NHS TRAFFORD
CLINICAL COMMISSIONING GROUP

CONSTITUTION
## CONTENTS

1 Introduction.........................................................................................................................4

1.1 Name .................................................................................................................................4

1.2 Statutory Framework ........................................................................................................4

1.3 Status of this Constitution ..............................................................................................5

1.4 Amendment and Variation of this Constitution .............................................................5

1.5 Related documents .........................................................................................................5

1.6 Accountability and transparency .....................................................................................6

1.7 Liability and Indemnity ....................................................................................................7

2 Area Covered by the CCG ....................................................................................................8

3 Membership Matters ..........................................................................................................8

3.1 Membership of the Clinical Commissioning Group .......................................................8

3.2 Nature of Membership and Relationship with CCG .....................................................9

3.3 Speaking, Writing or Acting in the Name of the CCG ...................................................9

3.4 Members’ Rights and Responsibilities ............................................................................10

3.5 Practice Representatives ...............................................................................................11

3.6 Members’ Meetings – Council of Members ................................................................12

3.7 GP Neighbourhood Practice Representatives ................................................................14

3.8 Other GP and Primary Care Health Professionals ..........................................................14

4 Arrangements for the Exercise of our Functions ................................................................14

4.1 Good Governance ...........................................................................................................14

4.2 General .............................................................................................................................15

4.3 Authority to Act: the CCG .............................................................................................15

4.4 Authority to Act: the Governing Body ..........................................................................15

5 Procedures for Making Decisions .......................................................................................16

5.1 Scheme of Reservation and Delegation .........................................................................16

5.2 Standing Orders .............................................................................................................16

5.3 Standing Financial Instructions (SFIs) ..........................................................................17

5.4 The Governing Body: Its Role and Functions ................................................................17

5.5 Composition of the Governing Body .............................................................................19

5.6 Additional Attendees at the Governing Body Meetings ................................................19
5.7 Appointments to the Governing Body .................................................................20
5.8 Committees and Sub-Committees ......................................................................20
5.9 Committees of the Governing Body ..................................................................20
5.10 Collaborative Commissioning Arrangements ..................................................21
5.11 Joint Commissioning Arrangements with Local Authority Partners ...............23
5.12 Joint Commissioning Arrangements – Other CCGs ........................................25
5.13 Joint Commissioning Arrangements with NHS England ..................................27

6 Provisions for Conflict of Interest Management and Standards of Business Conduct..29
6.1 Conflicts of Interest .............................................................................................29
6.2 Declaring and Registering Interests ..................................................................29
6.3 Training in Relation to Conflicts of Interest .......................................................30
6.4 Standards of Business Conduct .........................................................................30

Appendix 1: Definitions of Terms Used in This Constitution ....................................32
Appendix 2: Scheme of Reservation and Delegation ..................................................35
Appendix 3: Standing Orders ......................................................................................47
Appendix 4: Committee Terms of Reference .............................................................61
  Audit Committee Terms of Reference ..................................................................61
  Remuneration Committee Terms of Reference ..................................................67
  Primary Care Commissioning Committee Terms of Reference .........................71

Appendix 5: Standing Financial Instructions ..............................................................71
1 Introduction

1.1 Name

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

1.2 Statutory Framework

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

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

a) acting in a way that promotes the NHS Constitution (section 14P of the 2006 Act);

b) exercising its functions effectively, efficiently and economically (section 14Q of the 2006 Act);

c) financial duties (under sections 223G-K of the 2006 Act);

d) child safeguarding (under the Children Acts 2004,1989);

e) equality, including the public-sector equality duty (under the Equality Act 2010); and

f) information law, (for instance under data protection laws, such as the EU General Data Protection Regulation 2016/679, and the Freedom of Information Act 2000).

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

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

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

1.3 Status of this Constitution

1.3.1 This CCG was first authorised on 1st April 2013.

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

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

1.4 Amendment and Variation of this Constitution

1.4.1 This constitution can only be varied in two circumstances.
   
a) where the CCG applies to NHS England and that application is granted; and

b) where in the circumstances set out in legislation NHS England varies the constitution other than on application by the CCG.

1.4.2 The Accountable Officer may periodically propose amendments to the constitution which shall be considered and approved by the Governing Body unless:
   
   • changes are thought to have a material impact
   • changes are proposed to the reserved powers of the members; or
   • at least half (50%) of all the Governing Body Members formally request that the amendments be put before the membership for approval.

1.5 Related documents

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

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

b) The Scheme of Reservation and Delegation (SoRD) – sets out those decisions that are reserved for the membership as a whole and those decisions that have been delegated by the CCG or the Governing Body

c) Prime financial policies – which set out the arrangements for managing the CCG’s financial affairs.
**d) Standing Financial Instructions (SFIs)** – which set out the delegated limits for financial commitments on behalf of the CCG.

**e) The CCG Governance Handbook** – which includes:

- Standards of Business Conduct Policy – which includes the arrangements the CCG has made for the management of conflicts of interest;
- Committee terms of reference;
- Officer Delegations
- Relevant policies and procedures.

### 1.6 Accountability and transparency

#### 1.6.1

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

**a)** publish our constitution and other key documents such as those referred to above in section 1.5.1;

**b)** appoint independent lay members and non-GP clinicians to our Governing Body;

**c)** manage actual or potential conflicts of interest in line with NHS England’s statutory guidance *Managing Conflicts of Interest: Revised Statutory Guidance for CCGs 2017* and expected standards of good practice (see also part 6 of this constitution);

**d)** hold Governing Body meetings in public (except where we believe that it would not be in the public interest);

**e)** publish an annual commissioning strategy that takes account of priorities in the health and wellbeing strategy;

**f)** procure services in a manner that is open, transparent, non-discriminatory and fair to all potential providers and publish a Procurement Strategy;

**g)** involve the public, in accordance with its duties under section 14Z2 of the 2006 Act.

**h)** when discharging its duties under section 14Z2, the CCG will ensure that it follows the principles of openness; early and active involvement and fairness and non-discrimination;

**i)** comply with local authority health overview and scrutiny requirements;

**j)** meet annually in public to present an annual report which is then published;
k) produce annual accounts which are externally audited;

l) publish a clear complaints process;

m) comply with the Freedom of Information Act 2000 and with the Information Commissioner Office requirements regarding the publication of information relating to the CCG;

n) provide information to NHS England as required; and

o) be an active member of the local Health and Wellbeing Board.

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

a) disseminating appropriate information to its members and to its local population on a regular basis;

b) holding engagement events to present and discuss service commissioning proposals with the public as appropriate; and

c) on-going engagement with stakeholders.

1.7 Liability and Indemnity

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

1.7.2 No Member or former Member, nor any person who is at any time a proprietor, officer or employee of any Member or former Member, shall be liable (whether as a Member or as an individual) for the debts, liabilities, acts or omissions, howsoever caused by the CCG in discharging its statutory functions.

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

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

2.1 The area covered by the CCG is made up of 138 Lower Super Output Areas (LSOA) with a population of approximately 236,000. The geographical area covered by NHS Trafford Clinical Commissioning Group is fully coterminous with Trafford Metropolitan Borough Council.

3 Membership Matters

3.1 Membership of the Clinical Commissioning Group

3.1.1 The CCG is a membership organisation.

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

3.1.3 The practices which make up the membership of the CCG are listed below. They are based in specific neighbourhoods of Trafford of North, West, Central and South. The practices and neighbourhood is set out below.

<table>
<thead>
<tr>
<th>Practice Name</th>
<th>Address</th>
<th>Neighbourhood</th>
</tr>
</thead>
<tbody>
<tr>
<td>Altrincham Medical Practice</td>
<td>Lloyd House, 7 Lloyd Street, Altrincham, Cheshire, WA14 2DD</td>
<td>South</td>
</tr>
<tr>
<td>Barrington Medical Centre</td>
<td>68 Barrington Road, Altrincham, Cheshire, WA14 1JB</td>
<td>South</td>
</tr>
<tr>
<td>Bodmin Road Health Centre</td>
<td>Bodmin Road, Ashton-On-Mersey, Sale, Cheshire, M33 5JH</td>
<td>Central</td>
</tr>
<tr>
<td>Boundary House Medical Centre</td>
<td>462 Northenden Road, Sale, Cheshire, M33 2RH</td>
<td>Central</td>
</tr>
<tr>
<td>Brooks Bar Medical Centre</td>
<td>1 St Bridies Way, Old Trafford, Manchester M16 9NW</td>
<td>North</td>
</tr>
<tr>
<td>Conway Road Health Centre</td>
<td>80A Conway Road, Sale, Cheshire, M33 2TB</td>
<td>Central</td>
</tr>
<tr>
<td>Davyhulme Medical</td>
<td>130 Broadway, Davyhulme, Urmston, M41 7WJ</td>
<td>West</td>
</tr>
<tr>
<td>Derbyshire road South Surgery</td>
<td>12 Derbyshire Road, Sale, M33 3JB</td>
<td>Central</td>
</tr>
<tr>
<td>Firsway Health Centre</td>
<td>121 Firsway, Sale, Cheshire, M33 4BR</td>
<td>Central</td>
</tr>
<tr>
<td>Flixton Road Medical Centre</td>
<td>132 Flixton Road, Urmston, Manchester, M41 5BG</td>
<td>West</td>
</tr>
<tr>
<td>Gloucester House Medical Centre</td>
<td>17 Station Road, Urmston, Manchester, M41 9JS</td>
<td>West</td>
</tr>
<tr>
<td>Grove Medical Practice</td>
<td>Timperley Health Centre, 169 Grove Lane, Timperley, Altrincham, Cheshire, WA15 6PH</td>
<td>South</td>
</tr>
<tr>
<td>Lostock Medical Centre &amp;</td>
<td>431 Barton Road, Stretford, Manchester, M32 9PA</td>
<td>North</td>
</tr>
<tr>
<td>North Trafford Group Practice</td>
<td>846-866 Chester Road, Stretford, Manchester, M32 0PA</td>
<td>North</td>
</tr>
</tbody>
</table>
3.2 Nature of Membership and Relationship with CCG

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

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

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

3.3.2 Nothing in or referred to in this constitution (including in relation to the issue of any press release or other public statement or disclosure) will prevent or inhibit the making of any protected disclosure (as defined in the Employment Rights Act 1996,
as amended by the Public Interest Disclosure Act 1998) by any member of the CCG, any member of its Governing Body, any member of any of its Committees or Sub-Committees or the Committees or Sub-Committees of its Governing Body, or any employee of the CCG or of any of its members, nor will it affect the rights of any worker (as defined in that Act) under that Act.

3.4 Members’ Rights and Responsibilities

3.4.1 Practices’ engagement, involvement and support for the CCG with the Governing Body as the mechanism for delivery are critical, as without co-operation and delivery from member practices, the CCG will fail and GP opportunities and influence in the CCG will be severely compromised.

3.4.2 There are a number of core responsibilities which practices will be expected to deliver as a member of the CCG. These will include:

- understanding, monitoring and managing their individual budget at a practice level;
- participating as a member of the CCG. Practices are expected to send a clinical or senior management representative to the Council of Members;
- participation in the development of projects and schemes, via forum attendance, such as re-designed service provision, enhanced services and incentive schemes;
- implementation and performance monitoring of agreed projects and schemes;
- nominating, or voting or agreeing for representatives to the CCG Governing Body and CCG service development working groups;
- a commitment to working in neighbourhood based arrangements and
- assisting in the development of the CCG strategy for integrated care, limited to the following:

  - improvement of quality and performance in member practices
  - innovating local solutions to address locality problems
  - reducing inequalities
  - working with local health and social care professionals
  - sharing best practice

3.4.3 In order to ensure that practices are able to meet their responsibilities under the Constitution and to ensure that the governance arrangements of the CCG and the Council of Members are successful, each member practice is asked to nominate a healthcare professional representative.

3.4.4 Practices will ensure that their respective practice representative will:

- ensure mechanisms are in place for reviewing and managing data and budgets within the practice;
• oversee spend and activity at a practice level against the funding allocated to practices; and
• ensure attendance of an appropriate representative of the practice at no less than 75% of Council of Members general meetings.

3.4.5 The CCG and its Governing Body will work with its practice members in a mutually benefiting arrangement, towards achieving the CCG’s mission and aims, in line with the values of the CCG.

3.4.6 The CCG will aim to deliver support to its practice members in line with achieving its aims across the borough in three areas:
• Education – Working with member practices in Primary Care workforce development.
• Quality – Working with member practices in supporting the delivery of formal contractual arrangements such as Quality Outcomes Framework (QOF), National Enhanced Services (NES), Local Enhanced Services (LES) and Directed Enhanced Services (DES).
• Performance – Working with member practices to share and support good practice.

