

NHS HERTS VALLEYS CLINICAL COMMISSIONING GROUP

CONSTITUTION 2019 Version 1.6

Approved by NHS England on 8 July 2019

NHS Herts Valleys Clinical Commissioning Group Constitution

Version	Effective Date	Changes
1.01	28 February 2019	<p>Reviewed by board:</p> <p><i>The proposals were reviewed by the CCG board on 28 February 2019. The board requested two amendments:</i></p> <ol style="list-style-type: none"> <i>1. Minimum of two clinical sessions to be considered for election to the board</i> <i>2. Additional detail on requirement for a lay member with specific PPI responsibilities, who should also chair the board's PPI committee</i>
1.1	25 March 2019	<p>Legal review</p> <p>Small number of amendments:</p> <ul style="list-style-type: none"> • SORD removed (Appendix 5) • P31 Notice for general meetings to be electronic • P43 Governing body quorum, executive titles stated • P47 Committee reporting to Governing body • P49 GP eligibility for Governing Body membership clarified • P51 Amended process following alleged misconduct
V1.4	18 April 2019	Description of localities governance updated as we expect this to change in the future.

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1 Introduction

1.1 Name

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

1.2 Statutory Framework

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

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

- a) Acting in a way that promotes the NHS Constitution (section 14P of the 2006 Act);
- b) Exercising its functions effectively, efficiently and economically (section 14Q of the 2006 Act);
- c) Financial duties (under sections 223G-K of the 2006 Act);
- d) Child safeguarding (under the Children Acts 2004,1989);
- e) Equality, including the public-sector equality duty (under the Equality Act 2010); and
- f) Information law, (for instance under data protection laws, such as the EU General Data Protection Regulation 2016/679, and the Freedom of Information Act 2000).

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

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

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

1.3 Status of this Constitution

1.3.1 This CCG was first authorised on 1 April 2013

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

1.3.3 The constitution is published on the CCG website at <https://hertsvalleysccg.nhs.uk/about-us/who-we-are/leadership>

1.4 Amendment and Variation of this Constitution

1.4.1 This constitution can only be varied in two circumstances.

- a) where the CCG applies to NHS England and that application is granted; and
- b) where in the circumstances set out in legislation NHS England varies the constitution other than on application by the CCG.

1.4.2 The Accountable Officer (“Chief Executive Officer”) may periodically propose amendments to the constitution which shall be considered and approved by the Governing Body unless:

- Changes are thought to have a material impact
- Changes are proposed to the reserved powers of the members;
- At least half (50%) of all the Governing Body Members formally request that the amendments be put before the membership for approval

1.5 Related documents

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

- a) **Standing orders (appendix 3)** – which set out the arrangements for meetings and the selection and appointment processes for the CCG’s Committees, and the CCG Governing Body (including Committees).
- b) **The Scheme of Reservation and Delegation** – sets out those decisions that are reserved for the membership as a whole and those decisions that have

been delegated by the CCG or the Governing Body. This can be found in the integrated governance protocol.

- c) **Prime financial policies** – which set out the arrangements for managing the CCG’s financial affairs. This can be found in the integrated governance protocol.
- d) **Standing Financial Instructions** (appendix 4) – which set out the delegated limits for financial commitments on behalf of the CCG.
- e) **The CCG integrated governance protocol**
 - Governance structures
 - Decision making processes;
 - Committee terms of reference;
 - Scheme of publication and transparency
 - Scheme of Reservation and Delegation (SoRD);
 - Prime financial policies
- f) **Standards of Business Conduct Policy** – which includes the arrangements the CCG has made for the management of conflicts of interest.

1.6 Accountability and transparency

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

- a) publish our constitution and other key documents including
 - CCG integrated governance protocol
 - Annual reports
 - Key policies including equality and diversity strategy, risk management strategy and process, and standards of business conduct;
- b) appoint independent lay members and non-GP clinicians to our Governing Body;
- c) manage actual or potential conflicts of interest in line with NHS England’s statutory guidance *Managing Conflicts of Interest: Revised Statutory Guidance for CCGs 2017* and expected standards of good practice (see also part 6 of this constitution);
- d) hold Governing Body meetings in public (except where we believe that it would not be in the public interest);

- e) publish an annual commissioning strategy that takes account of priorities in the health and wellbeing strategy;
- f) procure services in a manner that is open, transparent, non-discriminatory and fair to all potential providers and publish a Procurement Strategy;
- g) involve the public, in accordance with its duties under section 14Z2 of the 2006 Act, and as set out in more detail in the CCG's participation strategy <https://hertsvalleysccg.nhs.uk/get-involved/participation-strategy> (more detail on public involvement can be found in section 1.8)
- h) When discharging its duties under section 14Z2, the CCG will ensure that it has due regard of the principles of openness; early and active involvement; fairness and non-discrimination;
- i) comply with local authority health overview and scrutiny requirements;
- j) meet annually in public to present an annual report which is then published;
- k) produce annual accounts which are externally audited;
- l) publish a clear complaints process;
- m) comply with the Freedom of Information Act 2000 and with the Information Commissioner Office requirements regarding the publication of information relating to the CCG;
- n) provide information to NHS England as required; and
- o) be an active member of the local Health and Wellbeing Board.

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

- a) publishing its principal commissioning and operational policies on the CCG's website;
- b) holding public engagement events in such format and at such times and frequency as shall be determined by the CCG;
- c) identifying a named lay member with responsibility for public and patient engagement. This lay member also has the responsibility for chairing the Governing Body's Patient and Public Involvement Committee;
- d) holding governing body meetings in public, except where this would not be in the public interest
- e) appointing a patient representative as a regular attendee of Governing Body meetings.

1.7 Liability and Indemnity

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

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

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

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

1.8 Public, patient and carer involvement

1.8.1 In carrying out its functions the CCG shall make arrangements to secure public involvement in the planning, development and consideration of proposals for changes and decisions affecting the operation of commissioning arrangements. Local people will be encouraged to become involved in:

- The planning of the CCG commissioning arrangements.
- The development and consideration of the proposals by the CCG for changes in the commissioning arrangements.
- The decisions of the CCG affecting the operation of commissioning arrangements where the decisions would, if made, impact on the manner in which the services are delivered to the individuals or the range of health services available to them.

The CCG will use a range of methods for involving the public and these will be set out in the participation strategy and published on the website.

A formal sub-committee of the Governing Body will be responsible for assuring the Governing Body of meaningful participation. This is the patient and public involvement committee (PPI) and it will also be a focal point for gathering views from local patient representatives from all four localities.

The Governing Body will have patient representation to the Governing Body itself – by way of a representative of the patient and public involvement committee.

The CCG will ensure that participants are provided with information about decision-making processes when involved in CCG activities.

- 1.8.2 The CCG shall actively promote the involvement of patients, their carers and the public in meeting its strategic objectives.
- 1.8.3 The CCG shall act with a view to enabling patients to make choices in line with the requirements of the [NHS Constitution](#).
- 1.8.4 The CCG Governing Body shall prepare and publish on its website, clear information about how local people can participate in a range of ways. This will be reviewed regularly and will form part of its participation strategy, for review every two years.

2 Area Covered by the CCG

2.1.1 The area covered by the CCG is the local authority areas of Dacorum, Hertsmere, St Albans, Three Rivers and Watford.

3 Membership Matters

3.1 Membership of the Clinical Commissioning Group

3.1.1 The CCG is a membership organisation.

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

3.1.3 The practices which make up the membership of the CCG are listed below. This list will be updated on an annual basis.

Practice Name	NACS Code	Locality	APMS or GMS
Archway Surgery 52 Hg St, Borehamwood, Bovingdon, HP3 0HJ	E82643	Dacorum	GMS
Bennetts End Surgery Gatecroft, Hemel Hempstead HP3 9LY	E82032	Dacorum	GMS
Berkhamsted Group Practice 1 Boxwell Rd, Berkhamsted HP4 3EU	E82028	Dacorum	GMS
Coleridge House Medical Centre 2 Colridge Crescent, Hemel Hempstead, HP2 7PQ	E82644	Dacorum	GMS
Everest House Everest Way, Hemel Hemsptead, HP2 4HY	E82051	Dacorum	GMS
Fernville Surgery Midland Rd, Hemel Hempstead, HP2 5BL	E82022	Dacorum	GMS
Gossoms End Surgery Victory Rd, Berkhamsted, HP4 1DL	E82652	Dacorum	GMS
Grovehill Medical Centre Kilbride Court, Hemel Hempstead, HP2 6AD	E82050	Dacorum	GMS
Haverfield Surgery 34 Hg St, Kings Langley, WD4 9HT	E82066	Dacorum	GMS
Highfield Surgery Cambrian Way, Hemel Hempstead, HP2 5TA	E82640	Dacorum	GMS

Practice Name	NACS Code	Locality	APMS or GMS
Lincoln House Surgery 163 London Rd, Apsley, HP3 9SQ	E82009	Dacorum	GMS
Manor Street Surgery Annandale Hse, Manor St, Berkhamsted, HP4 2DL	E82094	Dacorum	GMS
Parkwood Surgery Parkwood Drive, Hemel Hempstead, HP1 2LD	E82091	Dacorum	GMS
Rothschild House Surgery Chapel St, Tring, HP23 6PU	E82001	Dacorum	GMS
The Nap (Kings Langley Surgery) Kings Langley, WD4 8ET	E82129	Dacorum	GMS
The New Surgery St Peter's House, Church Yard, Tring, HP23 5AE	E82131	Dacorum	APMS
Woodhall Farm Medical Centre Valley Green, off Shenley Rd, Hemel Hempstead, HP2 7RJ	E82070	Dacorum	GMS
Annandale Medical Centre The Elms, High St, Potters Bar EN6 5DA	E82098	Hertsmere	GMS
Fairbrook Medical Centre 4 Fairway Ave, Borehamwood WD6 1PR	E82012	Hertsmere	GMS
Highview Medical Centre The Elms, High St, Potters Bar EN6 5DA	E82078	Hertsmere	GMS
Little Bushey Surgery California Lane, Bushey WD23 1EZ	E82657	Hertsmere	GMS
Parkfield Medical Centre The Walk, Potters Bar, EN6 1QH	E82027	Hertsmere	GMS
Schopwick Surgery Romeland, Elstree, WD6 3BH	E82043	Hertsmere	GMS
Theobald Medical Centre 119-121 Theobald St, Borehamwood, WD6 4PT	E82048	Hertsmere	GMS
The Grove Medical Centre Borehamwood Shopping Park, Borehamwood, WD6 4PR	E82117	Hertsmere	GMS
The Red House Group 124 Watling St, Radlett, WD7 7JQ	E82085	Hertsmere	GMS

