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FOREWORD

NHS Leeds West Clinical Commissioning Group (CCG) is an NHS membership organisation comprising 37 member practices in West Leeds, and is one of three CCGs working in collaboration for the people of Leeds.

The CCG is statutorily responsible for commissioning a range of healthcare for its population. In making commissioning decisions for its population, the CCG must be able to demonstrate that its decisions are made openly and transparently, that patients and the public are at the heart of these decisions and that these decisions are clinically led.

This Constitution sets out the arrangements the CCG is putting in place to discharge its statutory duties and ensure that its decisions are made in the manner described above.

The CCG’s purpose is to: “Work for members to improve the health of our populations through effective commissioning, collaboration and primary care development”

Our Vision is: “Working together locally to achieve the best health and care in all our communities”.

Our Values are embedded in everything we do:

- Respect and dignity.
- Commitment to quality of care.
- Compassion.
- Improving lives.
- Working together for patients.
- Everyone counts.

This constitution applies to all of the CCG’s:

- member practices
- Governing Body Members
- Employees
- All those working on behalf of and in representation of the CCG, (including those working collaboratively or on a contracted out basis for the CCG).

Dr Gordon Sinclair
Clinical Chair

Philomena Corrigan
Chief Officer
1. INTRODUCTION AND COMMENCEMENT

1.1. Name

1.1.1. The name of this clinical commissioning group is NHS Leeds West Clinical Commissioning Group.

1.2. Statutory Framework

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

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

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

1.3. Status of this Constitution

1.3.1. This revised constitution is made between the members of NHS Leeds West Clinical Commissioning Group and has effect from 28 July 2017. NHS England established the group on 1 April 2013. The constitution is published on the group’s website at www.leedswestccg.nhs.uk

---

1 See section 1I of the 2006 Act, inserted by section 10 of the 2012 Act
2 See section 275 of the 2006 Act, as amended by paragraph 140(2)(c) of Schedule 4 of the 2012 Act
3 Duties of clinical commissioning groups to commission certain health services are set out in section 3 of the 2006 Act, as amended by section 13 of the 2012 Act
4 See section 14C of the 2006 Act, inserted by section 25 of the 2012 Act
5 See section 14Z16 of the 2006 Act, inserted by section 25 of the 2012 Act
6 See sections 14Z21 and 14Z22 of the 2006 Act, inserted by section 25 of the 2012 Act
7 See in particular sections 14L, 14M, 14N and 14O of the 2006 Act, inserted by section 25 of the 2012 Act and Part 1 of Schedule 1A to the 2006 Act, inserted by Schedule 2 to the 2012 Act and any regulations issued
8 See section 14D of the 2006 Act, inserted by section 25 of the 2012 Act
1.3.2. Copies of this document are available upon request for inspection at the CCG Offices.

1.3.3. Applications for copies can be made either by:

   email to: leedswestccg@nhs.net

   or by post to:

   NHS Leeds West Clinical Commissioning Group
   Units B5-B9 WIRA Business Park
   West Park Ring Road
   Leeds
   LS16 6EB

1.3.4. Copies will normally be made available in electronic format, with paper copies provided by exception only.

1.4. Amendment and Variation of this Constitution

1.4.1. This constitution can only be varied in two circumstances.⁹

   a) where the group applies to NHS England and that application is granted.

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

---

⁹ See sections 14E and 14F of the 2006 Act, inserted by section 25 of the 2012 Act and any regulations issued
2. AREA COVERED

2.1. The geographical area covered by NHS Leeds West Clinical Commissioning Group (NHS LWCCG) includes the following wards of Leeds:

- Ardsley and Robin Hood
- Armley
- Bramley and Stanningley
- Calverley and Farsley
- Farnley and Wortley
- Guiseley and Rawdon
- Headingley
- Horsforth
- Hyde Park and Woodhouse
- Kirkstall
- Morley North
- Morley South
- Pudsey
- Weetwood

2.2. NHS LWCCG along with NHS Leeds South and East and NHS Leeds North Clinical Commissioning Groups (CCGs) are jointly coterminous within the boundaries of Leeds City Council.

2.3. The following map provides a summary view of the respective boundaries of the three CCGs in Leeds

![Map of Leeds Clinical Commissioning Groups (CCGs) June 2012](image)
3. **MEMBERSHIP**

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

3.1.1. The following practices comprise the members of NHS Leeds West Clinical Commissioning Group.

<table>
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<th>Practice Name</th>
<th>Address</th>
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<td>Norman Street, LS5 3JN</td>
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<tr>
<td>2 Armley Medical Centre</td>
<td>Armley Moor Health Centre, 95 Town Street, Leeds, LS12 3HD</td>
</tr>
<tr>
<td>3 Beech Tree Surgery</td>
<td>178 Henconner Lane, Leeds, LS13 4JH</td>
</tr>
<tr>
<td>4 Burley Park Medical Centre</td>
<td>273 Burley Rd, LS6 4DN</td>
</tr>
<tr>
<td>5 Burton Croft Surgery</td>
<td>Headingley Medical Centre, St Michael's Court, Leeds, LS6 2AF</td>
</tr>
<tr>
<td>6 Craven Road Medical Centre</td>
<td>60 Craven Road, Leeds, LS6 2RX</td>
</tr>
<tr>
<td>7 Drighlington Medical Centre</td>
<td>Station Road, Drighlington, Bradford, BD11 1JU</td>
</tr>
<tr>
<td>8 Fieldhead Surgery</td>
<td>65 New Road Side, Horsforth, LS18 4JY</td>
</tr>
<tr>
<td>9 Fountain Medical Centre</td>
<td>Little Fountain Street, Morley, LS27 9EN</td>
</tr>
<tr>
<td>10 Gildersome Health Centre</td>
<td>Finkle Lane, Gildersome, LS27 7HL</td>
</tr>
<tr>
<td>11 Guiseley &amp; Yeadon Medical Practice</td>
<td>17, South View Road, LS197PS</td>
</tr>
<tr>
<td>12 Hawthorn Surgery</td>
<td>Wortley Beck Health Centre, Ring Road, Leeds, LS12 5SG</td>
</tr>
<tr>
<td>13 Highfield Medical Centre</td>
<td>Highfield Road LS13 2BL</td>
</tr>
<tr>
<td>14 Highfield Surgery</td>
<td>Holt Park Holtdale Approach, LS16 7ST</td>
</tr>
<tr>
<td>15 Hillfoot Surgery</td>
<td>126 Owlcotes Road, Pudsey, LS28 7QR</td>
</tr>
<tr>
<td>16 Hyde Park Surgery</td>
<td>Woodsley Road, LS6 1SG</td>
</tr>
<tr>
<td>17 Ireland Wood &amp; Horsforth</td>
<td>Iveson Approach, Leeds, LS16 6FR</td>
</tr>
<tr>
<td>18 Kirkstall Lane Medical Centre</td>
<td>216 Kirkstall Lane, Leeds, LS6 3DS</td>
</tr>
<tr>
<td>19 Laurel Bank Surgery</td>
<td>216B Kirkstall Lane, Leeds, LS6 3DS</td>
</tr>
<tr>
<td>20 Leeds Student Medical Practice</td>
<td>4 Blenheim Court, Blenheim Walk, LS2 9AE</td>
</tr>
<tr>
<td>21 Leigh View Medical Practice</td>
<td>Bradford Road, Tingley, Wakefield, WF3 1RQ</td>
</tr>
<tr>
<td>22 Manor Park Surgery</td>
<td>Bell Mount Close, LS13 2UP</td>
</tr>
<tr>
<td>23 Menston &amp; Guiseley Medical Practice</td>
<td>44 Park Road, Guiseley, LS20 8AR</td>
</tr>
<tr>
<td>24 Morley Health Centre Morley Health Centre</td>
<td>Corporation Street, Morley, Leeds, LS27 9NB</td>
</tr>
<tr>
<td>25 Priory View Medical Centre, Guiseley</td>
<td>2a Green Lane, Leeds, LS12 1HU</td>
</tr>
<tr>
<td>26 Pudsey Health Centre</td>
<td>18 Mulberry Street, Pudsey, Leeds, LS28 7XP</td>
</tr>
<tr>
<td>27 Rawdon Surgery</td>
<td>11 New Road Side, LS19 6DD</td>
</tr>
<tr>
<td>28 Robin Lane Medical Centre</td>
<td>Robin Lane, Pudsey, LS28 7DE</td>
</tr>
<tr>
<td>29 South Queens Street</td>
<td>The Surgery, South Queen Street, Morley, LS27 9EW</td>
</tr>
<tr>
<td>Practice Name</td>
<td>Address</td>
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</tr>
<tr>
<td>Sunfield Medical Centre</td>
<td>Sunfield Place, Leeds, LS28 6DR</td>
</tr>
<tr>
<td>The Gables</td>
<td>231 Swinnow Road, Pudsey, LS28 9AP</td>
</tr>
<tr>
<td>Thornton Medical Centre</td>
<td>Green Lane, Leeds, LS12 1JE</td>
</tr>
<tr>
<td>Vesper Road Surgery</td>
<td>43 Vesper Road, LS5 3QT</td>
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<tr>
<td>West Lodge Surgery</td>
<td>New Street, Farsley, LS28 5DL</td>
</tr>
<tr>
<td>Whitehall Surgery</td>
<td>Wortley Beck Health Centre, Ring Road, Leeds, LS12 5SG</td>
</tr>
<tr>
<td>Windsor House Surgery</td>
<td>Windsor House Surgery, Corporation Street, Morley, Leeds, LS27 9NB</td>
</tr>
<tr>
<td>Windsor House Surgery</td>
<td>Branch1 Shenstone House Surgery, Elland Road, Churwell, Leeds, LS27 7PX</td>
</tr>
<tr>
<td>Windsor House Surgery</td>
<td>Branch2 Adwalton House Surgery, 1-3 Wakefield, Road, Drighlington, BD111DH</td>
</tr>
<tr>
<td>Yeadon Tarn Medical Practice</td>
<td>Suffolk Court, Silver Lane, LS19 7JN</td>
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3.1.2. Appendix B of this constitution contains the list of practices, together with the date of signatures of the practice representatives confirming their agreement to this constitution and also their support for the appointment of the chair of the governing body.

3.2. Eligibility

3.2.1. Any Practice situated within the Area which holds a contract for the provision of primary medical services shall be eligible for membership of the Clinical Commissioning Group.  

3.2.2. Any (new) practice wishing to join the CCG must formally apply to the CCG’s Governing Body and:

a) hold a contract for the provision of primary medical services
b) fall within the CCG’s Local Authority Boundaries
c) fall within or in an area adjacent to the CCG’s existing geographic boundaries

3.3. Disputes

3.3.1. Any dispute between the practice and the CCG in respect of eligibility for membership of the CCG shall be referred to NHS England for determination.

3.3.2. As the Commissioning Body for Primary Care Services, NHS England would also be the formal arbitrating body for any disputes between GP Practices as service providers and the CCG.

3.3.3. The Local Medical Committee is statutorily granted functions to represent the interests of GPs and act as their advocate. In this context, GPs are also able to call on the LMC for advice and representation if disputes arise between practices and the CCG.

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10 See section 14A(4) of the 2006 Act, inserted by section 25 of the 2012. Regulations to be made
4. **VISION, VALUES AND AIMS**

4.1. **Vision**

4.1.1. The vision of NHS Leeds West Clinical Commissioning Group is “Working together locally to achieve the best health and care in all our communities”.

4.1.2. We also see our purpose as an organisation as being to: “Work for members to improve the health of our populations through effective commissioning, collaboration and primary care development”.

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

4.2. **Values**

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

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

- Respect and dignity.
- Commitment to quality of care.
- Compassion.
- Improving lives.
- Working together for patients.
- Everyone counts.

4.3. **Aims**

4.3.1. The group’s aims are to:

4.3.1.1. Ensure that local people are at the centre of our commissioning decisions.

4.3.1.2. Commission services based on what we would want for our own families and friends.

4.3.1.3. Commission services which are the best possible value for money.

4.3.1.4. Work in collaboration with our partners to make sure we achieve the best possible health and care for all our communities.

4.3.1.5. Be an organisation where our staff are valued and where everyone counts.
4.4. **Principles of Good Governance**

4.4.1. In accordance with section 14L(2)(b) of the 2006 Act,\(^{11}\) the group will at all times observe “such generally accepted principles of good governance” in the way it conducts its business. These include:

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

4.4.1.2. *The Good Governance Standard for Public Services*,\(^{12}\)

4.4.1.3. the standards of behaviour published by the *Committee on Standards in Public Life (1995)* known as the ‘Nolan Principles’,\(^{13}\)

4.4.1.4. the seven key principles of the *NHS Constitution*;\(^ {14}\)

4.4.1.5. the Equality Act 2010;\(^ {15}\) and


4.5. **Accountability**

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

4.5.1.1. publishing its constitution;

4.5.1.2. appointing independent lay members and non GP clinicians to its governing body;

4.5.1.3. holding meetings of its governing body in public (except where the group considers that it would not be in the public interest in relation to all or part of a meeting);

4.5.1.4. publishing annually a commissioning plan;

4.5.1.5. complying with local authority health overview and scrutiny requirements;

4.5.1.6. meeting annually in public to publish and present its annual report (which must be published);

---

\(^{11}\) Inserted by section 25 of the 2012 Act

\(^{12}\) *The Good Governance Standard for Public Services*, The Independent Commission on Good Governance in Public Services, Office of Public Management (OPM) and The Chartered Institute of Public Finance & Accountability (CIPFA), 2004

\(^{13}\) See Appendix F

\(^{14}\) See Appendix G

4.5.1.7. producing annual accounts in respect of each financial year which must be externally audited;

4.5.1.8. having a published and clear complaints process;

4.5.1.9. complying with the Freedom of Information Act 2000;

4.5.1.10. providing information to NHS England as required.

