

NHS Sheffield

CLINICAL COMMISSIONING GROUP

CONSTITUTION

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Introduction

1.1 Name

The name of this clinical commissioning group is NHS Sheffield 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 such as:

- 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 17 January 2013.
- 1.3.2 Changes to this Constitution are effective from the date of approval by NHS England.
- 1.3.3 The Constitution is published on the CCG website at:
<http://www.sheffieldccg.nhs.uk/about-us/our-constitution.htm>

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 but not by the CCG's member practices, unless:
- Changes are thought to have a material impact
 - Changes are proposed to the reserved powers of the members
 - At least half (50%) of all the voting Governing Body Members formally request that the amendments be put before the membership for approval.

Changes considered to have a material impact will include, but are not limited to:

- A change in the number of GPs on Governing Body as voting members
- A change in the quoracy of voting members of Governing Body
- Changes to the role of the Chair of the CCG

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 for the selection and appointment processes for the CCG's Governing Body including Committees. These can be found at **Appendix 3**.
- b) **Standing Financial Instructions** – which set out the delegated limits for financial commitments on behalf of the CCG. These can be found at **Appendix 4**.
- c) **Prime Financial Policies** – which set out the arrangements for managing the CCG's financial affairs. These can be found at **Appendix 5**.
- d) **The Scheme of Reservation and Delegation** – which sets out those decisions that are reserved for the membership as a whole; those decisions that have been delegated by the membership to the Governing Body; and those which have been delegated by the Governing Body to committees or individuals. These can be found at **Appendix 6**.

Changes to the Scheme of Reservation and Delegation can be proposed by the CCG's Audit and Integrated Governance Committee which shall be considered and approved by the Governing Body unless:

- Changes are proposed to the reserved powers of Members; or
- 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.

- e) **Standards of Business Conduct and Conflicts of Interests Policy and Procedure.** [These can be found on the CCG's website](#) .

f) Committee Terms of Reference

Terms of Reference of all Committees are appended to this Constitution at **Appendix 7** [and are also available on the CCG's website](#).

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
- b) appoint independent Lay Members and non-GP clinicians to our Governing Body;

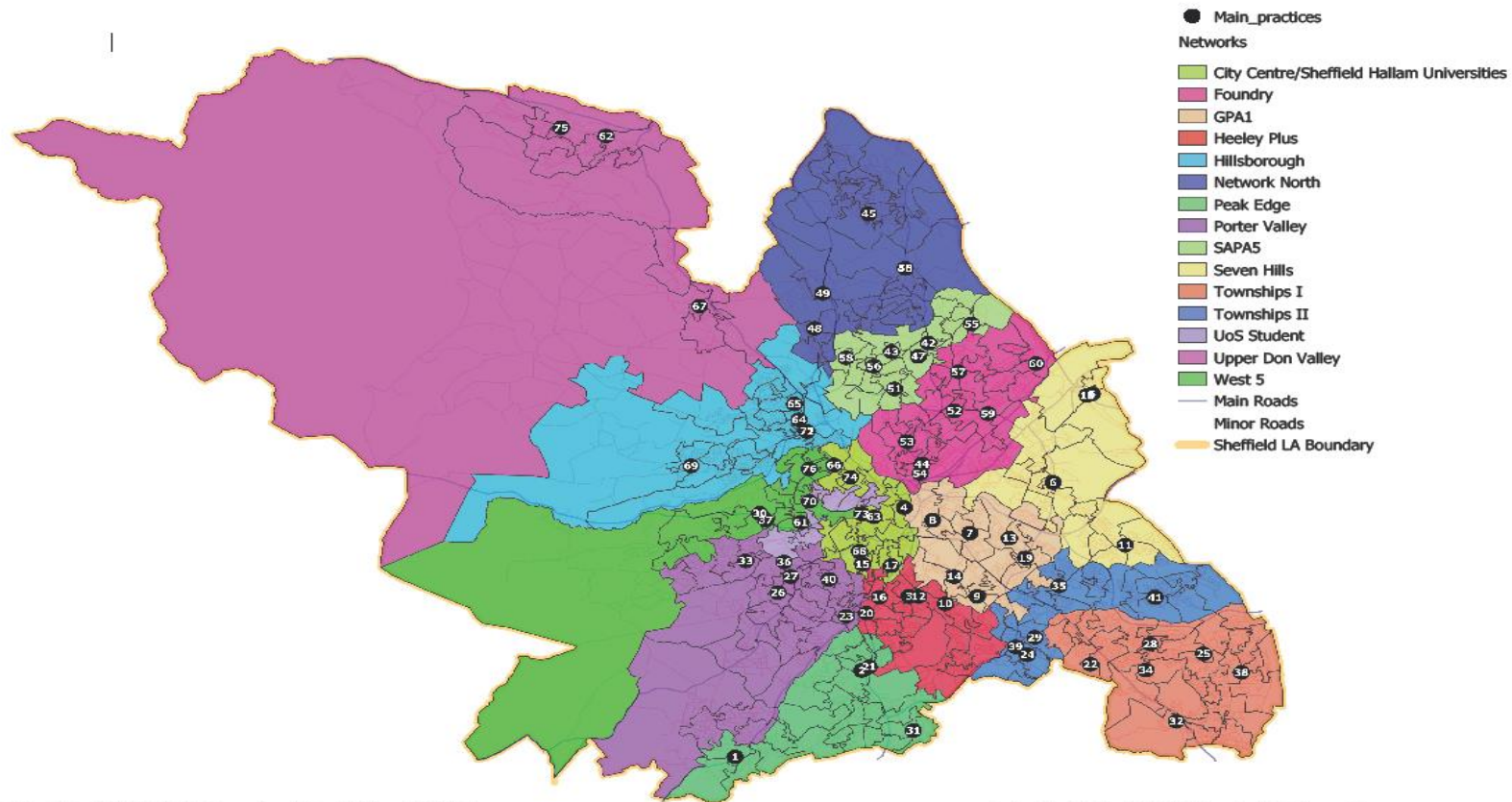
- c) manage actual or potential conflicts of interest in line with NHS England's statutory guidance *Managing Conflicts of Interest: Revised Statutory Guidance for CCGs 2017* and expected standards of good practice (see also part 8 of this Constitution);
- d) hold Governing Body meetings in public and publish papers on our website (except where we believe that it would not be in the public interest);
- e) publish an annual commissioning strategy and plan that takes account of priorities in the health and wellbeing strategy and the CCG's mission and aims;
- f) procure services in a manner that is open, transparent, non-discriminatory and fair to all potential providers and publish a Procurement Strategy;
- g) involve the public, in accordance with its duties under section 14Z2 of the 2006 Act, and as set out in more detail in the CCG's Communications and Engagement Strategy;
- h) when discharging its duties under section 14Z2, the CCG will ensure that the CCG involves and engages patients and local communities on decisions about health services, in line with best practice, legal duties and the Gunning Principles. This means we'll engage people early, be open and transparent so people can give informed views, give people enough time to get involved, and consider people's views when making decisions. We'll be inclusive and communicate in line with NHS England information accessibility standards.
- i) comply with local authority health overview and scrutiny requirements;
- j) meet annually in public (the annual public meeting) 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.

1.7 Liability and Indemnity

- 1.7.1** The CCG is a body corporate established and existing under the 2006 Act. All financial or legal liability for decisions or actions of the CCG resides with the CCG as a public statutory body and not with its Member practices.
- 1.7.2** No Member or former Member, nor any person who is at any time a proprietor, officer or employee of any Member or former Member, shall be liable (whether as a Member or as an individual) for the debts, liabilities, acts or omissions, howsoever caused by the CCG in discharging its statutory functions.
- 1.7.3** No Member or former Member, nor any person who is at any time a proprietor, officer or employee of any Member of former Member, shall be liable on any winding-up or dissolution of the CCG to contribute to the assets of the CCG, whether for the payment of its debts and liabilities or the expenses of its winding-up or otherwise.
- 1.7.4** The CCG may indemnify any Member practice representative or other officer or individual exercising powers or duties on behalf of the CCG in respect of any civil liability incurred in the exercise of the CCGs' business, provided that the person indemnified shall not have acted recklessly or with gross negligence.

2 Area Covered by the CCG

Sheffield CCG Networks



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Contains ONS Data © Crown Copyright and database right 2017

Produced by NHS Sheffield CCG Information & Intelligence Team
29/04/2021

Number	Practice Name	NETWORK_NAME
4	Claver City Practice	City Centre/Sheffield Hallam Universities
63	Devonshire Green and Hanover Medical Centres	City Centre/Sheffield Hallam Universities
66	Harold Street Medical Centre	City Centre/Sheffield Hallam Universities
68	Porter Brook Medical Centre	City Centre/Sheffield Hallam Universities
74	Upperthorpe Medical Centre	City Centre/Sheffield Hallam Universities
44	Bumgreave Surgery	Foundry
52	Page Hall Medical Centre	Foundry
53	Forge Health Group	Foundry
54	Sheffield Medical Centre	Foundry
56	Southey Green Medical Centre	Foundry
57	The Firth Park Surgery	Foundry
59	Upwell Street Surgery	Foundry
60	Wincobank Medical Centre	Foundry
7	Dovercourt Group Practice	GPA1
8	Duke Medical Centre	GPA1
9	East Bank Medical Centre	GPA1
13	Manor and Park Group Practice	GPA1
14	Norfolk Park Medical Practice	GPA1
19	The White House Surgery	GPA1
2	Beauchief Medical Practice	Heeley Plus
3	Canfield Medical Centre	Heeley Plus
10	Gleadless Medical Centre	Heeley Plus
12	Heeley Green Surgery	Heeley Plus
15	Sharrow Lane Medical Centre	Heeley Plus
16	Sloan Medical Centre	Heeley Plus
17	The Mathews Practice	Heeley Plus
20	Veritas Health Centre	Heeley Plus
64	Dykes Hall Medical Centre	Hillsborough
65	Far Lane Medical Centre	Hillsborough
71	Dr Milner and Partners	Hillsborough
72	Tramways Medical Centre (O'Connell)	Hillsborough
45	Chapelgreen Practice	Network North
46	Ecclesfield Group Practice	Network North
48	Foxhill Medical Centre	Network North
49	Grenoside Surgery	Network North
50	Mill Road GP Surgery	Network North
1	Baslow Road, Shoreham Street and York Road Surgeries	Peak Edge
21	Woodseats Medical Centre	Peak Edge
31	The Meadowgreen Group Practice (Low Edges)	Peak Edge
23	Carterknowle and Dore Medical Practice	Porter Valley
26	Falldale House Surgery	Porter Valley
27	Greystones Medical Centre	Porter Valley
33	Nethergreen Surgery	Porter Valley
36	Rustlings Road Surgery	Porter Valley
40	The Hollies Medical Centre	Porter Valley

Number	Practice Name	NETWORK_NAME
42	Barnsley Road Surgery	SAPAS
43	Buchanan Road Surgery	SAPAS
47	Elm Lane Surgery	SAPAS
51	Norwood Medical Centre	SAPAS
55	Shiregreen Medical Centre	SAPAS
58	The Green Cross Group Practice	SAPAS
5	Claver Group Practice	Seven Hills
6	Darnall Health Centre (Mehrotra)	Seven Hills
11	Handsworth Medical Practice	Seven Hills
18	The Medical Centre	Seven Hills
22	Birley Health Centre	Townships I
25	Crystal Peaks Medical Centre	Townships I
28	Hackenthorpe Medical Centre	Townships I
32	Mosborough Health Centre	Townships I
34	Owlthorpe Surgery	Townships I
38	Sothall Medical Centre	Townships I
24	Charmock Health Primary Care Centre	Townships II
29	Jaunty Springs Health Centre	Townships II
35	Richmond Medical Centre	Townships II
39	Stonecroft Medical Centre	Townships II
41	Woodhouse Health Centre	Townships II
69	Stannington Medical Centre (Shumer)	Unassigned
73	University Health Service	UoS Student
62	Deepcar Medical Centre	Upper Don Valley
67	Oughtibridge Surgery	Upper Don Valley
75	Valley Medical Centre	Upper Don Valley
30	Manchester Road Surgery	West 5
37	Selborne Road Medical Centre	West 5
61	Broomhill and Lodge Moor Surgeries	West 5
70	The Crookes Practice	West 5
76	Walkley House Medical Centre	West 5

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 in **Appendix 2**.

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 member of the CCG, any member of its Governing Body, any member of any of the Governing Body's Committees or sub-committees or any employee of the CCG or any of its Members, nor will it affect the rights of any worker (as defined in that Act) under that Act.

3.4. Members' Rights

- 3.4.1** Members are entitled to the following benefits:
 - Access to a range of commissioning support services to ensure achievement of key objectives
 - Representation of interests via the city-wide elected and Locality nominated GPs on the Governing Body
- 3.4.2** Members are required to comply with the following Membership obligations
 - to nominate a practice representative for the Member
 - to attend via their practice representative (or their proxy) relevant locality meetings and meetings of the Members' Council

- to adhere to pathways, policies and protocols including the prescribing formulary as agreed by the CCG
- to share relevant information within and between practices, across localities and to and from the Governing Body, its committees and groups including the Members' Council
- endeavour to make available clinical and other staff to lead or participate in commissioning project work
- keep up to date on commissioning and related issues through the normal professions, publications, educational events and networks

3.5. Members' Meetings

3.5.1 The Governing Body will call a Membership meeting at least once a year which will include reviewing the Constitution and the decisions reserved to Members as set out in the Scheme of Reservation and Delegation. The principles behind the Members' Council meeting are:

- All Member practices will be invited to attend.
- The practice representatives will be the formal voting members at the meeting. They can send a nominated deputy provided this information is sent in writing to the Director of Finance in advance of the meeting.
- Other healthcare professionals and managers from Member practices may attend the meeting but with no formal voting rights.
- The Governing Body will give at least 30 days' notice in writing of the Members' Council meeting specifying the place, day and time of the meeting and proposed agenda.
- The Governing Body shall give at least 14 days' notice in writing of the meeting of any significant alterations or proposed changes to the Constitution on which Member practices will be asked to vote.
- Practice representatives shall be entitled to vote on the proposals to change the Constitution through the use of voting slips whether or not in attendance at the meeting. Voting slips will be sent out to all practice representatives 14 days prior to the vote.
- All proposals put to a vote will be determined to be agreed based on a two thirds majority (67%) or more of votes cast.
- The Governing Body reserves the right to hold an extraordinary Members' Council meeting as required in line with emergency and urgent decisions.
- The Member practices through their practice representative will be able to call for an extraordinary Members' Council meeting by submitting a formal request to the Chair, which has been supported by a two third majority (67%) of Member practices.

3.6. Practice Representatives

3.6.1 Each Member practice has a nominated lead healthcare professional who represents the practice in the dealings with the CCG.

3.6.2 The role of each Practice representative is to:

- represent their appointing Member practice views and act on behalf of them in respect of CCG matters; and
- be the representative of their appointing Member on the Members' Council
- Each Member shall nominate one practice representative who is either a GP partner / salaried GP / healthcare professional of that Member practice. The name of the practice representative must be submitted in writing to the Director of Finance of the CCG by an authorised representative of the relevant practice.
- Each Member may remove and replace their practice representative at any time by notice in writing to the Director of Finance of the CCG signed by an authorised representative of the relevant practice.
- For the avoidance of doubt, the Governing Body shall be entitled to treat any practice representative as having the continuing authority given to him / her until it is notified in writing of the removal of that practice representative in accordance with this Constitution. Any provision of this Constitution that requires delivery or notification to a Member shall be deemed to have been satisfied if delivery or notification is made to or served on the relevant practice representative.

3.7. Localities

3.7.1 Locality Arrangements

The CCG is supported in its commissioning functions by four strong localities:

- a) North Locality
- b) Central Locality
- c) West Locality
- d) Hallam and South Locality

Each Locality shall nominate one GP to sit on the Governing Body to represent and act on behalf of its local Membership. (*See Paragraph 2.2.3 Locality GP Representatives within Section B of the Standing Orders*)

4 Arrangements for the Exercise of our Functions

4.1 Good Governance

- 4.1.1** The CCG will, at all times, observe generally accepted principles of good governance. These include:
- a) Strive towards the highest standards of propriety involving impartiality, integrity and objectivity in relation to the stewardship of public funds, the management of the organisation and the conduct of its business
 - b) The *Good Governance Standard for Public Services*¹
 - c) The seven key principles of the NHS Constitution²
 - d) The standards of behaviour published by the *Committee on Standards in Public Life (1995) known as the 'Nolan Principles'*³
 - e) The Equality Act⁴
 - f) Standards for Members of NHS Boards and Governing Bodies in England⁵

4.2 General

- 4.2.1** The CCG will:
- a) comply with all relevant laws, including regulations;
 - b) comply with directions issued by the Secretary of State for Health or NHS England;
 - c) have regard to statutory guidance including that issued by NHS England; and
 - d) take account, as appropriate, of other documents, advice and guidance.
- 4.2.2** The CCG will develop and implement the necessary systems and processes to comply with (a)-(d) above, documenting them as necessary in this

¹ *The Good Governance Standard for Public Services. The Independent Commission on Good Governance in Public Services, Office of Public Management (OPM) and The Chartered Institute of Public Finance & Accountability (CIPFA), 2004*

² <https://www.nhs.uk/using-the-nhs/about-the-nhs/principles-and-values/>

³ <https://www.gov.uk/government/publications/the-7-principles-of-public-life>

⁴ See <https://www.legislation.gov.uk/ukpga/2010/15/contents>

⁵ <https://www.professionalstandards.org.uk/docs/default-source/publications/standards/standards-for-members-of-nhs-boards-and-ccgs-2013.pdf?sfvrsn=2>

Constitution, its scheme of reservation and delegation and other relevant policies and procedures as appropriate.

4.3 Authority to Act: the CCG

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

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

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

- a) The CCG's Scheme of Reservation and Delegation; and
- b) For Committees and Sub-committees their terms of reference

4.4 Authority to Act: the Governing Body

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

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

5 Procedures for Making Decisions

5.1 Scheme of Reservation and Delegation

The CCG has agreed a Scheme of Reservation and Delegation (SoRD) which is attached at **Appendix 6** and forms part of this Constitution.

5.1.1 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 Membership to the Governing Body
- c) those decisions that have been delegated by the Governing Body to committees or individuals. .

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

5.2 Standing Orders

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

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

5.2.2 A full copy of the Standing Orders is included at **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 set out the delegated limits of financial authority.

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

5.3.3 The CCG has a set of Prime Financial Policies (PFPs) which sets out the arrangements for managing the CCG's financial affairs

5.3.4 A copy of the PFPs is included at **Appendix 5** and form part of this Constitution.

5.4 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 and 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, PFP and SFIs:

- a) Determining the vision, values and overall strategic direction of the CCG;
- b) Approving any functions of the CCG that are specified in regulations⁶
- c) Approving the arrangements for discharging of the CCG's statutory duties associated with its commissioning functions relating to public engagement, consultation and equality.
- d) Approving the arrangements for discharging the CCG's duties associated with its commissioning functions for securing continuous improvement in the quality of services.
- e) Engaging with the Health and Wellbeing Board, nominating members of the Governing Body to act as its representatives in relation to the Health and Wellbeing Board;
- f) Securing effective clinical engagement in the decisions of the CCG, including through engagement with Member practices;
- g) Approving the arrangements for discharging the CCG's statutory duties in relation to promoting innovation, promoting research and the use of research and promoting education and training;
- h) Approving the CCG's annual commissioning plan and financial plan; and approving CCG's commissioning and running cost budgets;
- i) Keeping proper accounts and proper records and prepare the accounts to present to the Members and the public at the Annual Public Meeting (APM);
- j) Preparing the annual report to present to the Members and the public at the APM;
- k) Ensuring risk management and internal control systems are in place including approval and review of a Governing Body Assurance Framework;
- l) Overseeing the CCG's responsibilities as an employer including adopting a Code of Conduct for staff
- m) Approving the remuneration of Governing Body voting members and the remuneration of other CCG staff not on Agenda for Change terms and conditions, based on recommendations by Remuneration Committee
- n) Establishing any links and working arrangements with other clinical commissioning groups and other health and social care system partners as may be deemed appropriate;
- o) Ensuring that the registers of interest are reviewed, regulated and updated as necessary;
- p) Approving the CCG's arrangements for business continuity and emergency planning;

⁶ See section 14L(5) of the 2006 Act

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 [NHS Sheffield CCG webpage](#)

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 (also known as Director of Finance)
- 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
 - One of which is the chair or vice chair of the Primary Care Commissioning Committee

5.5.3 The CCG has agreed the following additional members:

- 4 GP representatives elected by member practices
- 4 GP Locality representatives
- 2 Lay Members
- Deputy Accountable Officer
- Medical Director
- Director of Commissioning Development
- Associate Director of Corporate Services (Non-voting)

5.5.4 The Deputy Chair for Governing Body will be one of the four lay members.

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:

- Representative of Local Medical Committee
- Representative of Healthwatch
- Locality Managers from the CCG's four Localities
- Director of Public Health, Sheffield City Council
- Director of Social Services, Sheffield City Council

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 the 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 Governing Body may establish Committees and Sub-Committees.

