

**NHS DONCASTER
CLINICAL COMMISSIONING GROUP**

CONSTITUTION

NHS Commissioning Board Effective Date: 12th March 2013

Version: 1.0

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FOREWORD

The NHS Doncaster Clinical Commissioning Group considers it to be both a privilege and a responsibility to be in the position of commissioning healthcare for the Doncaster population and acting as their advocates in improving healthcare quality.

The NHS Doncaster Clinical Commissioning Group is committed to developing as a high quality and accountable Clinical Commissioning Group, encouraging responsible partnership engagement in a transparent climate of ongoing learning in order to create a patient-centred yet financially astute and corporate approach to commissioning. We believe that clinical leadership of commissioning will make a real difference to the health of our population and their experience of healthcare.

For the NHS Doncaster Clinical Commissioning Group, the needs of patients are paramount and we aim to drive forward continuous improvement through relationships based on integrity and trust. Achieving better outcomes depends upon working with others in partnership.

This Constitution sets out the arrangements we have made to meet our responsibilities for commissioning care for the people for whom we are responsible. It describes the governing principles, rules and procedures that we will establish to ensure probity and accountability in the day to day running of the Clinical Commissioning Group to ensure that decisions are taken in an open and transparent way and that the interests of patients and the public remain central to our goals.

Our Constitution includes:

- Our name.
- Our membership.
- The area we cover.
- The arrangements for the discharge of our functions and those of our Governing Body.
- The procedures we will follow in making decisions and securing transparency in decision making.
- Arrangements for discharging our duties in relation to Registers of Interests and managing Conflicts of Interests.
- Arrangements for securing the involvement of persons who are, or may be, provided with services commissioned by the Group in certain aspects of those commissioning arrangements and the principles that underpin these.

Our Constitution applies to the following, all of whom are required to adhere to it as a condition of their appointment:

- Member Practices
- Employees
- Individuals working on behalf of us
- Anyone who is a member of the Governing Body
- Anyone who is a member of any of the other Committees or Sub Committees

We look forward to the challenge that the coming months and years will present to a new and forward thinking organisation.

1. INTRODUCTION AND COMMENCEMENT

1.1. Name

1.1.1. The name of this Clinical Commissioning Group is NHS Doncaster Clinical Commissioning Group.

1.2. Statutory Framework

1.2.1. Clinical Commissioning Groups are established under the Health and Social Care Act 2012 (“the 2012 Act”).¹ They are statutory bodies which have the function of commissioning services for the purposes of the health service in England and are treated as NHS bodies for the purposes of the National Health Service Act 2006 (“the 2006 Act”).² The duties of Clinical Commissioning Groups to commission certain health services are set out in section 3 of the 2006 Act, as amended by section 13 of the 2012 Act, and the regulations made under that provision.³

1.2.2. The NHS Commissioning Board is responsible for determining applications from prospective Groups to be established as Clinical Commissioning Groups⁴ and undertakes an annual assessment of each established Group.⁵ It has powers to intervene in a Clinical Commissioning Group where it is satisfied that a Group is failing or has failed to discharge any of its functions or that there is a significant risk that it will fail to do so.⁶

1.2.3. Clinical Commissioning Groups are clinically led membership organisations made up of general practices. The members of the Clinical Commissioning Group are responsible for determining the governing arrangements for their organisations, which they are required to set out in a Constitution.⁷

1.3. Status of this Constitution

1.3.1. This Constitution is made between the members of NHS Doncaster Clinical Commissioning Group and has effect from 1st day of April 2013, when the NHS Commissioning Board established the Group.⁸ The Constitution is published on the Group’s website at www.doncaster.nhs.uk and is also available upon application to our Headquarters.

1.4. Amendment and Variation of this Constitution

¹ See section 11 of the 2006 Act, inserted by section 10 of the 2012 Act

² See section 275 of the 2006 Act, as amended by paragraph 140(2)(c) of Schedule 4 of the 2012 Act

³ Duties of clinical commissioning groups to commission certain health services are set out in section 3 of the 2006 Act, as amended by section 13 of the 2012 Act

⁴ See section 14C of the 2006 Act, inserted by section 25 of the 2012 Act

⁵ See section 14Z16 of the 2006 Act, inserted by section 26 of the 2012 Act

⁶ See sections 14Z21 and 14Z22 of the 2006 Act, inserted by section 26 of the 2012 Act

⁷ See in particular sections 14L, 14M, 14N and 14O of the 2006 Act, inserted by section 25 of the 2012 Act and Part 1 of Schedule 1A to the 2006 Act, inserted by Schedule 2 to the 2012 Act and any regulations issued

⁸ See section 14D of the 2006 Act, inserted by section 25 of the 2012 Act

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

- a) where the Group applies to the NHS Commissioning Board and that application is granted;
- b) where in the circumstances set out in legislation the NHS Commissioning Board varies the Group's Constitution other than on application by the Group.

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

2. AREA COVERED

2.1. The geographical area covered by NHS Doncaster Clinical Commissioning Group is co-terminus with that covered by Doncaster Metropolitan Borough Council, and for registered patients includes the agreed General Practice boundaries which fall outside of the Doncaster Metropolitan Borough Council geographical area.

2.2. The Lower Layer Super Output Areas covered are:

E01007464; E01007465; E01007466; E01007467; E01007468; E01007469;
E01007470; E01007471; E01007472; E01007473; E01007474; E01007475;
E01007476; E01007477; E01007478; E01007479; E01007480; E01007481;
E01007482; E01007483; E01007484; E01007485; E01007486; E01007487;
E01007488; E01007489; E01007490; E01007491; E01007492; E01007493;
E01007494; E01007495; E01007496; E01007497; E01007498; E01007499;
E01007500; E01007501; E01007502; E01007503; E01007504; E01007505;
E01007506; E01007507; E01007508; E01007509; E01007510; E01007511;
E01007512; E01007513; E01007514; E01007515; E01007516; E01007517;
E01007518; E01007519; E01007520; E01007521; E01007522; E01007523;
E01007524; E01007525; E01007526; E01007527; E01007528; E01007529;
E01007530; E01007531; E01007532; E01007533; E01007534; E01007535;
E01007536; E01007537; E01007538; E01007539; E01007540; E01007541;
E01007542; E01007543; E01007544; E01007545; E01007546; E01007547;
E01007548; E01007549; E01007550; E01007551; E01007552; E01007553;
E01007554; E01007555; E01007556; E01007557; E01007558; E01007559;
E01007560; E01007561; E01007562; E01007563; E01007564; E01007565;
E01007566; E01007567; E01007568; E01007569; E01007570; E01007571;
E01007572; E01007573; E01007574; E01007575; E01007576; E01007577;
E01007578; E01007579; E01007580; E01007581; E01007582; E01007583;
E01007584; E01007585; E01007586; E01007587; E01007588; E01007589;
E01007590; E01007591; E01007592; E01007593; E01007594; E01007595;
E01007596; E01007597; E01007598; E01007599; E01007600; E01007601;
E01007602; E01007603; E01007604; E01007605; E01007606; E01007607;
E01007608; E01007609; E01007610; E01007611; E01007612; E01007613;
E01007614; E01007615; E01007616; E01007617; E01007618; E01007619;
E01007620; E01007621; E01007622; E01007623; E01007624; E01007625;
E01007626; E01007627; E01007628; E01007629; E01007630; E01007631;
E01007632; E01007633; E01007634; E01007635; E01007636; E01007637;
E01007638; E01007639; E01007640; E01007641; E01007642; E01007643;
E01007644; E01007645; E01007646; E01007647; E01007648; E01007649;
E01007650; E01007651; E01007652; E01007653; E01007654; E01007655;
E01007656.

3. MEMBERSHIP

3.1. Membership of the Clinical Commissioning Group

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

Practice Name	Address
North West Locality	
Scawsby Health Centre	SCAWSBY HEALTH CENTRE BARNSELY ROAD SCAWSBY DONCASTER DN5 8QE
The Ransome Practice	THE RANSOME PRACTICE THE HEALTH CENTRE ASKERN ROAD BENTLEY DONCASTER DN5 0JX
Bentley Surgery	BENTLEY SURGERY 128 HIGH STREET BENTLEY DONCASTER DN5 0AT
Dr. Sheikh's Surgery	DR SHEIKH'S SURGERY BENTLEY HEALTH CENTRE ASKERN ROAD BENTLEY DONCASTER DN5 0JX
Petersgate Medical Centre	PETERSGATE MEDICAL CENTRE 99 AMERSALL ROAD SCAWTHORPE DONCASTER DN5 9PQ
The Nelson Practice	THE NELSON PRACTICE AMERSALL ROAD SCAWTHORPE DONCASTER DN5 9PQ
The Lakeside Practice	THE LAKESIDE PRACTICE WHITE WINGS CENTRE SPA POOL ROAD ASKERN DONCASTER DN6 0HZ
Princess Medical Centre	PRINCESS MEDICAL CENTRE PRINCESS STREET WOODLANDS DONCASTER DN6 7LX

Practice Name	Address
The Askern Medical Practice	THE ASKERN MEDICAL PRACTICE WHITE WINGS CENTRE SPA POOL ROAD ASKERN DONCASTER DN6 0HZ
Conisbrough Medical Practice	CONISBROUGH MEDICAL PRACTICE THE HEALTH CENTRE GARDENS LANE CONISBROUGH DONCASTER DN12 3JW
Carcroft Doctors Group	THE HEALTH CENTRE CHESTNUT AVENUE CARCROFT DONCASTER DN6 8AG
South West Locality	
The Conisbrough Group Practice	THE CONISBROUGH GROUP PRACTICE THE HEALTH CENTRE GARDENS LANE CONISBROUGH DONCASTER DN12 3JW
Park View Surgery	PARK VIEW SURGERY NEWTON MEDICAL CENTRE NEWTON LANE SPROTBROUGH DONCASTER DN5 8DA
Barnburgh Surgery	BARNBURGH SURGERY FOX LANE BARNBURGH DONCASTER DN5 7ET
The New Surgery	THE NEW SURGERY ADWICK ROAD MEXBROUGH S64 0DB
Mexborough Health Centre	MEXBOROUGH HEALTH CENTRE ADWICK ROAD MEXBROUGH S64 0BY
Church View Surgery	CHURCH VIEW SURGERY DENABY SPRINGWELL CENTRE CHURCH ROAD DENABY MAIN DONCASTER DN12 4AB

Practice Name	Address
The Scott Practice	THE SCOTT PRACTICE GREENFIELD LANE BALBY DONCASTER DN4 0TG
St. John's Group Practice	ST. JOHN'S GROUP PRACTICE GREENFIELD LANE BALBY DONCASTER DN4 0TH
Dr. Zaidi & Partners	DR ZAIDI & PARTNERS THE MARTINWELLS CENTRE THOMPSON AVENUE EDLINGTON DONCASTER DN12 1JD
The Nayar Practice	THE NAYAR PRACTICE THE MARTINWELLS CENTRE THOMPSON AVENUE EDLINGTON DONCASTER DN12 1JD
Central Locality	
The Mount Group Practice	THE MOUNT GROUP PRACTICE 54 THORNE ROAD DONCASTER DN1 2JP
Regent Square Group Practice	REGENT SQUARE GROUP PRACTICE 8/9 REGENT SQUARE DONCASTER DN1 2DS
The Burns Medical Practice	THE BURNS MEDICAL PRACTICE 4 ALBION PLACE BENNETTORPE DONCASTER DN1 2EG
Kingthorne Group Practice	KINGTHORNE GROUP PRACTICE KINGTHORNE HOUSE 83A THORNE ROAD DONCASTER DN1 2EU
St. Vincent Medical Centre	ST. VINCENT MEDICAL CENTRE 77 THORNE ROAD DONCASTER DN1 2ET
Doncaster 8-8 Health Centre	DONCASTER 8-8 HEALTH CENTRE THE FLYING SCOTSMAN CENTRE ST SEPULCHRE GATE WEST DONCASTER DN1 3AP

Practice Name	Address
The Sandringham Practice	THE SANDRINGHAM PRACTICE THE SANDRINGHAM CENTRE SANDRINGHAM ROAD INTAKE DONCASTER DN2 5JH
The Oakwood Surgery	THE OAKWOOD SURGERY MASHAM ROAD CANTLEY DONCASTER DN4 6BU
North East Locality	
Field Road Surgery	THE SURGERY FIELD ROAD STAINFORTH DONCASTER DN7 5AF
Chestnut House Surgery	CHESTNUT HOUSE SURGERY THE VERMUYDEN CENTRE FIELDSIDE THORNE DONCASTER DN8 4BQ
Northfield Surgery	NORTHFIELD SURGERY THE VERMUYDEN CENTRE FIELDSIDE THORNE DONCASTER DN8 4BQ
Hatfield Health Centre	THE HEATHFIELD CENTRE ASH HILL ROAD HATFIELD DONCASTER DN7 6JH
Moorends Surgery	THE SURGERY THE ORCHARD CENTRE MARSHLAND ROAD MOORENDS DONCASTER DN8 4SB
Dunsville Medical Centre	DUNSVILLE MEDICAL CENTRE 126/128 HIGH STREET DUNSVILLE DONCASTER DN7 4BY
South East Locality	
The Mayflower Medical Practice	THE MAYFLOWER MEDICAL PRACTICE THE HEALTH CENTRE STATION ROAD BAWTRY DONCASTER DN10 6RQ

Practice Name	Address
The Rossington Practice	THE ROSSINGTON PRACTICE GRANGE LANE ROSSINGTON DONCASTER DN11 0PL
Tickhill & Colliery Medical Practice	TICKHILL & COLLIERY MEDICAL PRACTICE 25 ST MARYS ROAD TICKHILL DONCASTER DN11 9NA
The Phoenix Medical Practice	THE PHOENIX MEDICAL PRACTICE 1A CAVENDISH COURT SOUTH PARADE DONCASTER DN1 2DJ
West End Clinic	WEST END CLINIC WEST END LANE ROSSINGTON DONCASTER DN11 0PQ
The Medical Centre	THE MEDICAL CENTRE 2 FRANCES STREET DONCASTER DN1 2JS
Auckley Surgery	AUCKLEY SURGERY 41 ELLERS LANE AUCKLEY DONCASTER DN9 3HY
Whitehouse Farm Medical Centre	WHITEHOUSE FARM MEDICAL CENTRE CHURCH STREET ARMTHORPE DONCASTER DN3 3AH
The Village Practice	THE VILLAGE PRACTICE MERE LANE ARMTHORPE DONCASTER DN3 2DB

3.1.2. Appendix B of this Constitution contains the list of practices, together with the signatures of the practice representatives confirming their agreement to this Constitution.

3.2. Eligibility

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

Group¹⁰. Member Practices are those which pay the statutory levy to their Local Medical Committee.

- 3.2.2. The NHS Doncaster Clinical Commissioning Group comprises all the providers, as set out in 3.2.1, based in the geographic area of Doncaster Metropolitan Borough Council. Providers that are based outside of that area but have branch surgeries within it, are not members of the NHS Doncaster Clinical Commissioning Group.

3.3. Managing Disputes

- 3.3.1. Where a Member of the NHS Doncaster Clinical Commissioning Group has a grievance regarding the conduct of the Group, the Governing Body or one of the members of the Governing Body, the following process will be followed. This may include issues with governance, voting, elections or appointments.
- 3.3.2. First Stage: Informal resolution helps to develop and sustain a partnership approach between practices and between practices and clinical commissioning groups. The informal resolution route should therefore be exhausted before either party is able to escalate the dispute to Stage 2: Local Dispute Resolution. Where a dispute concerns the Governing Body, the dispute may proceed directly from Stage 1 (informal resolution) to Stage 3 (NHS Commissioning Board).
- 3.3.3. Second Stage: Local Dispute Resolution
- a) The issue should be notified in writing to the Chair or Deputy Chair.
 - b) The Chair or Deputy Chair will respond within 5 working days to acknowledge receipt and to confirm the next steps.
 - c) The Chair or Deputy Chair will nominate a member of the Governing Body to investigate the issue and provide a report back to the Governing Body within 1 month.
 - d) The Governing Body will provide a response to the Member who raised the issue stating whether the issue is upheld and any remedial actions that are recommended within 1 month of receipt of the report.
 - e) If the Member who raised the issue is not satisfied by the response the matter will be delegated to the Audit Committee to advise on the appropriateness of the process followed and provide a report back to the Governing Body within 1 month.
- 3.3.4. Third Stage: NHS Commissioning Board. Any dispute which is not resolved at the Second Stage shall be referred to the NHS Commissioning Board.
- 3.3.5. Any dispute in respect of eligibility for membership of the Group shall be referred to the NHS Commissioning Board for determination. The Group shall notify the

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

NHS Commissioning Board in the event that it becomes aware that any Member has ceased to meet the requirements of paragraph 3.2 or is proposing to merge with another Member or a member of another Clinical Commissioning Group and shall propose any such amendments to this Constitution under the terms of paragraph 1.4 as are appropriate to reflect the circumstances. Membership of the Group is not transferable and any proposed changes to the Membership (including those arising from a merger of Members) shall be subject to the approval of the NHS Commissioning Board.

4. MISSION, VALUES AND AIMS

4.1. Mission

4.1.1. The mission of NHS Doncaster Clinical Commissioning Group is to be a high quality and accountable Clinical Commissioning Group, encouraging responsible partnership engagement in a transparent climate of ongoing learning in order to create a patient-centred yet financially astute and corporate approach to commissioning.

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

4.2. Values

4.2.1. Good corporate governance arrangements are critical to achieving the Group's objectives.

4.2.2. The values that lie at the heart of the Group's work are:

- a) the needs of patients are paramount;
- b) driving forward continuous improvement; and
- c) relationships based on integrity and trust.

4.3. Aims

4.3.1. The Group's aims are to:

- a) commission innovative healthcare and pathways to improve patient experience, outcomes and cost effectiveness;
- b) contract and performance manage for continuous quality improvement;
- c) achieve economic efficiency and effectiveness within the allocated resource limit;
- d) develop transparent and accountable relationships with stakeholders;
- e) ensure all our Corporate Governance systems and processes are robust and transparent; and
- f) foster effective organisational leadership.

4.4. Principles of Good Governance

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

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

¹¹ Inserted by section 25 of the 2012 Act

- b) *The Good Governance Standard for Public Services*;¹²
- c) the standards of behaviour published by the *Committee on Standards in Public Life (1995)* known as the 'Nolan Principles'¹³ ;
- d) the seven key principles of the *NHS Constitution*;¹⁴
- e) the Equality Act 2010¹⁵; and
- f) relevant standards for members of NHS Boards and Governing Bodies as published by the Council for Healthcare Regulatory Excellence.

4.5. Accountability

4.5.1. The Group will demonstrate its accountability to its Members, local people, stakeholders and the NHS Commissioning Board in a number of ways, including by:

- a) publishing its Constitution;
- b) appointing independent Lay Members and non GP clinicians to its Governing Body;
- c) holding meetings of its Governing Body in public (except where the Group considers that it would not be in the public interest in relation to all or part of a meeting);
- d) publishing annually a commissioning plan;
- e) participating in Local Authority health overview and scrutiny requirements;
- f) meeting annually in public to publish and present its annual report (which must be published);
- g) producing annual accounts in respect of each financial year which must be externally audited;
- h) having a published and clear complaints process;
- i) complying with the Freedom of Information Act 2000; and
- j) providing information to the NHS Commissioning Board as required.