4.5.2. In addition to these statutory requirements, the group will demonstrate its accountability by:

4.5.2.1. Holding stakeholder engagement events

4.5.2.2. Publishing key information regularly on the CCG website at www.leedswestccg.nhs.uk/

4.5.3. The governing body of the group will throughout each year have an ongoing role in reviewing the group’s governance arrangements to ensure that the group continues to reflect the principles of good governance.
FUNCTIONS AND GENERAL DUTIES

5.1. Functions

5.1.1. The functions that the group is responsible for exercising are largely set out in the 2006 Act, as amended by the 2012 Act. An outline of these appears in the Department of Health’s Functions of clinical commissioning groups: a working document. They relate to:

5.1.1.1. commissioning certain health services (where NHS England is not under a duty to do so) that meet the reasonable needs of:

5.1.1.1.1. all people registered with member GP practices, and
5.1.1.1.2. people who are usually resident within the area and are not registered with a member of any clinical commissioning group;

5.1.1.2. commissioning emergency care for anyone present in the group’s area;

5.1.1.3. paying its employees’ remuneration, fees and allowances in accordance with the determinations made by its governing body and determining any other terms and conditions of service of the group’s employees;

5.1.1.4. determining the remuneration and travelling or other allowances of members of its governing body.

5.1.2. In discharging its functions the group will:

5.1.2.1. act\(^{16}\), when exercising its functions to commission health services, consistently with the discharge by the Secretary of State and NHS England of their duty to promote a comprehensive health service\(^{17}\) and with the objectives and requirements placed on NHS England through the mandate\(^{18}\) published by the Secretary of State before the start of each financial year by:

5.1.2.1.1. Delegating this responsibility to the group’s governing body, supported by its sub-committee structures.

5.1.2.1.2. Producing an annual commissioning plan which is determined by the governing body and informed by patient and public engagement.

\(^{16}\) See section 3(1F) of the 2006 Act, inserted by section 13 of the 2012 Act
\(^{17}\) See section 1 of the 2006 Act, as amended by section 1 of the 2012 Act
\(^{18}\) See section 13A of the 2006 Act, inserted by section 23 of the 2012 Act
5.1.2.2. meet the public sector equality duty\(^{19}\) by:

5.1.2.2.1. Delegating this responsibility to the group’s governing body, supported by its sub-committee structures and schemes of delegation.

5.1.2.2.2. Complying with the NHS Leeds West Clinical Commissioning Group’s Equality and Diversity Policy which also describes the actions the CCG will take to ensure compliance.

5.1.2.2.3. Monitoring compliance with its own policy through its established performance monitoring processes.

5.1.2.2.4. Publishing, at least annually, information to demonstrate compliance.

5.1.2.2.5. Preparing and publishing specific and measurable equality objectives, and revising these at least every four years.

5.1.2.3. work in partnership with its local authority to develop joint strategic needs assessments\(^{20}\) and joint health and wellbeing strategies\(^{21}\) by:

5.1.2.3.1. Appointing the CCG Chief Officer and Clinical Chair on behalf of the CCG membership as participating members of the Leeds City Council Health and Well Being Board.

5.1.2.3.2. Supporting the production of the city-wide Joint Strategic Needs Assessment.

5.1.2.3.3. Formulating the CCG’s annual commissioning plans in consultation with and with the approval of the Leeds Health and Well Being board.

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

5.2.1. Make arrangements to secure public involvement in the planning, development and consideration of proposals for changes and decisions affecting the operation of commissioning arrangements\(^{22}\) by:

5.2.1.1. Establishing a Patient Assurance Group in line with the CCG’s standing orders and schemes of delegation.

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\(^{19}\) See section 149 of the Equality Act 2010, as amended by paragraphs 184 and 186 of Schedule 5 of the 2012 Act

\(^{20}\) See section 116 of the Local Government and Public Involvement in Health Act 2007, as amended by section 192 of the 2012 Act

\(^{21}\) See section 116A of the Local Government and Public Involvement in Health Act 2007, as inserted by section 191 of the 2012 Act

\(^{22}\) See section 14Z2 of the 2006 Act, inserted by section 26 of the 2012 Act
5.2.1.2. Using the sub-group to consult on engagement plans relating to proposals by the group for changes in commissioning arrangements and their impact on how services are delivered to the individuals or the range of service available to them.

5.2.1.3. Involving the sub-group through the sub-committee structure in engagement plans relating to decisions affecting the commissioning of healthcare services for the people of NHS Leeds West.

5.2.1.4. Having in place a comprehensive PPI and Communications Strategy which is fully adopted by the CCG with the CCG’s compliance with its own policy being regularly monitored and formally reported annually.

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

5.2.2.1. Delegating responsibility to the CCG governing body and sub-committee structure in accordance with the CCG Standing Orders and Schemes of Reservation and Delegation.

5.2.2.2. Clearly specifying the CCG commissioning processes including consultation within its Commissioning Strategy document.

5.2.2.3. Monitoring and reporting compliance with its own policy through its established performance monitoring and reporting processes.

5.2.3. Act **effectively, efficiently and economically**

5.2.3.1. Delegating responsibility to the CCG governing body and sub-committee structure in accordance with the CCG Standing Orders and Schemes of reservation and Delegation.

5.2.3.2. Having in place and publishing its financial governance arrangements which are subject to external and internal audit scrutiny.

5.2.3.3. Putting in place regular monitoring and reporting arrangements as described in the CCG standing orders / scheme of reservation and delegation.

5.2.4. Act with a view to **securing continuous improvement to the quality of services**

5.2.4.1. Delegating responsibility to the CCG governing body and establishing a Committee to ensure that continuous improvement is embedded in the CCG’s operational and strategic processes.

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23 See section 14P of the 2006 Act, inserted by section 26 of the 2012 Act and section 2 of the Health Act 2009 (as amended by 2012 Act)
24 See section 14Q of the 2006 Act, inserted by section 26 of the 2012 Act
25 See section 14R of the 2006 Act, inserted by section 26 of the 2012 Act
5.2.4.2. Appointing an Executive Nurse to oversee the delivery of this objective for the CCG.

5.2.4.3. Specifying the CCG commissioning processes including consultation within its Commissioning Strategy document.

5.2.4.4. Monitoring and reporting compliance with its own policy through its established performance monitoring processes.

5.2.5. Assist and support NHS England in relation to the Board’s duty to improve the quality of primary medical services\(^{26}\) by:

5.2.5.1. Delegating responsibility to the CCG governing body and sub-committee structure in accordance with the CCG Standing Orders and Schemes of Reservation and Delegation.

5.2.5.2. Specifying the CCG commissioning processes including consultation within the Primary Care Development sections of its Commissioning Strategy document.

5.2.5.3. Monitoring and reporting compliance with its own policy through its established performance monitoring processes.

5.2.6. Have regard to the need to reduce inequalities\(^ {27}\) by:

5.2.6.1. Delegating responsibility to the CCG governing body and sub-committee structure in accordance with the CCG Standing Orders and Schemes of Reservation and Delegation.

5.2.6.2. Specifying the CCG commissioning processes including consultation and reference to Joint Strategic Needs Assessment for its population within its Commissioning Strategy document.

5.2.6.3. Monitoring and reporting compliance with its own policy through its established performance monitoring processes.

5.2.7. Promote the involvement of patients, their carers and representatives in decisions about their healthcare\(^ {28}\) by:

5.2.7.1. Delegating responsibility to the CCG governing body and sub-committee structure in accordance with the CCG Standing Orders and Schemes of Delegation.

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

\(^{27}\) See section 14T of the 2006 Act, inserted by section 26 of the 2012 Act

\(^{28}\) See section 14U of the 2006 Act, inserted by section 26 of the 2012 Act
Having formal Patients and Public Involvement (PPI) and representation through the CCG sub-committee structure and ensuring PPI representation is integral to its sub-committee structure.

Specifying the CCG commissioning processes and policies with respect to Patient and Public Involvement (PPI) and explicitly incorporating PPI in the formulation of its Commissioning Strategy.

Monitoring and reporting compliance with its own policy through its established performance monitoring processes.

Act with a view to enabling patients to make choices by:

Delegating responsibility to the CCG governing body and sub-committee structure in accordance with the CCG Standing Orders and Schemes of Reservation and Delegation.

Specifying the CCG processes and policies with respect to enabling patient choice within its Commissioning Strategy.

Monitoring and reporting compliance with its own policy through its established performance monitoring processes.

Obtain appropriate advice from persons who, taken together, have a broad range of professional expertise in healthcare and public health by:

The composition of its Governing Body.

Delegating responsibility to the CCG governing body and sub-committee structure in accordance with the CCG Standing Orders and Schemes of Reservation and Delegation to secure expertise.

Specifying the CCG policy in relation to securing expertise in the formulation of its Commissioning intentions as part of its Commissioning Strategy.

Monitoring and reporting compliance with its own policy through its established performance monitoring processes.

Promote innovation by:

Delegating responsibility to the CCG governing body and sub-committee structure in accordance with the CCG Standing Orders and Schemes of Reservation and Delegation to promote innovation.

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

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

See section 14X of the 2006 Act, inserted by section 26 of the 2012 Act
5.2.10.2. The Governing Body will be responsible for preparing the CCG’s annual Commissioning Plan which will pay due regard to promoting innovation and to innovation developed elsewhere. Contracts will specify, for example via CQUINS, the innovations the CCG has decided to accelerate.

5.2.10.3. Ensuring that Clinical forums and Sub-Committees include the promotion of innovation within their Terms of Reference.

5.2.10.4. Monitoring and reporting compliance with its own policy through its established performance monitoring processes.

5.2.11. **Promote research and the use of research**\(^{32}\) by:

5.2.11.1. Delegating responsibility to the CCG governing body and sub-committee structure in accordance with the CCG Standing Orders and Schemes of Reservation and Delegation to promote innovation.

5.2.11.2. The Governing Body taking responsibility for actively promoting research and the introduction of research findings into clinical practice and delegating oversight of this process and the development of policies to promote the use of research to the NHS Leeds West Clinical Commissioning Committee.

5.2.11.3. Monitoring and reporting compliance with its own policies through its established performance monitoring processes.

5.2.12. Have regard to the need to **promote education and training**\(^{33}\) for persons who are employed, or who are considering becoming employed, in an activity which involves or is connected with the provision of services as part of the health service in England so as to assist the Secretary of State for Health in the discharge of his related duty\(^{34}\) by:

5.2.12.1. Delegating responsibility to the CCG governing body and sub-committee structure in accordance with the CCG Standing Orders and Schemes of Reservation and Delegation to promote innovation.

5.2.12.2. Appointing the CCG Medical Director as the officer responsible to the Governing Body and CCG membership for promoting clinical education and training, through for instance shared learning and protected learning time arrangements.

5.2.12.3. The Governing Body approving a policy for the CCG’s own employed staff to promote education and training.

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\(^{32}\) See section 14Y of the 2006 Act, inserted by section 26 of the 2012 Act

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

\(^{34}\) See section 1F(1) of the 2006 Act, inserted by section 7 of the 2012 Act
5.2.12.4. Monitoring and reporting compliance with its own policy through its established performance monitoring processes.

5.2.13. Act with a view to **promoting integration** of both health services with other health services and health services with health-related and social care services where the group considers that this would improve the quality of services or reduce inequalities\(^{35}\) by:

5.2.13.1. Delegating responsibility to the CCG governing body and sub-committee structure in accordance with the CCG Standing Orders and Schemes of Reservation and Delegation to promote innovation.

5.2.13.2. Appointing the CCG Chief Officer, Clinical Chair and Medical Director to work in partnership with health and social care related organisations on behalf of the CCG membership to promote the integration of care across Leeds.

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

5.3.1. **Ensure its expenditure does not exceed the aggregate of its allotments for the financial year**\(^{36}\) by:

5.3.1.1. Delegating responsibility to the CCG governing body and sub-committee structure in accordance with the CCG Standing Orders and Schemes of Reservation and Delegation to ensure financial stewardship

5.3.1.2. Publish its financial governance policies and procedures which are subject to internal and external audit review.

5.3.1.3. Delegating the process of monitoring and assuring the CCG’s financial stewardship through the establishment of an Audit Committee as a statutory sub-committee of the governing body.

5.3.1.4. Monitoring and reporting compliance with its own financial regulations and policies through its established performance monitoring processes

5.3.2. **Ensure its use of resources** *(both its capital resource use and revenue resource use)* **does not exceed the amount specified by NHS England for the financial year**\(^{37}\) by:

5.3.2.1. Delegating responsibility to the CCG governing body and sub-committee structure in accordance with the CCG Standing Orders and Schemes of Reservation and Delegation to ensure use of revenue and capital resources remain within NHS England delegated limits.

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\(^{35}\) See section 14Z1 of the 2006 Act, inserted by section 26 of the 2012 Act

\(^{36}\) See section 223H(1) of the 2006 Act, inserted by section 27 of the 2012 Act

\(^{37}\) See sections 223I(2) and 223I(3) of the 2006 Act, inserted by section 27 of the 2012 Act
5.3.2.2. Publish its financial governance policies and procedures which are subject to internal and external audit review.

5.3.2.3. Delegating the process of monitoring and assuring the CCG’s use of resources through the establishment of an Audit Committee as a statutory sub-committee of the governing body.

5.3.2.4. Monitoring and reporting compliance with its own financial regulations and policies through its established performance monitoring processes.

5.3.3. Take account of any directions issued by NHS England, in respect of specified types of resource use in a financial year, to ensure the group does not exceed an amount specified by NHS England\(^{38}\) by:

5.3.3.1. Delegating responsibility to the CCG governing body and sub-committee structure in accordance with the CCG Standing Orders and Schemes of Reservation and Delegation to ensure use of specific revenue resources remain within NHS England stipulated limits.

5.3.3.2. Publish its financial governance policies and procedures which are subject to internal and external audit review.