5.8.2 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.

5.8.3 With the exception of the Remuneration Committee, any Committee or Sub-committee established in accordance with clause 5.9 may consist of or include persons other than Members or employees of the CCG.

5.8.4 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:

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

- 5.9.3 The Audit and Integrated Governance 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 and Integrated Governance Committee may include people who are not Governing Body members.
- 5.9.4 **Remuneration Committee:** This Committee is accountable to the Governing Body and makes recommendations to the Governing Body about the remuneration, fees and other allowances (including pension schemes) for voting members of Governing Body and other employees and individuals who provide services to the CCG and who are not on nationally determined NHS Agenda for Change terms and conditions.
- 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.
- 5.9.6 **Primary Care Commissioning Committee.** This committee is required by the terms of the delegation from NHS England in relation to primary care commissioning functions. The Primary Care Commissioning Committee reports to the Governing Body and to NHS England. Membership of the Committee is determined in accordance with the requirements of *Managing Conflicts of Interest: Revised statutory Guidance for CCGs 2017*. This includes the requirement for a Lay member Chair and a Lay Vice Chair.

As well as undertaking the functions formally delegated to it under the terms of delegation from NHS England (as set out in the committee's Terms of Reference), the CCG's Governing Body has also delegated certain functions to Primary Care Commissioning Committee. These are set out in the SoRD at Appendix 6 to this Constitution.

- 5.9.7 None of the above Committees may operate on a joint committee basis with another CCG(s).
- 5.9.8 The terms of reference for each of the above committees are included at **Appendix 7** to this Constitution and form part of the Constitution.
- 5.9.10 The Governing Body has also established two other Committees to assist it with the discharge of its functions as follows:
- **Quality Assurance Committee** This committee has delegated responsibility for securing continuous improvements for the quality of services commissioned by the CCG.
 - **Strategic Public Involvement, Experience and Equality Committee** This committee has delegated responsibility for approval of the

arrangements for discharging the CCG's statutory duties relating to public engagement and consultation and equality.

Terms of Reference for these two committees are set out at **Appendix 7** to this Constitution and form part of the Constitution. The specific functions delegated to these two committees are also set out in the SoRD at Appendix 6 to this Constitution.

5.9.11 The Governing Body has also established a Sub-committee to assist the Audit and Integrated Governance Committee with the discharge of its functions as follows:

- **Governance Sub-committee** This Sub-committee has delegated responsibility for the maintenance and review of the CCG's risk register and approval of a range of the CCG's operational policies (other than financial and clinical).

Terms of Reference are set out at **Appendix 7** to this Constitution and form part of the Constitution. The specific functions delegated to this Sub-committee are also set out in the SoRD at Appendix 6 to this Constitution.

5.9.12 Terms of Reference for each of the CCG's Committees and Sub-committees are available on the [CCG Website](#).

5.10 Collaborative Commissioning Arrangements

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

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

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

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

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

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

5.11 Joint Commissioning Arrangements with Local Authority

5.11.1 The CCG will work in partnership with its Local Authority partner 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 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 7.2.2 the Governing Body may:

- a) agree formal and legal arrangements to make payments to, or receive payments from, the Local Authority, or pool funds for the purpose of joint commissioning;
- b) make the services of its employees or any other resources available to the Local Authority; and
- c) receive the services of the employees or the resources from the Local Authority.
- d) where the Governing Body makes an agreement with one or more Local Authority as described above, the agreement will set out the arrangements for joint working, including details of:
 - how the parties will work together to carry out their commissioning functions;
 - the duties and responsibilities of the parties, and the legal basis for such arrangements;
 - how risk will be managed and apportioned between the parties;
 - financial arrangements, including payments towards a pooled fund and management of that fund;
 - contributions from each party, including details of any assets, employees and equipment to be used under the joint working arrangements; and
 - the liability of the CCG to carry out its functions, notwithstanding any joint arrangements entered into.

5.11.4 The liability of the CCG to carry out its functions will not be affected where the CCG enters into arrangements pursuant to paragraph 7.2.2 above.

5.11.5 The CCG established a Joint Commissioning Committee with its Local Authority partner, Sheffield City Council on 1 April 2019. The Terms of Reference of the Joint Committee can be found on the [NHS Sheffield CCG website](#) and on the [Sheffield City Council website](#)

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 7.3 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 6.10.3, 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 6.10.3 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 6.10.3 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 7.3.1 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 7.3.1 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.
- 5.12.12** The Governing Body shall require, in all joint commissioning arrangements, that the lead Governing Body member for the joint arrangements:
- a) provide regular written updates 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
- 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.
- 5.12.13** The CCG has established a Joint Committee with other CCGs within the South Yorkshire and Bassetlaw Integrated Care System. The Joint Committee has Terms of Reference approved by the Governing Body. These Terms of Reference are available on the CCG's website. The specific areas of responsibility delegated to the committee are reviewed periodically and will be set out in a paper to each of the CCGs' Governing Bodies for approval in public session.

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 7.4 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
- 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 7.4.3 above may include other CCGs, a combined authority or a local authority.

- 5.13.5** Where joint commissioning arrangements pursuant to 7.4.3 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 7.4.3 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 7.4.3 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 7.4.3 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 7.4.
- 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 regular written update 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;

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 and Integrated Governance Committee 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 all 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) will remain on the public register for a minimum of six months. In addition, the CCG will retain a record of historic interests and offers/receipt of gifts and hospitality for a minimum of six years after the date on which it expired. The CCG's published register of interests states that historic interests are retained by the CCG for the specified timeframe and details of whom to contact to submit a request for this information.
- 6.2.6** Activities funded in whole or in part by third parties who may have an interest in CCG business such as sponsored events, posts and research will be managed in accordance with the CCG policy to ensure transparency and that any potential for conflicts of interest are well-managed.

6.3 Training in Relation to Conflicts of Interest

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

6.4 Standards of Business Conduct

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

- a) act in good faith and in the interests of the CCG;
- b) follow the Seven Principles of Public Life; set out by the Committee on Standards in Public Life (the Nolan Principles);
- c) comply with the standards set out in the Professional Standards Authority guidance - *Standards for Members of NHS Boards and Clinical Commissioning Group Governing Bodies in England*; and
- d) comply with the CCG's Standards of Business Conduct, including the requirements set out in the policy for managing conflicts of interest which is available on the CCG's website and will be made available on request.

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

Appendix 1: Definitions of Terms Used in This Constitution

2006 Act	National Health Service Act 2006
2012 Act	Health and Social Care Act 2012 (this Act amends the 2006 Act)
Accountable Officer (AO)	<p>an individual, as defined under paragraph 12 of Schedule 1A of the 2006 Act, appointed by NHS England, with responsibility for ensuring the group:</p> <p>complies with its obligations under:</p> <p>sections 14Q and 14R of the 2006 Act,</p> <p>sections 223H to 223J of the 2006 Act,</p> <p>paragraphs 17 to 19 of Schedule 1A of the NHS Act 2006, and</p> <p>any other provision of the 2006 Act specified in a document published by the Board for that purpose;</p> <p>exercises its functions in a way which provides good value for money.</p>
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 a GP member of the Governing Body.
Clinical Commissioning Group (CCG)	A body corporate established by NHS England in accordance with Chapter A2 of Part 2 of the 2006 Act. NHS Sheffield Clinical Commissioning Group, who's Constitution this is.
Clinical Commissioning Committee or CCC	The Clinical Commissioning Committee (CCC) is not a formal committee of Governing Body but is a meeting which brings together CCG Localities, deputy directors and Clinical Directors with the CCG's Executive Directors to consider a range of operational issues and business cases

Commissioning	Means the process for determining the need for and for obtaining the supply of healthcare and related services by the CCG within available resources.
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.
Deputy Chair	Means the Lay Member appointed by Governing Body to take on the Chair's duties if the Chair is absent for any reason.
Director of Finance	<p>The Director of Finance will perform the duties of the Chief Finance Officer as set out in Regulation 11 (5) of the National Health Service (Clinical Commissioning Groups) Regulations 2012. They are a qualified accountant employed by the CCG with responsibilities for financial strategy, financial management and financial governance.</p> <p>The Director of Finance will also act as Governing Body Secretary.</p>
General Practitioner or GP	A medical practitioner whose name is included on the General Practice Register kept by the General Medical Council who is either a Member or employed or engaged on a regular basis by Member(s) of the CCG.
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 be a voting member of the Governing Body of the CCG
Healthcare Professional	An individual who is a member of a profession regulated by a body mentioned in section 25(3) of the National Health Service Reform and Health Care Professions Act 2002

Joint Committee	Committees from two or more organisations that work together with delegated authority from both organisations to enable joint decision-making
Lay Member	A lay member of the Governing Body, appointed by the CCG. A lay member is an individual who is not a member of the CCG or a healthcare professional (i.e. an individual who is a member of a profession regulated by a body mentioned in section 25(3) of the National Health Service Reform and Health Care Professions Act 2002) or as otherwise defined in regulations
Locality	A largely geographical grouping of Member practices whose role is primarily to support the CCG's Governing Body in exercising the CCG's Commissioning functions.
Member/ Member Practice	A provider of primary medical services to a registered patient list, who is a Member of this CCG.
Member Practice Representative	A Healthcare Professional appointed by their practice (who is a Member of the CCG) to act on its behalf 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 (as inserted by section 49 of the 2012 Act).
Members Council	A formal meeting between the Governing Body and Member practices represented by their Practice Representative which will take place at least once a year
NHS England	The operational name for the National Health Service Commissioning Board.
Officer	Means employee of the CCG or any other person holding a paid appointment or office with the CCG
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
Prime Financial Policies or PFPs	Set out the arrangements for managing the CCG's financial affairs. They are the main financial policies the CCG will

	adhere to. They are supported by detailed financial policies.
Public Health Core Offer	The offer from Sheffield City Council in relation to Public Health agreed through a Memorandum of Understanding between the City Council and the CCG. An annual work plan will be agreed.
Professional Standards Authority	An independent body accountable to the UK Parliament which help Parliament monitor and improve the protection of the public. Published <i>Standards for Members of NHS Boards and Clinical Commissioning Group Governing Bodies in England</i> in 2013
Registers of interests	Registers a CCG 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 CCG; 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.
Standing Financial Instructions or SFIs	set out the delegated limits for financial commitments on behalf of the CCG.
Standing Orders or SOs	set out the arrangements for meetings and the selection and appointment processes for the CCG's Committees, and the CCG Governing Body (including Committees).

Appendix 2: List of Member Practices by Primary Care Network (PCN)

City Centre Sheffield Hallam Universities	GPA1
Clover City Practice	Dovercourt Group Practice
Devonshire Green and Hanover Medical Centre	Duke Medical Centre
Harold Street Medical Centre	East Bank Medical Centre
Porterbrook Medical Centre	Manor Park Group Practice
Upperthorpe Medical Centre	Norfolk Park Medical Practice
	The White House Surgery
Foundry	Heeley Plus
Burngreave Surgery	Beauchief Medical Practice
Firth Park Surgery	Carfield Medical Centre
Forge Health Group	Gleadless Medical Centre
Page Hall Medical Centre	Heeley Green Surgery
Sheffield Medical Centre	Sharrow Lane Medical Centre
Southey Green Medical Centre	Sloan Medical Centre
The Firth Park Surgery	The Matthews Practice
Upwell Street Surgery	Veritas Health Centre
Hillsborough	Network North
Dykes Hall Medical Centre	Chapelgreen Practice
Far Lane Medical Centre	Ecclesfield Group Practice
Dr Milner and Partners	Foxhill Medical Centre
Tramways Medical Centre (O'Connell)	Grenoside Surgery
	Mill Road Surgery
Peak Edge	Porter Valley
Baslow Road, Shoreham Street and York Road Surgeries	Carterknowle and Dore Surgery
The Meadowgreen Group Practice (Low Edges)	Falkland House Surgery
Woodseats Medical Centre	Greystones Medical Centre

	Nethergreen Surgery
	Rustlings Road Surgery
	The Hollies Medical Centre
SAPA5	Seven Hills
Barnsley Road Surgery	Clover Group Practice
Buchanan Road Surgery	Darnall Health Centre (Mehrotra)
Elm Lane Surgery	Handsworth Medical Practice
Norwood Medical Centre	The Medical Centre
Shiregreen Medical Centre	
The Green Cross Medical Practice	
Townships I	Townships II
Birley Health Centre	Charnock Health Primary Care Centre
Crystal Peaks Medical Centre	Jaunty Springs Health Centre
Hackenthorpe Medical Centre	Richmond Medical Centre
Mosborough Health Centre	Stonecroft Medical Centre
Owlthorpe Surgery	Woodhouse Health Centre
Sothall Medical Centre	
University of Sheffield Student	Unassigned
University Health Service	Stannington Medical Centre
West 5	Upper Don Valley
Broomhill and Lodge Moor Surgeries	Deepcar Medical Centre
Manchester Road Surgery	Oughtibridge Surgery
Selbourne Road Medical Centre	Valley Medical Centre
The Crookes Practice	
Walkley House Medical Centre	

APPENDIX 3

STANDING ORDERS

For

NHS SHEFFIELD CLINICAL COMMISSIONING GROUP

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SECTION A

1. Interpretation and definitions for Standing Orders, Standing Financial Instructions, Prime Financial Polices and Scheme of Reservation and Delegation

- 1.1 Save as otherwise permitted by law, at any meeting the Chair of the CCG shall be the final authority on the interpretation of Standing Orders (on which they should be advised by the Accountable Officer or Director of Finance).
- 1.2 Any expression to which a meaning is given in the National Health Service Act 2006, and other Acts relating to the National Health Service or in the Financial Regulations made under the Acts shall have the same meaning in these Standing Orders and Standing Financial Instructions and in addition the following definitions shall apply:

"2006 Act"	National Health Service Act 2006 as amended by the 2012 Act;
"2012 Act"	Health and Social Care Act 2012 (this Act amends the 2006 Act);
"Accountable Officer"	Means the Accountable Officer as defined under paragraph 12 of Schedule 1A of the 2006 Act (as inserted by Schedule 2 of the 2012 Act), appointed by the NHS Commissioning Board, with responsibility for ensuring the Group: <ul style="list-style-type: none"> • complies with its obligations under: <ul style="list-style-type: none"> ○ sections 14Q and 14R of the 2006 Act (as inserted by section 26 of the 2012 Act); ○ sections 223H to 223J of the 2006 Act (as inserted by section 27 of the 2012 Act); ○ paragraphs 17 to 19 of Schedule 1A of the NHS Act 2006 (as inserted by Schedule 2 of the 2012 Act); and ○ any other provision of the 2006 Act (as amended by the 2012 Act) specified in a document published by the Board for that purpose; and 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 paragraph 2 of this Constitution;
"Budget"	Means a resource, expressed in financial terms, proposed by the Governing Body for the purpose of carrying out, for a specific period, any or all of the functions of the CCG.
"Budget holder"	Means the employee with delegated authority to manage finances (Income and Expenditure) for a specific area of the organisation
"CCG"	NHS Sheffield Clinical Commissioning Group
"Chair of the Governing Body"	The individual appointed by the CCG to act as chair of the Governing Body and to ensure that it successfully discharges its overall responsibility for the CCG as a whole. The expression "the

	Chair of the CCG” shall be deemed to include the Deputy-Chair of the CCG if the Chair is absent from the meeting or is otherwise unavailable.
"Clinical Commissioning Committee" or "CCC"	The Clinical Commissioning Committee (CCC) is not a formal committee of Governing Body but is a meeting which brings together CCG Localities, deputy directors and Clinical Directors with the CCG’s Executive Directors to consider a range of operational issues and business cases
"Clinical Commissioning Group"	A body corporate established by the NHS Commissioning Board in accordance with Chapter A2 of Part 2 of the 2006 Act (as inserted by section 10 of the 2012 Act);
"Clinical Reference Group"	The Clinical Reference Group supports the decision making and governance processes of the Clinical Commissioning Group, by providing advice and recommendations, via the CCC. The Clinical Reference Group seeks to underpin clinically led commissioning through work on service redesign, education and governance.
"Commissioning"	Means the process for determining the need for and for obtaining the supply of healthcare and related services by the CCG within available resources.
"Committee or Sub-committee"	A committee or sub-committee created and appointed by either: <ul style="list-style-type: none"> • the membership of the CCG; • a committee / sub-committee created by a committee created / appointed by the membership of the CCG; or • a committee / sub-committee created / appointed by the Governing Body
"Deputy-Chair"	Means the Lay Member appointed by the Governing Body to take on the Chair’s duties if the Chair is absent for any reason
"Director of Finance"	The Director of Finance will perform the duties of the Chief Finance Officer as set out in Regulation 11 (5) of the National Health Service (Clinical Commissioning Groups) Regulations 2012. They are the qualified accountant employed by the CCG with responsibilities for financial strategy, financial management and financial governance.
"Equality Act"	The Equality Act 2010;
"Financial Directions"	Means any and all Directions made by the Secretary of State from time to time which relate to financial entitlements and/or requirements
"Financial Year"	This runs from 1 April to 31 March;
"General Practitioner" or "GP"	A medical practitioner whose name is included in the General Practice Register kept by the General Medical Council who is either a Member or employed or engaged on a regular basis by

	Member(s) of the CCG
"Governing Body"	The body appointed under section 14L of the NHS Act 2006 (as inserted by section 25 of the 2012 Act), with the main function of ensuring that a clinical commissioning group has made appropriate arrangements for ensuring that it complies with: <ul style="list-style-type: none"> • its obligations under section 14Q under the NHS Act 2006 (as inserted by section 26 of the 2012 Act); and • such generally accepted principles of good governance as are relevant to it;
"Governing Body Member"	Any member appointed to be a voting member of the Governing Body of the CCG;
"Healthcare Professional"	An individual who is a member of a profession regulated by a body mentioned in section 25(3) of the National Health Service Reform and Health Care Professions Act 2002
"Lay Member"	A lay member of the Governing Body, appointed by the CCG. A lay member is an individual who is not a member of the CCG or a healthcare professional (i.e. an individual who is a member of a profession regulated by a body mentioned in section 25(3) of the National Health Service Reform and Health Care Professions Act 2002) or as otherwise defined in regulations;
"Locality"	A largely geographical grouping of Member practices whose role is primarily to support the CCG's Governing Body in exercising the CCG's Commissioning functions.
"Member"	A provider of primary medical services to a registered patient list, who is a member of this CCG.
"Members Council"	A formal meeting between the Governing Body and Member practices represented by their Practice Representative which will take place at least once a year
"NHS England"	The operational name for the National Health Service Commissioning Board.
"Officer"	Means employee of the CCG or any other person holding a paid appointment or office with the CCG.
"Public Sector Equality Duty"	The duty set out in Section 149 of the Equality Act 2010;
"Practice Representatives"	An individual appointed by a practice (who is a Member of the CCG) to act on its behalf in the dealings between it and the CCG, under regulations made under section 89 or 94 of the 2006 Act (as amended by section 28 of the 2012 Act) or directions under section 98A of the 2006 Act (as inserted by section 49 of the 2012 Act);
"Primary Care"	A Committee required by the terms of the delegation from NHS

<i>Commissioning Committee</i>	England in relation to primary care commissioning functions. The Primary Care Commissioning Committee reports to NHS England and the Governing Body
<i>"Prime Financial Policies" or PFPs</i>	Set out the arrangements for managing the CCG's financial affairs. They are the main financial policies the CCG will adhere to. They are supported by "detailed financial policies". They should be read in conjunction with the CCG's Standing Financial Instructions.
<i>"Public Health Core Offer"</i>	The 'offer' from Sheffield City Council in relation to Public Health agreed through a Memorandum of Understanding between the City Council and the CCG, and which covers health care public health, health improvement and health protection areas of Public Health practice. An annual work plan will be agreed.
<i>"Registers of Interests"</i>	Registers a CCG is required to maintain and make publicly available under section 14O of the 2006 Act (as inserted by section 25 of the 2012 Act), of the interests of: <ul style="list-style-type: none"> • the Members of the CCG; • the Governing Body Members; • the members of its Committees or sub-committees and Committees or sub-committees of its Governing Body; and • its employees;
<i>Standing Financial Instructions or SFIs</i>	Set out the delegated limits for financial commitments on behalf of the CCG. They should be read in conjunction with the CCG's Prime Financial Policies.
<i>"Standards of Business Conduct and Conflicts of Interest Policy and Procedure"</i>	The CCG's policy for managing conflicts of interest which is available on the CCG's website at http://www.sheffieldccg.nhs.uk/our-information/documents-and-policies.htm
<i>"SOs"</i>	Means Standing Orders

SECTION B – STANDING ORDERS

1. INTRODUCTION

- 1.1 These Standing Orders have been drawn up to regulate the proceedings of the NHS Sheffield Clinical Commissioning Group so that the CCG 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 CCG is established.
- 1.2 The Standing Orders, together with the CCG's Scheme of Reservation and Delegation (SoRD), the CCG's Prime Financial Policies (PFPs) and Standing Financial Instructions (SFIs), provide a procedural framework within which the CCG discharges its business. They set out:
- a) The arrangements for conducting the business of the CCG;
 - b) The procedure to be followed at formal meetings of the CCG, the Governing Body and any Committees or sub-committees of the Governing Body;
 - c) The process to delegate powers,
 - d) The declaration of interests and standards of business conduct.
 - e) The process for appointment of Governing Body Members.
- 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
- 1.4 The Standing Orders, SoRD, PFPs and SFIs are incorporated into the CCG's Constitution, although only changes to the SOs and SFIs require NHS England approval. CCG Members, employees, Members of the Governing Body, members of the Governing Body's Committees and sub-committees and persons working on behalf of the CCG should be aware of the existence of these documents and, where necessary, be familiar with their detailed provisions. Failure to comply with the SOs, SoRD, PFPs and SFIs may be regarded as a disciplinary matter that could result in dismissal

Statutory Framework

- 1.5 NHS Sheffield Clinical Commissioning Group is a statutory body which came into existence on 1 April 2013
- 1.6 The principal place of business of the CCG is 722 Prince of Wales Road, Darnall, Sheffield, S9 4EU.
- 1.7 As a statutory body, the CCG has specified powers to contract in its own name. The CCG also has statutory powers to fund projects jointly planned with local authorities, voluntary organisations and other bodies. The CCG is not exercising its power to appoint a Corporate Trustee. All funds received in Trust (charitable funds) by the

CCG shall be held by Sheffield Hospitals Charitable Trust and related charities (SHCT) as Trustee and earmarked as such.