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

¹³ See Appendix F

¹⁴ See Appendix G

¹⁵ See <http://www.legislation.gov.uk/ukpga/2010/15/contents>

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

5. FUNCTIONS AND GENERAL DUTIES

5.1. Functions

5.1.1. The functions that the Group is responsible for exercising are largely set out in the 2006 Act, as amended by the 2012 Act. An outline of these appears in the Department of Health's *Functions of Clinical Commissioning Groups*. They relate to:

- a) commissioning certain health services (where the NHS Commissioning Board is not under a duty to do so) that meet the reasonable needs of:
 - i) all people registered with Member GP practices, and
 - ii) people who are usually resident within the area and are not registered with a member of any Clinical Commissioning Group;
- b) commissioning emergency care for anyone present in the Group's area;
- c) paying its employees' remuneration, fees and allowances in accordance with the determinations made by its Governing Body and determining any other terms and conditions of service of the Group's employees;
- d) determining the remuneration and travelling or other allowances of members of its Governing Body.

5.1.2. In discharging its functions the Group will:

- a) act¹⁶, when exercising its functions to commission health services, consistently with the discharge by the Secretary of State and the NHS Commissioning Board of their duty to ***promote a comprehensive health service***¹⁷ and with the objectives and requirements placed on the NHS Commissioning Board through *the mandate*¹⁸ published by the Secretary of State before the start of each financial year by:
 - i) Delegating responsibility for this function to the Governing Body and relevant Committees thereof.
 - ii) The Governing Body establishing the following Committees to which responsibility in relevant areas will be delegated:
 - Audit Committee
 - Remuneration Committee
 - Quality & Safety Committee
 - Engagement & Experience Committee
 - Delivery & Performance Committee
 - iii) The Governing Body undertaking a comprehensive strategic planning process and agreeing a Strategic Plan in line with national and local guidance.

¹⁶ See section 3(1F) of the 2006 Act, inserted by section 13 of the 2012 Act

¹⁷ See section 1 of the 2006 Act, as amended by section 1 of the 2012 Act

¹⁸ See section 13A of the 2006 Act, inserted by section 23 of the 2012 Act

- iv) The Delivery & Performance Committee developing and performance monitoring a Delivery Plan to support delivery of the Strategic Plan.
 - v) The Accountable Officer making arrangements for the appointment of appropriate staff within a defined management structure.
 - vi) The Governing Body preparing Standing Financial Instructions, Standing Orders and a Scheme of Reservation & Delegation.
 - vii) The Governing Body and the Committees of the Governing Body agreeing a range of policies and procedures for the operational management of the business of the organisation which will include delegated responsibilities.
- b) ***meet the public sector equality duty***¹⁹ by:
- i) Delegating this responsibility through the Governing Body to the Engagement & Experience Committee and requiring that this Committee undertakes functions as set out in its Terms of Reference as agreed by the Governing Body including:
 - Working to meet the general public sector equality duty by having due regard to the need to:
 - eliminate unlawful discrimination harassment and victimisation and other conduct prohibited by the 2010 Equality Act;
 - advance equality of opportunity between people who share a protected characteristic and those who do not;
 - foster good relations between people who share a protected characteristic and those who do not.
 - Working to meet the specific public sector equality duties by using the NHS Equality Delivery System tool or equivalent to:
 - publish, at least annually, sufficient information to demonstrate compliance with the general duty across all our functions;
 - prepare and publish specific and measurable equality objectives, revising these at least every four years.
- c) work in partnership with its Local Authority[ies] to develop ***joint strategic needs assessments***²⁰ and ***joint health and wellbeing strategies***²¹ by:
- i) Relevant members of the Governing Body having membership of and engagement with the Doncaster Health & Wellbeing Board.
 - ii) The Governing Body ensuring alignment of local health priorities with the priorities of the Doncaster Health & Wellbeing Board and working in partnership with Doncaster Metropolitan Borough Council through the Doncaster Health & Wellbeing Board and any relevant sub groups of the Board to develop joint health needs assessments.

¹⁹ See section 149 of the Equality Act 2010, as amended by paragraphs 184 and 186 of Schedule 5 of the 2012 Act

²⁰ See section 116 of the Local Government and Public Involvement in Health Act 2007, as amended by section 192 of the 2012 Act

²¹ See section 116A of the Local Government and Public Involvement in Health Act 2007, as inserted by section 191 of the 2012 Act

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

5.2.1. Make arrangements to **secure public involvement** in the planning, development and consideration of proposals for changes and decisions affecting the operation of commissioning arrangements²² by:

- a) Delegating this responsibility through the Governing Body to the Engagement & Experience Committee and requiring that this Committee undertakes functions as set out in its Terms of Reference as agreed by the Governing Body.
- b) The Governing Body securing that individuals to whom services are being or may be provided are involved (whether by being consulted or provided with information in other ways)
 - i) in the planning of the commissioning arrangements by the Group;
 - ii) in the development and consideration of proposals by the Group for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which services are delivered to the individuals or the range of service available to them, and
 - iii) in the decisions of the Group affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.
- c) Where relevant, the Governing Body engaging with the Local Authority(ies) health overview and scrutiny committee(s) and, working in accordance with the Cabinet Office's *Code of Practice on Consultation*.

5.2.2. **Promote awareness of, and act with a view to securing that health services are provided in a way that promotes awareness of, and have regard to the NHS Constitution**²³ by:

- a) Delegating this responsibility through the Governing Body to the Engagement & Experience Committee and requiring that this Committee undertakes functions as set out in its Terms of Reference as agreed by the Governing Body.

5.2.3. Act **effectively, efficiently and economically**²⁴ by:

- a) Delegating this responsibility to the Accountable Officer, reporting to the Governing Body through regular reports.
- b) Delegating responsibility to ensure appropriate arrangements are in place for the Group to fulfil this duty through the Governing Body to the Audit Committee and requiring that this Committee undertakes functions as set out in its Terms of Reference as agreed by the Governing Body.

5.2.4. Act with a view to **securing continuous improvement to the quality of services**²⁵ by:

²² See section 14Z2 of the 2006 Act, inserted by section 26 of the 2012 Act

²³ See section 14P of the 2006 Act, inserted by section 26 of the 2012 Act and section 2 of the Health Act 2009 (as amended by 2012 Act)

²⁴ See section 14Q of the 2006 Act, inserted by section 26 of the 2012 Act

- a) Delegating this responsibility through the Governing Body to the Quality & Safety Committee and ensuring that this Committee undertakes functions as set out in its Terms of Reference as agreed by the Governing Body. This may include:
 - i) The receipt of quality assurance reports.
 - ii) The agreement of quality schedules for commissioned care.
 - iii) The monitoring of continuous improvement in the quality of services.
 - iv) The establishment of contractual meetings to review the clinical quality of care with providers for which the Group has commissioning responsibility.
 - v) The clear definition of identified roles within the management structure, with clear job descriptions outlining the lead responsibilities for:
 - Safeguarding Children;
 - Safeguarding Vulnerable Adults;
 - Accountable Officer for Controlled Drugs;
 - Caldicott Guardian.

5.2.5. Assist and support the NHS Commissioning Board in relation to the Board's duty to **improve the quality of primary medical services**²⁶ by:

- a) Delegating this responsibility through the Governing Body to the Quality & Safety Committee and ensuring that this Committee undertakes functions as set out in its Terms of Reference as agreed by the Governing Body.

5.2.6. Have regard to the need to **reduce inequalities**²⁷ by:

- a) Members of the Governing Body and its Committee contributing to the work of the Doncaster Health and Wellbeing Board through the Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy.
- b) The Governing Body setting explicit health inequalities targets in the Strategic Plan.
- c) Delegating through the Governing Body to the Delivery & Performance Committee the development and performance management of delivery plans to reduce health inequalities.

5.2.7. **Promote the involvement of patients, their carers and representatives in decisions about their healthcare**²⁸ by:

- a) Delegating this responsibility through the Governing Body to the Engagement & Experience Committee and requiring that this Committee undertakes functions as set out in its Terms of Reference as agreed by the Governing Body.
- b) The Governing Body approving an Engagement Strategy.

²⁵ See section 14R of the 2006 Act, inserted by section 26 of the 2012 Act

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

²⁷ See section 14T of the 2006 Act, inserted by section 26 of the 2012 Act

²⁸ See section 14U of the 2006 Act, inserted by section 26 of the 2012 Act

- c) The Governing Body securing that individuals to whom services are being or may be provided are involved (whether by being consulted or provided with information in other ways)
 - i) in the planning of the commissioning arrangements by the Group
 - ii) in the development and consideration of proposals by the Group for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which services are delivered to the individuals or the range of service available to them, and
 - iii) in the decisions of the Group affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.

5.2.8. Act with a view to **enabling patients to make choices**²⁹ by:

- a) Delegating this responsibility through the Governing Body to the Delivery & Performance Committee and requiring that this Committee undertakes functions as set out in its Terms of Reference as agreed by the Governing Body.
- b) Ensuring the principle of patients' rights to choice under the NHS Constitution is maintained by commissioners and providers.
- c) The Governing Body approving a Choice Strategy.

5.2.9. **Obtain appropriate advice**³⁰ from persons who, taken together, have a broad range of professional expertise in healthcare and public health by:

- a) Delegating this responsibility through the Governing Body to the Delivery & Performance Committee and ensuring that all plans for service development have been informed by the appropriate expertise.
- b) The Governing Body seeking appropriate public health advice through the Public Health Memorandum of Understanding and working in partnership with the local Director of Public Health.

5.2.10. **Promote innovation**³¹ by:

- a) Delegating this responsibility through the Governing Body to the Delivery & Performance Committee and requiring that this Committee undertakes functions as set out in its Terms of Reference as agreed by the Governing Body.

5.2.11. **Promote research and the use of research**³² by:

- a) Delegating this responsibility through the Governing Body to the Quality & Safety Committee and requiring that this Committee undertakes functions as set out in its Terms of Reference as agreed by the Governing Body.

²⁹ See section 14V of the 2006 Act, inserted by section 26 of the 2012 Act

³⁰ See section 14W of the 2006 Act, inserted by section 26 of the 2012 Act

³¹ See section 14X of the 2006 Act, inserted by section 26 of the 2012 Act

³² See section 14Y of the 2006 Act, inserted by section 26 of the 2012 Act

5.2.12. Have regard to the need to ***promote education and training***³³ for persons who are employed, or who are considering becoming employed, in an activity which involves or is connected with the provision of services as part of the health service in England so as to assist the Secretary of State for Health in the discharge of his related duty³⁴ by:

- a) Delegating this responsibility through the Governing Body to the Quality & Safety Committee and requiring that this Committee undertakes functions as set out in its Terms of Reference as agreed by the Governing Body.

5.2.13. Act with a view to ***promoting integration*** of *both* health services with other health services *and* health services with health-related and social care services where the Group considers that this would improve the quality of services or reduce inequalities³⁵ by:

- a) Relevant Member(s) of the Governing Body having membership of and engagement with the Doncaster Health & Wellbeing Board.
- b) The Delivery & Performance Committee integrating commissioning work plans and pathways of care based on shared priorities and patient led services, involving all appropriate stakeholders in service redesign and actively seeking out evidence based integrated solutions to care pathways.
- c) The Governing Body ensuring that the requirements of a Category 2 Responder under the Civil Contingencies Act 2004 are met, cooperating and sharing information with Category 1 Responders.
- d) The Governing Body agreeing a Memorandum of Understanding with the Local Authority for public health advice.
- e) The Governing Body and relevant Committees of the Governing Body engaging with clinical networks and local representative committees such as the Local Medical Committee.
- f) The Group committing to engage and consult with relevant providers and stakeholders around our commissioning strategy. Where it considers it appropriate for the effective discharge of its functions the Group will engage and consult with the Local Medical Committee (LMC) for the area which the Group recognises in its role as the statutory representative body of general practice.

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

5.3.1. ***Ensure its expenditure does not exceed the aggregate of its allotments for the financial year***³⁶ by

- a) Delegating this responsibility to the Governing Body which will approve annual plans and receive regular reports in line with the Group's prime financial policies. Additionally, the Governing Body will

³³ See section 14Z of the 2006 Act, inserted by section 26 of the 2012 Act

³⁴ See section 1F(1) of the 2006 Act, inserted by section 7 of the 2012 Act

³⁵ See section 14Z1 of the 2006 Act, inserted by section 26 of the 2012 Act

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

- i) Receive updates of significant changes to allocations;
- ii) Approve budgets prior to the start of the financial year;
- iii) Receive financial performance reports;
- iv) Approve consultation arrangements for the Group's Strategic Plan.

5.3.2. **Ensure its use of resources** (both its capital resource use and revenue resource use) **does not exceed the amount specified by the NHS Commissioning Board for the financial year**³⁷ by

- a) Delegating this responsibility to the Governing Body which will approve annual plans and receive regular reports in line with the Group's prime financial policies.

5.3.3. **Take account of any directions issued by the NHS Commissioning Board, in respect of specified types of resource use in a financial year, to ensure the Group does not exceed an amount specified by the NHS Commissioning Board**³⁸ by

- a) Delegating this responsibility to the Governing Body which will be advised by the Chief Finance Officer.

5.3.4. **Publish an explanation of how the Group spent any payment in respect of quality** made to it by the NHS Commissioning Board³⁹ by

- a) Delegating this responsibility through the Governing Body to the Quality & Safety Committee supported by financial information provided by the Chief Finance Officer.

5.4. Other Relevant Regulations, Directions and Documents

5.4.1. The Group will

- a) comply with all relevant regulations;
- b) comply with directions issued by the Secretary of State for Health or the NHS Commissioning Board; and
- c) take account, as appropriate, of documents issued by the NHS Commissioning Board.

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

³⁷ See sections 223I(2) and 223I(3) of the 2006 Act, inserted by section 27 of the 2012 Act

³⁸ See section 223J of the 2006 Act, inserted by section 27 of the 2012 Act

³⁹ See section 223K(7) of the 2006 Act, inserted by section 27 of the 2012 Act

6. DECISION MAKING: THE GOVERNING STRUCTURE

6.1. Authority to act

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

- a) any of its Members;
- b) its Governing Body;
- c) employees;
- d) a Committee or Sub-Committee of the Group.

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

- a) the Group's scheme of reservation and delegation; and
- b) for Committees, their terms of reference.

6.2. Scheme of Reservation and Delegation⁴⁰

6.2.1. The Group's scheme of reservation and delegation sets out:

- a) those decisions that are reserved for the membership as a whole;
- b) those decisions that are the responsibilities of its Governing Body (and its Committees), the Group's Committees and Sub-Committees, individual members and employees.

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

6.3. General

6.3.1. In discharging functions of the Group that have been delegated to its Governing Body (and its Committees / Sub Committees / sub groups), and individuals must:

- a) comply with the Group's principles of good governance,⁴¹
- b) operate in accordance with the Group's scheme of reservation and delegation,⁴²

⁴⁰ See Appendix D

⁴¹ See section 4.4 on Principles of Good Governance above

⁴² See appendix D

- c) comply with the Group's standing orders,⁴³
- d) comply with the Group's arrangements for discharging its statutory duties,⁴⁴
- e) where appropriate, ensure that Member practices have had the opportunity to contribute to the Group's decision making process.

6.3.2. When discharging their delegated functions, Committees / Sub Committees / sub groups must also operate in accordance with their approved terms of reference.

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

- a) identify the roles and responsibilities of those Clinical Commissioning Groups who are working together;
- b) identify any pooled budgets and how these will be managed and reported in annual accounts;
- c) specify under which Clinical Commissioning Group's scheme of reservation and delegation and supporting policies the collaborative working arrangements will operate;
- d) specify how the risks associated with the collaborative working arrangement will be managed between the respective parties;
- e) identify how disputes will be resolved and the steps required to terminate the working arrangements;
- f) specify how decisions are communicated to the collaborative partners.

6.4. Committees of the Group

6.4.1. The following Committees have been established by the Group:

- a) Audit Committee (which is accountable to the Governing Body)
- b) Remuneration Committee (which is accountable to the Governing Body)
- c) Quality & Safety Committee (which is accountable to the Governing Body)
- d) Engagement & Experience Committee (which is accountable to the Governing Body)
- e) Delivery & Performance Committee (which is accountable to the Governing Body)

⁴³ See appendix C

⁴⁴ See chapter 5 above

6.4.2. Committees will only be able to establish their own Sub-Committees, to assist them in discharging their respective responsibilities, if this responsibility has been delegated to them by the Group or the Committee they are accountable to.

6.5. Joint Arrangements

6.5.1. The Group has entered into joint arrangements with the following Clinical Commissioning Group(s):

- a) NHS Sheffield Clinical Commissioning Group; NHS Rotherham Clinical Commissioning Group; NHS Barnsley Clinical Commissioning Group; NHS Bassetlaw Clinical Commissioning Group for the CCGCOM.

6.5.2. The Group has joint Committee(s) with the following Local Authority(ies):

- a) the Group does not have a formal joint committee with Doncaster Metropolitan Borough Council. However, the 2012 Act makes provision for Clinical Commissioning Groups to make Section 75 Agreements with Local Authorities and the Group has joint arrangements with Doncaster Metropolitan Borough Council which are managed through partnership arrangements.

6.6. The Governing Body

6.6.1. **Functions** - the Governing Body has the following functions conferred on it by sections 14L(2) and (3) of the 2006 Act, inserted by section 25 the 2012 Act, together with any other functions connected with its main functions as may be specified in regulations or in this Constitution⁴⁵. The Governing Body has responsibility for:

- a) ensuring that the Group has appropriate arrangements in place to exercise its functions *effectively, efficiently and economically* and in accordance with the Groups *principles of good governance*⁴⁶ (its main function);
- b) determining the remuneration, fees and other allowances payable to employees or other persons providing services to the Group and the allowances payable under any pension scheme it may establish under paragraph 11(4) of Schedule 1A of the 2006 Act, inserted by Schedule 2 of the 2012 Act;
- c) approving any functions of the Group that are specified in regulations;⁴⁷
- d) approving commissioning plans;

⁴⁵ See section 14L(3)(c) of the 2006 Act, as inserted by section 25 of the 2012 Act

⁴⁶ See section 4.4 on Principles of Good Governance above

⁴⁷ See section 14L(5) of the 2006 Act, inserted by section 25 of the 2012 Act

- e) monitoring performance against plans and taking action to address performance issues through appropriate routes including contractual routes for areas of commissioning responsibility as required;
- f) providing assurance of strategic risk through the Assurance Framework and putting into place action plans to mitigate risk above the agreed risk tolerance threshold as required;
- g) establishing further Committees and Sub Committees to support the delivery of delegated functions.

6.6.2. **Composition of the Governing Body** - the Governing Body shall not have less than 17 members and comprises of:

- a) the Chair;
- b) ten representatives of Member Practices otherwise called “Locality Leads”;
- c) two Lay Members:
 - i) one to lead on audit, remuneration and conflict of interest matters (and also act as Deputy Chair of the Governing Body),
 - ii) one to lead on patient and public participation matters;
- d) one Registered Nurse;
- e) one Secondary Care Specialist Doctor;
- f) the Accountable Officer;
- g) the Chief Finance Officer.

6.6.3. **Attendees at the Governing Body** – the following organisations / individuals shall be in attendance at the Governing Body. Attendance does not confer membership of the governing body or the responsibilities thereof:

- a) Local Authority Representative;
- b) Public Health Representative;
- c) Relevant individuals drawn from within the Group’s staff who will be identified by the Chair of the Governing Body as relevant to the agenda of the Governing Body.

6.6.4. **Committees of the Governing Body** - the Governing Body has appointed the following Committees and Sub-Committees:

- a) **Audit Committee** – the Audit Committee, which is accountable to the Group’s Governing Body, provides the Governing Body with an independent and objective view of the Group’s financial systems, financial information and compliance with laws, regulations and directions governing the Group in

so far as they relate to finance. The Governing Body has approved and keeps under review the terms of reference for the audit Committee, which includes information on the membership of the Audit Committee⁴⁸.