Practice Name	NACS Code	Locality	APMS or GMS
Colney Medical Centre 45-47 Kings Rd, London Colney, AL2 1ES	E82113	St Albans & Harpenden	GMS
Davenport House Surgery Bowers Way, Harpenden, AL5 4XH	E82077	St Albans & Harpenden	GMS
Elms Medical Practice 5 Stewart Rd, Harpenden, AL5 4QA	E82071	St Albans & Harpenden	GMS
Grange Street Surgery 2 Grange St, St Albans, AL3 5NF	E82059	St Albans & Harpenden	GMS
Harvey Group Practice 13-15 Russell Ave, AL3 5HB	E82084	St Albans & Harpenden	GMS
Hatfield Road Surgery 2 The Parade, Ellis Hse, Charrington Place, Victoria St, St Albans. AL1 3FY	E82004	St Albans & Harpenden	GMS
Lattimore Surgery 283 High St, London Colney, St Albans, AL2 1EU	E82107	St Albans & Harpenden	GMS
Maltings Surgery 8-14 Victoria St, St Albans, AL1 3JB	E82031	St Albans & Harpenden	GMS
Midway Surgery Chiswell Green, St Albans, AL2 3JX	E82055	St Albans & Harpenden	GMS
Parkbury House Surgery St Peters Street, St Albans, AL1 3HD	E82060	St Albans & Harpenden	GMS
The Lodge Group Normandy Road, St Albans AL3 5NP	E82014	St Albans & Harpenden	GMS
The Village Surgery Amenbury Lane, Harpdenden AL5 2BT	E82037	St Albans & Harpenden	GMS
Abbotswood Medical Centre 12 Katherine Place, College Rd, Herts WD5 0BT	E82105	Watford & Three Rivers	GMS
Attenborough Surgery Bushey Health Centre, London Rd, WD23 2NN	E82124	Watford & Three Rivers	GMS

Practice Name	NACS Code	Locality	APMS or GMS
Baldwins Lane Surgery 266 Baldwins Lane, Rickmansworth, WD3 3LG	E82049	Watford & Three Rivers	GMS
Bridgewater Surgeries 7 Printers Ave, Watford WD18 7QR	E82013	Watford & Three Rivers	GMS
Cassio Surgery 1st Fl, Colne House, 21 Upton Rd, Watford, WD18 0JP	E82603	Watford & Three Rivers	GMS
Chorleywood Health Centre 15 Lower Rd, Chorleywood WD3 5EA	E82064	Watford & Three Rivers	GMS
Gade Surgery 99b Uxbridge Rd, Rickmansworth WD3 7DJ	E82068	Watford & Three Rivers	GMS
Garston Medical Centre 6a North Western Ave, Watford, WD25 9GP	E82017	Watford & Three Rivers	GMS
Manor View Practice Bushey Health Centre, London Rd, Bushey, WD23 2NN	E82073	Watford & Three Rivers	GMS
New Road Surgery 166 New Rd, Croxley Green, WD3 3HD	E82106	Watford & Three Rivers	GMS
Pathfinder Practice Oxhey Drive, Watford, WD19 7SF	Y01165	Watford & Three Rivers	APMS
Sheepcot Medical Centre 6 Cunningham Way, Watford WD25 7NL	E82096	Watford & Three Rivers	GMS
South Oxhey Surgery Oxhey Drive, Watford, WD19 7SF	E82655	Watford & Three Rivers	GMS
Suthergrey House Medical Centre 37a St Johns Rd, Watford, WD17 1LS	E82015	Watford & Three Rivers	GMS
The Colne Practice 99a Uxbridge Rd, Rickmansworth, WD3 7DJ	E82083	Watford & Three Rivers	GMS
The Consulting Rooms Surgery Oxhey Drive, Watford, WD19 7RU	E82020	Watford & Three Rivers	GMS

Practice Name	NACS Code	Locality	APMS or GMS
The Elms Surgery 36 The Avenue, Watford WD17 4NT	E82069	Watford & Three Rivers	GMS
Tudor Surgery 137-139 Bushey Mill Lane, Watford, WD24 7PH	E82034	Watford & Three Rivers	GMS
Upton Road Surgery Colne House, 21 Upton Rd, Watford, WD18 0JP	E82045	Watford & Three Rivers	GMS
Vine House Health Centre 87-89 High St, Abbots Langley, WD5 0AJ	E82046	Watford & Three Rivers	GMS

3.2 Nature of Membership and Relationship with CCG

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

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

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

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

3.4 Localities

3.4.1 The CCG area shall be divided into four localities and each member shall be a member of one of those localities by virtue of their membership of the CCG.

3.4.2 The four localities are:

Dacorum: consisting of those members serving patients resident within the local authority area of Dacorum.

Hertsmere: consisting of those members serving patients resident within the local authority area of Hertsmere.

St Albans and Harpenden: consisting of those members serving patients resident within the local authority area of St Albans.

Watford and Three Rivers: consisting of those members serving patients resident within the local authority area of Watford and Three Rivers.

3.4.3 It may be the case that a member's practice is located within one locality but largely serves patients resident in another, or that while patients are largely resident in one locality, they share greater community of interest with patients in a different locality due to the pattern of service provision. In either of these cases, the CCG Governing Body shall have the power to allocate the member concerned to the locality which in the CCG Governing Body's opinion is most

likely to serve the interests of the patients of that member. Before making such an allocation, the CCG Governing Body shall consult the member concerned and all the affected localities.

3.4.4 In exceptional cases, where a member serves significant numbers of patients within more than one locality area, the CCG Governing Body may agree that it should be a member of more than one locality. However, no member may have more than one practice representative and no General Practitioner may vote in more than one locality for the election of GP Governing Body members.

3.4.5 The CCG may amend locality structures in the future, in line with the requirements of the NHS long term plan.

3.5 General Meetings

3.5.1 General Meetings

3.5.1.1 There shall be at least two Ordinary General Meetings (also known as “GP Forum”) of members of the CCG each financial year. The Governing Body shall agree the dates of the Ordinary General Meetings as part of the calendar of meetings for the year at the last meeting of the Governing Body each financial year.

3.5.2 Attendance and Voting

3.5.2.1 The following shall be entitled to attend and speak at General Meetings of the CCG

- All GPs, practice managers, practice nurses or other employees of members
- All members of the CCG Governing Body
- Employees of the CCG
- Elected patient representatives within the CCG or locality structures.
- Any other individuals invited by the CCG Governing Body, Chair or Chief Executive Officer to attend the meeting.

3.5.2.2 Only the following shall be entitled to vote on any matter discussed by General Meetings of the CCG:

Practice representatives as appointed in accordance with 3.11 of this constitution, or a substitute practice representative appointed in writing by the nominated practice representative to attend the meeting on their behalf. A

substitute practice representative shall not have voting rights at a general meeting if the appointed practice representative is present.

Nominated substitutes must be GPs who would be eligible to be the Practice Representative of the practice in question. No individual may cast more than one vote at a General Meeting.

There shall be no proxy or absentee voting at General Meetings of the CCG, however the General Meeting may, by a majority vote, refer a matter under discussion at that General Meeting for resolution by a postal ballot of practice representatives, in which case all practice representatives shall be entitled to vote regardless of whether they were in attendance at the General Meeting or not.

3.5.3 Business to be considered

3.5.3.1 The focus of General meetings shall be the consideration of commissioning issues and decisions.

All General Meetings shall consider the following items of business:

- A report on the progress of the CCG's work during the current year
- Any proposed constitutional amendments recommended by the CCG Governing Body to the members
- An account of any urgent decisions taken by the CCG Governing Body on behalf of the CCG in accordance with paragraph 2.13 of the Standing Orders.
- Any items validly proposed for discussion by members.
- Questions from those present to the CCG Governing Body.
- Any other items determined by the CCG Governing Body

3.5.3.2 Additional business to be considered at an Annual General Meeting

In addition, the meeting designated as the Annual General Meeting shall consider the CCG Governing Body's annual report to members and proposed strategies and programmes of work for the forthcoming year.

3.5.3.3 Notification

Members shall be notified of the arrangements for general meetings in the following ways:

- By publication of the calendar of meetings in accordance with the CCG's scheme of publication and transparency.
- By the circulation of a 'first calling notice' of the general meeting not less than 56 calendar days in advance of the date of the meeting, which shall make clear the outline of business to be discussed at the General Meeting and the mechanism by which members can place items on the agenda for discussion.
- By the circulation of a full agenda by email, including all reports, not less than five working days in advance of the date of the meeting.

3.5.3.4 Urgent Business

A general meeting may agree to take an urgent item for discussion which has not been circulated in accordance with these requirements provided at least two-thirds of practice representatives present agree that:

- It had not been possible to circulate the matter earlier because relevant information has come to light only since the agenda had been circulated.
- It is essential that the CCG take a view on the matter before the next opportunity to do so could be arranged.

No decision may be deemed urgent that would change the CCG's constitution or result in a change in membership of the CCG's Governing Body.

3.5.4 Extraordinary General Meeting

3.5.4.1 Requisitioning an Extraordinary General Meeting

An Extraordinary General Meeting can be called by:

- A decision of the CCG Governing Body
- A requisition of an Extraordinary General Meeting by the representatives at least one-quarter of members drawn from more than one locality.

Any decision by the CCG Governing Body to call an Extraordinary General Meeting or any requisition of an Extraordinary General Meeting by Practice Representatives must make clear what issue or issues are to be discussed, any proposed resolution in relation to that business and the proposed date of the meeting.

If in the opinion of the Chief Executive Officer, the proposed date is not practical then they may determine that the meeting shall take place on an alternative date provided the Chair of the CCG Governing Body and the first named representative on the requisition (if relevant) are first consulted on the proposed revised date.

3.5.4.2 Notification

All members must be sent notification by email of the date and agenda for an Extraordinary General Meeting at the earliest practical opportunity and not less than five working days in advance of the meeting.

3.5.5 Quorum

3.5.5.1 The quorum for any General Meeting of the CCG shall be the attendance of practice representatives from at least half of the members.

3.5.5.2 In the event of a quorum not being present then an informal discussion of the issues on the agenda can be undertaken, but no vote can be taken, no decision reached and no recommendation made to the members or to the CCG Governing Body.

3.6 Members' Responsibilities

3.6.1 Advice and guidance

The CCG Governing Body may, from time to time, publish guidance or advice for members on their responsibilities in respect of the CCG exercising its functions. Any such guidance must be developed in consultation with the membership. The CCG Governing Body may consult more widely in developing any such guidance.