- 1.8 The CCG will also be bound by such other statutes and legal provisions which govern the conduct of its affairs.

NHS Framework

- 1.9 In addition to the statutory requirements the Secretary of State through the Department of Health issues further directions and guidance. These are normally issued under cover of a circular or letter.
- 1.10 The Code of Practice on Openness in the NHS sets out the requirements for public access to information on the NHS.

Delegation of Powers

- 1.11 The 2006 NHS Act (as amended by the 2012 Act) provides the CCG with powers to delegate CCG functions and those of the Governing Body to certain bodies such as Committees and certain persons and make arrangements for delegation.
- 1.12 The Governing Body has resolved that certain powers and decisions may only be exercised by the Governing Body in formal session. These powers and decisions are set out in the scheme of reservation and delegation and shall have effect as if incorporated into the Standing Orders. Those powers which it has delegated to Committees, sub committees and Officers are contained in the SoRD.

2. CCG: COMPOSITION OF MEMBERSHIP, TENURE AND ROLE OF MEMBERS

2.1 Composition of Membership

- 2.1.1 Chapter 3 of the CCG's Constitution provides details of the membership of the CCG including Members' meetings and Practice Representatives.
- 2.1.2 Paragraph 5.5 of the CCG's Constitution provide details of the composition of the governance structure used in the CCG's decision-making processes.

2.2 Key Roles

- 2.2.1 Paragraph 5.5 of the CCG's Constitution sets out the composition of the CCG's Governing Body and paragraph 5.5.2 of the CCG's Constitution identifies certain key roles and responsibilities of Governing Body voting Members. These Standing Orders set out how the CCG appoints individuals to these key roles.

2.2.2 Chair

a) Nomination

Self nomination by eligible GPs as set out in 2.2.2 b) below.

b) Eligibility

The individual must be a GP from a Member practice who is already one of the eight GP Governing Body Members.

c) Appointment process

Where there is more than one self nomination, appointment would be by private ballot with a candidate having over 50% of the votes from the Governing Body Members. Each member eligible to vote may only vote for one candidate. If there is an equal vote between candidates the voting will be re-opened. If there is an equal vote between candidates, or no candidate has over 50% of the votes, then the voting will be re-opened with the two highest rated nominees alone. The returning officer for all election results is the Accountable Officer only. The Remuneration Committee will oversee the process

d) Term of office

The Chair will be appointed for a term of office up to three years

e) Eligibility for reappointment

Post to be advertised before end of term of office. The post holder is eligible for reappointment as long as they still meet the eligibility criteria in 2.2.2(b) above, continue to meet the requirements of the person specification and job role are re-elected by a vote of the Members as described in paragraph 2.2.2(c) above, and that they have not served more than 9 consecutive years on the Governing Body.

f) Grounds for removal from office

On application of the disqualification criteria set out below, the Governing Body may remove the Chair from post immediately;

- i) If a receiving order is made against them or they make any arrangement with their creditors.
- ii) If in the opinion of the Governing Body (having taken appropriate professional advice in cases where it is deemed necessary) they become or are deemed to have developed mental or physical illness which prohibits or inhibits their ability to undertake their role.
- iii) If they cease to be a provider of primary medical services, or be engaged in or employed to deliver primary medical services with a member practice.

- iv) Where the level of competence is questioned and the vote indicated at least 67% of the Governing Body lacked confidence.
- v) Where they are no longer a GP on the Governing Body as described in 2.2.3 or 2.2.4 below

g) Notice period

The Chair must give at least 3 months' notice in writing to the Accountable Officer on behalf of the Governing Body.

2.2.3 Locality GP representatives

a) Nomination

As set out in paragraph 3.7.1 of the Constitution.

b) Eligibility

The individual must be a GP with a Member practice in the relevant Locality and meet the job description and person specification for the role previously approved by the CCG Governing Body's Remuneration Committee. They should not be disqualified from membership of a CCG under the 2012 Regulations.

c) Appointment process

- i) Request for nominations from the relevant Locality by the Director of Finance in accordance with the process approved by Remuneration Committee.
- ii) Completion of application documentation
- iii) Candidates will be formally assessed against a list of essential and desirable competencies drawn from relevant national guidance and set out in the job description and person specification. This assessment may include an interview. Assessment will be made by a panel of assessors with in-depth understanding of the clinical leadership role in commissioning and governance processes and may include an external GP leader with no local conflicts of interest.
- iv) If more than one candidate in the relevant Locality meets the specified competencies an election will take place.
- v) Election by a simple majority of votes cast with one vote per Member practice within the relevant Locality. Members will only be able to vote for a GP in their Locality.
- vi) Should only one candidate in the relevant Locality meet the specified competencies apply, an election will not take place. Instead Member practices within the relevant Locality will be asked to endorse the candidate.

- vii) Locality to confirm nomination to Director of Finance.

d) Term of office

Appointment will be for a term of office up to three years. Where a Locality nominated GP has an extended period of maternity leave, sickness absence or equivalent during their term of office, the Locality will be asked to nominate a GP representative to cover the position during the identified period. That GP must meet the essential criteria for the role. Any nomination of an individual should be managed by the Locality in accordance with the Nolan Principles.

e) Eligibility for reappointment

A GP may be re-nominated by the relevant Locality as long as they continue to meet the eligibility criteria, have been through the appointment process set out in 2.2.3 d) above and have not served more than 9 consecutive years on the Governing Body.

f) Grounds for removal from office by the Governing Body

- i) If a receiving order is made against them or they make any arrangement with their creditors.
- ii) If in the opinion of the Governing Body (having taken appropriate professional advice in cases where it is deemed necessary) they become or are deemed to have developed mental or physical illness which prohibits or inhibits their ability to undertake their role.
- iii) If they cease to be a provider of primary medical services, or be engaged in or employed to deliver primary medical services with a Member practice in the Locality which they represent.
- iv) Where level of competence and performance is below agreed levels
- v) Disqualification from membership of a CCG Governing Body under the 2012 Regulations.
- vi) Breach of the Nolan principles (as determined by majority vote of Governing Body members).
- vii) Gross misconduct as defined in the CCG's disciplinary procedures
- viii) Non attendance at formal Governing Body meetings (six in any 12 month period)

g) Notice Period

The Locality GP representative must give at least 3 months' notice in writing to the Chair of the Governing Body, but immediately if the GP is removed from office on any of the grounds set out above.

Suspension from the Performers List or GMC register will result in an immediate review of the post holder's position on the Governing Body.

2.2.4 Elected GP representatives

a) Nomination

The body conducting the election, which may be an external body such as the Local Medical Committee, will write to all the eligible electorate seeking self nominations. If it is subsequently discovered that the current list of eligible members is incomplete as a result of the body receiving incomplete information it shall not invalidate this process or any other element of the process described herein. The Remuneration Committee will oversee the process

b) Eligibility

The individual must be a GP with a Member practice and not disqualified from membership of a CCG under the 2012 Regulations. They must meet the person specification for the role approved by the CCG Governing Body's Remuneration Committee.

c) Appointment process

i) Selection

The purpose of selection is to identify the pool of potential candidates that have an acceptable level of knowledge, skill and experience to stand for election.

Candidates will be asked to complete an application form and will be formally assessed against a list of essential and desirable competencies drawn from relevant national guidance and set out in the job description and person specification. This assessment will include an interview. Assessment will be made by a panel of assessors with in-depth understanding of the clinical leadership role in commissioning and governance processes and may include an external GP leader with no local conflicts of interest.

The assessment panel will decide whether an individual can be put forward for election

ii) Election process

- All GPs that are successful in the selection process may put themselves forward for election.

- Where there is the same number or fewer candidates than there are vacancies, appointment shall be automatic, otherwise an election shall be undertaken.
- Where there is more than one vacancy each GP on the electorate shall have 1 vote per vacancy.
- The electorate is as described in b) Eligibility above.
- Candidates will be given 2 weeks for a 'holding period' when they can promote themselves to the electorate.
- The election process shall be by secret ballot.

d) Term of office

Will be elected for a term of office up to three years

e) Eligibility for reappointment

GPs may put themselves forward for re-election as long as the eligibility criteria continue to be met and they have not served more than 9 consecutive years on the Governing Body.

f) Grounds for removal from office

- i) If a receiving order is made against them or they make any arrangement with their creditors.
- ii) If in the opinion of the Governing Body (having taken appropriate professional advice in cases where it is deemed necessary) they become or are deemed to have developed mental or physical illness which prohibits or inhibits their ability to undertake their role.
- iii) If they cease to be a provider of primary medical services, or be engaged in or employed to deliver primary medical services with a Member practice.
- iv) Where level of competence and performance is below agreed levels
- v) Disqualification from membership of a CCG Governing Body under the 2012 Regulations.
- vi) Breach of the Nolan principles (as determined by majority vote of Governing Body members).
- vii) Gross misconduct as defined in the CCG's disciplinary procedures
- viii) Non attendance at formal Governing Body meetings (six in any 12 month period)

g) Notice Period

An elected GP representative must give at least 3 months' notice in writing to the Chair of the Governing Body, but immediately if the GP is removed from office on any of the grounds set out above.

Suspension from the Performers List or GMC register will result in an immediate review of the post holder's position on the Governing Body.

2.2.5 Lay Members

a) Nomination

Not applicable

b) Eligibility

Lay Members must have specific expertise, experience and knowledge. Individuals will not be eligible if they are a serving civil servant within the Department of Health or member/employee of the Care Quality Commission or serving as a Chair or Non-executive of another NHS body if successfully appointed to the CCG. Lay Members should not be disqualified from membership of a CCG under the 2012 Regulations.

c) Appointment process

Advertisement and application. The process will be overseen by the CCG Governing Body's Remuneration Committee.

d) Term of office

Will be appointed for a term of office up to three years

e) Eligibility for reappointment

Lay Members may put themselves forward for re-appointment as part of the appointment process set out in c) above, as long as eligibility criteria continue to be met and they have not served more than 9 consecutive years on the Governing Body.

f) Grounds for removal from office

- i) If a receiving order is made against them or they make any arrangement with their creditors.
- ii) If in the opinion of the Governing Body (having taken appropriate professional advice in cases where it is deemed necessary) they become or are deemed to have developed mental or physical illness which prohibits or inhibits their ability to undertake their role.

- iii) Where level of competence and performance is below agreed levels
- iv) Disqualification from membership of a CCG Governing Body under the 2012 Regulations.
- v) Breach of the Nolan principles (as determined by majority vote of Governing Body members).
- vi) Gross misconduct as defined in the CCG's disciplinary procedures
- vii) Non attendance at formal Governing Body meetings (six in any 12 month period)

g) Notice period

At least 3 months' notice in writing to the Chair of the Governing Body, but immediately if removed from office on any of the grounds set out above.

2.2.6 Accountable Officer

a) Nomination

Not applicable

b) Eligibility

The individual must meet the required competencies of the role as set out in the job description and the person specification.

c) Appointment process

NHS England is responsible for appointing the Accountable Officer following nomination by the CCG.

Appointment will be by selection against job description and person specification. The CCG Governing Body's Remuneration Committee will determine the detail of the process.

d) Term of Office

Substantive appointment

e) Notice Period and Grounds for Removal from Office

As set out within the Terms and Conditions of Employment for this post.

2.2.7 Director of Finance

a) Nomination

Not applicable.

b) Eligibility

The individual must be a suitably qualified accountant and meet the required competencies of the role as set out in the job description and the person specification.

c) Appointment process

Appointment will be by selection against job description and person specification. The CCG Governing Body's Remuneration Committee will determine the detail of the process.

d) Term of Office

Substantive appointment

e) Notice Period and Grounds for Removal from Office

As set out within the Terms and Conditions of Employment for this post.

2.2.8 Medical Director

a) Nomination

Not applicable

b) Eligibility

The individual must be a GP and have all relevant competencies as set out in the job description and person specification.

c) Appointment process

Selection against job description and person specification. The CCG Governing Body's Remuneration Committee will determine the detail of the process.

d) Term of office

Substantive appointment

e) Notice Period and Grounds for removal from office

As set out within the Terms and Conditions of Employment for the post.

2.2.9 Chief Nurse

a) Nomination

Not applicable

b) Eligibility

The individual must be a suitably qualified registered nurse and have the relevant competencies as set out in the job description and person specification.

c) Appointment process

Appointment will be by selection against job description and person specification. The CCG Governing Body's Remuneration Committee will determine the detail of the process.

d) Term of Office

Substantive appointment

e) Notice Period and Grounds for Removal from Office

As set out within the Terms and Conditions of Employment for the post.

2.2.10 Secondary Care Specialist Doctor

a) Nomination

Not applicable

b) Eligibility

Must be a suitably qualified doctor and have the relevant competencies as set out in the job description for the post and person specification.

c) Appointment process

- i) Selection against job description and person specification.
- ii) Panel competency assessment of applications
- iii) Interview and selection by a panel of the CCG against required competencies.

The CCG Governing Body's Remuneration Committee will determine the detail of the process.

d) Term of office

For a period up to 3 years

e) Eligibility for reappointment

Post to be advertised before end of term of office. The post holder is eligible for reappointment as part of the appointment process set out in c) above as long as the eligibility criteria in b) above continue to be met and they have not served more than 9 consecutive years on the Governing Body.

f) Grounds for removal from office

- i) If a receiving order is made against them or they make any arrangement with their creditors.
- ii) If in the opinion of the Governing Body (having taken appropriate professional advice in cases where it is deemed necessary) they become or are deemed to have developed mental or physical illness which prohibits or inhibits their ability to undertake their role.
- iii) Where level of competence and performance is below agreed levels
- iv) No longer eligible to be a secondary care specialist member of a CCG Governing Body under the 2012 Regulations and disqualified from membership of a CCG Governing Body under the 2012 Regulations
- v) Breach of the Nolan principles (as determined by majority vote of Governing Body members).
- vi) Gross misconduct as defined in the CCG's disciplinary procedures
- vii) Non attendance at formal Governing Body meetings (six in any 12 month period)

g) Notice period

Three months' notice in writing to the Chair of the Governing Body, but immediately if removed from office on any of the grounds set out above.

2.2.11 Other CCG Executive Directors who are voting Members of Governing Body

a) Nomination

Not applicable

b) Eligibility

The individual must have the relevant competencies and experience as set out in the job description and person specification.

c) Appointment process

Appointment will be by selection against job description and person specification. The CCG Governing Body's Remuneration Committee will determine the detail of the process.

d) Term of Office

Substantive appointment

e) Notice Period and Grounds for Removal from Office

As set out within the Terms and Conditions of Employment for the post.

2.3 Deputy Chair of the Governing Body

The Deputy Chair of the Governing Body will be a Lay Member if the Chair is a clinician. The Lay Member who is the Chair of the Audit and Integrated Governance Committee is not eligible to be Deputy Chair so as to maintain their independence in that role. Where the Chair of the CCG has died or has ceased to hold office, or where they have been unable to perform their duties as Chair owing to illness or any other cause, the Deputy-Chair shall act as Chair until a new Chair is appointed or the existing Chair resumes their duties, as the case may be; and references to the Chair in these Standing Orders shall, so long as there is no Chair able to perform those duties, be taken to include references to the Deputy Chair.

2.4 Joint Members

Where more than one person is appointed jointly to a Governing Body Member's post.

- (a) Either or both of those persons may attend or take part in meetings of the Governing Body;
- (b) If both are present at a meeting they should cast one vote if they agree;
- (c) In the case of disagreements no vote should be cast;
- (d) The presence of either or both of those persons should count as the presence of one person for the purposes of Standing Order 3.6 Quorum.

3. MEETINGS OF THE CCG and CCG's GOVERNING BODY

3.1 Calling meetings

- (1) Arrangements for meetings of CCG Members are set out in paragraph 3.5 of the Constitution.
- (2) Ordinary meetings of the Governing Body shall be held at regular intervals at such times and places as the Governing Body may determine.
- (3) The Chair of the CCG may call a meeting of the Governing Body at any time.
- (4) One-third or more members of the Governing Body may requisition a meeting in writing. If the Chair refuses, or fails, to call a meeting within seven days of a requisition being presented, the members signing the requisition may forthwith call a meeting.

3.2 Notice of meetings, agendas, supporting papers and business to be transacted

- (1) Before each meeting of the CCG's Governing Body a written notice specifying the business proposed to be transacted shall be delivered to every member so as to be available to members at least five days before the meeting. Supporting papers, whenever possible, shall accompany the agenda, but will certainly be despatched no later than three days before the meeting, save in emergency.
- (2) In the case of a meeting called by members in default of the Chair calling the meeting, the notice shall be signed by those members.
- (3) No business shall be transacted at the meeting other than that specified on the agenda, or emergency motions allowed under Standing Order 3.8.
- (4) A member desiring a matter to be included on an agenda shall make his/her request in writing to the Chair at least 10 days before the meeting. The request should state whether the item of business is proposed to be transacted in the presence of the public and should include appropriate supporting information. Requests made less than 10 days before a meeting may be included on the agenda at the discretion of the Chair.
- (5) Agendas and certain papers for the CCG's Governing Body – including details about meeting dates, times and venues - will be published on the CCG's website

3.3 Petitions

Where a petition has been received by the CCG, the Chair shall include the details of the petition as an item for noting on the agenda of the next meeting of the Governing Body.

3.4 Chair of meeting

- (1) At any meeting of the CCG or its Governing Body the Chair if present, shall preside. If the Chair is absent from the meeting, the Deputy-Chair, if present, shall preside.
- (2) If the Chair is absent temporarily on the grounds of a declared conflict of interest the Deputy-Chair, if present, shall preside. If the Chair and Deputy-Chair are absent, or are disqualified from participating, members present shall choose who shall preside.