In addition the Group or the Governing Body has conferred or delegated the following functions, connected with the Governing Body's main function⁴⁹, to its Audit Committee:

- i) Reviewing the establishment and maintenance of an effective system of integrated governance, risk management and assurance across the activities of the Group (both clinical and non clinical) that support the achievement of these objectives.
 - ii) Overseeing and monitoring the Internal Audit programme of work.
 - iii) Review the findings of other significant assurance functions both internal and external and consider the implications for governance of the Group.
 - iv) Ensuring that the Group has appropriate arrangements for countering fraud and review the outcomes of counter fraud work.
 - v) Monitoring the integrity of the financial statements of the Group and any formal announcements relating to the Group's financial performance.
 - vi) Ensuring that the systems for financial reporting to the Group, including those of budgetary control, are subject to review as to completeness and accuracy of the information provided.
 - vii) Reviewing schedules of debtor and creditor balances over 6 months old over £5,000 and consider explanations and action plans.
 - viii) Establishing Sub-Committees to assist in discharging delegated responsibilities of the Committee as set out in its Terms of Reference as agreed by the Governing Body.
 - ix) Approving corporate policies and procedures within the functions of the Committee as set out in its Terms of Reference as agreed by the Governing Body.
- b) **Remuneration Committee** – the Remuneration Committee, which is accountable to the Group's Governing Body makes recommendations to the Governing Body on determinations about the remuneration, fees and other allowances for employees and for people who provide services to the Group and on determinations about allowances under any pension scheme that the Group may establish as an alternative to the NHS pension scheme. The Governing Body has approved and keeps under review the terms of reference for the Remuneration Committee, which includes information on the membership of the Remuneration Committee⁵⁰.

In addition the Group or the Governing Body has conferred or delegated the following functions, connected with the Governing Body's main function, to its Remuneration Committee:

⁴⁸ See appendix [H] for the terms of reference of the Audit Committee

⁴⁹ See section 14L(2) of the 2006 Act, inserted by section 25 of the 2012 Act

⁵⁰ See appendix [H] for the terms of reference of the Remuneration Committee

- i) Advising the Governing Body on all aspects of salary (including performance related pay elements, bonuses and allowances), provision for other benefits including pensions and lease cars (where applicable) not covered by Agenda for Change.
 - ii) Advising the Governing Body on arrangements for termination of employment (including compulsory and voluntary redundancy payments and mutually agreed severance payments) and other contractual terms and conditions.
 - iii) Advising the Governing Body on the remuneration, allowances and terms of service of senior managers covered by the Very Senior Managers pay framework ensuring that the terms and conditions of service, remuneration and pay awards are in line with nationally agreed guidance.
 - iv) Monitoring and evaluating the performance of individual Executive Members.
 - v) Advising and overseeing appropriate contractual arrangements for such staff including the proper calculation and scrutiny of termination payments taking into account such national guidance as appropriate.
 - vi) Advising the Governing Body on the remuneration, allowances and terms of service for the Chairs and Members of the Group.
 - vii) Reporting to the Governing Body that it has met and performed its function, within recognised national guidelines.
 - viii) Establishing Sub-Committees to assist in discharging delegated responsibilities of the Committee as set out in its Terms of Reference as agreed by the Governing Body.
 - ix) Approving human resources policies and procedures within the functions of the Committee as set out in its Terms of Reference as agreed by the Governing Body.
- c) **Quality & Safety Committee** – the Quality & Safety Committee, which is accountable to the Group’s Governing Body for monitoring the quality and safety of all services commissioned by the Group. The Governing Body has approved and keeps under review the terms of reference for the Quality & Safety Committee, which includes information on the membership of the Quality & Safety Committee.⁵¹.

In addition the Group or the Governing Body has conferred or delegated the following functions, connected with the Governing Body’s main function, to its Quality & Safety Committee:

- i) Receiving and acting upon reports from regulatory and other competent bodies and ensure action plans are delivered.
- ii) Receiving regular reports regarding quality and safety legislative and contractual requirements including patient safety and clinical effectiveness data, and taking mitigating action as necessary.
- iii) Ensuring that significant clinical risks are identified and reported on the Risk Register, escalating to the Assurance Framework where necessary.

⁵¹ See appendix [H] for the terms of reference of the [Quality & Safety Committee](#)

- iv) Establishing Sub-Committees to assist in discharging delegated responsibilities of the Committee as set out in its Terms of Reference as agreed by the Governing Body.
 - v) Developing and approving clinical policies and procedures within the functions of the Committee as set out in its Terms of Reference as agreed by the Governing Body.
- d) **Engagement & Experience Committee** – the Engagement & Experience Committee, which is accountable to the Group’s Governing Body for ensuring effective engagement with patients and delivering the public sector equality duties. The Governing Body has approved and keeps under review the terms of reference for the Engagement & Experience Committee, which includes information on the membership of the Engagement & Experience Committee.⁵².

In addition the Group or the Governing Body has conferred or delegated the following functions, connected with the Governing Body’s main function, to its Engagement & Experience Committee:

- i) Developing comprehensive mechanisms to effectively engage with and gather insight from patients and the public, including disadvantaged groups.
 - ii) Ensuring that patient experience and feedback from patients, carers and other stakeholders is measured and analysed effectively and is used to influence decision making throughout the commissioning cycle.
 - iii) Acting as a coordinating group for all patient and public engagement activity and patient experience data.
 - iv) Developing partnerships with other engagement networks.
 - v) Developing, implementing and monitoring a Patient Engagement Strategy.
 - vi) Ensuring that the organisation considers equality and human rights when designing, delivering and reviewing its business priorities.
 - vii) Establishing Sub-Committees to assist in discharging delegated responsibilities of the Committee as set out in its Terms of Reference as agreed by the Governing Body.
 - viii) Developing and approving engagement and communication policies and procedures within the functions of the Committee as set out in its Terms of Reference as agreed by the Governing Body.
- e) **Delivery & Performance Committee** – the Delivery & Performance Committee, which is accountable to the Group’s Governing Body for overseeing the delivery of programmes and projects to achieve the Group objectives as set out in the Strategy Plan of the organisation. The Governing Body has approved and keeps under review the terms of reference for the Delivery & Performance Committee, which includes information on the membership of the Delivery & Performance Committee⁵³.

⁵² See appendix [H] for the terms of reference of the **Engagement & Experience Committee**

⁵³ See appendix [H] for the terms of reference of the **Delivery & Performance Committee**

In addition the Group or the Governing Body has conferred or delegated the following functions, connected with the Governing Body's main function, to its Delivery & Performance Committee:

- i) Overseeing the development and enactment of a Delivery Plan to ensure delivery of the aims, objectives and outcomes of the Group as contained within the Strategy Plan of the organisation.
- ii) Providing assurance to the Governing Body of effective delivery.
- iii) Deploying the resource of the organisation effectively and efficiently to deliver the Strategy.
- iv) Developing productive working relationships with wider clinical colleagues to ensure multidisciplinary input, advice and guidance on commissioning developments.
- v) Overseeing the commissioning and contracting of healthcare services for the Doncaster population.
- vi) Ensuring that services commissioned by the NHS Commissioning Board are integrated effectively into local care pathways.
- vii) Enabling patients to make choices by developing a Choice Strategy for approval by the Governing Body.
- viii) Establishing Sub-Committees to assist in discharging delegated responsibilities of the Committee as set out in its Terms of Reference as agreed by the Governing Body.
- ix) Developing and approving commissioning policies and procedures within the functions of the Committee as set out in its Terms of Reference as agreed by the Governing Body.

7. ROLES AND RESPONSIBILITIES

7.1. Practice Representatives

7.1.1. Practice Representatives represent their Practice's views and act on behalf of the Practice in matters relating to the Group. Practice Representatives are nominated by their Practice and are required to be a General Practitioner or Healthcare Professional. A minimum 75% annual attendance rate at Locality meetings is expected by the nominated Practice Representative. A Deputy may attend where the nominated Practice Representative is unable to attend. Where a General Practitioner or Healthcare Professional moves to another Practice, they are automatically de-selected as a Practice Representative for their original Practice. The role of each Practice Representative is to:

- a) Represent their Practice and the needs of their Practice population at Locality meetings and relevant Group meetings and events.
- b) As far as reasonably practicable, respond in a timely manner to information requests from a Locality Lead, promptly feeding back and evidencing any preparatory work completed by the Practice at Locality meetings.
- c) Facilitate delivery by the Practice, as far as reasonably practicable, the clinical and cost-effective strategies agreed by the Locality.
- d) Feed back to the Practice the information, updates, actions and outcomes from the Locality meetings to enable positive contributions from the Practice to the commissioning agenda.

7.2. Locality Leads

7.2.1. The Group has developed a Locality structure to facilitate Member engagement. There are five Localities comprising:

- a) North West Locality
- b) North East Locality
- c) Central Locality
- d) South West Locality
- e) South East Locality

7.2.2. Two Locality Leads shall be elected per Locality to represent and act on behalf of the Locality in matters relating to the Locality and to sit on the Governing Body and relevant Committees thereof. Where a Locality Lead moves to another Practice outside the Locality which they represent, they shall be automatically de-selected as a Locality Lead for their original Locality. The role of each Locality Lead is to maintain a balance of work as a member of the Governing Body and within the Locality in order to:

- a) Contribute to the leadership and development of the Group commensurate with the delegated functions of the Governing Body, including the development and approval of a Strategic Plan and ensuring that financial controls and systems of risk management are robust and effective.

- b) Undertake a portfolio of designated clinical commissioning strategic work as delegated by the Chair of the Governing Body.
- c) Adhere to and contribute to the development of high standards of probity and governance within the Governing Body and the Locality and ensure that activities remain within the terms of its authorisation as agreed and as defined in this Constitution and accompanying Scheme of Delegation.
- d) Represent the views of Member Practices on the Governing Body, bringing an understanding of those Member Practices to the discussion and decision making of the Governing Body.
- e) Chair regular Locality meetings to ensure effective two-way communication between Member Practices and the Governing Body and any Committees of the Governing Body.

7.2.3. A Locality Lead may not also be their own Practice's Representative within a Locality.

7.3. Other GP and Primary Care Health Professionals

7.3.1. In addition to the Practice Representatives and Locality Leads identified in sections 7.1 and 7.2 above, the Group may identify further General Practitioners / Healthcare Professionals from Member Practices to either support the work of the Group and/or to represent the Group rather than represent their own individual Practices. These General Practitioners and Healthcare Professionals may undertake relevant clinical lead roles on behalf of the Group such as children's commissioning. Selection for these roles will be based on an open and transparent process.

7.4. All Members of the Group's Governing Body

7.4.1. Guidance on the roles of members of the Group's Governing Body is set out in a separate document⁵⁴. In summary, each member of the Governing Body should share responsibility as part of a team to ensure that the Group exercises its functions effectively, efficiently and economically, with good governance and in accordance with the terms of this Constitution. Each brings their unique perspective, informed by their expertise and experience.

7.5. The Chair of the Governing Body

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

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

⁵⁴ *Clinical Commissioning Group Governing Body Members – Roles Attributes and Skills*, NHS Commissioning Board Authority, July 2012

- b) Building and developing the Group's Governing Body and its individual Members;
- c) Ensuring that the Group has proper constitutional and governance arrangements in place;
- d) Ensuring that, through the appropriate support, information and evidence, the Governing Body is able to discharge its duties;
- e) Supporting the Accountable Officer in discharging the responsibilities of the organisation;
- f) Contributing to building a shared vision of the aims, values and culture of the organisation;
- g) Leading and influencing to achieve clinical and organisational change to enable the Group to deliver its commissioning responsibilities;
- h) Overseeing governance and particularly ensuring that the Governing Body and the wider Group behaves with the utmost transparency and responsiveness at all times;
- i) Ensuring that public and patients' views are heard and their expectations understood and, where appropriate as far as possible, met;
- j) Ensuring that the organisation is able to account to its local patients, stakeholders and the NHS Commissioning Board;
- k) Ensuring that the Group builds and maintains effective relationships, particularly with the individuals involved in overview and scrutiny from the relevant Local Authority(ies)
- l) Ensuring that effective succession planning processes are in place.

7.5.2. Where the Chair of the Governing Body is also the senior clinical voice of the Group they will take the lead in interactions with stakeholders, including the NHS Commissioning Board.

7.6. The Deputy Chair of the Governing Body

7.6.1. The Deputy Chair of the Governing Body deputises for the Chair of the Governing Body where he or she has a conflict of interest or is otherwise unable to act. The Deputy Chair shall automatically become the Chair of the Governing Body for the interim period where a Chair has been removed from office or during an extended period of sickness absence, maternity leave or equivalent and another Chair is not immediately appointed.

7.7. Role of the Accountable Officer

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

7.7.2. This role of Accountable Officer has been summarised in a national document⁵⁵ as:

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

7.7.3. In addition to the Accountable Officer's general duties, where the Accountable Officer is also the senior clinical voice of the Group they will take the lead in interactions with stakeholders, including the NHS Commissioning Board.

7.8. Role of the Chief Finance Officer

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

7.8.2. This role of Chief Finance Officer has been summarised in a national document⁵⁶ as:

- a) Being the Governing Body's professional expert on finance and ensuring, through robust systems and processes, the regularity and propriety of expenditure is fully discharged;
- b) Making appropriate arrangements to support, monitor on the Group's finances;
- c) Overseeing robust audit and governance arrangements leading to propriety in the use of the Group's resources;

⁵⁵ See the latest version of the NHS Commissioning Board Authority's *Clinical commissioning group Governing Body members: Role outlines, attributes and skills*

⁵⁶ See the latest version of the NHS Commissioning Board Authority's *Clinical commissioning group Governing Body members: Role outlines, attributes and skills*

- d) Being able to advise the Governing Body on the effective, efficient and economic use of the Group's allocation to remain within that allocation and deliver required financial targets and duties; and
- e) Producing the financial statements for audit and publication in accordance with the statutory requirements to demonstrate effective stewardship of public money and accountability to the NHS Commissioning Board;
- f) Being the Governing Body lead officer for Business Information Intelligence.

7.9. Joint Appointments with other Organisations

- 7.9.1. The Group has the following joint appointment(s) with other organisation(s):
 - a) The Group has no joint appointments.
- 7.9.2. Any joint appointments are supported by a memorandum of understanding between the organisations who are party to these joint appointments.

8. STANDARDS OF BUSINESS CONDUCT AND MANAGING CONFLICTS OF INTEREST

8.1. Standards of Business Conduct

- 8.1.1. Employees, Members, Committee and Sub-Committee members of the Group and members of the Governing Body (and its Committees) will at all times comply with this Constitution and be aware of their responsibilities as outlined in it. They should act in good faith and in the interests of the Group and should follow the *Seven Principles of Public Life*, set out by the Committee on Standards in Public Life (the Nolan Principles). The Nolan Principles are incorporated into this Constitution at Appendix F.
- 8.1.2. They must comply with the Group's Policy on Business Conduct, including the requirements set out in the policy for managing conflicts of interest. This policy will be available on the Group's website at www.doncaster.nhs.uk and is also available upon application to our Headquarters.
- 8.1.3. Individuals contracted to work on behalf of the Group or otherwise providing services or facilities to the Group will be made aware of their obligation with regard to declaring conflicts or potential conflicts of interest. This requirement will be written into their contract for services.

8.2. Conflicts of Interest

- 8.2.1. As required by section 14O of the 2006 Act, as inserted by section 25 of the 2012 Act, the Group will make arrangements to manage conflicts and potential conflicts of interest to ensure that decisions made by the Group will be taken and seen to be taken without any possibility of the influence of external or private interest.
- 8.2.2. Where an individual, i.e. an employee, Group Member, member of the Governing Body, or a member of a Committee or a Sub-Committee of the Group or its Governing Body has an interest, or becomes aware of an interest which could lead to a conflict of interests in the event of the Group considering an action or decision in relation to that interest, that must be considered as a potential conflict, and is subject to the provisions of this Constitution.
- 8.2.3. A conflict of interest will include:
- a) a direct pecuniary interest: where an individual may financially benefit from the consequences of a commissioning decision (for example, as a provider of services);
 - b) an indirect pecuniary interest: for example, where an individual is a partner, member or shareholder in an organisation that will benefit financially from the consequences of a commissioning decision;
 - c) a non-pecuniary interest: where an individual holds a non-remunerative or not-for profit interest in an organisation, that will benefit from the

consequences of a commissioning decision (for example, where an individual is a trustee of a voluntary provider that is bidding for a contract);

- d) a non-pecuniary personal benefit: where an individual may enjoy a qualitative benefit from the consequence of a commissioning decision which cannot be given a monetary value (for example, a reconfiguration of hospital services which might result in the closure of a busy clinic next door to an individual's house);
- e) where an individual is closely related to, or in a relationship, including friendship, with an individual in the above categories.

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

8.3. Declaring and Registering Interests

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

- a) the members of the Group;
- b) the members of its Governing Body;
- c) the members of its Committees or Sub-Committees and the Committees or Sub-Committees of its Governing Body; and
- d) its employees.

8.3.2. The registers will be published on the Group's website at www.doncaster.nhs.uk and is also available upon application to our Headquarters.

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

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

8.3.5. The Accountable Officer will ensure that the register of interest is reviewed regularly, and updated as necessary.

8.4. Managing Conflicts of Interest: general

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

- 8.4.2. The Accountable Officer will ensure that for every interest declared, either in writing or by oral declaration, arrangements are in place to manage the conflict of interests or potential conflict of interests, to ensure the integrity of the Group's decision making processes.
- 8.4.3. Arrangements for the management of conflicts of interest are to be determined by the Accountable Officer and will include the requirement to put in writing to the relevant individual arrangements for managing the conflict of interests or potential conflicts of interests, within a week of declaration. The arrangements will confirm the following:
- a) when an individual should withdraw from a specified activity or meeting, on a temporary or permanent basis;
 - b) monitoring of the specified activity undertaken by the individual, either by a line manager, colleague or other designated individual.
- 8.4.4. Where an interest has been declared, either in writing or by oral declaration, the declarer will ensure that before participating in any activity connected with the Group's exercise of its commissioning functions, they have received confirmation of the arrangements to manage the conflict of interest or potential conflict of interest from the Accountable Officer.
- 8.4.5. Where an individual Member, employee or person providing services to the Group is aware of an interest which:
- a) has not been declared, either in the register or orally, they will declare this at the start of the meeting;
 - b) has previously been declared, in relation to the scheduled or likely business of the meeting, the individual concerned will bring this to the attention of the Chair of the meeting, together with details of arrangements which have been confirmed for the management of the conflict of interests or potential conflict of interests.

The Chair of the meeting will then determine how this should be managed and inform the Member of their decision. Where no arrangements have been confirmed, the Chair of the meeting may require the individual to withdraw from the meeting or part of it. Conditional participation, partial exclusion or total exclusion from the decision making are options dependant on the identified conflict of interest. The individual will then comply with these arrangements, which must be recorded in the minutes of the meeting.

- 8.4.6. Where the Chair of any meeting of the Group, including Committees, Sub-Committees, or the Governing Body and the Governing Body's Committees and Sub-Committees, has a personal interest, previously declared or otherwise, in relation to the scheduled or likely business of the meeting, they must make a declaration and the Deputy Chair will act as Chair for the relevant part of the meeting. Where arrangements have been confirmed for the management of the

conflict of interests or potential conflicts of interests in relation to the Chair, the meeting must ensure these are followed. Where no arrangements have been confirmed, the Deputy Chair may require the Chair to withdraw from the meeting or part of it. Where there is no Deputy Chair, the members of the meeting will select one. The Deputy Chair of the Governing Body is a Lay Member who will Chair the meeting or any item within a meeting for which the Chair has a conflict of interest.