3.6.2 Participation

It is in the interests of all members to participate fully in the work of the CCG. Attendance by members at General Meetings, locality meetings or other forums shall be recorded and may be published from time to time.

3.6.3 Conflicts of interest

Members of the CCG are under an obligation to abide by the policies and procedures that are adopted by the CCG or the Governing Body in respect of codes of conduct and the management of conflicts of interest.

3.6.4 Membership agreements

The CCG Governing Body may establish agreements to promote the success of specific clinical or corporate initiatives and may agree incentives to promote the engagement of members or individuals in those initiatives. These incentives may be financial or of some other nature.

Any such schemes shall be agreed only following full engagement and consultation with members and other stakeholders. Any incentives awarded shall be so awarded on the basis of predetermined objective indicators or on the basis of a predetermined assessment process.

3.7 Practice Representatives

- 3.7.1 Each Member practice has a nominated lead healthcare professional who represents the practice in the dealings with the CCG.
- 3.7.2 Practice representatives must be GPs who are partners or employees of the member. No individual may be the practice representative for more than one member.

4 Arrangements for the Exercise of our Functions.

4.1 Good Governance

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

- a) Undertaking regular governance reviews;
- b) Adoption of standards and procedures that facilitate speaking out and the raising of concerns including a freedom to speak up guardian if one is appointed;
- c) Adopting CCG values that include standards of propriety in relation to the stewardship of public funds, impartiality, integrity and objectivity;
- d) The Good Governance Standard for Public Services;
- e) the standards of behaviour published by the Committee on Standards in Public Life (1995) known as the ‘Nolan Principles’;
- f) the seven key principles of the NHS Constitution;
- g) relevant legislation including such as the Equality Act 2010; and
- h) the standards set out in the Professional Standard Authority’s guidance ‘Standards for Members of NHS Boards and Clinical Commissioning Group Governing Bodies in England’.

4.2 General

4.2.1 The CCG will:

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

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

4.3 Authority to Act: the CCG

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

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

4.4 Authority to Act: the Governing Body

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

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

5 Procedures for Making Decisions

5.1 Scheme of Reservation and Delegation

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

5.2 Standing Orders

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

5.3 Standing Financial Instructions (SFIs)

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

5.3.2 A copy of the delegated limits of financial authority is included at appendix 4 and form part of this constitution.

5.4 The Governing Body: Its Role and Functions

5.4.1 The Governing Body has statutory responsibility for:

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

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

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

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

5.5 Composition of the Governing Body

5.5.1 This part of the constitution describes the make-up of the Governing Body roles. Further information about the individuals who fulfil these roles can be found on our [website](#).

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

- a) The Chair, who shall be a GP drawn from a member practice
- b) The Chief Executive Officer
- c) The Chief Finance Officer
- d) A Secondary Care Specialist;
- e) A registered nurse
- f) Two lay members:
 - One who has qualifications, expertise or experience to enable them to lead on finance and audit matters;
 - Another who has knowledge about the CCG area enabling them to express an informed view about discharge of the CCG functions. This lay member also has the responsibility for chairing the Governing Body's Patient and Public Involvement Committee.

5.5.3 The CCG has agreed the following additional members:

- a) A third lay member who is the chair of the primary care commissioning committee
- b) A fourth lay member who is chair of the quality committee
- c) Seven GPs drawn from member practices

5.6 Additional Attendees at the Governing Body Meetings

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

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

- a) Director of primary care or equivalent
- b) Director of commissioning or equivalent
- c) Associate director of communications and engagement or equivalent
- d) Head of corporate governance or equivalent
- e) Director of workforce or equivalent
- f) A patient representative of the Patient and Public Involvement Committee
- g) A representative of Healthwatch
- h) Director of public health (Herts County Council)
- i) Director of care services (Herts County Council)
- j) Chief Executive (Herts County Council)

5.7 Appointments to the Governing Body

- 5.7.1 The process of appointing GPs to the Governing Body, the selection of the Chair, and the appointment procedures for other Governing Body Members are set out in the standing orders (appendix 3).
- 5.7.2 Also set out in standing orders are the details regarding the tenure of office for each role and the procedures for resignation and removal from office.

5.8 Committees and Sub-Committees

- 5.8.1 The CCG may establish Committees and Sub-Committees of the CCG.
- 5.8.2 The Governing Body may establish Committees and Sub-Committees.
- 5.8.3 Each Committee and Sub-Committee established by either the CCG or the Governing Body operates under terms of reference and membership agreed by the CCG or Governing Body as relevant. Appropriate reporting and assurance mechanisms must be developed as part of agreeing terms of reference for Committees and Sub-Committees.
- 5.8.4 With the exception of the Remuneration Committee, any Committee or Sub-Committee established in accordance with clause 5.8 may consist of or include persons other than Members or employees of the CCG.
- 5.8.5 All members of the Remuneration Committee will be members of the CCG Governing Body.
- 5.8.6 Each of the localities set out in 3.4 shall have a governing committee that shall be responsible for local commissioning under the supervision of the governing body. The governing body shall agree the terms of reference for locality committees and each locality may determine their own operating and governance structure and any sub-committees, consultative forums or similar that they deem appropriate, provided equal opportunities for participation and /

or representation are available to all members of the locality and representatives of the local population. The governing committee of localities shall abide by the standing order, the prime financial policies and the standing financial instructions.

5.9 Committees of the Governing Body

- 5.9.1 The Governing Body will maintain the following statutory or mandated Committees:
- 5.9.2 **Audit Committee:** This Committee is accountable to the Governing Body and provides the Governing Body with an independent and objective view of the CCG's compliance with its statutory responsibilities. The Committee is responsible for arranging appropriate internal and external audit.
- 5.9.3 The Audit Committee will be chaired by a Lay Member who has qualifications, expertise or experience to enable them to lead on finance and audit matters and members of the Audit Committee may include people who are not Governing Body members.
- 5.9.4 **Remuneration Committee:** This Committee is accountable to the Governing Body and makes recommendations to the Governing Body about the remuneration, fees and other allowances (including pension schemes) for employees and other individuals who provide services to the CCG.
- 5.9.5 The Remuneration Committee will be chaired by a lay member other than the audit chair and only members of the Governing Body may be members of the Remuneration Committee.
- 5.9.6 **Primary Care Commissioning Committee** This committee is required by the terms of the delegation from NHS England in relation to primary care commissioning functions. The Primary Care Commissioning Committee reports to the Governing Body and to NHS England. Membership of the Committee is determined in accordance with the requirements of *Managing Conflicts of Interest: Revised statutory Guidance for CCGs 2017*. This includes the requirement for a lay member Chair and a lay Vice Chair.
- 5.9.7 None of the above Committees may operate on a joint committee basis with another CCG(s).
- 5.9.8 The terms of reference for each of the above committees are included in Appendix 2 to this constitution and form part of the constitution.

5.9.9 The Governing Body has also established a number of other Committees to assist it with the discharge of its functions. These Committees are set out in the SoRD and further information about these Committees, including terms of reference, are published in the [integrated governance protocol](#)

5.10 Collaborative Commissioning Arrangements

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

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

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

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

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

- a) identify the roles and responsibilities of those CCGs or other partner organisations that have agreed to work together and, if formal joint working is being used, the legal basis for such arrangements;
- b) specify how performance will be monitored and assurance provided to the Governing Body on the discharge of responsibilities, so as to enable the Governing Body to have appropriate oversight as to how system integration and strategic intentions are being implemented;
- c) set out any financial arrangements that have been agreed in relation to the collaborative arrangements, including identifying any pooled budgets and how these will be managed and reported in annual accounts;

- d) specify under which of the CCG's supporting policies the collaborative working arrangements will operate;
- e) specify how the risks associated with the collaborative working arrangement will be managed and apportioned between the respective parties;
- f) set out how contributions from the parties, including details around assets, employees and equipment to be used, will be agreed and managed;
- g) identify how disputes will be resolved and the steps required to safely terminate the working arrangements;
- h) specify how decisions are communicated to the collaborative partners.

5.11 Joint Commissioning Arrangements with Local Authority Partners

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

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

- a) Delegating specified commissioning functions to the Local Authority;
- b) Exercising specified commissioning functions jointly with the Local Authority;
- c) Exercising any specified health -related functions on behalf of the Local Authority.

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

- a) agree formal and legal arrangements to make payments to, or receive payments from, the Local Authority, or pool funds for the purpose of joint commissioning;
- b) make the services of its employees or any other resources available to the Local Authority; and

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

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

5.12 Joint Commissioning Arrangements – Other CCGs

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

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

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

- a) delegating any of the CCG’s commissioning functions to another CCG;
- b) exercising any of the Commissioning Functions of another CCG; or
- c) exercising jointly the Commissioning Functions of the CCG and another CCG.

5.12.4 For the purposes of the arrangements described at 5.12.3, the CCG may:

- a) make payments to another CCG;
- b) receive payments from another CCG; or
- c) make the services of its employees or any other resources available to another CCG; or
- d) receive the services of the employees or the resources available to another CCG.

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

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

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

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

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

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

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

5.13 Joint Commissioning Arrangements with NHS England

- 5.13.1** The CCG may work together with NHS England. This can take the form of joint working in relation to the CCG's functions or in relation to NHS England's functions.
- 5.13.2** The CCG delegates its powers and duties under 5.13 to the Governing Body and all references in this part to the CCG should be read as the Governing Body, except to the extent that they relate to the continuing liability of the CCG under any joint arrangements.
- 5.13.3** In terms of either the CCG's functions or NHS England's functions, the CCG and NHS England may make arrangements to exercise any of their specified commissioning functions jointly.
- 5.13.4** The arrangements referred to in paragraph 5.13.3 above may include other CCGs, a combined authority or a local authority.
- 5.13.5** Where joint commissioning arrangements pursuant to 5.13.3 above are entered into, the parties may establish a Joint Committee to exercise the commissioning functions in question. For the avoidance of doubt, this provision does not apply to any functions fully delegated to the CCG by NHS England, including but not limited to those relating to primary care commissioning.