3.5 Chair's ruling

The decision of the Chair of the Governing Body on questions of order, relevancy and regularity (including procedure on handling motions) and their interpretation of the Constitution, Standing Orders, SoRD, PFPs and SFIs at the meeting, shall be final.

3.6 Quorum of the Governing Body

- (1) No meeting of the Governing Body shall be held unless at least one-third of the whole number of voting members is present (paragraph 5.5 of the Constitution sets out the voting members of the Governing Body), which must include at least four GPs from the Locality nominated GP representatives or Elected GP representatives, one Lay Member and either the Accountable Officer or Director of Finance.
- (2) For the matter of Governing Body Members' remuneration as proposed by the CCG's Remuneration Committee, and where conflicts of interest of GP members in particular would make Governing Body not quorate to make a decision, there will be separate quorum arrangements. For the remuneration of Governing Body GP Members, the Governing Body can take a decision if 6 of the other 11 voting members are present including at least one Lay Member. For Lay Members remuneration the Governing Body can take a decision if 6 of the other 15 voting members are present including at least 4 GPs. For all other Governing Body member remuneration, the Governing Body can take a decision if at least a third of other members are present.
- (3) If neither the Chair nor Deputy Chair is present, the meeting can proceed if a temporary Chair is elected from the remaining Governing Body Members.
- (4) An Officer in attendance but without formal acting up status may not count towards the quorum.
- (5) If the Chair or other Governing Body Members have been disqualified from participating in the discussion on any matter and/or from voting on any resolution by reason of a declaration of a conflict of interest that person shall no longer count towards the quorum. If a quorum is then not available for the discussion and/or the passing of a resolution on any matter, that matter may not be discussed further or voted upon at that meeting. Such a position shall be recorded in the minutes of the meeting. The meeting must then proceed to the next business. The position can be resolved by following the arrangements set out in paragraph 2.5 of the Standards of Business Conduct and Conflicts of Interest Policy and Procedures which is available on the CCG's website.

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

3.7 **Decision Making including Voting of the Governing Body**

Chapters 4 and 5 of the CCG's Constitution, together with the SoRD, sets out the governing structure for the exercise of the CCG's statutory functions. Generally it is expected that at the CCG's and Governing Body's meetings decisions will be reached by consensus. Should this not be possible then a vote of members will be required, the process for which is set out below:

- (1) **Eligibility** Members who are eligible to vote are set out in paragraph 5.5 of the Constitution. A manager who has been formally appointed to act up for an Officer Member shall be entitled to exercise the voting rights of the Officer Member.
- (2) **Majority necessary to confirm a decision** - Save as provided in Standing Orders 3.9 - Suspension of Standing Orders every question put to a vote at a meeting shall be determined by a majority of the votes of members present and voting on the question. Members excluded due to a declared conflict of interest may not vote.
- (3) **Casting vote** - . In the case of an equal vote, the person presiding (ie: the Chair of the meeting) shall have a second, and casting vote.
- (4) **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
- (5) At the discretion of the Chair all questions put to the vote shall be determined by oral expression or by a show of hands, unless the Chair directs otherwise, or it is proposed, seconded and carried that a vote be taken by paper ballot.
- (6) If at least one-third of the members present so request, the voting on any question may be recorded so as to show how each member present voted or did not vote (except when conducted by paper ballot).
- (7) In no circumstances may an absent member vote by proxy. Absence is defined as being absent at the time of the vote.
- (8) For all Governing Body's Committees and sub-committee, the details of the process for holding a vote are set out in the relevant terms of reference if appropriate and for the CCG's Members Council in paragraph 3.5 of the Constitution.

3.8 **Emergency powers and urgent decisions**

- 3.8.1 Subject to the agreement of the Chair, a Governing Body Member may give written notice of an emergency motion after the issue of the notice of meeting and agenda, up to one hour before the time fixed for the meeting. The notice shall state the grounds of urgency. If in order, it shall be declared to the CCG Governing Body at

the commencement of the business of the meeting as an additional item included in the agenda. The Chair's decision to include the item shall be final.

- 3.8.2 The powers which the Governing Body has retained to itself within these Standing Orders may in emergency be exercised by the Accountable Officer and the Chair after having consulted at least one Lay Member and either one Locality GP representative or one Elected GP representative. The exercise of such powers by the Accountable Officer and Chair shall be reported to the next formal meeting of the Governing Body for ratification.

3.9 Suspension of Standing Orders

- (1) Except where this would contravene any statutory provision or any direction made by the Secretary of State any one or more of the Standing Orders may be suspended at any meeting, provided that at least two-thirds of the whole number of the members of the Governing Body are present (including at least one member who is an Officer Member of the CCG and one member who is not) and that at least two-thirds of those members present signify their agreement to such suspension. The reason for the suspension shall be recorded in the Governing Body's minutes. The Audit and Integrated Governance Committee shall review every decision to suspend Standing Orders

3.10 Record of Attendance

The names and designation of all members present at meetings of the Governing Body and its Committees or Sub-committees will be recorded in the minutes of the relevant meetings.

3.11 Minutes

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. Minutes shall be circulated in accordance with members' wishes. Where providing a record of a public meeting the minutes shall be made available to the public as required by the Code of Practice on Openness in the NHS.

3.12 Admission of public and the press

- (1) **Admission and exclusion on grounds of confidentiality of business to be transacted**

The public and representatives of the press may attend meetings of the CCG's Governing Body, except where the Governing Body passes the following resolution to exclude the public on the grounds of confidentiality:

'that representatives of the press, and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest'.

Members of the public or representatives of the press who attend public meetings of the Governing Body have no right to speak other than by invitation from the Chair.

(2) General disturbances

The Chair or the person presiding over the meeting shall give such directions as he/she thinks fit with regard to the arrangements for meetings and accommodation of the public and representatives of the press such as to ensure that the CCG's business shall be conducted without interruption and disruption and, without prejudice to the power to exclude on grounds of the confidential nature of the business to be transacted, the public will be required to withdraw upon the Governing Body resolving as follows:

'That in the interests of public order the meeting adjourn for (the period to be specified) to enable the CCG Governing Body to complete its business without the presence of the public'.

(3) Business proposed to be transacted when the press and public have been excluded from a meeting

Matters to be dealt with by the Governing Body following the exclusion of representatives of the press, and other members of the public, as provided in (1) and (2) above, shall be confidential to Governing Body members.

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

(4) Use of Mechanical or Electrical Equipment for Recording or Transmission of Meetings

Nothing in these Standing Orders shall be construed as permitting the introduction by the public, or press representatives, of recording, transmitting, video or similar apparatus into meetings of the CCG, its Governing Body and its Committees. Such permission shall be granted only by the Chair of the meeting.

3.13 Observers at CCG and Governing Body meetings

The CCG will decide what arrangements and terms and conditions it feels are appropriate to offer in extending an invitation to observers to attend and address any of the CCG's meetings and may change, alter or vary these terms and conditions as it deems fit.

4. APPOINTMENT OF COMMITTEES AND SUB-COMMITTEES

4.1 Appointment of Committees and Sub-committees

- (1) The CCG and the Governing Body may appoint Committees and Sub-committees of the CCG 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 appointed, details of these are included in Chapter 6 of the Constitution.
- (2) Other than where there are statutory requirements, the CCG or its Governing Body shall determine the membership and terms of reference of the Committees and Sub-committees and shall, if it requires receive and consider minutes and reports from such Committees at the next appropriate meeting.

4.2 Terms of Reference

Terms of reference shall have effect as if incorporated into the Constitution and shall be available on the CCG's website.

4.3 Delegation of powers by Committees to Sub-committees

Where Committees are authorised to establish Sub-committees they may not delegate executive powers to the Sub-committee unless expressly authorised by the CCG or Governing Body as relevant.

4.4 Approval of Appointments to Committees and Sub-committees

The CCG, as the statutory legal entity, shall approve the appointments to each of the committees and sub committees which it has formally constituted and will decide on such travel or other allowances as it considers appropriate.

The Governing Body shall approve the appointments to each of its Committees and Sub-committees and the Director of Finance will decide on any travelling or other allowances as considered appropriate.

5. DUTY TO REPORT NON COMPLIANCE WITH STANDING ORDERS, PRIME FINANCIAL POLICIES and STANDING FINANCIAL INSTRUCTIONS

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

6. CUSTODY OF SEAL AND AUTHORISATION OF DOCUMENTS

6.1 CCG's Seal

The CCG may have a seal for executing documents where necessary which must be kept in a secure place. The following individuals are authorised to authenticate its use by their signature: the Accountable Officer, the Director of Finance, the Chair of the Governing Body. They will enter a record of the sealing of every document in a register to be kept by the Accountable Officer or nominated Officer.

6.2 Signature of documents

Where any document will be a necessary step in legal proceedings on behalf of the CCG it shall, unless any enactment otherwise requires, be signed by the Accountable Officer or the Director of Finance or as detailed in either the Scheme of Reservation and Delegation or the Operational Scheme of Delegation.

7. OVERLAP WITH OTHER CCG POLICY STATEMENTS/PROCEDURES, REGULATIONS

7.1 Policy statements: general principles

The Governing Body will from time to time agree and approve policy statements/ procedures which will apply to all or specific groups of staff employed by the CCG. The decisions to approve such policies and procedures will be recorded in an appropriate Governing Body minute and will be deemed where appropriate to be an integral part of the CCG's Standing Orders and Prime Financial Policies. However, the Governing Body may delegate this responsibility to one or more of its committees / sub-committees as detailed in the Scheme of Reservation and Delegation.

8 DUTIES AND OBLIGATIONS OF GOVERNING BODY MEMBERS AND CCG SENIOR MANAGERS

8.1 Requirements for declaring interests and applicability to CCG and Governing Body Members

The NHS Code of Conduct of Accountability requires CCG Members and Members of the Governing Body to declare any personal or business interest which may influence or may be perceived to influence their judgement including without limitation interests which are "relevant and material". The policy document setting out full requirements is included as an appendix to the Constitution.

8.2 Register of Interests

The Accountable Officer will ensure that a Register of Interests is established to record formally declarations of interests of Members of the CCG, Governing Body Members, Practice Representatives and employees of the CCG. The Accountable Officer will ensure that as a minimum there is an annual review of the Register of Interests.

The Chair of the Audit and Integrated Governance Committee will act as Conflicts of Interest Guardian and will perform the functions as detailed in “Standards of Business Conduct and Conflicts of Interest Policy and Procedure” available on the CCG’s website.

9. INDEMNITY FOR GOVERNING BODY MEMBERS

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

Appendix 4 to Constitution

STANDING FINANCIAL INSTRUCTIONS (SFIs)

These SFIs should be read in conjunction with the CCG's Standing Orders, Scheme of Reservation & Delegation and Prime Financial Policies which also form part of the CCG's Constitution and in conjunction with the detailed financial policies on Budget Management and Contracting and Tendering

Part A: Procurements: Quotation and Tender Limits

Quotations: These are required where formal tendering procedures are not adopted and where the intended expenditure or income for the whole life of the proposed contract exceeds or is reasonably expected to exceed **£10,000** (including VAT unless recoverable) but not exceed £100,000 (including VAT unless recoverable).

Officers will be expected to obtain a minimum of three quotations as set out in the CCG's Tendering Policy.

Tenders: These are required where the estimated expenditure or income for the proposed whole life of the contract is expected to exceed **£100,000** (including VAT unless recoverable).

Officers will be expected to undertake a competitive procurement process as out in the CCG's Tendering Policy.

STANDING FINANCIAL INSTRUCTIONS (SFIs)

These SFIs should be read in conjunction with the CCG's Standing Orders, Scheme of Reservation & Delegation and Prime Financial Policies which also form part of the CCG's Constitution and in conjunction with the detailed financial policies on Budget Management and Contracting and Tendering

Part B: Financial Authorisation Limits

	Accountable Officer & Deputy Accountable Officer	Director of Finance	All other Directors reporting directly to the Accountable Officer	Nominated Deputies (nominated by relevant Director and agreed by Director of Finance)	Other Budget Managers (nominated by Director)	Heads of Service/Team Leaders
A. Limit for approval against budgets approved by Governing Body (unless otherwise stated)	Unlimited Up to Budget	Unlimited Up to Budget	£45,000 unless stated below	£45,000 unless stated below	£5,000	£200
Documentation						
Healthcare contracts /SLAs - renewal	Yes	Yes				
Healthcare contracts /SLAs - new	Yes	Yes				
Non-Healthcare contracts /SLAs - renewal	Yes	Yes	Yes			
Non-Healthcare contracts / SLAs - new	Yes	Yes	Yes			
Indemnity Agreements	Yes	Yes				
Joint Venture Documents	Yes	Yes				
Operating Leases	Yes	Yes				
Acquisition of a property/asset by lease	£500,000	£500,000				
Termination of property/asset lease	Yes	Yes				
Sealing of documents	Yes	Yes				
Capital Assets (see Note 1 below)						
Acquisition of capitalised assets	£500,000	£500,000				
Disposal of Capital Assets	Yes	Yes				
Acquisition of capitalised IT assets	£100,000	£100,000				
Disposal of Capital IT Assets	Yes	Yes				
Staffing Establishment & Recruitment (see Note 2 below)						
Establishment Control Form - replacement (funded)	Yes	Yes				
Establishment Control Form - change in structure	Yes	Yes				
Approval to Recruit Form	Yes	Yes				
Voluntary Severance terms & payments	Yes	Yes				
Letters of Appointment	Yes	Yes	£100,000			
Expenditure - Pay Related						
Travel & Subsistence	Yes	Yes	Yes	Yes	Yes	Yes
Wage Advances & Unpaid Leave	Yes	Yes	Yes			
Overtime & On-Call	Yes	Yes	Yes	Yes		
Expenditure - Non-Pay Related (Revenue)						
Petty Cash (per transaction)	£40	£40	£40	£40	£40	
Stamps	£40	£40	£40	£40	£40	
Non-Stock Requisitions	Yes	Yes	Yes	Yes	Yes	
Stock Requisitions	Yes	Yes	Yes	Yes	Yes	
Payments with no Official Order	Yes	Yes	Yes	Yes	Yes	
Lease Cars	Yes	Yes				
Losses & Compensations	Yes	Yes				
Income						
Debtor Request Forms	Yes	Yes	Yes	Yes	Yes	
Authorisation of credit notes	Yes	Yes	Yes	Yes	Yes	
Cancellation of invoices	Yes	Yes	Yes	Yes	Yes	
Write-Off of debts	Yes	Yes				
B. In Year Budget Virements (Note 3)						
Movements to/from General/Contingency Reserves and other budgets	£2m	£2m				
Movements between cost centres	£2m	£2m				

Note 1: Capital Assets: CCGs are not expected to own any property and the only property they are expected to lease is for an HQ building(s).

Note 2: Staffing Establishment: Under the PFPs the Governing Body will approve the funded establishment for the CCG prior to the start of the financial year. During the year changes to funded establishment can be authorised by AO and DoF provided that spend remains within the running costs budget for the CCG. Significant changes will be reported to the Governing Body as part of monthly reporting.

Note 3: The Accountable Officer and Director of Finance have the authority to move funding between budget headings including in/out of reserves up to £2m. However, the Director of Finance will present the Governing Body with information each month in the finance report on movements between budgets for Governing Body approval.

Note 4: The Accountable Officer and Director of Finance are able to delegate their specified deputies to cover periods of absence. Any such delegations will be fully documented with relevant names and dates.

Note 5: In respect of Primary Care Co-commissioning, NHS England staff, will have access to the general ledger of the CCG. This will enable them to create and approve actual journals and input and phase budgets.

APPENDIX 5

PRIME FINANCIAL POLICIES

For

NHS SHEFFIELD CLINICAL COMMISSIONING GROUP

NB: *These policies were current at the time of writing and **do not form part of the CCG's Constitution** (as set out in paragraph 1.5 of the Constitution) and may be amended from time to time.*

To ensure you are viewing the most current Prime Financial Policies please visit [Policies -- Sheffield CCG Intranet](#)

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1. INTRODUCTION

1.1. General

- 1.1.1. These Prime Financial Policies (PFPs) shall have effect as if incorporated into the CCG's Constitution.
- 1.1.2. The PFPs are part of the CCG's control environment for managing the organisation's financial affairs. They contribute to good corporate governance, internal control and managing risks. They enable sound administration, lessen the risk of irregularities and support commissioning and delivery of effective, efficient and economical services. They also help the Accountable Officer and Director of Finance to effectively perform their responsibilities. They should be used in conjunction with the Scheme of Reservation and Delegation (SoRD) and the Standing Financial Instructions (SFIs).
- 1.1.3. These PFPs identify the financial responsibilities which apply to everyone working for the CCG. They do not provide detailed procedural advice and hence should be read in conjunction with the more detailed policies which have been prepared by the Director of Finance and approved by the Audit and Integrated Governance Committee and which are known as the "Detailed Financial Policies".
- 1.1.4. The Detailed Financial Policies which include, but are not limited to, budget management; tendering and procurement, counter fraud and treatment of losses and special payments will be published and maintained on the CCG's website
- 1.1.5. Should any difficulties arise regarding the interpretation or application of any of the PFPs, SFIs or Detailed Financial Policies then the advice of the Director of Finance must be sought before acting. The user of these PFPs should also be familiar with and comply with the provisions of the CCG's Constitution, Standing Orders SoRD, and SFIs.
- 1.1.6. Failure to comply with the PFPs, SFIs and Standing Orders can in certain circumstances be regarded as a disciplinary matter that could result in dismissal.
- 1.1.7. If for any reason these PFPs 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 referring action or ratification as per section 5.1 of the Standing Orders. All of the CCG's Members and employees have a duty to disclose any non-compliance with these PFPs to the Director of Finance as soon as possible.

1.2. Responsibilities and delegation

- 1.2.1. The roles and responsibilities of Members, Governing Body Members, Committee and sub-committee members and persons working on behalf of the CCG are set out in chapters 3 and 6 of the Constitution.

- 1.2.2. The financial decisions delegated by Members are set out in the CCG's SoRD and by Governing Body in the SoRD and SFIs.

1.3. **Contractors and their employees**

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

1.4. **Amendment of Prime Financial Policies**

- 1.4.1. To ensure that these PFPs remain up-to-date and relevant, the Director of Finance will review them at least annually. Following scrutiny by the Governing Body's Audit and Integrated Governance Committee, the Director of Finance will recommend amendments, as fitting, to the Governing Body for approval.

2. **INTERNAL CONTROL**

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

- 2.1. The Governing Body is required to establish an Audit and Integrated Governance Committee (AIGC) with terms of reference agreed by the Governing Body (see section 5.9.2 of the Constitution for further information).
- 2.2. The Accountable Officer has overall responsibility for the CCG's systems of internal control and will ensure that an Annual Governance Statement is prepared in line with national requirements.
- 2.3. The Director of Finance will ensure that:
- a) financial policies are considered for review and update annually;
 - b) a system is in place for proper checking and reporting of all breaches of financial policies; and
 - c) a proper procedure is in place for regular checking of the adequacy and effectiveness of the control environment.

3. **AUDIT**

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

- 3.1. The Head of Internal Audit from the internal audit service appointed by the AIGC and the Audit Panel appointed external auditor will have direct and unrestricted access to AIGC members, the Chair of the Governing Body, Accountable Officer and Director of Finance for any significant issues arising from audit work that management cannot resolve, and for all cases of fraud or serious irregularity.
- 3.2. All AIGC members, the Chair of the Governing Body and the Accountable Officer will have direct and unrestricted access to the Head of Internal Audit and external auditors.
- 3.3. The Director of Finance will ensure that:
 - a) the CCG has a professional and technically competent internal audit function as set out in more detail in the Terms of Reference of the AIGC; and
 - b) the AIGC approves any changes to the provision or delivery of assurance services to the CCG.
 - c) the minutes of the AIGC meetings shall be formally recorded and submitted to the Governing Body. The Chair of AIGC shall draw to the attention of the Governing Body any issues that require disclosure to the full Governing Body, or require executive action.

4. FRAUD AND CORRUPTION

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

- 4.1. AIGC will satisfy itself that the CCG has adequate arrangements in place for countering fraud and shall review the outcomes of counter fraud work. It shall also approve the counter fraud annual work programme and review the annual report produced by the local counter fraud specialist.
- 4.2. AIGC will ensure that the CCG has arrangements in place to work effectively with the NHS Counter Fraud Authority.

Security Management

- 4.3. The Accountable Officer will monitor and ensure compliance with the Violence Prevention and Reduction Standard as issued and managed by NHS England and NHS Improvement.