3.5 Practice Representatives

3.5.1 Each Member practice has a nominated lead healthcare professional and a Partner (or person of equivalent standing in a member that is not constituted as a partnership) in the nominating member’s practice who represents the practice in the dealings with the CCG.

3.5.2 Subject to those requirements, each member may determine its own procedure for appointing and removing their Member Representative and the other terms and conditions of their office.

3.5.3 Each member must notify the Governing Body in writing of:

a) the name of their Member Representative and the date of their appointment within 14 days of appointment; and
b) the date of removal of an existing Member Representative within 14 days of their removal and the name of their replacement Practice Representative whose appointment must start on that date.

3.5.4 Each member authorises their Member Representative to:

a) represent the member on the Council of Members;
b) receive notice of and attend any meetings of the Council of Members on behalf of the member;
c) vote, sign any written resolution or other document or make a decision on behalf of that Member;
3.5.5 Practice representatives represent their practice’s views and act on behalf of the practice in matters relating to the group. The role of each practice representative is to:

a) ensure the treatment of patients with dignity and respect according to need not cost, promoting equity and valuing diversity;
b) be innovative, and bringing forward ideas for improvement in their locality and across the CCG;
c) support the CCG’s public and patient engagement work;
d) work to support service re-design and commissioning work of the CCG. This will mean committing appropriate practice representation CCG wide and in neighbouring meetings, working within the commissioning decisions of the Clinical Commissioning Group, particularly in relation to commissioned care pathways and service and prescribing policy;
e) manage within practice budgets by: ensuring mechanisms are in place for reviewing and managing data and budgets within the practice; overseeing spend and activity at a practice level; sharing referral data and prescribing data electronically; engaging in the GP appraisal and revalidation process; engaging in CCG and Commissioning/Performance improvement schemes.
f) offer constructive challenge and scrutiny of the Governing Body’s functions;
g) hold the Governing Body to account in asking appropriate questions; and
h) provide the Governing Body with views from the frontline and feedback patient perspectives.

3.5.6 For the avoidance of doubt, any Member Representative who is also a GP and meets the relevant eligibility criteria, is entitled to be considered for any of the following roles on the Governing Body including:

a) Accountable Officer
b) Medical Director
c) Chair

3.5.7 For the avoidance of doubt, the group shall be entitled to treat any Member Representative as having the continuing authority given to them until it is notified of the removal of that Member Representative.

3.6 Members’ Meetings – Council of Members

3.6.1 Representatives of Practices shall be invited to attend meetings of the Council of Members. The Council of Members are critical to the success of the CCG across Trafford.

3.6.2 The Council of Members responsibilities include:
• determining the arrangements by which the members of the group approve those decisions that are reserved for the membership;
• considering and approving applications to the NHS Commissioning Board on any matter concerning changes to the group’s constitution (subject to those changes set out in 1.4.2 above);
• approving the arrangements for identifying practice members to represent practices in matters concerning the work of the group and appointing clinical leaders to represent the group’s membership on the group’s Governing Body (subject to any regulatory requirements) and succession planning; and
• agreeing the vision, values and overall strategic direction of the group in conjunction with the Governing Body.

3.6.3 Meetings of the Council of Members will be included in the annual timetable of meetings and will meet on a minimum of two occasions per year.

3.6.4 If the chair of the CCG is a healthcare professional, he/she will chair Council of Members meetings. If he/she is not a healthcare professional, then the Council of Members will elect a healthcare professional to chair meetings and confirm this on an annual basis. If the Chair is not available for a meeting, then the members will elect one of the neighbourhood leads to act as chair for that meeting.

3.6.5 Each Member representative shall have one vote on the Council of Members.

3.6.6 Decisions at a Council of Members meeting shall be determined by a show of hands with a 75% vote sufficient to pass a proposal. Voting will always be done via a show of hands, unless a request is made for secret ballot. A show of hands will be taken on the need for a secret ballot. In the event of a majority vote of less than 75%, a vote based on list size will occur, with practices representing their corporate vote expressed as votes per patient as at the prior quarter list size.

3.6.7 No business shall be transacted at a meeting of the Council of Members unless at least two thirds of the Council of Members are present. If a Member Representative is disqualified from participating in a decision on a matter or from voting on any resolution by reason of a declaration of a conflict of interest, he/she shall no longer count towards the quorum. If a quorum is not then available for the discussion that matter may not be discussed or voted upon at the meeting. The position must be recorded in the minutes of the meeting and the meeting must then proceed to the next business. If there are urgent matters that need to be approved and there is no quorum, then the Chair shall determine how best to deal with the matter after consulting the Members present at the meeting.

3.6.8 If a representative is unable to attend a Meeting, the Practice can nominate any other Healthcare Professional from the practice to take their place and may vote by proxy.
3.7 **GP Neighbourhood Practice Representatives**

3.7.1 The GP Neighbourhood Leads who sit on the Governing Body act as our Neighbourhood Practice Representatives. Standing Orders set out how these Members are appointed.

3.7.2 They represent their practice’s views and act on behalf of the practice in matters relating to the group. The role of each GP Neighbourhood Lead is to:

a) oversee resources invested in improved, quality, patient pathways to protect and grow the delivery of prevention interventions and healthcare service for the population of Trafford;

b) represent CCG members on the NHS Trafford CCG Governing Body; and

c) support neighbourhood CCG members in understanding the commissioning process and functions including facilitation of information between members and the Governing Body

3.8 **Other GP and Primary Care Health Professionals**

3.8.1 In addition to the practice representatives identified in section 3.5 above, the group has identified a number of other GPs / primary care health professionals from member practices to either support the work of the group and / or represent the group rather than represent their own individual practices. These GPs and primary care health professionals undertake in addition to appropriate neighbourhood liaison, Clinical Director roles including the Medical Director.

3.8.2 In addition, from time-to-time as the Accountable Officer and Clinical Directors of the Group see fit, other clinicians including GPs may be asked to carry out specific pieces of work which may include:

- specific clinical pathway redesign;
- chairing a local clinical board for a specific disease area;
- engaging in local strategy development in areas such as Information Management & Technology; and
- any other matters that the Accountable office and Clinical Directors consider appropriate.

4 **Arrangements for the Exercise of our Functions**

4.1 **Good Governance**
4.1.2 The CCG will, at all times, observe generally accepted principles of good governance. These include adopting and using the following resources to influence good governance and behaviour:

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

4.2 General

4.2.1 The CCG will:

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

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

4.3 Authority to Act: the CCG

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

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

4.4 Authority to Act: the Governing Body

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

5 **Procedures for Making Decisions**

5.1 **Scheme of Reservation and Delegation**

5.1.1 The CCG has agreed a Scheme of Reservation and Delegation (SoRD) which is published in full in Appendix 2 and at [www.traffordccg.nhs.uk](http://www.traffordccg.nhs.uk)

5.1.2 The CCG’s SoRD sets out:

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

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

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

a) changes are thought to have a material impact
b) changes are proposed to the reserved powers; or
c) at least half (50%) of all the Governing Body member practice representatives (including the Chair) formally request that the amendments be put before the membership for approval.

5.2 **Standing Orders**

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

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

5.2.2 A full copy of the standing orders is included in Appendix 3. The standing orders form part of this constitution.
5.3 **Standing Financial Instructions (SFIs)**

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

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

5.4 **The Governing Body: Its Role and Functions**

5.4.1 The Governing Body has statutory responsibility for:

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

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

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

a) approving any functions of the group that are specified in regulations;

b) approving and monitoring the groups plans to meet the public sector equality duty;

c) promoting the involvement of all Members in the work of the CCG in securing improvements in commissioning of care and services and developing the vision, values and culture of the group in consultation with members;

d) reviewing and monitoring the arrangements for working in partnership with the local authority to develop joint strategic needs assessments and joint health and well-being strategies and monitoring the delivery of the groups responsibilities within such strategies;

e) approving and publishing the groups public engagement strategy and annual public involvement report;

f) ensuring effective arrangements are in place to secure health services in such a way as promotes awareness of, and has regard to the NHS Constitution;

g) approving and monitoring the implementation of the groups strategies and plans to secure continuous improvement in the safety and quality of services including safeguarding children and vulnerable adults utilising information available to help identify areas for improvement to ensure better health, better outcomes and better value for the residents of Trafford;

h) assisting the NHS commissioning Board in its duty to improve the quality of primary medical services by continuously increasing the capability, competence
and capacity of primary care, and the proportion of health and social care provided by primary and community services;

i) ensuring effective plans are in place to reduce inequalities across the borough;

j) promoting the involvement of patients, their carers and representatives in decisions about their healthcare;

k) ensuring effective systems to enable patients to make choices are in place across its member practices and commissioned providers;

l) ensuring the group in its decision making obtains a advice from a wide-range of professionals;

m) engaging in a collaborative approach within the local health system including but not limited to:

   i) Local Medical Committee
   ii) other local representative committees
   iii) the Local Authority
   iv) Health Watch Trafford
   v) Local Health & Social Care Providers
   vi) The voluntary sector
   vii) other clinicians and allied health professionals

n) ensuring effective systems are in place to promote innovation;

o) ensuring effective systems are in place to promote research and the use of research;

p) ensuring effective systems are in place to promote education and training;

q) approving and monitoring plans to support and drive the integration of health and social care services where these improve quality or reduce inequalities;

r) ensuring the group has in place effective arrangements to:

   i) ensure expenditure does not exceed the aggregate of its allotments for the financial year;
   ii) ensure its use of resources does not exceed the amount specified by the NHS Commissioning Board for the financial year;
   iii) and in respect of any directions from the NHS Commissioning Board in respect of specified types of resource in a financial year, to ensure the group does not exceed an amount specified

s) approving and publishing a process for and an explanation of how the group utilised any payment in respect of quality;

t) managing the corporate strategic risks of the group including regularly reviewing the groups assurance framework;

u) approving the organisational development plan including the principles by which it will procure commissioning support; and

v) exercising any other functions of the Group which are not otherwise reserved or delegated.

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

5.5.1 This part of the constitution describes the make-up of the Governing Body roles. Further information about the individuals who fulfil these roles can be found on our website [http://www.traffordccg.nhs.uk](http://www.traffordccg.nhs.uk)

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

a) The Chair

b) The Accountable Officer

c) The Chief Finance Officer

d) A Secondary Care Specialist;

e) A registered nurse

f) Two lay members:
   • one who has qualifications expertise or experience to enable them to lead on finance and audit matters ([the Lay Member for Audit, Governance and Finance](http://www.traffordccg.nhs.uk)); and another who
   • has knowledge about the CCG area enabling them to express an informed view about discharge of the CCG functions ([the Lay Member for Patient and Public Participation](http://www.traffordccg.nhs.uk))

5.5.3 The CCG has agreed the following additional members:

a) Four GPs (called GP Neighbourhood Leads) drawn from member practices. Each locality will be responsible for appointing one GP member. representing the following neighbourhoods
   i) North
   ii) West
   iii) Central
   iv) South

b) one GP Medical Director, to lead on quality and performance;

c) one registered chief nurse to lead on executive responsibilities;

d) Director of Integrated Health and Social Care Strategy.

5.6 Additional Attendees at the Governing Body Meetings

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

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

   a) Director of Public Health
   b) Trafford Council Executive Member for Health and Well-being
   c) Director of Performance and Quality Improvement

5.6.3 The CCG Governing Body will regularly invite named representatives of the following organisations to public meetings:

   a) Local Medical Committee (LMC)
   b) Healthwatch Trafford

5.7 **Appointments to the Governing Body**

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

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

5.8 **Committees and Sub-Committees**

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

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

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

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

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

5.9 **Committees of the Governing Body**

5.9.1 The Governing Body will maintain the following statutory or mandated Committees:
5.9.2 **Audit Committee**: This Committee is accountable to the Governing Body and provides the Governing Body with an independent and objective view of the CCG’s compliance with its statutory responsibilities. The Committee is responsible for arranging appropriate internal and external audit.

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

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

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

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

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

5.9.8 The terms of reference for each of the above committees are included in Appendix 4 to this constitution and form part of the constitution.

5.9.9 The Governing Body has also established a number of other Committees to assist it with the discharge of its functions. These Committees are set out in the Financial SoRD or Governance Handbook. Further information about these Committees, including terms of reference, are published in the CCG Governance Handbook which is on the website at [http://www.traffordccg.nhs.uk/](http://www.traffordccg.nhs.uk/)

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

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

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

a) reporting arrangements to the Governing Body, at appropriate intervals;

b) engagement events or other review sessions to consider the aims, objectives, strategy and progress of the arrangements; and

c) progress reporting against identified objectives.

