NHS Harrogate and Rural District Clinical Commissioning Group

CONSTITUTION

Version: 4.0

NHS England Effective Date: JUNE 2017
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FOREWORD

Welcome to the constitution for the NHS Harrogate and Rural District Clinical Commissioning Group (CCG). This document will bring together the national requirements for all CCGs as well as setting out how the CCG will approach clinical commissioning locally.

The constitution will explain the legal framework in which NHS Harrogate and Rural District CCG should operate. It will set out how we will work with our 17 constituent GP practices, our partners in local authorities and the voluntary sector, as well as patients and the public to ensure the NHS in Harrogate and Rural District is the best it can be.

The NHS is changing and the constitution sets the framework to enable our Clinical Commissioning Group to work together as practices and in partnership with colleagues across health and social care to commission services that respond to the unique needs of our local population. These services will need to be high quality, sustainable and fit for purpose in the future.

Dr Alistair Ingram
Clinical Chair
NHS Harrogate and Rural District Clinical Commissioning Group
1. **INTRODUCTION AND COMMENCEMENT**

1.1. **Name**

The name of this Clinical Commissioning Group is NHS Harrogate and Rural District Clinical Commissioning Group.

1.2. **Statutory Framework**

1.2.1. Clinical Commissioning Groups are established under the Health and Social Care Act 2012 ("the 2012 Act"). They are statutory bodies which have the function of commissioning services for the purposes of the health service in England and are treated as NHS bodies for the purposes of the National Health Service Act 2006 ("the 2006 Act"). The duties of Clinical Commissioning Groups to commission certain health services are set out in section 3 of the 2006 Act, as amended by section 13 of the 2012 Act, and the regulations made under that provision.

1.2.2. NHS England is responsible for determining applications from prospective groups to be established as Clinical Commissioning Groups and undertakes an annual assessment of each established group. It has powers to intervene in a Clinical Commissioning Group where it is satisfied that a group is failing or has failed to discharge any of its functions or that there is a significant risk that it will fail to do so.

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

1.3. **Status of this Constitution**

1.3.1. This constitution is made between the members of NHS Harrogate and Rural District Clinical Commissioning Group and has effect from day 15 of February 2013, when NHS England established the group. The constitution is published on the group’s website at www.harrogateandruraldistrictccg.nhs.uk.

1.3.2. A paper copy of this document will be available in the NHS Harrogate and Rural District CCG offices.

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1 See section 1I of the 2006 Act, inserted by section 10 of the 2012 Act
2 See section 275 of the 2006 Act, as amended by paragraph 140(2)(c) of Schedule 4 of the 2012 Act
3 Duties of clinical commissioning groups to commission certain health services are set out in section 3 of the 2006 Act, as amended by section 13 of the 2012 Act
4 See section 14C of the 2006 Act, inserted by section 25 of the 2012 Act
5 See section 14Z16 of the 2006 Act, inserted by section 26 of the 2012 Act
6 See sections 14Z21 and 14Z22 of the 2006 Act, inserted by section 26 of the 2012 Act
7 See in particular sections 14L, 14M, 14N and 14O of the 2006 Act, inserted by section 25 of the 2012 Act and Part 1 of Schedule 1A to the 2006 Act, inserted by Schedule 2 to the 2012 Act and any regulations issued
8 See section 14D of the 2006 Act, inserted by section 25 of the 2012 Act
1.4. **Amendment and Variation of this Constitution**

1.4.1. This constitution can only be varied in two circumstances.\(^9\)

a) Where following discussion with Members and the Local Medical Committee, the group applies to the NHS England and that application is granted.

b) Where in the circumstances set out in legislation the NHS England varies the group’s constitution other than on application by the group.

2. **AREA COVERED**

2.1. The Harrogate and Rural District CCG is fully within the boundary of North Yorkshire County Council. It is coterminous with Harrogate Borough Council Boundary.

2.2. Map of North Yorkshire Clinical Commissioning Groups.

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\(^9\) See sections 14E and 14F of the 2006 Act, inserted by section 25 of the 2012 Act and any regulations issued.
3. **MEMBERSHIP**

3.1. **Membership of the Clinical Commissioning Group**

3.1.1. The following practices comprise the members of NHS Harrogate and Rural District Clinical Commissioning Group.

<table>
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<tr>
<td>Ripon Spa Surgery</td>
<td>The Surgery, Park Street, Ripon, HG4 2BE</td>
</tr>
<tr>
<td>North House Surgery</td>
<td>North House, North Street, Ripon, HG4 1HL</td>
</tr>
<tr>
<td>Beech House Surgery</td>
<td>1 Ash Tree Road, Knaresborough, HG5 0UB</td>
</tr>
<tr>
<td>Church Lane Surgery</td>
<td>Church Lane, Boroughbridge, YO51 9BD</td>
</tr>
<tr>
<td>Eastgate Surgery</td>
<td>31b York Place, Knaresborough, HG5 0AD</td>
</tr>
<tr>
<td>Dr Moss &amp; Partners</td>
<td>28/30 Kings Road, Harrogate, HG1 5JP</td>
</tr>
<tr>
<td>Dr Ingram &amp; Partners</td>
<td>7/8 Park Street, Ripon, HG4 2AX</td>
</tr>
<tr>
<td>Dr Akester &amp; Partners</td>
<td>Ashfield House, Kirkby, Malzeard, Ripon, HG4 3SE</td>
</tr>
<tr>
<td>East Parade Surgery</td>
<td>Mowbray Square, Harrogate, HG1 5AR</td>
</tr>
<tr>
<td>Springbank Surgery</td>
<td>York Road, Green Hammerton, YO26 8BN</td>
</tr>
<tr>
<td>Leeds Road Practice</td>
<td>49/51 Leeds Road, Harrogate, HG2 8AY</td>
</tr>
<tr>
<td>Kingswood Surgery</td>
<td>14 Wetherby Road, Harrogate, HG2 7SA</td>
</tr>
<tr>
<td>Church Avenue Medical Group</td>
<td>The Surgery, 54 Church Avenue, Harrogate, HG1 4HG</td>
</tr>
<tr>
<td>Park Parade Surgery</td>
<td>Mowbray Square, Harrogate, HG1 5AR</td>
</tr>
<tr>
<td>Nidderdale Group Practice</td>
<td>King Street, Pateley Bridge, HG3 5AT</td>
</tr>
<tr>
<td>Stockwell Road Surgery</td>
<td>21 Stockwell Road, Knaresborough, HG5 0JY</td>
</tr>
<tr>
<td>The Spa Surgery</td>
<td>Mowbray Square, Harrogate, HG1 5AR</td>
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3.1.2. Appendix B of this constitution contains the list of practices, together with the signatures of the practice representatives confirming their agreement to this constitution.

3.2. **Eligibility**

Providers of primary medical services to a registered list of patients under a General Medical Services, Personal Medical Services or Alternative Provider Medical Services Contract, will be eligible to apply for membership of this group.

3.3. **Liability**

Members shall not be liable as Members, or as individuals, for the debts, liabilities, acts or omissions, howsoever caused by the CCG in discharging its statutory functions. The CCG is a body corporate recognised as such under the Health and Social Care Act 2012, and any liability shall be that of the CCG as a public statutory body.
4. VISION, VALUES AND AIMS

4.1. Vision

4.1.1. The vision of NHS Harrogate and Rural District Clinical Commissioning Group is:

We will secure high quality services, in the most appropriate setting, making maximum use of available resources. Through clinical leadership and collaborative working we will achieve the best possible health outcomes for all our local population.

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

4.2. Values

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

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

a) Respect and dignity. We value each person as an individual, respect their aspirations and commitments in life, and seek to understand their priorities, needs, abilities and limits. We take what others have to say seriously. We are honest about our point of view and what we can and cannot do.

b) Commitment to quality of care. We earn the trust placed in us by insisting on quality and striving to get the basics right every time: safety, confidentiality, professional and managerial integrity, accountability, dependable service and good communication. We welcome feedback, learn from our mistakes and build on our successes.

c) Compassion. We respond with humanity and kindness to each person’s pain, distress, anxiety or need. We search for the things we can do, however small, to give comfort and relieve suffering. We find time for those we serve and work alongside. We do not wait to be asked, because we care.

d) Improving lives. We strive to improve health and well-being and people’s experiences of the NHS. We value excellence and professionalism wherever we find it – in the everyday things that make people’s lives better as much as in clinical practice, service improvements and innovation.

e) Working together for patients. We put patients first in everything we do, by reaching out to staff, patients, carers, families, communities, and professionals outside the NHS. We put the needs of patients and communities before organisational boundaries.

f) Everyone counts. We use our resources for the benefit of the whole community, and make sure nobody is excluded or left behind. We accept that some people need more help, that difficult decisions have to be taken – and that when we waste resources we waste others’ opportunities. We recognise that we all have a part to play in making ourselves and our communities healthier.
4.3. **Aims**

4.3.1. The group’s aims are to:

a) Develop a strong and sustainable clinically led commissioning group

b) Use the resources we have to drive continuous improvement in service quality and patient outcomes

c) Promote health and wellbeing for our population through a strong public health message, advocating self-care and embracing the Health and Well Being Strategy.

4.3.2 The group recognises that GPs primary responsibility is to their patients as laid down in the current version of the GMC’s publication “Good Medical Practice”.

4.4. **Principles of Good Governance**

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

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

b) *The Good Governance Standard for Public Services*;

c) The standards of behaviour published by the *Committee on Standards in Public Life (1995)* known as the ‘Nolan Principles’

d) The seven key principles of the *NHS Constitution*;


4.5. **Accountability**

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

a) Publishing its constitution;

b) Appointing independent lay members and non GP clinicians to its Governing Body; in accordance with the regulations (amended from time to time)

c) Holding meetings of its Governing Body in public (except where the group considers that it would not be in the public interest in relation to all or part of a meeting);

d) Publishing annually a commissioning plan;

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10 Inserted by section 25 of the 2012 Act

11 *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

12 See Appendix F

13 See Appendix G

e) Complying with local authority health overview and scrutiny requirements;
f) Meeting annually in public to present its annual report (which must be published);
g) Producing annual accounts in respect of each financial year which must be externally audited;
h) Having a published and clear complaints process;
i) Complying with the Freedom of Information Act 2000;
j) Providing information to the NHS England as required.

4.5.2. The Governing Body of the group will throughout each year have an ongoing role in reviewing the group’s governance arrangements to ensure that the group continues to reflect the principles of good governance.

5. FUNCTIONS AND GENERAL DUTIES

5.1. Functions

The functions that the group is responsible for exercising are largely set out in the 2006 Act, as amended by the 2012 Act.

5.1.1. In discharging its functions the group will:

a) act\(^{15}\), when exercising its functions to commission health services, consistently with the discharge by the Secretary of State and the NHS England of their duty to promote a comprehensive health service\(^{16}\) and with the objectives and requirements placed on the NHS England through the mandate\(^{17}\) published by the Secretary of State before the start of each financial year by:

i) delegating responsibility to the group’s governing body for the development of the group’s Annual Commissioning Plan;

ii) promoting the involvement of all group members via the Council of Members and the engagement of stakeholders in the development of the commissioning strategy and plan;

iii) securing the engagement of the group through the Council of Members prior to approval of the plan by the Governing Body

iv) delegating responsibility to the group’s Governing Body for the delivery of the Annual Commissioning Plan;

v) requiring the Governing Body to report to and provide assurance to the group through the Council of Members on the delivery of the Annual Commissioning Plan and whether the intended outcomes have been achieved;

\(^{15}\) See section 3(1F) of the 2006 Act, inserted by section 13 of the 2012 Act
\(^{16}\) See section 1 of the 2006 Act, as amended by section 1 of the 2012 Act
\(^{17}\) See section 13A of the 2006 Act, inserted by section 23 of the 2012 Act
vi) having in place arrangements to manage the process for dealing with individual funding requests (IFR).

b) **meet the public sector equality duty**\(^{18}\) by:
   i) delegating responsibility to the group’s Governing Body to ensure that the policies of the group meet the requirements of the Equality Act 2010;
   ii) preparing and publishing specific and measurable equality objectives which will be reviewed at least every four years;
   iii) requiring the Governing Body to report to and provide assurance to the group on how the activities of the group have met the public sector equality duty;
   iv) publishing in the group’s annual report on how the group has met the public sector equality duty and how the group has performed in relation to the agreed equality objectives.

c) work in partnership with its local authority[ies] to develop **joint strategic needs assessments**\(^{19}\) and **joint health and wellbeing strategies**\(^{20}\) by:
   i) encouraging active CCG membership of and involvement in the North Yorkshire Health and Wellbeing Board;
   ii) nominating the Clinical Chair and/or Accountable Officer to represent the views of the group at the North Yorkshire Health and Wellbeing Board;
   iii) seeking the views of group members and stakeholders to inform the development of the joint strategic needs assessments and joint health and wellbeing strategies in partnership with the North Yorkshire Health and Wellbeing Board;
   iv) actively contributing to the development and refresh of JSNAs jointly developing the Health and Well Being Strategy for North Yorkshire.

5.2. **General Duties** - in discharging its functions the group will:

5.2.1. Make arrangements to **secure public involvement** in the planning, development and consideration of proposals for changes and decisions affecting the operation of commissioning arrangements\(^{21}\). The NHS Harrogate and Rural District Clinical Commissioning Group will ensure that the views and needs of the public are obtained prior to making decisions about how the care provided to them is delivered by:

   a) Working in partnership with patients and the local community to secure the best care for them.

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\(^{18}\) See section 149 of the Equality Act 2010, as amended by paragraphs 184 and 186 of Schedule 5 of the 2012 Act

\(^{19}\) See section 116 of the Local Government and Public Involvement in Health Act 2007, as amended by section 192 of the 2012 Act

\(^{20}\) See section 116A of the Local Government and Public Involvement in Health Act 2007, as inserted by section 191 of the 2012 Act

\(^{21}\) See section 14Z2 of the 2006 Act, inserted by section 26 of the 2012 Act
b) Adopting engagement activities to meet the specific needs of the different groups and communities.

c) Publicising opportunities to engage with the CCG.

d) Involving the local population in the planning of the commissioning arrangements of the group.

e) Clearly communicating and explaining any changes to service delivery and impact on the population.

f) Publishing up to date information about health services on the group’s website and through other media.

g) Developing feedback mechanisms and encouraging and acting on feedback.

h) Delegating responsibility to the group’s Governing Body to ensure that effective public involvement mechanisms are designed, developed and implemented.

i) Requiring the Governing Body to report to and provide assurance to the group on how public involvement has been secured and influenced the decision making of the group and its Governing Body.

j) Including in the published annual plan evidence that this involvement has occurred.