5.3.3.3. Delegating the process of monitoring and assuring the CCG’s use of resources through the establishment of an Audit Committee as a statutory sub-committee of the governing body.

5.3.3.4. Monitoring and reporting compliance with its own financial regulations and policies through its established performance monitoring processes.

5.3.4. Publish an explanation of how the group spent any payment in respect of quality made to it by NHS England\(^{39}\) by:

5.3.4.1. Delegating responsibility to the CCG governing body and sub-committee structure in accordance with the CCG Standing Orders and Schemes of Reservation and Delegation to apply and report on quality payments.

5.3.4.2. Specifying the CCG policy in relation to quality payments.

5.3.4.3. Monitoring and reporting compliance with its own financial regulations and policies through its established performance monitoring processes.

5.4. Other Relevant Regulations, Directions and Documents

5.4.1. The group will:

5.4.1.1. comply with all relevant regulations;

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\(^{38}\) See section 223J of the 2006 Act, inserted by section 27 of the 2012 Act

\(^{39}\) See section 223K(7) of the 2006 Act, inserted by section 27 of the 2012 Act
5.4.1.2. comply with directions issued by the Secretary of State for Health or NHS England; and

5.4.1.3. take account, as appropriate, of documents issued by NHS England.

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

6.1. **Authority to act**

6.1.1. The clinical commissioning group is accountable for exercising the statutory functions of the group. It may grant authority to act on its behalf to:

6.1.1.1. any of its members;

6.1.1.2. its governing body;

6.1.1.3. employees;

6.1.1.4. a committee or sub-committee of the group.

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

6.1.2.1. the group’s scheme of reservation and delegation; and

6.1.2.2. for committees, their terms of reference.

6.2. **Scheme of Reservation and Delegation**

6.2.1. The group’s scheme of reservation and delegation sets out:

6.2.1.1. those decisions that are reserved for the membership as a whole; and

6.2.1.2. those decisions that are the responsibilities of its governing body (and its committees), the group’s committees and sub-committees, individual members and employees.

6.2.2. The clinical commissioning group remains accountable for all of its functions, including those that it has delegated.

6.3. **General**

6.3.1. In discharging functions of the group that have been delegated to its governing body (and its committees), joint committees and individuals must:

6.3.1.1. comply with the group’s principles of good governance;\(^4\)

6.3.1.2. operate in accordance with the group’s scheme of reservation and delegation;\(^5\)

6.3.1.3. comply with the group’s standing orders;\(^6\)

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\(^4\) See Appendix D

\(^5\) See section 4.4 on Principles of Good Governance above

\(^6\) See Appendix D

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6.3.1.4. comply with the group’s arrangements for discharging its statutory duties;\(^{44}\) and

6.3.1.5. where appropriate, ensure that member practices have had the opportunity to contribute to the group’s decision making process.

6.3.2. When discharging their delegated functions, joint committees must also operate in accordance with their approved terms of reference.

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

6.3.3.1. identify the roles and responsibilities of those clinical commissioning groups who are working together;

6.3.3.2. identify any pooled budgets and how these will be managed and reported in annual accounts;

6.3.3.3. specify under which clinical commissioning group’s scheme of reservation and delegation and supporting policies the collaborative working arrangements will operate;

6.3.3.4. specify how the risks associated with the collaborative working arrangement will be managed between the respective parties;

6.3.3.5. identify how disputes will be resolved and the steps required to terminate the working arrangements; and

6.3.3.6. specify how decisions are communicated to the collaborative partners.

6.4 **Committees of the Group**

6.4.1 The Group may establish committees of the Group, including joint committees, from time to time by resolution of the members in accordance with the overarching scheme of reservation and delegation (Appendix D).

6.4.2 The Group may establish joint committees with other clinical commissioning groups (“CCGs”) and/or NHS England and/or other bodies\(^{45}\) pursuant to the relevant provisions of the 2006 Act provided the Group is satisfied it is reasonable and appropriate for it to do so in accordance with its functions and duties under the 2006 Act. Further provisions in relation to joint committees are set out in paragraph 6.5 below.

6.4.3 Committees will only be able to establish their own sub-committees, to assist them in discharging their respective responsibilities, if this responsibility has

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\(^{43}\) See Appendix C

\(^{44}\) See chapter 5 above

\(^{45}\) Other bodies include combined authorities and such other bodies as are prescribed under the relevant provisions of the 2006 Act.
been delegated to them by the Group or committee they are accountable to.

6.5 Joint Commissioning Arrangements

6.5.1. The Group may wish to work together with other CCGs and/or NHS England and/or other bodies46 in the exercise of its commissioning functions and/or specified NHS England functions.

6.5.2. The CCG may make arrangements with one or more CCG in respect of:
   6.5.2.1. delegating any of the CCG’s commissioning functions to another CCG;
   6.5.2.2. exercising any of the commissioning functions of another CCG; or
   6.5.2.3. exercising jointly the commissioning functions of the CCG and another CCG.

6.5.3. The CCG may also make arrangements with NHS England and, where applicable, other CCGs to:
   6.5.3.1. exercise any of the CCG’s commissioning functions jointly;
   6.5.3.2. exercise such functions as specified by NHS England under delegated arrangements; or
   6.5.3.3. jointly exercise such functions as specified with NHS England.

6.5.4. For the purposes of the arrangements described at paragraph 6.5.2, the CCG may:
   6.5.4.1. make payments to another CCG;
   6.5.4.2. receive payments from another CCG;
   6.5.4.3. make the services of its employees or any other resources available to another CCG; or
   6.5.4.4. receive the services of the employees or the resources available to another CCG.

6.5.5. Where joint commissioning arrangements pursuant to 6.5.1 are entered into, the parties may establish a joint committee or a committee in common to exercise those functions.

6.5.6. Arrangements made pursuant to 6.5.1 above may be on such terms and conditions (including terms as to payment) as may be agreed between the parties.

6.5.7. For the purposes of the arrangements described at paragraphs 6.5.1 above, the CCG, other CCGs and/or NHS England and/or another body or bodies may establish and maintain a pooled fund made up of contributions by any of the parties. 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.

6.5.8. Where the Group makes arrangements with other CCGs and/or NHS England and/or another body or bodies as described at paragraph 6.5.1 above, the CCG

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46 Other bodies include combined authorities and such other bodies as are prescribed under the relevant provisions of the 2006 Act.
shall develop and agree with the relevant body/bodies an agreement setting out the arrangements for joint working, including detailed terms of reference and including:

- How the parties will work together to carry out their commissioning functions;
- The duties and responsibilities of the parties;
- How risk will be managed and apportioned between the parties;
- Financial arrangements, including, if applicable, payments towards a pooled fund and management of that fund;
- Contributions from the parties, including details around assets, employees and equipment to be used under the joint working arrangements;
- Reporting and public engagement arrangements;
- Notice periods for withdrawing from the arrangements.

6.5.9. The liability of the Group and/or NHS England to carry out its functions will not be affected where the parties enter into arrangements pursuant to this paragraph 6.5.

6.6 The Governing Body

6.6.1 Functions - the governing body has the following functions conferred on it by sections 14L(2) and (3) of the 2006 Act, inserted by section 25 the 2012 Act, together with any other functions connected with its main functions as may be specified in regulations or in this constitution. The governing body may also have functions of the clinical commissioning group delegated to it by the group. Where the group has conferred additional functions on the governing body connected with its main functions, or has delegated any of the group’s functions to its governing body, these are set out from paragraph 6.6.1.4 below. The governing body has responsibility for:

6.6.1.1 ensuring that the group has appropriate arrangements in place to exercise its functions effectively, efficiently and economically and in accordance with the groups principles of good governance (its main function);

6.6.1.2 determining the remuneration, fees and other allowances payable to employees or other persons providing services to the group and the allowances payable under any pension scheme it may establish under paragraph 11(4) of Schedule 1A of the 2006 Act, inserted by Schedule 2 of the 2012 Act;

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

6.6.1.4 Additional functions conferred on the governing body which are connected with its main functions and any of the group’s functions which have been delegated by the group’s membership to the governing body under Section 5 of this Constitution:

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47 See section 14L(3)(c) of the 2006 Act, as inserted by section 25 of the 2012 Act
48 See section 4.4 on Principles of Good Governance above
49 See section 14L(5) of the 2006 Act, inserted by section 25 of the 2012 Act
• lead the setting of vision and strategy for the CCG
• undertake consultation arrangements for the annual Commissioning Plan
• formulate and approve annual Commissioning Plans
• monitor and regularly report on performance against delivery of the annual Commissioning Plan
• provide assurance (to members) of strategic risk
• ensure the public sector equality duty is met
• ensure active membership of Health and Well Being Board
• secure public involvement
• promote the NHS Constitution
• promote continuous improvement in quality
• promote improvement in the quality of primary care medical services
• have regard to the need to reduce health inequalities
• promote involvement of patients, their carers and representatives in decisions about their healthcare
• act with a view to enable patients to make choices
• promote innovation
• promote research
• promote education and training
• promote integration of health services where this would improve quality or reduce inequalities
• be responsible for the delivery all General Financial Duties as described in section 5.3 of the Constitution
• ensure compliance with all other relevant Regulations, Directions and Documents as described in section 5.4 of the Constitution

6.6.2 Composition of the Governing Body - the governing body shall not have less than 15 members and comprises of:

(a) the Clinical Chair;

(b) 4 GP representatives of member practices;

(c) the Executive Nurse Specialist;

(d) 4 lay members:
   i. one to lead on audit, remuneration and conflict of interest matters;
   ii. one to lead on patient and public participation matters;
   iii. one to lead on assurance; and
   iv. one without portfolio

(e) 1 Secondary Care Specialist Doctor;

(f) the Chief Officer;

(g) the Chief Finance Officer;
(h) 3 other individuals:
   i. Medical Director;
   ii. Director of Commissioning, Strategy and Performance; and
   iii. the Public Health Representative of the Director of Public Health in Leeds.

6.7 Committees of the Governing Body - the governing body has appointed the following committees and sub-committees:

6.7.1 Audit Committee – which is accountable to the group’s governing body, provides the governing body with an independent and objective view of the group’s financial systems, financial information and compliance with laws, regulations and directions governing the group in so far as they relate to finance. The committee also provides assurance to members and the Governing Body that the CCG has effective risk management arrangements. The governing body has approved and keeps under review the terms of reference for and powers of the audit committee, which includes information on the membership of the audit committee.\(^{50}\)

6.7.2 Remuneration and Nomination Committee – which is accountable to the group’s governing body, determines the terms and conditions, remuneration and travelling or other allowances to Governing Body members, Executive Directors and Clinical Leads, including pensions and gratuities. The Committee also makes recommendations to the Governing Body on determinations about the terms and conditions, remuneration, and travelling or other allowances for employees and for people who provide services to the group, and determinations about allowances under any pension scheme that the group may establish as an alternative to the NHS pension scheme. The governing body has approved and keeps under review the terms of reference for the remuneration committee, which includes information on the membership of the remuneration committee.\(^{51}\). In respect of Nomination, the Committee will ensure that there is balance of skills, experience and knowledge of the Governing Body, undertaking succession planning, overseeing the appointment process for Governing Body Members and setting the terms of office for these Members.

6.8 Committees of the Group - the Group has appointed the following committees:

a) Healthy Futures Joint Committee – established as a joint committee of CCGs for West Yorkshire and Harrogate with the overarching purpose of taking efficient and effective commissioning decisions on a place basis, where appropriate and in accordance with the delegation of authority from

\(^{50}\) See [https://www.leedswestccg.nhs.uk/content/uploads/2014/08/Audit-Committee-ToR-AUGUST-2017.pdf](https://www.leedswestccg.nhs.uk/content/uploads/2014/08/Audit-Committee-ToR-AUGUST-2017.pdf) for the terms of reference of the Audit Committee

each party, and, in so doing, to support the aims and objectives of the West Yorkshire STP.

b) **Leeds Health Commissioning and System Integration Board** – Established as a joint committee of the three Leeds CCGs, the Board will meet in public, at least 6 times a year, and will be responsible for ensuring that the three Leeds CCGs work together effectively to deliver the following functions:
   a) the strategic commissioning of health and care services;
   b) agreeing and monitoring the annual work programme to support the delivery of the Leeds Plan, shared CCG objectives and operational plans;
   c) reducing health inequalities, by identifying high risk, high priority populations and targeting resources, prevention and care;
   d) making efficient and effective use of our collective resources by developing new financial flows, monitoring the CCGs’ financial plans and targets;
   e) ensuring continuous improvement in the quality of services commissioned on behalf of the CCGs;
   f) ensuring that arrangements are in place to secure public involvement in the operation of commissioning arrangements;
   g) supporting organisational development;
   h) promoting the integration of health and care services;
   i) monitoring provider performance and taking remedial action where necessary;
   j) driving a consistent approach to understanding the needs of our population;
   k) establishing a single risk management and Board Assurance Framework; and
   l) setting up and overseeing the effectiveness of sub committees.  

d) **Primary Care Commissioning Committee** – the role of the Committee is to carry out the functions relating to the commissioning of primary medical services under section 83 of the NHS Act. The Committee has been established to make collective decisions on the review, planning and procurement of primary care services in West Leeds, under delegated authority from NHS England.

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53 See [https://www.leedswestccg.nhs.uk/content/uploads/2016/04/Primary-Care-Commissioning-Committee-ToR-august-2017.pdf](https://www.leedswestccg.nhs.uk/content/uploads/2016/04/Primary-Care-Commissioning-Committee-ToR-august-2017.pdf) for the terms of reference of the Primary Care Commissioning Committee.
7. **ROLES AND RESPONSIBILITIES**

7.1 **Practice Representatives**

7.1.1 Practice representatives represent their practice’s views and act on behalf of the practice in matters relating to the group. The role of each practice representative is to:

7.1.1.1 As a member of the CCG’s Governing Body to ensure that the CCG exercises its functions effectively, efficiently, economically, with good governance and in accordance with the terms of the CCG constitution as agreed by its members.