- 4.4. The Governing Body shall nominate an Executive Director to oversee compliance with the Violence Prevention and Reduction Standard who will report to the Governing Body twice yearly and will be supported by a Lay Member..

5. EXPENDITURE CONTROL

- 5.1. The CCG is required by statutory provisions¹ to ensure that its expenditure does not exceed the aggregate of allotments from NHS England and any other sums it has received and is legally allowed to spend.
- 5.2. The Accountable Officer has overall executive responsibility for ensuring that the CCG complies with certain of its statutory obligations, including its financial and accounting obligations, and that it exercises its functions effectively, efficiently and economically and in a way which provides good value for money.
- 5.3. The Director of Finance will:
- provide reports in the form required by NHS England
 - ensure money drawn from NHS England is required for approved expenditure only is drawn down only at the time of need and follows best practice; and
 - be responsible for ensuring that an adequate system of monitoring financial performance is in place to enable the CCG to fulfil its statutory responsibility not to exceed its expenditure limits, as set by direction of NHS England .

6. ALLOCATIONS²

- 6.1. The Director of Finance will:

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

7. COMMISSIONING STRATEGY, BUDGETS, BUDGETARY CONTROL AND MONITORING

POLICY – the CCG will produce and publish an annual commissioning plan³ that explains how it proposes to discharge its financial duties. The CCG will support this with comprehensive medium term financial plans and annual budgets.

¹ See section 223H of the 2006 Act, inserted by section 27 of the 2012 Act

² See section 223(G) of the 2006 Act, inserted by section 27 of the 2012 Act.

³ See section 14Z11 of the 2006 Act, inserted by section 26 of the 2012 Act.

Commissioning Strategy and Plan

- 7.1. The Governing Body will approve consultation arrangements for the CCG's annual commissioning plan⁴.
- 7.2. The Accountable Officer will compile and submit to the Governing Body a commissioning strategy and annual commissioning plan which takes into account financial targets and forecast limits of available resources.
- 7.3. The CCG will engage in a collaborative approach with NHS England, other clinical commissioning groups, local providers of services, local authorities, including through Health and Wellbeing Boards, patients and their carers and the voluntary sector and others as appropriate to develop robust commissioning plans. This will include, where appropriate, collaborative work with partner organisations within the Sheffield Accountable Care Partnership arrangements and/or with partner organisations within the South Yorkshire and Bassetlaw Integrated Care System.

Budgets, Budgetary Control and Monitoring

- 7.4. Governing Body will recommend to NHS England for approval the CCG's **Standing Financial Instructions** (SFIs) which set out the delegated limits for financial commitments on behalf of the CCG and which form part of the CCG's Constitution (Appendix 4). AIGC will review the SFIs at least annually and make recommendations to Governing Body on any changes to be made.
- 7.5. Prior to the start of the Financial Year, the Director of Finance will, on behalf of the Accountable Officer, prepare and submit commissioning (programme) and infrastructure (running cost) budgets for approval by the Governing Body.
- 7.6. The Director of Finance shall monitor financial performance against budget and plan, regularly review them, and report to the Governing Body on at least a monthly basis. This report should include explanations for variances. These variances must be based on any significant departures from agreed financial plans or budgets. The report should also document requests for changes to budgets where these are in excess of the limits delegated to the Accountable Officer and Director of Finance.
- 7.7. The Accountable Officer is responsible for ensuring that information relating to the CCG's accounts or to its income or expenditure, or its use of resources is provided to the NHS England as requested.
- 7.8. On behalf of the Accountable Officer, the Director of Finance is responsible for putting in place a detailed operational scheme of delegation which sets out in writing budgetary authorisation limits for individuals and the responsibilities of budget holders and budget managers. This will flow from the CCG's Standing Financial Instructions as approved by Governing Body. It will be referenced in the

⁴ See section 14Z13 of the 2006 Act, inserted by section 26 of the 2012 Act

Detailed Financial Policy on budget management prepared by the Director of Finance and approved by AIGC.

- 7.9. The Director of Finance has a responsibility to ensure that adequate training is delivered on an ongoing basis to budget holders and their budget managers to help them manage successfully.

8. ANNUAL ACCOUNTS AND REPORTS

POLICY – the CCG will produce and submit to the NHS England accounts and reports in accordance with all statutory obligations⁵, relevant accounting standards and accounting best practice in the form and content and at the time required by the NHS England.

- 8.1. The Director of Finance will ensure the CCG:
- a) prepares a timetable for producing the annual report and accounts and agrees it with external auditors and the AIGC;
 - b) prepares the accounts according to the agreed timetable;
 - c) complies with statutory requirements and relevant directions for the publication of the externally audited annual accounts and annual report;
 - d) considers the external auditor's management letter and fully address all issues within agreed timescales, ensuring it is presented to the AIGC for consideration; and
 - e) publishes the external auditor's management letter on the CCG's website and makes it available upon request for inspection at the CCG's head office.

9. INFORMATION TECHNOLOGY

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

- 9.1. The Director of Finance is responsible for the accuracy and security of the CCG's computerised financial data and shall:
- a) devise and implement any necessary procedures to ensure adequate (reasonable) protection of the CCG's data, programs and computer hardware from accidental or intentional disclosure to unauthorised persons, deletion or

⁵ See paragraph 17 of Schedule 1A of the 2006 Act, as inserted by Schedule 2 of the 2012 Act.

modification, theft or damage, having due regard for the Data Protection Act 1998;

- b) ensure that adequate (reasonable) controls exist over data entry, processing, storage, transmission and output to ensure security, privacy, accuracy, completeness, and timeliness of the data, as well as the efficient and effective operation of the system;
- c) ensure that adequate controls exist such that the computer operation is separated from development, maintenance and amendment;
- d) ensure that an adequate management (audit) trail exists through the computerised system and that such computer audit reviews as the Director of Finance may consider necessary are being carried out.

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

10. ACCOUNTING SYSTEMS

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

10.1. The Director of Finance will ensure:

- a) The CCG has suitable financial and other software to enable it to comply with these policies and any consolidation requirements of the NHS England;
- b) That contracts for computer services for financial applications with another health organisation or any other agency shall clearly define the responsibility of all parties for the security, privacy, accuracy, completeness, and timeliness of data during processing, transmission and storage. The contract should also ensure rights of access for audit purposes.
- c) Where another health organisation or any other agency provides a computer service for financial applications, the Director of Finance shall annually seek assurances that adequate controls are in operation.

11. BANK ACCOUNTS

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

11.1. The Director of Finance will:

- a) review the banking arrangements of the CCG at regular intervals to ensure they are in accordance with Secretary of State directions⁶, best practice and represent best value for money;
- b) manage the CCG's banking arrangements and advise the CCG on the provision of banking services and operation of accounts;
- c) prepare detailed instructions on the operation of bank accounts.

11.2. AIGC shall approve the banking arrangements.

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

POLICY – the CCG will

- operate a sound system for prompt recording, invoicing and collection of all monies due;
- seek to maximise its potential to raise additional income only to the extent that it does not interfere with the performance of the CCG or its functions⁷;
- ensure its power to make grants and loans is used to discharge its functions effectively⁸.

12.1. The Director of Finance is responsible for:

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

13. TENDERING AND CONTRACTING PROCEDURE

⁶ See section 223H(3) of the NHS Act 2006, inserted by section 27 of the 2012 Act

⁷ See section 14Z5 of the 2006 Act, inserted by section 26 of the 2012 Act.

⁸ See section 14Z6 of the 2006 Act, inserted by section 26 of the 2012 Act.

POLICY – the CCG:

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

Tendering

- 13.1. The Director of Finance shall ensure that the bidders invited to tender are made aware of opportunities via the CCG procurement portal, or where necessary a contract may be let under a framework agreement.
- 13.2. The Director of Finance will prepare a Detailed Financial Policy setting out the detailed arrangements for competitive and non-competitive quotations; formal competitive tendering including authorisation and confirming where formal competitive tendering is not required. The detailed financial policy will set out in detail the limits and circumstances for when quotations and tenders are not required and the circumstances when a quotation or tender waiver may be requested. The financial limits will be as set out in the CCG's Standing Financial Instructions approved by the CCG's Governing Body. The Accountable Officer or Director of Finance must approve all such waivers and tender waivers must be reported to the next meeting of the AIGC. The AIGC will have responsibility for approving the detailed financial policy on tendering.

Contracting Procedures

- 13.3. The Officers may only negotiate contracts on behalf of the CCG, and the CCG may only enter into contracts, within the statutory framework set up by the 2006 Act, as amended by the 2012 Act. Such contracts shall comply with:
- a) the CCG's Standing Orders;
 - b) the Public Contracts Regulation 2015, any successor legislation and any other applicable law; and
 - c) take into account as appropriate any applicable NHS England or NHS Improvement guidance that does not conflict with (b) above.
- 13.4. In all contracts entered into, the CCG shall endeavour to obtain best value for money. The Accountable Officer shall nominate an individual who shall oversee

and manage each contract on behalf of the CCG. They will generally be the relevant Budget holder.

- 13.5. The Director of Finance will maintain a system of financial monitoring to ensure the effective accounting of expenditure under contracts. This should provide a suitable audit trail for all payments made under the contracts whilst maintaining patient confidentiality and allow reports to be made to Governing Body.

14. RISK MANAGEMENT AND INSURANCE

POLICY – the CCG will put arrangements in place for evaluation and management of its risks and will put insurance arrangements in place.

Risk Management

- 14.1. The Accountable Officer shall ensure that the CCG has a programme of risk management, in accordance with prevailing NHS England and Department of Health and Social Care assurance framework requirements. This will include the CCG having a risk management strategy and an annual risk management action plan which will be approved by the AIGC
- 14.2. The Accountable Officer will ensure that the CCG maintains a Governing Body Assurance Framework (GBAF) to capture the principal risks to delivery of the CCG's key objectives. The GBAF will be completely refreshed prior to the start of each financial year and will be approved by the CCG's Governing Body. It will then be reviewed at least quarterly by the CCG's Executive Team, the AIGC and the Governing Body.
- 14.3. The Accountable Officer will also ensure that a risk register is maintained which will assess risks for their probability and impact. The risk register will be regularly reviewed by the Governance Sub-committee of the AIGC and regular reports will be made to the AIGC.
- 14.4. The Accountable Officer will nominate a senior officer to be the Senior Information Risk Owner (SIRO). The SIRO will provide board-level accountability and greater assurance that risks are addressed. The SIRO ensures information risks are treated as a priority for business outcomes. The SIRO also plays a vital role in getting the organisation to recognise the value of its information enabling them to use it effectively. The Deputy Accountable Officer will be the SIRO for the CCG.

Insurance

- 14.5. The Governing Body shall decide if the CCG will insure through the risk pooling schemes administered by the NHS Resolution or self insure for some or all of the risks covered by the risk pooling schemes. If the Governing Body decides not to use the risk pooling schemes for any of the risk areas (clinical, property and

employers/third party liability) covered by the scheme this decision shall be reviewed annually.

- 14.6. Where the Governing Body decides to use the risk pooling schemes administered by the NHS Resolution the Director of Finance shall ensure that the arrangements entered into are appropriate and complementary to the risk management programme. The Director of Finance shall ensure that documented procedures cover these arrangements.
- 14.7. Where the Governing Body decides not to use the risk pooling schemes administered by the NHS Resolution for one or other of the risks covered by the schemes, the Director of Finance shall ensure that the Governing Body is informed of the nature and extent of the risks that are self insured as a result of this decision. The Director of Finance will draw up formal documented procedures for the management of any claims arising from third parties and payments in respect of losses which will not be reimbursed.

15. PAYROLL AND PAY EXPENDITURE

POLICY – the CCG will put arrangements in place for an effective payroll service and the management of its staffing establishment and staffing costs.

Payroll

- 15.1. The Director of Finance will ensure that the payroll service selected:
- a) is supported by appropriate (i.e. contracted) terms and conditions;
 - b) has adequate internal controls and audit review processes;
 - c) has suitable arrangements for the collection of payroll deductions and payment of these to appropriate bodies.
- 15.2. In addition, the Director of Finance shall set out comprehensive procedures for the effective processing of payroll.

Funded Establishment

- 15.3. The Governing Body will approve the staffing funded establishment of the CCG at the start of each Financial Year as part of the approval of initial budgets.
- 15.4. During the Financial Year the funded establishment of any department may not be varied without the approval of the Accountable Officer or Director of Finance.

Staff Appointments

15.5. No Governing Body Member or employee may engage, re-engage, or re-grade employees, either on a permanent or temporary nature, or hire agency staff, or agree to changes in any aspect of remuneration:

- (a) unless authorised to do so by the Accountable Officer or Director of Finance; and
- (b) within the limit of their approved budget and funded establishment.

15.6. The Accountable Officer will:

- (a) ensure that all employees are issued with a Contract of Employment which complies with employment legislation; and
- (b) ensure there are arrangements for dealing with variations to, or termination of, contracts of employment

16. RUNNING COST ALLOCATION – NON PAY EXPENDITURE

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

16.1. The Governing Body will approve the level of non-pay expenditure on an annual basis as part of approval of the running cost budgets. The level of delegation to budget managers will be covered by the operational scheme of delegation.

16.2. Professional advice with regard to obtaining the supply of goods and services will be via the CCG's procurement team.

16.3. The Director of Finance will:

- a) advise on the setting of thresholds above which quotations (competitive or otherwise) or formal tenders must be obtained as set out in the Standing Financial Instructions;
- b) be responsible for the prompt payment of all properly authorised accounts and claims;
- c) be responsible for designing and maintaining a system of verification, recording and payment of all amounts payable.

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

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

17.1. The Accountable Officer will

- a) ensure that there is an adequate appraisal and approval process in place for determining capital expenditure priorities and the effect of each proposal upon plans;
- b) be responsible for the management of all stages of capital schemes and for ensuring that schemes are delivered on time and to cost;
- c) shall ensure that the capital investment is not undertaken without confirmation of purchaser(s) support and the availability of resources to finance all revenue consequences, including capital charges;
- d) be responsible for the maintenance of registers of assets, taking account of the advice of the Director of Finance concerning the form of any register and the method of updating, and arranging for a physical check of assets against the asset register to be conducted once a year.

17.2. The Director of Finance will prepare detailed procedures for the disposals of assets.

18. RETENTION OF RECORDS

POLICY – the CCG will put arrangements in place to retain all records in accordance with Records Management Code of Practice for Health & Social Care 2016 and other relevant notified guidance.

18.1. The Accountable Officer shall:

- a) be responsible for maintaining all records required to be retained in accordance with Records Management Code of Practice for Health & Social Care 2016 and other relevant notified guidance;
- b) ensure that arrangements are in place for effective responses to Freedom of Information requests;
- c) publish and maintain a Freedom of Information Publication Scheme.

19. TRUST AND CHARITABLE FUNDS

POLICY – the CCG will put arrangements in place to provide for the appointment of trustees if the CCG holds any property in trust or will put arrangements in place for the management of any charitable funds.

19.1. The Director of Finance shall ensure that each trust fund which the CCG is responsible for managing is managed appropriately with regard to its purpose and to its requirements.

- 19.2. The Director of Finance shall ensure that appropriate arrangements are in place with Sheffield Hospitals Charitable Trust to manage any charitable funds relating to the CCG.

20. ACCEPTANCE OF GIFTS BY STAFF AND LINK TO STANDARDS OF BUSINESS CONDUCT

- 20.1. The Director of Finance shall ensure that all staff are made aware of the CCG's policy on acceptance of gifts and other benefits in kind by staff. This policy follows the guidance contained in NHS England's [*Revised statutory guidance on managing conflicts of interest for CCGs*](#) and the ABPI Code of Professional Conduct relating to hospitality /gifts from pharmaceutical / external industry and is also deemed to be an integral part of these Standing Orders and PFPs

21. PUBLIC HEALTH CORE OFFER

- 21.1. The Governing Body will approve the memorandum of understanding between Sheffield City Council and the CCG for the Public Health Core Offer.
- 21.2. The Accountable Officer will also be responsible for nominating a senior officer to ensure the memorandum of understanding and annual plan of work is agreed and monitored by the CCG.

APPENDIX 6

SCHEME OF RESERVATION AND DELEGATION

As set out in paragraph 5.1 of the Constitution, the Scheme of Reservation and Delegation (SoRD) summarises, based on information contained in the Constitution and in particular in the Standing Orders (SOs) and Prime Financial Policies (PFPs) which decisions are reserved to CCG membership (for example via the Members Council) and which are delegated to the Governing Body, its Committees and sub-committees and key Officers of the CCG.

As set out in paragraph 1.5.1(d) of the Constitution, changes to the Scheme of Reservation and Delegation can be proposed by the CCG's Audit and Integrated Governance Committee which shall be considered and approved by the Governing Body unless:

- a) Changes are proposed to the reserved powers of Members; 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

The Primary Care Commissioning Committee (PCCC) reports to the Governing Body and to NHS England. The responsibilities of PCCC that are delegated to it from NHS England are set out in the committee's Terms of Reference and do not appear in this SoRD as they are not delegated to it by either the CCG or its Governing Body. Only the additional responsibilities delegated by Governing Body to PCCC and which are set out in the Terms of Reference of PCCC feature in this SoRD.

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[illegible]

[illegible]

[illegible]

Constitution, Standing Orders, Standing Financial Instructions or Prime Financial Policies Ref	Decision / Responsibilities	Reserved to the Membership	Reserved or delegated to Governing Body	Delegated to Audit & Integrated Governance Committee	Delegated to Governance Sub-Committee	Delegated to Remuneration Committee	Delegated to Primary Care Commissioning Committee	Delegated to Quality Assurance Committee	Delegated to the Strategic Public Involvement, Experience and Equality Committee	Delegated to Chair of Governing Body	Delegated to Accountable Officer	Delegated to Director of Finance	All Members and Employees
PFP 15.4	Approve arrangements for staff appointments										✓	✓	
PFP 15.6	Ensure all employees are issued with a contract of employment and that there are arrangements for dealing with variations/ terminations of contract										✓		
Operational Business and Risk Management													
Constitution 5.5.2	Ensure risk management and internal control systems are in place including approval and review of a Governing Body Assurance Framework		✓										
PFP 14.1 , 14.2 and 14.3	Ensure that the CCG has a programme of risk management, to include the CCG having a risk management strategy and an annual risk management action plan which will be approved by the AIGC; a Governing Body Assurance Framework to be approved by Governing Body and a risk register is maintained.										✓		
PFP 14.1, 14.2 and 14.3	Approve CCG's risk management strategy and annual risk management plan; review the CCG's Governing Body Assurance Framework and receive reports on risk register			✓									
PFP 14.3	Preparation and review of Risk Register with recommendations for action to AIGC				✓								

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Constitution, Standing Orders, Standing Financial Instructions or Prime Financial Policies Ref	Decision / Responsibilities	Reserved to the Membership	Reserved or delegated to Governing Body	Delegated to Audit & Integrated Governance Committee	Delegated to Governance Sub-Committee	Delegated to Remuneration Committee	Delegated to Primary Care Commissioning Committee	Delegated to Quality Assurance Committee	Delegated to the Strategic Public Involvement, Experience and Equality Committee	Delegated to Chair of Governing Body	Delegated to Accountable Officer	Delegated to Director of Finance	All Members and Employees
PFP 11.2	Approve the CCG's banking arrangements			✓									
PFP 12. 1	A range of actions to ensure a sound system of recording, collection and management of income and cash											✓	
PFP 13 .2	Prepare a detailed financial policy on tendering											✓	
PFP 13.2	Approve detailed financial policy on tendering			✓									
PFP 13.4	Nominate an individual who shall oversee and manage each contract on behalf of the CCG										✓		
PFP 13.5	Maintain a system of financial monitoring to ensure effective accounting of expenditure under contracts											✓	
PFP 14.4	Nomination of a senior officer to be the SIRO										✓		
PFP 14.5	Decide if the CCG will insure through risk pooling arrangements administered via NHS Resolution		✓										
PFP 14.6	If decision is to use risk pooling schemes administered by NHS Resolution, ensure that arrangements entered into are appropriate.											✓	

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Appendix 7

Committee Terms of Reference

Section 5.9.1 of the Constitution confirms that the CCG is statutorily required to have three Committees as follows.