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

a) identify the roles and responsibilities of those CCGs or other partner organisations that have agreed to work together and, if formal joint working is being used, the legal basis for such arrangements;

b) specify how performance will be monitored and assurance provided to the Governing Body on the discharge of responsibilities, so as to enable the Governing Body to have appropriate oversight as to how system integration and strategic intentions are being implemented;

c) set out any financial arrangements that have been agreed in relation to the collaborative arrangements, including identifying any pooled budgets and how these will be managed and reported in annual accounts;

d) specify under which of the CCG’s supporting policies the collaborative working arrangements will operate;

e) specify how the risks associated with the collaborative working arrangement will be managed and apportioned between the respective parties;

f) set out how contributions from the parties, including details around assets, employees and equipment to be used, will be agreed and managed;
g) identify how disputes will be resolved and the steps required to safely terminate the working arrangements; and

h) specify how decisions are communicated to the collaborative partners.

5.11 Joint Commissioning Arrangements with Local Authority Partners

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

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

a) delegating specified commissioning functions to the Local Authority;

b) exercising specified commissioning functions jointly with the Local Authority;

c) exercising any specified health-related functions on behalf of the Local Authority.

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

a) agree formal and legal arrangements to make payments to, or receive payments from, the Local Authority, or pool funds for the purpose of joint commissioning;

b) make the services of its employees or any other resources available to the Local Authority; and

c) receive the services of the employees or the resources from the Local Authority.

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

- how the parties will work together to carry out their commissioning functions;

- the duties and responsibilities of the parties, and the legal basis for such arrangements;

- how risk will be managed and apportioned between the parties;
• financial arrangements, including payments towards a pooled fund and management of that fund;

• contributions from each party, including details of any assets, employees and equipment to be used under the joint working arrangements; and

• the liability of the CCG to carry out its functions, notwithstanding any joint arrangements entered into.

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

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

5.11.7 The CCG delegates its powers and duties under 5.11.5 to the Governing Body and all references in this part to the CCG should be read as the Governing Body, except to the extent that they relate to the continuing liability of the CCG under any joint arrangements.

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

a) exercising any of its Commissioning Functions jointly with the Combined Authority; and/or

b) exercising jointly with the Combined Authority any Commissioning Functions that the CCG is exercising on behalf of another CCG, pursuant to arrangements made under section 14Z3 of the NHS Act 2006, as amended; and/or;

c) entering into arrangements with other CCGs and the combined authority to exercise functions jointly.

5.11.9 Where arrangements are made as outlined above in 5.11.7:

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

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

5.11.10 Where two or more CCGs enter into arrangements with the Combined Authority to establish a Joint Committee, a pooled fund may be established. A pooled fund is a fund that is made up of contributions by each of the CCGs and the Combined Authority, working together jointly pursuant to paragraph 5.11.7 above. Any such pooled fund may be used to make payments towards expenditure incurred in the
discharge of any of the commissioning functions in respect of which the arrangements are made.

5.11.11 Where the CCG enters into arrangements as described at paragraph 5.11.7 above, the CCG shall enter into an agreement setting out the arrangements for joint working including details of:

a) exercising any of its Commissioning Functions jointly with the Combined Authority; and/or

b) exercising jointly with the Combined Authority any Commissioning Functions that the CCG is exercising on behalf of another CCG, pursuant to arrangements made under section 14Z3 of the NHS Act 2006, as amended; and/or;

c) entering into arrangements with other CCGs and the combined authority to exercise functions jointly.

d) how risk will be managed and apportioned between the parties;

e) financial arrangements, including payments towards a pooled fund and management of that fund; and

f) contributions from the parties, including details around assets, employees and equipment to be used under the joint working arrangements.

5.11.12 The liability of the CCG to carry out its functions will not be affected where the CCG enters into arrangements pursuant to paragraph 5.11.7 above.

5.12 Joint Commissioning Arrangements – Other CCGs

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

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

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

a) delegating any of the CCG’s commissioning functions to another CCG;

b) exercising any of the Commissioning Functions of another CCG; or

c) exercising jointly the Commissioning Functions of the CCG and another CCG.
5.12.4 For the purposes of the arrangements described at 5.12.3, the CCG may:

a) make payments to another CCG;

b) receive payments from another CCG; or

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

d) receive the services of the employees or the resources available to another CCG.

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

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

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

a) how the parties will work together to carry out their commissioning functions;

b) the duties and responsibilities of the parties, and the legal basis for such arrangements;

c) how risk will be managed and apportioned between the parties;

d) financial arrangements, including payments towards a pooled fund and management of that fund;

e) contributions from the parties, including details around assets, employees and equipment to be used under the joint working arrangements.

5.12.8 The responsibility of the CCG to carry out its functions will not be affected where the CCG enters into arrangements pursuant to paragraph 0 above.

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

5.12.10 Only arrangements that are safe and in the interests of patients registered with Member practices will be approved by the Governing Body.
5.12.11 The Governing Body shall require, in all joint commissioning arrangements, that the lead Governing Body Member for the joint arrangements:

a) makes a quarterly written report to the Governing Body;

b) holds at least one annual engagement event to review the aims, objectives, strategy and progress of the joint commissioning arrangements; and

c) publishes an annual report on progress made against objectives.

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

5.13 **Joint Commissioning Arrangements with NHS England**

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

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

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

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

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

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

5.13.7 Where the CCG makes arrangements with NHS England (and another CCG if relevant) as described at paragraph 5.13.3 above, the CCG shall develop and agree with NHS England a framework setting out the arrangements for joint working, including details of:
a) how the parties will work together to carry out their commissioning functions;

b) the duties and responsibilities of the parties, and the legal basis for such arrangements;

c) how risk will be managed and apportioned between the parties;

d) financial arrangements, including, if applicable, payments towards a pooled fund and management of that fund;

e) contributions from the parties, including details around assets, employees and equipment to be used under the joint working arrangements.

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

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

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

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

a) make a quarterly written report to the Governing Body;

b) hold at least one annual engagement event to review the aims, objectives, strategy and progress of the joint commissioning arrangements; and

c) publish an annual report on progress made against objectives.

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

6.1 Conflicts of Interest

6.1.1 As required by section 140 of the 2006 Act, the CCG has made arrangements to manage conflicts and potential conflicts of interest to ensure that decisions made by the CCG will be taken and seen to be taken without being unduly influenced by external or private interest.

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

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

6.1.4 The CCG has appointed the Audit Committee Chair, the Lay Member for Audit, Governance and Finance, to be the Conflicts of Interest Guardian. In collaboration with the CCG’s governance lead, their role is to:

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

6.2 Declaring and Registering Interests

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

6.2.2 The CCG will, as a minimum, publish the registers of conflicts of interest and gifts and hospitality of decision making staff at least annually on the CCG website and make them available at our headquarters upon request.
6.2.3 All relevant persons for the purposes of NHS England’s statutory guidance Managing Conflicts of Interest: Revised Statutory Guidance for CCGs 2017 must declare any interests. Declarations should be made as soon as reasonably practicable and by law within 28 days after the interest arises. This could include interests an individual is pursuing. Interests will also be declared on appointment and during relevant discussion in meetings.

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

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

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

6.3 Training in Relation to Conflicts of Interest

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

6.4 Standards of Business Conduct

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

   a) act in good faith and in the interests of the CCG;

   b) follow the Seven Principles of Public Life; set out by the Committee on Standards in Public Life (the Nolan Principles);

   c) comply with the standards set out in the Professional Standards Authority guidance - Standards for Members of NHS Boards and Clinical Commissioning Group Governing Bodies in England; and
d) comply with the CCG’s Standards of Business Conduct, including the requirements set out in the policy for managing conflicts of interest which is available on the CCG’s website and will be made available on request.

6.4.2 Individuals contracted to work on behalf of the CCG or otherwise providing services or facilities to the CCG will be made aware of their obligation with regard to declaring conflicts or potential conflicts of interest. This requirement will be written into their contract for services and is also outlined in the CCG’s Standards of Business Conduct policy.
## Appendix 1: Definitions of Terms Used in This Constitution

