

**NHS SALFORD  
CLINICAL COMMISSIONING GROUP  
CONSTITUTION**

## NHS Salford Clinical Commissioning Group Constitution

<b>Version</b>	<b>Effective Date</b>	<b>Changes</b>
<b>V1</b>	<b>Aug 2018</b>	<b>Standard model</b>
<b>V1.1</b>	<b>Nov 2018</b>	<b>Amended by Head of Governance and Policy for NHS Salford CCG</b>
<b>V1.2</b>	<b>Dec 2018</b>	<b>Reviewed by Director of Corporate Services and amended accordingly</b>
<b>V1.3</b>	<b>Jan 2019</b>	<b>Amended following recommendations by the Executive Team</b>
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The model constitution has been prepared on behalf of NHS England by thiNKnow LTD with the support of Browne Jacobson LLP. NHS Salford CCG has amended this for its own circumstances as appropriate.

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# 1 Introduction

## 1.1 Name

The name of this clinical commissioning group is NHS Salford 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 1 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.salford.nhs.uk](http://www.salford.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; and
- 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 Financial Delegated Limits for Approval and Authorisation, these documents do not form part of the Constitution for the purposes of 1.4 above. They are the CCG's:

- a) **Standing orders** – which set out the arrangements for meetings and the selection and appointment processes for the CCG's Committees, and the CCG Governing Body (including Committees).
- b) **The Scheme of Reservation and Delegation** – sets out those decisions that are reserved for the membership as a whole and those decisions that have been delegated by the CCG or the Governing Body
- c) **Prime financial policies** – which set out the arrangements for managing the CCG's financial affairs.

- d) **Standing Financial Instructions** – which set out the delegated limits for financial commitments on behalf of the CCG.
- e) **The CCG Governance Handbook** – which includes:
  - Standards of Business Conduct Policy – which includes the arrangements the CCG has made for the management of conflicts of interest;
  - Committee terms of reference;
  - The Scheme of Reservation and Delegation (SorD);
  - Standing Financial Instructions (SFIs);
  - Standing orders (SOs);
  - Arrangements for the admission and removal of member practices;
  - Roles and responsibilities; and
  - 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 including the CCG handbook;
- b) appoint independent lay members and non-GP clinicians to our Governing Body;
- c) manage actual or potential conflicts of interest in line with NHS England’s statutory guidance *Managing Conflicts of Interest: Revised Statutory Guidance for CCGs 2017* and expected standards of good practice (see also part 6 of this constitution);
- d) hold Governing Body meetings in public (except where we believe that it would not be in the public interest);
- e) publish an annual commissioning strategy that takes account of priorities in the health and wellbeing strategy;
- f) procure services in a manner that is open, transparent, non-discriminatory and fair to all potential providers and publish a Procurement Strategy;
- g) involve the public, in accordance with its duties under section 14Z2 of the 2006 Act, and as set out in more detail in the CCG’s engagement strategy.
- h) When discharging its duties under section 14Z2, the CCG will ensure that it makes arrangements to **secure public involvement** in the planning, development and consideration of proposals for changes and decisions affecting the operation of commissioning arrangements<sup>1</sup> by:

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<sup>1</sup> See section 14Z2 of the 2006 Act, inserted by section 26 of the 2012 Act

- working in partnership with patients and the local community to secure the best care for them, including through bi annual meetings of NHS Salford CCG's Citizen and Patient Panel, attendance at community events and through active engagement with Salford's partnership neighbourhood management arrangements
  - adapting engagement activities to meet the specific needs of the different patient groups and communities
  - publishing information about health services on the group's website and through other media, including regular newsletters to NHS Salford CCG's Citizen and Patient Panel
  - encouraging and acting on feedback
  - delegating responsibility for monitoring and reporting compliance against this statement of principles to the Engagement and Inclusion Group
  - requiring progress of delivery of the statement of principles to be reported to the group's governing body a minimum of once per year
- 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 publishing its principal commissioning and operational policies.

## **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.

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.

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.

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**

- 2.1.1** The area covered by the CCG is coterminous with Salford City Council. The CCG represents all practices within the Salford City Council boundaries circa 234,000 residents (2011 census).

## 3 Membership Matters

### 3.1 Membership of the Clinical Commissioning Group

3.1.1 The CCG is a membership organisation.

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

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

Neighbourhood	Practice Name	Address
Broughton	Lower Broughton 1	Lower Broughton Health Centre, Great Clowes Street, Salford, M7 1RD
	Dr Davis' Medical Practice	1 <sup>st</sup> Floor, Newbury Place Health Centre, 55 Rigby Street, Salford, M7 4NX
	Lower Broughton 3	Lower Broughton Health Centre, Great Clowes Street, Salford, M7 1RD
	Mocha Parade Medical Practice	4-5 Mocha Parade, Salford, M7 1QE
	Newbury Green Medical Practice	Newbury Place Health Centre, 55 Rigby Street, Salford, M7 4NX
	Limefield Medical Practice	Newbury Place Health Centre, 55 Rigby Street, Salford, M7 4NX
	Lower Broughton 4	Lower Broughton Health Centre, Great Clowes Street, Salford, M7 1RD
	Blackfriars Medical Practice	Fresh Towers, 138 Chapel Street, Salford, M3 6AF
	Care Homes Medical Practice (managed by Salford Royal NHS Foundation Trust)*	Ground Floor Sandringham House, Windsor Street, Salford, Manchester, Lancashire, M5 4DG
Eccles and Irlam	St Andrew's Medical Practice 2	St Andrews Medical Centre, 30 Russell Street, Eccles, M30 0NU
	St Andrew's Medical Practice 3	St Andrews Medical Centre, 30 Russell Street, Eccles, M30 0NU
	St Andrew's Medical Practice 4	St Andrews Medical Centre, 30 Russell Street, Eccles, M30 0NU
	Salford Primary Care Together (Eccles)	Eccles Gateway, 28 Barton Lane, Eccles, M30 0TU
	Eccles Gateway Medical Practice	Eccles Gateway, 28 Barton Lane, Eccles, M30 0TU
	Monton Medical Practice	Monton Medical Centre, Canal Side, Monton Green, M30 8AR
	Springfield Medical Practice	Springfield Medical Centre, 384 Liverpool Road, Eccles, M30 8QD

	Mosslands Medical Practice	Irlam Medical Centre, MacDonald Road, Irlam, M44 5LH
	Chapel Medical Centre	220 Liverpool Road, Irlam, M44 6FE
	Irlam Medical Centre	Irlam Medical Centre, MacDonald Road, Irlam, M44 5LH
	Irlam Clinic	125 Liverpool Road, Irlam, M44 6DP
	Irlam Group Practice	Irlam Group Practice, 523 Liverpool Road, Irlam, M44 6ZS
Ordsall and Claremont	Ordsall Health Surgery	118 Phoebe Street, Salford, M5 3PH
	Langworthy Medical Practice	250 Langworthy Road, Salford, M6 5WW
	Salford Medical Practice	Salford Medical Centre, 194-198 Langworthy Road, Salford, M6 5PP
	Clarendon Surgery	Pendleton Gateway, 1 Broadwalk, Salford, M6 5FX
	Pendleton Medical Practice	Pendleton Gateway, 1 Broadwalk, Salford, M6 5FX
	Orient Road Medical Practice	37 Orient Road, Salford, M6 8LE
	The Willows Medical Practice	The Willows, Lords Avenue, Salford, M5 5JR
	Cornerstone Medical Practice	The Cornerstone, 451 Liverpool Street, Salford, M6 5QQ
	Sorrel Group Practice	23 Bolton Road, Salford, M6 7HL
	The Height Medical Practice (managed by SSP Health)	355 Bolton Road, Irlams O'Th'Height, Salford, M6 7NU
Walkden and Little Hulton	Walkden Medical Centre	Walkden Medical Centre, 2 Hodge Road, Walkden, M28 3AT
	The Gill Medical Practice	The Gill Medical Centre, 5 Harriet Street, Walkden, M28 3DR
	The Limes Medical Practice	The Limes Medical Centre, 10-12 Hodge Road, Walkden, M28 3AT
	Walkden Gateway Medical Practice	Manchester Road Medical, Walkden Gateway, 2 Smith Street, Walkden, M28 3EZ
	Ellenbrook Medical Practice	Ellenbrook Medical Centre, 14 Morston Close, Salford, M28 1PB
	Orchard Medical Practice	10 Leigh Road, Boothstown, Worsley, M28 1LZ
	Dearden Avenue Medical Practice	1a Dearden Avenue, Little Hulton, M38 9GH
	Cherry Medical Practice	Haysbrook Avenue, Little Hulton, M28 0AY
	Cleggs Lane Medical Practice	129-131 Cleggs Lane, Little Hulton, Manchester, M38 9RS
	Manchester Road East Medical Practice	152a Manchester Road East, Little Hulton, Manchester, M38 9LQ
Swinton	The Sides Medical Practice	The Sides Medical Centre, Moorside Road, Swinton, M27 0EW
	The Poplars Medical Practice	The Poplars Medical Centre, 202 Partington Lane, Swinton, M27 0NA

	Silverdale Medical Practice	Silverdale Medical Practice, Bolton Road, Pendlebury, M27 8HP
	The Lakes Medical Centre	The Lakes Medical Centre, 21 Chorley Road, Swinton, M27 4AF

\* This practice is allocated to the Broughton cluster but provides a service borough-wide.

## **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**

**3.4.1** Each member practice may raise any matter it feels relevant to the CCG with regard to how it operates and its commissioning decisions either through the relevant neighbourhood lead or directly to the CAO or Chair as appropriate.