5.2.2. Promote awareness of, and act with a view to securing that health services are provided in a way that promotes awareness of, and have regard to the NHS Constitution by:

a) Delegating responsibility to the group’s Governing Body to promote the NHS Constitution and to commission health services in a way that ensures compliance with the principles of the NHS Constitution

b) Demonstrating involvement and engagement in the development of the Annual Commissioning Plan through each Practice signing up to the Plan

c) Requiring the Governing Body to report to and provide assurance to the group on how the principles of the NHS Constitution have been secured through the activities of the group and the Governing Body on its behalf.

5.2.3. Act effectively, efficiently and economically by:

a) Delegating responsibility to the group’s Governing Body to ensure the group will act effectively, efficiently and economically in securing the provision of health services for the population.

b) Requiring the Governing Body to consider effectiveness, efficiency and economy in its decision making processes.

c) Requiring the Governing Body to report to and provide assurance to the group on how the principles of effectiveness, efficiency and economy have been secured in the commissioning activities undertaken on behalf of the group.

22 See section 14Q of the 2006 Act, inserted by section 26 of the 2012 Act
5.2.4. Act with a view to securing continuous improvement to the quality of services\(^{23}\) by:
   a) Delegating responsibility to the group’s Governing Body to secure continuous improvement to the quality of services.
   b) Requiring the Governing Body to report to and provide assurance to the group on how improvement in the quality of services has been secured and how this has impacted on quality outcomes.

5.2.5. Assist and support the NHS England in relation to the Board’s duty to improve the quality of primary medical services\(^{24}\) by:
   a) Delegating responsibility to the group’s Governing Body to assist the NHS England in improving the quality of primary medical services.
   b) Requiring the Governing Body to report to and provide assurance to the group on how the Governing Body has assisted and supported the NHS England in securing improvement in the quality of primary medical services.

5.2.6. Have regard to the need to reduce inequalities\(^{25}\) by:
   a) Delegating responsibility to the group’s Governing Body to develop a strategy that will aim to secure the provision of health care services in a way that seeks to reduce inequalities
   b) Requiring the Governing Body to report to and provide assurance to the group on how inequalities have been reduced.

5.2.7. Promote the involvement of patients, their carers and representatives in decisions about their healthcare\(^{26}\) by:
   a) Delegating responsibility to the group’s Governing Body to develop and implement a strategy to secure the involvement of patients, their carers and representatives in the decisions taken about healthcare provision
   b) Requiring the Governing Body to report to and provide assurance to the group on how the involvement of patients, their carers and representatives have been secured and how this has impacted on the decision making process.

5.2.8. Act with a view to enabling patients to make choices\(^{27}\) by:
   a) Delegating responsibility to the group’s Governing Body to secure the provision of healthcare services that allows patients to make choices
   b) Delegating responsibility to the group’s Governing Body to develop a policy that supports patients to be able to make choices

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\(^{23}\) See section 14R of the 2006 Act, inserted by section 26 of the 2012 Act
\(^{24}\) See section 14S of the 2006 Act, inserted by section 26 of the 2012 Act
\(^{25}\) See section 14T of the 2006 Act, inserted by section 26 of the 2012 Act
\(^{26}\) See section 14U of the 2006 Act, inserted by section 26 of the 2012 Act
\(^{27}\) See section 14V of the 2006 Act, inserted by section 26 of the 2012 Act
c) Requiring the Governing Body to report to and provide assurance to the group on how patients have been enabled to make choices.

5.2.9. **Obtain appropriate advice**\(^{28}\) from persons who, taken together, have a broad range of professional expertise in healthcare and public health by:

a) Delegating responsibility to the group’s Governing Body to obtain appropriate advice from persons who have a broad range of professional expertise

b) Requiring the Governing Body to report to and provide assurance to the group on how advice has been sought and obtained and the impact this has had on how healthcare services have been secured

5.2.10. **Promote innovation**\(^{29}\) by:

a) Delegating responsibility to the group’s Governing Body to promote innovation in how healthcare services are provided

b) Requiring the Governing Body to report to and provide assurance to the group on how innovation has been achieved in securing the provision of health services.

5.2.11. **Promote research and the use of research**\(^{30}\) by:

a) Delegating responsibility to the group’s Governing Body to promote the use of research on matters relevant to the health service and the use of evidence from research to inform the commissioning strategy of the group and in securing the provision of healthcare services

b) Requiring the Governing Body to report to and provide assurance to the group on how research has been used to inform decisions taken to secure the provision of the healthcare services.

5.2.12. Have regard to the need to **promote education and training**\(^{31}\) for persons who are employed, or who are considering becoming employed, in an activity which involves or is connected with the provision of services as part of the health service in England so as to assist the Secretary of State for Health in the discharge of his related duty\(^{32}\) by:

a) Delegating responsibility to the group’s Governing Body to promote education and training for those individuals involved in the provision of healthcare services.

b) Nominating a member of the Governing Body to attend and represent the views of the group as required by the Local Education and Training Board.

c) Requiring the Governing Body to report to and provide assurance to the group on how it has promoted and education and training in its activities.

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\(^{28}\) See section 14W of the 2006 Act, inserted by section 26 of the 2012 Act

\(^{29}\) See section 14X of the 2006 Act, inserted by section 26 of the 2012 Act

\(^{30}\) See section 14Y of the 2006 Act, inserted by section 26 of the 2012 Act

\(^{31}\) See section 14Z of the 2006 Act, inserted by section 26 of the 2012 Act

\(^{32}\) See section 1F(1) of the 2006 Act, inserted by section 7 of the 2012 Act
5.2.13. Act with a view to **promoting integration** of both health services with other health services and health services with health-related and social care services where the group considers that this would improve the quality of services or reduce inequalities\(^{33}\) by:

a) Delegating responsibility to the group’s Governing Body to promote integration with other health services and health services with health-related and social care services.

b) Requiring the Governing Body to report to and provide assurance to the group on how it has promoted integration.

5.3. **General Financial Duties** – the group will perform its functions so as to:

5.3.1. *Ensure its expenditure does not exceed the aggregate of its allotments for the financial year*\(^ {34}\) by:

a) Delegating responsibility to the group’s Governing Body to ensure expenditure does not exceed the aggregate of its allotments for the financial year, including approval of budgets for the financial year.

b) Requiring the Chief Financial Officer to maintain effective financial and reporting systems that provide accurate information to the Governing Body on a regular basis.

c) Requiring the Governing Body to report to and provide assurance to the group on how it has met the duty to ensure expenditure does not exceed the aggregate of its allotments for the financial year.

5.3.2. *Ensure its use of resources* (both its capital resource use and revenue resource use) *does not exceed the amount specified by the NHS England for the financial year*\(^ {35}\) by:

a) Delegating responsibility to the group’s Governing Body to ensure its use of resources does not exceed the amount specified by the NHS England for the financial year.

b) Requiring the Chief Financial Officer to maintain effective financial and reporting systems that provide accurate information to the Governing Body on a regular basis.

c) Requiring the Governing Body to report to and provide assurance to the group on how it has met the duty to ensure its use of resources does not exceed the amount specified by the NHS England for the financial year.

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\(^{33}\) See section 14Z1 of the 2006 Act, inserted by section 26 of the 2012 Act

\(^{34}\) See section 223H(1) of the 2006 Act, inserted by section 27 of the 2012 Act

\(^{35}\) See sections 223I(2) and 223I(3) of the 2006 Act, inserted by section 27 of the 2012 Act
5.3.3. **Take account of any directions issued by NHS England, in respect of specified types of resource use in a financial year, to ensure the group does not exceed an amount specified by NHS England**\(^{36}\) by:

a) Delegating responsibility to the group’s Governing Body to ensure the group does not exceed an amount specified by NHS England

b) Requiring the Chief Financial Officer to maintain effective financial and reporting systems that provide accurate information to the Governing Body on a regular basis

c) Requiring the Governing Body to report to and provide assurance to the group on how it has met the duty to ensure the group does not exceed an amount specified by NHS England.

5.3.4. **Publish an explanation of how the group spent any payment in respect of quality made to it by NHS England**\(^{37}\) by:

a) Delegating responsibility to the Governing Body to decide how payments received in respect of quality should be spent

b) Requiring the Chief Financial Officer to maintain effective financial and reporting systems that provide accurate information on how any payments in respect of quality have been spent

c) Requiring the Governing Body to report to and provide assurance to the group on how it has spent any payment made to the group in respect of quality.

5.4. **Other Relevant Regulations, Directions and Documents**

5.4.1. The group will:

a) Comply with all relevant regulations;

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

c) Take account, as appropriate, of documents issued by NHS England.

5.4.2. The group will develop and implement the necessary systems and processes to comply with these regulations and directions, documenting them as necessary in this constitution, its scheme of reservation and delegation and other relevant group policies and procedures.

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\(^{36}\) See section 223J of the 2006 Act, inserted by section 27 of the 2012 Act

\(^{37}\) See section 223K(7) of the 2006 Act, inserted by section 27 of the 2012 Act
6. DECISION MAKING: THE GOVERNING STRUCTURE

6.1. Authority to act

6.1.1. The Clinical Commissioning Group is accountable for exercising the statutory functions of the group. It may grant authority to act on its behalf to:
   a) Any of its members;
   b) Its Governing Body;
   c) Employees;
   d) A committee or sub-committee of the group.

6.1.2. The extent of the authority to act of the respective bodies and individuals depends on the powers delegated to them by the group as expressed through:
   a) The group’s scheme of reservation and delegation; and
   b) For committees, their terms of reference.

6.2. Scheme of Reservation and Delegation

6.2.1. The group’s scheme of reservation and delegation sets out:
   a) Those decisions that are reserved for the membership as a whole;
   b) Those decisions that are the responsibilities of its Governing Body (and its committees), the group’s committees and sub-committees, individual members and employees.

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

6.3. General

6.3.1 In discharging functions of the group that have been delegated to its Governing Body (and its committees), and individuals must:
   a) Comply with the group’s principles of good governance,
   b) Operate in accordance with the group’s scheme of reservation and delegation,
   c) Comply with the group’s standing orders,
   d) Comply with the group’s arrangements for discharging its statutory duties,
   e) Where appropriate, ensure that member practices have had the opportunity to contribute to the group’s decision making process.

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38 See Appendix D
39 See section 4.4 on Principles of Good Governance above
40 See appendix D
41 See appendix C
42 See chapter 5 above
6.3.2 When discharging their delegated functions, committees must also operate in accordance with their approved terms of reference.

6.3.3 Where delegated responsibilities are being discharged collaboratively, the joint (collaborative) arrangements must:

a) Identify the roles and responsibilities of those Clinical Commissioning Groups who are working together;

b) Identify any pooled budgets and how these will be managed and reported in annual accounts;

c) Specify under which Clinical Commissioning Group’s scheme of reservation and delegation and supporting policies the collaborative working arrangements will operate;

d) Specify how the risks associated with the collaborative working arrangement will be managed between the respective parties;

e) Identify how disputes will be resolved and the steps required to terminate the working arrangements;

f) Specify how decisions are communicated to the collaborative partners.

6.4. 

6.4.1 The group may wish to work together with one or more other CCGs and/or NHS England and/or other bodies in the exercise of its, and NHS England’s commissioning functions in accordance with the relevant provisions of the 2006 Act.

6.4.2 Where the group makes arrangements which involve exercising any of their commissioning functions jointly with one or more CCGs, NHS England and/or another body, the CCG may establish a joint committee to exercise those functions in accordance with the relevant provisions of the 2006 Act. Such joint committee shall be established by the CCG in accordance with paragraph 6.5.3 below.

6.4.3 Where the group makes arrangements with one or more CCGs, NHS England and/or another body or bodies as described at paragraph 6.4.1 above, the CCG shall develop and agree with the relevant body/bodies an agreement setting out the arrangements for joint working, including details of:

- How the parties will work together to carry out their respective commissioning functions;
- The duties and responsibilities of the parties;
- How risk will be managed and apportioned between the parties;
- Financial arrangements, including, if applicable, payments towards a pooled fund and management of that fund;
- Contributions from the parties, including details around assets, employees and equipment to be used under the joint working arrangements;
- The circumstances in which the parties may withdraw from the arrangements;
• Where a joint committee is not established, the reporting conditions on the joint working arrangements to the Governing Body and the Council of Members, to include as a minimum quarterly written reports and an annual report on progress made against objectives;
• Where a joint committee is established, the reporting arrangements as between the joint committee and the Council of Members and the Governing Body, such arrangements to include as a minimum the sharing of joint committee meeting minutes and an annual report of the work of the joint committee.

6.4.4 The liability of the group to carry out its functions will not be affected where the CCG enters into arrangements pursuant to this paragraph 6.4.

6.4.5 Only joint commissioning arrangements that are safe and in the interests of patients registered with member practices will be approved by the CCG.

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

6.5 Joint Committees

6.5.1 West Yorkshire and Harrogate CCGs Joint Commissioning Committee (known as ‘Healthy Futures’) which is accountable to member practices via the council of members (which approves and keeps under review the committee’s terms of reference) and is responsible for the review, planning and procurement of commissioned services as set out in the committee’s memorandum of understanding and terms of reference.

6.6 The Governing Body

6.6.1 Functions - the Governing Body has the following functions conferred on it by sections 14L(2) and (3) of the 2006 Act, inserted by section 25 the 2012 Act, together with any other functions connected with its main functions as may be specified in regulations or in this constitution.43 The Governing Body has responsibility for:

a) ensuring that the group has appropriate arrangements in place to exercise its functions effectively, efficiently and economically and in accordance with the groups principles of good governance44 (its main function);
b) determining the remuneration, fees and other allowances payable to employees or other persons providing services to the group and the allowances payable under any pension scheme it may establish under paragraph 11(4) of Schedule 1A of the 2006 Act, inserted by Schedule 2 of the 2012 Act;

c) approving any functions of the group that are specified in regulations;45
d) leading the setting of vision and strategy;
e) approving commissioning plans;
f) monitoring performance against plans;
g) providing assurance of strategic risk.

6.6.2 **Composition of the Governing Body** - the Governing Body shall not have less than 12 and comprises of:

h) the Clinical Chair;

i) four General Practitioners from member practices;

j) Lay Vice Chair who has qualifications, expertise or experience such as to enable the person to express informed views about financial management and audit matters;

k) Lay Member who has knowledge about the area specified in this constitution such as to enable the person to express informed views about the discharge of the group’s functions;

l) Registered Nurse;

m) Secondary Care Doctor;

n) the Accountable Officer;

o) the Chief Finance Officer;

p) the Director of Transformation and Delivery;

q) other co-opted *non-voting* member(s) as deemed appropriate and as approved by the Governing Body.