- 8.4.7. Any declarations of interests, and arrangements agreed in any meeting of the Group, Committees or Sub-Committees, or the Governing Body, the Governing Body's Committees or Sub-Committees, will be recorded in the minutes.
- 8.4.8. Where more than 50% of the members of a meeting are required to withdraw from a meeting or part of it, owing to the arrangements agreed for the management of conflicts of interests or potential conflicts of interests, the Chair (or Deputy) will determine whether or not the discussion can proceed.
- 8.4.9. In making this decision the Chair will consider whether the meeting is quorate, in accordance with the number and balance of membership set out in the Group's Standing Orders. Where the meeting is not quorate, owing to the absence of certain members, the discussion will be deferred until such time as a quorum can be convened. Where a quorum cannot be convened from the membership of the meeting, owing to the arrangements for managing conflicts of interest or potential conflicts of interests, the Chair of the meeting shall consult with the Accountable Officer on the action to be taken.
- 8.4.10. This may include:
- a) requiring another of the Group's Committees or Sub-Committees, the Group's Governing Body or the Governing Body's Committees or Sub-Committees (as appropriate) which can be quorate to progress the item of business, or if this is not possible,
 - b) inviting on a temporary basis one or more of the following to make up the quorum (where these are permitted members of the Governing Body or Committee / Sub-Committee in question) so that the Group can progress the item of business:
 - i) a member of the Group who is an individual;
 - ii) an individual appointed by a member to act on its behalf in the dealings between it and the Group;
 - iii) a member of a relevant Health and Wellbeing Board;
 - iv) a member of a Governing Body of another Clinical Commissioning Group.

These arrangements must be recorded in the minutes.

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

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

- 8.5.1. Anyone seeking information in relation to a procurement, or participating in a procurement, or otherwise engaging with the Group in relation to the potential provision of services or facilities to the Group, will be required to make a declaration of any relevant conflict / potential conflict of interest.
- 8.5.2. Anyone contracted to provide services or facilities directly to the Group will be subject to the same provisions of this Constitution in relation to managing conflicts of interests. This requirement will be set out in the contract for their services.

8.6. Transparency in Procuring Services

- 8.6.1. The Group recognises the importance in making decisions about the services it procures in a way that does not call into question the motives behind the procurement decision that has been made. The Group will procure services in a manner that is open, transparent, non-discriminatory and fair to all potential providers.
- 8.6.2. The Group will publish a Procurement Strategy approved by its Governing Body which will ensure that:
- a) all relevant clinicians (not just members of the Group) and potential providers, together with local members of the public, are engaged in the decision-making processes used to procure services; and
 - b) service redesign and procurement processes are conducted in an open, transparent, non-discriminatory and fair way.
- 8.6.3. Copies of this Procurement Strategy will be available on the Group's website at www.doncaster.nhs.uk and is also available upon application to our Headquarters.

9. THE GROUP AS EMPLOYER

- 9.1.** The Group recognises that its most valuable asset is its people – staff, Governing Body and Committee Members, Locality Leads and Practice Representatives. It will seek to enhance their skills and experience and is committed to their personal and professional development in all ways relevant to the work of the Group through a robust annual performance and development review process.
- 9.2.** The Group will seek to set an example of best practice as an employer and is committed to offering all staff equality of opportunity. It will ensure that its employment practices are designed to promote diversity and to treat all individuals equally, recognising that adjustments may be required to enable equality of opportunity.
- 9.3.** The Group will ensure that it employs suitably qualified and experienced staff who will discharge their responsibilities in accordance with the high standards expected of staff employed by the Group. All staff will be made aware of this Constitution, the commissioning strategy and the relevant internal management and control systems which relate to their field of work.
- 9.4.** The Group will maintain and publish policies and procedures (as appropriate) on the recruitment and remuneration of staff to ensure it can recruit, retain and develop staff of an appropriate calibre. The Group will ensure that policies relating to recruitment are fully compliant with the NHS Employment Check Standards. The Group will also maintain and publish policies on all aspects of human resources management, including grievance and disciplinary matters, sickness absence, performance management, bullying and harassment, training and development and policies relating to employee health and wellbeing.
- 9.5.** The Group will ensure that its rules for recruitment and management of staff provide for the appointment and advancement on merit on the basis of equal opportunity for all applicants and staff.
- 9.6.** The Group will ensure that employees' behaviour reflects the values, aims and principles set out above.
- 9.7.** The Group will ensure that it complies with all aspects of employment law and incorporates this within the relevant employment policies as well as alerting employees to changes in employment law which may impact upon them in a timely and appropriate manner.
- 9.8.** The Group will ensure that its employees have access to such expert advice and training opportunities as they may require in order to exercise their responsibilities effectively.
- 9.9.** The Group will adopt a Code of Conduct for staff and will maintain and promote effective 'whistleblowing' procedures to ensure that concerned staff have means through which their concerns can be voiced and that the appropriate action is taken.

- 9.10.** The Group will ensure employees are able to participate in the NHS Annual Staff Survey and will act upon the results accordingly.
- 9.11.** The Group will enable employees to access the NHS Pension Scheme and provide a point of contact for queries regarding the scheme.
- 9.12.** Copies of this Code of Conduct, together with the other policies and procedures outlined in this chapter, will be available on the Group's website at www.doncaster.nhs.uk and is also available upon application to our Headquarters.

10. TRANSPARENCY, WAYS OF WORKING AND STANDING ORDERS

10.1. General

- 10.1.1. The Group will publish annually a Strategic Plan and an Annual Report, presenting the Group's Annual Report to a public meeting.
- 10.1.2. Key communications issued by the Group, including the notices of procurements, public consultations, Governing Body meeting dates, times, venues, and certain papers will be published on the Group's website at www.doncaster.nhs.uk and is also available upon application to our Headquarters.
- 10.1.3. The Group may use other means of communication, including circulating information by post, or making information available in venues or services accessible to the public.

10.2. Standing Orders

- 10.2.1. This Constitution is also informed by a number of documents which provide further details on how the Group will operate. They are the Group's:
- a) **Standing orders (Appendix C)** – which sets out the arrangements for meetings and the appointment processes to elect the Group's representatives and appoint to the Group's Committees, including the Governing Body;
 - b) **Scheme of reservation and delegation (Appendix D)** – which sets out those decisions that are reserved for the membership as a whole and those decisions that are the responsibilities of the Group's Governing Body, the Governing Body's Committees and Sub-Committees, the Group's Committees and Sub-Committees, individual members and employees;
 - c) **Prime financial policies (Appendix E)** – which sets out the arrangements for managing the Group's financial affairs.

APPENDIX A

DEFINITIONS OF KEY DESCRIPTIONS USED IN THIS CONSTITUTION

2006 Act	National Health Service Act 2006.
2012 Act	Health and Social Care Act 2012 (this Act amends the 2006 Act).
Accountable Officer	<p>An individual, as defined under paragraph 12 of Schedule 1A of the 2006 Act (as inserted by Schedule 2 of the 2012 Act), appointed by the NHS Commissioning Board, with responsibility for ensuring the Group:</p> <ul style="list-style-type: none"> • Complies with its obligations under: <ul style="list-style-type: none"> ○ Sections 14Q and 14R of the 2006 Act (as inserted by section 26 of the 2012 Act), ○ Sections 223H to 223J of the 2006 Act (as inserted by section 27 of the 2012 Act), ○ Paragraphs 17 to 19 of Schedule 1A of the NHS Act 2006 (as inserted by Schedule 2 of the 2012 Act), and ○ Any other provision of the 2006 Act (as amended by the 2012 Act) specified in a document published by the Board for that purpose; • Exercises its functions in a way which provides good value for money.
Area	The geographical area that the Group has responsibility for, as defined in paragraph 2 of this Constitution.
Chair of the Governing Body	The individual appointed by the Group to act as Chair of the Governing Body.
Chief Finance Officer	The qualified accountant employed by the Group with responsibility for financial strategy, financial management and financial governance.
Clinical Commissioning Group	A body corporate established by the NHS Commissioning Board in accordance with Chapter A2 of Part 2 of the 2006 Act (as inserted by section 10 of the 2012 Act).
Committee	<p>A Committee or Sub-Committee created and appointed by:</p> <ul style="list-style-type: none"> • the membership of the Group • a Committee / Sub-Committee created by a Committee created / appointed by the membership of the Group • a Committee / Sub-Committee created / appointed by the Governing Body
Financial year	This usually runs from 1 April to 31 March, but under paragraph 17 of Schedule 1A of the 2006 Act (inserted by Schedule 2 of the 2012 Act), it can for the purposes of audit and accounts run from when a Clinical Commissioning Group is established until the following 31 March.
Group	NHS Doncaster Clinical Commissioning Group, whose Constitution this is.
Governing Body	<p>The body appointed under section 14L of the NHS Act 2006 (as inserted by section 25 of the 2012 Act), with the main function of ensuring that a Clinical Commissioning Group has made appropriate arrangements for ensuring that it complies with:</p> <ul style="list-style-type: none"> • its obligations under section 14Q under the NHS Act 2006 (as inserted by section 26 of the 2012 Act), and • such generally accepted principles of good governance as are relevant to it.

Healthcare Professional	An individual with a clinical qualification who is registered with a professional body.
Lay Member	A lay member of the Governing Body, appointed by the Group. A lay member is an individual who is not a member of the Group or a healthcare professional (i.e. an individual who is a member of a profession regulated by a body mentioned in section 25(3) of the National Health Service Reform and Health Care Professions Act 2002) or as otherwise defined in regulations.
Locality Lead	An individual appointed by each GP within the relevant Locality to represent and act on behalf of the Locality on the Governing Body and relevant Committees.
Member	A provider of primary medical services to a registered patient list, who is a member of this Group (see tables in Chapter 3 and Appendix B). This Constitution refers to Members in their clinical commissioning role rather than in their Provider role.
Practice	A provider of primary medical services in accordance with section 14A of the 2006 Act.
Practice Representatives	An individual appointed by a Practice (who is a Member of the Group) to act on its behalf in the dealings between it and the Group, under regulations made under section 89 or 94 of the 2006 Act (as amended by section 28 of the 2012 Act) or directions under section 98A of the 2006 Act (as inserted by section 49 of the 2012 Act).
Registers of Interests	Registers a Group is required to maintain and make publicly available under section 14O of the 2006 Act (as inserted by section 25 of the 2012 Act), of the interests of: <ul style="list-style-type: none"> • the Members of the Group; • the members of its Governing Body; • the members of its Committees or Sub-Committees and Committees or Sub-Committees of its Governing Body; and • its employees.

APPENDIX B - LIST OF MEMBER PRACTICES

North West Locality		
Practice Name	Address	Practice Representative's Signature & Date Signed
Scawsby Health Centre	SCAWSBY HEALTH CENTRE BARNSELY ROAD SCAWSBY DONCASTER DN5 8QE	
The Ransome Practice	THE RANSOME PRACTICE THE HEALTH CENTRE ASKERN ROAD BENTLEY DONCASTER DN5 0JX	
Bentley Surgery	BENTLEY SURGERY 128 HIGH STREET BENTLEY DONCASTER DN5 0AT	
Dr. Sheikh's Surgery	DR SHEIKH'S SURGERY BENTLEY HEALTH CENTRE ASKERN ROAD BENTLEY DONCASTER DN5 0JX	
Petersgate Medical Centre	PETERSGATE MEDICAL CENTRE 99 AMERSALL ROAD SCAWTHORPE DONCASTER DN5 9PQ	
The Nelson Practice	THE NELSON PRACTICE AMERSALL ROAD SCAWTHORPE DONCASTER DN5 9PQ	
The Lakeside Practice	THE LAKESIDE PRACTICE WHITE WINGS CENTRE SPA POOL ROAD ASKERN DONCASTER DN6 0HZ	
Princess Medical Centre	PRINCESS MEDICAL CENTRE PRINCESS STREET WOODLANDS DONCASTER DN6 7LX	

North West Locality		
Practice Name	Address	Practice Representative's Signature & Date Signed
The Askern Medical Practice	THE ASKERN MEDICAL PRACTICE WHITE WINGS CENTRE SPA POOL ROAD ASKERN DONCASTER DN6 0HZ	
Conisbrough Medical Practice	CONISBROUGH MEDICAL PRACTICE THE HEALTH CENTRE GARDENS LANE CONISBROUGH DONCASTER DN12 3JW	
Carcroft Doctors Group	THE HEALTH CENTRE CHESTNUT AVENUE CARCROFT DONCASTER DN6 8AG	

South West Locality		
Practice Name	Address	Practice Representative's Signature & Date Signed
The Conisbrough Group Practice	THE CONISBROUGH GROUP PRACTICE THE HEALTH CENTRE GARDENS LANE CONISBROUGH DONCASTER DN12 3JW	
Park View Surgery	PARK VIEW SURGERY NEWTON MEDICAL CENTRE NEWTON LANE SPROTBROUGH DONCASTER DN5 8DA	
Barnburgh Surgery	BARNBURGH SURGERY FOX LANE BARNBURGH DONCASTER DN5 7ET	
The New Surgery	THE NEW SURGERY ADWICK ROAD MEXBROUGH S64 0DB	
Mexborough Health Centre	MEXBOROUGH HEALTH CENTRE ADWICK ROAD MEXBROUGH S64 0BY	
Church View Surgery	CHURCH VIEW SURGERY DENABY SPRINGWELL CENTRE CHURCH ROAD DENABY MAIN DONCASTER DN12 4AB	
The Scott Practice	THE SCOTT PRACTICE GREENFIELD LANE BALBY DONCASTER DN4 0TG	
St. John's Group Practice	ST. JOHN'S GROUP PRACTICE GREENFIELD LANE BALBY DONCASTER DN4 0TH	
Dr. Zaidi & Partners	DR ZAIDI & PARTNERS THE MARTINWELLS CENTRE THOMPSON AVENUE EDLINGTON DONCASTER DN12 1JD	

The Nayar Practice	THE NAYAR PRACTICE THE MARTINWELLS CENTRE THOMPSON AVENUE EDLINGTON DONCASTER DN12 1JD	
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Central Locality		
Practice Name	Address	Practice Representative's Signature & Date Signed
The Mount Group Practice	THE MOUNT GROUP PRACTICE 54 THORNE ROAD DONCASTER DN1 2JP	
Regent Square Group Practice	REGENT SQUARE GROUP PRACTICE 8/9 REGENT SQUARE DONCASTER DN1 2DS	
The Burns Medical Practice	THE BURNS MEDICAL PRACTICE 4 ALBION PLACE BENNETTORPE DONCASTER DN1 2EG	
Kingthorne Group Practice	KINGTHORNE GROUP PRACTICE KINGTHORNE HOUSE 83A THORNE ROAD DONCASTER DN1 2EU	
St. Vincent Medical Centre	ST. VINCENT MEDICAL CENTRE 77 THORNE ROAD DONCASTER DN1 2ET	
Doncaster 8-8 Health Centre	DONCASTER 8-8 HEALTH CENTRE THE FLYING SCOTSMAN CENTRE ST SEPULCHRE GATE WEST DONCASTER DN1 3AP	
The Sandringham Practice	THE SANDRINGHAM PRACTICE THE SANDRINGHAM CENTRE SANDRINGHAM ROAD INTAKE DONCASTER DN2 5JH	
The Oakwood Surgery	THE OAKWOOD SURGERY MASHAM ROAD CANTLEY DONCASTER DN4 6BU	

North East Locality		
Practice Name	Address	Practice Representative's Signature & Date Signed
Field Road Surgery	THE SURGERY FIELD ROAD STAINFORTH DONCASTER DN7 5AF	
Chestnut House Surgery	CHESTNUT HOUSE SURGERY THE VERMUYDEN CENTRE FIELDSIDE THORNE DONCASTER DN8 4BQ	
Northfield Surgery	NORTHFIELD SURGERY THE VERMUYDEN CENTRE FIELDSIDE THORNE DONCASTER DN8 4BQ	
Hatfield Health Centre	THE HEATHFIELD CENTRE ASH HILL ROAD HATFIELD DONCASTER DN7 6JH	
Moorends Surgery	THE SURGERY THE ORCHARD CENTRE MARSHLAND ROAD MOORENDS DONCASTER DN8 4SB	
Dunsville Medical Centre	DUNSVILLE MEDICAL CENTRE 126/128 HIGH STREET DUNSVILLE DONCASTER DN7 4BY	

South East Locality		
Practice Name	Address	Practice Representative's Signature & Date Signed
The Mayflower Medical Practice	THE MAYFLOWER MEDICAL PRACTICE THE HEALTH CENTRE STATION ROAD BAWTRY DONCASTER DN10 6RQ	
The Rossington Practice	THE ROSSINGTON PRACTICE GRANGE LANE ROSSINGTON DONCASTER DN11 0PL	
Tickhill & Colliery Medical Practice	TICKHILL & COLLIERY MEDICAL PRACTICE 25 ST MARYS ROAD TICKHILL DONCASTER DN11 9NA	
The Phoenix Medical Practice	THE PHOENIX MEDICAL PRACTICE 1A CAVENDISH COURT SOUTH PARADE DONCASTER DN1 2DJ	
West End Clinic	WEST END CLINIC WEST END LANE ROSSINGTON DONCASTER DN11 0PQ	
The Medical Centre	THE MEDICAL CENTRE 2 FRANCES STREET DONCASTER DN1 2JS	
Auckley Surgery	AUCKLEY SURGERY 41 ELLERS LANE AUCKLEY DONCASTER DN9 3HY	
Whitehouse Farm Medical Centre	WHITEHOUSE FARM MEDICAL CENTRE CHURCH STREET ARMTHORPE DONCASTER DN3 3AH	
The Village Practice	THE VILLAGE PRACTICE MERE LANE ARMTHORPE DONCASTER DN3 2DB	

APPENDIX C – STANDING ORDERS

1. STATUTORY FRAMEWORK AND STATUS

1.1. Introduction

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

1.1.2. The standing orders, together with the Group's scheme of reservation and delegation⁵⁷ and the Group's prime financial policies⁵⁸, provide a procedural framework within which the Group discharges its business. They set out:

- a) the arrangements for conducting the business of the Group;
- b) the appointment of Member Practice Representatives;
- c) the procedure to be followed at meetings of the Group, the Governing Body and any Committees or Sub-Committees of the Group or the Governing Body;
- d) the process to delegate powers,
- e) the declaration of interests and standards of business conduct.

These arrangements must comply, and be consistent where applicable, with requirements set out in the 2006 Act (as amended by the 2012 Act) and related regulations and take account as appropriate⁵⁹ of any relevant guidance.

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

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

⁵⁷ See Appendix D

⁵⁸ See Appendix E

⁵⁹ Under some legislative provisions the group is obliged to have regard to particular guidance but under other circumstances guidance is issued as best practice guidance.

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

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

2.1. Composition of membership

- 2.1.1. Paragraph 3 of the Group's Constitution provides details of the membership of the Group (also see Appendix B).
- 2.1.2. Paragraph 6 of the Group's Constitution provides details of the governing structure used in the Group's decision-making processes, whilst paragraph 7 of the Constitution outlines certain key roles and responsibilities within the Group and its Governing Body, including the role of practice representatives (paragraph 7.1 of the Constitution).

2.2. Key Roles

- 2.2.1. Paragraph 6.6.2 of the Group's Constitution sets out the composition of the Group's Governing Body whilst paragraph 7 of the Group's Constitution identifies certain key roles and responsibilities within the Group and its Governing Body. These standing orders set out how the Group appoints individuals to these key roles.
- 2.2.2. Where an election process is noted in the Standing Orders, the following process shall apply:
- a) A Competency Assessment process shall be used prior to elections. Competencies shall be based on national guidance (*Clinical Commissioning Group Governing Body Members – Roles Attributes and Skills*, NHS Commissioning Board Authority, July 2012 and as updated) and categorised into the skills, knowledge and experience required for the role. Through written application against these competencies, competencies shall be assessed by a Panel comprising as a minimum a Human Resources representative, an external representative and a Clinical representative.
 - b) If there is only one nominee and the individual passes the Competency Assessment, they shall be automatically elected.
 - c) If there is more than one nominee, and only one nominee passes the Competency Assessment, the nominee who passes the Competency Assessment shall be automatically elected.