Audit and Integrated Governance Committee (page 19)

Remuneration Committee (page 20)

Primary Care Commissioning Committee (page 20)

Section 5.9.10 of the Constitution confirms that the CCG's Governing Body has also established two other Committees to assist with the discharge of its functions as follows:

Quality Assurance Committee (page 20)

Strategic Public Involvement, Experience and Equality Committee
(page 20)

Section 5.9.11 of the Constitution confirms that the CCG's Governing Body has also established a Sub-committee to assist the Audit and Integrated Governance Committee with the discharge of its functions as follows:

Governance Sub-committee (page 21)

The Terms of Reference of these Committees and Sub-committee are attached and form part of the CCG's Constitution. The Terms of Reference can be changed with the approval of the CCG's Governing Body. Changes do not require approval by the Membership unless as requested by at least 50% of voting members of Governing Body as set out in section 1.4.2 of the Constitution. Similarly changes do not require approval by NHS England.

The Terms of Reference of all of the above committees (statutory and non-statutory) and the Joint Commissioning Committee are available on the CCG's webpage:

[**Terms of Reference**](#)

Terms of Reference

Name of Committee/Group	Audit and Integrated Governance Committee (AIGC)
Type of Committee/Group	Committee of Governing Body

1. Purpose of Committee	
	The Audit and Integrated Governance Committee (AIGC) has been established by the CCG's Governing Body as set out in paragraph 5.9.2 of the Constitution to provide Governing Body with an independent and objective view of the CCG's compliance with its statutory responsibilities and is responsible for arranging appropriate internal and external audit.

2. Authority/Accountability	
	<p>The Governing Body resolves to establish a committee of the Governing Body to be known as the Audit and Integrated Governance Committee (the "Committee") in accordance with the CCG's Constitution. These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the Committee and form part of the Constitution.</p> <p>The Committee is authorised by the Governing Body to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any Member, officer or employee who is directed to co-operate with any request made by this Committee. The Committee may obtain outside legal or other independent professional advice if they consider this to be necessary.</p> <p>The Committee is authorised to create working groups as necessary to fulfil its responsibilities within these terms of reference. The Committee may not delegate executive powers (unless expressly authorised by the Governing Body) and remains accountable for the work of any such group.</p>

3. Objectives of Committee/Group	
	<p>3.1 Governance, Risk Management and Internal Control</p> <p>3.1.1 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 CCG's activities (including any hosted bodies).</p> <p>3.1.2 In particular, the Committee shall review the adequacy and effectiveness of:</p> <ul style="list-style-type: none"> i. all risk and assurance related disclosure statements (in particular the annual governance statement) together with any appropriate assurances from Internal Audit or other independent sources prior to endorsement by the CCG; ii. the underlying assurance processes that indicate the degree of the achievement of CCG objectives, the effectiveness of the management of

principal risks and the appropriateness of the above disclosure statements;

- iii. the policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements and related reporting and self-certification;
- iv. the CCG's Standing Orders, Standing Financial Instructions, Scheme of Reservation and Delegation and Prime Financial Policies at least annually and will make recommendations to the Governing Body on required changes;

3.1.3 In carrying out this work, the Committee will primarily utilise the work of Internal Audit, the work delegated to the Governance Sub Committee and other internal control functions, but will not be limited to these sources. It shall also seek reports and assurances from members of the Governing Body and senior employees as appropriate, concentrating on the over-arching systems of integrated governance, risk management and internal control, together with indicators of their effectiveness. This will be evidenced through the Committee's use of an effective assurance framework to guide its work and that of the audit and assurance functions that report to it.

3.1.4 The Committee will have a role in reviewing the CCG's management of conflicts of interest, ensuring that the CCG works within its agreed Standards of Business Conduct and Conflicts of Interest Policy and Procedures. The Committee will, at least bi-annually, review the Conflicts of Interests Register, the Procurement Register and the Gifts and Hospitality Register. The Lay Member for Audit and Governance, who will act as the Committee Chair, will also perform the role of the Conflict of Interests Guardian as described in the Standards of Business Conduct and Conflicts of Interest Policy and Procedure.

3.2 Internal Audit

3.2.1 The Committee shall ensure that there is an effective internal audit function that meets mandatory Public Sector Internal Audit Standards and provides appropriate independent assurance to the Committee, Accountable Officer and the CCG's Governing Body.

3.2.2 The Committee shall ensure an effective internal audit function by:

- i. Approving the appointment of the internal audit service and resolving any issues from resignation and dismissal;
- ii. review and approval of the internal audit strategy and annual operational plan ensuring that this is consistent with the audit needs of the organisation, as identified in the assurance framework;
- iii. considering the findings of internal audit work (and the response from relevant senior officers) and ensuring co-ordination between the internal and external auditors to optimise audit resources. This will include consideration of the annual report of the Head of Internal Audit.
- iv. monitoring the responsiveness of the CCG to the findings and recommendations of Internal Audit.

3.3 External Audit

3.3.1 The Committee shall review the work and findings of the external auditors (including annual plan and progress reports and annual audit letter) and consider the implications and the senior executive responses to their work.

3.3.2 The Committee shall achieve this by:

- i. consideration of the performance of the external auditors, as far as the rules governing the appointment permit;
- ii. discussion and agreement with the external auditors, before the audit commences, on the nature and scope of the audit as set out in the annual plan, and ensuring co-ordination, as appropriate, with other external auditors in the local health economy;
- iii. discussion with the external auditors of their local evaluation of audit risks and assessment of the CCG and associated impact on the audit fee;
- iv. review of all external audit reports, including the report to those charged with governance, agreement of the annual audit letter before submission to the CCG's Governing Body and any work undertaken outside the annual audit plan, together with the appropriateness of management responses.

3.4 Auditor Panel

3.4.1 The Committee will act as the CCG's Auditor Panel. It will formally record when it is acting as Auditor Panel.

3.4.2 The Auditor Panel is an advisory body which advises the CCG's Governing Body on the selection and appointment of external auditors. It oversees the conducting of a market testing and procurement exercise for the appointment of an external auditor at least once every 5 years. It also resolves any issues from resignation and dismissal.

3.4.3 The Auditor Panel will also ensure:

- i. the relationship and communications with the external auditors are professional,
- ii. conflicts of interest are effectively dealt with.

3.5 Counter Fraud

3.5.1 The Committee shall approve the CCG's counter fraud arrangements and shall satisfy itself that the CCG has adequate arrangements in place for countering fraud.

3.5.2 The Committee will approve the annual counter fraud work programme and review the outcomes of counter fraud work.

3.5.3 The Committee shall review the adequacy and effectiveness of the policies and procedures for all work related to fraud and corruption as set out in Secretary of State Directions and as required by NHS Counter Fraud Authority

3.6 Financial Reporting

- 3.6.1 The Committee shall monitor the integrity of the annual financial statements of the CCG and any formal announcements relating to the CCG's financial performance.
- 3.6.2 The Committee shall review the financial statements before submission to the Governing Body for approval and the CCG, focusing particularly on:
- i. changes in, and compliance with, accounting policies, practices and estimation techniques;
 - ii. unadjusted mis-statements in the financial statements;
 - iii. significant judgements in preparing of the financial statements;
 - iv. significant adjustments resulting from the audit;
 - v. letter of representation; and
 - vi. qualitative aspects of financial reporting.
- 3.6.3 The Committee shall ensure that the systems for financial reporting to the CCG, including those of budgetary control are subject to review as to completeness and accuracy of the information provided to the CCG.
- 3.6.4 The Committee shall:
- i. examine the circumstances associated with each occasion when the Standing Orders of the CCG are waived;
 - ii. review the schedule of losses and compensation payments;
 - iii. review the schedule of tender waivers; and
 - v. review schedules of debtor and creditor balances over 6 months old and consider explanations and action plans.

3.7 Other Assurance Functions

- 3.7.1 The Committee shall review the findings of other significant assurance functions, both internal and external to the CCG, and consider the implications for the governance of the CCG.
- 3.7.2 In addition, the Committee will review the work of other groups/Committees within the CCG, whose work can provide relevant assurance to the Committee's own scope of work. This will particularly include:
- i. the Quality Assurance Committee from which a report will be provided to the Committee at each meeting highlighting any matters of particular relevance; and
 - ii. the Governance Sub-Committee. The minutes of the meetings of this Sub – Committee will be presented for review along with a report on key activities and actions.
- 3.7.3 The Audit and Integrated Governance Committee will, where appropriate, seek assurance that the CCG's oversight and management of its commissioning programme is effective in securing delivery of its organisational objectives and in eliminating or mitigating strategic, financial and operational risks.

The Committee shall request and review reports and positive assurances from executive directors and managers on the overall arrangements for governance, risk management and internal control. The Committee may also request specific reports from individual functions within the organisation (e.g. clinical audit) as they may be appropriate to the overall arrangements.

3.8 Other Matters

3.8.1 The Committee will agree an Annual Work Plan for the Committee at its last meeting of each financial year.

3.8.2 The Committee will review its terms of reference at least annually making recommendations on any changes to the Governing Body.

3.8.3 The Committee will approve and keep under review the terms of reference of the Governance Sub-committee including any recommendations from the Sub-Committee for changes and which includes information on its membership.

3.8.4 The Committee will review the CCG's banking arrangements as set out in the CCG's Prime Financial Policies

3.8.5 The Committee will approve the CCG's detailed financial policies, including the financial policy on tendering.

4. Membership

The Committee shall consist of the following five members:

- three Lay Members of the Governing Body;
- two GPs who are Members of the Governing Body;

Neither the Chair of the Governing Body nor the Director of Finance shall be a member of the Committee.

The Lay Member on the Governing Body, with a lead role in overseeing key elements of finance and governance, shall be the chair of the Committee. Either of the other two Lay Members on the committee shall deputise as chair in his/her absence

Members of the Committee must attend at least two meetings each financial year but should aim to attend all scheduled meetings.

5. Attendees

In addition to the Committee members, the Director of Finance, the Financial Accountant, the Associate Director of Corporate Services, the Corporate Services Risk and Governance Manager and representatives from Internal Audit and External Audit shall normally attend meetings.

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

	<p>Other CCG employees such as relevant finance and HR managers and a representative from the Quality Assurance Committee shall also attend by request of the Chair of the Committee. The Accountable Officer and Chair of the Governing Body may be invited to attend meetings of the Committee as required.</p> <p>A representative of the local counter fraud service may be invited to attend meetings of the Committee.</p> <p>An employee of the CCG will administer the meetings and take formal minutes.</p>
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6. Quorum	
	A quorum shall be three members, of whom two shall be Lay Members and one shall be a GP.

7. Frequency and Notice of Meetings	
	<p>Note: Include frequency of meetings and agenda and papers</p> <p>Meetings will be held at least quarterly, with additional meetings where necessary.</p> <p>The External Auditor and Head of Internal Audit Services shall each be afforded the opportunity, at least once per year, to meet with the Committee Chair and other AIGC members.</p> <p>The Director of Finance will be responsible for preparing and discussing the agenda for each meeting with the Chair of the Committee (or in his/ her absence the Deputy Chair). The agenda and papers will be distributed to members of the Committee at least 5 days in advance of the meeting, unless otherwise agreed by the Chair of the Committee.</p>

8. Minutes and Reporting Arrangements	
	<p>Note: Detail Governing Body/Committee/Group/Individual reporting to. Also state which of minutes/action points/assurance to be given to which Governing Body/Committee/Group.</p> <p>The minutes of all meetings of the Committee shall be formally recorded and submitted, together with assurances, risks and recommendations where appropriate, to the Governing Body.</p> <p>The Governance Sub-Committee will be a sub-committee of this Committee and will report to it.</p>

9. Meeting Effectiveness Review	
	As part of the Governing Body's annual performance review process, the committee shall review its collective performance and that of its individual members and will provide an annual report on the work of the committee for the CCG's Annual Report.

10. Review to be conducted by Committee/Group Chair	
Date Committee/Group established	
Terms of Reference to be reviewed e.g. Annually	The terms of reference of the committee shall be reviewed by the Governing Body when required, but at least annually.

	Date of last review	December 2020
	Date of next review	December 2021

Terms of Reference

Name of Committee/Group	Governing Body Remuneration Committee
Type of Committee/Group	Committee of the Governing Body

1. Purpose of Committee/Group	
	<p>In accordance with paragraph 5.9.4 of the CCG's Constitution, the Committee makes recommendations to the Governing Body about the remuneration, fees and other allowances (including pension schemes) for voting members of Governing Body and employees and other individuals who provide services to the CCG and who are not contracted under the nationally determined NHS Agenda for Change terms and conditions.</p> <p>In accordance with the CCG's Standing Orders, the Committee oversees the appointment process of all Governing Body voting members.</p>

2. Authority/Accountability	
	<p>The Governing Body resolves to establish a committee of the Governing Body to be known as the Remuneration Committee (the "Committee") in accordance with the CCG's Constitution. These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the Committee.</p> <p>The Committee is authorised by the Governing Body to undertake any activity within its terms of reference. It is authorised to seek any information it requires, from any member, officer or employee who is directed to co-operate with any request made by this Committee.</p> <p>The Committee is authorised to create working groups as necessary to fulfil its responsibilities within these terms of reference. The Committee may not delegate executive powers (unless expressly authorised by the Governing Body) and remains accountable for the work of any such group.</p> <p>The Committee will operate at all times in accordance with the Governing Body's Standing Orders, Standing Financial Instructions and Prime Financial Policies. It will ensure that it conducts its business in accordance with the principles of good governance and the Nolan seven principles of public life.</p>

3. Objectives of Committee/Group	
	<p>The Committee will have delegated authority to consider and to make recommendations to Governing Body on the remuneration and conditions of service for all voting Governing</p>

Body Members, taking into account any national Directions or guidance on these matters.

The Committee will have the delegated authority to consider and to make recommendations to Governing Body on the outcome of any performance review of the Accountable Officer and other senior CCG employees on NHS Very Senior Manager contracts and determine any financial awards as appropriate.

The Committee will have the delegated authority to consider and to make recommendations to Governing Body on the severance payments of the Accountable Officer and of other staff, seeking HM Treasury approval as appropriate in accordance with the guidance 'Managing Public Money' (available on the HM Treasury.gov.uk website).

The Committee shall make recommendations to the Governing Body on determinations about allowances under any pension scheme the CCG might establish as an alternative to the NHS pension scheme and on any other potential alternative remuneration and conditions of service for CCG employees and other persons providing services to the CCG, outside of or in place of national NHS Agenda for Change arrangements.

The Committee will oversee the process for appointments to the Governing Body, assuring itself that proper and transparent arrangements are in place and are in line with the CCG's Constitution.

The Committee will apply best practice in its decision making processes and will take into account both national guidance and any local commitments made such as, "Employer of Choice". The Committee will ensure that when considering individual remuneration it:-

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

The Committee will commission any reports or surveys deemed necessary to help fulfil its obligations.

4. Membership

Note: Members should be referred to by title not name. Chair of Committee/Group should be stated. Minute taker should be stated either as member or in attendance.

The Committee shall be appointed by the Clinical Commissioning Group from amongst its Governing Body Members.

Three Lay Members and three GP Members of the Governing Body will be full voting members of the Committee but relevant members will not be present where discussions relate to their remuneration, fees or allowances. The Chair of the Remuneration Committee will have the casting vote. Any issue on which a casting vote is used must specifically be reported to the Governing Body.

The Committee will be chaired by one of the Lay Members but not the Lay Member who is the Chair of the CCG's Audit and Integrated Governance Committee. The other Lay Member will deputise as required. When the Lay Members' remuneration is considered, however, one of the GP Members of the Governing Body will chair the Committee.

5. Attendees

Note: Attendees should be referred to by title not name. Minute taker should be stated either as member or in attendance.

The Director of Finance and the Deputy Director of Human Resources will usually be in attendance. The Accountable Officer and other independent advisors may be invited to attend for all or part of any meeting as and when appropriate. However, relevant CCG employees should not be in attendance for discussions about their own remuneration and terms of service.

The Director of Finance, supported by the Deputy Director of Human Resources, will act as secretary to the Committee and will be responsible for supporting the Chair in the management of remuneration business and will draw the committee's attention to best practice, national guidance and other relevant documents as appropriate.

The Corporate Secretariat and Business Manager to Director of Finance, or appointed deputy, will be in attendance to record the minutes.

6. Quorum

In order to undertake its work the Committee will generally be quorate when two of the Governing Body Lay Members and two of the GPs are present.

Due to the conflict of interest issues, when the Committee is considering the appointment and remuneration for GPs involved in CCG business quoracy will exist if two of the Lay Members, are present. Similarly when the Committee is considering Lay Member appointments and remuneration the Committee will be quorate if two of the GPs are present.

7. Frequency and Notice of Meetings

Note: Include frequency of meetings and agenda and papers

Meeting shall be called a minimum of twice in a calendar year and at other times as deemed necessary.

Agendas will be generated by Director of Finance and shared with the Committee Chair for approval. A formal agenda and supporting papers will be forwarded confidentially to all members, and those in attendance where appropriate at least five working days prior to the date of the meeting.

8. Minutes and Reporting Arrangements

Note: Detail Governing Body/Committee/Group/Individual reporting to. Also state which of minutes/action points/assurance to be given to which Governing Body/Committee/Group.

The decisions of the Committee will be recorded in an appropriate minute and the Governing Body will be advised in writing of the meeting and any decisions or recommendations made.

	The business of the Committee is confidential
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9.	Meeting Effectiveness Review
	As part of the Governing Body's annual performance review process, the committee shall review its collective performance and that of its individual member and will provide an annual report on the work of the committee for the CCG's Annual Report.

10.	Review to be conducted by Committee/Group Chair	
	Date Committee/Group established	April 2013
	Terms of Reference to be reviewed	The terms of reference of the committee shall be reviewed by the Governing Body when required, but at least annually.
	Date of last review	December 2020
	Date of next review	December 2021

Terms of Reference

Name of Committee / Group	Primary Care Commissioning Committee
Type of Committee / Group	Committee of Governing Body

1 . Purpose of Committee/Group	<p>In accordance with its statutory powers under section 13Z of the National Health Service Act 2006 (as amended), NHS England has delegated the exercise of the functions specified in Schedule 2 to these Terms of Reference to NHS Sheffield Clinical Commissioning Group (CCG). The delegation is set out in Schedule 1.</p> <p>The CCG has established the NHS Sheffield CCG Primary Care Committee (hereafter known as “the Committee”). The Committee will function as a corporate decision making body for the management of the delegated functions and the exercise of the delegated powers and for the management and exercise of functions and powers delegated by the Governing Body to the Committee in relation to the CCG’s responsibilities for primary care, or where in relation to other commissioning proposals, where the Governing Body determines that conflicts of interest prevent decisions being taken by the Governing Body as set out in the CCG’s Standing Orders.</p> <p>It is a committee comprising representatives of the following organisations:</p> <ul style="list-style-type: none"> • NHS Sheffield Clinical Commissioning Group • NHS England & NHS Improvement
2. Authority/Accountability	<p>NHS England & NHS Improvement has delegated to the CCG authority to exercise the primary care commissioning functions set out in Schedule 2 in accordance with section 13Z of the NHS Act.</p> <p>Arrangements made under section 13Z may be on such terms and conditions (including terms as to payment) as may be agreed between the Board and the CCG.</p> <p>Arrangements made under section 13Z do not affect the liability of NHS England & NHS Improvement for the exercise of any of its functions. However, the CCG acknowledges that in exercising its functions (including those delegated to it), it must comply with the statutory duties set out in Chapter A2 of the NHS Act and including:</p> <ol style="list-style-type: none"> a) Management of conflicts of interest (section 14O); b) Duty to promote the NHS Constitution (section 14P); c) Duty to exercise its functions effectively, efficiently and economically (section 14Q); d) Duty as to improvement in quality of services (section 14R); e) Duty in relation to quality of primary medical services (section 14S); f) Duties as to reducing inequalities (section 14T);

- g) Duty to promote the involvement of each patient (section 14U);
- h) Duty as to patient choice (section 14V);
- i) Duty as to promoting integration (section 14Z1);
- j) Public involvement and consultation (section 14Z2);

The CCG will also need to specifically, in respect of the delegated functions from NHS England, exercise those set out below:

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

The Committee is established as a committee of the NHS Sheffield Clinical Commissioning Group Governing Body in accordance with Schedule 1A of the “NHS Act”.

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

ACCOUNTABILITY OF THE COMMITTEE

Responsibility of this Committee is outlined within the Sheffield Clinical Commissioning Group’s Constitution. The Committee is accountable to the Governing Body of the NHS Sheffield Clinical Commissioning Group.