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006 Act</td>
<td>National Health Service Act 2006</td>
</tr>
<tr>
<td>Accountable Officer (AO)</td>
<td>An individual, as defined under paragraph 12 of Schedule 1A of the 2006 Act, appointed by NHS England, with responsibility for ensuring the group: complies with its obligations under: sections 14Q and 14R of the 2006 Act, sections 223H to 223J of the 2006 Act, paragraphs 17 to 19 of Schedule 1A of the NHS Act 2006, and any other provision of the 2006 Act specified in a document published by the Board for that purpose; exercises its functions in a way which provides good value for money.</td>
</tr>
<tr>
<td>Area</td>
<td>The geographical area that the CCG has responsibility for, as defined in part 2 of this constitution</td>
</tr>
<tr>
<td>Chair of the CCG Governing Body</td>
<td>The individual appointed by the CCG to act as chair of the Governing Body and who is usually either a GP member or a lay member of the Governing Body.</td>
</tr>
<tr>
<td>Chief Finance Officer (CFO)</td>
<td>A qualified accountant employed by the group with responsibility for financial strategy, financial management and financial governance and who is a member of the Governing Body. The CCG has designated this post to the Corporate Director of Finance and Systems.</td>
</tr>
<tr>
<td>Clinical Commissioning Groups (CCG)</td>
<td>A body corporate established by NHS England in accordance with Chapter A2 of Part 2 of the 2006 Act.</td>
</tr>
<tr>
<td>Committee</td>
<td>A Committee created and appointed by the membership of the CCG or the Governing Body.</td>
</tr>
<tr>
<td>Sub-Committee</td>
<td>A Committee created by and reporting to a Committee.</td>
</tr>
<tr>
<td><strong>Governing Body</strong></td>
<td>The body appointed under section 14L of the NHS Act 2006, with the main function of ensuring that a Clinical Commissioning Group has made appropriate arrangements for ensuring that it complies with its obligations under section 14Q under the NHS Act 2006, and such generally accepted principles of good governance as are relevant to it.</td>
</tr>
<tr>
<td>--------------------</td>
<td>-------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Governing Body Member</strong></td>
<td>Any individual appointed to the Governing Body of the CCG</td>
</tr>
</tbody>
</table>
| **Healthcare Professional** | A Member of a profession that is regulated by one of the following bodies:  
the General Medical Council (GMC)  
the General Dental Council (GDC)  
the General Optical Council;  
the General Osteopathic Council  
the General Chiropractic Council  
the General Pharmaceutical Council  
the Pharmaceutical Society of Northern Ireland  
the Nursing and Midwifery Council  
the Health and Care Professions Council  
any other regulatory body established by an Order in Council under Section 60 of the Health Act 1999 |
<p>| <strong>Lay Member</strong> | A lay Member of the CCG Governing Body, appointed by the CCG. A lay Member is an individual who is not a Member of the CCG or a healthcare professional (as defined above) or as otherwise defined in law. |
| <strong>Primary Care Commissioning Committee</strong> | A Committee required by the terms of the delegation from NHS England in relation to primary care commissioning functions. The Primary Care Commissioning Committee reports to NHS England and the Governing Body |
| <strong>Professional Standards Authority</strong> | An independent body accountable to the UK Parliament which help Parliament monitor and improve the protection of the public. Published <em>Standards for Members of NHS Boards</em> |</p>
<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Member/ Member Practice</strong></td>
<td>A provider of primary medical services to a registered patient list, who is a Member of this CCG.</td>
</tr>
<tr>
<td><strong>Member practice representative</strong></td>
<td>Member practices appoint a healthcare professional to act as their practice representative in dealings between it and the CCG, under regulations made under section 89 or 94 of the 2006 Act or directions under section 98A of the 2006 Act.</td>
</tr>
<tr>
<td><strong>NHS England</strong></td>
<td>The operational name for the National Health Service Commissioning Board.</td>
</tr>
<tr>
<td><strong>Registers of interests</strong></td>
<td>Registers a group is required to maintain and make publicly available under section 14O of the 2006 Act and the statutory guidance issues by NHS England, of the interests of:</td>
</tr>
<tr>
<td></td>
<td>- the Members of the group;</td>
</tr>
<tr>
<td></td>
<td>- the Members of its CCG Governing Body;</td>
</tr>
<tr>
<td></td>
<td>- the Members of its Committees or Sub-Committees and Committees or Sub-Committees of its CCG Governing Body;</td>
</tr>
<tr>
<td></td>
<td>- and Its employees.</td>
</tr>
<tr>
<td><strong>STP</strong></td>
<td>Sustainability and Transformation Partnerships – the framework within which the NHS and local authorities have come together to plan to improve health and social care over the next few years. STP can also refer to the formal proposals agreed between the NHS and local councils – a “Sustainability and Transformation Plan”.</td>
</tr>
<tr>
<td><strong>Joint Committee</strong></td>
<td>Committees from two or more organisations that work together with delegated authority from both organisations to enable joint decision-making</td>
</tr>
</tbody>
</table>
Appendix 2: 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>Accountable Officer</th>
<th>Chief Finance Officer</th>
<th>Audit Committee</th>
<th>Remuneration Committee</th>
</tr>
</thead>
<tbody>
<tr>
<td>GENERAL ENABLING PROVISION</td>
<td>The governing body may determine any matter for which it has been given delegated authority.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<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>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>REGULATION AND CONTROL</td>
<td>Consideration and approval of applications to the NHS Commissioning Board 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>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Policy Area</td>
<td>Decision</td>
<td>Reserved to the Membership</td>
<td>Reserved or delegated to Governing Body</td>
<td>Accountable Officer</td>
<td>Chief Finance Officer</td>
<td>Audit Committee</td>
<td>Remuneration Committee</td>
</tr>
<tr>
<td>-------------------------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>----------------------------</td>
<td>----------------------------------------</td>
<td>---------------------</td>
<td>-----------------------</td>
<td>-------------------</td>
<td>------------------------</td>
</tr>
<tr>
<td>REGULATION AND CONTROL</td>
<td>Approve 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</td>
<td>Reserved to the Membership</td>
<td>Reserved or delegated to Governing Body</td>
<td>Accountable Officer</td>
<td>Chief Finance Officer</td>
<td>Audit Committee</td>
<td>Remuneration Committee</td>
</tr>
<tr>
<td></td>
<td>- group’s governing body</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- committees and sub-committees of the group, or</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- 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,</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- members of the governing body,</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- an individual who is a member of the group but not the governing body or a specified person for inclusion in the group’s constitution</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Policy Area</td>
<td>Decision</td>
<td>Reserved to the Membership</td>
<td>Reserved or delegated to Governing Body</td>
<td>Accountable Officer</td>
<td>Chief Finance Officer</td>
<td>Audit Committee</td>
<td>Remuneration Committee</td>
</tr>
<tr>
<td>-----------------------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>----------------------------</td>
<td>----------------------------------------</td>
<td>---------------------</td>
<td>-----------------------</td>
<td>-------------------</td>
<td>------------------------</td>
</tr>
<tr>
<td>REGULATION AND CONTROL</td>
<td>Approval of the group’s overarching scheme of reservation and delegation.</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<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>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>REGULATION AND CONTROL</td>
<td>Prepare detailed financial policies that underpin the clinical commissioning group’s prime financial policies.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>REGULATION AND CONTROL</td>
<td>Approve detailed financial policies.</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>REGULATION AND CONTROL</td>
<td>Approve arrangements for managing exceptional funding requests.</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>REGULATION AND CONTROL</td>
<td>Set out who can execute a document by signature / use of the seal.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>REGULATION AND CONTROL</td>
<td>Approve the appointment (and where necessary the dismissal) of External Auditors and advice the Audit Commission on the appointment (and where necessary change/removal) of External Auditors including</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Policy Area</td>
<td>Decision</td>
<td>Reserved to the Membership</td>
<td>Reserved or delegated to Governing Body</td>
<td>Accountable Officer</td>
<td>Chief Finance Officer</td>
<td>Audit Committee</td>
<td>Remuneration Committee</td>
</tr>
<tr>
<td>------------------------------------------------</td>
<td>--------------------------------------------------------------------------</td>
<td>-----------------------------</td>
<td>----------------------------------------</td>
<td>---------------------</td>
<td>-----------------------</td>
<td>------------------</td>
<td>------------------------</td>
</tr>
<tr>
<td>REGULATION AND CONTROL</td>
<td>Prepare the Annual Audit arrangements for both Internal and External auditors.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>REGULATION AND CONTROL</td>
<td>Receive the annual management letter from the External Auditors, taking account of the advice, where appropriate of the Audit Committee.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>REGULATION AND CONTROL</td>
<td>Receipt of such reports as the governing body sees fit from its committees in respect of its exercise of powers delegate.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
</tbody>
</table>
| PRACTICE MEMBER REPRESENTATIVES AND MEMBERS OF THE GOVERNING BODY | Approve the arrangements for  
  - identifying practice members to represent practices in matters concerning the work of the group; and  
  - appointing clinical leaders to represent the group’s membership on the group’s governing body, for example |                             |                                        |                     |                       |                  | ✓                      |
<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>Accountable Officer</th>
<th>Chief Finance Officer</th>
<th>Audit Committee</th>
<th>Remuneration Committee</th>
</tr>
</thead>
<tbody>
<tr>
<td>STRATEGY AND PLANNING</td>
<td>Approve process for the appointment of governing body members, the process for recruiting and removing non-elected members to the governing body (subject to any regulatory requirements) and succession planning.</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>STRATEGY AND PLANNING</td>
<td>Approve arrangements for identifying the group’s proposed accountable officer.</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>STRATEGY AND PLANNING</td>
<td>Agree the vision, values and overall strategic direction of the group.</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>STRATEGY AND PLANNING</td>
<td>Approval of the group’s operating structure.</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>STRATEGY AND PLANNING</td>
<td>Approval of the group’s commissioning plan.</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>STRATEGY AND PLANNING</td>
<td>Approval of the group’s corporate budgets that meet the financial duties as set out in the constitution.</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>STRATEGY AND PLANNING</td>
<td>Approval of variations to the approved budget where variation would have a significant impact on the</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

NHS Trafford Clinical Commissioning Group Constitution
Version: 6.1 | Effective Date: November 2019
<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>Accountable Officer</th>
<th>Chief Finance Officer</th>
<th>Audit Committee</th>
<th>Remuneration Committee</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>overall approved levels of income and expenditure or the group’s ability to achieve its agreed strategic aims.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANNUAL REPORTS AND ACCOUNTS</td>
<td>Approval of the group’s annual report and annual accounts.</td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANNUAL REPORTS AND ACCOUNTS</td>
<td>Approval of the arrangements for discharging the group’s statutory financial duties.</td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HUMAN RESOURCES</td>
<td>Recommend the terms and conditions, remuneration and travelling or other allowances for governing body members, including pensions and gratuities to Governing Body.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>HUMAN RESOURCES</td>
<td>Recommend 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 to Governing Body.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>HUMAN RESOURCES</td>
<td>Recommend any other terms and conditions of services for the group’s employees to Governing Body.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Policy Area</td>
<td>Decision</td>
<td>Reserved to the Membership</td>
<td>Reserved or delegated to Governing Body</td>
<td>Accountable Officer</td>
<td>Chief Finance Officer</td>
<td>Audit Committee</td>
<td>Remuneration Committee</td>
</tr>
<tr>
<td>------------------</td>
<td>--------------------------------------------------------------------------</td>
<td>-----------------------------</td>
<td>----------------------------------------</td>
<td>---------------------</td>
<td>-----------------------</td>
<td>------------------</td>
<td>------------------------</td>
</tr>
<tr>
<td>HUMAN RESOURCES</td>
<td>Recommend pensions, remuneration, fees and allowances payable to employees and to other persons providing services to the group to Governing Body.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<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>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>HUMAN RESOURCES</td>
<td>Review disciplinary arrangements where the accountable officer is an employee or member of another clinical commissioning group.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>HUMAN RESOURCES</td>
<td>Approval of the arrangements for discharging the group’s statutory duties as an employer.</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HUMAN RESOURCES</td>
<td>Approve human resources policies for employees and for other persons working on behalf of the group.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>QUALITY AND SAFETY</td>
<td>Approve arrangements, including supporting policies, to minimise clinical risk,</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Policy Area</td>
<td>Decision</td>
<td>Reserved to the Membership</td>
<td>Reserved or delegated to Governing Body</td>
<td>Accountable Officer</td>
<td>Chief Finance Officer</td>
<td>Audit Committee</td>
<td>Remuneration Committee</td>
</tr>
<tr>
<td>-------------</td>
<td>----------</td>
<td>-----------------------------</td>
<td>----------------------------------------</td>
<td>---------------------</td>
<td>----------------------</td>
<td>------------------</td>
<td>------------------------</td>
</tr>
<tr>
<td>QUALITY AND SAFETY</td>
<td>Approve arrangements for supporting the NHS Commissioning Board in discharging its responsibilities in relation to securing continuous improvement in the quality of general medical services.</td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OPERATIONAL AND RISK MANAGEMENT</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>
<td></td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OPERATIONAL AND RISK MANAGEMENT</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>
<td></td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OPERATIONAL AND RISK MANAGEMENT</td>
<td>Approve the group’s counter fraud and security management arrangements.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Policy Area</td>
<td>Decision</td>
<td>Reserved to the Membership</td>
<td>Reserved or delegated to Governing Body</td>
<td>Accountable Officer</td>
<td>Chief Finance Officer</td>
<td>Audit Committee</td>
<td>Remuneration Committee</td>
</tr>
<tr>
<td>---------------------------------</td>
<td>---------------------------------------------------------------------------</td>
<td>----------------------------</td>
<td>----------------------------------------</td>
<td>---------------------</td>
<td>-----------------------</td>
<td>------------------</td>
<td>------------------------</td>
</tr>
<tr>
<td>OPERATIONAL AND RISK MANAGEMENT</td>
<td>Approval of the group’s risk management arrangements.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<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>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OPERATIONAL AND RISK MANAGEMENT</td>
<td>Approval of a comprehensive system of internal control, including budgetary control that underpins the effective, efficient and economic operation of the group.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OPERATIONAL AND RISK MANAGEMENT</td>
<td>Approve proposals for action on litigation against or on behalf of the clinical commissioning group.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OPERATIONAL AND RISK MANAGEMENT</td>
<td>Approve the group’s arrangements for business continuity and emergency planning.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>INFORMATION GOVERNANCE</td>
<td>Approve the group’s arrangements for handling complaints.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Policy Area</td>
<td>Decision</td>
<td>Reserved to the Membership</td>
<td>Reserved or delegated to Governing Body</td>
<td>Accountable Officer</td>
<td>Chief Finance Officer</td>
<td>Audit Committee</td>
<td>Remuneration Committee</td>
</tr>
<tr>
<td>--------------------------</td>
<td>---------------------------------------------------------------------------</td>
<td>----------------------------</td>
<td>----------------------------------------</td>
<td>---------------------</td>
<td>----------------------</td>
<td>-----------------</td>
<td>------------------------</td>
</tr>
<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>
<td></td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TENDERING AND CONTRACTING</td>
<td>Approval of the group’s contracts for any commissioning support.</td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TENDERING AND CONTRACTING</td>
<td>Approval of the group’s contracts for corporate support (for example finance provision).</td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PARTNERSHIP WORKING</td>
<td>Approve decisions that individual members or employees of the group participating in joint arrangements on behalf of the group can make. Such delegated decisions must be disclosed in this scheme of reservation and delegation.</td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PARTNERSHIP WORKING</td>
<td>Approve decisions delegated to joint committees established under section 75 of the 2006 Act.</td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COMMISSIONING AND CONTRACTING</td>
<td>Approval of the arrangements for discharging the group’s statutory duties associated with its commissioning</td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Policy Area</td>
<td>Decision</td>
<td>Reserved to the Membership</td>
<td>Reserved or delegated to Governing Body</td>
<td>Accountable Officer</td>
<td>Chief Finance Officer</td>
<td>Audit Committee</td>
<td>Remuneration Committee</td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>-----------------------------</td>
<td>----------------------------------------</td>
<td>---------------------</td>
<td>-----------------------</td>
<td>------------------</td>
<td>------------------------</td>
</tr>
<tr>
<td>FOR CLINICAL SERVICES</td>
<td><em>functions, including but not limited to promoting the involvement of each patient, patient choice, reducing inequalities, improvement in the quality of services, obtaining appropriate advice and public engagement and consultation.</em></td>
<td>Reserved or delegated to Governing Body</td>
<td>Accountable Officer</td>
<td>Chief Finance Officer</td>
<td>Audit Committee</td>
<td>Remuneration Committee</td>
<td></td>
</tr>
<tr>
<td>COMMISSIONING AND CONTRACTING FOR CLINICAL SERVICES</td>
<td>Approve arrangements for coordinating the commissioning of services with other groups and or with the local authority(ies), where appropriate.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COMMUNICATIONS</td>
<td>Approving arrangements for handling Freedom of Information requests.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COMMUNICATIONS</td>
<td>Determining arrangements for handling Freedom of Information requests.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

NHS Trafford Clinical Commissioning Group Constitution
Version: 6.1 | Effective Date: November 2019

-46-
Appendix 3: Standing Orders

1 STATUTORY FRAMEWORK AND STATUS

1.1 Introduction

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

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

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

b) the appointment of member practice representatives;

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

d) the process to delegate powers; and,

e) the declaration of interests and standards of conduct.