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

44 See section 4.4 on Principles of Good Governance above

45 See section 14L(5) of the 2006 Act, inserted by section 25 of the 2012 Act
6.6.3 **Committees of the Governing Body** - The Governing Body shall have the power to establish, disestablish or modify the Terms of Reference of any other committee of sub-committee as it shall from time to time see fit. The governing body has appointed the following committees and sub-committees:

a) **Audit Committee** – which is accountable to the group’s Governing Body, provides the Governing Body with an independent and objective view of the group’s financial systems, financial information and compliance with laws, regulations and directions governing the group in so far as they relate to finance. The Governing Body has approved and keeps under review the terms of reference for the Audit Committee, which includes information on the membership of the Audit Committee.\(^{46}\)

In addition the group or the Governing Body has conferred or delegated the following actions, connected with the Governing Body’s main function, to its Audit Committee:

i) The Committee shall review the establishment and maintenance of an effective system of integrated governance, internal control and risk across the whole of the Clinical Commissioning Group’s activities that supports the achievement of its objectives.

b) **Remuneration Committee** – which is accountable to the group’s Governing Body makes recommendations to the Governing Body on determinations about the remuneration, fees and other allowances for employees and for people who provide services to the group and on determinations about allowances under any pension scheme that the group may establish as an alternative to the NHS pension scheme. The Governing Body has approved and keeps under review the terms of reference for the Remuneration Committee, which includes information on the membership of the Remuneration Committee.

c) **Quality and Clinical Governance Committee** – which is accountable to the group’s Governing Body, provides assurance on the quality of services commissioned and promotes a culture of continuous improvement and innovation with respect to safety of services, clinical effectiveness and patient experience. The Governing Body has approved and keeps under review the terms of reference for the Quality and Governance Committee, which includes information on the membership. If issues pertinent and relevant to quality in general practice are to be discussed, the LMC will be invited to attend the Quality and Clinical Governance Committee meeting. The Quality and Clinical Governance Committee has the authority to approve policies of the CCG with the exception of those reserved for the Governing Body or delegated through the Scheme of reservation and delegation to an individual or committee.

\(^{46}\) See appendix for the terms of reference of the Audit Committee.
d) **Finance, Performance and Commissioning Committee** – which is accountable to the group’s Governing Body and provides assurance on financial issues relating to the CCG. The Committee also provides assurance on the delivery of the QIPP programme; reviews the performance of the main services commissioned; receives commissioning proposals and business cases, and undertakes analysis and makes recommendations to the Governing Body. The Governing Body has approved and will review the terms of reference for the Finance, Performance and Commissioning Committee.

e) **Primary Care Commissioning Committee** – which is accountable to the group’s Governing Body, provides assurance on the delegated arrangements from NHS England to HaRD CCG for primary care commissioning. The Committee members will make collective decisions on the review, planning and procurement of primary care services under delegated authority from NHS England. The Committee will focus on quality, efficiency, sustainability, productivity and new models of primary care. The Committee will report to the Governing Body on the primary care needs assessments, reviews, commissioning and the budget of primary care services. The membership will be a Lay Executive majority and NHS England will be a member. The Governing Body will review the terms of reference for the Primary Care Commissioning Committee.

The Terms of Reference for all the above committees are available on the website [http://www.harrogateandruraldistrictccg.nhs.uk/who-we-are/committee-terms-of-reference/](http://www.harrogateandruraldistrictccg.nhs.uk/who-we-are/committee-terms-of-reference/) or by writing to NHS Harrogate and Rural District Clinical Commissioning Group, 1 Grimbald Crag Court, St James Business Park, Knaresborough, HG5 8QB.

6.6.4 The CCG may establish committees of the CCG, including joint committees, from time to time by resolution of the Council of Members in accordance with paragraph 4.1 of Appendix C (Standing Orders)

6.6.5 The CCG may establish joint committees with other clinical commissioning groups and/or NHS England and/or other bodies pursuant to the relevant provisions of the 2006 Act provided the CCG is satisfied it is reasonable and appropriate for it to do so in accordance with its functions and duties under the 2006 Act.

6.6.6 Committees will only be able to establish their own sub-committees to assist them in discharging their respective responsibilities, if this responsibility has been delegated to them by the CCG or committee they are accountable to.

7. **ROLES AND RESPONSIBILITIES**

The CCG is a member organisation each member has a right to expect certain behaviours from their colleagues.

7.1. **Member Practices**

7.1.1. The responsibilities of the member practices are:
a) To work constructively with the Governing Body and GP Commissioning leads to engage in the commissioning, monitoring and improvement of services in the area. This will include considering and addressing where appropriate identified areas of variation and sharing referral, admission and prescribing data

b) To participate in and deliver at practice level, and in partnership with other practices where appropriate, the clinical and cost effective strategies agreed by the CCG

c) To follow the clinical pathways and referral protocols agreed by the CCG (except in individual cases where there are justified clinical reasons for not doing this)

d) To nominate a commissioning lead GP to represent the practice at CCG Council of Members meetings

7.1.2 Voting rights for the Council of Members will be as follows:

a) Each representative will have one vote on behalf of his/her practice.

b) The formula for voting will be one vote per practice. Practices may apply to use a Proxy Vote if they are unable to attend the Council of Members meeting

   i) Where a practice representative wishes to appoint a Proxy he shall deliver to the Chair of the meeting a notice to that effect not less than one hour prior to the commencement of the meeting

   ii) Such a notice shall specify the meeting to which it applies and the name of the Appointed Proxy

   iii) A person shall only be eligible for appointment as a proxy if they are themselves eligible for appointment as a practice representative

It is anticipated that the majority of decision will be reached by consensus and that formal voting shall be the exception

c) A vote can be triggered at the request of 25% of the member practices

d) A vote will be passed when a majority of at least two thirds of the member practices vote in favour of it

e) Minimum of 50% of member practices must be present for a vote to take place.

f) No single Practice shall have a right of veto.

7.1.3 Power of Recall

In the event that the Member Practices express a loss of confidence in a member/s of the Governing Body, then in line with the Dispute Resolution Process, an Extraordinary General Meeting may be called by at least 50% of the CCG’s Member Practices and a vote of at least 66% of Member Practices will be required in order to refer the concerns of the Member Practices to NHS England. The LMC will be informed of this action.
7.2. **Governing Body**

7.2.1. The Governing Body is responsible to the member practices for the following:

a) To actively engage with the member practices to manage, monitor and improve services within the area

b) To act on behalf of the group in developing credible commissioning plans to meet with all statutory requirements

c) To engage with the member practices to develop clinical and cost-effective strategies

d) To co-ordinate a bi-monthly Council of Members meeting

e) To produce and implement a patient engagement strategy

f) To ensure that requests for information are reasonable in nature and scope

g) To provide leadership and oversight to the group and lead the commissioning process

h) To communicate decisions and developments to all GPs (regardless of contractual status) in a timely fashion

i) To recognise the Local Medical Committee (LMC) as local statutory representative of the profession, including engagement and consultation with them as required

j) To invite LMC representative to attend Governing Body meetings other than those parts where members of the press and public are excluded in accordance with Standing Orders

k) Appropriate CCG Governing Body representatives to attend LMC Division meetings

l) To engage and liaise with the LMC and agree with Members, the financial resources made available by the CCG to support the member practices’ involvement in commissioning, for work that is over and above their contractual obligations, in the relevant financial year.

7.3. **Practice Representative GPs**

7.3.1. Practice Representative GPs represent their practice’s views and act on behalf of the practice in matters relating to the group. They are nominated by each individual practice. The role of each practice representative is to:

a) Attend Council of Members meetings on a bi-monthly basis

b) Represent individual member practice in discussion regarding the group business

c) Engage within their individual practice to ensure as far as possible that practice view is represented

d) Feedback in a timely manner to practices content, discussions and required actions from CCG Council of members meetings

e) Balance the individual practice interests with those of the CCG organisation

f) Be responsible for exercising individual practice right to vote.
7.3.2 Financial resources will be made available by the CCG to support member practices involvement in commissioning in the relevant financial year. Where practices are required to work over and above their contractual requirements the CCG will remunerate them for this work at rates agreed by the Governing Body and member practices.

7.4 All Members of the Group’s Governing Body

7.4.1 Guidance on the roles of members of the group’s Governing Body is set out in a separate document. In summary, each member of the Governing Body should share responsibility as part of a team to ensure that the group exercises its functions effectively, efficiently and economically, with good governance and in accordance with the terms of this constitution. Each brings their unique perspective, informed by their expertise and experience.

7.4.2 To engage and liaise with the LMC and agree with Members, the financial resources made available by the CCG to support the member practices' involvement in commissioning, for work that is over and above their contractual obligations, in the relevant financial year.

7.5. The Chair of the Governing Body

7.5.1. The Chair of the Governing Body is responsible for:

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

   b) Building and developing the group’s Governing Body and its individual members;

   c) Ensuring that the group has proper constitutional and governance arrangements in place;

   d) Ensuring that, through the appropriate support, information and evidence, the Governing Body is able to discharge its duties;

   e) Supporting the Accountable Officer in discharging the responsibilities of the organisation;

   f) Contributing to building a shared vision of the aims, values and culture of the organisation;

   g) Leading and influencing to achieve clinical and organisational change to enable the group to deliver its commissioning responsibilities;

   h) Overseeing governance and particularly ensuring that the Governing Body and the wider group behaves with the utmost transparency and responsiveness at all times;

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Draft clinical commissioning group Governing Body Members – Roles Attributes and Skills, NHS Commissioning Board Authority, March 2012

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NHS Harrogate and Rural District Clinical Commissioning Group Constitution
Version: 4.0 NHS England Effective Date: JUNE 2017
a) Ensuring that public and patients’ views are heard and their expectations understood and, where appropriate as far as possible, met;
b) Ensuring that the organisation is able to account to its local patients, stakeholders and NHS England;
c) Ensuring that the group builds and maintains effective relationships, particularly with the individuals involved in overview and scrutiny from the relevant local authority(ies).
d) In addition to the Chairs general duties, as the senior clinical voice of the group, they will take the lead in interactions with stakeholders, including NHS England.

7.6. The Vice Chair of the Governing Body

a) The Vice Chair of the Governing Body deputises for the Chair of the Governing Body where he or she has a conflict of interest or is otherwise unable to act.
b) The Vice Chair of the Governing Body is the Chair of the Audit Committee

7.7. Role of the Accountable Officer

7.7.1. The Accountable Officer of the group is a member of the Governing Body.

7.7.2. This role of Accountable Officer is:

a) Being responsible for ensuring that the Clinical Commissioning Group fulfils its duties to exercise its functions effectively, efficiently and economically thus ensuring improvement in the quality of services and the health of the local population whilst maintaining value for money;
b) At all times ensuring that the regularity and propriety of expenditure is discharged, and that arrangements are put in place to ensure that good practice (as identified through such agencies as the Audit Commission and the National Audit Office) is embodied and that safeguarding of funds is ensured through effective financial and management systems.
c) Working closely with the Chair of the Governing Body, the Accountable Officer will ensure that proper constitutional, governance and development arrangements are put in place to assure the members (through the Governing Body) of the organisation’s ongoing capability and capacity to meet its duties and responsibilities. This will include arrangements for the ongoing developments of its members and staff.

7.8 Role of the Chief Finance Officer

7.8.1 The Chief Finance Officer is a member of the Governing Body and is responsible for providing financial advice to the Clinical Commissioning Group and for supervising financial control and accounting systems.
7.8.2 This role of Chief Finance Officer is:

a) Being the Governing Body’s professional expert on finance and ensuring, through robust systems and processes, the regularity and propriety of expenditure is fully discharged;

b) Making appropriate arrangements to support, monitor on the group’s finances;

c) Overseeing robust audit and governance arrangements leading to propriety in the use of the group’s resources;

d) Being able to advise the Governing Body on the effective, efficient and economic use of the group’s allocation to remain within that allocation and deliver required financial targets and duties; and

e) Producing the financial statements for audit and publication in accordance with the statutory requirements to demonstrate effective stewardship of public money and accountability to NHS England.

7.9 Role of the Secondary Care Doctor

7.9.1 As well as sharing responsibility with the other members for all aspects of the CCG Governing Body business, this clinical member will bring a broader view, on health and care issues to underpin the work of the CCG. In particular, they will bring to the Governing Body an understanding of patient care in the secondary care setting.

7.10 Role of the Lay Member with a lead role in overseeing key elements of governance

7.10.1 In addition to the general responsibilities of all Governing Body members, the Lay Member of the Governing Body with the lead role for overseeing key elements of governance is responsible for:

a) Bringing specific expertise and experience to the work of the Governing Body, as well as his/her knowledge as a member of the local community;

b) Providing strategic and impartial focus, so as to provide an external view of the work of the CCG that is removed from the day to day running of the CCG;

c) Overseeing key elements of governance including audit, remuneration and managing conflicts of interest;

d) Chairing the Audit Committee;

e) Ensuring the Governing Body and CCG members behave with the utmost probity at all times.
7.11 **Role of the Lay Member with a lead role in championing patient and public involvement**

7.11.1 In addition to the general responsibilities of all Governing Body members, the Lay Member of the Governing Body with the lead role in championing patient and public involvement is responsible for:

a) Bringing specific expertise and experience to the work of the Governing Body, as well as his/her knowledge as a member of the community;

b) Providing strategic and impartial focus, so as to provide an external view of the work of the CCG that is removed from the day to day running of the organisation;

c) Helping to ensure that the public voice of the local population is heard in all aspects of the CCG business and those opportunities are created and protected for patient and public empowerment in the work of the CCG;

d) Ensuring that patients and public views are heard and their expectations understood and met as appropriate;

e) Ensuring that the CCG builds and maintains an effective relationship with local health watch and draws on existing patient and public engagement and involvement expertise;

f) Ensuring that the CCG has appropriate arrangements in place to secure public and patient involvement.

g) Using a variety of engagement strategies to ensure all local people have opportunity to engage.

h) Chairing the Remuneration Committee

7.12 **Role of the Executive Nurse**

7.12.1 As well as sharing responsibility with the other members for all aspects of the CCG Governing Body business, as a Registered Nurse on the Governing Body, this person will bring a broader view, from their perspective as a Registered Nurse, on health and care issues to underpin the work of the CCG especially the contribution of nursing to patient care.

The Executive Nurse will have the specific attributed and competencies:

- be a Registered Nurse who has developed a high level of professional expertise and knowledge;

- be competent, confident and willing to give an independent strategic clinical view on all aspects of CCG business;

- be highly regarded as a clinical leader, probably across more than one clinical discipline and/or specialty – demonstrably able to think beyond their own professional viewpoint; be able to take a balanced view of the clinical and management agenda and draw on their specialist skills to add value;

- be able to contribute a generic view from the perspective of a Registered Nurse whilst putting aside specific issues relating to their own clinical practice or employing organisation’s circumstances;
• and be able to bring detailed insights from nursing and perspectives into discussions regarding service re-design, clinical pathways and system reform.