The Committee is responsible for both overseeing the management of primary care delegated budgets and ensuring decisions made do not exceed the primary care delegated budget for the CCG.

The Committee will ensure that patient/public consultation is considered and undertaken when appropriate to aid decision making.

For the avoidance of doubt, in the event of any conflict between the terms of these Terms of Reference and the Standing Orders or Prime Financial Policies of the CCG, the latter will prevail.

PROCUREMENT OF AGREED SERVICES

The Committee will make procurement decisions relevant to the exercise of the delegated functions in accordance with the detailed arrangements regarding procurement set out in the Delegation Agreement between the CCG and NHS England.

DECISIONS

The Committee will make decisions within the bounds of its remit and decisions will be aligned with the CCG’s Commissioning Plan.

The Committee will manage any conflicts of interest in line with the national guidance, taking advice from the CCG’s Governance Lead where required. All members of the committee will have completed the Conflicts of Interest training, in line with CCG policy.

The decisions of the Committee shall be binding on NHS England & NHS Improvement and NHS Sheffield CCG.

3. Objectives of Committee/Group

ROLE OF THE COMMITTEE

1. The Committee has been established in accordance with the above statutory provisions to enable the members to make collective decisions on the review, planning and procurement of primary care services in Sheffield under delegated authority from NHS England.
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 Sheffield Clinical Commissioning Group, which will sit alongside the delegation and terms of reference.
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.
4. The Governing Body has approved the CCG's Primary Care Strategy. The Committee will monitor delivery of the Strategy on behalf of the Governing Body through a quarterly review. The Committee will also receive regular updates on the work plan for primary care.
5. The role of the Committee shall be to carry out the functions relating to the commissioning of primary medical services under section 83 of the NHS Act.
6. This includes the following:
 - GMS, PMS and APMS contracts (including the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing branch/remedial notices, and removing a contract);
 - Newly designed enhanced services ("Local Enhanced Services" and Directed Enhanced Services");
 - Design of local incentive schemes as an alternative to the Quality Outcomes Framework (QOF);
 - Decision making on whether to establish new GP practices in an area;
 - Approving practice mergers; and
 - Making decisions on 'discretionary' payment (e.g. returner/retainer schemes)
7. The Committee will also oversee the following activities:
 - a) Planning in relation to primary care services in Sheffield, including appropriate needs assessments ;
 - b) Reviews of primary care services in Sheffield;

- c) Management of the budget for commissioning of primary care services in Sheffield.
- d) Ensuring commissioning of primary care services meets the public sector equality duty
- e) Review of any further redistribution of the PMS premium

8. The Committee will approve commissioning proposals where the Governing Body determines that conflicts of interest prevent decisions being taken by the Governing Body as set out in the CCG's Standing Orders.

GEOGRAPHICAL COVERAGE

The Committee will comprise NHS England & NHS Improvement – North East & Yorkshire or successor organisation) and NHS Sheffield CCG. It will undertake the function of jointly commissioning primary medical services for the population of Sheffield.

4. Membership

Note: Members should be referred to by title not name. Chair of Committee/Group should be stated. Minute taker should be stated either as member or in attendance.

The Committee is constituted to have a lay and executive majority, where lay refers to non-clinical. This ensures that the meeting will be quorate if all GPs have to withdraw from the decision-making process due to conflicts of interest.

The Committee shall consist of:

Status	Role	Organisation	Position
Voting Member	Lay Chair of committee	NHS Sheffield CCG	Lay Member of Governing Body
Voting Member	Lay Deputy Chair of committee	NHS Sheffield CCG	Lay Member of Governing Body
Voting Member	Lay member of committee	NHS Sheffield CCG	Lay Member of Governing Body
Voting Member	Officer member of committee	NHS Sheffield CCG	Accountable Officer
Voting Member	Officer member of committee	NHS Sheffield CCG	Director of Finance
Voting Member	Officer member of committee	NHS Sheffield CCG	Chief Nurse
Voting Member	Officer member of committee	NHS Sheffield CCG	Director of Commissioning Development
Non-voting Member	Officer member of committee	NHS Sheffield CCG	Medical Director

	Non-voting Member	Officer member of committee	NHS Sheffield CCG	Deputy Director of Delivery- Care Outside of Hospital
	Non-voting Member	Officer member of committee	NHS Sheffield CCG	Deputy Director of Delivery – Primary Care Contracting Estates and Digital
	Non-voting Member	Governing Body GP	NHS Sheffield CCG	Governing Body GP
	Non-voting Member	Governing Body GP	NHS Sheffield CCG	Governing Body GP
	Non-voting Member	Secondary Care Doctor	NHS Sheffield CCG	Secondary Care Doctor
	Non-voting Member	NHS England & NHS Improvement representative	NHS England and NHS Improvement	Assistant Head of Primary Care Co-Commissioning
<p>The Chair of the Committee shall be a Lay Member of NHS Sheffield CCG</p> <p>The Deputy Chair will be a Lay Member of the NHS Sheffield CCG.</p> <p>In exceptional circumstances, deputies (with comparable qualifications to the respective member of the committee) may be nominated to attend prior to the meeting, with the Chair's approval.</p> <p>Member of the committee, both voting and non-voting, deputies and those in attendance or with a standing invitation to attend will be required to comply with the CCG's Conflicts of Interest Protocol.</p> <p>Only Voting Members of the Committee will be allowed to vote. Each Voting Member of the Committee shall have one vote. The Committee shall reach decisions by a simple majority of Voting Members present, but with the Chair having a second and deciding vote, if necessary. However, the aim of the Committee will be to achieve consensus decision-making wherever possible.</p>				

5. Attendees

Note: Attendees should be referred to by title not name. Minute taker should be stated either as member or in attendance.

A standing invitation will be made to representatives from the following organisations, although those representatives will not form part of the membership of the committee, be permitted to vote or form part of the quorum of meetings. They will also, where appropriate, be allowed to remain where the public are excluded for reasons of confidentiality, and subject to Section 7 point 5 below. Deputies of such representatives will be allowed.

Representation from Healthwatch Sheffield
Representation from the Sheffield Local Medical Committee
The Director of Public Health, Sheffield City Council

Those in attendance or with a standing invitation to attend will be required to comply with the CCG's Conflicts of Interest Protocol.

6. Quorum

Attendance by four (4) members entitled to attend and to vote on the business to be transacted (or a validly appointed deputy for a member) including the Chair or Deputy Chair (thus ensuring a Lay Member present) and two (2) CCG Voting Officer Members.

7. Frequency and Notice of Meetings

1. The Committee will operate in accordance with the CCG's Standing Orders.
2. The Committee shall meet as frequently as necessary to effectively undertake its business and at least six (6) times per year.
3. Agendas will be generated by the Committee Administrator and shared with the Committee Chair for approval. The Committee Administrator will be responsible for giving notice of meetings. This will be accompanied by an agenda and supporting papers and sent to each member representative no later than five days before the date of the meeting. When the Chair of the Committee deems it necessary in light of the urgent circumstances to call a meeting at short notice, the notice period shall be such as s/he shall specify.
4. Meetings of the Committee shall, subject to the application of paragraph 5 below, be held in public. Notice of meetings shall be published via the NHS Sheffield CCG internet.
5. The Committee may resolve to exclude the public from a meeting that is open to the public (whether during the whole or part of the proceedings) whenever publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution and arising from the nature of that business or of the proceedings or for any other reason permitted by the Public Bodies (Admission to Meetings) Act 1960 as amended or succeeded from time to time.

6. Members of the Committee shall 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.
7. The Committee may delegate tasks to such individuals, sub-committees or individual members as it shall see fit, provided that any such delegations are consistent with the parties' relevant governance arrangements, are recorded in a scheme of delegation, are governed by terms of reference as appropriate and reflect appropriate arrangements for the management of conflicts of interest.
8. The Committee may call additional experts to attend meetings on an ad hoc basis to inform discussions.
9. Members of the Committee shall respect confidentiality requirements as set out in the CCG's Standing Orders referred to above

8. Minutes and Reporting Arrangements

1. The Committee will present its minutes to NHS England & NHS Improvement – North East & Yorkshire and the governing body of NHS Sheffield CCG each month for information, including the minutes of any sub-committees to which responsibilities are delegated under Section 7 paragraph 7 above.
2. The CCG will also comply with any reporting requirements set out in its constitution.

9. Meeting Effectiveness Review

As part of the Governing Body's annual performance review process, the committee shall review its collective performance and that of its individual members and will provide an annual report on the work of the committee for the CCG's Annual Report.


10. Review to be conducted by Committee/Group Chair

Date Committee/Group established	November 2015
Terms of Reference to be reviewed	It is envisaged that these Terms of Reference will be reviewed from time to time, and at least annually, reflecting experience of the Committee in fulfilling its functions. NHS England & NHS Improvement may also issue revised model terms of reference from time to time. The terms of reference of the Committee shall be reviewed by the Governing Body.
Date of last review	November 2020
Date of next review	April 2021

Delegation Agreement

1. Particulars

- 1.1. This Agreement records the particulars of the agreement made between NHS England and the Clinical Commissioning Group named below.

Area	Sheffield
Clinical Commissioning Group	NHS Sheffield CCG
CCG Representative	Maddy Ruff
CCG Address for Notices	722 Prince of Wales Road, Sheffield, South Yorkshire, S9 4EU
Date of Agreement	1 April 2016
Delegation	means the delegation made by NHS England to the CCG of certain functions relating to primary medical services under section 13Z of the NHS Act and effective from 1 April 2015 2016 (as amended pursuant to the Delegation)
 NHS England Representative	Karen Curran
Local NHS England Team	South Yorkshire and Bassetlaw
NHS England Address for Notices	Oak House, Moorhead Way, Bramley, Rotherham, South Yorkshire, S66 1YY

- 1.2. This Agreement comprises:

- 1.2.1. the Particulars (Clause 1);
- 1.2.2. the Terms and Conditions (Clauses 2 to 24 and Schedule 1 to Schedule 6 and Schedule 8 to this Agreement); and
- 1.2.3. the Local Terms (Schedule 7).

Signed by

NHS England

Paul Baumann (for and on behalf of NHS England)

A handwritten signature in black ink, appearing to read 'P. Baumann', with a long horizontal stroke extending to the right.

Signed by

NHS Sheffield Clinical Commissioning Group

Idris Griffiths (for and on behalf of NHS Sheffield CCG)

A handwritten signature in black ink, appearing to read 'I. Griffiths', with a long horizontal stroke extending to the right.

Schedule 2 - Delegated functions

The Delegated Functions are the functions set out in Schedule 1 of the Delegation Agreement between the CCG and NHS England, being:

- 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 noncompliance with standards (but excluding any decisions in relation to the performers list);
- management of the Delegated Funds in the Area;
- Premises Costs Directions Functions;
- co-ordinating 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.

Variation Agreement

Variation Reference: GDPR

Proposed by: NHS England

Date of Proposal: 21 August 2018

Date of Variation Agreement: 21 August 2018

Capitalised words and phrases in this Variation Agreement have the meanings given to them in the Agreement referred to above.

1. The Parties have agreed the [National] Variation summarised below:

10.2 replace 'govern' with 'describe'

10.3 add 'Schedule 4'

Schedule 1: Definitions and interpretation:

- Replace references to the Data Protection Act (DPA) with GDPR (the General Data Protection Regulation).
- Replace reference to the DPA, the EU Data Protection Directive 95/46/EC with reference to GDPR, the Data Protection Act 2018
- Replace 'Sensitive Personal Data' with 'Special Category Personal Data'

Schedule 4: Further Information Sharing Provisions

- 4.2
- 6.2 Replace 'Sensitive Personal Data' with 'Special Category Personal Data'
- 7.1 Replace DPA with GDPR
- 7.1.2 Amend to: 'amendment of respective privacy notices and policies to reflect the processing of data carried out further to this agreement, including covering the requirements of articles 13 and 14 GDPR and providing these (or making them available to) Data Subjects;'
- 7.2 Amend to: 'Each Party shall procure that its notification to the Information Commissioner's Office and record of processing maintained for the purposes of Article 30 GDPR reflects the flows of information under this Agreement.'
- 8.1, 8.3, 9.2, 9.3, 9.4.2, 9.4.3, 9.5.2: Replace 'Sensitive Personal Data' with 'Special Category Personal Data'
- 8.2 Replace 'DPA' with 'Data Protection Act 2018'
- 9.3.2 Amend to: 'in respect of the Relevant Information it shall promptly (and within 48 hours) notify the other Party. The Parties shall fully cooperate with one another to remedy the issue as soon as reasonably practicable, and in making information about the incident available to the Information Commissioner and Data Subjects where required by Information Law.'
- 9.4.1 Amend to: 'process the Personal Data (including Special Category Personal Data) only in accordance with the terms of this Agreement and otherwise (to the extent that it acts as a Data Processor for the purposes of Article 27-28 GDPR) only in accordance with written instructions from the originating Data Controller in respect of its Relevant Information;'
- 9.4.4 Amend to: 'process the Personal Data in accordance with the requirements of Information Law and in particular the principles set out in Article 5(1) and accountability requirements set out in Article 5(2) GDPR.'
- 9.5 – 9.9 Amend to:

9.5 Each Party shall act generally in accordance with Information Law

requirements, and in particular shall implement, maintain and keep under review appropriate technical and organisational measures to ensure and to be able to demonstrate that the processing of Personal Data is undertaken in accordance with Information Law, and in particular to protect the Personal Data (and Special Category Personal Data) against unauthorised or unlawful processing and against accidental loss, destruction, damage, alteration or disclosure. These measures shall:

- 9.5.1 Take account of the nature, scope, context and purposes of processing as well as the risks of varying likelihood and severity for the rights and freedoms of Data Subjects; and
- 9.5.2 Be appropriate to the harm which might result from any unauthorised or unlawful processing, accidental loss, destruction or damage to the Personal Data (and Special Category Personal Data) and having regard to the nature of the Personal Data (and Special Category Personal Data) which is to be protected.

9.6 In particular, each Party shall:

- 9.6.1 ensure that only Personnel authorised under this Agreement have access to the Personal Data (and Special Category Personal Data);
- 9.6.2 ensure that the Relevant Information is kept secure and in an encrypted form, and shall use all reasonable security practices and systems applicable to the use of the Relevant Information to prevent and to take prompt and proper remedial action against, unauthorised access, copying, modification, storage, reproduction, display or distribution, of the Relevant Information;
- 9.6.3 obtain prior written consent from the originating Party in order to transfer the Relevant Information to any third party;
- 9.6.4 permit the other Party or their representatives (subject to reasonable and appropriate confidentiality undertakings), to inspect and audit the data processing activities carried out further to this Agreement (and/or those of its agents, successors or assigns) and comply with all reasonable requests or directions to enable each Party to verify and/or procure that the other is in full compliance with its obligations under this Agreement; and
- 9.6.5 if requested, provide a written description of the technical and organisational methods and security measures employed in processing Personal Data.

9.7 Specific requirements as to information security set out in the Personal Data Agreement(s).

9.8 Each Party shall use best endeavours to achieve and adhere to the requirements of the NHS Information Governance Toolkit, particularly in relation to Confidentiality and Data Protection Assurance, Information Security Assurance and Clinical Information Assurance.

9.9 The Parties' Single Points of Contact ("**SPoC**") set out in paragraph 14 (*Governance: Single Points of Contact*) below will be the persons who, in the first instance, will have oversight of third party security measures.

- 10.4 Add 'and held'
- 11.1 Add 'and to comply with the principles set out in Article 5(1)(c) and (d) GDPR.'
- 12.4 Replace 'the fifth Data Protection Principle' with 'requirements of 5 (1) (e) GDPR'
- 12.1 Add 'as well as any other purported exercise of a Data Subject's rights under Information Law or complaint to or investigation undertaken by the Information Commissioner.'
- Template Personal Data Agreement – changes to formatting, replace DPA Schedule 2 condition/s with 'GDPR Article 6 legitimising conditions' and replace 'DPA Schedule 3 condition/s' with 'GDPR Article 9 legitimising conditions'

2. The National Variation is reflected in the attached Schedule and the Parties agree that the Agreement is varied accordingly.

3. The Variation takes effect on 21 August 2018

IN WITNESS OF WHICH the Parties have signed this Variation Agreement on the date(s) shown below

Signed by

NHS England

Paul Baumann for and on behalf of NHS England



Signed by

NHS Sheffield Clinical Commissioning

Maddy Ruff for and on behalf of NHS Sheffield CCG



Terms of Reference

Name of Committee/Group	Quality Assurance Committee
Type of Committee/Group	Committee of Governing Body

1. Purpose of Committee/Group	<p>The Quality Assurance Committee (QAC) has been established by the CCG's Governing Body as set out in paragraph 5.9.10 of the Constitution. QAC has delegated responsibility to assure the CCG regarding all elements of quality, patient safety, clinical effectiveness, patient experience and continuous quality improvements within all services commissioned by the CCG for the population of Sheffield.</p> <p>The Committee shall:</p> <ul style="list-style-type: none"> • gain assurance that there is an effective and consistent process to commissioning for quality and safety across the CCG's activities, • seek evidence and gain assurance that concerns and underperformance are identified and triangulated with both hard and soft intelligence to gain assurance of continued high standards of care, treatment, experience and outcomes. • gain assurance regarding patient safety, effectiveness of care and patient /and staff experience; and • gain assurance that quality and safety indicators within the contracts commissioned by the CCG and across clinical patient pathways are being met. • Agree and monitor achievement of the strategic aims for quality via the Commissioning for Quality strategy and action plan, and ensure there is a process to enable the strategy to adapt and change • identification of priority areas for quality improvement in line with published guidance
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2. Authority/Accountability	<p>The Governing Body hereby resolves to establish a committee of the Governing Body to be known as the Quality Assurance Committee (the "Committee") in accordance with the CCG's Constitution. These terms of reference set out the remit responsibilities, membership and reporting arrangements of the Committee and shall have effect as if incorporated into the Constitution.</p> <p>The Committee is authorised by the Governing Body to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any Member, officer or employee who is directed to co-operate with any request made by the Committee.</p> <p>The Committee is authorised to create working groups as necessary to fulfil its responsibilities within these terms of reference. The Committee may not delegate executive powers (unless expressly authorised by the Governing Body) and remains accountable for the work of any such group.</p>
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3. Objectives of Committee/Group

The Committee shall:

- Receive reports and guidance from regulatory and other competent bodies and where applicable ensure action plans are developed to improve performance or adopt best practice receive a monthly quality, patient safety and patient experience report to review themes and trends and identify areas for change in practice. for all directly commissioned, In area services not directly commissioned, and contracted services including primary care regarding quality and safety legislative and contractual requirements as follows:
 - Patient Safety:
 - serious Incidents, never events and Independent investigations; infection prevention and control;
 - safeguarding adults and children and domestic homicide reviews;
 - Mental Capacity and Deprivation of Liberty;
 - medicines safety, Controlled Drugs Management and prescribing (including assurance of the effectiveness of Area Prescribing Group (APG));
 - Patient Safety Alerts
 -
 - Effectiveness
 - NICE Technology Appraisal, guidance and Quality Standards compliance;
 - Clinical Audit performance;
 - CQUIN performance;
 - Research and Evaluation
 - Patient / Staff Experience
 - receive reports on Friends and Family test, patient surveys and reports;
 - Eliminating Mixed Sex Accommodation reports;
 - Complaints
 - receive reports on staff surveys in relation to quality and patient safety;
 - professional issues and whistleblowing in commissioned services, linked to quality and patient safety;
 - receive exception reports on any other significant high level quality and patient safety concerns regarding providers; and
 - to ensure that clinical risks are reported on provider risk registers.
- By exception to the Patient Safety and Quality report the committee can / will receive reports (timeliness to be agreed i.e. quarterly / six monthly) on CCG led programmes of work/responsibilities e.g. Safeguarding, SEND, CHC, Transforming Care
- Review the CCG's Risk Register relative to each Quality Directorate service (one service area per month or by exception if risk is evident, there is a significant change or escalation is required) at each meeting of the Committee, in particular:
 - Review the risks in line with the above, for which the Committee are responsible
 - Note and approve the risks assigned to the Committee
 - Review the risk