7.1.1.2 Represent the voice of member practices and ensure that the interests of patients and the community remain at the heart of the CCG’s decisions.

7.1.1.3 Ensure that the governing body and the wider CCG act in the best interests with regard to the health of the local population at all times.

7.1.1.4 Ensure that the CCG commissions the highest quality services with a view to securing the best possible outcomes for their patients within their resource allocation and maintains a consistent focus on quality, integration and innovation.

7.1.1.5 Ensure that decisions are taken with regard to securing the best use of public money.

7.1.1.6 Ensure that the CCG, when exercising its functions, acts with a view to securing that health services are provided in a way which promotes the NHS Constitution, that it is there to improve our health and wellbeing, supporting us to keep mentally and physically well, to get better when we are ill and when we cannot fully recover, to stay as well as we can to the end of our lives.

7.1.1.7 Ensure that the CCG is responsive to the views of local people and promotes self-care and shared decision-making in all aspects of its business.

7.1.1.8 Ensure that good governance remains central at all times.

7.2 **All Members of the Group’s Governing Body**

7.2.1 Guidance on the roles of members of the group’s governing body is set out in a separate document\(^{54}\). In summary, each member of the governing body should share responsibility as part of a team to ensure that the group exercises its functions effectively, efficiently and economically, with good governance and in

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\(^{54}\) Draft *clinical commissioning group Governing Body Members – Roles Attributes and Skills*, NHS Commissioning Board Authority, March 2012
accordance with the terms of this constitution. Each brings their unique perspective, informed by their expertise and experience.

7.3 The Chair of the Governing Body

7.3.1 The chair of the governing body is responsible for:

7.3.1.1 leading the governing body, ensuring it remains continuously able to discharge its duties and responsibilities as set out in this constitution;

7.3.1.2 building and developing the group’s governing body and its individual members;

7.3.1.3 ensuring that the group has proper constitutional and governance arrangements in place;

7.3.1.4 ensuring that, through the appropriate support, information and evidence, the governing body is able to discharge its duties;

7.3.1.5 supporting the Chief Officer in discharging the responsibilities of the organisation;

7.3.1.6 contributing to building a shared vision of the aims, values and culture of the organisation;

7.3.1.7 leading and influencing to achieve clinical and organisational change to enable the group to deliver its commissioning responsibilities;

7.3.1.8 overseeing governance and particularly ensuring that the governing body and the wider group behaves with the utmost transparency and responsiveness at all times;

7.3.1.9 ensuring that public and patients’ views are heard and their expectations understood and, where appropriate as far as possible, met;

7.3.1.10 ensuring that the organisation is able to account to its local patients, stakeholders and NHS England;

7.3.1.11 ensuring that the group builds and maintains effective relationships, particularly with the individuals involved in overview and scrutiny from the relevant local authority(ies).

7.3.2 The chair of the governing body and the Medical Director represent the senior clinical voice of the group and will take the lead in interactions with stakeholders, including NHS England on behalf of the members.
7.4 The Deputy Chair of the Governing Body

7.4.1 The deputy chair of the Governing Body, is the lay member with a lead role in overseeing patient and public participation matters and deputises for the chair of the Governing Body where he or she has a conflict of interest or is otherwise unable to act.

7.5 Role of the Chief Officer

7.5.1 The Chief Officer of the group is a member of the governing body.

7.5.2 This role of Chief Officer has been summarised in a national document\textsuperscript{55} as:

7.5.2.1 being charged with ensuring that their CCG:

- complies with its:
  - duty to exercise its functions effectively, efficiently and economically;
  - duty to exercise its functions with a view to securing continuous improvement in the quality of services provided to individuals for, or in connection with, the prevention, diagnosis or treatment of illness;
  - financial obligations, including information requests;
  - obligations relating to accounting and auditing;
  - duty to provide information to NHS England, following requests from Secretary of State; and
  - obligations under any other provision of the NHS Act 2006 Act specified by the Board for these purposes.

- performs its functions in a way which provides good value for money.

7.5.2.2 being responsible for ensuring that the clinical commissioning group fulfils its duties to exercise its functions effectively, efficiently and economically thus ensuring improvement in the quality of services and the health of the local population whilst maintaining value for money.

7.5.2.3 at all times ensuring that the regularity and propriety of expenditure is discharged, and that arrangements are put in place to ensure that good practice (as identified through such agencies as the Audit Commission and the National Audit Office) is embodied and that safeguarding of funds is ensured through effective financial and management systems.

7.5.2.4 working closely with the chair of the governing body, the Chief Officer will ensure that proper constitutional, governance and development arrangements are put in place to assure the members (through the governing body) of the organisation’s ongoing capability and capacity to

\textsuperscript{55} See the latest version of the NHS Commissioning Board Authority’s \textit{Clinical commissioning group governing body members: Role outlines, attributes and skills} – July 2012
meet its duties and responsibilities. This will include arrangements for the ongoing developments of its members and staff.

7.6 **Role of the Chief Finance Officer**

7.6.1 The Chief Finance Officer is a member of the governing body and is responsible for providing financial advice to the clinical commissioning group and for supervising financial control and accounting systems.

7.6.2 This role of Chief Finance Officer has been summarised in a national document as:

7.6.2.1 being the governing body’s professional expert on finance and ensuring, through robust systems and processes, the regularity and propriety of expenditure is fully discharged;

7.6.2.2 making appropriate arrangements to support, monitor on the group’s finances;

7.6.2.3 overseeing robust audit and governance arrangements leading to propriety in the use of the group’s resources;

7.6.2.4 being able to advise the governing body on the effective, efficient and economic use of the group’s allocation to remain within that allocation and deliver required financial targets and duties; and

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

7.7 **The Role of the Executive Nurse Specialist**

7.7.1 As well as sharing responsibility with the other members for all aspects of the Governing Body’s business, as a registered nurse on the Governing Body, this person will bring a broader view, from their perspective as a registered nurse, on health and care issues to underpin the work of the CCG especially the contribution of nursing to patient care and issues associated with safeguarding of patients and users of healthcare services in Leeds.

7.8 **Role of the Secondary Care Specialist Doctor**

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

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56 See the latest version of the NHS Commissioning Board Authority’s *Clinical commissioning group governing body members: Role outlines, attributes and skills*
7.9 Role of the Lay Member Lead on audit, remuneration and conflict of interest matters

7.9.1 The National Health Service (Clinical Commissioning Groups) Regulations 2012 require that the appointed individual must have qualifications, expertise or experience such as to enable the person to express informed views about financial management and audit matters. The following cannot be lay members of CCG governing bodies:

- employees of local authorities in England and Wales (or equivalent bodies in Scotland and Northern Ireland) and PCTs;
- an officer, or employee of the Department of Health;
- a member or employee of the Care Quality Commission or Monitor;
- a chairman, director, member or employee of an NHS body (other than a CCG, PCT or FT);
- a chairman, director, governor, member or employee of an NHS foundation trust;
- providers of health services commissioned by CCGs or NHS England, or their employees, partners, or shareholders;
- providers of social services, or their employees who contract with a local authority;
- persons employed by parties to arrangements to provide primary medical services, ophthalmic services, dental services or pharmaceutical services in Scotland or Wales who are employed for purposes connected with the provision of those services.

7.9.2 The role of this lay member will be to bring specific expertise and experience to the work of the Governing Body. Their focus will be strategic and impartial, providing an external view of the work of the CCG that is removed from the day-to-day running of the organisation. Their role will be to oversee key elements of governance including audit, remuneration and managing conflicts of interest. They will need to be suitable experienced and qualified to chair the audit committee.

7.9.3 As Chair of the Audit Committee, this lay member would be precluded from being the Chair of the Governing Body – although they could be the Deputy Chair.

7.9.4 This role holder will have a lead role in ensuring that the Governing Body and the wider CCG behaves with the utmost probity at all times.

7.9.5 Good practice would also suggest that this role would also have a specific interest in ensuring that appropriate and effective whistle blowing and anti-fraud systems are in place.

7.10 Role of the Lay Member Lead on patient and public participation matters

7.10.1 As well as sharing responsibility with the other members for all aspects of the Governing Body’s business, as a lay member on the Governing Body this lay member will bring specific expertise and experience, as well as their knowledge as a member of the local community, to the work of Governing Body. Their focus
will be strategic and impartial, providing an independent view of the work of the CCG that is external to the day-to-day running of the organisation.

7.10.2 This role will help to ensure that, in all aspects of the CCG’s business the public voice of the local population is heard and that opportunities are created and protected for patient and public empowerment in the work of the CCG. In particular, they will ensure that:

7.10.2.1 public and patients’ views are heard and their expectations understood and met as appropriate;

7.10.2.2 the CCG builds and maintains an effective relationship with Local Healthwatch and draws on existing patient and public engagement and involvement expertise; and

7.10.2.3 the CCG has appropriate arrangements in place to secure public and patient involvement and responds in an effective and timely way to feedback and recommendations from patients, carers and the public.

7.11 **Role of the Lay Member Lead for Assurance**

7.11.1 As well as sharing responsibility with the other members for all aspects of the Governing Body’s business, this clinical member will bring a broad expertise and experience of health and care issues to the work of the Governing Body. Their focus will be strategic and impartial, providing an external view of the work of the CCG that is removed from the day to day running of the organisation.

7.11.2 Their role will be to oversee the elements of governance which relate to assurance for the CCG. In particular they will bring an understanding of quality assurance in relation to commissioned services from a clinical perspective. They will need to be suitably experienced with a background as a healthcare professional.

7.12 **Role of the Lay Member without portfolio**

7.12.1 The role of this lay member will be to share responsibility with the other members for all aspects of the Governing Body’s business. Their focus will be strategic and impartial, providing an external view of the work of the CCG that is removed from the day-to-day running of the organisation.

7.13 **Role of the Medical Director**

7.13.1 As well as sharing responsibility with the other members for all aspects of the Governing Body business, this GP practicing member will provide professional leadership for the GPs members and other clinicians working for the CCG. The role holder will also oversee the formulation and implementation of the CCG’s commissioning strategy and provide assurance to the Governing Body that clinical and stakeholder views are integral to the CCG’s commissioning decisions.
7.14 **Role of the Director of Commissioning, Strategy and Performance**

7.14.1 This role also shares responsibility with all other members for all aspects of the Governing Body business and will take the lead on all aspects of the commissioning from and management of healthcare providers as well as shaping the CCG’s commissioning strategy in conjunction with the Medical Director.

7.15 **Role of the Public Health Representative of the Director of Public Health**

7.15.1 Under Sections 14T and 14W of the NHS Act 2006, CCGs must obtain appropriate public health advice for health improvement and addressing health inequalities in its commissioning plans or for any matters relating to health protection. This would normally be through its local Director of Public Health or an appointed representative.

7.15.2 As a member of the Governing Body, this representative will bring a broader and independent view, on health and social care issues to underpin the work of the CCG. In particular, they will bring to the Governing Body an understanding of the health needs of the CCG’s population and the public health initiatives and strategies of the Health and Social Care arena both nationally and in Leeds.
8 STANDARDS OF BUSINESS CONDUCT AND MANAGING CONFLICTS OF INTEREST

8.1 Standards of Business Conduct

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

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

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

8.2 Conflicts of Interest

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

8.2.2 Where an individual, i.e. an employee, group member, member of the governing body, or a member of a committee or a sub-committee of the group’s governing body has an interest, or becomes aware of an interest which could lead to a conflict of interests in the event of the group considering an action or decision in relation to that interest, that must be considered as a potential conflict, and is subject to the provisions of this constitution.

8.2.3 A conflict of interest will include:

8.2.3.1 a direct financial interest: where an individual may financially benefit from the consequences of a commissioning decision (for example, as a provider of services);

8.2.3.2 an indirect financial interest: for example, when a close relative of a director or other key person benefits financially from a decision of the organisation;

8.2.3.3 a non-financial or personal interest: where directors or other key persons receive no financial benefit, but are influenced by external factors such as gaining (or losing) some other intangible benefit or
kudos. For example, a member of the CCG whose reputation or standing as a practitioner may be affected by a decision to award a contract for services or who is an advocate or representative for a particular group of patients;

8.2.3.4 conflicts of loyalty/professional duty: decision-makers may have competing loyalties between the organisation to which they owe a primary duty and some other person or entity. For example, a member of the CCG who has an interest in the award of a contract for services because of the interests of a particular patient at that member’s practice. For healthcare professionals, this could include loyalties to a particular professional body, society or special interest group, and could involve an interest in a particular condition or treatment due to an individual’s own experience or that of a family member;

8.2.3.5 where an individual is closely related to, or in a relationship, including friendship, with an individual in the above categories.

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

8.3 Declaring and Registering Interests

8.3.1 The group will maintain one or more registers of the interests of:

8.3.1.1 the members of the group;

8.3.1.2 the members of its governing body;

8.3.1.3 the members of its committees or sub-committees and the committees or sub-committees of its governing body; and

8.3.1.4 its employees.

8.3.2 The registers will be published on the group’s website at www.leedswestccg.nhs.uk

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

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

8.3.5 The Governing Body will ensure that the register of interest is reviewed regularly, and updated as necessary.
Managing Conflicts of Interest: general

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

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

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

- has not been declared, either in the register or orally, they will declare this at the start of the meeting;
- has previously been declared, in relation to the scheduled or likely business of the meeting, the individual concerned will bring this to the attention of the chair of the meeting, together with details of arrangements which have been confirmed for the management of the conflict of interests or potential conflict of interests.

The chair of the meeting will then determine how this should be managed and inform the member of their decision. Where no arrangements have been confirmed, the chair of the meeting may require the individual to withdraw from the meeting or part of it. The individual will then comply with these arrangements, which must be recorded in the minutes of the meeting.