7.13 **Joint Appointments with other Organisations**

a) The group currently has no joint appointments with other organisations.

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

8 **STANDARDS OF BUSINESS CONDUCT AND MANAGING CONFLICTS OF INTEREST**

8.1 **Standards of Business Conduct**

8.1.1 Employees, members, committee and sub-committee members of the group and members of the Governing Body (and its committees) will at all times comply with this constitution and be aware of their responsibilities as outlined in it. They should act in good faith and in the interests of the group and should follow the *Seven Principles of Public Life*, set out by the Committee on Standards in Public Life (the Nolan Principles) The Nolan Principles are incorporated into this constitution at Appendix F.

8.1.2 They must comply with the group’s policy on business conduct, including the requirements set out in the policy for managing conflicts of interest. This policy will be available on the group’s website at www.harrogateandruraldistrictccg.nhs.uk

8.1.3 Individuals contracted to work on behalf of the group or otherwise providing services or facilities to the group will be made aware of their obligation with regard to declaring conflicts or potential conflicts of interest. This requirement will be written into their contract for services.

8.2 **Conflicts of Interest**

8.2.1 As required by section 14O of the 2006 Act, as inserted by section 25 of the 2012 Act, the Clinical Commissioning Group will make arrangements to manage conflicts and potential conflicts of interest to ensure that decisions made by the group will be taken and seen to be taken without any possibility of the influence of external or private interest.

8.2.2 Where an individual, i.e. an employee, group member, member of the Governing Body, or a member of a committee or a sub-committee of the group or its Governing Body has an interest, or becomes aware of an interest which could lead to a conflict of interests in the event of the group considering an action or decision in relation to that interest, that must be considered as a potential conflict, and is subject to the provisions of this constitution.
8.2.3 A conflict of interest will include:
   a) A direct pecuniary interest: where an individual may financially benefit from the consequences of a commissioning decision (for example, as a provider of services);
   b) An indirect pecuniary interest: for example, where an individual is a partner, member or shareholder in an organisation that will benefit financially from the consequences of a commissioning decision;
   c) A non-pecuniary interest: where an individual holds a non-remunerative or not-for profit interest in an organisation, that will benefit from the consequences of a commissioning decision (for example, where an individual is a trustee of a voluntary provider that is bidding for a contract);
   d) A non-pecuniary personal benefit: where an individual may enjoy a qualitative benefit from the consequence of a commissioning decision which cannot be given a monetary value (for example, a reconfiguration of hospital services which might result in the closure of a busy clinic next door to an individual’s house);
   e) Where an individual is closely related to, or in a relationship, including friendship, with an individual in the above categories.

8.2.4 If in doubt, the individual concerned should assume that a potential conflict of interest exists.

8.3 Declaring and Registering Interests

8.3.1 The group will maintain one or more registers of the interests of:
   a) The members of the group;
   b) The members of its Governing Body;
   c) The members of its committees or sub-committees and the committees or sub-committees of its Governing Body; and
   d) Its employees.

8.3.2 The registers will be publically available on the group’s website at www.harrogateandruraldistrictccg.nhs.uk

8.3.3 Individuals will declare any interest that they have, in relation to a decision to be made in the exercise of the commissioning functions of the group, in writing to the Governing Body, as soon as they are aware of it and in any event no later than 28 days after becoming aware.

8.3.4 Where an individual is unable to provide a declaration in writing, for example, if a conflict becomes apparent in the course of a meeting, they will make an oral declaration before witnesses, and provide a written declaration as soon as possible thereafter.

8.3.5 The Audit Committee will ensure that the register of interest is reviewed regularly, and updated as necessary.
8.3.6 Operational responsibility for issues arising in the interests of CCG working processes and decision making lies with the Accountable Officer.

8.4 Managing Conflicts of Interest: general

8.4.1 Individual members of the group, the Governing Body, committees or sub-committees, the committees or sub-committees of its Governing Body and employees will comply with the arrangements determined by the Governing Body for managing conflicts or potential conflicts of interest.

8.4.2 The Governing Body will ensure that for every interest declared, either in writing or by oral declaration, arrangements are in place to manage the conflict of interests or potential conflict of interests, to ensure the integrity of the group's decision making processes.

8.4.3 Arrangements for the management of conflicts of interest are to be determined by the Audit Committee and will include the requirement to put in writing to the relevant individual arrangements for managing the conflict of interests or potential conflicts of interests, within a week of declaration. The arrangements will confirm the following:

a) When an individual should withdraw from a specified activity, on a temporary or permanent basis;

b) Monitoring of the specified activity undertaken by the individual, either by a line manager, colleague or other designated individual.

8.4.4 Where an interest has been declared, either in writing or by oral declaration, the declarer will ensure that before participating in any activity connected with the group’s exercise of its commissioning functions, they have received confirmation of the arrangements to manage the conflict of interest or potential conflict of interest from the Accountable Officer.

8.4.5 Where an individual member, employee or person providing services to the group is aware of an interest which:

a) Has not been declared, either in the register or orally, they will declare this at the start of the meeting;

b) Has previously been declared, in relation to the scheduled or likely business of the meeting, the individual concerned will bring this to the attention of the Chair of the meeting, together with details of arrangements which have been confirmed for the management of the conflict of interests or potential conflict of interests.

The Chair of the meeting will then determine how this should be managed and inform the member of their decision. Where no arrangements have been confirmed, the Chair of the meeting may require the individual to withdraw from the meeting or part of it. The individual will then comply with these arrangements, which must be recorded in the minutes of the meeting.
8.4.6 Where the Chair of any meeting of the group, including committees, sub-committees, or the Governing Body and the Governing Body’s committees and sub-committees, has a personal interest, previously declared or otherwise, in relation to the scheduled or likely business of the meeting, they must make a declaration and the Vice-Chair will act as Chair for the relevant part of the meeting. Where arrangements have been confirmed for the management of the conflict of interests or potential conflicts of interests in relation to the Chair, the meeting must ensure these are followed. Where no arrangements have been confirmed, the Vice-Chair may require the Chair to withdraw from the meeting or part of it. Where there is no Vice-Chair, the members of the meeting will select one.

8.4.7 Any declarations of interests, and arrangements agreed in any meeting of the Clinical Commissioning Group, committees or sub-committees, or the Governing Body, the Governing Body’s committees or sub-committees, will be recorded in the minutes.

8.4.8 Where more than 50% of the members of a meeting are required to withdraw from a meeting or part of it, owing to the arrangements agreed for the management of conflicts of interests or potential conflicts of interests, the Chair (or Vice-Chair) will determine whether or not the discussion can proceed.

8.4.9 In making this decision the Chair will consider whether the meeting is quorate, in accordance with the number and balance of membership set out in the group’s standing orders. Where the meeting is not quorate, owing to the absence of certain members, the discussion will be deferred until such time as a quorum can be convened.

8.4.10 Where a quorum cannot be convened from the membership of the Governing Body, owing to the arrangements for managing conflicts of interest or potential conflicts of interests, the Chair / vice-Chair may invite, on a temporary basis, one or more individuals, as appropriate, to make up the quorum so that the CCG can progress the item of business.

This may include, for example:

a) requiring another of the group’s committees or sub-committees, the group’s Governing Body or the Governing Body’s committees or sub-committees (as appropriate) which can be quorate to progress the item of business, or if this is not possible,

b) Inviting on a temporary basis one or more of the following to make up the quorum (where these are permitted members of the Governing Body or committee / sub-committee in question) so that the group can progress the item of business. This may include:

- A co-opted member of the Governing Body;
- An Officer of the CCG; or
- A member of another CCG Governing Body.
These arrangements must be recorded in the minutes and reported to the Council of Members.

[See Section Quorum (3.2.5)]

8.4.11 In any transaction undertaken in support of the Clinical Commissioning Group’s exercise of its commissioning functions (including conversations between two or more individuals, e-mails, correspondence and other communications), individuals must ensure, where they are aware of an interest, that they conform to the arrangements confirmed for the management of that interest. Where an individual has not had confirmation of arrangements for managing the interest, they must declare their interest at the earliest possible opportunity in the course of that transaction, and declare that interest as soon as possible thereafter. The individual must also inform either their line manager (in the case of employees), or the Accountable Officer or Clinical Chair of the transaction.

8.4.12 The Accountable Officer or Clinical Chair will take such steps as deemed appropriate, and request information deemed appropriate from individuals, to ensure that all conflicts of interest and potential conflicts of interest are declared.

8.5 Managing Conflicts of Interest: contractors and people who provide services to the group

8.5.1 Anyone seeking information in relation to a procurement, or participating in a procurement, or otherwise engaging with the Clinical Commissioning Group in relation to the potential provision of services or facilities to the group, will be required to make a declaration of any relevant conflict / potential conflict of interest.

8.5.2 Anyone contracted to provide services or facilities directly to the Clinical Commissioning Group will be subject to the same provisions of this constitution in relation to managing conflicts of interests. This requirement will be set out in the contract for their services.

8.6 Transparency in Procuring Services

8.6.1 The group recognises the importance in making decisions about the services it procures in a way that does not call into question the motives behind the procurement decision that has been made. The group will procure services in a manner that is open, transparent, non-discriminatory and fair to all potential providers.

8.6.2 The group will publish a Procurement Strategy approved by its Governing Body which will ensure that:

a) all relevant clinicians (not just members of the group) and potential providers, together with local members of the public, are engaged in the decision-making processes used to procure services;
b) service redesign and procurement processes are conducted in an open, transparent, non-discriminatory and fair way

8.6.3 Copies of this Procurement Strategy will be available on the group’s website at www.harrogateandruraldistrictccg.nhs.uk

9 THE GROUP AS EMPLOYER

9.1 The group recognises that its most valuable asset is its people. It will seek to enhance their skills and experience and is committed to their development in all ways relevant to the work of the group.

9.2 The group will seek to set an example of best practice as an employer and is committed to offering all staff equality of opportunity. It will ensure that its employment practices are designed to promote diversity and to treat all individuals equally.

9.3 The group will ensure that it employs suitably qualified and experienced staff who will discharge their responsibilities in accordance with the high standards expected of staff employed by the group. All staff will be made aware of this constitution, the commissioning strategy and the relevant internal management and control systems which relate to their field of work.

9.4 The group will maintain and publish policies and procedures (as appropriate) on the recruitment and remuneration of staff to ensure it can recruit, retain and develop staff of an appropriate calibre. The group will also maintain and publish policies on all aspects of human resources management, including grievance and disciplinary matters.

9.5 The group will ensure that its rules for recruitment and management of staff provide for the appointment and advancement on merit on the basis of equal opportunity for all applicants and staff.

9.6 The group will ensure that employees' behaviour reflects the values, aims and principles set out above.

9.7 The group will ensure that it complies with all aspects of employment law.

9.8 The group will ensure that its employees have access to such expert advice and training opportunities as the Governing Body consider reasonable in order to exercise their responsibilities effectively.

9.9 The group will adopt a Code of Conduct for staff and will maintain and promote effective 'whistleblowing' procedures to ensure that concerned staff have means through which their concerns can be voiced.

9.10 The group recognises and confirms that nothing in or referred to in this constitution (including in relation to the issue of any press release or other public statement or disclosure) will prevent or inhibit the making of any protected disclosure (as defined in the Employment Rights Act 1996, as amended by the Public Interest Disclosure Act 1998) by any member of the group, any member of its Governing Body, any member of any of its committees or sub-committees or the committees or sub-committees of its Governing Body, or any employee of the
group or of any of its members, nor will it affect the rights of any worker (as defined in that Act) under that Act.

9.11 Copies of this Code of Conduct, together with the other policies and procedures outlined in this chapter, will be available on the group’s website at www.harrogateandruraldistrict.nhs.uk

10 TRANSPARENCY, WAYS OF WORKING AND STANDING ORDERS

10.1 General

10.1.1 The group will publish annually a commissioning plan and an annual report, presenting the group’s annual report to a public meeting.

10.1.1 Key communications issued by the group, including the notices of procurements, public consultations, Governing Body meeting dates, times, venues, and certain papers will be published on the group’s website at www.harrogateandruraldistrictccg.nhs.uk

10.1.2 The group may use other means of communication, including circulating information by post, or making information available in venues or services accessible to the public.

10.2 Standing Orders

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

   a) Standing orders (Appendix C) – which sets out the arrangements for meetings and the appointment processes to elect the group’s representatives and appoint to the group’s committees, including the Governing Body;

   b) Scheme of reservation and delegation (Appendix D) – which sets out those decisions that are reserved for the membership as a whole and those decisions that are the responsibilities of the group’s Governing Body, the Governing Body’s committees and sub-committees, the group’s committees and sub-committees, individual members and employees;

   c) Prime financial policies (Appendix E) – which sets out the arrangements for managing the group’s financial affairs.

10.3 Recognition of the Local Medical Committee

10.3.1 The group will recognise the LMC (or its successor), representing the GPs in the CCG area, as the local statutory representative of GPs.

10.3.2 The group will engage and liaise with the recognised LMC (or its successor) on matters impacting on general practice whether directly or indirectly devolved to the CCG by the NHSCB.
10.3.3 The group will engage and liaise with the recognised LMC (or its successor) on any other matter that would be recognised as being relevant to the provision of primary medical services or local commissioning where any proposed change has any impact on the workload or income of a practice or practices.

10.3.4 The LMC (or its successor) will be invited to participate in any selection or election process for GP Governing Body/Clinical Board Members and the Accountable Officer.