- d) If there is no nominee, then a second opportunity for self-nominations will be provided. If there is still no nominee for the Chair role then the Governing Body shall select a Chair from within the Governing Body membership. If there is still no nominee for the Locality Lead then a GP or Healthcare Professional from another Locality shall be nominated to fill the vacant Locality position. If more than one GP or Healthcare Professional from another Locality is nominated, this will trigger an election process as described in paragraph 2.2.2. and 2.2.4(c).
- e) If there is more than one nominee and more than one nominee passes the Competency Assessment, this shall trigger an Election.

2.2.3. The Chair, as listed in paragraph 7.5 of the Group's Constitution, is subject to the following appointment process:

- a) **Nominations** – Self-nomination via application documentation with the support of two GPs or Healthcare Professionals;
- b) **Eligibility** – GP or Healthcare Professional within a Group Member Practice who meets the core competencies described in the national publication *Clinical Commissioning Group Governing Body Members: Role outlines, attributes and skills* or any relevant national document as updated, and is not excluded from applying under relevant legislation such as the *Clinical Commissioning Group Regulations 2012* or as updated;
- c) **Appointment process** – a) Request for nominations from the Group's Governing Body, b) Completion of application documentation, c) Panel competency assessment of applications, d) any national competency assessment requirements, e) Election by a simple majority of votes cast with one vote per GP Partner or Salaried GP in each Member Practice and with the administration of the election process run by an independent partner of the Group such as the Local Medical Committee, f) Appointment;
- d) **Term of office** – 3 years;
- e) **Eligibility for reappointment** – An election will be triggered at the end of the 3 year period of appointment, or if there is a majority vote of no confidence. The previous elected Chair is eligible to re-stand for election providing that the election has not been triggered by a unanimous vote of no confidence. There is no limit to the number of terms that an individual may serve;
- f) **Grounds for removal from office** – a) Unanimous vote of no confidence by the Governing Body following liaison with Practice Representatives through Localities, b) Ceases to be a registered GP or Healthcare Professional in a Member Practice, c) Gross misconduct in line with the human resources policies of the organisation, d) End of period of appointment;
- g) **Notice period** – 3 months in writing.

2.2.4. The Locality Leads representing Member Practices, as listed in paragraph 7.2 of the Group's Constitution, are subject to the following appointment process:

- a) **Nominations** – Self-nomination via application form;
- b) **Eligibility** – GP or Healthcare Professional within a Group Member Practice in a relevant Locality who meets the core competencies described in the national publication *Clinical Commissioning Group Governing Body Members: Role outlines, attributes and skills* or any relevant national document as updated. The Locality Lead may not also be nominated as their own Practice's Representative;
- c) **Appointment process** – a) Request for nominations from the Group's Governing Body, b) Completion of application documentation, c) Competency assessment of applications, d) Election by a simple majority of votes cast with one vote per GP Partner or Salaried GP in each Member Practice within the Locality and with the administration of the election process run by an independent partner of the Group such as the Local Medical Committee, e) Appointment;
- d) **Term of office** – 2.5 years; Where a Locality Lead has an extended period of maternity leave, sickness absence or equivalent during their term of office, the Locality will be asked to nominate a representative to cover the Locality Lead position during the identified period. The representative should already be a Practice Representative or have previous experience of commissioning and should meet the essential criteria for the role. Any nomination of an individual should be managed by the Locality in accordance with the Nolan Principles.
- e) **Eligibility for reappointment** – An election will be triggered at the end of the 2.5 year period of appointment, or if there is a majority vote of no confidence. The previous elected Locality Lead is eligible to re-stand for election providing that the election has not been triggered by a unanimous Locality vote of no confidence. There is no limit to the number of terms that an individual may serve;
- f) **Grounds for removal from office** – a) Vote of no confidence by the Locality, b) Ceases to be a registered GP or Healthcare Professional in the Locality, c) Gross misconduct in line with the human resources policy of the organisation, d) Attendance at less than 75% of Governing Body meetings in any calendar year without prior acceptance of apologies by the Chair, e) End of period of appointment;
- g) **Notice period** – 3 months in writing.

2.2.5. The Lay Members, as listed in paragraph 6.6.2 of the Group's Constitution, are subject to the following appointment process:

- a) **Nominations** – Self-nomination via application documentation;

- b) **Eligibility** – An individual who meets the core competencies described in the national publication *Clinical Commissioning Group Governing Body Members: Role outlines, attributes and skills* or any relevant national document as updated, and is not excluded from applying under relevant legislation such as the *Clinical Commissioning Group Regulations 2012* or as updated;
- c) **Appointment process** – a) Request for nominations from the Group’s Governing Body, b) Completion of application documentation, c) Panel competency assessment of applications, d) Interview and selection by a Panel of the Group against required competencies, e) Appointment;
- d) **Term of office** – 3 years;
- e) **Eligibility for reappointment** – The individual is eligible for reappointment at the end of the term of office providing conditions a) and c) of the grounds for removal from office in paragraph 2.2.5 f) below have been met and the individual is not excluded from re-appointment under the *Clinical Commissioning Group Regulations 2012* or as updated. There is no limit to the number of terms that an individual may serve;
- f) **Grounds for removal from office** – a) Gross misconduct in line with the human resources policies of the organisation, b) End of period of appointment, c) Attendance at less than 75% of Governing Body meetings in any calendar year without prior acceptance of apologies by the Chair;
- g) **Notice period** – 3 months in writing.

2.2.6. The Registered Nurse, as listed in paragraph 6.6.2 of the Group’s Constitution, is subject to the following appointment process:

- a) **Nominations** – Self-nomination via application documentation;
- b) **Eligibility** – An individual who meets the core competencies described in the national publication *Clinical Commissioning Group Governing Body Members: Role outlines, attributes and skills* or any relevant national document as updated, and is not excluded from applying under relevant legislation such as the *Clinical Commissioning Group Regulations 2012* or as updated;
- c) **Appointment process** – a) Request for nominations from the Group’s Governing Body, b) Completion of application documentation, c) Panel competency assessment of applications, d) Interview and selection by a Panel of the Group against required competencies, e) Appointment;
- d) **Term of office** – 3 years;
- e) **Eligibility for reappointment** – The individual is eligible for reappointment at the end of the term of office providing conditions a), c) or d) of the grounds

for removal from office in paragraph 2.2.6 f) below have been met. There is no limit to the number of terms that an individual may serve;

- f) **Grounds for removal from office** – a) Gross misconduct in line with the human resources policies of the organisation, b) End of period of appointment, c) Attendance at less than 75% of Governing Body meetings in any calendar year without prior acceptance of apologies by the Chair, d) Termination of registration with a professional body;
- g) **Notice period** – 3 months in writing.

2.2.7. The Secondary Care Specialist Doctor, as listed in paragraph 6.6.2 of the Group's Constitution, is subject to the following appointment process:

- a) **Nominations** – Self-nomination via application documentation;
- b) **Eligibility** – An individual who meets the core competencies described in the national publication *Clinical Commissioning Group Governing Body Members: Role outlines, attributes and skills* or any relevant national document as updated, and is not excluded from applying under relevant legislation such as the *Clinical Commissioning Group Regulations 2012* or as updated;
- c) **Appointment process** – a) Request for nominations from the Group's Governing Body, b) Completion of application documentation, c) Panel competency assessment of applications, d) Interview and selection by a Panel of the Group against required competencies, e) Appointment;
- d) **Term of office** – 3 years;
- e) **Eligibility for reappointment** – The individual is eligible for reappointment at the end of the term of office providing conditions a), c) and d) of the grounds for removal from office in paragraph 2.2.7 f) below have been met. There is no limit to the number of terms that an individual may serve;
- f) **Grounds for removal from office** – a) Gross misconduct in line with the human resources policies of the organisation, b) End of period of attendance, c) Attendance at less than 75% of Governing Body meetings in any calendar year without prior acceptance of apologies by the Chair, d) termination of registration with a professional body;
- g) **Notice period** – 3 months in writing.

2.2.8. The Accountable Officer, as listed in paragraph 7.7 of the Group's Constitution, is subject to the following appointment process:

- a) **Nominations** – Self-nomination via application documentation;
- b) **Eligibility** – An individual who meets the core competencies described in the national publication *Clinical Commissioning Group Governing Body*

Members: Role outlines, attributes and skills or any relevant national document as updated, and is not excluded from applying under relevant legislation such as the *Clinical Commissioning Group Regulations 2012* or as updated;

- c) **Appointment process** – a) Request for nominations from the Group’s Governing Body, b) Completion of application documentation, c) Panel competency assessment of applications, d) Interview and selection by a Panel of the Group against required competencies, e) Ratification of appointment by the NHS Commissioning Board, f) Appointment;
- d) **Term of office** – Substantive appointment;
- e) **Eligibility for reappointment** – Not applicable;
- f) **Grounds for removal from office** – Gross misconduct or performance issues in line with the human resources policies of the organisation;
- g) **Notice period** – As per contract.

2.2.9. The Chief Finance Officer, as listed in paragraph 7.8 of the Group’s Constitution, is subject to the following appointment process:

- a) **Nominations** – Self-nomination via application documentation;
- b) **Eligibility** – An individual who meets the core competencies described in the national publication *Clinical Commissioning Group Governing Body Members: Role outlines, attributes and skills* or any relevant national document as updated, and is not excluded from applying under relevant legislation such as the *Clinical Commissioning Group Regulations 2012* or as updated;
- c) **Appointment process** – a) Request for nominations from the Group’s Governing Body, b) Completion of application documentation, c) Panel competency assessment of applications, d) Interview and selection by a Panel of the Group against required competencies, e) Appointment;
- d) **Term of office** – Substantive appointment;
- e) **Eligibility for reappointment** – Not applicable;
- f) **Grounds for removal from office** – Gross misconduct or performance issues in line with the human resources policies of the organisation;
- g) **Notice period** – As per contract.

2.2.10. The roles and responsibilities of each of these key roles are set out either in paragraph 6.6.2 or Chapter 7 of the Group’s Constitution.

2.3. **Vote of no confidence**

- 2.3.1. A vote of no confidence can be raised in either the Chair or a Locality Lead. The process to be followed is:
- a) All Locality Member Practices shall be consulted through their Practice Representatives and the Locality Leads shall represent the majority views of the Locality Member Practices based on a simple majority (over 50%).
 - b) A vote shall take place at the Governing Body for the Chair, and at the Locality meeting for the Locality Lead.
 - c) Where the votes of confidence are in a simple majority (over 50%), then the Chair or Locality Lead shall continue in their post.
 - d) Where the votes of no confidence are in a simple majority (over 50%), then an election shall be called.
 - e) Where a vote is unanimous as a vote of no confidence, the Chair or Locality Lead shall leave their post in accordance with the requirements of their contract and an election shall be called. The Deputy Chair shall automatically become the Chair for the interim period where there is not a Chair of the Governing Body.

3. MEETINGS OF THE GROUP

3.1. Calling meetings

- 3.1.1. Ordinary Governing Body meetings of the Group shall be held at regular intervals at such times and places as the Group may determine.
- 3.1.2. Extra-ordinary Governing Body meetings can be called at the request of the Chair of the meeting, the Accountable Officer or the Chief Finance Officer.
- 3.1.3. A meeting of all nominated Practice Representatives will be called on an annual basis, representing the Group as a whole. Quorum shall be 66% of nominated Practice Representatives or their nominated Deputies. Decision-making shall be based on agreement by 75% or more of meeting attendees and votes by proxy. Additional meetings of all nominated Practice Representatives may be called at the Chair's discretion. In accordance with the Scheme of Reservation & Delegation this meeting is authorised to:
- a) delegate additional functions to the Governing Body;
 - b) approve changes to the Constitution and associated Standing Orders and Scheme of Reservation & Delegation;
 - c) approve the arrangements for identifying Practice Representatives to represent Practices in matters concerning the work of the Group and

appointing clinical leaders (Locality Leads) to represent the Group's Members on the Group's Governing Body;

- d) approve arrangements for identifying the Group's proposed Accountable Officer;
- e) agree the vision, values and overall strategic direction of the Group.

3.2. Agenda, supporting papers and business to be transacted

- 3.2.1. Items of business to be transacted for inclusion on the agenda of a meeting need to be notified to the Chair of the meeting at least 10 working days (i.e. excluding weekends and bank holidays) before the meeting takes place. Supporting papers for such items need to be submitted at least 6 working days before the meeting takes place. The agenda and supporting papers will be circulated to all members of a meeting at least 3 working days before the date the meeting will take place.
- 3.2.2. Agendas and certain papers for the Group's Governing Body – including details about meeting dates, times and venues - will be published on the Group's website at www.doncaster.nhs.uk and also available upon application to our Headquarters.

3.3. Petitions

- 3.3.1. Where a petition has been received by the Group, the Chair of the Governing Body shall include the petition as an item for the agenda of the next meeting of the Governing Body.

3.4. Chair of a meeting

- 3.4.1. At any meeting of the Group or its Governing Body or of a Committee or Sub-Committee, the Chair of the Group, Governing Body, Committee or Sub-Committee, if any and if present, shall preside. If the Chair is absent from the meeting, the Deputy Chair, if any and if present, shall preside.
- 3.4.2. If the Chair is absent temporarily on the grounds of a declared conflict of interest the Deputy Chair, if present, shall preside. If both the Chair and Deputy Chair are absent, or are disqualified from participating, or there is neither a Chair or Deputy a member of the Group, Governing Body, Committee or Sub-Committee respectively shall be chosen by the members present, or by a majority of them, and shall preside.

3.5. Chair's ruling

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

3.6. Quorum

- 3.6.1. The full membership of the Group's Governing Body is 17. Quorum is 9 members including at least 5 clinical members. A Deputy is permitted to attend for a member and be included in the quorum if they have formal acting-up status. If quorum is lost due to a member or members being disqualified from taking part in a vote or discussion due to a declared interest, the minimum quorum for decision-making is 5 members including the Accountable Officer or Chair/Deputy Chair and conflicts of interest will be managed in accordance with the Constitution and the policy of the organisation.
- 3.6.2. For all other of the Group's Committees and Sub-Committees, including the Governing Body's Committees and Sub-Committees, the details of the quorum for these meetings and status of representatives are set out in the appropriate terms of reference

3.7. Decision making

- 3.7.1. Paragraph 6 of the Group's Constitution, together with the scheme of reservation and delegation, sets out the governing structure for the exercise of the Group's statutory functions. Generally it is expected that at the Group's / Governing Body's meetings decisions will be reached by consensus. Should this not be possible then a vote of members will be required, the process for which is set out below:
- a) **Eligibility** – All Members of the Governing Body as listed in Section 6.6.2 of the Constitution;
 - b) **Majority necessary to confirm a decision** –a simple majority (over 50%) of voting members present at the meeting;
 - c) **Casting vote** – Chair of the meeting;
 - d) **Dissenting views** – Members taking a dissenting view but losing a vote may request to have their dissent recorded in the minutes.
- 3.7.2. Should a vote be taken, the outcome of the vote, and any dissenting views, must be recorded in the minutes of the meeting.
- 3.7.3. For all other of the Group's Committees and Sub-Committees, including the Governing Body's Committees and Sub-Committee, the details of the process for holding a vote are set out in the appropriate terms of reference.
- ### **3.8. Emergency powers and urgent decisions**
- 3.8.1. Emergency meetings can be called at the request of the Chair of the meeting, the Accountable Officer or the Chief Finance Officer.
- 3.8.2. The need for an urgent decision exceeding individuals' delegated authority can be agreed by the Accountable Officer or their nominated Deputy and the Chair or

Deputy Chair. Such decisions must be reported to the next meeting and recorded in the minutes of the meeting.

3.9. Suspension of Standing Orders

- 3.9.1. Except where it would contravene any statutory provision or any direction made by the Secretary of State for Health or the NHS Commissioning Board, any part of these standing orders may be suspended at any meeting, provided a simple majority (over 50%) Group members are in agreement.
- 3.9.2. A decision to suspend standing orders together with the reasons for doing so shall be recorded in the minutes of the meeting.
- 3.9.3. A separate record of matters discussed during the suspension shall be kept. These records shall be made available to the Governing Body's Audit Committee for review of the reasonableness of the decision to suspend standing orders.

3.10. Record of Attendance

- 3.10.1. The names of all members of the meeting present at the meeting shall be recorded in the minutes of the Group's meetings. The names of all members of the Governing Body present shall be recorded in the minutes of the Governing Body meetings. The names of all members of the Governing Body's Committees / Sub-Committees present shall be recorded in the minutes of the respective Governing Body Committee / Sub-Committee meetings.

3.11. Minutes

- 3.11.1. The minutes of the proceedings of a meeting shall be drawn up and submitted for agreement at the next ensuing meeting and they shall be signed by the person presiding at it.
- 3.11.2. No discussion shall take place upon the minutes except upon their accuracy or where the Chair considers discussion appropriate.
- 3.11.3. Minutes shall be circulated in accordance with members' wishes. Where providing a record of a public meeting the minutes shall be made available to the public.

3.12. Admission of public and the press

- 3.12.1. Meetings of the Governing Body shall normally be open to the public.
- 3.12.2. The Chair may, by resolution, exclude the public from a meeting that is open to the public (whether during the whole or part of the proceedings) wherever 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.

- 3.12.3. In the event the public could be excluded from a meeting pursuant to Standing Order 3.12.2 above, the Chair shall consider whether the subject matter of the meeting would in any event be subject to disclosure under the Freedom of Information Act 2000, and if so, whether the public should be excluded in such circumstances.
- 3.12.4. The Chair (or Deputy-Chair if one has been appointed) or the person presiding over the meeting shall give such directions as he/she thinks fit with regard to the arrangements for meetings and accommodation of the public and representatives of the press such as to ensure that the business or the meeting shall be conducted without interruption and disruption.
- 3.12.5. Without prejudice to the power to exclude the public pursuant to Standing Order 3.12.2 above, the Chair may resolve (as permitted by Section 1(8) Public Bodies (Admissions to Meetings) Act 1960 as amended from time to time) to exclude the public from a meeting (whether during whole or part of the proceedings) to suppress or prevent disorderly conduct or behaviour.
- 3.12.6. Matters to be dealt with following the exclusion of representatives of the press, and other members of the public, as provided in Standing Order 3.12.2, shall be confidential to the members of the meeting. Members officers or any employee of the Group in attendance shall not reveal or disclose the contents of papers marked 'In Confidence' or minutes headed 'Items Taken in Private' outside of the Group without the express permission of the Chair. This prohibition shall apply equally to the content of any discussion during the meeting which may take place on such reports or papers.
- 3.12.7. Nothing in these Standing Orders shall be construed as permitting the introduction by the public, or press representatives, of recording, transmitting, video or similar apparatus into meetings of the Group or any Committee or Sub-Committee thereof. Such permission shall be granted only upon resolution of the Chair.
- 3.12.8. The Chair will 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 meetings and may change, alter or vary these terms and conditions as he/she deems fit.

4. APPOINTMENT OF COMMITTEES AND SUB-COMMITTEES

4.1. Appointment of Committees and Sub-Committees

- 4.1.1. The Group may appoint Committees and Sub-Committees of the Group, subject to any regulations made by the Secretary of State⁶⁰, and make provision for the appointment of Committees and Sub-Committees of its Governing Body. Where such Committees and Sub-Committees of the Group, or Committees and Sub-

⁶⁰ See section 14N of the 2006 Act, inserted by section 25 of the 2012 Act

Committees of its Governing Body, are appointed they are included in paragraph 6 of the Group's Constitution.

- 4.1.2. Other than where there are statutory requirements, such as in relation to the Governing Body's Audit Committee or Remuneration Committee, the Group shall determine the membership and terms of reference of Committees and Sub-Committees and shall, if it requires, receive and consider reports of such Committees at the next appropriate meeting of the Group.
- 4.1.3. The provisions of these standing orders shall apply where relevant to the operation of the Governing Body, the Governing Body's Committees and Sub-Committee and all Committees and Sub-Committees unless stated otherwise in the Committee or Sub-Committee's terms of reference.