## **3.5 Members' Meetings**

**3.5.1** NHS Salford CCG recognises that its strength comes from being a membership organisation. As such active engagement of all its member practices is vital. This would ordinarily be through a General Practitioner but could be one of the other clinicians from each member practice.

**3.5.2** NHS Salford CCG engages member practices in a range of ways. Formally this is achieved through Neighbourhood Clinical Commissioning Groups and the Practice Managers Forum. Two "Members Events" are held each year for all member practices to come together with CCG leaders. In addition a series of practice visit by clinical and managerial leadership, and regular newsletters and other communication, ensure strong engagement between practices, in neighbourhoods and throughout NHS Salford CCG membership.

**3.5.3** NHS Salford CCG communicates with its members through a weekly Members News e bulletin. Member practices are expected to read these

routinely, ensure messages are shared with all relevant practices staff and ensure requirements within this publication are acted upon appropriately.

## **3.6 Practice Representatives**

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

**3.6.2** The Neighbourhood Clinical Lead/Neighbourhood Lead act as our Neighbourhood Practice Representatives. They represent their practice's views and act on behalf of the practice in matters relating to the group. The role of each Neighbourhood Clinical Lead/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 Salford.
- b) represent CCG members on the NHS Salford CCG governing body
- c) support neighbourhood CCG members in understanding the commissioning process and functions including facilitation of information between members and the governing body

**3.6.3** In addition to the practice representatives identified in section 3.6.2 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 professional undertake the following roles on behalf of the group:

- Clinical Director for Transformation
  - To cover a range of clinical pathway design matters including Long Term Conditions Leadership.
  - To provide leadership to a team of Clinical Care Leads.
  - To represent CCG members on the NHS Salford CCG governing body.
  - To oversee resources invested in improved, quality, patient pathways to protect and grow the delivery of prevention interventions and healthcare service for the population of Salford.
- Medical Director
  - To assure and improve the quality of the CCG's commissioned services.
  - To oversee NHS Salford CCG responsibilities relating to quality in Primary care.
  - To work with CCG members to ensure compliance with clinical commissioning practice requirements.
  - To provide cover for the chair as appropriate.

- To represent CCG Members on the NHS Salford CCG governing body.

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

### **4.1 Good Governance**

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

- a) Use of the governance toolkit for CCGs [www.ccggovernance.org](http://www.ccggovernance.org);
- b) Undertaking regular governance reviews;
- c) Adoption of standards and procedures that facilitate speaking out and the raising of concerns including a freedom to speak up guardian;
- d) Adopting 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) relevant legislation including such as the Equality Act 2010; and
- i) the standards set out in the Professional Standard Authority's guidance 'Standards for Members of NHS Boards and Clinical Commissioning Group Governing Bodies in England'.

### **4.2 General**

**4.2.1** The CCG will:

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

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

### **4.3 Authority to Act: the CCG**

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

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

## **4.4 Authority to Act: the Governing Body**

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

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

## **5 Procedures for Making Decisions**

### **5.1 Scheme of Reservation and Delegation**

- 5.1.1** The CCG has agreed a scheme of reservation and delegation (SoRD) which is published in full on the CCG website at [www.salford.nhs.uk](http://www.salford.nhs.uk)
- 5.1.2** The CCG's SoRD sets out:
- a) those decisions that are reserved for the membership as a whole;
  - b) those decisions that have been delegated by the CCG, the Governing Body or other individuals.
- 5.1.3** The CCG remains accountable for all of its functions, including those that it has delegated. All those with delegated authority, including the Governing Body, are accountable to the Members for the exercise of their delegated functions.
- 5.1.4** The accountable officer may periodically propose amendments to the Scheme of Reservation and Delegation, which shall be considered and approved by the Governing Body unless:
- a) Changes are proposed to the reserved powers; or
  - b) At least half (50%) of all the Governing Body member practice representatives (including the Chair) formally request that the amendments be put before the membership for approval.

### **5.2 Standing Orders**

- 5.2.1** The CCG has agreed a set of standing orders which describe the processes that are employed to undertake its business. They include procedures for:
- conducting the business of the CCG;
  - the appointments to key roles including Governing Body members;
  - the procedures to be followed during meetings; and
  - the process to delegate powers.
- 5.2.2** A full copy of the standing orders is included in appendix 3. The standing orders form part of this constitution.

### **5.3 Standing Financial Instructions (SFIs)**

- 5.3.1** The CCG has agreed a set of SFIs which include the delegated limits of financial authority set out in the SoRD.
- 5.3.2** A copy of the Financial Delegated Limits for Approval and Authorisation is included at Appendix 4 and form part of this constitution.

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

**5.4.1** The Governing Body has statutory responsibility for:

- a) ensuring that the CCG has appropriate arrangements in place to exercise its functions effectively, efficiently and economically and in accordance with the CCG's principles of good governance (its main function); and for
- b) determining the remuneration, fees and other allowances payable to employees or other persons providing services to the CCG and the allowances payable under any pension scheme established.

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

- a) leading the development of vision and strategy for the CCG;
- b) overseeing and monitoring quality improvement;
- c) approving the CCG's Commissioning Plans and its consultation arrangements;
- d) stimulating innovation and modernisation;
- e) overseeing and monitoring performance;
- f) overseeing risk assessment and securing assurance actions to mitigate identified strategic risks;
- g) promoting a culture of strong engagement with patients, their carers, Members, the public and other stakeholders about the activity and progress of the CCG;
- h) ensuring good governance and leading a culture of good governance throughout the CCG.

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

## **5.5 Composition of the Governing Body**

**5.5.1** This part of the constitution describes the make-up of the Governing Body roles. Further information about the individuals who fulfil these roles can be found on our website [www.salford.nhs.uk](http://www.salford.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 of whom will be the deputy chair):
  - one who has qualifications expertise or experience to enable them to lead on finance and audit matters; and another who
  - has knowledge about the CCG area enabling them to express an informed view about discharge of the CCG functions to lead on patient and public participation matters

**5.5.3** The CCG has agreed the following additional members:

- a) A third lay member who is the chair or vice chair of the Primary Care Commissioning Committee to lead on innovation matters
- b) Four GPs, health care professionals or practice managers drawn from member practices (called Neighbourhood Clinical Leads/Neighbourhood Leads) representing the following neighbourhoods (where they may represent more than one neighbourhood)
  - i. Swinton
  - ii. Little Hulton and Walkden
  - iii. Eccles and Irlam
  - iv. Ordsall and Claremont
  - v. Broughton
- c) Two other GPs or health care professionals
  - i. Clinical Director for Transformation
  - ii. Medical Director

## **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 (Salford City Council)
- b) Assistant Director – Integrated Commissioning (Salford City Council/CCG)
- c) Director of Commissioning
- d) Director of Quality and Innovation
- e) Director of Corporate Services

## **5.7 Appointments to the Governing Body**

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

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

## **5.8 Committees and Sub-Committees**

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

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

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

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

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

## **5.9 Committees of the Governing Body**

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

**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 by the Governing Body following advice from NHS England.

**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 2 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 SoRD and further information about these Committees, including terms of reference, are published in the CCG handbook.

## **5.10 Collaborative Commissioning Arrangements**

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

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

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

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

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

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

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

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

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

**5.11.6** 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.

**5.11.7** 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.

**5.11.8** 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.

**5.11.9** 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.

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

**5.11.11** The liability of the CCG to carry out its functions will not be affected where the CCG enters into arrangements pursuant to paragraph 5.11.7 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) make a quarterly written report to the Governing Body;
- b) hold at least one annual engagement event to review the aims, objectives, strategy and progress of the joint commissioning arrangements; and
- c) publish an annual report on progress made against objectives.

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

## **5.13 Joint Commissioning Arrangements with NHS England**

- 5.13.1** The CCG may work together with NHS England. This can take the form of joint working in relation to the CCG's functions or in relation to NHS England's functions.
- 5.13.2** The CCG delegates its powers and duties under 5.13 to the Governing Body and all references in this part to the CCG should be read as the Governing Body, except to the extent that they relate to the continuing liability of the CCG under any joint arrangements.
- 5.13.3** In terms of either the CCG's functions or NHS England's functions, the CCG and NHS England may make arrangements to exercise any of their specified commissioning functions jointly.
- 5.13.4** The arrangements referred to in paragraph 5.13.3 above may include other CCGs, a combined authority or a local authority.
- 5.13.5** Where joint commissioning arrangements pursuant to 5.13.3 above are entered into, the parties may establish a Joint Committee to exercise the commissioning functions in question. For the avoidance of doubt, this provision does not apply to any functions fully delegated to the CCG by NHS England, including but not limited to those relating to primary care commissioning.
- 5.13.6** Arrangements made pursuant to 5.13.3 above may be on such terms and conditions (including terms as to payment) as may be agreed between NHS England and the CCG.
- 5.13.7** Where the CCG makes arrangements with NHS England (and another CCG if relevant) as described at paragraph 5.13.3 above, the CCG shall develop and agree with NHS England a framework setting out the arrangements for joint working, including details of:
- a) how the parties will work together to carry out their commissioning functions;
  - b) the duties and responsibilities of the parties, and the legal basis for such arrangements;
  - c) how risk will be managed and apportioned between the parties;
  - d) financial arrangements, including, if applicable, payments towards a pooled fund and management of that fund;
  - e) contributions from the parties, including details around assets, employees and equipment to be used under the joint working arrangements.
- 5.13.8** Where any joint arrangements entered into relate to the CCG's functions, the liability of the CCG to carry out its functions will not be affected where

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

- 5.13.9** The CCG will take into account any further guidance issued by NHS England on co-commissioning.
- 5.13.10** Only arrangements that are safe and in the interests of patients registered with member practices will be approved by the Governing Body.
- 5.13.11** The Governing Body of the CCG shall require, in all joint commissioning arrangements that the lead Governing Body Member for the joint arrangements make;
  - a) make a quarterly written report to the Governing Body;
  - b) hold at least one annual engagement event to review the aims, objectives, strategy and progress of the joint commissioning arrangements; and
  - c) publish an annual report on progress made against objectives.
- 5.13.12** Should a joint commissioning arrangement prove to be unsatisfactory the Governing Body of the CCG can decide to withdraw from the arrangement but has to give six months' notice to partners to allow for credible alternative arrangements to be put in place, with new arrangements starting from the beginning of the next new financial year after the expiration of the six months' notice period.