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

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

1.2 Schedule of matters reserved to the Clinical Commissioning Group and the Scheme of Reservation and Delegation

1.2.1 The 2006 Act (as amended by the 2012 Act) provides the group with powers to delegate the group’s functions and those of the Governing Body to certain bodies (such as committees) and certain persons. The group has decided that certain decisions may only be exercised by the group in formal session. These decisions and also those delegated are contained in the group’s scheme of reservation and delegation.
2 THE CLINICAL COMMISSIONING GROUP: COMPOSITION OF MEMBERSHIP, KEY ROLES AND APPOINTMENT PROCESS

2.1 Composition of membership

2.1.1 The constitution provides details of the membership of the group.

2.2 Key Roles

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

2.2.2 The Chair is subject to the following appointment process:

a) Nominations – Nomination shall comprise initial expression of interest in writing and formal application for the vacant position.

b) Eligibility – Eligibility shall comprise any person who meet the eligibility requirements set out in the National Health Service (Clinical Commissioning Groups) Regulations 2012 and any other applicable law or guidance and who has such knowledge and experience as is necessary to fulfil this role.

c) Appointment process – The chair will be elected by GPs in Trafford currently registered by an appropriate body on a Performers List and employed or engaged by member practices.

d) Term of office - A term of office shall comprise three years.

e) Eligibility for reappointment - Reappointment following the nomination process and appointment process set out in sections 2.2.2 a) and 2.2.2 c) respectively, shall be granted providing the Chair has not exceeded a maximum of two terms of office.

f) Grounds for removal from office - Removal from office will be applied should the post holder in question be appointed to a further NHS body as either Chair or lay member (or equivalent) or found to be bringing the CCG into disrepute through their actions as chair (in breach of the CCG’s code of conduct) either in their role in the CCG or elsewhere. The mechanism for this removal will be by Council of Members majority vote.

g) Notice period – The notice period for the role of Chair shall be no longer than six months confirmed in writing to the Governing Body and council of members.

2.2.3 The four GP representatives (called Neighbourhood Leads) of member practices are subject to the following appointment process:

a) Nominations – Nomination shall comprise self-nomination of GPs from eligible member practices for vacant positions in the neighbourhood area where they practice.
b) Eligibility – Eligibility shall comprise clinicians employed or engaged by member practices who meet the eligibility requirements set out in the National Health Service (Clinical Commissioning Groups) Regulations 2012 and any other applicable law or guidance.

c) Appointment process – the following process will be adopted to achieve the requirement that each geographical areas is represented.

- A list of GPs who have self-nominated will be compiled for each neighbourhood area. The list will comprise the name and practice of the persons who have put themselves forward.
- Each neighbourhood will hold a ballot on the list by a vote of all GPs currently registered by an appropriate body on a Performers List and employed or engaged by member practices in that neighbourhood area.
- A selection panel comprising the Chair, Accountable Officer and two other persons agreed by the Chair will interview the persons who received the majority of votes in the neighbourhood ballots.
- The selection panel will finalise the list of GPs who will be members of the Governing Body based on the ballot results and interview process.
- In the event of the process not achieving the required number of people, then the Chair and Accountable Officer will arrange a further neighbourhood ballot in any areas where the positions have not been filled.

d) Term of office - A term of office shall comprise three years.

e) Eligibility for reappointment - Reappointment following the nomination process and appointment process set out in sections 2.2.3 a) and 2.2.3 c) respectively, shall be granted providing the clinician has not exceeded a maximum of two terms of office.

f) Grounds for removal from office - Removal from office will be applied should the clinician in question be no longer a clinician from a member practice, be found to be in breach of the General Medical Council members’ or CCG’s Code of Conduct (or equivalent) or found to be bringing the CCG into disrepute through their actions as a clinician either in their role in the CCG or elsewhere. The mechanism for this removal will be by Council of Members majority vote.

g) Notice period – The notice period for the role shall be three months confirmed in writing to the Governing Body and council of members.

2.2.4 The one GP Medical Director is subject to the following appointment process:

a) Nominations – Nomination shall comprise initial expression of interest in writing and subsequent formal application for the vacant position.
b) Eligibility – Eligibility shall comprise any member of the public who meet the eligibility requirements set out in the National Health Service (Clinical Commissioning Groups) Regulations 2012 and any other applicable law or guidance.

c) Appointment process – Appointment will be determined by interview on a competency based selection process.

d) Term of office - A term of office shall be permanent and subject to the individuals employment contract with the group.

e) Eligibility for reappointment - The role is that of an employee and as such eligibility for reappointment following a term of office does not apply.

f) Grounds for removal from office - Removal from office will be applied should the Medical Director be in breach of their employment contract with the CCG.

2.2.5 The two lay members are subject to the following appointment process:

a) Nominations – Nomination shall comprise initial expression of interest in writing and formal application for each of the respective vacant positions.

b) Eligibility – Eligibility shall comprise any member of the public who meet the eligibility requirements set out in the National Health Service (Clinical Commissioning Groups) Regulations 2012 and any other applicable law or guidance. The Lay Member for Patient and Public Participation must reside in the area covered by the CCG.

c) Appointment process – Appointment will be determined by interview on a competency based selection process for each respective specific lay member position.

d) Term of office - A term of office shall comprise three years.

e) Eligibility for reappointment - Reappointment following the nomination process and appointment process set out in sections 2.2.5 a) and 2.2.5 c) respectively, shall be granted providing the lay member has not exceeded a maximum of three terms of office.

f) Grounds for removal from office - Removal from office will be applied should the lay member in question be appointed to a further NHS body as either a lay member (or equivalent) or as chair, be found to be bringing the CCG into disrepute through their actions as a lay member (in breach of the CCG’s code of conduct) either in their role in the CCG or elsewhere. The mechanism for this removal will be by eligible Governing Body member majority vote.
g) Notice period – The notice period for the role shall be three months confirmed in writing to the Governing Body.

2.2.6 The one registered nurse is subject to the following appointment process:

a) Nominations – Nomination shall comprise initial expression of interest in writing and subsequent formal application from the vacant position.

b) Eligibility – Eligibility shall comprise an individual registered on the Nursing & Midwifery Council register who meets the eligibility requirements set out in the National Health Service (Clinical Commissioning Groups) Regulations 2012 and any other applicable law or guidance.

c) Appointment process – Appointment will be determined by interview on a competency based selection process for the vacant position.

d) Term of office - A term of office shall comprise three years.

e) Eligibility for reappointment - Reappointment following the nomination process and appointment process set out in sections 2.2.6 a) and 2.2.6 c) respectively, shall be granted providing the registered nurse has not exceeded a maximum of two terms of office.

f) Grounds for removal from office - Removal from office will be applied should the registered nurse in question be no longer registered on the Nursing & Midwifery Council register or found to be bringing the CCG into disrepute through their actions as a registered nurse (in breach of the CCG’s code of conduct) either in their role in the CCG or elsewhere. The mechanism for this removal will be by eligible Governing Body member majority vote.

g) Notice period – The notice period for the role shall be three months confirmed in writing to the Governing Body.

2.2.7 The one registered Chief nurse is subject to the following appointment process:

a) Nominations – Nomination shall comprise initial expression of interest in writing and formal application for the vacant position.

b) Eligibility – Eligibility shall comprise any member of the public who meets the eligibility requirements set out in the National Health Service (Clinical Commissioning Groups) Regulations 2012 and any other applicable law or guidance.

c) Appointment process – Appointment will be determined by interview on a competency based selection process for the position.

d) Term of office - A term of office shall be permanent and subject to the individuals employment contract with the group.
e) Eligibility for reappointment – The role is that of an employee and as such eligibility for reappointment following a term of office does not apply.

f) Grounds for removal from office - Removal from office will be applied should the registered chief nurse be in breach of their employment contract with the CCG.

g) Notice period – The notice period for the role shall be subject to the individual’s employment contract with the group.

2.2.8 The **one secondary care specialist doctor is** subject to the following appointment process:

a) Nominations – Nomination shall comprise initial expression of interest in writing and subsequent formal application from eligible doctors for the vacant position.

b) Eligibility – Eligibility shall comprise doctors currently registered with the General Medical Council who meet the eligibility requirements set out in the National Health Service (Clinical Commissioning Groups) Regulations 2012 and any other applicable law or guidance.

c) Appointment process – Appointment will be determined by interview on a competency based selection process for the position.

d) Term of office - A term of office shall comprise three years;

e) Eligibility for reappointment - Reappointment following the nomination process and appointment process set out in sections 2.2.7 a) and 2.2.7 c) respectively, shall be granted providing the secondary care specialist doctor has not exceeded a maximum of three terms of office.

f) Grounds for removal from office - Removal from office will be applied should the secondary care specialist doctor in question be no longer be registered with the General Medical Council, be found to be in breach of the General Medical Council members’ or CCG’s Code of Conduct or found to be bringing the CCG into disrepute through their actions as a clinician either in their role in the CCG or elsewhere. The mechanism for this removal will be by eligible Governing Body member majority vote.

g) Notice period – The notice period for the role shall be three months confirmed in writing to the Governing Body.

2.2.9 **The Accountable Officer** – this appointment will be subject to national NHS recruitment and selection policies and guidance. It is not subject to fixed term appointments. The candidate must be assessed by the CCG as being able to fulfill the role of Accountable Officer and then appointed by NHS England.

a) Term of office - A term of office shall be permanent and subject to the individual’s employment contract with the group.
b) Eligibility for reappointment - the role is that of an employee and as such eligibility for reappointment does not apply.

c) Grounds for removal from office - Removal from office will be applied should the Accountable Officer be in breach of the employment contract with the group.

d) Notice period – The notice period for the role shall be six months confirmed in writing to the Governing Body and council of members.

2.2.10 The Chief Finance Officer is subject to the following appointment process:

a) Nominations – Nomination shall comprise initial expression of interest in writing and formal application for the vacant position.

b) Eligibility – Eligibility shall comprise any member of the public who meets the eligibility requirements set out in the National Health Service (Clinical Commissioning Groups) Regulations 2012 and any other applicable law or guidance.

c) Appointment process – Appointment will be determined by interview on a competency based selection process for the position.

d) Term of office - A term of office shall be permanent and subject to the individuals employment contract with the group.

e) Eligibility for reappointment – The role is that of an employee and as such eligibility for reappointment following a term of office does not apply.

f) Grounds for removal from office - Removal from office will be applied should the chief finance officer be in breach of their employment contract with the CCG.

g) Notice period – The notice period for the role shall be subject to the individual’s employment contract with the group.

2.2.12 The Director of Integrated Health and Social Care Strategy is subject to the following appointment process:

a) Nominations – Nomination shall comprise initial expression of interest in writing and formal application for the vacant position.

b) Eligibility – Eligibility shall comprise any member of the public who meets the eligibility requirements set out in the National Health Service (Clinical Commissioning Groups) Regulations 2012 and any other applicable law or guidance.

c) Appointment process – Appointment will be determined by interview on a competency based selection process for the position.

d) Term of office - A term of office shall be permanent and subject to the individuals employment contract with the group;
e) Eligibility for reappointment – The role is that of an employee and as such eligibility for reappointment following a term of office does not apply.

f) Grounds for removal from office - Removal from office will be applied should the post holder be in breach of their employment contract with the CCG.

g) Notice period – The notice period for the role shall be subject to the individual’s employment contract with the group.

2.2.13 The **deputy chair** will be elected by a vote of Governing Body members who will deputise in the event of absence of the chair from any part of Governing Body meetings. The appointment of the deputy chair will be subject to Regulation 13 of the National Health Service (Clinical Commissioning Groups) Regulations 2012.

3 **MEETINGS OF THE GOVERNING BODY OF THE CLINICAL COMMISSIONING GROUP**

3.1.1 **Calling meetings**

3.1.2 Ordinary meetings of the group shall be held at regular intervals at such times and places as the group may determine, with a minimum of four meetings held per year.

3.1.3 The Chair may call a meeting of the Governing Body at any time subject to the appropriate provisions as to notice as in section 3.2. If the Chair refuses to call a meeting after a requisition for that purpose, signed by at least one third of the whole number of Governing Body Members, has been presented to them or if, without so refusing, the Chair does not call for a meeting within seven days after such requisition has been presented to them, such one third or more members may forthwith call a meeting.