	<p>assessment scores for risks • Identify any new risks that present a gap in control for inclusion on the Assurance Framework • Agree actions to reduce impact of extreme and high risks ii. Risk Register</p> <ul style="list-style-type: none"> • Review those risk on the Risk Register for which the Committee are responsible for completeness and accuracy • Note and approve the risks assigned to the Committee • Review the risk assessment scores for risks • Identify any new risks for inclusion on the Risk Register • Agree actions to reduce impact of extreme and high risks. • Consider and agreed whether risks are being effectively managed • Approve under delegated authority from the Governing Body the CCG's clinical policies. Policies will be published on the CCG's web site and new and revised policies will be circulated to Governing Body Members for information. • If required, receive for assurance under the delegated authority from other Governance forums and Governing Body patient clinical pathways for adoption by the CCG (with regards to all elements of quality, patient safety, clinical effectiveness, patient experience and continuous quality improvements within all services commissioned by the CCG for the population of Sheffield). Such pathways will first have been considered by SPIEEC and the appropriate management group and recommended to Committee. Where pathways are likely to be contentious the Committee will take into account the CCGs duty to consult before making a decision. The Committee will ensure that approved pathways are then appropriately published, promoted and updated.
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4. Membership	<p>Note: Members should be referred to by title not name. Chair of Committee/Group should be stated. Minute taker should be stated either as member or in attendance.</p>
	<p>The Committee shall consist of the following members:</p> <ul style="list-style-type: none"> • Two of the Lay Members of the Governing Body (One will Chair the Committee and the other will be Deputy Chair ;) • Chief Nurse, Executive Director for Quality and Patient Safety • Deputy Director of Quality • Medical Director • Clinical Director • Governing Body GP (Lead for Quality) • Governing Body GP • Governing Body Secondary Care Doctor <p>The Committee can co-opt other members as required.</p> <p>Membership attendee could be either Medical or Clinical director</p> <p>Members of the Committee must attend at least 6 meetings each financial year but should aim to attend all scheduled meetings.</p> <p>If members are unable to attend they should delegate their responsibilities to a deputy, on the understanding that the deputy is of an appropriate level to make a decision on behalf of their organisation/area of work and fully engage in the agenda.</p>

5.	<p>In attendance</p> <p>Note: Attendees should be referred to by title not name. Minute taker should be stated either as member or in attendance.</p> <ul style="list-style-type: none"> • Commissioning Representative • Head of Medicines Management • Head of Primary Care/designated representative from Primary Care Commissioning Committee • Patient Engagement Lead/Nominated representative from SPIEEC • Healthwatch Representative • Quality Manager • Performance Manager • Public Health Representative <p>Other appropriate clinicians and CCG staff will be invited to attend as required for specific agenda items. If members are unable to attend they should delegate their responsibilities to a deputy, on the understanding that the deputy is of an appropriate level to make a decision on behalf of their organisation/area of work and fully engage in the agenda.</p>
6.	<p>Quorum</p> <p>A quorum shall be Chair or Deputy Chair, at least 1 Governing Body GP or Clinical Director, and the Chief Nurse or Deputy Director of Quality , 50% of the voting membership shall be present</p>
7.	<p>Frequency and Notice of Meetings</p> <p>The Committee shall meet on a six weekly basis. The Chair reserves the right to call an extraordinary meeting in order to ensure the functions of the Committee are met in a timely manner. Members shall be notified at least 10 days in advance that a meeting is due to take place. Agendas and reports shall be distributed to members 5 working days in advance of the meeting date. .</p>

8.	Minutes and Reporting Arrangements
	<p>The minutes of all meetings of the Committee shall be formally recorded and submitted, together with a summary report including escalations/recommendations where appropriate, giving assurances and highlighting areas of concern, to the Governing Body. The submission to the Governing Body shall include details of any matters in respect of which actions or improvements needed.</p> <p>A report from the Quality Assurance Committee will be presented to the Audit and Integrated Governance Committee following each meeting to provide assurance that the systems and processes of clinical governance are in place within the CCG and in relation to commissioned activity commissioning for quality strategy and action plans.</p> <p>The following groups will report to the Quality Assurance Committee and will support the Quality Assurance Committee in discharging its responsibilities:</p> <ul style="list-style-type: none"> • Contract Quality Review Groups exception reporting • Sheffield Quality Intelligence Group - Care Homes exception reporting • Primary Care Resilience Group • Medicines Safety Group (Information) • Sheffield Control Drug Local Improvement Network (Information) <p>The committee will receive minutes and take and act on requests for further review to gain assurance of continued safe, effective and high quality provision of a service/s from SPIEEC and Primary Care Commissioning Committee</p>

9.	Meeting Effectiveness Review
	<p>As part of the Governing Body's annual performance review process, the committee shall review its collective performance and that of its individual members and will provide an annual report on the work of the committee for the CCG's Annual Report.</p>

10.	Review to be conducted by Committee/Group Chair								
	<table> <tr> <td>Date Committee/Group established</td><td></td></tr> <tr> <td>Terms of Reference to be reviewed</td><td>The Committee will review its Terms of Reference at least annually making recommendations on any changes to the Governing Body for final approval.</td></tr> <tr> <td>Date of last review</td><td>February 2021</td></tr> <tr> <td>Date of next review</td><td>March 2022</td></tr> </table>	Date Committee/Group established		Terms of Reference to be reviewed	The Committee will review its Terms of Reference at least annually making recommendations on any changes to the Governing Body for final approval.	Date of last review	February 2021	Date of next review	March 2022
Date Committee/Group established									
Terms of Reference to be reviewed	The Committee will review its Terms of Reference at least annually making recommendations on any changes to the Governing Body for final approval.								
Date of last review	February 2021								
Date of next review	March 2022								

Strategic Public Involvement, Experience and Equality Committee (SPIEEC) Terms of Reference

Name of Committee/Group	Strategic Public Involvement, Experience and Equality Committee
Type of Committee/Group	Committee of Governing Body

1. Purpose of Committee/Group	<p>The Committee has been established by the CCG's Governing Body as set out in paragraph 5.9.10 of the CCG's Constitution with delegated responsibility for approval of the arrangements for discharging the CCG's statutory duties relating to public involvement and consultation and equality.</p> <p>The Committee shall:</p> <ul style="list-style-type: none"> gain assurance that public involvement, patient experience and equality, diversity and inclusion activity is being carried out in line with statutory requirements and to a high standard by the CCG gain assurance that information from this activity is used appropriately to influence commissioning oversee equalities, involvement and experience, not covered by QAC assure work in these areas is effectively joined up with partners
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2. Authority/Accountability	<p>The Governing Body hereby resolves to establish a committee of the Governing Body to be known as the Strategic Public Involvement, Experience and Equality Committee (the "Committee") in accordance with the CCG's Constitution. These terms of reference set out the membership, remit responsibilities and reporting arrangements of the Committee and are included in the Constitution at appendix 7.</p> <p>The Committee is authorised by the Governing Body to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any member, officer or employee who is directed to co-operate with any request made by the Committee.</p> <p>The Committee is authorised to create working groups as necessary to fulfil its responsibilities within these terms of reference. The Committee may not delegate executive powers (unless expressly authorised by the Governing Body) and remains accountable for the work of any such group.</p> <p>An annual update confirming adherence to our Equality/Statutory Duties will be made to Governance Sub Committee.</p>
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3. Objectives of Committee/Group	<p>The Committee shall:</p> <p>Public Involvement</p> <ul style="list-style-type: none"> Assure that the statutory requirements for public involvement are met regarding commissioning, and contracting
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- Advise the Governing Body on all matters relating to involvement and the process of formal consultation.
- Assure that Sheffield City Council's health overview and scrutiny committee has been engaged as appropriate on any proposal "under consideration" for a substantial development of or variation in the provision of a service.
- Provide assurance to Governing Body that appropriate and high quality involvement activity has taken place, to inform decision making in line with the SPIEEC Assurance Framework
- Scrutinise the approach taken to involvement regarding the CCG's priorities and plans as set out in its annual plan and for specific pieces of work.
- Maintain oversight of the CCG's involvement strategy and action plans.
- Assure that activity is joined up across the CCG and partners.
- Assure that learning is shared across the CCG and partners.

Patient Experience

- Scrutinise the approach taken to using patient experience data to inform and deliver CCG's priorities and for specific pieces of work.
- Ensure that patient experience feedback from patients and carers is used to influence decision making throughout the commissioning cycle or commissioning, contracting.
- Assure that learning from patient experience work and approaches is shared across the CCG and partners.
- Maintain oversight of the CCGs monitoring of the services it provides
- Assure that the services that the CCG directly provides to patients proactively and effectively seek patient feedback, and that processes are in place within the CCG to ensure that feedback is appropriately reported and acted upon.
- Assure that the CCG has measures and processes in place to evaluate the impact of commissioning decisions on patient experience, after those decisions have been implemented.

Equality

- Assure that the statutory requirements for equality, diversity and inclusion are met and a report is submitted annually to the Governance Sub Committee.
- Assure that the mandatory requirements i.e. Equality Objectives and Equality Delivery System are met for the CCG
- Provide assurance to Governing Body that appropriate and high quality equality activity has taken place, to inform decision making in line with the SPIEEC Assurance Framework
- Scrutinise the approach taken to equality, diversity and inclusion for CCG's priorities and plans as set out in its annual plan and for specific pieces of work.
- Assure that activity is joined up across the CCG and partners
- Assure that learning is shared across the CCG and partners.
- Maintain oversight of the CCG's equality, diversity and inclusion strategy and action plans
- Ensure that the CCG's public involvement work involves groups across the nine protected characteristics to inform effective commissioning of services to meet the needs of the whole population and show due regard.
- Consider updates from the CCG Equality Group regarding population equality matters.

Other responsibilities:

- The duties of the Committee will be driven by the priorities of the CCG and will be flexible and responsive to new and emerging strategic priorities
- Review the CCG's NHS Oversight Framework plan around involvement and equality annually

4. Membership

The Committee shall consist of the following members (NB: * denotes members of NHS Sheffield CCG Governing Body):

	<ul style="list-style-type: none"> • *Governing Body Lay Members x2 (Chair and Deputy Chair) • *GP Clinical Leads x2 • *Deputy Accountable Officer (Director lead for engagement, patient experience and equality) • *Chief Nurse • Senior manager with responsibility for engagement, Sheffield City Council • Senior manager with responsibility for equality, Sheffield City Council • Deputy Director Communications, Engagement and Equality,(Deputy Director lead for Patient Experience) • Involvement and Equality Manager(s) • Patient Experience Manager • Chief Officer, Healthwatch Sheffield • Public representatives X2 • Equality representative, University of Sheffield • ACP Deputy Director <p>Members of the Committee must attend at least five meetings each financial year but should aim to attend all scheduled meetings.</p> <p>Members will have nominated deputies and these will be managed via the business support to the committee.</p>
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5.	Attendees
	<p>Other staff may also attend by request of the Chair of the Committee in order to provide assurance about projects and programmes. The Chair of the Governing Body may be invited to attend meetings of the Committee as required.</p> <p>The minute taker / administrator for the committee will be in attendance.</p>

6.	Quorum
	<p>A quorum shall be:</p> <ul style="list-style-type: none"> • Minimum of 3 Governing Body members, including the Committee Chair or Deputy Chair • Minimum of 2 of the Deputy Director Communications, Involvement and Equality, one of the Involvement and Equality Managers and the Patient Experience Manager • Minimum of 2 members who are not CCG employees <p>The chair will confirm whether the meeting is quorate, or not, at the start of each meeting. The outcome will be confirmed in the minutes.</p>

7.	Frequency and Notice of Meetings
	<p>Meetings of the Committee shall usually be held at least every six weeks. Communication and decision making will take place as necessary with committee members between formal meetings, with additional meetings being held as required.</p> <p>A formal agenda and supporting papers will be forwarded to all members, and those in attendance where appropriate at least 5 working days prior to the date of the meeting.</p>

8.	Minutes and Reporting Arrangements
	The minutes of all meetings of the Committee shall be formally recorded and submitted, together

	<p>with a summary report including recommendations where appropriate, giving assurances and highlighting areas of concern, to the Governing Body. The submission to the Governing Body shall include details of any matters in respect of which actions or improvements are needed. To the extent that such matters arise, the chair of the Committee shall present details to a meeting of the Governing Body.</p> <p>Minutes of meetings will be shared with Sheffield's Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee</p> <p>The Deputy Director of Communications, and Equality will oversee the management of the Committee.</p>
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9.	Code of conduct
	<p>The Committee shall at all times comply with CCG's Constitution and be aware of their responsibilities as outlined in it. They should act in good faith and in the interests of the CCG and should follow the Seven Principles of Public Life; set out by the Committee on Standards in Public Life (the Nolan Principles).</p> <p>Committee members must comply with the CCG's Standards of Business Conduct and Conflicts of Interest Policy and Procedure which can be found on the CCG's website.</p> <p>Where a member of the Committee 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 the Constitution and the CCG's Standards of Business Conduct and Conflicts of Interest Policy and Procedure.</p> <p>The Committee will apply best practice in its decision making processes and effectively declare and manage all conflicts of interest at each meeting.</p> <p>Committee members will follow CCG values and behaviours during the meeting. These are being:</p> <ul style="list-style-type: none"> • Compassionate and caring • Empowering • Fair, honest, responsive and accountable • Progressive
10.	Meeting Effectiveness Review
	<p>As part of the Governing Body's annual performance review process, the committee shall carry out an annual self-assessment against its terms of reference and in addition will provide an annual report on the work of the committee for the CCG's Annual Report.</p> <p>Committee will undergo annual training on statutory and mandatory guidelines and best practice to carry out effective assurance role.</p> <p>Annual appraisals with the two patient representatives will be carried out. Patient representative terms' last 2 years.</p>

11.	Review to be conducted by Committee/Group Chair	
	Date Committee/Group established	October 2017
	Terms of Reference to be reviewed	The Committee will review its terms of reference at least annually making recommendations on any changes to the Governing Body for final approval.
	Date of last review	September 2020
	Date of next review	September 2021

Terms of Reference

Name of Committee/Group	Governance Sub-committee
Type of Committee/Group	Sub-committee of Audit and Integrated Governance Committee (AIGC) which is a Committee of the Governing Body

1.	Purpose of Committee/Group
	<p>The Governance Sub-committee has been established by the CCG's Governing Body as set out in paragraph 5.9.11 of the Constitution to assist the CCG's Audit and Integrated Governance Committee (AIGC) with the discharge of its functions and responsibilities.</p> <p>The Sub-committee shall ensure that a sound system of integrated governance, risk management and internal control is in place which supports the achievement of the CCG's objectives and provides the AIGC and ultimately the CCG's Governing Body with assurance as both an employer and a statutory body.</p>

2.	Authority/Accountability
	<p>The Governance Sub-committee (the "Sub-committee") of the Audit and Integrated Governance Committee ("AIGC") is established in accordance with the Constitution of the NHS Sheffield Clinical Commissioning Group (the "CCG"). These Terms of Reference set out the membership, remit, responsibilities and reporting arrangements of the Sub-committee and shall have effect as if incorporated into the Constitution.</p> <p>The Sub-committee is authorised by the Governing Body to investigate any activity within these Terms of Reference. It is authorised to seek any information it requires, from any Member, officer or employee who is directed to co-operate with any request made by this Sub-committee.</p> <p>The Sub-committee is authorised to create working groups as necessary to fulfil its responsibilities within these Terms of Reference and shall also have the ability to establish advisory groups as and when required.</p> <p>The Sub-committee is authorised to obtain such internal information as is necessary and expedient to the fulfilment of its functions.</p>

3.	Objectives of Committee/Group
	<p>The duties of the Sub-committee are to:</p> <ul style="list-style-type: none"> • provide advice and assurance to the AIGC, the Governing Body and the CCG on all issues relating to governance including compilation of the Annual Governance Statement (AGS); • review the Risk Register and receive a report on high level risks and any new organisational risk which will include risk assessments;

- ensure that a robust system is in place to monitor the corporate elements of incidents and complaints relating to CCG employees and its commissioning decisions, and on a quarterly basis to receive reports on these, ensuring that actions are taken and lessons learned. Noting that the Quality Assurance Committee will review complaints from a quality perspective;
- ensure that a robust system for the management of health and safety is in place and to monitor progress on action plans. This will include general health and safety, fire, security and estates issues linked to health and safety;
- receive the minutes of the CCG's advisory Health and Safety Group and seek assurance that actions are taken;
- receive such reports to ensure that the CCG meets its statutory responsibilities;
- ensure that claims and litigation issues are dealt with appropriately and learning shared as a result of claims or litigation;
- review and monitor compliance with the NHS England EPRR core standards and to assure on compliance with the Civil Contingencies Act 2004;
- gain assurance that the CCG has business continuity plans in place which have been reviewed and tested;
- ensure that the CCG reviews its information governance processes to make sure that they are fit for purpose, be advised of any breaches of data security, monitor progress against Data Security and Protection Toolkit targets, and receive assurance about records management
- receive such reports to ensure that high quality data is collated and appropriately used throughout the organisation, that data is of a high standard and complies with the Data Protection Act 2018 and General Data Protection Regulation 2018;
- Receive such reports to ensure that the CCG's data is fit for purpose and supports the commissioning of high quality health care and decision making;
- review the associated risks that have been identified through the CCG's Risk Register on the consequences of working with poor quality data;
- ensure that a system of HR and workforce development is established to receive quarterly updates on human resource issues;
- ensure that systems are in place for the governance arrangements in relation to research and development;
- have an overview of equality and human rights issues;
- ensure that the CCG complies with all regulatory frameworks, including the Health and Safety Executive and NHS Counter Fraud Authority;
- ensure the CCG has effective communication systems in place such that key governance information is made available to all Members, Governing Body Members, staff and the public;
- review all non-clinical and non-financial policies and approve where necessary within the delegated powers set out in the Scheme of Reservation and Delegation. The Sub-committee will advise the AIGC on a quarterly basis of policies which have been approved by the Sub-committee;
- Understand the risks and controls associated with delivery of the IT Service to ensure appropriate mitigation is built into the process;
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4.	<p>Membership</p> <p>Note: Members should be referred to by title not name. Chair of Committee/Group should be stated. Minute taker should be stated either as member or in attendance.</p> <p>The members of the Sub-committee shall include:</p> <ul style="list-style-type: none"> • Associate Director of Corporate Services who will chair the Sub-committee • Deputy Director of Finance who will be the Deputy Chair • Deputy Director of Quality • A Deputy Director of Commissioning • A Deputy on behalf of the Medical Director • Corporate Services Risk and Governance Manager • Deputy Director of Human Resources • Deputy Director of Information, Performance and PMO (Deputy SIRO) • Deputy Director of Communications • Deputy Director of Information Technology • Representative from Internal Audit • Staff Side Representative <p>Wherever possible those nominated as members to represent their Director should be regular members of the meeting to ensure consistency and continuity of discussion.</p> <p>Members of the Sub-committee can nominate deputies to attend a meeting if the member is unable to attend. Members of the Sub-committee must attend at least two meetings each financial year but should aim to attend all scheduled meetings.</p>
5.	<p>Attendees</p> <p>Note: Attendees should be referred to by title not name. Minute taker should be stated either as member or in attendance.</p> <p>The Sub-committee may co-opt members to provide advice on other governance issues.</p> <p>An administrator will be in attendance at the meetings and take formal minutes.</p>
6.	<p>Quorum</p> <p>The Sub-committee shall be deemed quorate if the following directorates/members are represented/present:</p> <ul style="list-style-type: none"> • Associate Director of Corporate Services or nominated deputy • One other deputy as listed in 4 above and • One other Member.
7.	<p>Frequency and Notice of Meetings</p> <p>Meeting shall be called at least once every quarter in advance of the AIGC.</p>

	Agendas will be generated by Corporate Services and Governance Manager and shared with the Sub-committee Chair for approval. A formal agenda and supporting papers will be forwarded to all members, and those in attendance where appropriate at least 3 working days prior to the date of the meeting.
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8.	Minutes and Reporting Arrangements
	The minutes of all meetings of the Sub-committee shall be formally recorded and submitted, together with recommendations where appropriate, to the AIGC. The submission to the AIGC shall include details of any matters in respect of which actions or improvements are needed.

9.	Meeting Effectiveness Review
	As part of the Governing Body's annual performance review process, the Sub-committee shall review its collective performance and that of its individual members and will provide an Annual Report on the work undertaken throughout the year. The Annual Report will be presented to the May meeting of the AIGC.

10.	Review to be conducted by Committee/Group Chair	
	Date Committee / Group established	
	Terms of Reference to be reviewed e.g. annually	The Terms of Reference of the Sub-committee shall be reviewed by the Audit and Integrated Governance Committee when required, but at least annually.
	Date of last review	February 2020
	Date of next review	November 2021