Where the chair of any meeting of the group, including committees, sub-committees, or the governing body and the governing body’s committees and sub-committees, has a personal interest, previously declared or otherwise, in relation to the scheduled or likely business of the meeting, they must make a declaration and the deputy chair will act as chair for the relevant part of the meeting. Where arrangements have been confirmed for the management of the conflict of interests or potential conflicts of interests in relation to the chair, the meeting must ensure these are followed. Where no arrangements have been confirmed, the deputy chair may require the chair to withdraw from the meeting or part of it. Where there is no deputy chair, the members of the meeting will select one.

Any declarations of interests, and arrangements agreed in any meeting of the clinical commissioning group, committees or sub-committees, or the governing body, the governing body’s committees or sub-committees, will be recorded in the minutes.

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

8.4.7 In making this decision the chair will consider whether the meeting is quorate, in accordance with the number and balance of membership set out in the group’s standing orders. Where the meeting is not quorate, owing to the absence of certain members, the discussion will be deferred until such time as a quorum can be convened. Where a quorum cannot be convened from the membership of the meeting, owing to the arrangements for managing conflicts of interest or potential conflicts of interests, the chair of the meeting shall consult with the Governing Body on the action to be taken.

8.4.8 This may include:

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

8.4.8.2 inviting on a temporary basis one or more of the following to make up the quorum (where these are permitted members of the governing body or committee / sub-committee in question) so that the group can progress the item of business:

  8.4.8.2.1 a member of the clinical commissioning group who is an individual;

  8.4.8.2.2 an individual appointed by a member to act on its behalf in the dealings between it and the clinical commissioning group;

  8.4.8.2.3 a member of a relevant Health and Wellbeing Board;

  8.4.8.2.4 a member of a governing body of another clinical commissioning group.

These arrangements must be recorded in the minutes.

8.4.9 In any transaction undertaken in support of the clinical commissioning group’s exercise of its commissioning functions (including conversations between two or more individuals, e-mails, correspondence and other communications), individuals must ensure, where they are aware of an interest, that they conform to the arrangements confirmed for the management of that interest. Where an individual has not had confirmation of arrangements for managing the interest, they must declare their interest at the earliest possible opportunity in the course of that transaction, and declare that interest as soon as possible thereafter. The individual must also inform either their line manager (in the case of employees), or the Governing Body of the transaction.
8.4.10 The Governing Body will take such steps as deemed appropriate, and request information deemed appropriate from individuals, to ensure that all conflicts of interest and potential conflicts of interest are declared.

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

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

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

8.6 Transparency in Procuring Services

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

8.6.2 The group will publish a Procurement Strategy approved by its governing body which will ensure that:

8.6.2.1 all relevant clinicians (not just members of the group) and potential providers, together with local members of the public, are engaged in the decision-making processes used to procure services; and

8.6.2.2 service redesign and procurement processes are conducted in an open, transparent, non-discriminatory and fair way.

8.6.3 Copies of this Procurement Strategy will be available on the group’s website at www.leedswestccg.nhs.uk
9  THE GROUP AS EMPLOYER

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

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

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

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

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

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

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

9.8 The group will ensure that its employees have access to such expert advice and training opportunities as they may require in order to exercise their responsibilities effectively.

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

9.10 The group recognises and confirms that nothing in or referred to in this constitution (including in relation to the issue of any press release or other public statement or disclosure) will prevent or inhibit the making of any protected disclosure (as defined in the Employment Rights Act 1996 as amended by the Public Interest Disclosure act 1998) by any member of the group, any member of its governing body, any member of its committees or sub-committees or any committees or sub-committees of its governing body, or any employee of the group or of any of its members, nor will it affect the rights of any worker (as defined in that Act) under that Act.
9.11 Copies of this Code of Conduct, together with the other policies and procedures outlined in this chapter, will be available on the group’s website at www.leedswestccg.nhs.uk

9.12 Leeds West Clinical Commissioning Group wishes to encourage a climate of openness and dialogue where staff can express their concerns about the delivery of care or the way the CCG is conducting its business, and this is a welcomed contribution towards improving services. This must, however, be done constructively and with proper regard to principles of confidentiality.

9.13 A local procedure, Whistleblowing Policy has been developed and agreed to enable all staff to address and resolve issues of concern efficiently and effectively. All staff are expected to make themselves aware of its existence and where to locate it. The Policy can be located on the CCG’s website.

9.14 If an individual employee, in the course of their employment, believes there has been malpractice, they should pursue this in accordance with the existing procedure.

9.15 Examples of matters to be referred include:

- breach of a statutory requirement, standing financial instruction or standing order;
- abuse of authority;
- conflict of interest;
- disclosure of the confidential information to unauthorised recipients.

9.16 The Public Interest Disclosure Act (1998) protects individuals who make certain disclosures of information in the public interest. Provided these disclosures are made in accordance with the CCG’s existing Whistleblowing arrangements and are not made maliciously or falsely, the CCG will endeavour to protect these individuals and it is unlikely that disciplinary action would be taken.
10 TRANSPARENCY, WAYS OF WORKING AND STANDING ORDERS

10.1 General

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

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

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

10.2 Standing Orders

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

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

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

- **Prime financial policies (Appendix E)** – which sets out the arrangements for managing the group’s financial affairs.
# Definitions of Key Descriptions Used in This Constitution

<table>
<thead>
<tr>
<th><strong>2006 Act</strong></th>
<th>National Health Service Act 2006</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2012 Act</strong></td>
<td>Health and Social Care Act 2012 (this Act amends the 2006 Act)</td>
</tr>
<tr>
<td><strong>Chief Officer</strong></td>
<td>an individual, as defined under paragraph 12 of Schedule 1A of the 2006 Act (as inserted by Schedule 2 of the 2012 Act), appointed by NHS England, with responsibility for ensuring the group:</td>
</tr>
<tr>
<td></td>
<td>• complies with its obligations under:</td>
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<tr>
<td></td>
<td>o sections 14Q and 14R of the 2006 Act (as inserted by section 26 of the 2012 Act),</td>
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<tr>
<td></td>
<td>o sections 223H to 223J of the 2006 Act (as inserted by section 27 of the 2012 Act),</td>
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<tr>
<td></td>
<td>o paragraphs 17 to 19 of Schedule 1A of the NHS Act 2006 (as inserted by Schedule 2 of the 2012 Act), and</td>
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<tr>
<td></td>
<td>o any other provision of the 2006 Act (as amended by the 2012 Act) specified in a document published by the Governing Body for that purpose;</td>
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<tr>
<td></td>
<td>• exercises its functions in a way which provides good value for money.</td>
</tr>
<tr>
<td><strong>Area</strong></td>
<td>the geographical area that the group has responsibility for, as defined in Chapter 2 of this constitution</td>
</tr>
<tr>
<td><strong>Chair of the Governing Body</strong></td>
<td>the individual appointed by the group to act as chair of the Governing Body</td>
</tr>
<tr>
<td><strong>Chief Finance Officer</strong></td>
<td>the qualified accountant employed by the group with responsibility for financial strategy, financial management and financial governance</td>
</tr>
<tr>
<td><strong>Clinical commissioning group</strong></td>
<td>a body corporate established by NHS England in accordance with Chapter A2 of Part 2 of the 2006 Act (as inserted by section 10 of the 2012 Act)</td>
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<tr>
<td><strong>Committee</strong></td>
<td>a committee or sub-committee created and appointed by:</td>
</tr>
<tr>
<td></td>
<td>• the membership of the group</td>
</tr>
<tr>
<td></td>
<td>• a committee / sub-committee created by a committee created / appointed by the membership of the group</td>
</tr>
<tr>
<td></td>
<td>• a committee / sub-committee created / appointed by the governing body</td>
</tr>
<tr>
<td><strong>Financial year</strong></td>
<td>this usually runs from 1 April to 31 March, but under paragraph 17 of Schedule 1A of the 2006 Act (inserted by Schedule 2 of the 2012 Act), it can for the purposes of audit and accounts run from when a clinical commissioning group is established until the following 31 March</td>
</tr>
<tr>
<td><strong>Group</strong></td>
<td>NHS Leeds West Clinical Commissioning Group, whose constitution this is</td>
</tr>
<tr>
<td><strong>Governing Body</strong></td>
<td>the body appointed under section 14L of the NHS Act 2006 (as inserted by section 25 of the 2012 Act), with the main function of ensuring that a clinical commissioning group has made appropriate arrangements for ensuring that it complies with:</td>
</tr>
<tr>
<td></td>
<td>• its obligations under section 14Q under the NHS Act 2006 (as inserted by section 26 of the 2012 Act), and</td>
</tr>
<tr>
<td></td>
<td>• such generally accepted principles of good governance as are relevant to it.</td>
</tr>
<tr>
<td><strong>Governing body member</strong></td>
<td>any member appointed to the governing body of the group</td>
</tr>
<tr>
<td><strong>Lay member</strong></td>
<td>a lay member of the governing body, appointed by the group. A lay member is an individual who is not a member of the group or a healthcare professional (i.e. an individual who is a member of a profession regulated by a body mentioned in section 25(3) of the National Health Service Reform and Health Care Professions Act 2002) or as otherwise defined in regulations</td>
</tr>
<tr>
<td><strong>Member</strong></td>
<td>a provider of primary medical services to a registered patient list, who is a member of this group (see tables in Chapter 3 and Appendix B)</td>
</tr>
<tr>
<td><strong>Practice representatives</strong></td>
<td>an individual appointed by a practice (who is a member of the group) to act on its behalf in the dealings between it and the group, under regulations made under section 89 or 94 of the 2006 Act (as amended by section 28 of the 2012 Act) or directions under section 98A of the 2006 Act (as inserted by section 49 of the 2012 Act)</td>
</tr>
</tbody>
</table>
| **Registers of interests** | registers a group is required to maintain and make publicly available under section 14O of the 2006 Act (as inserted by section 25 of the 2012 Act), of the interests of:  
  - the members of the group;  
  - the members of its governing body;  
  - the members of its committees or sub-committees and committees or sub-committees of its governing body; and  
  - its employees. |
## APPENDIX B - LIST OF MEMBER PRACTICES

<table>
<thead>
<tr>
<th>Practice Name</th>
<th>Locality</th>
<th>Address</th>
<th>Date Signed by Practice Representative</th>
</tr>
</thead>
<tbody>
<tr>
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APPENDIX C – 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 Leeds West 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\(^{57}\) and the group’s prime financial policies\(^{58}\), provide a procedural framework within which the group discharges its business. They set out:

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

b) the appointment of member practice representatives;

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

d) the process to delegate powers; and

e) the declaration of interests and standards of business conduct.

1.1.3. These arrangements must comply, and be consistent where applicable, with requirements set out in the 2006 Act (as amended by the 2012 Act) and related regulations and take account as appropriate\(^{59}\) of any relevant guidance.

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

1.2. Schedule of matters reserved to the 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

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\(^{57}\) See Appendix D

\(^{58}\) See Appendix F

\(^{59}\) Under some legislative provisions the group is obliged to have regard to particular guidance but under other circumstances guidance is issued as best practice guidance.
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 Appendix D).

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

2.1. Composition of membership

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

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

2.2. Key Roles

2.2.1. Paragraph 6.6.2 of the group’s constitution sets out the composition of the group’s Governing Body whilst Chapter 7 of the group’s constitution identifies certain key roles and responsibilities within the group and its Governing Body.

2.2.2. The Clinical Chair, as listed in paragraph 6.6.2 (a) of the group’s constitution, is subject to the following appointment process:

a) Nominations – The (Clinical) Chair candidates will be nominated by members of the CCG.

b) Eligibility – The nominees must be practising GPs from within the CCG membership.

c) Appointment process – The (Clinical) Chair will be subject to assessment, accreditation, selection and recruitment processes and will specifically be appointed through assessment and interview. He/She must also be formally endorsed by GP member practices.

d) Term of office – The appointment will be substantive appointment.

e) Eligibility for reappointment – N/A as this is a permanent appointment.

f) Grounds for removal from office –

i) Serious misconduct and breach of the NHS code of conduct under the CCG’s Standards of Professional Conduct Policy; the Governing Body would be the decision making mechanism for the removal of the Chair.

ii) The chair ceases to practice as a clinician within the CCG.

g) Notice period – 3 months.
2.2.3. The **GP Representatives of the Member Practices**, as listed in paragraph 6.6.2 (b) of the group’s constitution, are subject to the following appointment process:

a) **Nominations** – By any member practice representative within each locality.

b) **Eligibility** – The nominees must be practising GPs from within the CCG membership. They can be partners, salaried GPs or Locums with a clear allegiance to the CCG.

c) **Appointment process** – Through election at the locality level – one vote per GP (including partners, salaried and locum GPs aligned with a practice) requiring a simple majority of over 50%.

d) **Term of office** – The appointment will be for 3 years.

e) **Eligibility for reappointment** – Eligible to be re-nominated and re-elected through the Locality Groups.

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

   i) Serious misconduct and breach of the NHS code of conduct under the CCG’s Standards of Professional Conduct Policy; the Governing Body would be the decision making mechanism for the removal of the GP Representatives.

   ii) Any locality member can petition for the removal of a GP Representative, but for the motion to succeed, a majority of more than 50% of locality members would be required to vote in favour of the removal from office.

   iii) If a representative ceases to practice as a clinician within that locality.

g) **Notice period** – 3 months.