3.2 **Agenda, supporting papers and business to be transacted**

3.2.1 Items of business to be transacted for inclusion on the agenda of a meeting need to be notified to the chair of the meeting at least 10 working days (i.e. excluding weekends and bank holidays) before the meeting takes place. Supporting papers for such items need to be submitted at least 7 working days before the meeting takes place. The agenda and supporting papers will be circulated to all members of a meeting at least 5 working days before the date the meeting will take place.

3.2.2 Agendas and certain papers for the group’s governing body – including details about meeting dates, times and venues - will be published on the group’s website at [www.traffordccg.nhs.uk](http://www.traffordccg.nhs.uk).

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

3.4 Chair of a meeting

3.4.1 At any meeting of the group or its Governing Body or of a committee or sub-committee, the chair of the group, Governing Body, committee or sub-committee, if any and if present, shall preside. If the chair is absent from the meeting, the deputy chair, if any and if present, shall preside.

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

3.5 Chair’s ruling

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

3.6 Quorum

3.6.1 A quorum shall comprise one third of the voting membership of the Governing Body (including the Chair or Accountable Officer, at least one GP and either the chief finance officer or a lay member).

3.6.2 Should members not be able to attend, and provide in advance of the meeting their apologies, a representative can be sent in their place but will not count towards quorum of the meeting, without formal acting up status.

3.6.3 Should quorum be lost due to a member or members being disqualified from taking part in the a vote or discussion due to a declared interest, the meeting’s agenda item can progress at the Chair’s discretion or should the Chair be disqualified in this instance, the Deputy Chair. At their discretion, the Chair may refer the item for consideration at the next meeting.

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

3.7 Decision making

3.7.1 The 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 groups / 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:

3.7.2 Eligibility – Those members listed the constitution are eligible to vote (not representatives in their place).

3.7.3 Majority necessary to confirm a decision – A majority vote is required by all voting members, by a show of hands or ballot, at the discretion of the chair.

3.7.4 Casting vote - In the event of no overall majority, the Chair of the meeting will have the right of a casting vote.

3.7.5 Dissenting views - Dissenting views are to be recorded in the minutes unless the vote was by ballot, although not the dissent as a result of a losing vote.

3.7.6 Should a vote be taken, the outcome of the vote and the method of voting must be recorded in the minutes of the meeting.

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

3.8 Emergency powers and urgent motions

3.8.1 Subject to the agreement of the Chair, a member of the Governing Body may give written notice of an emergency motion after the issue of the notice of the meeting and agenda, up to one hour before the time fixed for the meeting. The notice shall state the grounds of urgency. Any such item shall be declared to the Governing Body at the commencement of the business of the meeting as an additional item included on the agenda. The Chair’s decision to include or refuse such an item shall be final.

3.8.2 The motions procedure at and during a meeting is as follows:

3.8.3 Who may propose – A motion may be proposed by the Chair of the meeting or any member present. It must be seconded by another member.

3.8.4 Content of motions – The Chair may exclude from the debate at his or her discretion any such motion of which notice was not given on the notice summoning the meeting other than a motion relating to:

a) the receipt of a report
b) consideration of any item of business before the Governing Body
c) the accuracy of minutes
d) that the Governing Body proceed to next business
e) that the Governing Body adjourn
f) that the question now be put

3.8.5 Amendments to motions – A motion for amendment shall not be discussed unless it has been proposed and seconded. Amendments to motions shall be
moved relevant to the motion, and shall not have the effect of negating the motion before the Governing Body. If there are a number of amendments, they shall be considered one at a time. When a motion has been amended, the amended motion shall become the substantive motion before the meeting, upon which any further amendment may be moved.

3.8.6 Withdrawing a motion – A motion, or an amendment to a motion, may be withdrawn.

3.9 Suspension of Standing Orders

3.9.1 Except where it would contravene any statutory provision or any direction made by the Secretary of State for Health or the NHS Commissioning Board, any part of these standing orders may be suspended at any meeting, provided 8 Governing Body members are in agreement. No formal business may be transacted whilst the standing orders have been suspended.

3.9.2 A decision to suspend standing orders together with the reasons for doing so shall be recorded in the minutes of the meeting and shall be reviewed by the Audit Committee.

3.9.3 A separate record of matters discussed during the suspension shall be kept. These records shall be made available to Governing Body and to the Governing Body’s audit committee.

3.10 Record of Attendance

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

3.11 Minutes

3.11.1 The minutes of the proceedings of a meeting shall be drawn up and submitted for agreement at the next meeting where they will be signed by the meeting person presiding (Chair). No discussion shall take place upon the minutes except upon their accuracy or where the Chair considers discussion appropriate. Any amendment to the minutes shall be agreed and recorded at the next meeting.

3.11.2 The names of officers and staff in attendance at the meetings shall be recorded including that of the person responsible for the drafting of the minutes.

3.11.3 Meeting minutes shall be made available to the public following Governing Body approval, on the group’s website at www_TRAFFORDCCG.NHS.UK.

3.12 Admission of public and the press
3.12.1 The public and representatives of the press shall be afforded facilities to attend the Annual General Meeting of the group to present the annual report.

3.12.2 Meetings of the Governing Body must be held in public unless the Governing Body considers that it is not in the public interest to permit members of the public to attend a meeting or part of a meeting. The public and representatives of the press shall be afforded facilities to attend all Governing Body meetings but shall be required to withdraw if the Governing Body exercises its discretion to exclude them.

3.12.3 The Chair (or person presiding the meeting) shall give such directions as they think fit in regard to the arrangements for meetings and accommodation of the public and representatives of the press such as to ensure that the Governing Body’s business shall be conducted without interruption and disruption, and without prejudice to the power to exclude on grounds of the confidential nature of the business to be transacted.

3.12.4 The Chair may exclude any member of the public or press from the meeting if he or she is interfering with or preventing the reasonable conduct of the meeting.

3.12.5 Members of the Governing Body who preside over Governing Body business transacted of a confidential nature are not permitted to disclose the confidential contents of papers or minutes, or content of any discussion at meetings on these topics, outside the clinical commissioning group without express permission of the group or its Governing Body.

4 APPOINTMENT OF COMMITTEES AND SUB-COMMITTEES

4.1 Appointment of committees and sub-committees

4.1.1 The group may appoint committees and sub-committees of the group, subject to any regulations made by the Secretary of State, and make provision for the appointment of committees and sub-committees of its Governing Body. Where such committees and sub-committees of the group, or committees and sub-committees of its Governing Body, are appointed they are included in appendix for the Audit Committee, Remuneration Committee and the Primary Care Commissioning Committee. Other Committees and Sub Committees are included in the Governance Handbook.

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

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

4.2.1 Terms of reference shall have effect as if incorporated into the constitution and shall be added to this governance framework and included in the relevant appendix or Governance Handbook as referred to in 4.1.1 above.

4.3 Delegation of Powers by Committees to Sub-committees

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

4.4 Approval of Appointments to Committees and Sub-Committees

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

c) the chief finance officer;

6.2 Execution of a document by signature

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

a) the accountable officer;

b) the chair of the Governing Body; and,

c) the chief finance officer.
7 OVERLAP WITH OTHER CLINICAL COMMISSIONING GROUP POLICY STATEMENTS / PROCEDURES AND REGULATIONS

7.1 Policy statements: general principles

7.1.1 The group will from time to time agree and approve policy statements / procedures which will apply to all or specific groups of staff employed by NHS Trafford Clinical Commissioning Group. The decisions to approve such policies and procedures will be recorded in an appropriate group minute and will be deemed where appropriate to be an integral part of the group’s standing orders.
Appendix 4: Committee Terms of Reference

AUDIT COMMITTEE – TERMS OF REFERENCE

1 Authority

The CCG Governing Body hereby resolves to establish a committee to be known as the Audit Committee (“the Committee”) and to keep under review its Terms of Reference. The Committee is authorised by the Governing Body to investigate any activity within its Terms of Reference which has delegated functions connected with the Governing Body’s main function. Except as outlined in these Terms of Reference, meetings of the Committee shall be conducted in accordance with the provisions of Standing Orders, Reservation and Delegation of Powers and Standing Financial Instructions approved by the Governing Body and reviewed from time to time.

2 Purpose

The Committee has been established to investigate any activity within its Terms of Reference and to produce an annual work programme to discharge its responsibilities. It is authorised to seek any information it requires from any employee of the CCG and its Member practices and all employees are directed to co-operate with any request made by the Committee. The Committee, by agreement with the Governing Body, may obtain external legal or other independent professional advice and to secure the attendance of external advisers with relevant experience and expertise if it considers this necessary. The Committee will take responsibility for ensuring compliance with the principles of good governance and the CCG’s constitution when undertaking its Terms of Reference.

3 Membership

The Governing Body shall appoint the members of the Committee and these shall include the following members:

- Lay Member for Audit, Governance and Finance (Chair)
- Governing Body Nurse
- Lay Member for Patient and Public Participation
- Medical Director

In addition the following may be expected to attend as non-voting members:

- the Chief Finance Officer and his/her deputy;
- the appointed external and internal audit representatives; and
- the Local Counter Fraud Specialist.

Other senior specialist managers may attend from time to time from inside and outside of the CCG, with the agreement of the Chair, to provide specialist advice and support. The Accountable Officer will be invited to attend on an annual basis to
discuss assurances regarding the Annual Governance Statement.

A Vice-Chair is to be appointed by majority vote (with the Chair having the casting vote) at the first Committee meeting of the financial year.

4 Quorum

A meeting will achieve a quorum if at least one of either the Chair or Vice-Chair and one other member is present, providing that at least one member has financial experience.

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

5 Attendance

Members of the Committee should normally attend all meetings of the Committee. Should a member not be able to attend a meeting of the Committee, apologies in advance must be provided to the Chair and Governance Team, and the name and status of any representative attending in their place must be agreed with the Chair and communicated to the Governance Team (the Chair may use their discretion where exceptional circumstances mean a member is unable to provide advance notice of their absence). Any person in attendance for a committee member whose attendance has not been agreed with the Chair may not count towards the quorum.

6 Frequency and Notice

Meetings shall be held not less than four times per year. However, the Chair may arrange extraordinary meetings at his/her discretion. A schedule of pre-arranged meetings will be distributed to all members on an annual basis.

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

7 Responsibilities

*Governance, Risk Management and Internal Control:*

The Committee shall review the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the CCG’s activities (both clinical and non-clinical) that supports the achievement of the CCG’s objectives.
In particular the Committee will review the adequacy of:

i) all risk and control related disclosure statements (in particular the Annual Governance Statement), together with any reports from Internal or External Audit or other appropriate independent assurances, before making recommendations to the Governing Body for their approval;

ii) the underlying assurance processes that indicate the degree of the achievement of corporate objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements;

iii) the policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements including conflicts of interest; and

iv) instances where the group’s Standing Orders, Standing Financial Instructions and Scheme of Reservation and Delegation are waived and investigate those issues that present a risk to the group’s internal control functions.

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

This will be evidenced through the Committee’s use of an effective Assurance Framework to guide its work and that of the audit and assurance functions that report to it and by considering the work of other committees of the Governing Body, whose work can provide relevant assurance to the Committee’s own scope of work.

The Committee shall review at least annually the Governing Body’s register of gifts, hospitality and sponsorship, and declaration of Governing Body members’ interests.

*Internal Audit*

The Committee shall ensure that there is an effective Internal Audit provider, which meets mandatory Public Sector Internal Audit Standards and provides appropriate independent assurance to the Governing Body, the Committee and the Accountable Officer.

This will be achieved by:

i) consideration of the provision of the Internal Audit service, the cost of the service and any questions of resignation and dismissal;
ii) reviewing and approving of the Internal Audit Strategy and the internal plans for any more detailed programme of work, ensuring that these are consistent with the audit needs of the organisation as identified in the CCG’s Board Assurance Framework;

iii) consideration of the major findings of the work of the Internal Audit provider, management’s response and progress in implementing agreed recommendations and ensuring co-ordination between the Internal and External Auditors to optimise the CCG’s responsiveness to the findings and recommendations of the Internal Auditors;

iv) meeting the Internal Auditor at least once a year, without management being present, to discuss its remit and any issues arising from its work; and

v) carrying out an annual review of the effectiveness of the Internal Audit service, ensuring that it is adequately resourced, has adequate standing within the organisation and is free from management or other restrictions.