10.3.5 Appropriate CCG Governing Body/Clinical Board representatives to meet Officers of the LMC on a regular basis.
### DEFINITIONS OF KEY DESCRIPTIONS USED IN THIS CONSTITUTION

<table>
<thead>
<tr>
<th>Description</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2006 Act</strong></td>
<td>National Health Service Act 2006</td>
</tr>
<tr>
<td><strong>2012 Act</strong></td>
<td>Health and Social Care Act 2012 (this Act amends the 2006 Act)</td>
</tr>
<tr>
<td><strong>Accountable Officer</strong></td>
<td>an individual, as defined under paragraph 12 of Schedule 1A of the 2006 Act (as inserted by Schedule 2 of the 2012 Act), appointed by the NHS Commissioning Board, with responsibility for ensuring the group:</td>
</tr>
<tr>
<td>- com]ies with its obligations under:</td>
<td></td>
</tr>
<tr>
<td>o sections 14Q and 14R of the 2006 Act (as inserted by section 26 of the 2012 Act),</td>
<td></td>
</tr>
<tr>
<td>o sections 223H to 223J of the 2006 Act (as inserted by section 27 of the 2012 Act),</td>
<td></td>
</tr>
<tr>
<td>o paragraphs 17 to 19 of Schedule 1A of the NHS Act 2006 (as inserted by Schedule 2 of the 2012 Act), and</td>
<td></td>
</tr>
<tr>
<td>o any other provision of the 2006 Act (as amended by the 2012 Act) specified in a document published by the Board for that purpose;</td>
<td></td>
</tr>
<tr>
<td>o exercises its functions in a way which provides good value for money.</td>
<td></td>
</tr>
<tr>
<td><strong>Area</strong></td>
<td>the geographical area that the group has responsibility for, as defined in Chapter 2 of this constitution</td>
</tr>
<tr>
<td><strong>Chair of the Governing Body</strong></td>
<td>the individual appointed by the group to act as Chair of the Governing Body</td>
</tr>
<tr>
<td><strong>Chief Finance Officer</strong></td>
<td>the qualified accountant employed by the group with responsibility for financial strategy, financial management and financial governance</td>
</tr>
<tr>
<td><strong>Clinical Commissioning Group</strong></td>
<td>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)</td>
</tr>
<tr>
<td><strong>Committee</strong></td>
<td>a committee or sub-committee created and appointed by:</td>
</tr>
<tr>
<td>- the membership of the group</td>
<td></td>
</tr>
<tr>
<td>- a committee / sub-committee created by a committee created / appointed by the membership of the group</td>
<td></td>
</tr>
<tr>
<td>- a committee / sub-committee created / appointed by the Governing Body</td>
<td></td>
</tr>
<tr>
<td><strong>Council of Members</strong></td>
<td>The representative body of the member practices</td>
</tr>
<tr>
<td><strong>Financial year</strong></td>
<td>this usually runs from 1 April to 31 March, but under paragraph 17 of Schedule 1A of the 2006 Act (inserted by Schedule 2 of the 2012 Act), it can for the purposes of audit and accounts run from when a Clinical Commissioning Group is established until the following 31 March</td>
</tr>
<tr>
<td><strong>Group</strong></td>
<td>NHS Harrogate and Rural District Clinical Commissioning Group, whose constitution this is</td>
</tr>
<tr>
<td><strong>Governing Body</strong></td>
<td>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:</td>
</tr>
<tr>
<td>- 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.</td>
<td></td>
</tr>
<tr>
<td><strong>Governing Body member</strong></td>
<td>any member appointed to the Governing Body of the group</td>
</tr>
<tr>
<td>--------------------------</td>
<td>-----------------------------------------------------</td>
</tr>
<tr>
<td><strong>Lay member</strong></td>
<td>a lay member of the Governing Body, appointed by the group. A lay member is an individual who is not a member of the group or a healthcare professional (i.e. an individual who is a member of a profession regulated by a body mentioned in section 25(3) of the National Health Service Reform and Health Care Professions Act 2002) or as otherwise defined in regulations</td>
</tr>
<tr>
<td><strong>Local Medical Committee</strong></td>
<td>means the North Yorkshire Local Medical Committee (or its successor) as recognised by the NHS Act 2006 and recognised by Harrogate &amp; Rural District CCG and the NHS Commissioning Board or their successors</td>
</tr>
<tr>
<td><strong>Member</strong></td>
<td>a provider of primary medical services to a registered patient list, who is a members of this group (see tables in Chapter 3 and Appendix B)</td>
</tr>
<tr>
<td><strong>Practice representatives</strong></td>
<td>an individual appointed by a practice (who is a member of the group) to act on its behalf in the dealings between it and the group, under regulations made under section 89 or 94 of the 2006 Act (as amended by section 28 of the 2012 Act) or directions under section 98A of the 2006 Act (as inserted by section 49 of the 2012 Act)</td>
</tr>
</tbody>
</table>
| **Registers of interests** | registers a group is required to maintain and make publicly available under section 14O of the 2006 Act (as inserted by section 25 of the 2012 Act), of the interests of:  
  - the members of the group;  
  - the members of its Governing Body;  
  - the members of its committees or sub-committees and committees or sub-committees of its Governing Body; and  
  - its employees. |
# LIST OF MEMBER PRACTICES

<table>
<thead>
<tr>
<th>Practice Name</th>
<th>Address</th>
<th>Practice Representative</th>
<th>Date Signed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ripon Spa Surgery</td>
<td>The Surgery, Park Street, Ripon, HG4 2BE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>North House Surgery</td>
<td>North House, North Street, Ripon, HG4 1HL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Beech House Surgery</td>
<td>1 Ash Tree Road, Knaresborough, HG5 0UB</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Church Lane Surgery</td>
<td>Church Lane, Boroughbridge, YO51 9BD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eastgate Surgery</td>
<td>31b York Place, Knaresborough, HG5 0AD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr Moss &amp; Partners</td>
<td>28/30 Kings Road, Harrogate HG1 5JP</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr Ingram &amp; Partners</td>
<td>7/8 Park Street, Ripon, HG4 2AX</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr Akester &amp; Partners</td>
<td>Ashfield House, Kirkby Malzeard, Ripon HG4 3SE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>East Parade Surgery</td>
<td>Mowbray Square, Harrogate HG1 5AR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Springbank Surgery</td>
<td>York Road, Green Hammerton, YO26 8BN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leeds Road Practice</td>
<td>49/51 Leeds Road, Harrogate HG2 8AY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kingswood Surgery</td>
<td>14 Wetherby Road, Harrogate HG2 7SA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Church Avenue Medical Group</td>
<td>The Surgery, 54 Church Avenue, Harrogate HG1 4HG</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Park Parade Surgery</td>
<td>Mowbray Square, Harrogate HG1 5AR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nidderdale Group Practice</td>
<td>Feastfield Medical Centre, King Street, Pateley Bridge, HG3 5AT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stockwell Road Surgery</td>
<td>21 Stockwell Road, Knaresborough, HG5 0JY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Spa Surgery</td>
<td>Mowbray Square, Harrogate HG1 5AR</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
1. STATUTORY FRAMEWORK AND STATUS

1.1. Introduction

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

1.1.2. The standing orders, together with the group’s scheme of reservation and delegation\(^{48}\) and the group’s prime financial policies\(^{49}\), provide a procedural framework within which the group discharges its business. They set out:

a) The arrangements for conducting the business of the group;

b) The appointment of member practice representatives;

c) The procedure to be followed at meetings of the group, the Governing Body and any committees or sub-committees of the group or the Governing Body;

d) The process to delegate powers,

e) The declaration of interests and standards of conduct.

These arrangements must comply, and be consistent where applicable, with requirements set out in the 2006 Act (as amended by the 2012 Act) and related regulations and take account as appropriate\(^{50}\) of any relevant guidance.

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

1.2. Schedule of matters reserved to the Clinical Commissioning Group and the scheme of reservation and delegation

1.2.1. The 2006 Act (as amended by the 2012 Act) provides the group with powers to delegate the group’s functions and those of the Governing Body to certain bodies (such as committees) and certain persons. The group has decided that certain decisions may only be exercised by the group in formal session. These decisions

\(^{48}\) See Appendix D

\(^{49}\) See Appendix E

\(^{50}\) Under some legislative provisions the group is obliged to have regard to particular guidance but under other circumstances guidance is issued as best practice guidance.
and also those delegated are contained in the group’s scheme of reservation and
delegation (see Appendix D).

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

2.1. Composition of membership

2.1.1. Chapter 3 of the group’s constitution provides details of the membership of the
group (also see Appendix B).

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

2.2. Key Roles

2.2.1. Paragraph 6.6.2 of the group’s constitution sets out the composition of the group’s
Governing Body whilst Chapter 7 of the group’s constitution identifies certain key
roles and responsibilities within the group and its Governing Body. These
standing orders set out how the group appoints individuals to these key roles.

2.2.2 Chair and Vice Chair

a) The Chair of HaRD CCG is a GP and is employed by the CCG on a
substantive contract.

b) In the event of a vacancy for the Chair or Vice Chair, nominations can be
made for one of the GP Members of the Governing Body to be appointed as
Chair/Vice Chair. Nominations can be received from all Doctors on the
performers list with the majority of their work performed within the Clinical
Commissioning Group boundary including current GP Governing Body
members.

c) They will be selected by the member practices having one proposer and one
seconder from member practices.

d) There will be a competency based interview process. If there is more than one
suitable candidate following interview then there will be a vote of the member
practices. In this event each principal and salaried GP will have an individual
vote.

e) The Vice Chair will be a lay member and will be selected by members of the
Governing Body through an interview process

f) The roles of Chair and Accountable Officer shall not be held by the same
individual.

g) The Chair of the Audit Committee is the Vice-Chair of the Governing Body
and the Chair of Remuneration Committees is the Vice Chair of the Board.
h) The notice period for Chair and Vice Chair is six months.

2.2.3 GP Governing Body Member vacancies will be:

a) Advertised to all GPs (non-principals, salaried and partners) within the Harrogate and Rural District.

b) Any GP on the performers list with the majority of their work performed within the Clinical Commissioning Group boundary can apply to a vacant Governing Body Member post and they will be assessed against the National Leadership Framework criteria, a Curriculum Vitae and a letter of application.

c) There will be a competency based interview process. If there are more suitable candidates than there are vacancies following interview, then there will be a vote of the member practices. In this event each principal and salaried GP will have an individual vote.

d) The assessment of shortlisted applicants would, at a minimum, include an interview by a panel to include the CCG Accountable Officer, the Chief Executive (or alternate) of the North Yorkshire Local Medical Committee and a patient representative.

e) GP members will be employed by the CCG on a substantive contract.

f) The notice period is six months.

2.2.3.1 Additional information

From 1 September 2015, to be reviewed after five years, the membership has unanimously approved Dr Rick Sweeney to continue as a full member of the Governing Body despite no longer practicing as a GP in the local area. This arrangement only applied to the named individual above.

2.2.4 The Accountable Officer

a) The Governing Body will select and appoint an Accountable Officer through a competency based competitive interview process.

b) The Accountable Officer must be either:

i) A GP who is a member of the CCG;

ii) A substantive employee of, or take up with employment with the CCG or any member of the CCG; or

iii) In the case of a joint appointment an employee of any member of any of the groups in question or any member of those groups.

c) The post is substantive.

d) The notice period is six months.
2.2.5 The Chief Finance Officer

a) The Governing Body will select and appoint Chief Finance Officer through a competency based competitive interview process and who is a qualified accountant
b) They will be an employee of the CCG
c) The notice period is six months.

2.2.6 Lay members

a) Are appointed by the Governing Body through an interview process
b) The term of office is four years for the Vice Chair and three years for other lay member
c) The notice period is six months
d) The maximum number of terms is two.

2.2.7 Registered Nurse

a) Are appointed by the Governing Body through a competency based competitive interview process
b) The Registered Nurse is an employee of CCG and the portfolio of responsibilities will be undertaken as part of the Board Nurse role
c) The notice period is six months.

2.2.8 Secondary Care Doctor

a) The Governing Body will select and appoint to these posts through a competency based competitive interview process
b) The notice period is six months.

2.2.9 The roles and responsibilities of each of these key roles are set out Chapter 7 of the group’s constitution.

2.2.10 Officers employed by the CCG will be subject to the CCG’s performance management and disciplinary policies and procedures. Grounds for removal from office will be in line with the disciplinary policy.

3. MEETINGS OF THE CLINICAL COMMISSIONING GROUP

3.1 Council of Members

a) Meetings of the Council of Members will be held bi-monthly.
b) The Chair is responsible for drawing up the agenda for these meetings, but to do this will work in partnership with the Council of Members and Governing Body to ensure practices are fully informed and involved in CCG processes and decision making.
c) Where possible, the agenda will be issued seven days before the meeting.

d) The Council of Members will be chaired by the CCG Chair.

e) Voting and quorum arrangements are detailed in section 7 of the Constitution.

f) Minutes will be taken in accordance with section 3.3.

3.2 Governing Body

3.2.1 Calling meetings

a) Meetings of the Governing Body of the group shall be held bi-monthly with a minimum of six times per year

b) The Chair or Vice Chair of the Governing Body may call a meeting of the Governing Body at any time.

c) 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.

3.2.2 Agenda, supporting papers and business to be transacted

a) Items of business to be transacted for inclusion on the agenda of a meeting need to be notified to the Chair of the Governing Body at least 15 working days (i.e. excluding weekends and bank holidays) before the meeting takes place. Supporting papers for such items need to be submitted at least eight working days before the meeting takes place. The agenda and supporting papers will be circulated to all members of a meeting at least six working days before the date the meeting will take place. Supporting papers, whenever possible, shall accompany the agenda, but will certainly be dispatched no later than three clear days before the meeting, save in emergency.

b) A member desiring a matter to be included on an agenda shall make his/her request in writing to the Chair of the Governing Body at least 15 clear 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 15 days before a meeting may be included on the agenda at the discretion of the Chair.

c) A member of the Governing Body may give written notice of an emergency motion after the issue of the notice of meeting and agenda, up to one hour before the time fixed for the meeting. The notice shall state the grounds of urgency. If in order, it shall be declared to the Governing Body at the commencement of the business of the meeting as an additional item included in the agenda. The Chair's decision to include the item shall be final.

d) Agendas and certain papers for the group’s Governing Body – including details about meeting dates, times and venues - will be published on the group’s website at www.harrogateandruraldistrict.nhs.uk

e) Should a vote be taken the outcome of the vote, and any dissenting views, must be recorded in the minutes of the meeting.
f) For all other of the group’s committees and sub-committees, including the Governing Body’s committees and sub-committee, the details of the process for holding a vote are set out in the appropriate terms of reference.

3.2.3 Petitions
a) Where a petition has been received by the group, the Chair of the Governing Body shall include the petition as an item for the agenda of the next meeting of the Governing Body.

3.2.4 Chair’s ruling
a) The decision of the Chair of the Governing Body on questions of order, relevancy and regularity and their interpretation of the constitution, standing orders, scheme of reservation and delegation and prime financial policies at the meeting, shall be final.

3.2.5 Quorum
a) The Governing Body will be deemed to be quorate when a minimum of seven members, four of which must be GP representatives, including the Chair and / or Vice-Chair is present. A member who is present at the meeting but who has a conflict of interest in relation to a particular agenda item will not contribute to the quorum of the meeting for the duration of that agenda item.

b) Where a quorum cannot be convened from the membership of the Governing Body, owing to the arrangements for managing conflicts of interest or potential conflicts of interests, the Chair / vice-Chair may invite, on a temporary basis, one or more individuals, as appropriate, to make up the quorum so that the CCG can progress the item of business. This may include, for example:

- A co-opted member of the Governing Body;
- An Officer of the CCG; or
- A member of another CCG Governing Body.

These arrangements must be recorded in the minutes and reported to the Council of Members.