4.2. Terms of Reference

- 4.2.1. Terms of reference shall have effect as if incorporated into the Constitution and shall be added to this document as an appendix.

4.3. Delegation of Powers by Committees to Sub-Committees

- 4.3.1. Where Committees are authorised to establish Sub-Committees they may not delegate executive powers to the Sub-Committee unless expressly authorised by the Group.

4.4. Approval of Appointments to Committees and Sub-Committees

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

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

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

6. USE OF SEAL AND AUTHORISATION OF DOCUMENTS

- 6.1. **Group's seal**

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

- a) the Accountable Officer or their nominated Deputy;
- b) the Chair of the Governing Body or their nominated Deputy;
- c) the Chief Finance Officer or their nominated Deputy.

6.2. Execution of a document by signature

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

- a) the Accountable Officer or their nominated Deputy;
- b) the Chair of the Governing Body or their nominated Deputy;
- c) the Chief Finance Officer or their nominated Deputy.

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

7.1. Policy statements: general principles

7.1.1. The Group will from time to time agree and approve policy statements / procedures which will apply to all or specific groups of staff employed by the Group. The decisions to approve such policies and procedures will be recorded in an appropriate Group minute and will be deemed where appropriate to be an integral part of the Group's Standing Orders.

7.1.2. Members of the Governing Body who act honestly and in good faith will not have to meet out of their personal resources any personal civil liability which is incurred in the execution or purported execution of their Governing Body functions, save where they have acted recklessly.

APPENDIX D – SCHEME OF RESERVATION & DELEGATION

- 1. SCHEDULE OF MATTERS RESERVED TO THE CLINICAL COMMISSIONING GROUP AND SCHEME OF DELEGATION**
- 1.1. The arrangements made by the Group as set out in this scheme of reservation and delegation of decisions shall have effect as if incorporated in the Group's Constitution.
- 1.2. The Group remains accountable for all of its functions, including those that it has delegated.

Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Accountable Officer	Chief Finance Officer	Remuneration Committee
1. REGULATION AND CONTROL	1.1 Determine the arrangements by which the members of the Group approve those decisions that are reserved for the membership.	X				
1. REGULATION AND CONTROL	1.2 Consideration and approval of applications to the NHS Commissioning Board on any matter concerning changes to the Group's Constitution, including terms of reference for the Group's Governing Body, its Committees, membership of Committees, the overarching scheme of reservation and delegated powers, arrangements for taking urgent decisions, standing orders and prime financial policies.	X				
1. REGULATION AND CONTROL	1.3 Exercise or delegation of those functions of the Group which have not been retained as reserved by the Group, delegated to the Governing Body or other Committee or Sub-Committee or [specified] Member or employee.			X		

Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Accountable Officer	Chief Finance Officer	Remuneration Committee
1. REGULATION AND CONTROL	<p>1.4 Prepare the Group's overarching scheme of reservation and delegation, which sets out those decisions of the Group reserved to the membership and those delegated to the</p> <ul style="list-style-type: none"> • Group's Governing Body • Committees and Sub-Committees of the Group, or • its Members or employees <p>and sets out those decisions of the Governing Body reserved to the Governing Body and those delegated to the</p> <ul style="list-style-type: none"> • Governing Body's Committees and Sub-Committees, • members of the Governing Body, • an individual who is Member of the Group but not the Governing Body or a specified person <p>for inclusion in the Group's Constitution.</p>			X		
1. REGULATION AND CONTROL	1.5 Approval of the Group's overarching scheme of reservation and delegation.	X				
1. REGULATION AND CONTROL	1.6 Prepare and approve the Group's operational scheme of delegation, which sets out those key operational decisions delegated to individual employees of the Group.		X			
1. REGULATION AND CONTROL	1.7 Approval of the Group's operational scheme of delegation that underpins the Group's 'overarching scheme of reservation and delegation' as set out in its Constitution.		X			

Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Accountable Officer	Chief Finance Officer	Remuneration Committee
1. REGULATION AND CONTROL	1.8 Prepare detailed financial policies that underpin the Group's prime financial policies.				X	
1. REGULATION AND CONTROL	1.9 Approve detailed financial policies.		X			
1. REGULATION AND CONTROL	1.10 Approve arrangements for managing exceptional funding requests.		X			
1. REGULATION AND CONTROL	1.11 Set out who can execute a document by signature / use of the seal		X			
2. PRACTICE MEMBER REPRESENTATIVES AND MEMBERS OF THE GOVERNING BODY	2.1 Approve the arrangements for <ul style="list-style-type: none"> identifying Practice Representatives to represent Practices in matters concerning the work of the Group; and appointing clinical leaders (Locality Leads) to represent the Group's Members on the Group's Governing Body. 	X				
2. PRACTICE MEMBER REPRESENTATIVES AND MEMBERS OF THE GOVERNING BODY	2.2 Approve the appointment of Governing Body members, the process for recruiting and removing non-elected members to the Governing Body (subject to any regulatory requirements) and succession planning.		X			
2. PRACTICE MEMBER REPRESENTATIVES AND MEMBERS OF THE GOVERNING BODY	2.3 Approve arrangements for identifying the Group's proposed Accountable Officer.	X				
3. STRATEGY AND PLANNING	3.1 Agree the vision, values and overall strategic direction of the Group.	X				

Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Accountable Officer	Chief Finance Officer	Remuneration Committee
3. STRATEGY AND PLANNING	3.2 Approval of the Group's operating structure.		X			
3. STRATEGY AND PLANNING	3.3 Approval of the Group's commissioning plan.		X			
3. STRATEGY AND PLANNING	3.4 Approval of the Group's corporate budgets that meet the financial duties as set out in section 5.3 of the main body of the Constitution.		X			
3. STRATEGY AND PLANNING	3.5 Approval of variations to the approved budget where variation would have a significant impact on the overall approved levels of income and expenditure or the Group's ability to achieve its agreed strategic aims.		X			
4. ANNUAL REPORTS AND ACCOUNTS	4.1 Approval of the Group's annual report and annual accounts.		X			
4. ANNUAL REPORTS AND ACCOUNTS	4.2 Approval of the arrangements for discharging the Group's statutory financial duties.		X			
5. HUMAN RESOURCES	5.1 Approve the terms and conditions, remuneration and travelling or other allowances for Governing Body members, including pensions and gratuities.		X			
5. HUMAN RESOURCES	5.2 Approve terms and conditions of employment for all employees of the Group including, pensions, remuneration, fees and travelling or other allowances payable to employees and to other persons providing services to the Group.		X			
5. HUMAN RESOURCES	5.3 Approve any other terms and conditions of services for the Group's employees.		X			

Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Accountable Officer	Chief Finance Officer	Remuneration Committee
5. HUMAN RESOURCES	5.4 Determine the terms and conditions of employment for all employees of the Group.					X
5. HUMAN RESOURCES	5.5 Determine pensions, remuneration, fees and allowances payable to employees and to other persons providing services to the Group.					X
5. HUMAN RESOURCES	5.6 Recommend pensions, remuneration, fees and allowances payable to employees and to other persons providing services to the Group.					X
5. HUMAN RESOURCES	5.7 Approve disciplinary arrangements for employees, including the Accountable Officer (where he/she is an employee or member of the Group) and for other persons working on behalf of the Group.		X			
5. HUMAN RESOURCES	5.8 Review disciplinary arrangements where the Accountable Officer is an employee or member of another Clinical Commissioning Group.		X			
5. HUMAN RESOURCES	5.9 Approval of the arrangements for discharging the Group's statutory duties as an employer.		X			
5. HUMAN RESOURCES	5. 10 Approve human resources policies for employees and for other persons working on behalf of the Group		X			
6. QUALITY AND SAFETY	6.1 Approve arrangements, including supporting policies, to minimise clinical risk, maximise patient safety and to secure continuous improvement in quality and patient outcomes.		X			

Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Accountable Officer	Chief Finance Officer	Remuneration Committee
6. QUALITY AND SAFETY	6.2 Approve arrangements for supporting the NHS Commissioning Board in discharging its responsibilities in relation to securing continuous improvement in the quality of general medical services.		X			
7. OPERATIONAL AND RISK MANAGEMENT	7.1 Approve the Group's counter fraud and security management arrangements.		X			
7. OPERATIONAL AND RISK MANAGEMENT	7.2 Approval of the Group's risk management arrangements.		X			
7. OPERATIONAL AND RISK MANAGEMENT	7.3 Approve arrangements for risk sharing and or risk pooling with other organisations (for example arrangements for pooled funds with other clinical commissioning groups or pooled budget arrangements under section 75 of the NHS Act 2006).		X			
7. OPERATIONAL AND RISK MANAGEMENT	7.4 Approval of a comprehensive system of internal control, including budgetary control, that underpin the effective, efficient and economic operation of the Group.		X			
7. OPERATIONAL AND RISK MANAGEMENT	7.5 Approve proposals for action on litigation against or on behalf of the Group.		X			
7. OPERATIONAL AND RISK MANAGEMENT	7.6 Approve the Group's arrangements for business continuity and emergency planning.		X			
8. INFORMATION GOVERNANCE	8.1 Approve the Group's arrangements for handling complaints.		X			

Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Accountable Officer	Chief Finance Officer	Remuneration Committee
8. INFORMATION GOVERNANCE	8.2 Approval of the arrangements for ensuring appropriate and safekeeping and confidentiality of records and for the storage, management and transfer of information and data.		X			
9. TENDERING AND CONTRACTING	9.1 Approval of the Group's contracts for any commissioning support.		X			
9. TENDERING AND CONTRACTING	9.2 Approval of the Group's contracts for corporate support (for example finance provision).		X			
10. PARTNERSHIP WORKING	10.1 Approve decisions that individual members or employees of the Group participating in joint arrangements on behalf of the Group can make. Such delegated decisions must be disclosed in this scheme of reservation and delegation.			X		
10. PARTNERSHIP WORKING	10.2 Approve decisions delegated to joint committees established under section 75 of the 2006 Act.		X			
11. COMMISSIONING AND CONTRACTING FOR CLINICAL SERVICES	11.1 Approval of the arrangements for discharging the Group's statutory duties associated with its commissioning functions.		X			
11. COMMISSIONING AND CONTRACTING FOR CLINICAL SERVICES	11.2 Approve arrangements for co-ordinating the commissioning of services with other groups and or with the local authority(ies)		X			

Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Accountable Officer	Chief Finance Officer	Remuneration Committee
12. COMMUNICATIONS	12.1 Approving arrangements for handling Freedom of Information requests.		X			
12. COMMUNICATIONS	12.2 Determining arrangements for handling Freedom of Information requests.			X		

APPENDIX E – PRIME FINANCIAL POLICIES

1. INTRODUCTION

1.1. General

- 1.1.1. These prime financial policies and supporting detailed financial policies shall have effect as if incorporated into the Group's Constitution.
- 1.1.2. The prime financial policies are part of the Group's control environment for managing the organisation's financial affairs. They contribute to good corporate governance, internal control and managing risks. They enable sound administration, lessen the risk of irregularities and support commissioning and delivery of effective, efficient and economical services. They also help the Accountable Officer and Chief Finance Officer to effectively perform their responsibilities. They should be used in conjunction with the scheme of reservation and delegation found at Appendix D.
- 1.1.3. In support of these prime financial policies, the Group has prepared more detailed policies, approved by the Chief Finance Officer, known as *detailed financial policies*. The Group refers to these prime and detailed financial policies together as the Group's financial policies.
- 1.1.4. These prime financial policies identify the financial responsibilities which apply to everyone working for the Group and its constituent organisations. They do not provide detailed procedural advice and should be read in conjunction with the detailed financial policies. The Chief Finance Officer is responsible for approving all detailed financial policies.
- 1.1.5. A list of the Group's detailed financial policies will be published and maintained on the Group's website at www.doncaster.nhs.uk and is also available upon application to our Headquarters.
- 1.1.6. Should any difficulties arise regarding the interpretation or application of any of the prime financial policies then the advice of the Chief Finance Officer must be sought before acting. The user of these prime financial policies should also be familiar with and comply with the provisions of the Group's Constitution, standing orders and scheme of reservation and delegation.
- 1.1.7. Failure to comply with prime financial policies and standing orders can in certain circumstances be regarded as a disciplinary matter that could result in dismissal.

1.2. Overriding Prime Financial Policies

- 1.2.1. If for any reason these prime financial policies are not complied with, full details of the non-compliance and any justification for non-compliance and the circumstances around the non-compliance shall be reported to the next formal meeting of the Governing Body's Audit Committee for referring action or ratification. All of the Group's Members and employees have a duty to disclose

any non-compliance with these prime financial policies to the Chief Finance Officer as soon as possible.

1.3. Responsibilities and delegation

- 1.3.1. The roles and responsibilities of Group's Members, employees, members of the Governing Body, members of the Governing Body's Committees and Sub-Committees, members of the Group's Committee and Sub-Committee (if any) and persons working on behalf of the Group are set out in chapters 6 and 7 of this Constitution.
- 1.3.2. The financial decisions delegated by Members of the Group are set out in the Group's scheme of reservation and delegation (see Appendix D).

1.4. Contractors and their employees

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

1.5. Amendment of Prime Financial Policies

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

2. INTERNAL CONTROL

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

- 2.1. The Governing Body is required to establish an Audit Committee with terms of reference agreed by the Governing Body (see paragraph 6.6.4(a) of the Group's Constitution for further information).
- 2.2. The Accountable Officer has overall responsibility for the Group's systems of internal control.
- 2.3. The Chief Finance Officer will ensure that:

- a) financial policies are considered for review and update annually;
- b) a system is in place for proper checking and reporting of all breaches of financial policies; and
- c) a proper procedure is in place for regular checking of the adequacy and effectiveness of the control environment.

3. AUDIT

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

- 3.1. In line with the terms of reference for the Governing Body’s Audit Committee, the person appointed by the Group to be responsible for internal audit and the Audit Commission appointed external auditor will have direct and unrestricted access to Audit Committee members and the Chair of the Governing Body, Accountable Officer and Chief Finance Officer for any significant issues arising from audit work that management cannot resolve, and for all cases of fraud or serious irregularity.
- 3.2. The person appointed by the Group to be responsible for internal audit and the external auditor will have access to the Audit Committee and the Accountable Officer to review audit issues as appropriate. All Audit Committee members, the Chair of the Governing Body and the Accountable Officer will have direct and unrestricted access to the head of internal audit and external auditors.
- 3.3. The Chief Finance Officer will ensure that:
 - a) the Group has a professional and technically competent internal audit function; and
 - b) the Chief Finance Officer approves any changes to the provision or delivery of assurance services to the Group.

4. FRAUD AND CORRUPTION

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

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

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

5. EXPENDITURE CONTROL

5.1. The Group is required by statutory provisions⁶¹ to ensure that its expenditure does not exceed the aggregate of allotments from the NHS Commissioning Board and any other sums it has received and is legally allowed to spend.

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

5.3. The Chief Finance Officer will:

- a) provide reports in the form required by the NHS Commissioning Board;
- b) ensure money drawn from the NHS Commissioning Board is required for approved expenditure only is drawn down only at the time of need and follows best practice;
- c) be responsible for ensuring that an adequate system of monitoring financial performance is in place to enable the Group to fulfil its statutory responsibility not to exceed its expenditure limits, as set by direction of the NHS Commissioning Board.

6. ALLOTMENTS⁶²

6.1. The Group's Chief Finance Officer will:

- a) periodically review the basis and assumptions used by the NHS Commissioning Board for distributing allotments and ensure that these are reasonable and realistic and secure the Group's entitlement to funds;
- b) prior to the start of each financial year submit to the Governing Body for approval a report showing the total allocations received and their proposed distribution including any sums to be held in reserve; and
- c) regularly update the Governing Body on significant changes to the initial allocation and the uses of such funds.

⁶¹ See section 223H of the 2006 Act, inserted by section 27 of the 2012 Act

⁶² See section 223(G) of the 2006 Act, inserted by section 27 of the 2012 Act.

7. COMMISSIONING STRATEGY, BUDGETS, BUDGETARY CONTROL AND MONITORING

POLICY – the Group will produce and publish an annual commissioning plan⁶³ that explains how it proposes to discharge its financial duties. The Group will support this with comprehensive medium term financial plans and annual budgets

- 7.1. The Accountable Officer will compile and submit to the Governing Body a commissioning strategy which takes into account financial targets and forecast limits of available resources.
- 7.2. Prior to the start of the financial year the Chief Finance Officer will, on behalf of the Accountable Officer, prepare and submit budgets for approval by the Governing Body.
- 7.3. The Chief Financial Officer shall monitor financial performance against budget and plan, periodically review them, and report to the Governing Body. This report should include explanations for variances. These variances must be based on any significant departures from agreed financial plans or budgets.
- 7.4. The Accountable Officer is responsible for ensuring that information relating to the Group's accounts or to its income or expenditure, or its use of resources is provided to the NHS Commissioning Board as requested.
- 7.5. The Governing Body will approve consultation arrangements for the Group's commissioning plan⁶⁴.

8. ANNUAL ACCOUNTS AND REPORTS

POLICY – the Group will produce and submit to the NHS Commissioning Board accounts and reports in accordance with all statutory obligations⁶⁵, relevant accounting standards and accounting best practice in the form and content and at the time required by the NHS Commissioning Board

- 8.1. The Chief Finance Officer will ensure the Group:
 - a) prepares a timetable for producing the annual report and accounts and agrees it with external auditors and the Governing Body's Audit Committee;
 - b) prepares the accounts according to the timetable approved by the Governing Body's Audit Committee;

⁶³ See section 14Z11 of the 2006 Act, inserted by section 26 of the 2012 Act.

⁶⁴ See section 14Z13 of the 2006 Act, inserted by section 26 of the 2012 Act

⁶⁵ See paragraph 17 of Schedule 1A of the 2006 Act, as inserted by Schedule 2 of the 2012 Act.

- c) complies with statutory requirements and relevant directions for the publication of annual report;
- d) considers the external auditor's management letter and fully address all issues within agreed timescales; and
- e) publishes the external auditor's management letter on the Group's website at www.doncaster.nhs.uk and also available upon application to the Group's Headquarters.

9. INFORMATION TECHNOLOGY

POLICY – the Group will ensure the accuracy and security of the Group's computerised financial data

- 9.1. The Chief Finance Officer is responsible for the accuracy and security of the Group's computerised financial data and shall
- a) devise and implement any necessary procedures to ensure adequate (reasonable) protection of the Group's data, programs and computer hardware from accidental or intentional disclosure to unauthorised persons, deletion or modification, theft or damage, having due regard for the Data Protection Act 1998;
 - b) ensure that adequate (reasonable) controls exist over data entry, processing, storage, transmission and output to ensure security, privacy, accuracy, completeness, and timeliness of the data, as well as the efficient and effective operation of the system;
 - c) ensure that adequate controls exist such that the computer operation is separated from development, maintenance and amendment;
 - d) ensure that an adequate management (audit) trail exists through the computerised system and that such computer audit reviews as the Chief Finance Officer may consider necessary are being carried out.
- 9.2. In addition the Chief Finance Officer shall ensure that new financial systems and amendments to current financial systems are developed in a controlled manner and thoroughly tested prior to implementation. Where this is undertaken by another organisation, assurances of adequacy must be obtained from them prior to implementation.

10. ACCOUNTING SYSTEMS

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

- 10.1. The Chief Finance Officer will ensure:
- a) the Group has suitable financial and other software to enable it to comply with these policies and any consolidation requirements of the NHS Commissioning Board;
 - b) that contracts for computer services for financial applications with another health organisation or any other agency shall clearly define the responsibility of all parties for the security, privacy, accuracy, completeness, and timeliness of data during processing, transmission and storage. The contract should also ensure rights of access for audit purposes.
- 10.2. Where another health organisation or any other agency provides a computer service for financial applications, the Chief Finance Officer shall periodically seek assurances that adequate controls are in operation.