- 5.13.6** Arrangements made pursuant to 5.13.3 above may be on such terms and conditions (including terms as to payment) as may be agreed between NHS England and the CCG.
- 5.13.7** Where the CCG makes arrangements with NHS England (and another CCG if relevant) as described at paragraph 5.13.3 above, the CCG shall develop and agree with NHS England a framework setting out the arrangements for joint working, including details of:
- a) how the parties will work together to carry out their commissioning functions;
 - b) the duties and responsibilities of the parties, and the legal basis for such arrangements;
 - c) how risk will be managed and apportioned between the parties;
 - d) financial arrangements, including, if applicable, payments towards a pooled fund and management of that fund;
 - e) contributions from the parties, including details around assets, employees and equipment to be used under the joint working arrangements.
- 5.13.8** Where any joint arrangements entered into relate to the CCG's functions, the liability of the CCG to carry out its functions will not be affected where the CCG enters into arrangements pursuant to paragraph 5.13.3 above. Similarly, where the arrangements relate to NHS England's functions, the liability of NHS England to carry out its functions will not be affected where it and the CCG enter into joint arrangements pursuant to 5.13.
- 5.13.9** The CCG will act in accordance with any further guidance issued by NHS England on co-commissioning.
- 5.13.10** Only arrangements that are safe and in the interests of patients registered with member practices will be approved by the Governing Body.
- 5.13.11** The Governing Body of the CCG shall require, in all joint commissioning arrangements that the lead Governing Body Member for the joint arrangements make;
- a) make a quarterly written report to the Governing Body;
 - b) hold at least one annual engagement event to review the aims, objectives, strategy and progress of the joint commissioning arrangements; and

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

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

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

6.1 Conflicts of Interest

- 6.1.1** As required by section 140 of the 2006 Act, the CCG has made arrangements to manage conflicts and potential conflicts of interest to ensure that decisions made by the CCG will be taken and seen to be taken without being unduly influenced by external or private interest.
- 6.1.2** The CCG has agreed policies and procedures for the identification and management of conflicts of interest.
- 6.1.3** Employees, Members, Committee and Sub-Committee members of the CCG and members of the Governing Body (and its Committees, Sub-Committees, Joint Committees) will comply with the CCG policy on conflicts of interest. Where an individual, including any individual directly involved with the business or decision-making of the CCG and not otherwise covered by one of the categories above, has an interest, or becomes aware of an interest which could lead to a conflict of interests in the event of the CCG considering an action or decision in relation to that interest, that must be considered as a potential conflict, and is subject to the provisions of this constitution and the Standards of Business Conduct Policy.
- 6.1.4** The CCG has appointed the Audit Chair to be the Conflicts of Interest Guardian. In collaboration with the CCG's governance lead, their role is to:
- a) Act as a conduit for GP practice staff, members of the public and healthcare professionals who have any concerns with regards to conflicts of interest;
 - b) Be a safe point of contact for employees or workers of the CCG to raise any concerns in relation to conflicts of interest;
 - c) Support the rigorous application of conflict of interest principles and policies;
 - d) Provide independent advice and judgment to staff and members where there is any doubt about how to apply conflicts of interest policies and principles in an individual situation
 - e) Provide advice on minimising the risks of conflicts of interest.

6.2 Declaring and Registering Interests

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

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

6.3 Training in Relation to Conflicts of Interest

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

6.4 Standards of Business Conduct

Standards of business conduct can be found [here](#)

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

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

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

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

Appendix 1: Definitions of Terms Used in This Constitution

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

Committee	A Committee created and appointed by the membership of the CCG or the Governing Body.
Sub-Committee	A Committee created by and reporting to a Committee.
Governing Body	The body appointed under section 14L of the NHS Act 2006, with the main function of ensuring that a Clinical Commissioning Group has made appropriate arrangements for ensuring that it complies with its obligations under section 14Q under the NHS Act 2006, and such generally accepted principles of good governance as are relevant to it. In Herts Valleys CCG this is known as the Board
Governing Body Member	Any individual appointed to the Governing Body of the CCG
Healthcare Professional	A Member of a profession that is regulated by one of the following bodies: the General Medical Council (GMC) the General Dental Council (GDC) the General Optical Council; the General Osteopathic Council the General Chiropractic Council the General Pharmaceutical Council the Pharmaceutical Society of Northern Ireland the Nursing and Midwifery Council the Health and Care Professions Council any other regulatory body established by an Order in Council under Section 60 of the Health Act 1999
Lay Member	A Lay Member of the CCG Governing Body, appointed by the CCG. A Lay Member is an individual who is not a Member of the CCG or a healthcare professional (as defined above) or as otherwise defined in law.
Primary Care Commissioning	A Committee required by the terms of the delegation from NHS England in relation to primary care commissioning functions. The

Committee	Primary Care Commissioning Committee reports to NHS England and the Governing Body
Professional Standards Authority	An independent body accountable to the UK Parliament which help Parliament monitor and improve the protection of the public. Published <i>Standards for Members of NHS Boards and Clinical Commissioning Group Governing Bodies in England</i> in 2013
Member/ Member Practice	A provider of primary medical services to a registered patient list, who is a Member of this CCG.
Member practice representative	Member practices appoint a healthcare professional to act as their practice representative in dealings between it and the CCG, under regulations made under section 89 or 94 of the 2006 Act or directions under section 98A of the 2006 Act.
NHS England	The operational name for the National Health Service Commissioning Board.
Registers of interests	Registers a group is required to maintain and make publicly available under section 140 of the 2006 Act and the statutory guidance issues by NHS England, of the interests of: the Members of the group; the Members of its CCG Governing Body; the Members of its Committees or Sub-Committees and Committees or Sub-Committees of its CCG Governing Body; and Its employees.
Joint Committee	Committees from two or more organisations that work together with delegated authority from both organisations to enable joint decision-making

Appendix 2: Committee Terms of Reference

NHS Herts Valleys Clinical Commissioning Group

Audit Committee Terms of Reference V2.2

1.0 Role

This Committee is established in line with NHS Herts Valley Clinical Commissioning Group's Constitution. The role of the Audit Committee (the Committee) is to support the Board and the Accountable Officer by reviewing the comprehensiveness, reliability and integrity of assurances to meet the Board and Accountable Officer's requirements. To support this, the Committee will have particular engagement with the work of internal and external audit and with Financial Reporting issues.

2.0 Membership

2.1 Members of the Committee shall be appointed by the Board. The Committee shall be made up of:

Three Lay-members of the Board
Two GP Board Members

2.2 The Chairman of the Board must not be a member of the Committee.

2.3 The Chair of the Committee will be the Lay Member of the Board with responsibility for governance. In the absence of the Committee Chair and/or appointed Deputy, the remaining members present shall elect another member to Chair the meeting.

2.4 In addition to members the following are required to attend meetings of the Committee. Those in attendance may appoint a Deputy to attend on their behalf but should aim to attend a minimum of four meetings per year

3.0 Regular attendees

Accountable Officer
Chief Finance Officer
Head of Corporate Governance
Deputy Head of Corporate Governance
Internal and external audit Representatives
Local Counter Fraud Service (LCFS) Representative

3.1 Internal and external audit representatives will meet at least annually with members of the Committee.

3.2 The Accountable Officer shall be invited to attend any meeting, and should attend at least annually to discuss with the Committee the process for assurance that supports the Annual Governance Statement.

3.3 Only members of the Committee have the right to attend and vote at Committee meetings. The Committee may require other officers of the CCG and other individuals to attend or present papers.

4.0 Secretary

4.1 The Head of Corporate Governance or their nominee shall act as the Secretary of the Committee.

5.0 Quorum

5.1 The quorum necessary for the transaction of business shall be two members. A duly convened meeting of the Committee at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by the Committee.

6.0 Frequency of meetings and attendance requirements

6.1 The Committee will normally meet at least four times per annum at appropriate times in the reporting cycle and otherwise as required.

6.2 Committee members should aim to attend all scheduled meetings but must attend a minimum of four meetings. The Secretary of the Committee shall maintain a register of attendance which will be published in the Trust's Annual Report.

7.0 Notice of meetings

7.1 Meetings may be called by the Secretary of the Committee at the request of any of its members or where necessary.

7.2 Unless otherwise agreed, notice of each meeting confirming the venue, time and date together with an agenda of items to be discussed, shall be forwarded to each member of the Committee, any other person required to attend and all other Board members, no less than five working days before the date of the meeting. Supporting papers shall be sent to Committee members and to other attendees at the same time.

8.0 Minutes of meetings

8.1 The Secretary, or nominated deputy, shall minute the proceedings of all meetings of the Committee, including recording the names of those present and in attendance.

8.2 Members and those present should state any conflicts of interest in relation to open agenda items to the Chair of the Committee prior to the meeting. Where there is a conflict of interest the Chair will notify the member whether they should withdraw from the meeting, the discussion and/or voting. The Secretary should minute how any conflicts of interest have been managed.

8.3 Minutes of Committee meetings should be circulated promptly to all members of the Committee unless a conflict of interest exists and, once agreed, submitted to the public Board meeting for information.

9.0 Annual General Meeting

9.1 The Chair of the Committee will normally attend the Annual General Meeting and be prepared to respond to any questions on the Committee's activities.

10.0 Duties

The Committee has delegated responsibility for assuring the following:

10.1 Governance, risk management and internal control

10.1.1 The Committee shall approve a comprehensive system of internal control, including budgetary control.

10.1.2 The Committee shall approve the CCG's risk management arrangements, including the risk management strategy and procedure.

10.1.3 The Committee shall approve arrangements to work effectively with NHS protect.

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

10.1.5 The Committee will monitor due diligence on any integration or partnership arrangements, reviewing the risk assessment and decision-making processes to ensure all control issues are addressed.

10.1.6 The Committee will seek assurance on behalf of the Board that the design and application of the control environment in core financial processes are fit for purpose and reflect both public and commercial sector best practice.

10.1.7 The Committee will consider the approval of any proposals to commission any non-audit work by the appointees as and when necessary.

10.1.8 In particular the Committee will review the adequacy and effectiveness of:

10.1.8.1 All risk and control related disclosure statements together with any accompanying Head of internal audit statement, external audit opinion or other appropriate independent assurances, prior to endorsement by the Board.

10.1.8.2 An effective system of management of performance and finance across the whole of the CCG's activities (both clinical and non-clinical) that supports the achievement of the CCG's objectives.

10.1.8.3 The Board Assurance Framework and the underlying integrated assurance processes that indicate the degree of the achievement of corporate objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements.

10.1.8.4 The policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements; and

10.1.8.5 The policies and procedures for all work related to fraud and bribery as set out in the Secretary of State directions.

- 10.1.9 The Committee will primarily utilise the work of internal audit, external audit and other assurance functions, but will not be limited to these audit functions. It will also seek reports and assurances from directors and managers as appropriate, concentrating on the over-arching systems of integrated governance, risk management and internal control, together with indicators of their effectiveness. This will be evidenced through the use of an effective assurance framework to guide its work and that of the audit and assurance functions that report to it.
- 10.1.10 The Committee shall approve the CCG's detailed financial policies, at least once every 12 months
- 10.1.11 The Committee shall review the mechanisms and levels of authority (for example Standing Orders, Detailed Financial Policies, delegated limits) and making recommendations to the CCG Board.
- 10.1.12 The Committee shall monitor compliance with Standing Orders, Prime Financial Policies and Detailed Financial Policies
- 10.1.13 The Committee shall review waivers to standing orders.
- 10.1.14 The Committee shall review schedules of losses and compensation, and making recommendations to the CCG board.
- 10.1.15 The Committee shall ratify the CCG's banking arrangements.
- 10.1.16 The Committee shall review the CCG annual report and accounts, and advise the Board as its accuracy and appropriateness.