Counter Fraud

The Committee shall ensure that there is effective review of the work of the Local Counter Fraud Specialist as set out by NHS Standard Contract and in line with NHS Counter Fraud Authority published guidelines. This will be achieved by:

i) approving of the appointment of a Local Counter Fraud Specialist either directly or in combination with the appointment of the Internal Audit service;

ii) reviewing and approving the Counter Fraud Policy, Operational Plans and detailed programme of work, ensuring this is considered with the needs of the organisation; and

iii) ensuring that the Counter Fraud function is adequately resourced and that it has appropriate standing within the organisation.

External Audit

The Committee shall ensure that there is an effective External Audit provider appointed by the CCG in line with the Local Audit and Accountability Act. The Committee shall review the work and findings of the External Auditor and consider the implications and management’s responses to their work. This will be achieved by:

i) consideration of the appointment and performance of the External Auditor and make recommendations to the Governing Body regarding re-appointment or otherwise;
ii) discussion and agreement with the External Auditor, before the audit commences, of the nature and scope of the audit as set out in the annual plan;

iii) discussion with the External Auditor of their local evaluation of audit risks and assessment of the group and associated impact on the audit fee;

iv) reviewing all external audit reports, including agreement of the annual audit letter before submission to the Governing Body, as well as any work carried out outside the annual audit plan, and considering the appropriateness of associated management responses; and

v) the Committee meeting the External Auditor at least once a year, without management being present; to discuss its remit and any issues arising from its work.

Other Assurance Functions

The Committee shall review the findings of other significant assurance functions, both internal and external, and make recommendations to the Governing Body on matters affecting the governance of the CCG. These will include, but not be limited to, any reviews by the Department of Health or its agencies, regulatory or inspectorate organisations (e.g. the Care Quality Commission, NHS Litigation Authority etc.) and professional bodies with responsibility for the performance of staff or functions (e.g. Royal Colleges, accreditation bodies etc.).

In addition, the Committee will consider the work of other committees within the CCG, whose work can provide relevant assurance to the Committee’s own scope of work.

Management

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

It may also request specific reports from individual functions within the group (e.g. clinical audit) as they may be appropriate to the overall arrangements.

Financial Reporting

The Committee shall review the Annual Report and Financial Statements, focusing particularly on:

i) the wording in the Annual Governance Statement and other documents relevant to the Terms of Reference of the Committee;

ii) changes in, and compliance with, accounting policies and practices;
iii) the methods used to account for significant or unusual transactions where different approaches are possible;

iv) whether the CCG has followed appropriate accounting standards and made appropriate estimates and judgements, taking into account the views of the External Auditor;

v) significant adjustments arising from the audit; and

vi) the clarity of disclosure in the CCG’s Financial Statements.

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

**Whistle-blowing**

The Committee shall review the adequacy and security of the CCG’s arrangements for its employees and contractors to raise concerns, in confidence, about possible wrongdoing in financial reporting or other matters. The Committee shall ensure that these arrangements allow proportionate and independent investigation of such matters and appropriate follow up action in accordance with the group’s Whistle-blowing Policy.

The Committee may also request specific reports from individual functions within the CCG as they may be appropriate to the overall arrangements.

8 **Reporting**

The minutes of Committee meetings shall be formally recorded and the Chair of the Committee shall formally report material issues arising from meetings of the Committee to the Governing Body, as appropriate.

9 **Monitoring Compliance**

The Committee shall submit an annual report to the Governing Body, incorporating progress, reporting arrangements, frequency of meetings and membership attendance.

The Committee will develop a work plan with specific objectives which will be reviewed regularly and formally on an annual basis. The Committee will also review its performance against the “effective committee” checklist on an annual basis.

10 **Reviewing Terms of Reference**

The Terms of Reference of the Committee (including membership) shall be reviewed by the Governing Body at least annually.
REMUNERATION COMMITTEE TERMS OF REFERENCE

1 Authority

The CCG Governing Body hereby resolves to establish a Committee to be known as the Remuneration Committee (“the Committee”) and keeps under review its Terms of Reference. The Committee is authorised by the Governing Body to investigate any activity within its Terms of Reference which has delegated functions connected with the Governing Body’s main function. Except as outlined in these Terms of Reference, meetings of the Committee shall be conducted in accordance with the provisions of Standing Orders, Reservation and Delegation of Powers and Standing Financial Instructions approved by the Governing Body and reviewed from time to time.

2 Purpose

The Committee has been established to investigate any activity within its Terms of Reference and to produce an annual work programme to discharge its responsibilities. It is authorised to seek any information it requires from any employee of the CCG and its Member practices and all employees are directed to co-operate with any request made by the Committee. The Committee shall receive the required HR support to perform its duties. The Committee will take responsibility for ensuring compliance with the principles of good governance and the CCG’s constitution when undertaking its Terms of Reference.

3 Membership

The Committee shall be appointed by the CCG from amongst its Governing Body members. The Committee should not include full time employees or individuals who claim a significant proportion of their income from the CCG. The member practices should not be in the majority.

The Committee’s membership is as follows:

- Lay Member for Patient and Public Participation (Chair);
- Lay Member for Audit, Governance and Finance (Vice-Chair);
- Governing Body Nurse;
- Secondary Care Clinician; and
- A GP Neighbourhood Lead.

Only members of the Committee have the right to attend Committee meetings. However, other individuals such as the Accountable Officer, HR Lead and external advisers may be invited to attend for all or part of any meeting as and when appropriate.

No Senior Managers should be present for discussions about their own remuneration (although it is reasonable for the Chief Finance Officer, the HR Lead, and other Senior Managers where appropriate, to attend meetings of the Committee during which the remuneration of other staff is discussed).
The Committee will have dedicated HR support to carry out its responsibilities and HR support should be provided at all Committee meetings.

4 Quorum

A meeting will achieve a quorum if at least one of either the Chair or Vice-Chair and two other members are present.

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

5 Attendance

Members of the Committee should normally attend all meetings of the Committee. Should a member not be able to attend a meeting of the Committee, apologies in advance must be provided to the Chair and Governance Team, and the name and status of any representative attending in their place must be agreed with the Chair and communicated to the Governance Team (the Chair may use their discretion where exceptional circumstances mean a member is unable to provide advance notice of their absence). Any person in attendance for a committee member whose attendance has not been agreed with the Chair may not count towards the quorum.

6 Frequency and Notice

The Committee shall normally meet at least twice a year, but additional meetings may be required as necessary. A schedule of pre-arranged meetings will be distributed to all members on an annual basis.

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

7 Responsibilities

The Committee will make recommendations to the Governing Body on determinations about the remuneration, fees and other allowances for Governing Body members, employees of the CCG and to other persons providing services to it, and determining allowances payable under pension schemes established by the CCG.

These recommendations will include:
• All aspects of salary (including any performance related elements and bonuses.
• Provisions of other benefits including pensions and cars.
• Arrangements for termination of employment and other contractual arrangements (decisions requiring dismissal shall be referred to the Board).

It will also:

• consider the outcome of any performance review of the Accountable Officer and other senior CCG employees and determine any financial awards as appropriate;
• consider the severance payments of the Accountable Officer and usually of other Senior Officers, seeking HM Treasury approval as appropriate in accordance with the guidance ‘Managing Public Money’ (available on the HM Treasury GOV.UK website).

The Committee shall also be informed of all changes to the remuneration of employees of the CCG who are covered by “Agenda for Change”. While not responsible for authorising and agreeing these changes they will act to monitor the impact of such changes on behalf of the Governing Body.

The Committee will also consider and approve the following issues for submission to the NHS Commissioning Board Remuneration Committee:

• severance payments to the Accountable Officer and Executive Directors;
• termination payments requiring Treasury approval; and
• redundancy/early retirement payments to the Accountable Officer and Executive Directors, or costing over £50,000.

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

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

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

Any actions taken by the Committee must be publicly defensible. The Committee should bear in mind the need for properly defensible remuneration packages, which are linked to clear statements of responsibilities and with rewards linked to the measurable discharge of those responsibilities.
In all of their recommendations, the Committee should also remain aware that the CCG is corporately responsible for ensuring that its pay arrangements are appropriate in terms of Equal Pay requirements and other relevant legislation.

8 Reporting

The minutes of Committee meetings shall be formally recorded and the Chair of the Committee shall formally report material issues arising from meetings of the Committee to the Governing Body, as appropriate.

9 Monitoring and Compliance

The Committee shall submit an annual report to the CCG Governing Body, incorporating progress, reporting arrangements, frequency of meetings and membership attendance. The Committee will report to the Governing Body annually on its work in support of the Statement on Internal Control and submit details of Executive Directors’ remuneration as required for the annual report.

The Committee will develop a work plan with specific objectives which will be reviewed regularly and formally on an annual basis. The committee will also review its performance against the “effective committee” checklist on an annual basis.

10 Review of Terms of Reference

The Terms of Reference of the Committee shall be reviewed by the CCG Governing Body at least annually.
1 Authority and Statutory Framework

In accordance with its statutory powers under section 13Z of the National Health Service Act 2006 (as amended), NHS England has delegated the exercise of the functions specified in Schedule 1 to these Terms of Reference to NHS Trafford CCG. The exercise of the functions specified in Schedule 2 to these Terms of Reference are reserved to NHSE.

The CCG has established the NHS Trafford CCG Primary Care Commissioning Committee (the “Committee”). The Committee will function as a corporate decision-making body for the management of the delegated functions and the exercise of the delegated powers.

NHS England has delegated to the CCG authority to exercise the primary care commissioning functions set out in Schedule 1 in accordance with section 13Z of the NHS Act.

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

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

- a) management of conflicts of interest (section 14O);
- b) duty to promote the NHS Constitution (section 14P);
- c) duty to exercise its functions effectively, efficiently and economically (section 14Q);
- d) duty as to improvement in quality of services (section 14R);
- e) duty in relation to quality of primary medical services (section 14S);
- f) duties as to reducing inequalities (section 14T);
- g) duty to promote the involvement of each patient (section 14U);
- h) duty as to patient choice (section 14V);
- i) duty as to promoting integration (section 14Z1); and
- j) public involvement and consultation (section 14Z2).

The CCG will also need to specifically, in respect of the delegated functions from NHS England, exercise those set out below:
• duty to have regard to impact on services in certain areas (section 13O); and
• duty as respects variation in provision of health services (section 13P).

The Committee is established as a committee of the CCG in accordance with Schedule 1A of the “NHS Act”.

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

2 Purpose

The Committee has been established in accordance with the above statutory provisions to enable the members to make collective decisions on the review, planning and procurement of primary care services in Trafford, under delegated authority from NHS England.

In performing its role the Committee will exercise its management of the functions in accordance with the agreement entered into between NHS England and NHS Trafford CCG, which will sit alongside the delegation and Terms of Reference.

The functions of the Committee are undertaken in the context of a desire to promote increased co-commissioning to increase quality, efficiency, productivity and value for money and to remove administrative barriers.

3 Membership

The Committee’s membership is as follows:

(i) Medical Director
(ii) Governing Body Nurse Member
(iii) Lay Member for Audit, Governance and Finance (Vice Chair)
(iv) Lay Member for Patient and Public Participation (Chair)
(v) Secondary Care Clinician
(vi) Chief Finance Officer
(vii) Accountable Officer
(viii) Director of Public Health, Trafford Council
(ix) Director of Commissioning

The Chair of the Committee shall be the Lay Member for Patient and Public Participation who will be subject to a CCG approved recruitment and selection process.
The Vice-Chair of the Committee will be the Lay Member for Audit, Governance and Finance who will be subject to a CCG approved recruitment and selection process.

**Note** - appropriate further safeguards will be put in place to maintain the integrity of their role as Conflicts of Interest Guardian in circumstances where they Chair all or part of any meetings in the absence of the Primary Care Commissioning Committee Chair.

The following shall have a standing invite to the meetings of the Committee in a non-voting capacity:

- Trafford Health and Wellbeing Board Representative
- Healthwatch Trafford Representative
- Public Reference and Advisory Board (PRAB) Representative
- NHSE Representative
- LMC Representative

The Committee may invite additional experts to attend meetings on an ad hoc basis to inform discussions.

### 4 Quorum and Decisions

The meeting will achieve quorum if at least one of either the Chair or Vice-Chair are present and five other voting members are present.

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

During instances when there is a conflict of interest, the meeting will achieve quorum if at least one of either the Chair or Vice-Chair are present and four other voting members are present (excluding clinicians). At all other times all voting members are entitled to vote and contribute towards the quorum.

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

The decisions of the Committee shall be binding on NHS England and NHS Trafford CCG.

### 5 Attendance

Members of the Committee should normally attend all meetings of the Committee. Should a member not be able to attend a meeting of the Committee, apologies in advance must be provided to the Chair and Governance Team, and the name and status of any representative attending in their place must be agreed with the Chair and communicated.
to the Governance Team (the Chair may use their discretion where exceptional circumstances mean a member is unable to provide advance notice of their absence). Any person in attendance for a committee member whose attendance has not been agreed with the Chair may not count towards the quorum.