11. BANK ACCOUNTS

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

- 11.1. The Chief Finance Officer will:
- a) review the banking arrangements of the Group at regular intervals to ensure they are in accordance with Secretary of State directions⁶⁶, best practice and represent best value for money;
 - b) manage the Group's banking arrangements and advise the Group on the provision of banking services and operation of accounts;
 - c) prepare detailed instructions on the operation of bank accounts.
- 11.2. The Governing Body's Audit Committee shall approve the banking arrangements.

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

POLICY – the Group will

- operate a sound system for prompt recording, invoicing and collection of all monies due
- seek to maximise its potential to raise additional income only to the extent that it does not interfere with the performance of the Group or its functions⁶⁷

⁶⁶ See section 223H(3) of the NHS Act 2006, inserted by section 27 of the 2012 Act

⁶⁷ See section 14Z5 of the 2006 Act, inserted by section 26 of the 2012 Act.

- ensure its power to make grants and loans is used to discharge its functions effectively⁶⁸

12.1. The Chief Financial Officer is responsible for:

- a) designing, maintaining and ensuring compliance with systems for the proper recording, invoicing, and collection and coding of all monies due;
- b) establishing and maintaining systems and procedures for the secure handling of cash and other negotiable instruments;
- c) approving and regularly reviewing the level of all fees and charges other than those determined by the NHS Commissioning Board or by statute. Independent professional advice on matters of valuation shall be taken as necessary;
- d) for developing effective arrangements for making grants or loans.

13. **TENDERING AND CONTRACTING PROCEDURE**

POLICY – the Group:

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

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

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

- a) the Group's standing orders;

⁶⁸ See section 14Z6 of the 2006 Act, inserted by section 26 of the 2012 Act.

- b) the Public Contracts Regulation 2006, any successor legislation and any other applicable law; and
- c) take into account as appropriate any applicable NHS Commissioning Board or the Independent Regulator of NHS Foundation Trusts (Monitor) guidance that does not conflict with (b) above.

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

14. COMMISSIONING

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

- 14.1. The Group will coordinate its work with the NHS Commissioning Board, other clinical commissioning groups, local providers of services, Local Authority(ies), including through Health & Wellbeing Boards, patients and their carers and the voluntary sector and others as appropriate to develop robust commissioning plans.
- 14.2. The Accountable Officer will establish arrangements to ensure that regular reports are provided to the Governing Body detailing actual and forecast expenditure and activity for each contract.
- 14.3. The Chief Finance Officer will maintain a system of financial monitoring to ensure the effective accounting of expenditure under contracts. This should provide a suitable audit trail for all payments made under the contracts whilst maintaining patient confidentiality.

15. RISK MANAGEMENT AND INSURANCE

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

- 15.1. The Group will set out in its Risk Management Strategy the arrangements that it will make to effectively evaluate and manage risk. This will include the development of an Assurance Framework by the Governing Body and regular review and updating of this document.
- 15.2. A Risk Management Policy will be available to all staff which outlines the roles and responsibilities of all members of the organisation.

15.3. The management of insurance claims will be set out in the Policy for Claims.

16. PAYROLL

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

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

- a) is supported by appropriate (i.e. contracted) terms and conditions;
- b) has adequate internal controls and audit review processes;
- c) has suitable arrangements for the collection of payroll deductions and payment of these to appropriate bodies.

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

17. NON-PAY EXPENDITURE

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

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

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

17.3. The Chief Finance Officer will:

- a) advise the Governing Body on the setting of thresholds above which quotations (competitive or otherwise) or formal tenders must be obtained; and, once approved, the thresholds should be incorporated in the scheme of reservation and delegation;
- b) be responsible for the prompt payment of all properly authorised accounts and claims;
- c) be responsible for designing and maintaining a system of verification, recording and payment of all amounts payable.

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

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

18.1. The Accountable Officer will

- a) ensure that there is an adequate appraisal and approval process in place for determining capital expenditure priorities and the effect of each proposal upon plans;
- b) be responsible for the management of all stages of capital schemes and for ensuring that schemes are delivered on time and to cost;
- c) shall ensure that the capital investment is not undertaken without confirmation of purchaser(s) support and the availability of resources to finance all revenue consequences, including capital charges;
- d) be responsible for the maintenance of registers of assets, taking account of the advice of the Chief Finance Officer concerning the form of any register and the method of updating, and arranging for a physical check of assets against the asset register to be conducted once a year.

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

19. RETENTION OF RECORDS

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

19.1. The Accountable Officer shall:

- a) be responsible for maintaining all records required to be retained in accordance with NHS Code of Practice Records Management 2006 and other relevant notified guidance;
- b) ensure that arrangements are in place for effective responses to Freedom of Information requests;
- c) publish and maintain a Freedom of Information Publication Scheme.

20. TRUST FUNDS AND TRUSTEES

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

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

APPENDIX F - NOLAN PRINCIPLES

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

- a) **Selflessness** – Holders of public office should act solely in terms of the public interest. They should not do so in order to gain financial or other benefits for themselves, their family or their friends.
- b) **Integrity** – Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might seek to influence them in the performance of their official duties.
- c) **Objectivity** – In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.
- d) **Accountability** – Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.
- e) **Openness** – Holders of public office should be as open as possible about all the decisions and actions they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.
- f) **Honesty** – Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.
- g) **Leadership** – Holders of public office should promote and support these principles by leadership and example.

Source: *The First Report of the Committee on Standards in Public Life* (1995)⁶⁹

⁶⁹ Available at <http://www.public-standards.gov.uk/>

APPENDIX G – NHS CONSTITUTION

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

1. **The NHS provides a comprehensive service, available to all** - irrespective of gender, race, disability, age, sexual orientation, religion or belief. It has a duty to each and every individual that it serves and must respect their human rights. At the same time, it has a wider social duty to promote equality through the services it provides and to pay particular attention to groups or sections of society where improvements in health and life expectancy are not keeping pace with the rest of the population.
2. **Access to NHS services is based on clinical need, not an individual's ability to pay** - NHS services are free of charge, except in limited circumstances sanctioned by Parliament.
3. **The NHS aspires to the highest standards of excellence and professionalism** - in the provision of high-quality care that is safe, effective and focused on patient experience; in the planning and delivery of the clinical and other services it provides; in the people it employs and the education, training and development they receive; in the leadership and management of its organisations; and through its commitment to innovation and to the promotion and conduct of research to improve the current and future health and care of the population.
4. **NHS services must reflect the needs and preferences of patients, their families and their carers** - patients, with their families and carers, where appropriate, will be involved in and consulted on all decisions about their care and treatment.
5. **The NHS works across organisational boundaries and in partnership with other organisations in the interest of patients, local communities and the wider population** - the NHS is an integrated system of organisations and services bound together by the principles and values now reflected in the Constitution. The NHS is committed to working jointly with local authorities and a wide range of other private, public and third sector organisations at national and local level to provide and deliver improvements in health and well-being.
6. **The NHS is committed to providing best value for taxpayers' money and the most cost-effective, fair and sustainable use of finite resources** - public funds for healthcare will be devoted solely to the benefit of the people that the NHS serves.
7. **The NHS is accountable to the public, communities and patients that it serves** - the NHS is a national service funded through national taxation, and it is the Government which sets the framework for the NHS and which is accountable to Parliament for its operation. However, most decisions in the NHS, especially those about the treatment of individuals and the detailed organisation of services, are rightly taken by the local NHS and by patients with their clinicians. The system of responsibility and accountability for taking decisions in the NHS should be transparent and clear to the public, patients and staff. The Government will ensure that there is always a clear and up-to-date statement of NHS accountability for this purpose.

Source: *The NHS Constitution: The NHS belongs to us all* (March 2012)⁷⁰

⁷⁰

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_132961

APPENDIX H – TERMS OF REFERENCE

The following Terms of Reference are appended:

- Audit Committee
- Remuneration Committee
- Quality & Safety Committee
- Engagement & Experience Committee
- Delivery & Performance Committee

Audit Committee Terms of Reference

1. Introduction

The Audit Committee (the Committee) is established in accordance with NHS Doncaster Clinical Commissioning Group's Constitution, Standing Orders, Scheme of Delegation and Prime Financial Policies. These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the Committee and shall have effect as if incorporated into the Constitution.

2. Membership

The Committee shall be appointed by the NHS Doncaster Clinical Commissioning Group from amongst those members of the Governing Body who are, or are deemed to be, independent. The Chair of the Group shall not be a member of the Committee.

- Lay Member – Governance (Chair)
- Lay Member – Patient & Public Engagement
- Locality Lead x2
- Governing Body Secondary Care Doctor

3. Attendance

The Committee shall include the following attendees:

- Chief Finance Officer
- External Audit representative
- Internal Audit representative
- NHS Protect (Counter Fraud & Security Management) representative.
- Chief of Corporate Services / Group Secretary

At least once a year the Committee shall meet privately with the External and Internal Auditors.

The Accountable Officer (Chief Officer) has an open invitation to attend meetings, but at least once a year the Accountable Officer will be invited to attend and discuss with the Committee the process for assurance that supports the Annual Governance Statement (or its equivalent) and when the Committee considers the draft Internal Audit Plan and the Annual Accounts.

Any other Senior Manager may be invited to attend, particularly when the Committee is discussing areas of risk or operation that are the responsibility of that Senior Manager.

The Chair of the Governing Body will also be invited to attend one meeting each year in order to form a view on, and understanding of, the Committee's operations.

4. Secretary

The Group Secretary shall attend to provide appropriate advice to the Chair and Committee members and shall make arrangements for the Committee to have an administrator who will, inter alia, arrange meetings, collate and distribute papers, take minutes and keep a record of issues to be carried forward.

The Group Secretary will be responsible for supporting the Chair in the management of the Committee's business and for drawing the Committee's attention to best practice, national guidance and other relevant documents, as appropriate.

5. Quorum

The Committee shall consist of not less than five members. A quorum shall be two members.

6. Frequency and notice of meetings

The Committee will meet formally at least five times a year at times which are consistent with the audit and reporting cycle and which enable it to efficiently discharge its duties.

Extraordinary meetings may be called at the discretion of the Committee Chair. The External Auditors or Head of Internal Audit may request a meeting if they consider that one is necessary.

Items of business to be transacted for inclusion on the agenda of a meeting shall be notified to the Chair of the meeting at least 10 working days (i.e. excluding weekends and bank holidays) before the meeting takes place. Supporting papers for such items shall be submitted at least 6 working days before the meeting takes place. The agenda and supporting papers shall be circulated to all Committee members and attendees at least 3 working days before the date the meeting will take place.

7. Remit and responsibilities of the committee

The Governing Body has delegated the following functions, connected with the Governing Body's main functions, to the Audit Committee:

7.1. Integrated governance, risk management and internal control

The Committee shall review the establishment and maintenance of an effective system of integrated governance, risk management and internal control (both clinical and non clinical), across the whole of the Clinical Commissioning Group's activities that support the achievement of the Clinical Commissioning Group's objectives. The Committee's work will dovetail with that of the Quality & Safety Committee which the Clinical Commissioning Group has established to seek assurance that robust clinical quality is in place.

In particular, the committee will review the adequacy and effectiveness of:

- All risk and control related disclosure statements (in particular the Annual Governance Statement (or its equivalent)), together with any appropriate independent assurances, prior to endorsement by the Governing Body of the Clinical Commissioning Group.
- The underlying assurance processes that indicate the degree of achievement of Clinical Commissioning Group objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements.
- The policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements and related reporting and self-certification.
- The policies and procedures for all work related to fraud and corruption as set out in Secretary of State Directions and as required by the NHS Counter Fraud and Security Management Service (NHS Protect).

In carrying out this work the Committee will primarily utilise the work of Internal Audit, External Audit and other assurance functions, but will not be limited to these sources. It will also seek reports and assurances from Senior Managers as appropriate, concentrating on the overarching systems of integrated governance, risk management and internal control, together with indicators of their effectiveness. This will be evidenced through the Committee's use of an effective Assurance Framework to guide its work and that of the audit and assurance functions that report to it.

7.2. Internal Audit

The Committee shall ensure that there is an effective Internal Audit function that meets mandatory NHS Internal Audit Standards and provides appropriate independent assurance to the Audit Committee, Accountable Officer and Governing Body of the Clinical Commissioning Group. This will be achieved by:

- Consideration of the provision of the Internal Audit service, the cost of the audit and any questions of resignation and dismissal.
- 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 organisation, as identified in the Assurance Framework.
- Considering the major findings of Internal Audit work (and management's response) and ensuring co-ordination between the Internal and External Auditors to optimise audit resources.
- Ensuring that the Internal Audit function is adequately resourced and has appropriate standing within the Clinical Commissioning Group.
- An annual review of the effectiveness of Internal Audit.

7.3. External Audit

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

- Consideration of the performance of the External Auditors, as far as the rules governing the appointment permit.

- Discussion and agreement with the External Auditors, before the audit commences, on the nature and scope of the audit as set out in the annual plan, and ensuring co-ordination, as appropriate, with other External Auditors in the local health economy.
- Discussion with the External Auditors of their local evaluation of audit risks and assessment of the clinical commissioning group and associated impact on the audit fee.
- Review of all External Audit reports, including the report to those charged with governance, agreement of the Annual Audit Letter before submission to the Governing Body of the Clinical Commissioning Group and any work undertaken outside the Annual Audit plan, together with the appropriateness of management responses.

7.4. Other assurance functions

The Committee shall review the findings of other significant assurance functions, both internal and external to the organisation, and consider the implications for the governance of the Clinical Commissioning Group. These will include, but will not be limited to, any reviews by Department of Health, arms length bodies or regulators/inspectors (for example, the Care Quality Commission and NHS Litigation Authority) and professional bodies with responsibility for the performance of staff or functions (for example, Royal Colleges and accreditation bodies).

In addition, the Committee will review the work of other Committees within the organisation whose work can provide relevant assurance to the Audit Committee's own scope of work. In reviewing the work of the Quality and Safety Committee, the Audit Committee will wish to satisfy itself on issues around clinical risk management and the assurance gained from clinical audit.

Where a Member who has raised an issue the Governing Body under the Local Dispute Resolution process is not satisfied by the response, the matter will be delegated to the Audit Committee to advise on the appropriateness of the process followed and provide a report back to the Governing Body within 1 month.

The Committee shall review and approve corporate policies and procedures relevant to the functions of the Committee.

7.5. Counter Fraud

The Committee shall satisfy itself that the Clinical Commissioning Group has adequate arrangements in place for countering fraud and shall review the outcomes of counter fraud work. It shall also approve the counter fraud work programme.

7.6. Management

The Committee shall request and review reports and positive assurances from Senior Managers on the overall arrangements for governance, risk management and internal control.

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

7.7. Financial Reporting

The Committee shall monitor the integrity of the financial statements of the Clinical Commissioning Group and any formal announcements relating to the Clinical Commissioning Group's financial performance.

The Committee shall ensure that the systems for financial reporting to the Clinical Commissioning Group, including those of budgetary control, are subject to review as to completeness and accuracy of the information provided to the Clinical Commissioning Group.

The Committee shall review schedules of debtor and creditor balances over six months old and over £5,000 and consider explanations and action plans.

The Committee shall review the annual report and financial statements before submission to the Governing Body of the Clinical Commissioning Group, focusing particularly on:

- The wording in the Annual Governance Statement (or its equivalent) and other disclosures relevant to the terms of reference of the Committee;
- Changes in, and compliance with, accounting policies, practices and estimation techniques;
- Unadjusted mis-statements in the financial statements;
- Significant judgements in preparing of the financial statements;
- Significant adjustments resulting from the audit;
- Letter of Representation; and
- Qualitative aspects of financial reporting.

8. Relationship with the governing body

The minutes of the Committee meetings shall be formally recorded and submitted to the Governing Body. The Chair shall also provide a brief written report following each formal Committee meeting drawing to the attention of the Governing Body significant issues of concern that require disclosure and/or senior management action. The report will also contain examples of good practice or positive assurance which are evidenced by the Committee.

The Committee will report to the Governing Body annually on its work in support of the Annual Governance Statement (or its equivalent), specifically commenting on the fitness for purpose of the Assurance Framework, the completeness and "embeddedness" of risk management in the organisation and the integration of governance arrangements.

9. Policy and best practice

The Committee will apply best practice in its decision making processes and effectively declare and manage all conflicts of interest.

The Committee has full authority to commission any reports or surveys it deems necessary to help it fulfil its obligations.

The Committee may establish Sub-Committees to assist it in discharging responsibilities of the Committee as set out in its Terms of Reference.

10. Conduct of the Committee

The Committee will conduct its business in accordance with any national guidance and relevant codes of conduct / good governance practice including the Nolan Principles (Appendix A).

The Committee will annually review and assess its effectiveness and report its findings to the Governing Body. It will do this by;

- Reviewing its terms of reference;
- Reviewing the attendance rate of Committee members;
- Reviewing its work plan;
- Reviewing its performance.

Any resulting changes to the terms of reference or membership shall be submitted to the Governing Body for approval.

Date agreed: 18th October 2012
By: Governing Body
Version: 1.0

Nolan Principles

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

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

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

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

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

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

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

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

Source: *The First Report of the Committee on Standards in Public Life* (1995)⁷¹

⁷¹ Available at <http://www.public-standards.gov.uk/>

Remuneration Committee Terms of Reference

1. Introduction

The Remuneration Committee (the Committee) is established in accordance with NHS Doncaster Clinical Commissioning Group's Constitution, Standing Orders, Scheme of Delegation and Prime Financial Policies. These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the Committee and shall have effect as if incorporated into the Constitution.

2. Membership

The Committee shall be appointed by the Clinical Commissioning Group from amongst its governing body members.

- Lay Member – Governance (who shall be the Committee's Chair)
- Lay Member – Patient & Public Engagement
- Locality Lead x2
- Governing Body Secondary Care Doctor

3. Attendance

Other individuals may be invited to attend for all or part of any meeting as appropriate, however should not be in attendance for discussions about their own remuneration and terms of service. Attendees may include but are not restricted to:

- Accountable Officer
- Human Resources Advisor
- External Advisors

4. Secretary

The Group Secretary shall attend to provide appropriate advice to the Chair and Committee members and shall make arrangements for the Committee to have an administrator who will, inter alia, arrange meetings, collate and distribute papers, take minutes and keep a record of issues to be carried forward. The Group Secretary shall not, however, be a Member of the Group.

The Group Secretary will be responsible for supporting the Chair in the management of the Committee's business and for drawing the Committee's attention to best practice, national guidance and other relevant documents, as appropriate.

5. Quorum

The Committee shall consist of not less than five members. A quorum shall be two members. Where the Committee is making a decision or recommendation regarding the remuneration of Governing Body clinical members, the clinical members of the Committee shall declare a conflict of interest and withdraw from the meeting. Where the Committee is making a decision or recommendation regarding the remuneration of Governing Body Lay members, the Lay members of the Committee shall declare a conflict of interest and withdraw from the meeting.

6. Frequency and notice of meetings

The Committee will meet formally at least once a year at times which are consistent with the remuneration and terms of service cycle and which enable it to efficiently discharge its duties.

Extraordinary meetings may be called at the discretion of the Committee Chair.

Items of business to be transacted for inclusion on the agenda of a meeting shall be notified to the Chair of the meeting at least 10 working days (i.e. excluding weekends and bank holidays) before the meeting takes place. Supporting papers for such items shall be submitted at least 6 working days before the meeting takes place. The agenda and supporting papers shall be circulated to all Committee members and attendees at least 3 working days before the date the meeting will take place.

7. Remit and responsibilities of the committee

The Committee shall make recommendations to the Governing Body on determinations about pay and remuneration for employees of the Clinical Commissioning Group and people who provide services to the Clinical Commissioning Group and allowances under any pension scheme it might establish as an alternative to the NHS Pension Scheme.