11.0 Internal Audit

- 11.1 The Committee shall ensure that there is an effective internal audit function established by management, which meets mandatory public sector internal audit standards and provides appropriate independent assurance to the Accountable Officer and Board. This will be achieved by:
- 11.1.2 Consideration of the provisions of the internal audit service, the cost of the audit and any questions of resignation and dismissal;
- 11.1.3 Review and approval of the internal audit strategy, operational plan and more detailed programme of work, ensuring that this is consistent with the audit needs of the CCG as identified in the Assurance Framework;
- 11.1.4 Consideration of the major findings of internal audit work (and management's response) and ensure co-ordination between internal and external auditors to optimise resources;
- 11.1.5 Ensuring that the internal audit function is adequately resourced and has appropriate standing within the CCG; and
- 11.1.6 Annual review of the effectiveness of internal audit.

12.0 External audit

12.1 The Committee shall review the work and findings of the external auditor and consider the implications and management's responses to their work. This will be achieved by:

12.1.1 Consideration of the appointment and performance of the external auditor

12.1.2 Discussion and agreement with the external auditor, before the audit commences, of the nature and scope of the audit as set out in the Annual Plan, and ensure co-ordination, as appropriate, with other external auditors in the local health economy;

12.1.3 Discussion with the external auditors of their local evaluation of audit risks and assessment of the CCG and associated impact on the audit fee; and

12.1.4 Review all external audit reports, including agreement of the annual audit letter before submission to the Board and any work carried outside the annual audit plan, together with the appropriateness of management responses.

13.0 Whistle blowing and counter fraud

13.1 The Committee shall approve the CCG's local counter fraud and security management arrangements.

13.2 The Committee will review the adequacy of the CCG's arrangements by which staff may, in confidence raise concerns about possible improprieties in matters of financial reporting or other matters.

13.3 The Committee will satisfy itself that NHS England has adequate arrangements in place for countering fraud and will review the outcomes of counter fraud work.

14.0 Standards of business conduct

14.1 Oversee the CCG's management of conflicts of interest.

14.2 Oversee the CCG's declarations of interest, gifts, hospitality and sponsorship registers.

15.0 Other duties

15.1 The Committee shall approve the remedial action on the breach of statutory requirements

15.2 The Committee shall approve the arrangements for ensuring appropriate, safekeeping and confidentiality of records and for the storage, management and transfer of information and data.

15.3 The Committee shall review the findings of other significant assurance functions, both internal and external to the organisation, and considering the implications for the governance of the organisation.

16.0 Financial reporting

- 16.1 The Committee will monitor the integrity of the financial statements of the CCG and any formal announcements relating to the CCG's financial performance.
- 16.2 The Committee should ensure that the systems for financial reporting to the Board, including those of budgetary control, are subject to review both as to the completeness, accuracy and fitness for purpose of the information provided to the Board and with regard to the effectiveness of the Board's consideration of this information.
- 16.3 The Committee will review the Annual Report and Accounts before submission to the Board, focussing particularly on:
- 16.3.1 The wording in the annual governance statement and other disclosures relevant to the terms of reference of the Committee;
 - 16.3.2 Changes in, and compliance with, accounting policies and practices;
 - 16.3.3 Unadjusted mis-statements in the financial statements;
 - 16.3.4 Significant judgments in preparation of the financial statements;
 - 16.3.5 Significant adjustments resulting from the audit; and
 - 16.3.6 Qualitative aspects of financial reporting.

17.0 Reporting responsibilities

- 17.1 The Committee will report to the CCG Board who will approve its Terms of Reference and membership.
- 17.2 The Committee shall make whatever recommendations to the Board it deems appropriate on any area within its remit where action or improvement is needed.
- 17.3 The Committee will supply approved minutes to the Board and report on its proceedings after each meeting.
- 17.4 The Committee will produce an Annual Report to the Board.

18.0 Other matters

- 18.1 The Committee should:
- 18.1.1 Have access to sufficient resources in order to carry out its duties;
 - 18.1.2 Be provided with appropriate and timely training, both in the form of an induction programme for new members and on an on-going basis for all members;
 - 18.1.3 Give due consideration to laws and regulations;

18.1.4 At least once per year, review its own performance and Terms of Reference to ensure it is operating at maximum effectiveness and recommend to the Board for approval, any changes it considers necessary.

19.0 Authority

19.1 The Committee has no other powers, other than those specifically delegated in these Terms of Reference. The Committee is authorised to:

19.1.1 Seek any information it requires from any employees of the CCG in order to perform its duties;

19.1.2 Obtain, outside legal or other professional advice on any matters within its terms of reference via the Head of Corporate Governance;

19.1.3 Call any employee to be questioned at a meeting of the Committee as and when required.

20.0 Monitoring and review

20.1 The Board will monitor the effectiveness of the Committee through receipt of the Committee's minutes and such written or verbal reports that the Chair of the Committee might provide.

20.2 The Head of Corporate Governance will assess agenda items to ensure they comply with the Committee's responsibilities.

20.3 The Head of Corporate Governance will monitor the frequency of the Committee meetings and the attendance records to ensure minimum attendance figures are complied with. The attendance of members of the Committee will be reported to the Chairman of the CCG and included within the CCG's Annual Report.

20.4 Terms of Reference approved by the Audit Committee: 21 February 2019

20.5 Terms of Reference approved by the Board: 14 March 2019

20.6 Terms of Reference to be reviewed annually.
Date of Next Review by Audit Committee: January 2020

NHS Herts Valleys Clinical Commissioning Group

Remuneration Committee Terms of Reference V3

1.0 Role

The remuneration committee (“the committee”) is established in line with NHS Herts Valleys Clinical Commissioning Group’s Constitution, Standing Orders and Scheme of Reservation and Delegation.

The committee makes recommendations to the CCG board on:

- the remuneration, fees and allowances payable to employees of the CCG and to other persons providing services to it; and
- allowances payable under pension schemes established by the CCG

2.0 Membership

2.1 Members of the committee shall be appointed by the Board. The committee shall be made up of:

2 Lay Members

1 GP board member nominated by the Board

2.2 The chief executive officer / accountable officer and chief finance officer may be invited to provide advice to the committee on matters that do not involve their personal terms and conditions of service.

2.3 Only members of the committee have the right to attend and vote at committee meetings. The committee may require other officers of the CCG and other individuals such as internal and external audit to attend all or any part of its meetings as and when is necessary.

2.4 The chair of the committee will be a Lay Member of the Board, other than the chair of the audit committee.

2.5 The chair of the committee shall not be the chair of the audit committee.

3.0 Secretary

3.1 The head of corporate governance or their nominee shall act as the secretary of the committee.

4.0 Quorum

4.1 The quorum necessary for the transaction of business shall be two members. A duly convened meeting of the committee at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by the committee.

5.0 Frequency of meetings and attendance requirements

5.1 The committee will normally meet at least twice per annum. The committee may meet on additional occasions, either in person or by correspondence, as determined necessary by the chair.

5.2 Committee members should aim to attend all scheduled meetings. The secretary of the committee shall maintain a register of attendance which will be published in the CCG's Annual Report.

6.0 Notice of meetings

6.1 Meetings may be called by the secretary of the committee at the request of any of its members or where necessary.

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

7.0 Minutes of meetings

7.1 The secretary, or nominated deputy, shall minute the proceedings of all meetings of the committee, including recording the names of those present and in attendance.

7.2 Members and those present should state any conflicts of interest in relation to open agenda items to the chair of the committee prior to the meeting. Where there is a conflict of interest the chair will notify the member whether they should withdraw from the meeting, the discussion and/or voting. The secretary should minute any conflicts of interest accordingly.

7.3 Minutes of committee meetings should be circulated promptly to all members of the committee and once agreed, submitted to a Confidential Board meeting.

8.0 Annual General Meeting

8.1 The chair of the committee will normally attend the Annual General Meeting prepared to respond to any questions on the committee's activities.

9.0 Duties

The committee has delegated responsibility for:

9.1 Recommending to the board the policy regarding contracts of employment.

9.2 Recommending to the board the individual remuneration arrangements for members of the Board and the executive team, taking into account feedback on performance from the chair or chief executive officer. In doing so the committee shall review and agree:

9.2.1 Overall market positioning of the remuneration package.

9.2.2 Individual base salaries and increments (where applicable).

9.2.3 Any annual and/or long term incentive arrangements and the relevant targets for performance related schemes.

9.3 Recommending to the board any changes to the standard contract of employment for members of the board, where applicable, including termination arrangements taking into account relevant guidance and current good practice.

- 9.4 Agreeing terms for the termination of an employment contract, having regard to HM Treasury guidance and current good practice.
- 9.5 Making recommendations to the Governing Body on the remuneration policy and packages with regard to the CCG's overarching reward and benefit strategy for staff, the arrangements in the wider health service, guidance from HM Treasury and current good practice.
- 9.6 Evaluating the balance and skills, knowledge and experience on the board and prepare a description of the role and capabilities required for any board vacancies.
- 9.7 The committee should endeavour to ensure that the CCG recruits, retains and develops a strong leadership team capable of achieving its objectives and performance.
- 9.8 The committee will keep under review board and very senior manager objectives, performance assessment and personal development and will have oversight of succession planning and senior staff pay and contractual arrangements.

10.0 Reporting responsibilities

- 10.1 The committee will report to the CCG board who will approve its Terms of Reference and membership.
- 10.2 The committee will supply approved minutes to a private board meeting and report on its proceedings after each meeting.
- 10.3 The committee shall make whatever recommendations to the board it deems appropriate on any area within its remit where action or improvement is needed.

11.0 Other matters

The committee should:

- 11.1. Have access to sufficient resources in order to carry out its duties, including access to the CCG secretariat for assistance as required;
- 11.2. Report any material control issues to the audit committee;
- 11.3 Give due consideration to laws and regulations;
- 11.4 At least once a year, review its own performance and Terms of Reference to ensure it is operating at maximum effectiveness and recommend to the Board for approval, any changes it considers necessary.
- 11.5 Abide by the CCG's Constitution, its values, its Code of Conduct and Nolan Principles of Conduct Underpinning Public Life.