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

### **6.1 Conflicts of Interest**

- 6.1.1** As required by section 14O of the 2006 Act, the CCG has made arrangements to manage conflicts and potential conflicts of interest to ensure that decisions made by the CCG will be taken and seen to be taken without being unduly influenced by external or private interest.
- 6.1.2** The CCG has agreed policies and procedures for the identification and management of conflicts of interest.
- 6.1.3** Employees, Members, Committee and Sub-Committee members of the CCG and members of the Governing Body (and its Committees, Sub-Committees, Joint Committees) will comply with the CCG policy on conflicts of interest. Where an individual, including any individual directly involved with the business or decision-making of the CCG and not otherwise covered by one of the categories above, has an interest, or becomes aware of an interest which could lead to a conflict of interests in the event of the CCG considering an action or decision in relation to that interest, that must be considered as a potential conflict, and is subject to the provisions of this constitution and the Standards of Business Conduct Policy.
- 6.1.4** The CCG has appointed the Audit Chair to be the Conflicts of Interest Guardian. In collaboration with the CCG's governance lead, their role is to:
- a) Act as a conduit for GP practice staff, members of the public and healthcare professionals who have any concerns with regards to conflicts of interest;
  - b) Be a safe point of contact for employees or workers of the CCG to raise any concerns in relation to conflicts of interest;
  - c) Support the rigorous application of conflict of interest principles and policies;
  - d) Provide independent advice and judgment to staff and members where there is any doubt about how to apply conflicts of interest policies and principles in an individual situation
  - e) Provide advice on minimising the risks of conflicts of interest.

### **6.2 Declaring and Registering Interests**

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

- 6.2.2** The CCG will, as a minimum, publish the registers of conflicts of interest and gifts and hospitality of decision making staff at least annually on the CCG website and make them available at our headquarters upon request.
- 6.2.3** All relevant persons for the purposes of NHS England's statutory guidance *Managing Conflicts of Interest: Revised Statutory Guidance for CCGs 2017* must declare any interests. Declarations should be made as soon as reasonably practicable and by law within 28 days after the interest arises. This could include interests an individual is pursuing. Interests will also be declared on appointment and during relevant discussion in meetings.
- 6.2.4** The CCG will ensure that, as a matter of course, declarations of interest are made and confirmed, or updated at least annually. All persons required to, must declare any interests as soon as reasonable practicable and by law within 28 days after the interest arises.
- 6.2.5** Interests (including gifts and hospitality) of decision making staff will remain on the public register for a minimum of six months. In addition, the CCG will retain a record of historic interests and offers/receipt of gifts and hospitality for a minimum of six years after the date on which it expired. The CCG's published register of interests states that historic interests are retained by the CCG for the specified timeframe and details of whom to contact to submit a request for this information.
- 6.2.6** Activities funded in whole or in part by 3<sup>rd</sup> parties who may have an interest in CCG business such as sponsored events, posts and research will be managed in accordance with the CCG policy to ensure transparency and that any potential for conflicts of interest are well-managed.

### **6.3 Training in Relation to Conflicts of Interest**

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

### **6.4 Standards of Business Conduct**

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

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

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

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

## Appendix 1: Definitions of Terms Used in This Constitution

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

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

Practice	list, who is a Member of this CCG.
Member practice representative	Member practices appoint a healthcare professional to act as their practice representative in dealings between it and the CCG, under regulations made under section 89 or 94 of the 2006 Act or directions under section 98A of the 2006 Act.
NHS England	The operational name for the National Health Service Commissioning Board.
Registers of interests	Registers a group is required to maintain and make publicly available under section 140 of the 2006 Act and the statutory guidance issues by NHS England, of the interests of:  the Members of the group;  the Members of its CCG Governing Body;  the Members of its Committees or Sub-Committees and Committees or Sub-Committees of its CCG Governing Body; and Its employees.
STP	Sustainability and Transformation Partnerships – the framework within which the NHS and local authorities have come together to plan to improve health and social care over the next few years. STP can also refer to the formal proposals agreed between the NHS and local councils – a “Sustainability and Transformation Plan”.
Joint Committee	Committees from two or more organisations that work together with delegated authority from both organisations to enable joint decision-making

## **Appendix 2: Committee Terms of Reference**

**A Audit Committee**

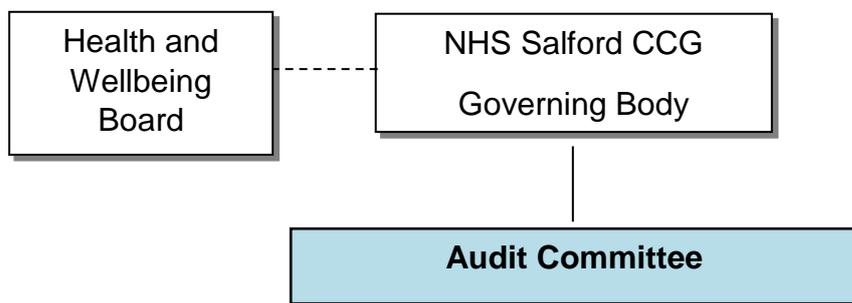
**B Remuneration Committee**

**C Primary Care Commissioning Committee**

## **Appendix 3: Standing Orders**

## **Appendix 4: Financial Delegated Limits for Approval and Authorisation**

## APPENDIX 2A – AUDIT COMMITTEE TERMS OF REFERENCE



### 1. Scope

- 1.1 The NHS Salford CCG audit committee is established as a sub-committee of the NHS Salford CCG Governing Body and is accountable to it. The CCG audit committee shall review the implementation and ongoing quality of integrated governance, risk management and internal control, across the whole of NHS Salford CCG's activities (both clinical and non-clinical), that are delegated to CCGs.

### 2. Purpose

- 2.1 The CCG audit committee will provide assurance to the NHS Salford CCG Governing Body in line with the responsibilities described in Section 5.

### 3. Membership, chairing and quoracy

- 3.1 The CCG audit committee shall be made up of three members, one being a lay member, one being a lay or other clinical member and one a clinical member of the CCG Governing Body. Membership will include a lay member with recent and relevant financial experience. When any of the Audit Committee members are unable to attend, an alternative member should be invited to attend in their place as a deputy.
- 3.2 Only members of the CCG audit committee or their agreed deputies, have the right to attend and vote in group meetings. Other individuals such as the Accountable Officer of the CCG Governing Body, Chief Finance Officer, other CCG senior management, the Head of Internal Audit, the Local Counter Fraud Specialist and the finance and risk functions may be invited to attend all or part of any meeting, as and when appropriate.
- 3.3 The external auditors will be invited to attend meetings of the CCG audit committee when matters concerning corporate governance, internal control, risk management, and value for money are being discussed.

- 3.4** The CCG Accountable Officer should be invited to attend, at least annually, to discuss with the CCG audit committee the process for assurance that supports the Annual Governance Statement.
- 3.5** The lay member with a lead role on the Governing Body for governance will **chair** the audit committee. In the absence of the Chair from a meeting of the CCG audit committee, the Chair will determine his/her deputy who will be a lay member of the Governing Body.
- 3.6** The **quorum** necessary for the transaction of business shall be two members. A duly convened meeting of the CCG audit committee at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by the group.
- 3.7** Deputising arrangements must be agreed by the Chair. Where deputies are agreed, it must be clear whether they have been given a mandate to make decisions by the person they represent.

## **4. Accountability**

- 4.1** The audit committee will be accountable to the NHS Salford CCG Governing Body.

## **5. Responsibility**

The CCG audit committee should carry out the duties below:

### **5.1 Financial reporting**

- 5.1.1** The CCG audit committee shall monitor the integrity of the financial statements of NHS Salford CCG, including the annual report, reviewing significant financial reporting issues and judgements which they contain. The CCG audit committee shall also review summary financial statements, significant financial returns to regulators and any financial information contained in other official documents, including the Annual Governance Statement.
- 5.1.2** The CCG audit committee shall review and challenge where necessary:
- The consistency of, and any changes to, accounting policies;
  - The methods used to account for significant or unusual transactions where different approaches are possible;
  - Whether NHS Salford CCG has followed appropriate accounting standards and made appropriate estimates and judgements, taking into account the views of the external auditors;

- The clarity of disclosure in NHS Salford CCG's financial reports and the context in which statements are made, and
- All material information presented with the financial statements (insofar as it relates to audit and risk management).

**5.1.3** The CCG audit committee should also ensure that the systems for financial reporting, including those of budgetary control, are subject to review as to completeness and accuracy of the information provided to the CCG Governing Body.

