Up to £250,000, or or up to £1m countersigned by Chief Finance Officer	Up to £100,000, or or up to £1m countersigned by Accountable Officer	In accordance with the authorised signatory list where funds are in existing budgets
J2	**Approval of Corporate Costs – included in running costs**	>£1m	<£1m (countersigned by both Accountable Officer and Chief Finance Officer)				In accordance with the authorised signatory list where funds are in existing budgets
K	**QUOTATIONS AND TENDERS:** Over lifetime of contract. Please refer to Tendering and Procurement Procedure, section 13 of Prime Financial Policies						
K1	**Follow European Union Directives**	In accordance with European Union Directives levels and above (current level £118k)					
K2	**Consider procurement options;** seek advice from the Contracting Team	£50,000 to European Union Directives levels (current level £118k)					
K3	**Minimum of 3 written quotes**	£5,000 to £50,000					
K4	**No requirement to obtain >1 quote:** Although no formal requirement, it is deemed to be best practice and demonstrates value for money	Up to £5,000					

Section	Description	Delegated to					
		Governing Body	Executive Team	Chairman	Accountable Officer	Chief Finance Officer	Other CCG Officer (as specified by authorised signatory list
L	**VIREMENT** In accordance with the virement policy, a virement form must be completed and signed by both parties	Over £250,000			Up to £250,000	Up to £100,000	In accordance with the authorised signatory list where funds are in existing budgets
M	**DISPOSALS AND CONDEMNATION** All assets disposed at market value				Over £1,000 per item	Up to £1,000 per item	
N	**CHARITABLE FUNDS** If charitable funds received in the future a Charitable Funds committee will be established	The CCG does not currently hold any charitable funds					
O	**VISA/PURCHASE CARDS**	Not currently in use					
P	**AUTHORISATION OF CAPITAL REQUISITIONS**	No capital requisitions are currently anticipated. A Capital Investment Committee will be established if this changes					

CCG Officer Authorised Signatory List

Authorisation limits are based upon the following

rules Accountable Officer - £250,000

Chief Finance Officer - £100,000
Executive Director - £90,000
Deputy Chief Finance Officer - £75,000
AfC Band 8D Officers and above - £50,000
AfC Band 8C Officers - £25,000
AfC Band 8A and 8B Officers - £10,000
AfC Band 5-7 - £5,000

Authorisation limits, based on these rules, will only be allocated to staff where this is appropriate to their role and they have sufficient uncommitted delegated budget available. Therefore, not all staff at the banding levels listed above will be allocated these authorisation limits.

The Audit Committee will maintain a register of those roles within the organisation that have been allocated authorisation limits.

The Finance Department will maintain a register of the staff within the appropriate roles and ensure relevant training is provided and undertaken.