[See Section Managing Conflicts of Interest: General (8.4.10)]

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

i) Eligibility – All members of the Governing Body have a single vote

ii) Majority necessary to confirm a decision – simple majority

iii) Casting vote – The Chair holds a second and casting vote
b) Should a vote be taken the outcome of the vote, and any dissenting views, must be recorded in the minutes of the meeting.

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

3.2.7 Emergency powers and urgent decisions

a) The Accountable Officer and the Chair have the authority to independently make an urgent decision without consultation with the Governing Body. Where possible the Accountable Officer and the Chair shall always discuss decisions with the other. 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.

3.2.8 Admission of public and the press

a) The public and representatives may attend Governing Body meetings.

b) 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 business shall be conducted without interruption or disruption and without prejudice to the power to exclude on grounds of the confidential nature of the business to be transacted. Matters to be dealt with by the Governing Body following the exclusion of representatives of the press, and other members of the public, shall be confidential to the members of the Governing Body.

c) Members and Officers or any employee of the CCG 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 Chair of the Governing Body. This prohibition shall apply equally to the content of any discussion during the Governing Body meeting which may take place on such reports or papers.

3.3 Suspension of Standing Orders

a) Except where it would contravene any statutory provision or any direction made by the Secretary of State for Health or NHS England, any part of these standing orders may be suspended at any meeting except those relate to quorum and provided that six members of the Governing Body are in agreement.

b) A decision to suspend standing orders together with the reasons for doing so shall be recorded in the minutes of the meeting.

c) A separate record of matters discussed during the suspension shall be kept. These records shall be made available to the Governing Body’s Audit Committee for review of the reasonableness of the decision to suspend standing orders.
3.4 Record of Attendance and Minutes for All Meetings
   a) The names of all members present at the meeting shall be recorded in the
      minutes of the Council of Members meetings. The names of all members of
      the Governing Body present shall be recorded in the minutes of the Governing
      Body meetings. The names of all members of the Governing Body’s
      committees/sub-committees present shall be recorded in the minutes of the
      respective Governing Body committee / sub-committee meetings.

   b) Where a representative from a practice attends Governing Body meeting in
      their capacity as representative, rather than as a member of the meeting, their
      name and practice will be recorded in the minutes.

   c) Prior to release the minutes will be confirmed as a true record of the meeting
      at the next scheduled meeting.

   d) The minutes will be made available to members and the public via the website
      www.harrogateandruraldistrictccg.nhs.uk

3.5 Chair of All Meetings
   a) At any meeting of the group or its Governing Body or of a committee or sub-
      committee, the Chair of the group, Governing Body, committee or sub-
      committee, if any and if present, shall preside. If the Chair is absent from the
      meeting, the Vice-Chair, if any and if present, shall preside.

   b) If the Chair is absent temporarily on the grounds of a declared conflict of
      interest the Vice-Chair, if present, shall preside. If both the Chair and Vice-
      Chair are absent, or are disqualified from participating, or there is neither a
      Chair or Vice-Chair a member of the group, Governing Body, committee or
      sub-committee respectively shall be chosen by the members present, or by a
      majority of them, and shall preside.

4. APPOINTMENT OF COMMITTEES AND SUB-COMMITTEES

4.1 Appointment of committees and sub-committees

   4.1.1 The group may appoint committees and sub-committees of the group, including
          joint committees as set out in 6.4.2 and 6.5.3, subject to any regulations made by
          the Secretary of State, and make provision for the appointment of committees and
          sub-committees of its Governing Body. Where such committees and sub-
          committees of the group, or committees and sub-committees of its Governing
          Body, are appointed they are included in Chapter 6 of the group’s constitution.

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

51 See section 14N of the 2006 Act, inserted by section 25 of the 2012 Act
4.1.3 The provisions of these standing orders shall apply where relevant to the operation of the Governing Body, the Governing Body’s committees and sub-committee and all committees and sub-committees unless stated otherwise in the committee or sub-committee’s terms of reference.

4.2 Terms of Reference

4.2.1 The Terms of reference for committees are available on the web site www.harrogateandruraldistrictccg.nhs.uk or by writing to NHS Harrogate and Rural District Clinical Commissioning Group, 1 Grimbald Crag Court, St James Business Park, Knaresborough, HG5 8QB.

4.3 Delegation of Powers by Committees to Sub-committees

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

4.4 Approval of Appointments to Committees and Sub-Committees

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

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

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

6 USE OF SEAL AND AUTHORISATION OF DOCUMENTS

6.1 Clinical Commissioning Group’s seal

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

a) the Accountable Officer;

b) the Chair of the Governing Body
c) the Vice Chair of the Governing Body;

 d) the Chief Finance Officer;

6.1.2 Where it is necessary that a document shall be sealed, the seal shall be affixed in the presence of two members of the Governing Body, including one of the above.

6.1.3 As a general guide the seal should be used for:

 a) All land and property transactions which are required to be executed as a Deed, and

 b) Any other contract required to be executed under seal rather than as a simple contract.

6.2 Execution of a document by signature

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

 - the Accountable Officer
 - the Chair of the Governing Body
 - the Vice Chair of the Governing Body
 - the Chief Finance Officer.

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

7.1 Policy statements: general principles

7.1.1 The group will from time to time agree and approve policy statements/procedures which will apply to all or specific groups of staff employed by NHS Harrogate and Rural District Clinical Commissioning Group. The decisions to approve such policies and procedures will be recorded in an appropriate group minute and will be deemed where appropriate to be an integral part of the group’s standing orders.
SCHEME OF RESERVATION AND DELEGATION

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

1.1. The arrangements made by the group as set out in this scheme of reservation and delegation of decisions shall have effect as if incorporated in the group’s constitution.