## **5.2 Internal controls and risk management systems**

The CCG audit committee shall review the implementation and ongoing quality of integrated governance, risk management and internal control, across the whole of NHS Salford CCG's activities (both clinical and non-clinical), that are delegated to CCGs. In particular the CCG audit committee shall:

- 5.2.1** Review the effectiveness of NHS Salford CCG's internal controls, CCG Governing Body assurance framework, integrated governance and risk management systems.
- 5.2.2** Review the adequacy of all risk and control related disclosure statements (in particular the Annual Governance Statement), together with any reports from internal or external audit or other appropriate independent assurances, before making recommendations to the CCG Governing Body.
- 5.2.3** Review the statements to be included in the annual report concerning internal controls and risk management.
- 5.2.4** Review 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.
- 5.2.5** Monitor the policies and procedures relating to counter-fraud and anti-corruption activities as set out in the Secretary of State Directions and performed by NHS Protect.
- 5.2.6** Review the policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements.
- 5.2.7** Review compliance with relevant regulatory, legal and code of conduct requirements including those listed in appendix 1.
- 5.2.8** Monitor compliance with NHS Salford CCG's Standing Orders and Prime Financial Policies and review instances where the Standing Orders and Prime Financial Policies are waived and investigate those issues that present a risk to the internal control functions of the CCG.

**5.2.9** Review the schedule of losses and compensations and make recommendations to the CCG Governing Body.

**5.2.10** Review at least annually the CCG Governing Body's register of gifts, hospitality and sponsorship, and declaration of CCG Governing Body members' interests.

### **5.3 Internal audit**

To monitor the effectiveness of the internal audit function established by management, which meets mandatory NHS Internal Audit Standards and provides appropriate independent assurance to the CCG Governing Body, Accountable Officer the CCG audit committee shall, insofar as the areas delegated to CCGs are concerned:

**5.3.1** Monitor and review the quality and effectiveness of NHS Salford CCG's internal audit function in the context of the CCG's overall risk management system as identified in the CCG Governing Body Assurance Framework.

**5.3.2** Consider and approve the remit of the internal audit services and ensure it has adequate resources and appropriate access to information to enable it to perform its function effectively and in accordance with the relevant professional standards. The CCG audit committee shall also ensure the function has adequate standing and is free from management or other restrictions.

**5.3.3** Approval of the appointment of the internal audit services in NHS Salford CCG.

**5.3.4** Review and assess the annual internal audit plans, ensuring these are consistent with the audit needs of the organisation as identified in the Assurance Framework.

**5.3.5** Evaluate promptly all reports giving limited or no assurance from the internal auditors.

**5.3.6** Assess and monitor management's responsiveness to the findings and recommendations of the internal auditors.

**5.3.7** Meet the head of internal audit at least once a year, without management being present, to discuss their remit and any issues arising from the internal audits carried out. In addition, the head of internal audit shall be given the right of direct access to the Chair of the CCG Governing Body and to the CCG audit committee.

### **5.4 Counter Fraud**

The CCG audit committee shall ensure that there is effective review of the work of the Local Counter Fraud Officer as set out by the NHS Standard Contract and as required by the NHS Protect Quality and Compliance, insofar as the areas delegated to CCGs are concerned. This will be achieved by:

**5.4.1** Approval of the appointment of a Local Counter Fraud Officer either employed directly, or by appointment through an outside provider of counter fraud services.

**5.4.2** Review and approval of the Counter Fraud Policy, operational plans and detailed programme of work ensuring this is considered with the needs of NHS Salford CCG.

**5.4.3** Ensure that the Counter Fraud functions are adequately resourced and have appropriate standing within NHS Salford CCG.

## **5.5 External audit**

The CCG audit committee shall:

**5.5.1** Act as the Auditor Panel for the CCG. A copy of the Terms of Reference is available on request.

**5.5.2** Oversee the relationship with the external auditor including (but not limited to):

- Consideration of the appointment and performance of the external auditors and make recommendations to the CCG Governing Body, in accordance with the requirements of the Local Audit and Accountability Act 2014.
- Discussion and agreement with the external auditor, before the audit commences, of the nature and scope of the audit as set out in the annual plan.
- Discussion with the external auditor of their local evaluation of audit risks and assessment of NHS Salford CCG and associated impact on the audit fees.
- Review all external audit reports, including agreement of the annual audit letter before submission to the CCG Governing Body and any work carried outside the annual audit plan, together with the appropriateness of management responses.

**5.5.3** The CCG audit committee shall meet the external auditor at least once a year, without management being present; to discuss their remit and any issues arising from NHS Salford CCG audit.

**5.5.4** Ensure NHS Salford CCG receives an effective service.

## **5.6 Assurance**

**5.6.1** The CCG audit committee shall review the findings of other significant assurance functions, both internal and external, and make recommendations to the CCG Governing Body on matters affecting the governance of NHS Salford CCG. These will include, but not be limited to, any reviews by Department of Health arms length bodies or regulators/inspectors, or professional bodies with responsibility for the

performance of staff or functions. These are likely to include NHS England as well as NHS Improvement.

**5.6.2** The CCG audit committee will review the work of other committees of the CCG Governing Body, whose work can provide relevant assurance to the group's own scope of work.

**5.6.3** The CCG audit committee shall request and review reports and positive assurances from directors and managers on the overall arrangements for governance, risk management and internal control, and may request specific reports from individual functions within NHS Salford CCG as they may be appropriate to the overall arrangements.

## **5.7 Whistle-blowing**

**5.7.1** The CCG audit committee shall review NHS Salford CCG's arrangements for their employees to raise concerns, in confidence, about possible wrongdoing in financial reporting or other matters. The CCG audit committee shall ensure that these arrangements allow proportionate and independent investigation of such matters and appropriate follow up action.

## **5.8 Conflicts of Interest**

**5.8.1** The CCG Audit Committee will review the systems and processes associated with conflicts of interest, in particular those that may arise from conflicts of interest to primary care providers and/or for primary care independent contractors.

**5.8.2.** The Audit Chair will undertake the role of Conflicts of Interest Guardian.

## **5.9 Annual Self Assessment**

**5.9.1** The audit committee will conduct an Annual Self-Assessment of its performance.

## **6. Conflicts of Interest**

- 6.1** To ensure that members are aware of what may constitute a Conflict of Interest, that Conflicts of Interest are formally disclosed, and subsequently managed in adherence with the CCG's Conflict of Interest Policy, the Nolan Principles for Standards for Public Life and in favour of the commissioning and delivery of high quality, safe and cost effective services.
- 6.2** To formally record within the relevant minutes the mechanism for making members aware of what may constitute a Conflict of Interest, any disclosure of Conflicts of Interest and the actions taken in the management thereof. Any failures to disclose, or other breaches of policy, must be reported to the CCG's Governing Body Chair or Chief Accountable Officer by the Chair, in the first instance.

## **7. Term of Delegated Powers**

- 7.1** Ongoing.

## **8. Frequency of Meetings and Administration**

- 8.1** The CCG audit committee shall meet at least 4 times a year.
- 8.2** Except as outlined in these Terms of Reference, meetings of the CCG audit committee shall be conducted in accordance with the provisions of Standing Orders, Reservation and Delegation of Powers and Prime Financial Policies approved by the members of NHS Salford CCG and reviewed from time to time.
- 8.3** The external auditor or head of internal audit may request a meeting if they consider that one is necessary.
- 8.4** The Chair of the audit committee may call extraordinary meetings at his / her discretion.

## **9. Reporting**

- 9.1** The CCG audit committee will report to the CCG Governing Body annually on its work in support of the Annual Governance Statement, specifically commenting on the fitness for purpose of the CCG Governing Body Assurance Framework, the completeness and degree of integration of risk management in the organisation, and the holistic nature of governance arrangements.
- 9.2** The CCG audit committee shall report formally to the CCG Governing Body on its proceedings after each meeting on all matters within its duties and responsibilities and ensure they are notified of significant control issues and risks in a timely manner.

**9.3** The CCG audit committee shall make whatever recommendations to the CCG Governing Body it deems appropriate on any area within its remit where action or improvement is needed.

## **10. Review Date**

**10.1** These Terms of Reference will be reviewed annually by the audit committee.

## **11. Meeting Administration**

**11.1** The Chief Finance Officer shall nominate a person to act as secretary of the committee.

**11.2** Meetings of the CCG audit committee shall be summoned by the secretary of the committee at the request of any of its members, or at the request of external or internal auditors if they consider it necessary.

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

**11.4** The secretary shall minute the proceedings of all meetings of the CCG audit committee, including recording the names of those present and in attendance. An action log shall be maintained to monitor progress against all matters arising.

**11.5** Minutes of CCG audit committee meetings shall be circulated promptly to all attendees of the group and, once agreed, to all members of the CCG Governing Body.

## **12. Other Matters**

The CCG audit committee shall:

**12.1** Have access to sufficient resources in order to carry out its duties, including access to the CCG secretariat for assistance as required.

**12.2** Be provided with appropriate and timely training, both in the form of an induction programme for new members and on an ongoing basis for all members.

**12.3** Give due consideration to laws and regulations impacting on the work of the CCG audit committee.

**12.4** Be responsible for co-ordination of the internal and external auditors.

- 12.5** Oversee any investigation of activities which are within its Terms of Reference and act as a court of the last resort.

### **13. Authority**

The CCG audit committee is authorised:

- 13.1** To seek any information it requires from any employee of NHS Salford CCG in order to perform its duties.
- 13.2** To obtain, at NHS Salford CCG's expense, outside legal or other professional advice on any matter within its Terms of Reference within a limit determined by the Chief Finance Officer.
- 13.3** To call any employee to be questioned at a meeting of the CCG audit committee as and when required.
- 13.4** These Terms of Reference shall be reviewed on an on-going basis.