2.2.4. The **Executive Nurse**, as listed in paragraph 6.6.2 (c) of the group’s constitution, is subject to the following appointment process:

a) **Nominations** – By the short listing of eligible candidates in response to an external advertisement and recruitment process against a relevant Job Description and Person Specification.

b) **Eligibility** – The nominees must be practising Nurses holding a recognised and appropriate qualification and membership of a relevant body in the UK.

c) **Appointment process** – Through assessment, selection and recruitment processes and will specifically be appointed through assessment and interview.

d) **Term of office** – The appointment will be permanent.
2.2.5. The Lay Members, as listed in paragraph 6.6.2 (d) of the group’s constitution, are subject to the following appointment process:

a) **Nominations** – By the short listing of eligible candidates in response to an external advertisement and recruitment process against a relevant Job Description and Person Specification.

b) **Eligibility** – The nominees must be suitably qualified in their field and closely match the requirements of the post’s person specification.

c) **Appointment process** – Through assessment, selection and recruitment processes and will specifically be appointed through assessment and interview.

d) **Term of office** – The appointment will be for 3 years.

e) **Eligibility for reappointment** – Lay Members can serve for a maximum of 3 terms.

f) **Grounds for removal from office** – Serious misconduct and breach of the NHS code of conduct under the CCG’s Standards of Professional Conduct Policy; the Governing Body would be the decision making mechanism for the removal of the Lay Members.

2.2.6. The Secondary Care Consultant, as listed in paragraph 6.6.2 (e) of the group’s constitution, is subject to the following appointment process:

a) **Nominations** – By the short listing of eligible candidates in response to an external advertisement and recruitment process against a relevant Job Description and Person Specification.

b) **Eligibility** – The nominees must be practising Consultants in Secondary holding a recognised and appropriate qualification and membership of a relevant body in the UK.

c) **Appointment process** – Through assessment, selection and recruitment processes and will specifically be appointed through assessment and interview.

d) **Term of office** – The appointment will be for 3 years.

e) **Eligibility for reappointment** – Similarly to Lay Members, the Secondary Care Consultant can serve for a maximum of 3 terms.
2.2.7. The **Chief Officer**, as listed in paragraph 6.6.2 (f) of the group’s constitution, is subject to the following appointment process:

   a) **Nominations** – The Chief Officer will be subject to national assessment, accreditation, selection and recruitment processes and will specifically be appointed through assessment and interview.

   b) **Eligibility** – The nominees must be accredited through a national evaluation process and closely meet the person specification outlines by the CCG for the role.

   c) **Appointment process** – Through assessment, selection and recruitment processes and will specifically be appointed through assessment and interview.

   d) **Term of office** – The appointment will be permanent.

   e) **Eligibility for reappointment** – N/A as this is a permanent role.

   f) **Grounds for removal from office** – Serious misconduct and breach of the NHS code of conduct under the CCG’s Standards of Professional Conduct Policy; the Governing Body would be the decision making mechanism for the removal of the Chief Officer. NHS England may also remove the Chief Officer.

2.2.8. The **Chief Finance Officer**, as listed in paragraph 6.6.2 (g) of the group’s constitution, is subject to the following appointment process:

   a) **Nominations** – The Chief Finance Officer will be subject to national assessment, accreditation, selection and recruitment processes and will specifically be appointed through assessment and interview.

   b) **Eligibility** – The nominees must be accredited through a national evaluation process and closely meet the person specification outlines by the CCG for the role. They must also be qualified accountants with current membership of a recognised accounting body (CCAB or CIMA or recognised equivalent in the UK).

   c) **Appointment process** – Through assessment, selection and recruitment processes and will specifically be appointed through assessment and interview.

   d) **Term of office** – The appointment will be permanent.
e) **Eligibility for reappointment** – N/A as this is a permanent role.

f) **Grounds for removal from office** – Serious misconduct and breach of the NHS code of conduct under the CCG’s Standards of Professional Conduct Policy; the Governing Body would be the decision making mechanism for the removal of the Chief Finance Officer.

2.2.9. The **Medical Director**, as listed in paragraph 6.6.2 (h(i)) of the group’s constitution, is subject to the following appointment process:

a) **Nominations** – The Medical Director will be subject to selection, assessment and recruitment processes and will specifically be appointed through assessment and interview.

b) **Eligibility** – The nominees must be Medically Qualified and Practising in the Medical Profession and closely meet the person specification for the role. They must hold a current membership of an appropriate professional body recognised in the UK.

c) **Appointment process** – Through assessment, selection and recruitment processes and will specifically be appointed through assessment and interview.

d) **Term of office** – The appointment will be permanent.

e) **Eligibility for reappointment** – N/A as this is a permanent role.

f) **Grounds for removal from office** – Serious misconduct and breach of the NHS code of conduct under the CCG’s Standards of Professional Conduct Policy; the Governing Body would be the decision making mechanism for the removal of the Medical Director.

2.2.10. The **Director of Commissioning, Strategy & Performance**, as listed in paragraph 6.6.2 (h(ii)) of the group’s constitution, is subject to the following appointment process:

a) **Nominations** – The Director of Commissioning, Strategy & Performance will be subject to selection, assessment and recruitment processes and will specifically be appointed through assessment and interview.

b) **Eligibility** – The nominees must closely meet the person specification for the role and have significant relevant experience commensurate with the role.

c) **Appointment process** – Through assessment, selection and recruitment processes and will specifically be appointed through assessment and interview.

d) **Term of office** – The appointment will be permanent.
2.2.11. The Public Health Representative of the Director of Public Health in Leeds, as listed in paragraph 6.6.2 (h(iii)) of the group’s constitution, is subject to the following appointment process:

a) Nominations – The Public Health Representative of the Director of Public Health in Leeds will be nominated by the Director of Public Health in Leeds.

b) Eligibility – The nominees must closely meet the person specification for the role and have significant relevant experience commensurate with the role.

c) Affirmation process – Through endorsement of the nomination by the Governing Body or a mandated subset of the Governing Body as selected by the full membership of the Governing Body.

d) Term of Governing Body role – The nomination and affirmation will be for 3 years.

e) Eligibility for re-selection – The Director of Public Health will determine eligibility for reappointment after every 3 year cycle.

f) Grounds for removal from the Governing Body – Serious misconduct and breach of the NHS code of conduct under the CCG’s Standards of Professional Conduct Policy; the Governing Body would be the decision making mechanism for the removal of the Public Health Representative of the Director of Public Health in Leeds. The Director of Public Health in Leeds may also remove the postholder under his own organisation’s policies and procedures.

2.2.12. The roles and responsibilities of each of these key roles are set out either in paragraph 6.6.2 or Chapter 7 of the group’s constitution.

3. MEETINGS OF THE CLINICAL COMMISSIONING GROUP

3.1. Calling meetings

3.1.1. Ordinary meetings of the Governing Body, will be held at regular intervals and meet no less than 2 times per year at such times and places as the group may determine.

3.1.2. The Primary Care Commissioning Committee and Audit Committee will meet no less than 4 times per year at such times and places as the group may determine. The Remuneration Committee will meet no less than once per year at such times
and places as the group may determine. The Leeds Health Commissioning and System Integration Board will meet no less than 6 times per year at such times and places as the group may determine.

3.1.3. An extra-ordinary meeting of the Governing Body, its committees or their sub-groups can be called at the request of the respective chair of the meetings, the Chief Officer, the Chief Finance Officer, the GP locality representatives or the lay members with the responsibility for Governance, Patient and Public Involvement or Assurance.

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 Governing Body or Committee meeting need to be notified to the chair of the meeting at least 7 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 5 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 meetings held in public – including details about meeting dates, times and venues - will be published on the group’s website at www.leedswestccg.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-group, the chair of the group, Governing Body, committee or sub-group, 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-group 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 Governing Body** - there are 16 voting members. The quorum is 10 members with representation from all three groups (Executive, Lay Members and GPs) the presence of either the Clinical Chair or his/her nominated Deputy Chair, the Chief Officer or nominated representative and the Chief Financial Officer or nominated representative. Nominated Deputies will need to be formally confirmed by the Chair as suitable and eligible to vote at the start of the meeting.

3.6.2. In situations where all 4 GPs have conflicts of interest the chair or vice chair will decide whether they can take part in discussions prior to being excluded for voting. In the case of these 4 members being excluded because of conflict of interest the quorum is 7 members which must include the Chief Officer or nominated representative and the Chief Financial Officer or nominated representative and a lay member.

3.6.3. For all other of the group’s committees and sub-groups, including the Governing Body’s committees and sub-groups, 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 6 of the group’s constitution, together with the scheme of reservation and delegation, sets out the governing structure for the exercise of the group’s statutory functions. Generally it is expected that at the group’s / Governing Body’s meetings decisions will be reached by consensus. Should this not be possible then a vote of members will be required, the process for which is set out below:

a) **Eligibility** – members of the meeting as identified by its Terms of Reference (or in the case of the Governing Body, the Constitution of the CCG) and any deputies cleared to vote by the chair of the meeting at the start of that meeting.

b) **Majority necessary to confirm a decision** – a simple majority of greater than 50% of those present at the meeting, apart from the Governing Body where the majority is 60% unless all GP Locality leads are excluded from voting for Conflict of Interest reasons – in which case a minimum of 5 members must vote in favour in order for a decision to be confirmed, including at least one lay member and one executive member.

c) **Casting vote** – the chair will have the casting vote (i.e. the chair will have a second and casting vote in the case of a deadlock).

3.7.2. Should a vote be taken, the outcome of the vote, and any dissenting views, must be recorded in the minutes of the meeting.

3.7.3. For all other of the group’s committees and sub-groups, including the Governing Body’s committees and sub-groups, 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 Governing Body will nominate a delegated sub-group of its members in Emergency and Urgent decision situation which the Governing Body would ratify retrospectively. This sub-group would comprise the Clinical Chair, Chief Officer, Chief Finance Officer, one Lay Member/Advisor to the Governing Body and one GP member of the Governing Body.

3.8.2. Such decisions must be reported to the next Governing Body meeting.

3.8.3. 10 or more Member practices can collectively request an Extra-Ordinary Meeting of the Governing Body.

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 majority 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-groups present shall be recorded in the minutes of the respective Governing Body committee / sub-group meetings.

3.11. **Minutes**

3.11.1. The names and designation of all members of the Governing Body, the Governing Body’s committees / sub-groups present shall be recorded in the minutes of the respective Governing Body, Governing Body’s committee / sub-group meetings. The minutes of the Governing Body, Governing Body’s committee / sub-group meetings will be formally signed off by the respective Governing Body, Governing Body’s committee / sub-group at their next meeting and be made available on the group’s website. Minutes of a confidential nature will not be made available on the group’s website.

3.12. **Admission of public and the press**
3.12.1. The Annual General Meeting will be held in public and properly advertised and promoted prior to the event.

3.12.2. Meetings of the Governing Body, Leeds Health Commissioning and System Integration Board, Healthy Futures Joint Committee and Primary Care Commissioning Committee will be held in public – other than for business deemed to be confidential. Arrangements will accord with the Public Bodies (Admission to Meetings) Act 1960.

3.12.3. Meetings of all of the other the Governing Body’s Committees and Sub-Groups will be held in private.

3.12.4. The public meetings will be announced for the period ahead via the CCG’s website at www.leedswestccg.nhs.uk. The agenda papers of upcoming meetings and past ones (including minutes as approved) will be available from the CCG’s website.

3.12.5. Rooms used for meetings held in public will allow for the presence of as many members of the public as have normally attended previously. Those who attend have no right to speak other than by specific invitation from the Chair.

3.12.6. The Governing Body/Committee must pass the following resolution to exclude the public on the grounds of confidentiality:

“That representatives of the press and other members of the public be excluded from the remainder of this meeting due to the confidential nature of the business to be transacted - publicity on which would be prejudicial to the public interest”

3.12.7. Where exclusion is anticipated, due to the nature of the business scheduled for a meeting, the public agenda will identify what the topic is for such an exclusion to be considered.

3.12.8. The meeting can consider an emergency resolution to exclude the public/press, or to adjourn to a private place, if any of those present are disrupting its business and will not leave on request.

3.12.9. When the public/press are excluded, group members, employees, and committee members will be required not to disclose the contents of papers or discussions without the express permission of the group’s chair. The discussion can identify a future point at which the contents are not longer confidential and the minutes shall record this.

3.13. Motions: Procedure at and during a meeting

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

3.13.2. Contents of motions - The Chair may exclude from the debate at their discretion any such motion of which notice was not given on the notice summoning the meeting other than a motion relating to:
- the receiving of a report;
- consideration of any item of business before the Governing Body;
- the accuracy of minutes;
- that the Governing Body proceed to next business;
- that the Governing Body adjourn;
- that the question be now put.

3.13.3. Amendments to motions –

- A motion for amendment shall not be discussed unless it has been proposed and seconded.

- Amendments to motions shall be moved relevant to the motion, and shall not have the effect of negating the motion before the Governing Body.

- If there are a number of amendments, they shall be considered one at a time. When a motion has been amended, the amended motion shall become the substantive motion before the meeting, upon which any further amendment may be moved.

3.13.4. Rights of reply to motions -

- Amendments - The mover of an amendment may reply to the debate on their amendment immediately prior to the mover of the original motion, who shall have the right of reply at the close of debate on the amendment, but may not otherwise speak on it.

- Substantive/original motion - The member who proposed the substantive motion shall have a right of reply at the close of any debate on the motion.

3.13.5 Withdrawing a motion - A motion, or an amendment to a motion, may be withdrawn.

3.13.6 Motions once under debate - When a motion is under debate, no motion may be moved other than:

- an amendment to the motion;
- the adjournment of the discussion, or the meeting;
- that the meeting proceed to the next business;
- that the question should be now put;
- the appointment of an 'ad hoc' committee to deal with a specific item of business;
- that a member/director be not further heard;
- a motion under Section 1(2) or Section 1(8) of the Public Bodies (Admissions to Meetings) Act 1960 resolving to exclude the public, including the press (see Standing Order 3.17).
In those cases where the motion is either that the meeting proceeds to the ‘next business’ or ‘that the question be now put’ in the interests of objectivity these should only be put forward by a member of the Governing Body who has not taken part in the debate and who is eligible to vote.

If a motion to proceed to the next business or that the question be now put, is carried, the Chair should give the mover of the substantive motion under debate a right of reply, if not already exercised. The matter should then be put to the vote.