The Governing Body has delegated the following functions, connected with the Governing Body's main functions, to the Remuneration Committee:

- 7.1. Advising the Governing Body on all aspects of salary (including performance related pay elements, bonuses and allowances), provision for other benefits including pensions and lease cars (where applicable) not covered by Agenda for Change.
- 7.2. Advising the Governing Body on arrangements for termination of employment (including compulsory and voluntary redundancy payments and mutually agreed severance payments) and other contractual terms and conditions.
- 7.3. Advising the Governing Body on the remuneration, allowances and terms of service of senior managers covered by the Very Senior Managers pay framework ensuring that the terms and conditions of service, remuneration and pay awards are in line with nationally agreed guidance.

- 7.4. Monitoring and evaluating the performance of individual Governing Body Members.
- 7.5. Advising and overseeing appropriate contractual arrangements for such staff including the proper calculation and scrutiny of termination payments taking into account such national guidance as appropriate.
- 7.6. Advising the Governing Body on the remuneration, allowances and terms of service for the Chairs and Members of the Group.
- 7.7. Reporting to the Governing Body that it has met and performed its function, within recognised national guidelines.
- 7.8. Establishing Sub-Committees to assist in discharging delegated responsibilities of the Committee as set out in its Terms of Reference.
- 7.9. Approving human resources policies and procedures within the functions of the Committee as set out in its Terms of Reference.
- 7.10. Determining the terms and conditions, remuneration and travelling or other allowances for Governing Body members, including pensions and gratuities.
- 7.11. Determining terms and conditions of employment for all employees of the Group including, pensions, remuneration, fees and travelling or other allowances payable to employees and to other persons providing services to the Group.
- 7.12. Determining pensions, remuneration, fees and allowances payable to employees and to other persons providing services to the Group.

8. Relationship with the governing body

The minutes of the Committee meetings shall be formally recorded and submitted to the Governing Body.

9. Policy and best practice

The Committee will apply best practice in its decision making processes and effectively declare and manage all conflicts of interest. When considering individual remuneration the Committee will:

- Comply with current disclosure requirements for remuneration;
- Where necessary seek independent advice about remuneration for individuals;
- Ensure that decisions are based on clear and transparent criteria.

The Committee has full authority to commission any reports or surveys it deems necessary to help it fulfil its obligations.

The Committee may establish Sub-Committees to assist it in discharging responsibilities of the Committee as set out in its Terms of Reference.

10. Conduct of the Committee

The Committee will conduct its business in accordance with any national guidance and relevant codes of conduct / good governance practice including the Nolan Principles (Appendix A).

The Committee will annually review its terms of reference and the attendance rate of Committee members. Any resulting changes to the terms of reference or membership shall be submitted to the Governing Body for approval.

Date agreed: 18th October 2012
By: Governing Body
Version: 1.0

Nolan Principles

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

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

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

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

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

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

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

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

Source: *The First Report of the Committee on Standards in Public Life* (1995)⁷²

⁷² Available at <http://www.public-standards.gov.uk/>

Quality & Safety Committee Terms of Reference

1. Introduction

The Quality & Safety Committee (the Committee) is established in accordance with NHS Doncaster Clinical Commissioning Group's Constitution. These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the Committee and shall have effect as if incorporated into the Constitution.

2. Membership

The members of the Committee shall comprise:

- Chief Nurse (Chair)
- Head of Quality in Contracts
- Designated Nurse - Safeguarding Vulnerable Adults
- Designated Nurse - Safeguarding Children and Looked After Children
- Head of Medicines Management
- Head of Infection Prevention & Control
- Locality Lead with lead for Quality
- Locality Lead with lead for Prescribing
- Governing Body Secondary Care Doctor
- Lay Member
- Public Health Lead

3. Attendance

Other individuals may be invited to attend for all or part of any meeting as appropriate.

4. Secretary

The Group Secretary shall provide appropriate advice to the Chair and Committee members and shall make arrangements for the Committee to have an administrator who will, inter alia, arrange meetings, collate and distribute papers, take minutes and keep a record of issues to be carried forward.

The Group Secretary will be responsible for supporting the Chair in the management of the Committee's business and for drawing the Committee's attention to best practice, national guidance and other relevant documents, as appropriate.

5. Quorum

The Committee shall consist of not less than 6 members. A quorum shall be 4 members.

6. Frequency and notice of meetings

The Committee will meet formally at least 6 times a year at times which are consistent with the quality reporting cycle and which enable it to efficiently discharge its duties.

Extraordinary meetings may be called at the discretion of the Committee Chair.

Items of business to be transacted for inclusion on the agenda of a meeting shall be notified to the Chair of the meeting at least 10 working days (i.e. excluding weekends and bank holidays) before the meeting takes place. Supporting papers for such items shall be submitted at least 6 working days before the meeting takes place. The agenda and supporting papers shall be circulated to all Committee members and attendees at least 3 working days before the date the meeting will take place.

7. Remit and responsibilities of the committee

The Governing Body has delegated the following functions, connected with the Governing Body's main functions, to the Quality & Safety Committee:

7.1. *Securing continuous improvement to the quality of services*

Seeking to ensure continuous improvement to the quality of services by methods including, though not exclusively:

- Receiving regular reports regarding quality and safety legislative and contractual requirements including patient safety and clinical effectiveness data, and taking mitigating action as necessary.
- Agreeing quality schedules for commissioned care.
- Monitoring of continuous improvement in the quality of services and the reduction of health inequalities.
- Establishing contractual meetings to review the clinical quality of care with providers for which the Group has commissioning responsibility.
- Clearly defining identified roles within the management structure, with clear job descriptions outlining the lead responsibilities for:
 - Safeguarding Children;
 - Safeguarding Vulnerable Adults;
 - Accountable Officer for Controlled Drugs;
 - Caldicott Guardian.
- Receiving and acting upon reports from regulatory and other competent bodies and ensure action plans are delivered.
- Identifying risks, receiving risk profiles of providers and monitoring actions taken, aiming to proactively identify early warnings of any failing services.
- Cooperating with local statutory partnerships such as the Doncaster Safeguarding Children Board (DSCB), Doncaster Safeguarding Adults Board (DSAB), Multi-Agency Public Protection Arrangements (MAPPA), and Multi-Agency Risk

Assessment Conferences (MARAC), taking feedback and learning and identifying risks from these wider partnership meetings.

7.2. Quality of Primary Medical Services

Assisting and supporting the NHS Commissioning Board in relation to the Board's duty to improve the quality of primary medical service and reduce health inequalities.

7.3. Research, Education & Training

Promoting research and the use of research.

Promoting education and training for persons who are employed, or who are considering becoming employed, in an activity which involves or is connected with the provision of services as part of the health service in England so as to assist the Secretary of State for Health in the discharge of his related duty.

7.4. Other duties

Publishing an explanation of how the Group spent any payment in respect of quality made to it by the NHS Commissioning Board.

Developing and approving clinical policies and procedures within the functions of the Committee as set out in its Terms of Reference.

Ensuring that significant clinical risks are identified and reported on the Risk Register, escalating to the Assurance Framework where necessary.

The following meetings shall report directly to the Quality & Safety Committee and the minutes of these shall be formally recorded and submitted to the Quality & Safety Committee:

- Incident Management Forum – a meeting which receives and reviews Serious Incidents (SIs) and Never Events in commissioned services, approves completed SI reports and identifies themes/trends and disseminates lessons learned from these incidents.
- Safeguarding Assurance Forum – a meeting which receives Safeguarding assurance from Providers and identifies and makes recommendations on key safeguarding commissioning issues.
- Prescribing Sub Group – a meeting which receives medicines management assurance from Providers and identifies and makes recommendations on key medicines management commissioning issues.

- District Infection Prevention & Control meeting – a meeting which receives Infection Prevention & Control assurance from Providers and identifies and makes recommendations on key Infection Prevention & Control commissioning issues.
- DBHFT Clinical and Quality Review Group (CQRG) – a meeting with the local Acute Services Provider which receives clinical and quality assurance from Doncaster & Bassetlaw Hospitals NHS Foundation Trust (DBHFT) and identifies and raises quality and safety issues with the Provider. The Group also aims to proactively identify, in partnership, early warnings of any failing services within the Provider.
- RDaSH Clinical and Quality Review Group (CQRG) – a meeting with the local Community and Mental Health Services Provider which receives clinical and quality assurance from Rotherham, Doncaster & South Humber NHS Foundation Trust (RDaSH) and identifies and raises quality and safety issues with the Provider. The Group also aims to proactively identify, in partnership, early warnings of any failing services within the Provider.

8. Relationship with the governing body

The minutes of the Committee meetings shall be formally recorded and submitted to the Governing Body.

9. Policy and best practice

The Committee will apply best practice in its decision making processes and effectively declare and manage all conflicts of interest.

The Committee has full authority to commission any reports or surveys it deems necessary to help it fulfil its obligations.

The Committee may establish Sub-Committees to assist it in discharging responsibilities of the Committee as set out in its Terms of Reference.

10. Conduct of the Committee

The Committee will conduct its business in accordance with any national guidance and relevant codes of conduct / good governance practice including the Nolan Principles (Appendix A).

The Committee will annually review its terms of reference and the attendance rate of Committee members. Any resulting changes to the terms of reference or membership shall be submitted to the Governing Body for approval.

Date agreed: 18th October 2012
 By: Governing Body
 Version: 1.0

Nolan Principles

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

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

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

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

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

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

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

Source: *The First Report of the Committee on Standards in Public Life* (1995)⁷³

⁷³ Available at <http://www.public-standards.gov.uk/>

Engagement & Experience Committee Terms of Reference

1. Introduction

The Engagement & Experience Committee (the Committee) is established in accordance with NHS Doncaster Clinical Commissioning Group's Constitution. These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the Committee and shall have effect as if incorporated into the Constitution. The Committee's remit covers the engagement of the public, patients and carers, the coordination of patient experience data, the public sector duties under the Equality Act and the duties contained within the NHS Constitution.

2. Membership

The members of the Committee shall comprise:

- Lay Member – Patient & Public Engagement (Chair)
- Nominated Locality Lead
- Chief of Corporate Services
- Chief Nurse
- Communications Lead
- Public and Patient Experience Lead
- Equality & Engagement Lead
- HealthWatch representative
- Doncaster Community Voluntary Service (CVS) representative

3. Attendance

Other individuals may be invited to attend for all or part of any meeting as appropriate.

4. Secretary

The Group Secretary shall provide appropriate advice to the Chair and Committee members and shall make arrangements for the Committee to have an administrator who will, inter alia, arrange meetings, collate and distribute papers, take minutes and keep a record of issues to be carried forward.

The Group Secretary will be responsible for supporting the Chair in the management of the Committee's business and for drawing the Committee's attention to best practice, national guidance and other relevant documents, as appropriate.

5. Quorum

The Committee shall consist of not less than nine members. A quorum shall be four members.

6. Frequency and notice of meetings

The Committee will meet formally at least six times a year at times which are consistent with the engagement and equality reporting cycle and which enable it to efficiently discharge its duties.

Extraordinary meetings may be called at the discretion of the Committee Chair.

Items of business to be transacted for inclusion on the agenda of a meeting shall be notified to the Chair of the meeting at least 10 working days (i.e. excluding weekends and bank holidays) before the meeting takes place. Supporting papers for such items shall be submitted at least 6 working days before the meeting takes place. The agenda and supporting papers shall be circulated to all Committee members and attendees at least 3 working days before the date the meeting will take place.

7. Remit and responsibilities of the Committee

The Governing Body has delegated the following functions, connected with the Governing Body's main functions, to the Engagement & Experience Committee:

7.1. *Public Sector Equality Duty*

Working to meet the general public sector equality duty by having due regard to the need to:

- eliminate unlawful discrimination harassment and victimisation and other conduct prohibited by the 2010 Equality Act;
- advance equality of opportunity between people who share a protected characteristic and those who do not;
- foster good relations between people who share a protected characteristic and those who do not.

Working to meet the specific public sector equality duties by using the NHS Equality Delivery System tool or equivalent to:

- publish, at least annually, sufficient information to demonstrate compliance with the general duty across all our functions;
- prepare and publish specific and measurable equality objectives, revising these at least every four years.

Ensuring that the organisation considers equality and human rights when designing, delivering and reviewing its business priorities.

7.2. Public & Patient Involvement

Making arrangements to secure public involvement in the planning, development and consideration of proposals for changes and decisions affecting the operation of commissioning arrangements by:

- Securing that individuals to whom services are being or may be provided are involved (whether by being consulted or provided with information in other ways)
 - in the planning of the commissioning arrangements by the Group;
 - in the development and consideration of proposals by the Group for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which services are delivered to the individuals or the range of service available to them, and
 - in the decisions of the Group affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.
- Where relevant, engaging with the Local Authority health overview and scrutiny committee(s) and, working in accordance with the Cabinet Office's *Code of Practice on Consultation*.

7.3. NHS Constitution

Promoting awareness of, and acting with a view to securing that health services are provided in a way that promotes awareness of, and have regard to the NHS Constitution.

7.4. Patient Experience

Developing comprehensive mechanisms to effectively engage with and gather insight from patients and the public, including disadvantaged groups.

Ensuring that patient experience and feedback from patients, carers and other stakeholders is measured and analysed effectively and is used to influence decision making throughout the commissioning cycle.

Acting as a coordinating group for all patient and public engagement activity and patient experience data.

7.5. Other duties

Developing partnerships with other engagement networks.

Developing, implementing and monitoring an Engagement, Communication & Equality Strategy.

Developing and approving engagement and communication policies and procedures within the functions of the Committee.

8. Relationship with the governing body

The minutes of the Committee meetings shall be formally recorded and submitted to the Governing Body.

9. Policy and best practice

The Committee will apply best practice in its decision making processes and effectively declare and manage all conflicts of interest.

The Committee has full authority to commission any reports or surveys it deems necessary to help it fulfil its obligations.

The Committee may establish Sub-Committees to assist it in discharging responsibilities of the Committee as set out in its Terms of Reference.

10. Conduct of the Committee

The Committee will conduct its business in accordance with any national guidance and relevant codes of conduct / good governance practice including the Nolan Principles (Appendix A).

The Committee will annually review its terms of reference and the attendance rate of Committee members. Any resulting changes to the terms of reference or membership shall be submitted to the Governing Body for approval.

Date agreed: 18th October 2012
By: Governing Body
Version: 1.0

Nolan Principles

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

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

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

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

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

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

Source: *The First Report of the Committee on Standards in Public Life* (1995)⁷⁴

⁷⁴ Available at <http://www.public-standards.gov.uk/>

Delivery and Performance Committee Terms of Reference

1. Introduction

The Delivery and Performance Committee (the Committee) is established in accordance with NHS Doncaster Clinical Commissioning Group's Constitution. These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the Committee and shall have effect as if incorporated into the Constitution.

The Delivery and Performance Committee is accountable to the Group's Governing Body for overseeing the delivery of programmes and projects to achieve the Group objectives as set out in the Strategy Plan of the organisation.

2. Membership

The members of the Committee shall comprise:

- Chief Officer
- Chief of Strategy and Delivery
- Chief Finance Officer
- Chief Nurse
- Chair of Governing Body
- GP Locality Lead x2
- Head of Performance

The Chief Officer will undertake the role of Committee Chair. The Chief of Strategy and Delivery will be Deputy Chair.

3. Attendance

Other individuals may be invited to attend for all or part of any meeting as appropriate.

4. Secretary

The Group Secretary shall provide appropriate advice to the Chair and Committee members and shall make arrangements for the Committee to have an administrator who will, inter alia, arrange meetings, collate and distribute papers, take minutes and keep a record of issues to be carried forward.

The Group Secretary will be responsible for supporting the Chair in the management of the Committee's business and for drawing the Committee's attention to best practice, national guidance and other relevant documents, as appropriate.

5. Quorum

The Committee shall consist of not less than 8 members. A quorum shall be 4 members in attendance including 1 Locality Lead or the Chair of the Governing Body and either the Chair or Deputy Chair of the Committee.

6. Frequency and notice of meetings

The Committee will meet formally at least 11 times a year at times which are consistent with the quality reporting cycle and which enable it to efficiently discharge its duties.

Extraordinary meetings may be called at the discretion of the Committee Chair.

Items of business to be transacted for inclusion on the agenda of a meeting shall be notified to the Chair of the meeting at least 10 working days (i.e. excluding weekends and bank holidays) before the meeting takes place. Supporting papers for such items shall be submitted at least 6 working days before the meeting takes place. The agenda and supporting papers shall be circulated to all Committee members and attendees at least 3 working days before the date the meeting will take place.

7. Remit and responsibilities of the committee

The Governing Body has delegated the following functions, connected with the Governing Body's main functions, to the Delivery and Performance Committee:

- 7.1. Overseeing the development and enactment of a Delivery Plan to ensure delivery of the aims, objectives and outcomes of the Group as contained within the Strategy Plan of the organisation.
- 7.2. Development and performance management of delivery plans to reduce health inequalities.
- 7.3. Providing assurance to the Governing Body of effective delivery.

- 7.4. Deploying the resource of the organisation effectively and efficiently to deliver the Strategy.
- 7.5. Developing productive working relationships with wider clinical colleagues to ensure multidisciplinary input, advice and guidance on commissioning developments. Obtaining professional advice from persons who, taken together, have a broad range of professional expertise in healthcare and public health and ensuring that all plans for service development have been informed by the appropriate expertise.
- 7.6. Overseeing the commissioning and contracting of healthcare services for the Doncaster population.
- 7.7. Ensuring that services commissioned by the NHS Commissioning Board are integrated effectively into local care pathways.
- 7.8. Promoting the integration of health services with other health services and social care services where this would improve the quality of care or reduce inequalities. Integrating commissioning work plans and pathways of care based on shared priorities and patient led services, involving all appropriate stakeholders in service redesign and actively seeking out evidence based integrated solutions to care pathways.
- 7.9. Enabling patients to make choices by ensuring the principle of patients' rights to choice under the NHS Constitution is maintained by commissioners and providers and by developing a Choice Strategy for approval by the Governing Body.
- 7.10. Promoting innovation.
- 7.11. Developing and approving commissioning policies and procedures within the functions of the Committee as set out in its Terms of Reference as agreed by the Governing Body.
- 7.12. Promoting research projects.
- 7.13. The following meetings shall report directly to the Delivery and Performance Committee and the minutes of these shall be formally recorded and submitted to the Delivery and Performance Committee:
 - Doncaster & Bassetlaw Hospitals Contracting Meeting
 - Rotherham, Doncaster & South Humber (RDaSH) Commissioning Board
 - South Yorkshire and Bassetlaw CSU Contract Performance Meeting
 - Unplanned Care and Long Term Conditions Board

8. Relationship with the governing body

The minutes of the Committee meetings shall be formally recorded and submitted to the Governing Body.

9. Policy and best practice

The Committee will apply best practice in its decision making processes and effectively declare and manage all conflicts of interest.

The Committee has full authority to commission any reports or surveys it deems necessary to help it fulfil its obligations.

The Committee may establish Sub-Committees to assist it in discharging responsibilities of the Committee as set out in its Terms of Reference.

10. Conduct of the Committee

The Committee will conduct its business in accordance with any national guidance and relevant codes of conduct / good governance practice including the Nolan Principles (Appendix A).

The Committee will annually review its terms of reference and the attendance rate of Committee members. Any resulting changes to the terms of reference or membership shall be submitted to the Governing Body for approval.

Date agreed: 18th October 2012
By: Governing Body
Version: 1.0

Appendix A

Nolan Principles

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

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

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

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

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

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

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

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

Source: *The First Report of the Committee on Standards in Public Life* (1995)⁷⁵

⁷⁵ Available at <http://www.public-standards.gov.uk/>