## **SUPPORTING DOCUMENTS – CURRENT RELEVANT LEGISLATION**

Civil Contingencies Act (Emergency Planning and Business Continuity)

Bribery Act 2010

Health and Safety

Information Governance (including Data Protection, Confidentiality, Information Security etc)

NHS Act 2006 (Section 242 – Consultation, Engagement and Involvement and Health Overview and Scrutiny Committee)

Human Rights Act, 1998, Race Relations Act, 2000 and Equality Act 2010 (Equality Impact Assessments, Equality Diversity and Human Rights)

Employment Law

Access to Health Records Act, 1990

Freedom of Information Act, 2000

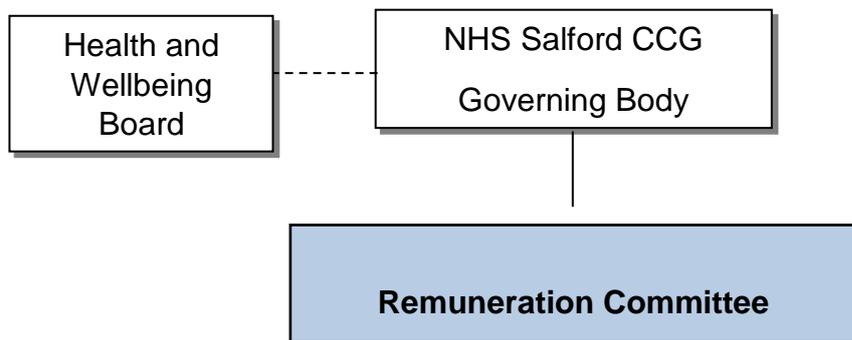
Local Authority Social Services and NHS Complaints Regulations (England), 2009

Procurement

Equality Act 2010

Public Services (Social Value) Act 2012

## APPENDIX 2B – REMUNERATION COMMITTEE TERMS OF REFERENCE



### 1. Scope

- 1.1 The Remuneration Committee (the Committee) is established in accordance with Salford Clinical Commissioning Group's Constitution, Standing Orders and Scheme of Delegation.

### 2. Purpose

- 2.1 These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the Committee and shall have effect as if incorporated into the Clinical Commissioning Group's Constitution, Standing Orders and Scheme of Delegation.

### 3. Membership and Quorum

- 3.1 The Committee shall be appointed by the Clinical Commissioning Group from amongst its Governing Body members. The Committee shall comprise the CCG Chair, and all Lay Members (namely Lay Members for Governance, Commercial and Engagement) and the Clinical Members for Secondary Care and Nursing).
- 3.2 The Lay Member for Governance shall chair the Remuneration Committee. If the Lay Member for Governance is not present, an alternative chair from the Lay Members present will be agreed.
- 3.3 Co-opted members will attend meetings as required. Co-opted members could include the Chief Accountable Officer, the Chief Finance Officer, the Director of Corporate Services and appropriate HR or financial advisors.
- 3.4 The Chief Accountable Officer and / or the Chief Finance Officer must not be present when any decision about remuneration for those posts is taken.
- 3.5 The CCG Director of Corporate Services, or a deputy, will be in attendance to administer the Committee.

- 3.6** Arrangements for HR support to the Committee will be through the Commissioning Support Unit (People Services). The HR advisor will be responsible for supporting the Chair in the management of remuneration business and for drawing the Committee's attention to best practice, national guidance and other relevant documents as appropriate.
- 3.7** A quorum shall be a minimum of three members.
- 3.8** No member of the Remuneration Committee may take part in any discussion or decision making in respect of their remuneration or terms and conditions. A quorum for any such decision remains a minimum of three members.
- 3.9** A decision may be reached by majority vote if necessary.
- 3.10** Deputising arrangements must be agreed by the Chair. Where deputies are agreed, it must be clear they have been given a mandate to make decisions by the person they represent.

#### **4. Accountability**

- 4.1** The NHS Salford Clinical Commissioning Group's Remuneration Committee will be accountable to the NHS Salford Clinical Commissioning Group Governing Body.

#### **5. Responsibility**

- 5.1** The Committee shall make recommendations to the Governing Body on determinations about pay and remuneration for employees of the Clinical Commissioning Group and people who provide services to the Clinical Commissioning Group. This will include all staff who are not under Agenda for Change terms and conditions.
- 5.2** The Committee will: determine the appropriate arrangements for the appointment of the Chief Officer and Directors; determine the appropriate remuneration and terms of service for staff not under Agenda for Change pay bandings including:
- i) all aspects of salary;
  - ii) arrangements for termination of employment and other contractual terms;
  - iii) aim to ensure that individuals are fairly rewarded for their individual contribution to the CCG, having proper regard to the CCG's circumstances, performance and to the provisions of any national arrangements for such members of staff where appropriate;
  - iv) determine the contractual arrangements for such staff including the proper calculation and scrutiny of termination payments taking account of such national guidance as is appropriate; and
  - v) receive and consider the recommendations of the CCG's Chief Finance Officer.

- 5.3** The Chief Accountable Officer (or in his absence the Chief Finance Officer, and exceptionally a non AfC banded Director) will have delegated operational responsibility from the Governing Body for implementing determinations about pay and remuneration for Agenda for Change banded employees.
- 5.4** The Committee will make recommendations on any severance payments relating to employees of the CCG and people who provide services to the CCG.
- 5.5** The Committee will address any pay and conditions of service related issues for those groups of employees or service providers within its remit including, but not limited to, the following:
- Contractual Notice Period
  - Subsistence and expenses
  - Redundancy and compensation
  - Non Pensionable pay
  - Annual inflationary uplifts
  - Which posts are subject to Remuneration Committee determination
  - Additional payment for supplementary work and complexity
  - Reduced payments for developmental periods
  - Benchmarking and review of remuneration levels

## **6. Patient and Public Involvement**

- 6.1** The Committee will determine any requirements for patient or public involvement as it conducts its business.

## **7. Conflicts of Interest**

- 7.1** To ensure that members are aware of what may constitute a Conflict of Interest, that Conflicts of Interest are formally disclosed, and subsequently managed in adherence with the CCG's Conflict of Interest Policy, the Nolan Principles for Standards for Public Life and in favour of the commissioning and delivery of high quality, safe and cost effective services.
- 7.2** To formally record within the relevant minutes the mechanism for making members aware of what may constitute a conflict of interest, any disclosure of conflicts of interest and the actions taken in the management thereof. Any failures to disclose, or other breaches of policy, must be reported to the CCG's Governing Body Chair or Chief Accountable Officer, in the first instance.

## **8. Term of Delegated Powers**

- 8.1** Ongoing.

## **9. Frequency of meetings and Administration**

- 9.1** Meetings shall be held at least once annually.
- 9.2** A minimum of ten working days shall be given as notice in advance of an ordinary meeting.
- 9.3** The Chair of the Remuneration Committee may call extraordinary meetings at his / her discretion.

## **10. Reporting**

- 10.1** The Remuneration Committee will report to the NHS Salford Clinical Commissioning Group Governing Body.

## **11. Review Date**

- 11.1** The Remuneration Committee will review its own performance, membership and terms of reference bi-annually. Any resulting changes to the Terms of Reference will be approved by the NHS Salford Clinical Commissioning Group Governing Body.

## **APPENDIX 2C - SALFORD PRIMARY CARE COMMISSIONING COMMITTEE TERMS OF REFERENCE**

### **Introduction**

1. 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 paragraph 16 of these Terms of Reference to NHS Salford CCG. NHS Salford CCG and NHS England signed the delegation agreement on 29 and 30 January 2015 respectively. The agreement became effective on 1 April 2015. The agreement sets out the arrangements that apply in relation to the exercise of the delegated functions by the CCG.
2. The CCG has established the NHS Salford CCG Primary Care Commissioning Committee (“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. The Committee will also make decisions relating to primary care commissioning matters which are a delegated function of Salford CCG and those matters that have been functions of Salford CCG since it was established in April 2013.
3. It is a Committee comprising representatives of the following organisations/groups:
  - NHS Salford CCG;
  - NHS England;
  - Salford City Council;
  - Healthwatch; and,
  - Salford Health and Well Being Board.

### **Statutory Framework**

4. NHS England has delegated to the CCG authority to exercise the primary care commissioning functions set out in Schedule 2 in accordance with section 13Z of the NHS Act.
5. 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.
6. 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);
  - j) Public involvement and consultation (section 14Z2).
7. The CCG will also need to specifically, in respect of the delegated functions from NHS England, exercise those set out below:
- Duty to have regard to impact on services in certain areas (section 13O);
  - Duty as respects variation in provision of health services (section 13P).
8. In the work of this committee, it will also exercise the CCG additional general duties to:
- Obtain appropriate advice from persons who, taken together, have a broad range of professional expertise in healthcare and public health
  - Promote innovation
  - Promote research and the use of research
9. The Committee is established as a committee of the Governing Body of NHS Salford CCG in accordance with Schedule 1A of the “NHS Act”.
10. The members acknowledge that the Committee is subject to any directions made by NHS England or by the Secretary of State, in particular where these relate to delegated matters.

### **Role of the Committee**

11. 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 Salford, under delegated authority from NHS England.
12. 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 Salford CCG, which will sit alongside the delegation and terms of reference.
13. 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.
14. The role of the Committee shall be to carry out the functions relating to the commissioning of primary medical services under section 83 of the NHS Act.
15. This includes, but is not limited to, the following:

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

16. The CCG will also carry out the following activities:

- a) To plan, including needs assessment, primary medical care services in Salford;
- b) To undertake reviews of primary medical care services in Salford;
- c) To co-ordinate a common approach to the commissioning of primary care services generally;
- d) To manage the budget for commissioning of primary medical care services in Salford.

17. Delegated commissioning arrangements will exclude individual GP performance management (medical performers’ list for GPs, appraisal and revalidation).