12.0 Authority

The committee is authorised to:

- 12.1 Seek any information it requires from any employee of the CCG in order to perform its duties.
- 12.2 Obtain, outside legal or other professional advice on any matter within its Terms of Reference via the Head of Corporate Governance.

12.3 Call any employee to be questioned at a meeting of the committee as and when required.

13.0 Monitoring and review

13.1 The board will monitor the effectiveness of the committee through receipt of the Committee's minutes and such written or verbal reports that the chair of the committee might provide.

13.2 The secretary will assess attendance records and agenda items to ensure they comply with the committee's responsibilities.

13.3 Terms of Reference approved by the Remuneration Committee: 8 February 2019

13.4 Terms of Reference approved by the Board: 14 March 2019

13.5 Terms of Reference to be reviewed annually.
Date of Next Review by Remuneration Committee: January 2020

NHS Herts Valleys Clinical Commissioning Group

Primary Care Commissioning Committee V1.4

Terms of reference

Introduction

1. Simon Stevens, the Chief Executive of NHS England, announced on 1 May 2014 that NHS England was inviting CCGs to expand their role in primary care commissioning and to submit expressions of interest setting out the CCG's preference for how it would like to exercise expanded primary medical care commissioning functions. One option available was that NHS England would delegate the exercise of certain specified primary care (medical services) commissioning functions to a CCG.
2. In accordance with its statutory powers under section 13Z of the National Health Service Act 2006 (as amended), NHS England has delegated the exercise of the functions specified in Schedule 2 to these Terms of Reference to Herts Valleys CCG. The delegation is set out in Schedule 1.
3. The CCG has established the Herts Valleys CCG Primary Care (Medical Services) Commissioning Committee ("The Committee"). The Committee will function as a corporate decision-making body for the management of the delegated functions and the exercise of the delegated powers.

Statutory Framework

4. NHS England has delegated to the CCG authority to exercise the primary care commissioning functions set out in Schedule 2 in accordance with section 13Z of the NHS Act.
5. Arrangements made under section 13Z may be on such terms and conditions (including terms as to payment) as may be agreed between the Board and the CCG.
6. Arrangements made under section 13Z do not affect the liability of NHS England for the exercise of any of its functions. However, the CCG acknowledges that in exercising its functions (including those delegated to it), it must comply with the statutory duties set out in Chapter A2 of the NHS Act and including:
 - a) Management of conflicts of interest (section 14O);
 - b) Duty to promote the NHS Constitution (section 14P);
 - c) Duty to exercise its functions effectively, efficiently and economically (section 14Q);
 - d) Duty as to improvement in quality of services and premises (section 14R);
 - e) Duty in relation to quality of primary medical services (section 14S);
 - f) Duties as to reducing inequalities (section 14T);
 - g) Duty to promote the involvement of each patient (section 14U);

- h) Duty as to patient choice (section 14V);
 - i) Duty as to promoting integration (section 14Z1);
 - j) Public involvement and consultation (section 14Z2).
7. The CCG will also need to specifically, in respect of the delegated functions from NHS England, exercise those in accordance with the relevant provisions of section 13 of the NHS Act.
 8. The Committee is established as a committee of the Board of Herts Valleys CCG in accordance with Schedule 1A of the “NHS Act”.
 9. The members acknowledge that the Committee is subject to any directions made by NHS England or by the Secretary of State.

Role of the Committee

10. The committee has been established in accordance with the above statutory provisions to enable the members to make collective decisions on the review, planning and procurement of primary care services in west Hertfordshire, under delegated authority from NHS England.
11. In performing its role the committee will exercise its management of the functions in accordance with the agreement entered into between NHS England and Herts Valleys CCG, which will sit alongside the delegation and terms of reference.
12. It is not within the remit of the committee to consider the commissioning of other primary care services such as community pharmacy, dentistry or optometry. The interface between general practice and other primary care services will be considered by the Commissioning Executive Committee.
13. The functions of the committee are undertaken in the context of a desire to promote increased co-commissioning to increase quality, efficiency, productivity and value for money and to remove administrative barriers.
14. The role of the committee shall be to carry out the functions relating to the commissioning of primary medical services under section 83 of the NHS Act.
15. This includes the following:
 - GMS-and APMS contracts (including the design of APMS contracts, monitoring of contracts, taking contractual action such as issuing breach/remedial notices, and removing a contract);
 - Newly designed enhanced services (“Local Enhanced Services” and “Directed

- Enhanced Services”);
- Design of local incentive schemes as an alternative to the Quality Outcomes Framework (QOF);
- Decision making on whether to establish new GP practices in an area;
- Approving practice mergers;
- Making decisions on ‘discretionary’ payment (e.g., returner/retainer schemes);and
- Enabling and supporting transformational change in primary care medical services.
- Decision making relating to practice premises.

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

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

Geographical Coverage

17. The committee will comprise the area covered by Herts Valleys CCG.

Membership

18. The Committee shall consist of:

Two CCG Board Lay Members

An independent GP, being *either*

Executive Clinical Lead for Primary Care Transformation; *or*,

a co-opted GP from out of area

A clinical quality representative, being Director of Nursing & Quality

Chief Finance Officer

Chief Executive Officer

The CCG Deputy Clinical Chair

2 CCG Board GP Members, with another 2 available as deputies (these four to cover all localities)

The following members can send a deputy to represent them:

Chief Executive Officer –Deputy Chief Executive Officer

Chief Finance Officer- Deputy Chief Finance Officer

Director of Nursing and Quality – Deputy Director of Nursing and Quality

19. The Chair of the Committee shall be the CCG Board Lay Member with responsibility for primary care.
20. The Vice Chair of the Committee shall be the CCG Board Lay Member with responsibility for patient and public involvement.
21. Regular non-voting attendees of the Committee will be:
 - Director of Primary Care
 - Assistant Director, Localities and General Practice Development.
 - Assistant Director Premises
 - One elected representative from the Hertfordshire Health and Wellbeing Board.
 - One representative from Healthwatch Hertfordshire.
 - One representative from the Local Medical Committee.
 - Other members of the HVCCG Primary Care Team.
 - A patient representative of the Board
 - Other attendees by invitation as required.

Meetings and Voting

22. The committee will operate in accordance with the CCG's Standing Orders. The Secretary to the committee will be responsible for giving notice of meetings. This will be accompanied by an agenda and supporting papers and sent to each member representative no later than four working days before the date of the meeting. When the Chair of the committee deems it necessary in light of the urgent circumstances to call a meeting at short notice, the notice period shall be such as s/he shall specify.
23. Each member of the committee shall have one vote. The committee shall reach decisions by a simple majority of members present, but with the Chair having a second and deciding vote, if necessary. However, the aim of the committee will be to achieve consensus decision-making wherever possible.

Quorum

- One Lay member being either Chair or Lay vice Chair
- Two executive voting representatives from NHS Herts Valleys CCG listed in paragraph 18 above
- One non-conflicted clinician voting member, being either a clinical ~~executive~~ representative from NHS Herts Valleys CCG listed in paragraph 18 above or an independent GP listed in paragraph 18 above.

Frequency of meetings

24. Meetings will take place approximately bi-monthly
25. Meetings of the committee shall:
 - a) be held in public, subject to the application of 25(b);
 - b) the committee may resolve to exclude the public from a meeting that is open to the public (whether during the whole or part of the proceedings) whenever publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution and arising from the nature of that business or of the proceedings or for any other reason permitted by the Public Bodies (Admission to Meetings) Act 1960 as amended or succeeded from time to time.
26. Members of the committee have a collective responsibility for the operation of the committee. They will participate in discussion, review evidence and provide objective expert input to the best of their knowledge and ability, and endeavor to reach a collective view.
27. The committee may delegate tasks to such individuals, sub-committees or individual members as it shall see fit, provided that any such delegations are consistent with the parties' relevant governance arrangements, are recorded in a scheme of delegation, are governed by terms of reference as appropriate and reflect appropriate arrangements for the management of conflicts of interest.
28. The committee may call additional experts to attend meetings on an ad hoc basis to inform discussions.
29. Members of the committee shall respect confidentiality requirements as set out in the CCG's Constitution and standards of business conduct policy.
30. The committee will present its minutes to the local team of NHS England and the governing body of Herts Valleys CCG every two months for information.
31. The CCG will also comply with any reporting requirements set out in its constitution.
32. It is envisaged that these Terms of Reference will be reviewed from time to time, reflecting experience of the committee in fulfilling its functions. NHS England may also issue revised model terms of reference from time to time.

Accountability of the committee

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

Decisions

- 33.** The committee will make decisions in line with the CCG's standing financial instructions.
- 34.** The decisions of the committee shall be binding on NHS England and Herts Valleys CCG.

Conflicts of interest

- 35.** Herts Valleys CCG takes seriously its statutory duties to manage conflicts of interest. It also recognises that there are specific risks of conflicts of interest relating to primary care commissioning, as local GPs are involved in decision making. These risks are mitigated in a number of ways, including:
- 36.** The committee is constituted to have a lay and executive majority. This ensures that committee meetings are quorate if all local GPs had to withdraw from the decision-making process due to conflicts of interest.
- 37.** The committee has a lay chair and lay vice chair.
- 38.** Standing invitations are made to the CCG's local Healthwatch Hertfordshire representative, a local authority representative from the local Health and Wellbeing Board and the central midlands area team.
- 39.** Maintaining declarations of interest register for the committee.
- 40.** Capturing declarations of interest in respect of the agenda items both prior to and at the commencement of each meeting.
- 41.** Holding committee meetings in public, unless it would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted

Reporting

- 42.** The committee will produce an executive summary report which will be presented to central midlands local team of NHS England and the board of Herts Valleys CCG every two months for information.
- 43.** The committee will receive reports and minutes from its working groups. All papers will state whether or not a working group has been consulted.

Review

- 44.** The committee will make an assessment of its effectiveness at least once every 12 months.
- 45.** Terms of Reference for the committee will be reviewed at least every 12 months

Terms of Reference V1.4 approved by the Primary Care Commissioning Committee on 25 March 2019 following amendments post the 21 March 2019 committee meeting being approved virtually.

Approved by the CCG board on 25 April 2019

Date of next review March 2020

Schedule 1 – Delegation

The CCG and NHS England signed the Delegation Agreement on 16 March 2017. The Agreement became effective on 1 April 2017. The Agreement sets out the arrangements that apply in relation to the exercise of the Delegated Functions by the CCG.