1.2. The Clinical Commissioning Group remains accountable for all of its functions, including those that it has delegated.
<table>
<thead>
<tr>
<th>Policy Area</th>
<th>Decision</th>
<th>Reserved to the Membership</th>
<th>Reserved or delegated to Governing Body</th>
<th>Chair of the Governing Body</th>
<th>Accountable Officer</th>
<th>Chief Finance Officer</th>
<th>Committee</th>
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</thead>
<tbody>
<tr>
<td>REGULATION AND CONTROL</td>
<td>Determine the arrangements by which the members of the group approve those decisions that are reserved for the membership.</td>
<td></td>
<td>✓</td>
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<tr>
<td>REGULATION AND CONTROL</td>
<td>Consideration and approval of applications to the NHS England on any matter concerning changes to the group’s constitution, including terms of reference for the group’s Governing Body, its committees, membership of committees, the overarching scheme of reservation and delegated powers, arrangements for taking urgent decisions, standing orders and prime financial policies.</td>
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<td>REGULATION AND CONTROL</td>
<td>Exercise or delegation of those functions of the Clinical Commissioning Group which have not been retained as reserved by the group, delegated to the Governing Body or other committee or sub-committee or [specified] member or employee</td>
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<tr>
<td>REGULATION AND CONTROL</td>
<td>Final decision regarding questions of order, relevancy and regularity and interpretation of the consultation, standing orders, scheme of reservation and delegation and prime financial policies at a meeting of the Governing Body.</td>
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<tr>
<td>REGULATION AND CONTROL</td>
<td>The powers which the Governing Body has reserved to itself within these Standing Orders may in emergency or for an urgent decision be exercised by the Accountable Officer and the Clinical Chair. The exercise of such powers by the Accountable Officer and Clinical Chair shall be reported to the next formal meeting of the Governing Body in public session for formal ratification.</td>
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<tr>
<td>REGULATION AND CONTROL</td>
<td>Approval of urgent decisions taken by the Accountable Officer and Clinical Chair.</td>
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<tr>
<td>REGULATION AND CONTROL</td>
<td>Approval of suspension of standing orders.</td>
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<tr>
<td>Policy Area</td>
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<tr>
<td>REGULATION AND CONTROL</td>
<td>Prepare the group’s overarching scheme of reservation and delegation, which sets out those decisions of the group reserved to the membership and those delegated to the group’s Governing Body committees and sub-committees of the group, or its members or employees and sets out those decisions of the Governing Body reserved to the Governing Body and those delegated to the Governing Body’s committees and sub-committees, members of the Governing Body, an individual who is member of the group but not the Governing Body or a specified person for inclusion in the group’s constitution.</td>
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<tr>
<td>REGULATION AND CONTROL</td>
<td>Approval of the group’s overarching scheme of reservation and delegation.</td>
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<tr>
<td>REGULATION AND CONTROL</td>
<td>Prepare the group’s operational scheme of delegation, which sets out those key operational decisions delegated to individual employees of the Clinical Commissioning Group, not for inclusion in the group’s constitution.</td>
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<tr>
<td>REGULATION AND CONTROL</td>
<td>Approval of the group’s operational scheme of delegation that underpins the group’s ‘overarching scheme of reservation and delegation’ as set out in its constitution.</td>
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<tr>
<td>REGULATION AND CONTROL</td>
<td>Approval of terms of reference of the Audit Committee and Remuneration Committee.</td>
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<tr>
<td>REGULATION AND CONTROL</td>
<td>Other that where there are statutory requirements, such as in relation to the Governing Body’s Audit Committee or Remuneration Committee, the group shall determine the membership and terms of reference of committees and sub committees.</td>
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<td>REGULATION AND CONTROL</td>
<td>Prepare detailed financial policies that underpin the Clinical Commissioning Group’s prime financial policies.</td>
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<tr>
<td>REGULATION AND CONTROL</td>
<td>Approve detailed financial policies.</td>
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<td>Audit Committee</td>
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<td>Policy Area</td>
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<td>REGULATION AND CONTROL</td>
<td>Approve arrangements for managing exceptional funding requests.</td>
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<tr>
<td>REGULATION AND CONTROL</td>
<td>Set out who can execute a document by signature / use of the seal.</td>
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<td>REGULATION AND CONTROL</td>
<td>Approve annual disclosure statements, including the Annual Governance Statement, following independent review by the Audit Committee.</td>
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<tr>
<td>REGULATION AND CONTROL</td>
<td>Sign annual disclosure statements, including the Annual Governance Statement, following approval by the Governing Body.</td>
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<tr>
<td>REGULATION AND CONTROL</td>
<td>Decision to waive formal tendering procedures.</td>
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<tr>
<td>PRACTICE MEMBER REPRESENTATIVES AND MEMBER OF THE GOVERNING BODY</td>
<td>Approve the arrangements for • identifying practice members to represent practices in matters concerning the work of the group; and</td>
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<tr>
<td>PRACTICE MEMBER REPRESENTATIVES AND MEMBERS OF THE GOVERNING BODY</td>
<td>Approve the process for recruiting and removing members to the Governing Body (subject to any regulatory requirements) and succession planning.</td>
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<tr>
<td>PRACTICE MEMBER REPRESENTATIVES AND MEMBERS OF THE GOVERNING BODY</td>
<td>Approve arrangements for identifying the group’s proposed Accountable Officer.</td>
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<tr>
<td>STRATEGY AND PLANNING</td>
<td>Agree the vision, values and overall strategic direction of the group.</td>
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<td>STRATEGY AND PLANNING</td>
<td>Approval of the group’s operating structure.</td>
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<td>STRATEGY AND PLANNING</td>
<td>Approval of the group’s commissioning plan.</td>
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<tr>
<td>STRATEGY AND PLANNING</td>
<td>Approval of the group’s corporate budgets that meet the financial duties as set out in section 5.3 of the main body of the constitution.</td>
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<td>Policy Area</td>
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<tr>
<td>STRATEGY AND PLANNING</td>
<td>Approval of variations to the approved budget where variation would have a significant impact on the overall approved levels of income and expenditure or the group’s ability to achieve its agreed strategic aims. The Governing Body could set a limit above which it has to approve any variations – below this it could be the Accountable Officer/Chief Finance Officer.</td>
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<td>STRATEGY AND PLANNING</td>
<td>Approval of the use of payment in respect of quality made to the CCG by NHS England.</td>
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<tr>
<td>STRATEGY AND PLANNING</td>
<td>Make decisions on the review, planning and procurement of services as specified in the West Yorkshire and Harrogate CCGs Joint Committee Memorandum of Understanding, Terms of Reference and Annual Work Plan.</td>
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<td>ANNUAL REPORTS AND ACCOUNTS</td>
<td>Approval of the group’s annual accounts and governance statement.</td>
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<td>Audit Committee</td>
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<tr>
<td>ANNUAL REPORTS AND ACCOUNTS</td>
<td>Approval of the arrangements for discharging the group’s statutory financial duties.</td>
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<tr>
<td>HUMAN RESOURCES</td>
<td>Approve the terms and conditions, remuneration and travelling or other allowances for Governing Body members, including pensions and gratuities.</td>
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<td>Remuneration Committee</td>
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<tr>
<td>HUMAN RESOURCES</td>
<td>Approve terms and conditions of employment for all employees of the group including, pensions, remuneration, fees and travelling or other allowances payable to employees and to other persons providing services to the group.</td>
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<td>HUMAN RESOURCES</td>
<td>Approve any other terms and conditions of services for the group’s employees.</td>
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<tr>
<td>HUMAN RESOURCES</td>
<td>Determine the terms and conditions of employment for all employees of the group.</td>
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<tr>
<td>HUMAN RESOURCES</td>
<td>Determine pensions, remuneration, fees and allowances payable to employees and to other persons providing services to the group.</td>
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<tr>
<td>HUMAN RESOURCES</td>
<td>Recommend pensions, remuneration, fees and allowances payable to employees and to other persons providing services to the group.</td>
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<td>Remuneration Committee</td>
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<tr>
<td>Policy Area</td>
<td>Decision</td>
<td>Reserved to the Membership</td>
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<tr>
<td>HUMAN RESOURCES</td>
<td>Approve disciplinary arrangements for employees, including the Accountable Officer (where he/she is an employee or member of the Clinical Commissioning Group) and for other persons working on behalf of the group.</td>
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<tr>
<td>HUMAN RESOURCES</td>
<td>Review disciplinary arrangements where the Accountable Officer is an employee or member of another Clinical Commissioning Group</td>
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<tr>
<td>HUMAN RESOURCES</td>
<td>Approval of the arrangements for discharging the group’s statutory duties as an employer.</td>
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<tr>
<td>HUMAN RESOURCES</td>
<td>Approve human resources policies for employees and for other persons working on behalf of the group (see operational scheme of delegation for financial limits).</td>
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<tr>
<td>HUMAN RESOURCES</td>
<td>To review and approve the business case for redundancy for all employees, including the proper calculation and scrutiny of such termination payments taking account of national guidance as is appropriate.</td>
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<td>Remuneration Committee</td>
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<tr>
<td>HUMAN RESOURCES</td>
<td>Approval of Code of Conduct for staff and whistle blowing procedures.</td>
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<tr>
<td>HUMAN RESOURCES</td>
<td>Approval of variation to funded establishment.</td>
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<td></td>
<td>Finance, Performance &amp; Contracting Committee</td>
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<tr>
<td>HUMAN RESOURCES</td>
<td>Appointment and termination of staff.</td>
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<tr>
<td>STANDARDS OF BUSINESS CONDUCT AND MANAGEMENT OF CONFLICTS OF INTEREST</td>
<td>Approval of arrangements for managing conflicts of interest as set out in the constitution.</td>
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<tr>
<td>STANDARDS OF BUSINESS CONDUCT AND MANAGEMENT OF CONFLICTS OF INTEREST</td>
<td>Approval of arrangements for standards of business conduct, including declaring hospitality and sponsorship.</td>
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<tr>
<td>Policy Area</td>
<td>Decision</td>
<td>Reserved to the Membership</td>
<td>Reserved or delegated to Governing Body</td>
<td>Chair of the Governing Body</td>
<td>Accountable Officer</td>
<td>Chief Finance Officer</td>
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<tr>
<td>STANDARDS OF BUSINESS CONDUCT AND MANAGEMENT OF CONFLICTS OF INTEREST</td>
<td>Approval and determination of arrangements for the management of declared conflicts of interest.</td>
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<tr>
<td>STANDARDS OF BUSINESS CONDUCT AND MANAGEMENT OF CONFLICTS OF INTEREST</td>
<td>Decision as to whether a discussion at the Governing Body or committee meeting can proceed where more than 50% of the members are required to withdraw from a meeting or part of it owing to the arrangements agreed for the management of conflicts of interest. (Delegation depends on the body/committee meeting.)</td>
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<td>(plus each committee Chair)</td>
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<tr>
<td>QUALITY AND SAFETY</td>
<td>Approve arrangements, including supporting policies, to minimise clinical risk, maximise patient safety and to secure continuous improvement in quality and patient outcomes.</td>
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<tr>
<td>QUALITY AND SAFETY</td>
<td>Approve arrangements for supporting NHS England in discharging its responsibilities in relation to securing continuous improvement in the quality of general medical services.</td>
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<tr>
<td>OPERATIONAL AND RISK MANAGEMENT</td>
<td>Prepare and recommend an operational scheme of delegation that sets out who has responsibility for operational decisions within the group.</td>
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<tr>
<td>OPERATIONAL AND RISK MANAGEMENT</td>
<td>Approve a policy identifying all group policies and their review and approval mechanisms.</td>
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<tr>
<td>OPERATIONAL AND RISK MANAGEMENT</td>
<td>Approve arrangements for meeting the public sector equality duty.</td>
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<tr>
<td>OPERATIONAL AND RISK MANAGEMENT</td>
<td>Approval of arrangements to secure that health services are provided in a way that promotes awareness of, and have regard to the NHS Constitution.</td>
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<tr>
<td>OPERATIONAL AND RISK MANAGEMENT</td>
<td>Approve the group’s counter fraud and security management arrangements.</td>
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<td>Audit Committee</td>
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<tr>
<td>OPERATIONAL AND RISK MANAGEMENT</td>
<td>Approval of the group’s risk management arrangements.</td>
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<tr>
<td>Policy Area</td>
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<tr>
<td>OPERATIONAL AND RISK MANAGEMENT</td>
<td>Approve arrangements for risk sharing and or risk pooling with other organisations (for example arrangements for pooled funds with other Clinical Commissioning Groups or pooled budget arrangements under section 75 of the NHS Act 2006).</td>
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<tr>
<td>OPERATIONAL AND RISK MANAGEMENT</td>
<td>Approval of a comprehensive system of internal control, including budgetary control, that underpin the effective, efficient and economic operation of the group.</td>
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<tr>
<td>OPERATIONAL AND RISK MANAGEMENT</td>
<td>Approval of arrangements for promoting innovation.</td>
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<tr>
<td>OPERATIONAL AND RISK MANAGEMENT</td>
<td>Approval of arrangements for promoting education and training for who are employed, or are considering becoming employed, in an activity which involves or is connected with the provision of services as part of the health service in England.</td>
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<tr>
<td>OPERATIONAL AND RISK MANAGEMENT</td>
<td>Authorise proposals for action on litigation, including authorizing signatories, against or on behalf of the Clinical Commissioning Group.</td>
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<tr>
<td>OPERATIONAL AND RISK MANAGEMENT</td>
<td>Approve the group’s arrangements for business continuity and emergency planning.</td>
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<tr>
<td>INTERNAL CONTROL</td>
<td>Approval of appointment of internal auditors.</td>
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<td>Audit Committee</td>
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<tr>
<td>INTERNAL CONTROL</td>
<td>Approval of Internal Audit programmes.</td>
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<td>Audit Committee</td>
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<tr>
<td>INTERNAL CONTROL</td>
<td>Approval of Counter Fraud programme.</td>
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<td>Audit Committee</td>
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<tr>
<td>INTERNAL CONTROL</td>
<td>Approval of External Auditors, their fee and any additional non-statutory audit work.</td>
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<td>Audit Committee</td>
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<tr>
<td>INFORMATION GOVERNANCE</td>
<td>Approve the group’s arrangements for handling complaints.</td>
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<tr>
<td>INFORMATION GOVERNANCE</td>
<td>Approval of the arrangements for ensuring appropriate and safekeeping and confidentiality of records and for the storage, management and transfer of information and data.</td>
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<tr>
<td>INFORMATION GOVERNANCE</td>
<td>Approve Information Governance policies of the CCG with the exception of those reserved to the Governing Body.</td>
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<td>Audit Committee</td>
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<td>Policy Area</td>
<td>Decision</td>
<td>Reserved to the Membership</td>
<td>Reserved or delegated to Governing Body</td>
<td>Chair of the Governing Body</td>
<td>Accountable Officer</td>
<td>Chief Finance Officer</td>
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<td>TENDERING AND CONTRACTING</td>
<td>Approval of the group’s contracts for any commissioning or corporate support. (see operational scheme of delegation for financial limits)</td>
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<tr>
<td>TENDERING AND CONTRACTING</td>
<td>Approval of contracts and contract variations. (see operational scheme of delegation for financial limits).</td>
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<tr>
<td>TENDERING AND CONTRACTING</td>
<td>Approval of contracts and contract variations in relation to Primary Care. (see scheme of delegation for financial limits)</td>
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<td></td>
<td>Primary Care Commissioning Committee</td>
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<tr>
<td>TENDERING AND CONTRACTING</td>
<td>Approval of the group’s Procurement Strategy.</td>
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<tr>
<td>TENDERING AND CONTRACTING</td>
<td>Approval of business cases for investment and disinvestment decisions. (see Scheme of Delegation for financial limits).</td>
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<tr>
<td>TENDERING AND CONTRACTING</td>
<td>Approval of business cases for investment and disinvestment decisions in relation to Primary Care. (See Scheme of Delegation for financial limits).</td>
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<td>Primary Care Commissioning Committee</td>
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<tr>
<td>TENDERING AND CONTRACTING</td>
<td>Approval of quotes and tenders limits (See Scheme of Delegation for financial limits).</td>
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<tr>
<td>TENDERING AND CONTRACTING</td>
<td>Approval of quotes and tenders limits in relation to Primary Care. (See Scheme of Delegation for financial limits).</td>
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<td>Primary Care Commissioning Committee</td>
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<tr>
<td>TENDERING AND CONTRACTING</td>
<td>Approval of single tender waivers.</td>
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<tr>
<td>PARTNERSHIP WORKING</td>
<td>Approve decisions delegated to joint committees established under the 2006 Act including under Section 75.</td>
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<tr>
<td>COMMISSIONING AND CONTRACTING FOR CLINICAL SERVICES</td>
<td>Approval of the arrangements for discharging the group’s statutory duties associated with its commissioning functions, including but not limited to promoting the involvement of each patient, patient choice, reducing inequalities, improvement in the quality of services (including primary care), obtaining appropriate advice, promoting research and the use of research, promoting integration and public engagement and consultation.</td>
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<tr>
<td>Policy Area</td>
<td>Decision</td>
<td>Reserved to the Membership</td>
<td>Reserved or delegated to Governing Body</td>
<td>Chair of the Governing Body</td>
<td>Accountable Officer</td>
<td>Chief Finance Officer</td>
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<tr>
<td>COMMISSIONING AND CONTRACTING FOR CLINICAL SERVICES</td>
<td>Approve arrangements for co-ordinating the commissioning of services with other groups and/or the local authority(ies), where appropriate.</td>
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<tr>
<td>COMMUNICATIONS</td>
<td>Approving arrangements for handling Freedom of Information requests.</td>
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<td></td>
<td>(See Scheme of Delegation)</td>
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<tr>
<td>COMMUNICATIONS</td>
<td>Determining arrangements for handling Freedom of Information requests.</td>
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<tr>
<td>FINANCIAL POLICIES</td>
<td>Approval of the groups prime financial policies.</td>
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<tr>
<td>FINANCIAL POLICIES</td>
<td>Approval of the groups detailed financial policies and procedures.</td>
<td></td>
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<td></td>
<td>Finance, Performance and Commissioning Committee</td>
</tr>
<tr>
<td>FINANCIAL POLICIES</td>
<td>Approve arrangements relating to the discharge of the Group’s responsibilities as a corporate trustee for funds held on trust.</td>
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<tr>
<td>FINANCIAL POLICIES</td>
<td>Approval of capital investment/disinvestment and change of use decisions, including PFI Initiatives. (See Scheme of Delegation for financial limits)</td>
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<tr>
<td>FINANCIAL POLICIES</td>
<td>Approval of banking arrangements, including opening and closing of bank accounts and credit facilities.</td>
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<tr>
<td>FINANCIAL POLICIES</td>
<td>Approval of virement limits (See Scheme of Delegation for financial limits).</td>
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<tr>
<td>FINANCIAL POLICIES</td>
<td>Approval of Write Off limits (See Scheme of Delegation for financial limits).</td>
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<tr>
<td>OTHER POLICIES</td>
<td>Approve policies of the CCG with the exception of those reserved to the GB as an individual or Committee.</td>
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<td></td>
<td>Quality &amp; Clinical Governance Committee</td>
</tr>
<tr>
<td>COMMISSIONING AND CONTRACTING FOR CLINICAL SERVICES</td>
<td>Consideration of Individual Requests for treatments or interventions which are not routinely commissioned.</td>
<td></td>
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<td></td>
<td>Member(s) of a Panel of medical practitioners appointed for that purpose and holding an honorary contract of employment with the CCG.</td>
</tr>
</tbody>
</table>
PRIME FINANCIAL POLICIES

1. INTRODUCTION

1.1. General

1.1.1. These prime financial policies and supporting detailed financial policies shall have effect as if incorporated into the group’s constitution.

1.1.2. The prime financial policies are part of the group’s control environment for managing the organisation’s financial affairs. They contribute to good corporate governance, internal control and managing risks. They enable sound administration, lessen the risk of irregularities and support commissioning and delivery of effective, efficient and economical services. They also help the Accountable Officer and Chief Finance Officer to effectively perform their responsibilities. They should be used in conjunction with the scheme of reservation and delegation found at Appendix D.

1.1.3. In support of these prime financial policies, the group has prepared more detailed policies, approved by the Accountable Officer, known as detailed financial policies. The group refers to these prime and detailed financial policies together as the Clinical Commissioning Group’s financial policies.

1.1.4. These prime financial policies identify the financial responsibilities which apply to everyone working for the group and its constituent organisations. They do not provide detailed procedural advice and should be read in conjunction with the detailed financial policies. The Accountable Officer is responsible for approving all detailed financial policies.

1.1.5. A list of the group’s detailed financial policies will be published and maintained on the group’s website at www.harrogateandruraldistrictccg.nhs.uk.

1.1.6. Should any difficulties arise regarding the interpretation or application of any of the prime financial policies then the advice of the Chief Finance Officer must be sought before acting. The user of these prime financial policies should also be familiar with and comply with the provisions of the group’s constitution, standing orders and scheme of reservation and delegation.

1.1.7. Failure to comply with prime financial policies and standing orders can in certain circumstances be regarded as a disciplinary matter that could result in dismissal. This applies to any employee or member of the organisation.

1.2. Overriding Prime Financial Policies

1.2.1. If for any reason these prime financial policies are not complied with, full details of the non-compliance and any justification for non-compliance and the circumstances around the non-compliance shall be reported to the next formal meeting of the Governing Body’s Audit Committee for referring action or ratification. All of the group’s members and employees have a duty to disclose any non-compliance with these prime financial policies to the Chief Finance Officer as soon as possible.
1.3. **Responsibilities and delegation**

1.3.1. The roles and responsibilities of group’s members, employees, members of the Governing Body, members of the Governing Body’s committees and sub-committees, members of the group’s committee and sub-committee (if any) and persons working on behalf of the group are set out in chapters 6 and 7 of this constitution.

1.3.2. The financial decisions delegated by members of the group are set out in the group’s scheme of reservation and delegation (see Appendix D).

1.4. **Contractors and their employees**

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

1.5. **Amendment of Prime Financial Policies**

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

2. **INTERNAL CONTROL**

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

2.1. The Governing Body is required to establish an Audit Committee with terms of reference agreed by the Governing Body (see paragraph 6.6.3(a) of the group’s constitution for further information).

2.2. The Accountable Officer has overall responsibility for the group’s systems of internal control.

2.3. The Chief Finance Officer will ensure that:

a) financial policies are considered for review and update annually;

b) a system is in place for proper checking and reporting of all breaches of financial policies; and

c) a proper procedure is in place for regular checking of the adequacy and effectiveness of the control environment.
3. **AUDIT**

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

3.1. The person appointed by the group to be responsible for internal audit and the Audit Commission appointed external auditor will have direct and unrestricted access to Audit Committee members and the Chair of the Governing Body, Accountable Officer and Chief Finance Officer for any significant issues arising from audit work that management cannot resolve, and for all cases of fraud or serious irregularity.

3.2. The person appointed by the group to be responsible for internal audit and the external auditor will have access to the Audit Committee and the Accountable Officer to review audit issues as appropriate. All Audit Committee members, the Chair of the Governing Body and the Accountable Officer will have direct and unrestricted access to the head of internal audit and external auditors.

3.3. The Chief Finance Officer will ensure that:

   a) the group has a professional and technically competent internal audit function; and

   b) the Governing Body approves any changes to the provision or delivery of assurance services to the group.

4. **FRAUD AND CORRUPTION**

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

4.1. The Governing Body’s Audit Committee will satisfy itself that the group has adequate arrangements in place for countering fraud and shall review the outcomes of counter fraud work. It shall also approve the counter fraud work programme.