18. The role of the Committee will also include decision making in relation to CCG commissioning business relating to:

- a) Primary Care collaborative organisations (e.g. Salford Primary Care Together)
- b) Salford Standard
- c) Local Commissioned Services (LCS)
- d) Prescribing

19. The role of the Committee will also include, where relevant, being consulted with or engaged on matters in relation to CCG commissioning business relating to:

- a) Primary Care Information Technology (IT)
- b) Primary Care workforce development

20. The specific scope of the Committee, determined through the services commissioned in financial terms, is provided in appendix 1.

### **Population Coverage**

21. The Committee’s responsibilities will cover the same registered patient population as those of NHS Salford CCG. Where appropriate, the Committee will also be responsible for people who are usually resident within the area and are not registered with a member of any clinical commissioning group.

## Membership

22. The Committee shall consist of:

### NHS Salford CCG

Deputy Chair/Senior Lay Member (Chair)  
Lay Member (Deputy Chair)  
Chief Accountable Officer  
Chief Finance Officer  
Director of Commissioning  
Director of Innovation and Quality

### NHS England

A representative

### Salford City Council

Deputy City Mayor  
Lead member for Adult Services, Health and Wellbeing  
Lead member for Children's and Young People's Services  
Strategic Director of People  
Director of Public Health

### Other

CCG Medical Director (non-voting)  
CCG Clinical Director of Transformation (non-voting)  
Healthwatch Representative (non-voting)  
Health and Wellbeing Board Representative (non-voting)

23. The Chair of the Committee shall be a Lay Member and will be appointed by the Governing Body for a period of three years which may be renewed up to a maximum of three terms of office served (9 years in total).

24. The Deputy Chair of the Committee shall also be a Lay Member and will be appointed by the Governing Body for a period of three years which may be renewed up to a maximum of three terms of office served (9 years total).

## Quorum

24. One thirds of voting members represents a quorum but there must always be a majority of lay members and officers present including the Chair or Deputy Chair. Deputies are not routinely invited to attend meetings, although the Chair has the authority to consider the use of deputies in exceptional circumstances.

## Voting

25. 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.

26. The Committee will comply with the CCG's conflict of interest arrangements. In addition voting rights of the Committee have been specifically set to minimise the risk that conflicts of interest influence decision making.

### **Meeting arrangements**

27. The Committee will operate in accordance with the CCG's Standing Orders. An administrative assistant, acting as Secretary to the Committee, will be responsible for giving notice of meetings. This will be accompanied by an agenda and supporting papers and sent to each member representative no later than 7 days before the date of the meeting. When the Chair of the Committee deems it necessary in light of the urgent circumstances to call a meeting at short notice, the notice period shall be such as s/he shall specify.
28. The Committee shall meet according to business requirements, but is expected to meet six times per year.
29. Where an emergency or urgent decision needs to be executed in the period between the scheduled meetings, in agreement with the Chair (or in their absence the Deputy Chair) the following will be circulated to the committee:
  - a) The details in respect of the decision required
  - b) The response required and associated timescales
30. The outcome will be communicated to the committee members and the Chair's (or Deputy Chair's) approval will be sought in order to empower the named representative from the CCG to implement the agreed actions. Where a consensus cannot be achieved through the process, the casting vote will be as above, at 23.
31. All decisions will be reported to the Primary Care Commissioning Committee at its next meeting by the Chair (or Deputy Chair) with a full explanation, regarding:
  - a) What the decision was
  - b) Why it was deemed an emergency or urgent decision (required to be made in the period between the scheduled meetings)
  - c) What was the majority view of the members of the Committee
  - d) How the decision was implemented
32. A record of the above will form part of the minutes of the next scheduled meeting, following the emergency powers/urgent decision being made.
33. Meetings of the Committee shall:
  - a) be held in public, subject to the application of 26(b);
  - b) 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.

34. 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.
35. 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.
36. Members of NHS Salford CCG staff who support the work of this the Committee will be in attendance at meetings (part 1 and part 2, as appropriate and agreed by the Chair). The Committee may call additional experts to attend meetings on an ad hoc basis to inform discussions.
37. All members of the Committee shall respect confidentiality requirements as set out in the CCG's Constitution and Standing Orders.
38. The Committee will present its minutes to the Greater Manchester Health and Social Care Partnership on behalf of NHS England, the Governing Body of Salford CCG and the Cabinet of Salford City Council following each meeting for information.
39. The CCG will also comply with any reporting requirements set out in its Constitution.
40. 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.

### **Accountability of the Committee**

41. The membership of the CCG has established a Governing Body in order to discharge its statutory functions. This Committee is accountable to the Governing Body. Membership of the Governing Body is representative of the membership through the clinical and neighbourhood lead roles. Appropriate consultation with patients and the general public is conducted primarily through the CCG's Citizen and Patient Panel and Patient Participation Groups.
42. Budget and resource accountability arrangements and the decision-making scope of the Committee will be in line with those detailed in these Terms of Reference and in the delegation agreement.

### **Procurement of Agreed Services**

43. Procurement of agreed services will take place in line with the arrangements set out in the delegation agreement and other associated guidance.

### **Decisions**

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

45. The decisions of the Committee shall be binding on NHS England, Salford City Council and NHS Salford CCG.

### **Review**

46. These terms of reference will be reviewed in March 2020, or sooner should this be required due to operational learning or system changes.

## **Appendix 1**

### **Scope of the Primary Care Commissioning Committee**

Integrated fund:

- Delegated Co-Commissioning
- Salford Primary Care Together
- Salford Standard
- Local Enhanced Services (LES)
- Prescribing
- Public Health Service
  - Chlamydia Screening
  - Emergency Hormone Contraception
  - LES Long-Acting Reversible Contraception
  - LES Chlamydia (part of Salford Standard)
  - LES Smoking Cessation (includes Prison and Pharmacy)
  - Tobacco Equipment Costs
  - Tobacco Nicotine Replacement Therapy

In view:

- Primary Care IT

## 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 Salford Clinical Commissioning Group so that group can fulfil its obligations, as set out largely in the 2006 Act, as amended by the 2012 Act and related regulations. They are effective from the date the group is established.

1.1.2. The standing orders, together with the group's scheme of reservation and delegation 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
- 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 (see governance handbook).

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

### **2.1. Composition of membership**

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

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

### **2.2. Key Roles**

2.2.1. Paragraph 5.5.2 of the group's constitution sets out the composition of the group's governing body whilst the CCG's governance handbook identifies certain key roles and responsibilities within the group and its governing body. These standing orders set out how the group appoints individuals to these key roles.

2.2.2. The **Chair**, as listed in paragraph 5.5.2a) of the group's constitution, is subject to the following appointment process:

- a) **Nominations** – the post shall be advertised to eligible members of the Governing Body
- b) **Eligibility** – the Chair shall be a GP member of the Governing Body. A majority of Member Representatives will be required to ratify the appointment
- c) **Appointment process** – All applicants will be required to submit a CV, following which there will be an assessment centre run with an interview including at least one GP from a member practice
- d) **Term of office** - 3 years
- e) **Eligibility for reappointment** - remains a member of the Governing Body, subject to serving a maximum term of office of 9 years
- f) **Grounds for removal from office** -
  - i) The post holder becomes the Chair, Deputy Chair or the Honorary Secretary of the LMC executive committee

- ii) Any member Representative with the support of Member Representatives together holding at least 20% of the nominated votes allocated to Member Representatives can, call a motion of no confidence in the chair. If Member Representatives together holding at least 75% of the nominated votes allocated to Member Representatives approve such a motion the post holder must stand down
- iii) The office holder is convicted of a criminal offence carrying a custodial sentence or is found guilty of gross misconduct as set out in the Group's disciplinary policy
- iv) The post holder is no longer a GP partner or salaried GP within a Group Member Practice
- v) The post holder is no longer practising for a minimum of 2 sessions per week in Salford

g) **Notice period** – 6 months

2.2.3. The **Deputy Chair/Senior Lay Member**, as listed in paragraph 5.5.2f) of the group's constitution, is subject to the following appointment process:

- a) **Nominations** – any eligible member of the Governing Body may nominate themselves
- b) **Eligibility** – the Deputy Chair/Senior Lay Member shall be an existing lay member of the Governing Body
- c) **Appointment process** – All applicants are required to submit an expression of interest, following which there will be an interview with the panel comprising the Chair, an Audit Committee Member and a person who is independent and external to the CCG
- d) **Term of office** – 3 years
- e) **Eligibility for reappointment** - remains a member of the Governing Body, subject to serving a maximum term of office of 9 years
- f) **Grounds for removal from office** -
  - i) Any member Representative with the support of Member Representatives together holding at least 20% of the nominated votes allocated to Member Representatives can, call a motion of no confidence. If Member Representatives together holding at least 75% of the nominated votes allocated to Member Representatives approve such a motion the post holder must stand down
  - ii) The office holder fails to attend 75% or more of Governing Body meetings **without** prior consultation with and approval of the Chair

- iii) The office holder is convicted of a criminal offence carrying a custodial sentence or is found guilty of gross misconduct as set out in the Group's disciplinary policy
- iv) If in the view of the Chair and Accountable Officer the individual's performance is not satisfactory under the Group's capability policy.

g) **Notice period** – 6 months

2.2.4. The **Accountable Officer**, as listed in paragraph 5.5.2b) of the group's constitution, is subject to the following appointment process:

- a) **Eligibility** – meets the full person specification set out in the role job specification
- b) **Appointment process** – when the role becomes vacant a job description and person specification will be advertised widely followed by short-listing, psychometric and other testing and an interview. The interview panel shall include at least the CCG Chair and a nominee of NHS England with the appropriate expertise
- c) **Term of office** - not applicable
- d) **Grounds for removal from office** -
  - i) If in the view of the Chair, the individual's performance is not satisfactory under the Group's capability policy
  - ii) The office holder is convicted of a criminal offence carrying a custodial sentence or is found guilty of gross misconduct as set out in the Group's disciplinary policy
- e) **Notice period** – 6 months

2.2.5. The **Chief Finance Officer**, as listed in paragraph 5.5.2c) of the group's constitution, is subject to the following appointment process:

- a) **Eligibility** – is a qualified chartered (certified) accountant and meets the full person specification set out in the role job specification
- b) **Appointment process** – when the role becomes vacant a job description and person specification will be advertised widely followed by short-listing, psychometric and other testing and an interview. The interview panel shall include at least the Chair, the Accountable Officer and a nominee of NHS England with the appropriate expertise
- c) **Term of office** - not applicable
- d) **Grounds for removal from office** -
  - i) If in the view of the Chair and Accountable Officer the individual's performance is not satisfactory under the Group's capability policy

- ii) The policy holder is for any reason removed from their professional body
- iii) The office holder is convicted of a criminal offence carrying a custodial sentence or is found guilty of gross misconduct as set out in the Group's disciplinary policy

e) **Notice period** – 6 months

2.2.6. The **Neighbourhood Clinical Leads/Neighbourhood Leads**, as listed in paragraph 5.5.3b) of the group's constitution, are subject to the following appointment process:

- a) **Nominations** – that any eligible person shall be entitled to put their name forward with the support of at least one other Member Representative.
- b) **Eligibility** – that a Neighbourhood Clinical Lead/Neighbourhood Lead must:
  - i) Be a partner or salaried doctor, other primary care health professional or practice manager in a Group Member practice within the said locality or another locality who is currently practising for a minimum of 2 sessions per week in Salford (if required it can be a partner, salaried doctor, other health care professional or practice manager who is currently practising for a minimum of 2 sessions per week in Salford from another locality if the nominee has the support required within the locality they will be representing). The Executive Team may decide to waive the requirement, to be currently practising for a minimum of 2 sessions per week in Salford, where there is an operational or recruitment need.
  - ii) Be a member Representative of a Member practice
  - iii) Not be the Chair, Deputy Chair or Honorary Secretary of the LMC Executive Committee
  - iv) Not be the Chair of the Governing Body, or the Accountable Officer of the Group
- c) **Appointment process** – All applicants will be required to submit a CV and evidence of peer support, following which there will be an interview including the Chair or Accountable Officer with at least one GP from a member practice
- d) **Term of office** - 3 years
- e) **Eligibility for reappointment** - the criteria described at b) above and evidence of peer support as described at c) above subject to serving a maximum term of office of 9 years
- f) **Grounds for removal from office** -

- i) The post holder is no longer a partner, salaried GP, Primary Health Care Professional or practice manager in a Member Practice or is not currently practising for a minimum of 2 sessions per week in Salford
- ii) The post holder becomes the Chair, Deputy Chair or Honorary Secretary of the LMC executive committee
- iii) The office holder fails to attend 75% or more of Governing Body meetings **without** prior consultation with and approval of the Chair
- iv) Any member Representative with the support of Member Representatives together holding at least 20% of the nominated votes allocated to Member Representatives can, call a motion of no confidence. If Member Representatives together holding at least 75% of the nominated votes allocated to Member Representatives approve such a motion the post holder must stand down
- v) The office holder is convicted of a criminal offence carrying a custodial sentence or is found guilty of gross misconduct as set out in the Group's disciplinary policy
- vi) If in the view of the Chair and Accountable Officer the individual's performance is not satisfactory under the Group's capability policy.

g) **Notice period** – 3 months

2.2.7. The **Other GP and Primary Care Health Professionals**, as listed in paragraph 5.5.3c) of the group's constitution, is subject to the following appointment process:

- a) **Nominations** – the post shall be advertised to the Membership of the Clinical Commissioning Group
- b) **Eligibility** – to be eligible the individual must be:
  - i) A partner, a doctor or primary care health professional employed by a Group Member Practice currently practising for a minimum of 2 sessions per week in Salford.
  - ii) Not be the Chair, Deputy Chair or Honorary Secretary of the LMC Executive Committee or equivalent for Primary Health Care Professionals
  - iii) Not be the Chair of the Governing Body, or the Accountable Officer of the Group
  - iv) Meet the full person specification as set out in the role job description
- c) **Appointment process** – All applicants will be required to submit a CV and evidence of peer support, following which there will be an interview including the Chair or Accountable Officer with at least one GP from a member practice
- d) **Term of office** – 3 years

- e) **Eligibility for reappointment** - the criteria described at b) above and evidence of peer support as described at c) above subject to serving a maximum term of office of 9 years
- f) **Grounds for removal from office** -
  - i) The post holder is no longer a partner, salaried GP in a Group Member Practice
  - ii) The post holder is not currently practicing for a minimum of 2 sessions per week in Salford
  - iii) The post holder becomes the Chair, Deputy Chair or Honorary Secretary of the LMC executive committee
  - iv) The office holder fails to attend 75% or more of Governing Body meetings **without** prior consultation with and approval of the Chair
  - v) Any member Representative with the support of Member Representatives together holding at least 20% of the nominated votes allocated to Member Representatives can, call a motion of no confidence. If Member Representatives together holding at least 75% of the nominated votes allocated to Member Representatives approve such a motion the post holder must stand down
  - vi) The office holder is convicted of a criminal offence carrying a custodial sentence or is found guilty of gross misconduct as set out in the Group's disciplinary policy
  - vii) If in the view of the Chair and Accountable Officer the individual's performance is not satisfactory under the Group's capability policy.
- g) **Notice period** – 3 months

2.2.8. The **Lay Members**, as listed in paragraphs 5.5.2f) and 5.5.3a) of the group's constitution, is subject to the following appointment process:

- a) **Eligibility** – Lay members shall meet the requirements set out in the role function and specification.
- b) **Appointment process** – when the role becomes vacant a job description and person specification will be advertised widely followed by short-listing and interview (other testing may be applied as agreed by the Chair and Chief Accountable Officer). The interview panel shall include at least the Chair of the Governing Body, a Neighbourhood Clinical Lead/Neighbourhood Lead, one of the Governing Body Lay members and a nominee of NHS England with the appropriate expertise.
- c) **Term of office** - the office holders will be appointed to the office for a period of 3 years.
- d) **Eligibility for reappointment** – the criteria described at 2.2.8a) are still applicable, subject to serving a maximum term of office of 9 years.
- e) **Grounds for removal from office** -

- i) The office holder takes up employment in the NHS;
- ii) The office holder fails to attend 75% or more of Governing Body meetings **without** prior consultation with and approval of the Chair;
- iii) The Governing Body passes a vote of no confidence by a majority of 75% of the members of the Governing Body present at the meeting
- iv) The office holder is convicted of a criminal offence carrying a custodial sentence or is found guilty of a gross misconduct as set out in the Group's disciplinary policy.
- v) If in the view of the Chair and Accountable Officer the individual's performance is not satisfactory under the Group's capability policy.

f) **Notice period** – 3 months.

2.2.9. The **Registered Nurse**, as listed in paragraph 5.5.2e) of the group's constitution, is subject to the following appointment process:

a) **Eligibility** –

- i) Be currently registered
- ii) Have experience of working at Governing Body or senior committee level
  - Not be an employee or member (including shareholder of) or a partner in any of the following:
  - A Member practice or any other person who is a provider of primary medical services for the purposes of Chapter A2 of the 2006 Act
  - A body which provides any service as part of the health service to a person for whom the Group has responsibility pursuant to arrangements made by the Group in exercise of its functions (except in the circumstances set out in Regulation 12(2) of the CCG Regulations)
  - Any NHS or private sector healthcare provider in Greater Manchester or Lancashire

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

c) **Term of office** - 3 years

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

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

- i) The post holder's employment changes such that they are in breach of section 2.2.9 a) iii) or the post holder is otherwise in breach of section 2.2.9 a) iii)
- ii) Removal from the NMC register
- iii) The office holder fails to attend 75% or more of Governing Body meetings **without** prior consultation with and approval of the Chair
- iv) The Governing Body passes a vote of no confidence by a majority of 75% of the members of the Governing Body present at the meeting
- v) The office holder is convicted of a criminal offence carrying a custodial sentence or is found guilty of a gross misconduct as set out in the Group's disciplinary policy
- vi) If in the view of the Chair and Accountable Officer the individual's performance is not satisfactory under the Group's capability policy.

f) **Notice period** – 3 months

2.2.10. The **Secondary Care Specialist Doctor**, as listed in paragraph 5.5.2d) of the group's constitution, is subject to the following appointment process:

a) **Eligibility** –

- i) Be a registered medical practitioner who is or has been at any time in the period of ten years ending with the date of the individual's appointment to the Governing Body an individual who fulfils or fulfilled all the following three conditions
  - Their name is included in the specialist register kept by the GMC under section 34D of the Medical Act 1983 or is eligible to be included in the register by virtue of the scheme referred to in subsection (2)(b) of that section
  - The individual holds a post as an NHS consultant or in a medical speciality in the armed forces
  - The individual's name is not included in the General Practitioner Register kept by the General Medical Council under Section 34C of the Medical Act 1983
- ii) Be practising or have practiced in a hospital setting within the last 10 years
- iii) Have experience of working at Governing Body or senior committee level
- iv) Not be an employee or member (including shareholder of) or a partner in any of the following
  - A Member practice or any other person who is a provider of primary medical services for the purposes of Chapter A2 of the 2006 Act.
  - A body which provides any service as part of the health service to a person for whom the Group is responsible pursuant to arrangements made by the Group in exercise of its functions (except in circumstances set out in Regulation 12 (2) of the CCG Regulations)
  - Any NHS or private sector healthcare provider in Greater Manchester or Lancashire