6 Frequency and Notice

The Committee will operate in accordance with the CCG’s Standing Orders. Meetings shall be held bi-monthly as a minimum. The Chair may arrange extraordinary meetings at their discretion. A schedule of pre-arranged meetings will be distributed to all members on an annual basis.

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

When the Chair of the Committee deems it necessary in light of the urgent circumstances to call a meeting at short notice, the notice period shall be such as s/he shall specify.

Meetings of the Committee shall be held in public, subject to the application of the following:

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

7 Responsibilities

It will be the responsibility of the Committee to carry out the functions relating to the commissioning of primary medical services under section 83 of the NHS Act.

This includes the following:

- GMS, PMS and APMS contracts (including the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing branch/remedial notices, and removing a contract);
- Newly designed enhanced services (“Local Enhanced Services” and “Directed Enhanced Services”);
- Design of local incentive schemes as an alternative to the Quality
Outcomes Framework (QOF);
- Decision making on whether to establish new GP practices in an area; and
- Approving practice mergers.
- Making decisions on ‘discretionary’ payments (e.g. returner/retainer schemes).

The Committee will also carry out the following activities:

a) Ensure effective existing service review and pre-design of Primary Care commissioning schemes prior to implementation in line with the ratified Strategic Plan by the Governing Body;

b) Ensure that the appropriate performance criteria is assigned to Strategic Plan Primary Care delivery at the outset of the pre-design of commissioning schemes;

c) Review, scrutinise and approve Primary Care Business Cases/Project Initiation Documents (PID), ensuring rigorous assessment of commissioning scheme criteria including performance outcomes, quality of service, patient engagement, patient experience and risk, in line with the ratified Commissioning Approvals Policy;

d) Review, scrutinise and approve Primary Care Business Cases/Project Initiation Documents (PID) in regard to investment and disinvestment of services (in line with CCG Standing Financial Instructions) based on rigorous assessment of clinical and cost effectiveness, affordability and health benefit;

e) Ensure clinical input is provided into the development of Primary Care Business Cases/Project Initiation Documents (PID) to ensure they are sound and are compiled when commissioning significantly new or materially different services, ensuring appropriate governance arrangements are in place;

f) Review and approve service improvements as identified in the service redesign process (where applicable);

g) Monitor budgets, quality and performance of commissioned providers relating to Primary Care identifying key themes for inclusion in future commissioning interventions and plans;

h) Monitor national and local NHS quality standards in their implementation of delivery of appropriate commissioned services within Primary Care;

i) Advocate the engagement of public and patient participation;

j) Promote education, training and development of Primary Care in line with the Primary Care Strategy; and

k) Encourage innovation in the development and delivery of Primary Care.
I) Receive risk reports for all the individual risks recorded on the Board Assurance Framework (BAF) for which the Committee has oversight of, and provide scrutiny and challenge.

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

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

Members of the Committee shall respect confidentiality requirements as set out in the CCG’s Constitution and Standing Orders.

Delegated responsibility will be to oversee the Primary Care Budget as transferred by NHS England under delegated powers and to include other budgets the Governing Body determines as appropriate, including:

a) General Medical Services (GMS);

b) Premises;

c) Direct Enhanced Services (DES);

d) Local Enhanced Services (LES);

e) Quality and Outcomes Framework (QOF);

f) GP Information Technology.

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

8 Reporting

The minutes of Committee meetings shall be formally recorded and the Chair of the Committee shall formally report material issues arising from meetings of the Committee or sub-committees (as detailed in section seven of these Terms of Reference) to the Governing Body, as appropriate.

9 Monitoring and Compliance

The Committee shall submit an annual report to the Governing Body, incorporating progress, reporting arrangements, frequency of meetings and
membership attendance.

The Committee will develop a work plan with specific objectives which will be reviewed regularly and formally on an annual basis. The committee will also review its performance against the “effective committee” checklist on an annual basis.

10 Review of Terms of Reference

It is envisaged that these Terms of Reference will be reviewed from time to time, reflecting experience of the Committee in fulfilling its functions. NHS England may also issue revised model terms of reference from time to time.

Schedule 1 – Delegated Functions

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

b) the approval of practice mergers;

c) planning primary medical care services in the Area, including carrying out needs assessments;

d) undertaking reviews of primary medical care services in the Area;

e) decisions in relation to the management of poorly performing GP practices and including, without limitation, decisions and liaison with the CQC where the CQC has reported non-compliance with standards (but excluding any decisions in relation to the performers list);

f) management of the Delegated Funds in the Area;

g) Premises Costs Directions functions;

h) co-ordinating a common approach to the commissioning of primary care services with other commissioners in the Area where appropriate; and

i) such other ancillary activities that are necessary in order to exercise the Delegated Functions.
Schedule 2- Reserved Functions

a) management of the national performers list;

b) management of the revalidation and appraisal process;

c) administration of payments in circumstances where a performer is suspended and related performers list management activities;

d) Capital Expenditure functions;

e) section 7A functions under the NHS Act;

f) functions in relation to complaints management;

g) decisions in relation to the Prime Minister’s Challenge Fund; and

h) such other ancillary activities as are necessary in order to exercise the Reserved Functions;
Appendix 5: Standing Financial Instructions

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 in the Governance Handbook which sits alongside this Constitution.

1.1.3 In support of these prime financial policies, the group has prepared more detailed policies, approved by the chief finance officer, known as detailed financial policies. The group refers to these prime and detailed financial policies together as the clinical commissioning group’s financial policies.

1.1.4 These prime financial policies identify the financial responsibilities which apply to everyone working for the group and its constituent organisations. They do not provide detailed procedural advice and should be read in conjunction with the detailed financial policies. The chief finance 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.traffordccg.nhs.uk and are available on request at the CCG headquarters, at the following address:

   Trafford Clinical Commissioning Group
   Town Hall
   Stretford
   M32 0TH

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

1.1.7 Failure to comply with prime financial policies and standing orders can in certain circumstances be regarded as a disciplinary matter that could result in dismissal.

1.2 **Overriding Prime Financial Policies**

1.2.1 If for any reason these prime financial policies are not complied with, full details of the non-compliance and any justification for non-compliance and the circumstances around the non-compliance shall be reported to the next formal meeting of the Governing Body’s audit committee for referring action or ratification. All of the group’s members and employees have a duty to disclose any non-compliance with these prime financial policies to the chief finance officer as soon as possible.

1.3 **Responsibilities and delegation**

1.3.1 The roles and responsibilities of 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 the NHS Commissioning Board and that
application is granted.

2 INTERNAL CONTROL

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

2.1 The Governing Body is required to establish an audit committee with terms of reference agreed by the Governing Body (see paragraph 6.6.4 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 In line with the terms of reference for the Governing Body’s audit committee, the person appointed by the group to be responsible for internal audit and the 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\(^1\) to ensure that its expenditure does not exceed the aggregate of allotments from the NHS Commissioning Board and any other sums it has received and is legally allowed to spend.

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

5.3 The chief finance officer will:

\(^1\) See section 223H of the 2006 Act, inserted by section 27 of the 2012 Act
a) provide reports in the form required by the NHS Commissioning Board;

b) ensure money drawn from the NHS Commissioning Board is required for approved expenditure only is drawn down only at the time of need and follows best practice;

c) be responsible for ensuring that an adequate system of monitoring financial performance is in place to enable the group to fulfil its statutory responsibility not to exceed its expenditure limits, as set by direction of the NHS Commissioning Board.

6 ALLOTMENTS:

6.1 The group’s chief finance officer will:

   a) periodically review the basis and assumptions used by the NHS Commissioning Board for distributing allotments and ensure that these are reasonable and realistic and secure the group’s entitlement to funds;

   b) prior to the start of each financial year submit to the Governing Body for approval a report showing the total allocations received and their proposed distribution including any sums to be held in reserve; and

   c) regularly update the Governing Body on significant changes to the initial allocation and the uses of such funds.

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.

---

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

3 See section 14Z11 of the 2006 Act, inserted by section 26 of the 2012 Act
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 financial officer shall monitor financial performance against budget and plan, periodically review them, and report to the Governing Body. This report should include explanations for variances. These variances must be based on any significant departures from agreed financial plans or budgets.

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

7.5 The Governing Body will approve consultation arrangements for the group’s commissioning plan

8 ANNUAL ACCOUNTS AND REPORTS

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

8.1 The chief finance officer will ensure the group:

a) prepares a timetable for producing the annual report and accounts and agrees it with external auditors and the Governing Body;

b) prepares the accounts according to the timetable approved by the Governing Body;

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

---

4 See paragraph 17 of Schedule 1A of the 2006 Act, as inserted by Schedule 2 of the 2012 Act
website at www.traffordccg.nhs.uk and are available on request at the
CCG headquarters, at the following address:

Trafford Clinical
Commissioning Group
Town Hall
Stretford
M32 0TH

9 INFORMATION TECHNOLOGY

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

9.1 The chief finance officer is responsible for the accuracy and security of the
group’s computerised financial data and shall

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

b) ensure that adequate (reasonable) controls exist over data entry,
processing, storage, transmission and output to ensure security,
privacy, accuracy, completeness, and timeliness of the data, as well as
the efficient and effective operation of the system;

c) ensure that adequate controls exist such that the computer operation
is separated from development, maintenance and amendment;

d) ensure that an adequate management (audit) trail exists through the
computerised system and that such computer audit reviews as the
chief finance officer may consider necessary are being carried out.

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

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

10.1 The chief finance officer will ensure:

a) the group has suitable financial and other software to enable it to comply with these policies and any consolidation requirements of the NHS Commissioning Board;

b) that contracts for computer services for financial applications with another health organisation or any other agency shall clearly define the responsibility of all parties for the security, privacy, accuracy, completeness, and timeliness of data during processing, transmission and storage. The contract should also ensure rights of access for audit purposes.

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

11 BANK ACCOUNTS

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

11.1 The chief finance officer will:

a) review the banking arrangements of the group at regular intervals to ensure they are in accordance with Secretary of State directions\(^5\), best practice and represent best value for money;

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

c) prepare detailed instructions on the operation of bank accounts.

\(^5\) See section 223H(3) of the NHS Act 2006, inserted by section 27 of the 2012 Act
11.2 The audit committee shall approve the banking arrangements.

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

**POLICY** – the group will

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

12.1 The Chief Financial Officer is responsible for:

a) designing, maintaining and ensuring compliance with systems for the proper recording, invoicing, and collection and coding of all monies due;

b) establishing and maintaining systems and procedures for the secure handling of cash and other negotiable instruments;

c) approving and regularly reviewing the level of all fees and charges other than those determined by the NHS Commissioning Board or by statute. Independent professional advice on matters of valuation shall be taken as necessary;

d) for developing effective arrangements for making grants or loans.

---

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

7 See section 14Z6 of the 2006 Act, inserted by section 26 of the 2012 Act
13 TENDERING AND CONTRACTING PROCEDURE

POLICY – the group:

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

13.1 The group shall ensure that the firms / individuals invited to tender (and where appropriate, quote) are among those on approved lists or where necessary a framework agreement. Where in the opinion of the chief finance officer it is desirable to seek tenders from firms not on the approved lists, the reason shall be recorded in writing to the accountable officer or the group’s audit committee.

13.2 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 Commissioning Board or any Independent Regulator of NHS Foundation Trusts guidance that does not conflict with (b) above.

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

14.2 The accountable officer will establish arrangements to ensure that regular reports are provided to the provider assurance committee 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 Risk identification, risk mitigation and the overall management of risk is the responsibility of all members of staff in the group.

15.2 The group will maintain a robust approach to risk management via a risk management framework and will develop a risk management strategy and policy to put this into operation. This will be open to independent review and assessment by the group’s internal auditors, reporting to the Audit Committee.

15.3 The Governing Body will frequently receive current position reports on the assurance framework, will collectively be responsible for it, with individual accountability being assigned to specific members of the Governing Body based on the risk rating process defined in the risk management strategy and policy.
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;

   b) and, once approved, the thresholds should be incorporated in the scheme of reservation and delegation;

   c) be responsible for the prompt payment of all properly authorised accounts and claims;

   d) be responsible for designing and maintaining a system of verification,
recording and payment of all amounts payable.

18 CAPITAL INVESTMENT, FIXED ASSET REGISTERS AND SECURITY OF ASSETS

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

18.1 The accountable officer will

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

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

c) shall ensure that the capital investment is not undertaken without 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.