3.14. Motion to Rescind a Resolution

3.14.1. Notice of motion to rescind any resolution (or the general substance of any resolution) which has been passed within the preceding six calendar months shall bear the signature of the member who gives it and also the signature of three other members, and before considering any such motion of which notice shall have been given, the Governing Body may refer the matter to any appropriate Committee or the Chief Officer for recommendation.

3.14.2. When any such motion has been dealt with by the CCG Governing Body it shall not be competent for any director/member other than the Chair to propose a motion to the same effect within six months. This Standing Order shall not apply to motions moved in pursuance of a report or recommendations of a Committee or the Chief Officer.

3.15. Variation and amendment of Standing Orders

3.15.1. These Standing Orders shall not be varied except in the following circumstances:

- Upon a notice of motion under Standing Order 3.5.
- Upon a recommendation of the Chair or Chief Officer included on the agenda for the meeting.
- That two-thirds of the Governing Body members are present at the meeting where the variation or amendment is being discussed, and that at least half of the CCG’s Non-Officer Members vote in favour of the amendment.
- Providing that any variation or amendment does not contravene a statutory provision or direction made by the Secretary of State.

3.16. General disturbance

3.16.1. The Chair (or Vice-Chair if one has been appointed) or the person presiding over the meeting shall give such directions as he/she thinks fit with regard to the arrangements for meetings and accommodation of the public and representatives of the press such as to ensure that the CCG’s business shall be conducted without interruption and disruption.
3.16.2. Without prejudice to the power to exclude the public pursuant to Standing Order 3.17.2 above the CCG may resolve (as permitted by Section 1(8) Public Bodies (Admissions to Meetings) Act 1960 as amended from time to time) to exclude the public from a meeting (whether during whole or part of the proceedings) to suppress or prevent disorderly conduct or behaviour.

3.17. Business proposed to be transacted when the press and public have been excluded from a meeting

3.17.1. Matters to be dealt with by the Governing Body / Committee following the exclusion of representatives of the press, and other members of the public, as provided in Standing Order 3.17.2 and SFI 3.17.5 respectively, shall be confidential to the members of the Governing Body / Committee.

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

3.18. Use of Mechanical or Electrical Equipment for Recording or Transmission of Meetings

3.18.1. Nothing in these Standing Orders shall be construed as permitting the introduction by the public, or press representatives, of recording, transmitting, video or similar apparatus into meetings of the CCG or Committee thereof. Such permission shall be granted only upon resolution of the CCG.

4. COMMITTEES ESTABLISHED BY THE GOVERNING BODY

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 Chapter 6 of the group’s constitution.

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

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 available on the CCG’s website.

4.3 Delegation of Powers by Committees to Sub-committees

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

4.4 Approval of Appointments to Committees and Sub-Committees

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

5 THE GOVERNING BODY

5.1 Functions - the Governing Body has the following functions conferred on it by sections 14L(2) and (3) of the 2006 Act, inserted by section 25 the 2012 Act, together with any other functions connected with its main functions as may be specified in regulations or in this constitution. Additional functions conferred on the Governing Body, by the membership of group, connected with its main functions are set out in paragraph 6.6.1.4 of the Constitution. The Governing Body has therefore responsibility for (section 5 and paragraphs 6.6.1 of the Constitution refer):

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

b) determining the remuneration, fees and other allowances payable to employees or other persons providing services to the group and the allowances payable under any pension scheme it may establish under paragraph 11(4) of Schedule 1A of the 2006 Act, inserted by Schedule 2 of the 2012 Act;

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

d) Additional functions conferred on the Governing Body, by the group, connected with its main functions are:

61 See section 14L(3)(c) of the 2006 Act, as inserted by section 25 of the 2012 Act
62 See section 4.4 on Principles of Good Governance above
63 See section 14L(5) of the 2006 Act, inserted by section 25 of the 2012 Act
- lead the setting of vision and strategy for the CCG
- undertake consultation arrangements for the annual Commissioning Plan
- formulate and approve annual Commissioning Plans
- monitor and regularly report on performance against delivery of the annual Commissioning Plan
- provide assurance (to members) of strategic risk
- ensure the public sector equality duty is met
- ensure active membership of Health and Wellbeing Board
- secure public involvement
- promote the NHS Constitution
- promote continuous improvement in quality
- promote improvement in the quality of primary care medical services
- have regard to the need to reduce health inequalities
- promote involvement of patients, their carers and representatives in decisions about their healthcare
- act with a view to enable patients to make choices
- promote innovation
- promote research
- promote education and training
- promote integration of health services where this would improve quality or reduce inequalities
- be responsible for the delivery all General Financial Duties as described in section 5.3 of the Constitution
- ensure compliance with all other relevant Regulations, Directions and Documents as described in section 5.4 of the Constitution

5.2 **Composition of the Governing Body** - the Governing Body shall not have less than fifteen members comprising:

a) the Clinical Chair

b) four GP representatives of member practices

c) an Executive Registered Nurse

d) four lay members:
   i) one to lead on audit, remuneration and conflict of interest matters,
   ii) one to lead on patient and public participation matters
   iii) one to lead on assurance
   iv) one without portfolio

e) a Secondary Care Specialist Doctor

f) the Chief Officer

g) the Chief Finance Officer

h) the Medical Director
i) the Director of Commissioning, Strategy and Performance

j) the Public Health Representative of the Director of Public Health in Leeds

5.3 **Committees of the Governing Body** - the Governing Body has appointed the following committees:

a) **Audit Committee** – is accountable to the group’s Governing Body, and details of its functions are provided under section 6.7.1 of the CCG’s constitution.

b) **Remuneration and Nomination Committee** – is accountable to the group’s Governing Body, and details of its functions are provided under section 6.7.2 of the CCG’s constitution.

6 **ARRANGEMENTS FOR THE EXERCISE OF CCG FUNCTIONS BY DELEGATION TO COMMITTEES AND/OR OFFICERS**

6.1 **Delegation of Functions to Committees, Officers or other bodies**

6.1.1 **Delegation to Committees**

6.1.1.1 The Governing Body shall agree from time to time to the delegation of executive powers to be exercised by other committees, or sub-groups which it has formally constituted.

6.1.1.2 When the Governing Body is not meeting in public session it shall operate as a committee and may only exercise such powers as may have been delegated to it by the CCG in public session.

6.1.2 **Delegation to Officers**

6.1.2.1 Those functions of the CCG which have not been retained as reserved by the Governing Body or delegated other committees or sub-groups shall be exercised on behalf of the CCG by the Chief Officer. The Chief Officer shall determine which functions he/she will perform personally and shall nominate officers to undertake the remaining functions for which he/she will still retain accountability to the CCG.

6.1.2.2 The Chief Officer shall prepare a Scheme of Delegation identifying his/her proposals which shall be considered and approved by the Governing Body. The Chief Officer may periodically propose amendment to the Scheme of Delegation which shall be considered and approved by the Governing Body.

6.1.2.3 Nothing in the Scheme of Delegation shall impair the discharge of the direct accountability to the Governing Body of the Chief Finance Officer to provide information and advise the Governing Body in accordance with statutory or National Commissioning Board requirements. Outside these statutory requirements the roles of the Chief Finance Officer shall be accountable to the
Chief Officer for operational matters.

6.1.3 **Schedule of Matters Reserved to the CCG and Scheme of Delegation of powers**

6.1.3.1 The arrangements made by the Governing Body as set out in the “Schedule of Matters Reserved to the Governing Body” and “Scheme of Delegation” of powers shall have effect as if incorporated in these Standing Orders.

6.1.4 **Duty to report non-compliance with Standing Orders and Standing Financial Instructions**

6.1.4.1 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 Chief Officer as soon as possible.

7 **OVERLAP WITH OTHER CCG POLICY STATEMENTS/PROCEDURES, REGULATIONS AND THE STANDING FINANCIAL INSTRUCTIONS**

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 Leeds West Clinical Commissioning Group. The decisions to approve such policies and procedures will be recorded in an appropriate record of a meeting or forum and will be deemed where appropriate to be an integral part of the group’s standing orders.

7.2 **Specific Policy statements**

7.2.1 Notwithstanding the application of SO No. 7.1 above, these Standing Orders and Standing Financial Instructions must be read in conjunction with the following Policy statements:

- The Standards of Business Conduct and Conflicts of Interest Policy for CCG staff
- Code of Conduct for NHS Managers 2002
- ABPI Code of Practice for Professionals 2008 relating to hospitality/gifts from pharmaceutical/external industry
- CCG staff Benefits and Expenses Policy

7.3 **Standing Financial Instructions**

7.3.1 Standing Financial Instructions adopted by the Governing Body in accordance with the Financial Regulations shall have effect as if incorporated in these Standing Orders.
7.4 Specific guidance

7.4.1 Notwithstanding the application of SO No. 7.1 above, these Standing Orders and Standing Financial Instructions must be read in conjunction with the following legislation and guidance issued by the Secretary of State for Health:

- Caldicott Guardian 1997
- Confidentiality: NHS Code of Practice 2003
- Human Rights Act 1998
- Freedom of Information Act 2000

8. CUSTODY OF SEAL, SEALING OF DOCUMENTS AND SIGNATURE OF DOCUMENTS

8.1 The group may have a seal for executing documents where necessary. The individuals or officers authorised to authenticate its use by their signature have been identified under section 6.1 of the CCG’s constitution.

8.2 The same individuals are authorised to execute a document on behalf of the group by their signature under section 6.2 of the Constitution.

8.3 For both aspects 6.1 and 6.2 of the CCG’s constitution the nominated officers are as follows:

- the Chief Officer
- the Clinical Chair of the Governing Body
- the Chief Finance Officer
- the Director of Commissioning, Strategy & Performance

8.4 Register of Sealing

8.4.1 The Chief Officer shall keep a register in which he/she, or another manager of the CCG authorised by him/her, shall enter a record of the sealing of every document.

8.5 Use of Seal – General guide

- All contracts for the purchase/lease of land and/or building;
- All contracts for capital works exceeding £100,000;
- All lease agreements where the annual lease charge exceeds £50,000 per annum and the period of the lease exceeds beyond five years;
- Any other lease agreement where the total payable under the lease exceeds £100,000; and
- Any contract or agreement with organisations outside the NHS or other government bodies including local authorities where the annual costs exceed or are expected to exceed £100,000.
8.6 Signature of documents

8.6.1 Where any document will be a necessary step in legal proceedings on behalf of the CCG, it shall, unless any enactment otherwise requires or authorises, be signed by the Chief Officer and another member of the Governing Body.

8.6.2 In land transactions, the signing of certain supporting documents will be delegated to Managers and set out clearly in the Scheme of Delegation but will not include the main or principal documents effecting the transfer (e.g. sale/purchase agreement, lease, contracts for construction works and main warranty agreements or any document which is required to be executed as a deed).

9. DUTIES AND OBLIGATIONS OF GOVERNING BODY MEMBERS, DIRECTORS AND SENIOR MANAGERS UNDER THESE STANDING ORDERS

9.1 Section 8 of the CCG’s constitution sets out the expectations of the CCG from its Governing Body members and employees with respect to:

9.1.1 Standards of Business Conduct

9.1.2 Conflicts of Interest – in particular with respect to:

- Recognising conflicts of Interest
- Declaring and Registering Interests
- Managing Conflicts of Interest: general
- Managing Conflicts of Interest: contractors and people who provide services to the group
- Transparency in Procuring Services

9.1.2.1 The sections within the constitution include details of how to proceed with CCG business in these circumstances.

9.1.2.2 The CCG’s Key Policy Document on the Declaration of Interests must be adhered to by members and employees.

9.1.3 CCG Policy and National Guidance

9.1.3.1 All CCG staff and members of the Governing Body must comply with the CCG’s Business Integrity Policy and the national guidance contained in HSG (93) 5 on ‘Standards of Business Conduct for NHS staff’ (see SO 6.2), the Code of Conduct for NHS Managers 2002 and the ABPI code of practice for professionals (2008) code of practice for professionals (2008) relating to hospitality/gifts from pharmaceutical/external industry.

9.1.4 Canvasing of and Recommendations by Members in Relation to Appointments
9.1.4.1 Canvassing of members of the CCG or of any Committee of the CCG directly or indirectly for any appointment under the CCG shall disqualify the candidate for such appointment. The contents of this paragraph of the Standing Order shall be included in application forms or otherwise brought to the attention of candidates.

9.1.4.2 Members of the CCG or Clinical Commissioning Group shall not solicit for any person any appointment under the CCG or recommend any person for such appointment; but this paragraph of this Standing Order shall not preclude a member from giving written testimonial of a candidate's ability, experience or character for submission to the CCG.