4.2. The Governing Body’s Audit Committee will ensure that the group has arrangements in place to work effectively with NHS Protect.

5. **EXPENDITURE CONTROL**

5.1. The group is required by statutory provisions\(^\text{52}\) to ensure that its expenditure does not exceed the aggregate of allotments from the NHS England any other sums it has received and is legally allowed to spend.

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\(^{52}\) See section 223H of the 2006 Act, inserted by section 27 of the 2012 Act
5.2. The Accountable Officer has overall executive responsibility for ensuring that the group complies with certain of its statutory obligations, including its financial and accounting obligations, and that it exercises its functions effectively, efficiently and economically and in a way which provides good value for money.

5.3. The Chief Finance Officer will:
   a) Provide reports in the form required by the NHS England;
   b) Ensure money drawn from the NHS England is required for approved expenditure only and is drawn down only at the time of need and follows best practice;
   c) Be responsible for ensuring that an adequate system of monitoring financial performance is in place to enable the group to fulfil its statutory responsibility not to exceed its expenditure limits, as set by direction of the NHS England.

6. ALLOTMENTS

6.1. The group’s Chief Finance Officer will:
   a) Periodically review the basis and assumptions used by the NHS England for distributing allotments and ensure that these are reasonable and realistic and secure the group’s entitlement to funds;
   b) Prior to the start of each financial year submit to the Governing Body for approval a report showing the total allocations received and their proposed distribution including any sums to be held in reserve; and
   c) Regularly update the Governing Body on significant changes to the initial allocation and the uses of such funds.

7. COMMISSIONING STRATEGY, BUDGETS, BUDGETARY CONTROL AND MONITORING

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

7.1. The Accountable Officer will compile and submit to the Governing Body a commissioning strategy which takes into account financial targets and forecast limits of available resources.

7.2. Prior to the start of the financial year the Chief Finance Officer will, on behalf of the Accountable Officer, prepare and submit budgets for approval by the Governing Body.

7.3. The Chief Finance Officer shall monitor financial performance against budget and plan, periodically review them, and report to the Governing Body. This

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53 See section 223(G) of the 2006 Act, inserted by section 27 of the 2012 Act.
report should include explanations for variances. These variances must be based on any significant departures from agreed financial plans or budgets.

7.4. The Accountable Officer is responsible for ensuring that information relating to the group’s accounts or to its income or expenditure, or its use of resources is provided to NHS England as requested.

7.5. The Governing Body will approve consultation arrangements for the group’s commissioning plan.\(^{55}\)

8. **ANNUAL ACCOUNTS AND REPORTS**

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

8.1. The Chief Finance Officer will ensure the group:

a) Prepares a timetable for producing the annual report and accounts and agrees it with external auditors and the Audit Committee;

b) Prepares the accounts according to the timetable approved by the Audit Committee;

c) Complies with statutory requirements and relevant directions for the publication of annual report;

d) Considers the external auditor’s management letter and fully address all issues within agreed timescales; and

e) Publishes the external auditor’s management letter on the group’s website at [www.harrogateandruraldistrictccg.nhs.uk](http://www.harrogateandruraldistrictccg.nhs.uk) or by writing to NHS Harrogate and Rural District Clinical Commissioning Group, 1 Grimbal Crag Court, St James Business Park, Knaresborough, HG5 8QB

9. **INFORMATION TECHNOLOGY**

**POLICY** – the group will ensure the accuracy and security of the group’s computerised financial data

9.1. The Chief Finance Officer is responsible for the accuracy and security of the group’s computerised financial data and shall:

a) Devise and implement any necessary procedures to ensure adequate (reasonable) protection of the group’s data, programs and computer hardware from accidental or intentional disclosure to unauthorised persons, deletion or modification, theft or damage, having due regard for the Data Protection Act 1998;

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\(^{55}\) See section 14Z13 of the 2006 Act, inserted by section 26 of the 2012 Act

\(^{56}\) See paragraph 17 of Schedule 1A of the 2006 Act, as inserted by Schedule 2 of the 2012 Act.
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 may consider necessary are being carried out.

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

10. ACCOUNTING SYSTEMS

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

10.1. The Chief Finance Officer will ensure:

a) The group has suitable financial and other software to enable it to comply with these policies and any consolidation requirements of 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.

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

11. BANK ACCOUNTS

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

11.1. The Chief Finance Officer will:

a) Review the banking arrangements of the group at regular intervals to ensure they are in accordance with Secretary of State directions, best practice and represent best value for money;

b) Manage the group’s banking arrangements and advise the Governing Body on the provision of banking services and operation of accounts;

See section 223H(3) of the NHS Act 2006, inserted by section 27 of the 2012 Act
c) Prepare detailed instructions on the operation of bank accounts.

11.2. The Audit Committee shall approve the banking arrangements.

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

12.1. The Chief Finance Officer is responsible for:
   a) Designing, maintaining and ensuring compliance with systems for the proper recording, invoicing, and collection and coding of all monies due;
   b) Establishing and maintaining systems and procedures for the secure handling of cash and other negotiable instruments;
   c) Approving and regularly reviewing the level of all fees and charges other than those determined by 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.

13. TENDERING AND CONTRACTING PROCEDURE

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

12.1. The Chief Finance Officer is responsible for:
   a) Designing, maintaining and ensuring compliance with systems for the proper recording, invoicing, and collection and coding of all monies due;
   b) Establishing and maintaining systems and procedures for the secure handling of cash and other negotiable instruments;
   c) Approving and regularly reviewing the level of all fees and charges other than those determined by 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.

13. TENDERING AND CONTRACTING PROCEDURE

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

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58 See section 14Z5 of the 2006 Act, inserted by section 26 of the 2012 Act.
13.1. The Governing Body may only negotiate contracts on behalf of the group, and the group may only enter into contracts, within the statutory framework set up by the 2006 Act, as amended by the 2012 Act. Such contracts shall comply with:

a) The group’s standing orders;
b) The Public Contracts Regulation 2006, any successor legislation and any other applicable law; and
c) Take into account as appropriate any applicable NHS England or the Independent Regulator of NHS Foundation Trusts (Monitor) guidance that does not conflict with (b) above.

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

14. COMMISSIONING

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

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

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

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

15. RISK MANAGEMENT AND INSURANCE

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

15.1 The Accountable Officer shall ensure that the group has a programme of risk management in accordance with current National Commissioning Board assurance framework requirements which must be approved and monitored by the Governing Body.
16. **PAYROLL**

**POLICY** – the group will put arrangements in place for an effective payroll service.

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

a) Is supported by appropriate (i.e. contracted) terms and conditions;

b) Has adequate internal controls and audit review processes;

c) Has suitable arrangements for the collection of payroll deductions and payment of these to appropriate bodies.

16.2. In addition the Chief Finance Officer shall set out comprehensive procedures for the effective processing of payroll

17. **NON-PAY EXPENDITURE**

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

17.1. The Governing Body will approve the level of non-pay expenditure on an annual basis and the Accountable Officer will determine the level of delegation to budget managers

17.2. The Accountable Officer shall set out procedures on the seeking of professional advice regarding the supply of goods and services.

17.3. The Chief Finance Officer will:

a) Advise the Governing Body on the setting of thresholds above which quotations (competitive or otherwise) or formal tenders must be obtained; and, once approved, the thresholds should be incorporated in the scheme of reservation and delegation;

b) Be responsible for the prompt payment of all properly authorised accounts and claims;

c) Be responsible for designing and maintaining a system of verification, recording and payment of all amounts payable.
18. CAPITAL INVESTMENT, FIXED ASSET REGISTERS AND SECURITY OF ASSETS

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

18.1. The Accountable Officer will

a) Ensure that there is an adequate appraisal and approval process in place for determining capital expenditure priorities and the effect of each proposal upon plans;

b) Be responsible for the management of all stages of capital schemes and for ensuring that schemes are delivered on time and to cost;

c) Shall ensure that the capital investment is not undertaken without 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 Chief Finance Officer concerning the form of any register and the method of updating, and arranging for a physical check of assets against the asset register to be conducted once a year.

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

19. RETENTION OF RECORDS

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

19.1. The Accountable Officer shall:

a) Be responsible for maintaining all records required to be retained in accordance with NHS Code of Practice Records Management 2006 and other relevant notified guidance;

b) Ensure that arrangements are in place for effective responses to Freedom of Information requests;

c) Publish and maintain a Freedom of Information Publication Scheme.
20. TRUST FUNDS AND TRUSTEES

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

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

The ‘Nolan Principles’ set out the ways in which holders of public office should behave in discharging their duties. The seven principles are:

**Selflessness** – holders of public office should act solely in terms of the public interest.

**Integrity** - Holders of public office must avoid placing themselves under any obligation to people or organisations that might try inappropriately to influence them in their work. They should not act or take decisions in order to gain financial or other material benefits for themselves, their family, or their friends. They must declare and resolve any interests and relationships.

**Objectivity** - Holders of public office must act and take decisions impartially, fairly and on merit, using the best evidence and without discrimination or bias.

**Accountability** - Holders of public office are accountable to the public for their decisions and actions and must submit themselves to the scrutiny necessary to ensure this.

**Openness** - Holders of public office should act and take decisions in an open and transparent manner. Information should not be withheld from the public unless there are clear and lawful reasons for so doing.

**Honesty** – Holders of public office should be truthful.

**Leadership** - Holders of public office should exhibit these principles in their own behaviour. They should actively promote and robustly support the principles and be willing to challenge poor behaviour wherever it occurs.


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60 Available at http://www.public-standards.gov.uk/
The NHS Constitution sets out seven key principles that guide the NHS in all it does:

1. **the NHS provides a comprehensive service, available to all** - irrespective of gender, race, disability, age, sexual orientation, religion or belief. It has a duty to each and every individual that it serves and must respect their human rights. At the same time, it has a wider social duty to promote equality through the services it provides and to pay particular attention to groups or sections of society where improvements in health and life expectancy are not keeping pace with the rest of the population.

2. **access to NHS services is based on clinical need, not an individual's ability to pay** - NHS services are free of charge, except in limited circumstances sanctioned by Parliament.

3. **the NHS aspires to the highest standards of excellence and professionalism** - in the provision of high-quality care that is safe, effective and focused on patient experience; in the planning and delivery of the clinical and other services it provides; in the people it employs and the education, training and development they receive; in the leadership and management of its organisations; and through its commitment to innovation and to the promotion and conduct of research to improve the current and future health and care of the population.

4. **NHS services must reflect the needs and preferences of patients, their families and their carers** - patients, with their families and carers, where appropriate, will be involved in and consulted on all decisions about their care and treatment.

5. **the NHS works across organisational boundaries and in partnership with other organisations in the interest of patients, local communities and the wider population** - the NHS is an integrated system of organisations and services bound together by the principles and values now reflected in the Constitution. The NHS is committed to working jointly with local authorities and a wide range of other private, public and third sector organisations at national and local level to provide and deliver improvements in health and well-being.

6. **the NHS is committed to providing best value for taxpayers' money and the most cost-effective, fair and sustainable use of finite resources** - public funds for healthcare will be devoted solely to the benefit of the people that the NHS serves.

7. **the NHS is accountable to the public, communities and patients that it serves** - the NHS is a national service funded through national taxation, and it is the Government which sets the framework for the NHS and which is accountable to Parliament for its operation. However, most decisions in the NHS, especially those about the treatment of individuals and the detailed organisation of services, are rightly taken by the local NHS and by patients with their clinicians. The system of responsibility and accountability for taking decisions in the NHS should be transparent and clear to the public, patients and staff. The Government will ensure that there is always a clear and up-to-date statement of NHS accountability for this purpose.

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

DISPUTE RESOLUTION PROCESS

Harrogate and Rural District
Clinical Commissioning Group

DISPUTE RESOLUTION PROCESS

Version: 1.0
Name of Author: CCG Chief Officer
Name of executive lead: CCG Chief Officer
Date issued: June 2017
Review date: June 2021
Equality Impact Assessment Not Required

Please note that the intranet version is the only version that is maintained. Any printed copies should therefore be viewed as ‘uncontrolled’ and as such, may not necessarily contain the latest updates and amendments.
Dispute Resolution Process

1.0 For disputes between the Council of Members (CoM) and the Harrogate and Rural District Clinical Commissioning Group Governing Body (GB).

1.1 Where there are concerns that the GB has either acted unreasonably, or taken a decision with which Member Practices disagree, concerns can be raised by a simple majority of practices within the locality who are in support of challenge.

1.2 The first stage to address any concern is for the GB to be asked to suspend further action and for the proposal to be taken to the CoM for consideration and agreement. Practice Representatives will be called to a Special General meeting with a minimum of 10 working days’ notice. All Practice Representatives will be provided with background information relating to the discussion to be held in advance of the meeting, which outlines the reasons why it is considered that the GB has acted inappropriately to enable them to consider the matter in question.

1.3 If it is considered by the CoM that the GB continues to act inappropriately the CoM, by a vote of 66% majority of Member Practices at the Special General Meeting, can censure any decision or action, inform the GB it has done so and request a meeting with the GB. Such a meeting will at a minimum include the Chair, Accountable Officer and Finance Officer, who will be invited to attend the meeting to answer questions relating to the GB’s actions. A minimum of 10 working days’ notice of the meeting will be given and background information provided to the GB regarding the CoM’s concerns.

1.4 If a resolution is not achieved at such a meeting, independent arbitration will be sought to work together with representatives of the GB and the CoM in an attempt to resolve the dispute.

1.5 Should the GB continue in its actions, and the CoM remains unhappy despite arbitration, then the CoM to take action in accordance with Section 7.1.3 of the Constitution.
2.0 **For disputes relating to practice engagement.**

2.1 If there is a need to determine whether or not a practice is engaging with the CCG the CoM will be charged with setting the specific required parameters.

2.2 If there is not a scheduled full group meeting of the CoM within the next 6 weeks, a Special General meeting will be called with a minimum of 10 working days’ notice for this purpose. All CoM Representatives will be provided with background information relating to the discussion to be held to inform their consideration of the matter in question.

2.3 The preferred approach to address any issues relating failure of a practice to engage fully will always be to provide extensive support, consultation, negotiation and peer pressure where practices are acting outside the parameters set by the CoM. It is not anticipated that any additional measures will be necessary.

2.4 If this is unsuccessful in achieving a resolution then an independent arbiter will be sought.

2.5 If all these measures fail and if 66% of Member Practices are in favour, the GB will use the powers delegated to refer the matter to NHS England for their attention. The LMC will be informed of this action.

2.6 The practice would receive written notification from the GB that this is the planned course of action and would have four weeks from receipt of the letter to demonstrate to the GB that they intend to meet the agreed requirements.

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1 Other bodies include combined authorities and such other bodies as are prescribed under the relevant provisions of the 2006 Act.