Schedule 2 – Delegated functions

Decisions in relation to the commissioning, procurement and management of Primary Medical Services Contracts, including but not limited to the following activities:

- decisions in relation to Enhanced Services;
- decisions in relation to Local Incentive Schemes (including the design of such schemes);
- decisions in relation to the establishment of new GP practices (including branch surgeries) and closure of GP practices;
- decisions about 'discretionary' payments;
- decisions about commissioning urgent care (including home visits as required) for out of area registered patients;
- the approval of practice mergers;
- planning primary medical care services in the Area, including carrying out needs assessments;
- undertaking reviews of primary medical care services in the Area;
- decisions in relation to the management of poorly performing GP practices and including, without limitation, decisions and liaison with the CQC where the CQC has reported non-compliance with standards (but excluding any decisions in relation to the performers list);
- management of the Delegated Funds in the Area;
- Premises Costs Directions Functions;
- co-ordinating a common approach to the commissioning of primary care services with other commissioners in the Area where appropriate; and
- such other ancillary activities that are necessary in order to exercise the Delegated Functions.

Appendix 3: Standing Orders

1. Statutory Framework and Status

1.1 Introduction

1.1.1 These Standing Orders have been drawn up to regulate the proceedings of the NHS Herts Valleys CCG so that group can fulfill 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 of their adoption by a General Meeting of the CCG or a meeting of the CCG Governing Body.

1.1.2 The Standing Orders, together with the CCG's scheme of reservation and delegation and the CCG's prime financial policies, provide a procedural framework within which the CCG discharges its business. They set out:

- The arrangements for conducting the business of the CCG.
- The procedure to be followed at meetings of the CCG, the Governing Body and any committees or sub-committees of the CCG or the CCG Governing Body.
- The process to delegate powers.
- The declaration of interests and standards of 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 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 CCG's Constitution. CCG members, employees, members of the CCG Governing Body, members of the CCG Governing Body's committees and sub-committees, members of the CCG's committees and sub-committees and persons working on behalf of the CCG should be aware of the existence of these documents and, where necessary, be familiar with their detailed provisions. Failure to comply with the 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 CCG and the Scheme of Reservation and Delegation

1.2.1 The 2006 Act (as amended by the 2012 Act) provides the CCG with powers to delegate the CCG's functions and those of the CCG Governing Body to certain bodies (such as committees) and certain persons. The CCG has decided that certain decisions may only be exercised by the CCG in formal Governing Body session. These decisions and also those delegated are contained in the CCG's scheme of reservation and delegation.

2. Meetings of the CCG

2.1 Calling meetings

2.1.1 General meetings of the CCG and the CCG Governing Body shall be held at regular intervals at such times and places as the CCG and the CCG Governing Body may determine.

2.2 Agenda, supporting papers and business to be transacted

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

2.2.2 Agendas and certain papers for the CCG Governing Body – including details about meeting dates, times and venues shall be published in accordance with the Scheme of Publication and Transparency.

2.3 Late Items

2.3.1 No item circulated less than three working days before the date of the meeting shall be considered unless the chair of the meeting rules, and two-thirds of the members of the body in question on agree, that the matter is urgent and must be resolved prior to the next opportunity for the issue to be discussed.

2.4 Petitions

2.4.1 Where a petition has been received by the CCG, the Chair of the CCG Governing Body shall include the petition as an item for the agenda of the next meeting of the CCG Governing Body, so long as the petition meets the criteria for consideration as described in the CCGs Petitions Policy.

2.5 Chair of a meeting

2.5.1 At any meeting of the CCG or the CCG Governing Body, the CCG Chair, shall preside. If the Chair is absent from the meeting, the Deputy Chair, if any and if present, shall preside.

2.5.2 At all other meetings of the CCG Governing Body committees, the Chair described in the Terms of Reference shall preside.

2.5.3 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 CCG, CCG Governing Body, committee or sub-committee respectively shall be chosen by the members present, or by a majority of them, and shall preside.

2.6 Chair's ruling

2.6.1 The decision of the Chair of the CCG 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.

2.7 Quorum

2.7.1 With the exception of the circumstances described in 2.7.2 below, no business shall be conducted at a formal CCG governing body meeting unless at least eight members (including GPs from at least three different localities, one lay member and one executive member of the governing body) are present.

2.7.2 In exceptional circumstances, where all the GP members of the governing body have a conflict of interest and therefore cannot take part in discussions and / or decisions, the meeting shall be considered quorate if at least six members are in attendance, of which the following are present:

- The director of nursing and quality or the secondary care clinician
- At least one executive member of the governing body (Chief Executive Officer, Chief Finance Officer or Director of Nursing and Quality)
- At least one lay member

Where the governing body considers it to be appropriate, an independent GP may be co-opted to a meeting at which all GP board members have a conflict of interest in order to provide a GP perspective.

2.7.3 There may be occasions where all Lay Members have a conflict of interest, for example where the Governing Body is considering the remuneration, fees and allowances payable to Lay Members. In such a situation the Governing Body may co-opt a lay member from another CCG to the Governing Body to enable a quorum which is able to make such decision.

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

2.7.5 If a meeting becomes inquorate during a meeting no further decisions can be made. The meeting Chair can choose to access the provisions in 2.13 of these standing orders if an urgent decision is required.

2.7.6 If the Chair or any other member of the body in question has been disqualified from participating in the discussion on any matter and/or from voting on any resolution by reason of a declaration of a conflict of interest that person shall no longer count

towards quorum. If a quorum is then not available for discussion and/or the passing of a resolution on any matter, that matter may not be discussed further or voted upon at that meeting. Such a position shall be recorded in the minutes of the meeting. The meeting must then proceed to the next business.

2.7.7 Notwithstanding the provisions above, the Chair of any meeting may, at their sole discretion, delay or suspend the meeting for a period of time not in excess of one hour and/or reorder the items on the agenda if they have a reasonable expectation that doing so might enable a quorum to be present for the item in question.

2.8 Decision making

2.8.1 Generally it is expected that at the CCG's meetings decisions shall be reached by consensus. Should this not be possible for the CCG then a vote of members of the relevant body shall be required.

2.8.2 For all meetings held by the CCG other than General Meetings, the conduct of any vote shall be the responsibility of the person presiding at that meeting, save that in no case shall observers or others who are not full members of the relevant body be permitted to vote.

2.8.3 Should a vote be taken the outcome of the vote must be recorded in the minutes of the meeting.

2.9 Voting at General Meetings

2.9.1 It shall be the responsibility of the CCG Chair to ensure that arrangements are in place to ensure that only those entitled to vote at a General Meeting are able to do so.

2.9.2 All questions put to the vote shall be determined by oral expression or by a show of hands, unless the Chair shall direct otherwise or it is proposed, seconded and carried that a vote be taken by paper ballot.

2.9.3 A motion to take a vote by paper ballot shall be determined in advance of any vote on the substantive matter and shall, if carried, override any request for a recorded vote.

2.9.4 If at least one-third of members present so request, the voting on any question may be recorded to show how each member voted or did not vote except where conducted by paper ballot.

2.9.5 If a practice representative so requests, their vote shall be recorded by name.

2.9.6 Under no circumstances may an absent member vote by proxy. Absence is defined as being absent at the time of the vote.

2.10 Majority necessary to confirm a decision

2.10.1 Every question put to the vote at a meeting shall be determined by a simple majority of votes of members present and voting on the question except where explicitly provided by the Constitution, these Standing Orders and/or any terms of reference in place.

2.11 Casting vote

2.11.1 In the case of an equal vote, the person presiding (i.e. the Chair of the meeting) shall have a casting vote, even in circumstances where they have already cast a substantive vote.

2.12 Dissenting views

2.12.1 If a practice representative so requests, or the person presiding considers it appropriate, a record shall be made of any dissenting views in the minutes of the meeting.

2.12.2 Should a vote be taken, the outcome of the vote must be recorded in the minutes of the meeting.

2.13 Emergency powers and urgent decisions

2.13.1 The powers which the CCG Governing Body has reserved to itself (see Scheme of Reservation and Delegation) may in emergency or for an urgent decision be exercised by the Chief Executive Officer and CCG Chair after having consulted at least two members of the CCG Governing Body (one of whom must be a lay member). The exercise of such powers by the Chief Executive Officer and the CCG Chair shall be reported to the next formal meeting of the CCG in public session for formal ratification.

2.14 Suspension of Standing Orders

2.14.1 Except where it would contravene any statutory provision or any direction made by the Secretary of State for Health and social care or NHS England, any part of these Standing Orders may be suspended at any meeting, provided a two-thirds majority of CCG members are in agreement.

2.14.2 A decision to suspend Standing Orders together with the reasons for doing so shall be recorded in the minutes of the meeting.

2.14.3 A separate record of matters discussed during the suspension shall be kept. These records shall be made available to the CCG Governing Body's Audit Committee for review of the reasonableness of the decision to suspend Standing Orders.

2.14.4 No formal business shall be transacted while Standing Orders are suspended.

2.14.5 The Audit Committee shall review every decision to suspend Standing Orders.

2.15 Record of Attendance

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

2.16 Minutes

2.16.1 The minutes of the proceedings of a meeting shall be drawn up and submitted for agreement at the next ensuing.

2.16.2 No discussion shall take place upon the minutes except upon their accuracy or where the Chair considers discussion appropriate.

2.16.3 Minutes shall be circulated in accordance with members' wishes. Where providing a record of a public meeting the minutes shall be made available in accordance with the CCG's scheme of publication and transparency.

2.17 Admission of public and the press

2.17.1 The public and representatives of the press may attend all formal meetings of the CCG Governing Body but shall be required to withdraw upon the Governing Body resolving as follows:

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

2.18 General Disturbances

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

2.18.2 "That in the interests of public order the meeting adjourn (the period to be specified) to enable the CCG to complete its business without the presence of the public."

2.19 Duty of confidentiality

2.19.1 Anyone in attendance shall not reveal or disclose the contents of papers marked “NHS Official Sensitive”, “In confidence” (or otherwise marked to that effect) or minutes headed “Items taken in private” (or otherwise marked to that effect) outside of the CCG without the express permission of the Chair or Chief Executive Officer. This prohibition shall apply equally to the content of any such discussion during meetings which may take place on such reports or papers.

2.20 Use of mechanical or electrical equipment for recording or transmission of meetings

2.20.1 Nothing in these Standing Orders shall be construed as permitting the introduction by the public, or representatives of the press, of recording, transmitting, video or similar apparatus into meetings of the CCG or any committee thereof. Such permission shall be granted only by the chair of the meeting.

2.20.2 The CCG may make audio recordings of meetings as an aid to minute taking.

2.20.3 Meetings in public may be video recorded or transmitted via webcast on the approval of the meeting chair.

2.21 Observers at CCG meetings

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

2.21.2 The Local Medical Committee shall be invited as an observer to all public meetings of the CCG. They shall receive all papers associated with the business conducted at those meetings. Additionally they shall be accorded the courtesy of being able to speak at any meeting where they are in attendance.