- b) **Appointment process** – when the role becomes vacant a job description and person specification will be advertised widely followed by short-listing and interview (other testing may be applied as agreed by the Chair and Chief Accountable Officer. The interview panel shall include at least the Chair of the Governing Body, a Neighbourhood Clinical Lead/Neighbourhood Lead, and one of the Governing Body Lay members
- c) **Term of office** - 3 years
- d) **Eligibility for reappointment** - the criteria at 2.2.10 a) are still applicable, subject to serving a maximum term of office of 9 years
- e) **Grounds for removal from office** -
  - i) The post holder's employment changes such that they are in breach of section 2.2.10 a) iii) or the post holder is otherwise in breach of section 2.2.10 a) iii)
  - ii) The office holder fails to attend 75% or more of Governing Body meetings **without** prior consultation with and approval of the Chair
  - iii) The Governing Body passes a vote of no confidence by a majority of 75% of the members of the Governing Body present at the meeting.
  - iv) The office holder is convicted of a criminal offence carrying a custodial sentence or is found guilty of a gross misconduct as set out in the Group's disciplinary policy
  - v) If in the view of the Chair and Accountable Officer the individual's performance is not satisfactory under the Group's capability policy.
- f) **Notice period** – 3 months

2.2.11. The roles and responsibilities of each of these key roles are set out either in paragraphs 5.5.2, 5.5.3 or the CCG's governance handbook.

### **3. MEETINGS OF THE CLINICAL COMMISSIONING GROUP**

#### **3.1. Calling meetings**

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

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

3.2.1. Items of business to be transacted for inclusion on the agenda of a meeting need to be notified to the chair of the meeting at least 15 working days (i.e. excluding weekends and bank holidays) before the meeting takes place. Supporting papers for such items need to be submitted at least 10 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.salfordccg.nhs.uk](http://www.salfordccg.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. The quorum of the Governing Body shall be 7 members, at least 3 of whom are practising clinicians or other primary care health professionals, 3 of whom are from a pool comprising 3 lay members, the Governing Body Nurse or the Secondary Care Consultant, and 1 of whom from a pool of 2 comprising the Chief Accountable Officer and the Chief Financial Officer.
- 3.6.2. For all other of the group's committees and sub-committees, including the governing body's committees and sub-committees, the details of the quorum for these meetings and status of representatives are set out in the appropriate terms of reference.

### **3.7. Decision making**

- 3.7.1. Chapter 5 of the group's constitution, together with the scheme of reservation and delegation, sets out the governing structure for the exercise of the group's

statutory functions. Generally it is expected that at the group's / governing body's meetings decisions will be reached by consensus. Should this not be possible then a vote of members will be required, the process for which is set out below:

- a) **Eligibility** – Governing Body members as outlined in section 5.5 of the NHS Salford CCG constitution
- b) **Majority necessary to confirm a decision**
- c) **Casting vote** - Chair
- d) **Dissenting views** - Should a vote be taken the outcome of the vote, and any dissenting views, must be recorded in the minutes of the meeting

3.7.2. For all other of the group's committees and sub-committees, including the governing body's committees and sub-committee, the details of the process for holding a vote are set out in the appropriate terms of reference.

### **3.8. Emergency powers and urgent decisions**

3.8.1. The Group will delegate responsibility for emergency power and urgent decisions to a group of at least four members of the Governing Body that must include at least one from each of the following pairs of members:

- a) The Chair or Deputy Chair of the Governing Body
- b) The Accountable Officer or the Chief Finance Officer
- c) The Medical Director or another Clinical Member of the Governing Body

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

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

3.8.4. All such decisions will be reported to the Governing Body at its next meeting within the Chair's report with an explanation of:

- a) What the decision was
- b) Why it was deemed an emergency or urgent decision
- c) Who was in the group convened to make the decision

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

### **3.9. Suspension of Standing Orders**

3.9.1. Except where it would contravene any statutory provision or any direction made by the Secretary of State for Health or NHS England, any part of these standing

orders may be suspended at any meeting, provided all group members are in agreement.

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

3.9.3. A separate record of matters discussed during the suspension shall be kept. These records shall be made available to the governing body's audit committee for review of the reasonableness of the decision to suspend standing orders.

### **3.10. Record of Attendance**

3.10.1. The names of all members of the meeting present at the meeting shall be recorded in the minutes of the 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 shall be signed by the person presiding at it as a true record.

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

### **3.12. Admission of public and the press**

3.12.1. Part 1 of the meetings of the governing body will be held in public. Members of the press and public will be excluded from part 2 of the governing body meetings under Section 1(2) Public Bodies (Admission to Meetings) Act 1960.

## **4. APPOINTMENT OF COMMITTEES AND SUB-COMMITTEES**

### **4.1. Appointment of committees and sub-committees**

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

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

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

#### **4.2. Terms of Reference**

4.2.1. Terms of reference shall have effect as if incorporated into the constitution and shall be added to this document as an appendix 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
- c) the chief finance officer

## **6.2. Execution of a document by signature**

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

- a) the accountable officer
- b) the chair of the governing body
- c) the chief finance officer

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

### **7.1. Policy statements: general principles**

7.1.1. The group will from time to time agree and approve policy statements/ procedures which will apply to all or specific groups of staff employed by NHS Salford 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 – FINANCIAL DELEGATED LIMITS FOR APPROVAL AND AUTHORISATION**

Section	Description	Delegated to						
		Governing Body	Commissioning Committee	Executive Team	Chair	Accountable Officer	Chief Finance Officer	Other CCG Officer (as specified by authorised signatory list)
<b>A</b>	<b>GIFTS &amp; HOSPITALITY</b> Head of Governance and Policy to maintain a register of declared gifts and hospitality received	Items over £50 or of a repetitive nature						
<b>B</b>	<b>LITIGATION CLAIMES</b> Medical negligence and other litigation payments made on the advice of NHSLA	Over £50,000				Up to £50,000		
<b>C</b>	<b>LOSSES &amp; SPECIAL PAYMENTS</b> Chief Finance Officer to maintain a register of losses and special payments. All to be reported to the Audit Committee	Over £50,000				Up to £50,000	Up to £100,000	
<b>D</b>	<b>PETTY CASH</b>						Up to £100 (float)	In accordance

								with the authorised signatory list where funds are in existing budgets
<b>E</b>	<b>REQUISITIONING GOODS &amp; SERVICES: NON-HEALTHCARE</b> Services including IT, consultancy (ie non NHS staff employed on contracts etc), maintenance and support services			Over £50,000		Up to 50,000	Up to £25,000	In accordance with the authorised signatory list where funds are in existing budgets
<b>F</b>	<b>RELOCATION EXPENSES</b> Require approval by Remuneration Committee					Over £8,000	Up to £8,000	
<b>G</b>	<b>SIGNING OF HEALTHCARE CONTRACTS AND VARIATIONS</b>						All	
<b>H</b>	<b>APPROVAL OF MONTHLY HEALTHCARE CONTRACT PAYMENTS</b> All healthcare contract	Contract payments will be managed through the purchase order processes and there will be no separate sign off of invoices for amounts agreed in contracts						

	payments must be supported by signed contract (see G)							
<b>I</b>	<b>APPROVAL OF AD-HOC HEALTHCARE PAYMENTS</b> See authorised signatory list for approval limits for other CCG officers	Over £250,000				Up to £250,000	Up to £100,000	In accordance with the authorised signatory list where funds are in existing budgets
<b>J</b>	<b>APPROVAL OF BUSINESS CASES</b>							
<b>J1</b>	<b>Approval of Commissioned services – programme costs and corporate costs excluded from running costs</b>	>£1m	<£1m					In accordance with the authorised signatory list where funds are in existing budgets
<b>J2</b>	<b>Approval of Corporate Costs – included in running costs</b>	>£1m		<£1m				In accordance with the authorised signatory list where funds are in existing budgets
<b>K</b>	<b>QUOTATIONS AND TENDERS:</b> Over lifetime of							

	contract. Please refer to Tendering and Procurement Procedure, section 13 of Prime Financial Policies							
<b>K1</b>	<b>Follow European Union Directives</b>	In accordance with European Union Directives levels and above (current level £113k)						
<b>K2</b>	<b>Consider procurement options;</b> seek advice from the Contract Management Group	£50,000 to European Union Directives levels (current level £113k)						
<b>K3</b>	<b>Minimum of 3 written quotes</b>	£10,000 to £50,000						
<b>K4</b>	<b>No requirement to obtain quotes:</b> Although no formal requirement, it is deemed to be best practice and demonstrates value for money	Up to £10,000						
<b>L</b>	<b>VIREMENT</b> In accordance with the virement policy, a virement form must be completed and signed by both parties	Over £250,000				Up to £250,000	Up to £100,000	In accordance with the authorised signatory list where funds are in existing budgets
<b>M</b>	<b>DISPOSALS AND</b>					Over £1,000	Up to	

	<b>CONDEMNATION</b> All assets disposed at market value					per item	£1,000 per item	
<b>N</b>	<b>CHARITABLE FUNDS</b> If charitable funds received in the future a Charitable Funds committee will be established	The CCG does not currently hold any charitable funds						
<b>O</b>	<b>VISA/PURCHASE CARDS</b>	Not currently in use						
<b>P</b>	<b>AUTHORISATION OF CAPITAL REQUISITIONS</b>	No capital requisitions are currently anticipated. A Capital Investment Committee will be established if this changes						