9.1.4.3 Informal discussions outside appointments panels or committees, whether solicited or unsolicited, should be declared to the panel or committee.
APPENDIX D – SCHEME OF RESERVATION & DELEGATION

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

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

1.2. The clinical commissioning group remains accountable for all of its functions, including those that it has delegated.
<table>
<thead>
<tr>
<th>Policy Area</th>
<th>Decision</th>
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<tr>
<td>REGULATION AND CONTROL</td>
<td>Determine the arrangements by which the members of the group approve those decisions that are reserved for the membership.</td>
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<td>REGULATION AND CONTROL</td>
<td>Consideration and approval of applications to NHS England on any matter concerning changes to the group’s constitution, including terms of reference for the group’s governing body, the overarching scheme of reservation and delegated powers, arrangements for taking urgent decisions, and standing orders and prime financial policies.</td>
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<td>REGULATION AND CONTROL</td>
<td>Consideration and approval of changes to the terms of reference for the governing body’s committees and the membership of committees.</td>
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<td>REGULATION AND CONTROL</td>
<td>Exercise or delegation of those functions of the clinical commissioning group which have not been retained as reserved by the group, delegated to the governing body or other committee or sub-committee or [specified] member or employee</td>
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<td>REGULATION AND CONTROL</td>
<td>Approve arrangements for • Selection of GP practice members to represent the practices</td>
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<td>REGULATION AND CONTROL</td>
<td>Approve the appointment of Governing Body members and the processes for recruiting and removing non-elected members to the Governing Body under the Standing Orders for the CCG</td>
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<td>REGULATION AND CONTROL</td>
<td>Approve arrangements for identifying the group’s proposed Chief Officer.</td>
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| REGULATION AND CONTROL          | • Prepare the Group’s overarching Scheme of Reservation and Delegation which sets out decisions of the group reserved to the membership and those delegated to:  
  o group's Governing Body  
  o committees and sub-committees of the group, or  
  o its members or employees and sets out those decisions of the Governing Body reserved to the Governing Body and those delegated to the:  
  o Governing Body’s committees and sub-committees, |                            |                                         |                                                      |       |                     |                |                                    |                                      |                     |                             |

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<td>• Prepare the group’s operational scheme of delegation setting out key operational decisions delegated to individual employees of the CCG, not for inclusion in the constitution</td>
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<td>• Prepare detailed financial policies that underpin the clinical commissioning group’s prime financial policies</td>
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<td>• Ratify use of the seal arrangements.</td>
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<td>• Agree the vision, values and overall strategic</td>
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<td>• Approval of the group's corporate budgets that meet the financial duties as set out in section 5.3 of the main body of the constitution.</td>
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<td>• Approval of variations to the approved budget where variation would have a significant impact on the overall approved levels of income and expenditure or the group’s ability to achieve its agreed strategic aims.</td>
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<td>• Approval of the arrangements for discharging the group’s statutory financial duties</td>
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<td>HUMAN RESOURCES</td>
<td>• Approve the terms and conditions, remuneration and travelling or other allowances for Governing Body members, including pensions and gratuities.</td>
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<td>• Approve terms and conditions of employment for all employees of the</td>
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<td>HUMAN RESOURCES (Cont:-)</td>
<td>group including, pensions, remuneration, fees and travelling or other allowances payable to employees and to other persons providing services to the group.</td>
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<td>• Approve human resources policies for employees and for other persons working on behalf of the group</td>
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<td>QUALITY &amp; SAFETY</td>
<td>• Approve arrangements, including supporting policies, to minimise clinical risk, maximise patient safety and to secure continuous improvement in quality and patient outcomes.</td>
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<td>• Approve arrangements for supporting NHS England in discharging its responsibilities in relation to securing continuous improvement in the quality of general medical services</td>
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<td>OPERATIONAL AND RISK MANAGEMENT</td>
<td>• Approve the group’s counter fraud and security management arrangements.</td>
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<td>• Approve the group’s risk management arrangements.</td>
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<td>• Approve arrangements for risk sharing and or risk pooling with other organisations (for example arrangements for pooled funds with other clinical commissioning groups or</td>
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<td>pooled budget arrangements under section 75 of the NHS Act 2006).</td>
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<td>• Approve a comprehensive system of internal control, including budgetary control, that underpins the effective, efficient and economic operation of the group.</td>
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<td>• Approve proposals for action on litigation against or on behalf of the clinical commissioning group.</td>
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<td>• Approve the group’s arrangements for business continuity and emergency planning.</td>
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<td>COMMUNICATIONS</td>
<td>• Approve arrangements for handling Freedom of Information requests</td>
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<td>COMMISSIONING AND CONTRACTING FOR CLINICAL SERVICES</td>
<td>• Approve decisions that individual members or employees of the group participating in joint arrangements on behalf of the group can make. Such delegated decisions must be disclosed in this scheme of reservation and delegation.</td>
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<td>• Approve decisions delegated to joint committees established under section 75 of the NHS Act 2006.</td>
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<td>2006 Act.</td>
<td>• Approval of the arrangements for discharging the group’s statutory duties associated with its commissioning functions (excluding primary care), including but not limited to promoting the involvement of each patient, patient choice, reducing inequalities, improvement in the quality of services, obtaining appropriate advice and public engagement and consultation.</td>
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<td>• Approve arrangements for co-ordinating the commissioning of services with other groups and or with the local authority(ies), where appropriate</td>
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<td>• Approve decisions on the commissioning of healthcare services across West Yorkshire and Harrogate (such decisions will be detailed as Joint Committee decisions in the Healthy Futures Joint Committee Workplan).</td>
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<td>• Approve non-service specific matters as detailed in Schedule 2 of the Memorandum of</td>
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<td>COMMISSIONING AND CONTRACTING FOR PRIMARY MEDICAL SERVICES</td>
<td>• Approve decisions on the review, planning and procurement of primary care services in West Leeds, under delegated authority from NHS England.</td>
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<td>INFORMATION GOVERNANCE</td>
<td>• Approve the CCG’s arrangements for handling complaints.</td>
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<td>• Approve the arrangements for ensuring appropriate and safekeeping and confidentiality of records and for the storage, management and transfer of information and data.</td>
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<td>AUDIT</td>
<td>• Receive the annual governance letter from the External Auditor and advise the Governing Body of proposed action</td>
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<td>• Receive an annual report from the Internal Auditor and advise the Governing Body of proposed action</td>
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<td>• Report and provide assurance to the Governing Body on the effectiveness of financial governance arrangements</td>
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<td>at the CCG • Approve the appointment (and where necessary change or removal) of internal audit service providers</td>
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APPENDIX E – PRIME FINANCIAL POLICIES

1. INTRODUCTION

1.1. General

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

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

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

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

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

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

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

1.2. Overriding Prime Financial Policies

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

1.3. Responsibilities and delegation

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

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

1.4. Contractors and their employees

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

1.5. Amendment of Prime Financial Policies

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

2. INTERNAL CONTROL

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

2.1. The governing body is required to establish an audit committee with terms of reference agreed by the governing body (see paragraph 6.7.1.1 of the group’s constitution for further information).

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

2.3. The Chief Finance Officer will ensure that:

a) financial policies are considered for review and update annually;
b) a system is in place for proper checking and reporting of all breaches of financial policies; and

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

3. AUDIT

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

3.1. In line with the terms of reference for the governing body’s audit committee, the person appointed by the group to be responsible for internal audit and the Audit Commission appointed external auditor will have direct and unrestricted access to audit committee members and the chair of the governing body, Chief Officer and Chief Finance Officer for any significant issues arising from audit work that management cannot resolve, and for all cases of fraud or serious irregularity.

3.2. The person appointed by the group to be responsible for internal audit and the external auditor will have access to the audit committee and the Chief Officer to review audit issues as appropriate. All audit committee members, the chair of the governing body and the Chief Officer will have direct and unrestricted access to the head of internal audit and external auditors.

3.3. The Chief Finance Officer will ensure that:

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

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

4. FRAUD AND CORRUPTION

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

4.1. The governing body’s audit committee will satisfy itself that the group has adequate arrangements in place for countering fraud and shall review the outcomes of counter fraud work. It shall also approve the counter fraud work programme.

4.2. The governing body’s audit committee will ensure that the group has arrangements in place to work effectively with NHS Protect.
5. **EXPENDITURE CONTROL**

5.1. The group is required by statutory provisions\(^ {64}\) to ensure that its expenditure does not exceed the aggregate of allotments from NHS England and any other sums it has received and is legally allowed to spend.

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

5.3. The Chief Finance Officer will:

a) provide reports in the form required by NHS England;

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

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

6. **ALLOTMENTS\(^ {65}\)**

6.1. The group’s Chief Finance Officer will:

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

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

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

7. **COMMISSIONING STRATEGY, BUDGETS, BUDGETARY CONTROL AND MONITORING**

POLICY – the group will produce and publish an annual commissioning plan\(^ {66}\) that explains how it proposes to discharge its financial duties. The group will support this with comprehensive medium term financial plans and annual budgets

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\(^{64}\) See section 223H of the 2006 Act, inserted by section 27 of the 2012 Act

\(^{65}\) See section 223(G) of the 2006 Act, inserted by section 27 of the 2012 Act.

\(^{66}\) See section 14Z11 of the 2006 Act, inserted by section 26 of the 2012 Act.
7.1. The Chief Officer will compile and submit to the Governing Body a commissioning strategy which takes into account financial targets and forecast limits of available resources.

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

7.3. The Chief Finance Officer shall monitor financial performance against budget and plan, periodically review them, and report to the Governing Body. This report should include explanations for variances. These variances must be based on any significant departures from agreed financial plans or budgets.

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

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

8. **ANNUAL ACCOUNTS AND REPORTS**

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

8.1. The Chief Finance Officer will ensure the group:

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

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

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

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

   e) publishes the external auditor’s management letter on the group’s website at [www.leedswestccg.nhs.uk](http://www.leedswestccg.nhs.uk)

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

68 See paragraph 17 of Schedule 1A of the 2006 Act, as inserted by Schedule 2 of the 2012 Act.
9. INFORMATION TECHNOLOGY

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

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

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

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

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

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

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

10. ACCOUNTING SYSTEMS

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

10.1. The Chief Finance Officer will ensure:

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

   b) that contracts for computer services for financial applications with another health organisation or any other agency shall clearly define the responsibility of all parties for the security, privacy, accuracy, completeness, and timeliness of data during processing, transmission and storage. The contract should also ensure rights of access for audit purposes.
10.2. Where another health organisation or any other agency provides a computer service for financial applications, the Chief Finance Officer shall periodically seek assurances that adequate controls are in operation.

11. BANK ACCOUNTS

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

11.1. The Chief Finance Officer will:

a) review the banking arrangements of the group at regular intervals to ensure they are in accordance with Secretary of State directions\(^{69}\), best practice and represent best value for money;

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

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

11.2. The Chief Officer shall approve the banking arrangements.

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

**POLICY** – the group will

- operate a sound system for prompt recording, invoicing and collection of all monies due
- seek to maximise its potential to raise additional income only to the extent that it does not interfere with the performance of the group or its functions\(^ {70}\)
- ensure its power to make grants and loans is used to discharge its functions effectively\(^ {71}\)

12.1. The Chief Finance Officer is responsible for:

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

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

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\(^{69}\) See section 223H(3) of the NHS Act 2006, inserted by section 27 of the 2012 Act

\(^{70}\) See section 14Z5 of the 2006 Act, inserted by section 26 of the 2012 Act.

\(^{71}\) See section 14Z6 of the 2006 Act, inserted by section 26 of the 2012 Act.
c) approving and regularly reviewing the level of all fees and charges other than those determined by NHS England or by statute. Independent professional advice on matters of valuation shall be taken as necessary; and
d) developing effective arrangements for making grants or loans.

13. TENDERING AND CONTRACTING PROCEDURE

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

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

13.2. The Governing Body may only negotiate contracts on behalf of the group, and the group may only enter into contracts, within the statutory framework set up by the 2006 Act, as amended by the 2012 Act. Such contracts shall comply with:

a) the group’s standing orders;

b) the Public Contracts Regulation 2006, any successor legislation and any other applicable law; and

c) take into account as appropriate any applicable NHS England or the Independent Regulator of NHS Foundation Trusts (Monitor) guidance that does not conflict with (b) above.

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

14. COMMISSIONING

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

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

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

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

15. RISK MANAGEMENT AND INSURANCE

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

15.1. The Governing Body has a responsibility to ensure that the CCG is properly governed in accordance with best practice corporate, clinical and financial governance. The CCG’s Risk Management Policy enables the organisation to have a clear view of the risks affecting each area of its activity; how those risks are being managed, the likelihood of occurrence and their potential impact on the successful achievement of the CCG objectives.

15.2. The CCG’s Assurance Framework supports the evaluation and management of risk within the organisation, it summarises the CCG’s principal objectives and the risks that threaten their achievement. It identifies the key controls in place to manage the risks and what assurances, both internal and external are available to demonstrate their effectiveness.

15.3. The CCG’s Audit Committee will oversee the effectiveness of the CCG’s Risk Management process and report and provide assurance to the Governing Body accordingly.

16. PAYROLL

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

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

a) is supported by appropriate (i.e. contracted) terms and conditions;
b) has adequate internal controls and audit review processes; and

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

16.2. In addition the chief finance office shall set out comprehensive procedures for the effective processing of payroll

17. NON-PAY EXPENDITURE

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

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

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

17.3. The Chief Finance Officer will:

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

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

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

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

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

18.1. The Chief Officer will:

a) ensure that there is an adequate appraisal and approval process in place for determining capital expenditure priorities and the effect of each proposal upon plans;
b) be responsible for the management of all stages of capital schemes and for ensuring that schemes are delivered on time and to cost;

c) shall ensure that the capital investment is not undertaken without confirmation of purchaser(s) support and the availability of resources to finance all revenue consequences, including capital charges; and

d) be responsible for the maintenance of registers of assets, taking account of the advice of the Chief Finance Officer concerning the form of any register and the method of updating, and arranging for a physical check of assets against the asset register to be conducted once a year.

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

19. **RETENTION OF RECORDS**

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

19.1. The Chief Officer shall:

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

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

c) publish and maintain a Freedom of Information Publication Scheme.

20. **TRUST FUNDS AND TRUSTEES**

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

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

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

a) **Selflessness** – Holders of public office should act solely in terms of the public interest. They should not do so in order to gain financial or other benefits for themselves, their family or their friends.

b) **Integrity** – Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might seek to influence them in the performance of their official duties.

c) **Objectivity** – In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.

d) **Accountability** – Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.

e) **Openness** – Holders of public office should be as open as possible about all the decisions and actions they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.

f) **Honesty** – Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.

g) **Leadership** – Holders of public office should promote and support these principles by leadership and example.

Source: *The First Report of the Committee on Standards in Public Life (1995)*

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72 Available at http://www.public-standards.gov.uk/
APPENDIX G – NHS CONSTITUTION

The NHS Constitution sets out seven key principles that guide the NHS in all it does:

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

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

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

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

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

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

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

Source: *The NHS Constitution: The NHS belongs to us all* (March 2012)\textsuperscript{73}