3. Committees and sub- committees

3.1 Status of committees and sub-committees

3.1.1 The CCG may appoint committees and sub-committees of the CCG, subject to any regulations made by the Secretary of State, and make provision for the appointment of committees and sub - committees of its CCG Governing Body.

3.1.2 Other than where there are statutory requirements, such as in relation to the CCG Governing Body’s audit committee or remuneration committee, the CCG Governing Body 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 CCG Governing Body..

3.1.3 The provisions of these standing orders shall apply where relevant to the operation of the CCG Governing Body, the CCG 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.

3.2 Terms of Reference

3.2.1 Terms of reference shall have effect as if incorporated into the Constitution and shall be published in the integrated governance protocol.

3.3 Duty to report non-compliance with standing orders and prime financial policies

3.3.1 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 CCG Governing Body for action or ratification. All members of the CCG and staff have a duty to disclose any non-compliance with these standing orders to the Chief Executive Officer as soon as possible.

4. Execution of Documents

4.1 CCG's seal

4.1.1 The CCG shall have a seal for executing documents where necessary.

4.1.2 The seal shall be kept by the Chief Executive Officer, or a manager nominated by them, in a secure place.

4.1.3 The following individuals or officers are authorised to authenticate its use by their signature:

- The Chief Executive Officer.
- The CCG Chair.
- The Chief Finance Officer.

4.2 Execution by Seal

4.2.1 The seal may be used in execution of the following documents:

- 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 £10,000 pa and the period of the lease extends beyond five years.
- Any other lease agreement where the total payable under the lease exceeds £100,000.
- Any contract or agreement with organisations other than NHS or other public bodies where the annual costs are expected to exceed £100,000.

4.3 Execution by signature

4.3.1 The following individuals are authorised to execute a document on behalf of the CCG by their signature:

- The Chief Executive Officer
- The CCG Chair
- The Chief Finance Officer
- Any manager employed by the CCG duly authorised by the Chief Executive Officer.

4.4 Policy statements

4.4.1 The CCG shall from time to time agree and approve policy statements / procedures which shall apply to all or specific staff employed by NHS Herts Valleys CCG. The decisions to approve such policies and procedures shall be recorded in an appropriate CCG minutes and shall be deemed by the Chief Executive Officer where appropriate to be an integral part of the CCG's standing orders.

4.4.2 A register of such policies shall be maintained, and both the register and the policies shall be made widely available in accordance with the scheme of publication and transparency.

5. Membership of the governing body

5.1 Appointment or election of members

5.1.1 General Practitioner members

- GPs are eligible for membership of the governing body as long as they carry out at least two clinical sessions per week on a regular, ongoing basis in a member practice of Herts Valleys CCG.
- The members of the CCG shall agree the procedure for the conduct of the election of GP members of the CCG Governing Body and this shall be recorded in an appendix to this constitution.
- Two General Practitioners shall be elected as members of the Governing Body from each locality in accordance with the procedure outlined in the previous bullet point.
- One of the two elected GPs from each locality shall be the locality chair.
- In the event of a vacancy arising among the GP membership of the CCG Governing Body a by - election shall be held to fill the vacancy for the remainder of the relevant term of office.
- Should such a vacancy arise less than 18 months of the four year term remaining, the CCG Governing Body may second a locality representative to the role.
- The chair shall be a GP member of the Governing Body and shall be appointed by the Governing Body.

- Should such a vacancy arise with less than six months of the four year term remaining, the CCG Governing Body may decide to hold the position vacant until the scheduled election process takes place.

5.1.2 Lay members

The four lay members shall be appointed by the Chair of the CCG, after undertaking an appointment process in line with the best current recruitment practice. In making these appointments, the chair shall involve other Governing Body members, stakeholders and partners while retaining personally the authority to make the appointment.

One of the appointed lay members shall be designated the lay member with responsibility for governance, and that member shall chair the Audit and Remuneration Committee.

One of the appointed lay members shall be designated the lay member with responsibility for patient and public involvement and that member shall chair the patient and Patient and Public Involvement Committee.

5.1.3 Secondary Care Specialist Clinician

The Secondary Care Specialist Doctor shall be appointed by the Chair of the CCG, after undertaking an appointment process in line with the best current recruitment practice. In making this appointment, the chair shall involve other Governing Body members – especially clinical members and advisors to the CCG Governing Body - stakeholders and partners while retaining personally the authority to make the appointment.

The secondary care specialist doctor must be must be licensed to practice as a doctor without restriction in Great Britain. In addition:

They must be substantively employed by a secondary care NHS Trust and/or a Foundation Trust or have been so employed within ten years of their appointment.

They must not be employed by a health provider with a significant contract with NHS Herts Valleys CCG.

5.1.4 Executive Members of the CCG Governing Body

The executive members of the CCG governing body shall be the chief executive officer, the chief finance officer and the director of nursing and quality.

The Executive members of the Governing Body shall be employees of the CCG.

The Chief Executive Officer shall be appointed NHS England on the recommendation of the CCG chair, after undertaking an appointment process in line with the best current recruitment practice. In making their recommendation, the chair shall involve other Governing Body members, stakeholders and partners while retaining personally the authority to recommend the appointment.

The Chief Finance Officer and the Director of Nursing and Quality shall be jointly appointed by the Chair and the Chief Executive Officer subject to the same provisions.

5.1.5 Terms of office

- The term of office for GP members of the CCG Governing Body shall expire four years after appointment.
- Lay members and the Secondary Care Specialist Doctor shall be appointed for a term of no more than four years from the date of appointment. An appointment for a shorter period is allowed. These members may also be reappointed on the expiry of their first or subsequent periods of appointment, provided they remain eligible for appointment. Lay members and the secondary care specialist doctor will become ineligible for reappointment once they have been in position for nine years following the initial appointment date.
- Executive members of the CCG Governing Body hold their position by virtue of their contract of employment and shall remain members of the CCG Governing Body as long as they are so employed. They cease to be members of the CCG Governing Body at the point that their employment ceases.

5.1.6 Removal from elected membership of the Governing Body

5.1.6.1 As a result of a loss of confidence by the membership

Any of the elected members of the CCG Governing Body may be removed from office upon a resolution being passed at a CCG General Meeting by a two-thirds majority of the total number of Members.

In order to be considered at a General Meeting, any motion to remove one or more CCG Governing Body member must be submitted to the Chief Executive Officer not less than twenty-one days in advance of the date of the meeting and must be proposed by no fewer than ten practice representatives drawn from more than one locality.

5.1.6.2 Following misconduct

In the event that an allegation of misconduct is made against an elected member of the CCG Governing Body, the Chief Executive Officer, the Chair or deputy chair shall appoint a suitable independent person to conduct an investigation into the allegation. If the independent person finds the allegation to be unfounded they shall report this matter to the appointing person and no further action needs be taken. Should the independent person find merit in the allegation, they shall conclude that there is a disciplinary case to answer and they shall report their findings to a CCG Governing Body meeting in private. The Governing body may call relevant witnesses to the meeting and the Governing Body member in question shall have the right to address the CCG Governing Body meeting, and to question any witnesses, and the independent person about their findings.

In the event that the CCG Governing Body find the allegation to be proven on the balance of probability, they may apply a sanction to the member in question. The sanction can include removal from a committee or other responsibilities held by the member, suspension of Governing Body membership for a fixed period or removal from membership of the CCG Governing Body. No member shall be removed from membership of the CCG Governing Body unless two-thirds of those members attending the private meeting agree that this is the appropriate sanction.

5.1.6.3 Other grounds for removal from office

- Loss of clinical registration
- The practice ceases to be eligible for membership
- Any other disqualification criteria set out in the CCG regulations
- Unacceptable material conflict of interest

5.1.6.4 Vacation of office

In the event that any officer of the CCG, CCG Governing Body member, delegate or advisor to the CCG Governing Body or member of any committee, sub-committee, task group or other body created by the CCG either ceases to hold the necessary qualifications for the relevant position, or attains a status which would disqualify from the relevant position, then they shall be deemed to have vacated the relevant position and the CCG Chair or Chief Executive Officer as appropriate shall institute an appointment process to fill the resulting vacancy.

Where any member of the CCG Governing Body is or becomes subject to a bankruptcy order or disqualification order as a company director they shall cease to be a member of the CCG Governing Body with immediate effect.

5.1.6.5 Casual Vacancies

In the event of any vacancy arising among the officers of the CCG for any cause, the CCG Governing Body shall appoint a replacement to hold the office for the remainder of the financial year at the first available Governing Body meeting. Should the vacancy have arisen as a result of a decision of a CCG General Meeting to remove an officer from office, then the officer so removed shall not be eligible to be reappointed to the vacant office.

5.1.7 Notice period

The period of notice for all members of the Governing Body shall be three months written notice.

Appendix 4: Financial Limits for Delegated Authority

	Expenditure		
	Healthcare (programme allocation) contract (lifetime value)	Healthcare (programme allocation) in-year variation or new expenditure proposal (lifetime value)	Administration (running costs allocation) contract (lifetime values)
Governing body	More than £300,000,000	More than £1,000,000	More than £250,000
Commissioning executive	-	Up to £500,000	-
Finance committee	Up to £300,000,000	Up to £1,000,000	Up to £1,000,000
Primary care commissioning committee	-	Up to £500,000	-
Executive directors group		Up to £250,000	Up to £250,000
Chief executive officer	Up to £100,000	Up to £250,000	Up to £250,000
Chief finance officer	Up to £100,000	Up to £250,000	Up to £250,000
Director of nursing and quality In respect of continuing healthcare and personal health budgets only)	Up to £100,000	Up to £100,000	Up to £50,000
Other directors / heads of service	Up to £50,000	Up to £50,000	Up to £50,000
Chief locality officers	Up to £15,000	Up to £15,000	Up to £5,000
Deputy directors	Up to £25,000	Up to £25,000	Up to £5,000
Other budget holders	Up to £5,000	Up to £5,000	Up to £1,000
Head of continuing healthcare and children young people's continuing care / deputy director of operational delivery¹	Up to £45,000	Up to £45,000	
Assistant director (individual funding requests)²	Up to £25,000	Up to £25,000	

¹ Can authorise packages of care agreed through the CHC process with values up to £1,000 per week; packages above that amount must be referred to the CCG's Director of Nursing and Quality and Chief Finance Officer.

² Assistant Director with responsibility for Individual Funding Requests can authorise payments agreed through the IFR process to a value of £25,000; requests for amounts in excess of this must be referred to the CCG's Director of Nursing and Quality and Chief Finance Office.