

NHS LINCOLNSHIRE

CLINICAL COMMISSIONING GROUP

CONSTITUTION

(Version 2 as approved November 2021)

Document Control Sheet

Document Title	Lincolnshire CCG Constitution
Version	8.0
Status	Final
Authors	Jules Ellis-Fenwick, CCG Corporate Board Secretary
Date	September 2021

Document history			
Version	Date	Author	Comments
1	July 2019	Jules Ellis-Fenwick, CCG Corporate Board Secretary, SWL and SLCCGs	First draft for review
2	August 2019	Jules Ellis-Fenwick, CCG Corporate Board Secretary, SWL and SLCCGs	Second draft for review
3	September 2019	Jules Ellis-Fenwick, CCG Corporate Board Secretary, SWL and SLCCGs	Third draft for review
4	October 2019	Jules Ellis-Fenwick, CCG Corporate Board Secretary, SWL and SLCCGs	Fourth draft for review – updated to reflect NHSE/I feedback
5.	December 2019	Jules Ellis-Fenwick, CCG Corporate Board Secretary, SWL and SLCCGs	Fifth draft for review – updated to reflect NHSE/I feedback
6.	January 2020	Jules Ellis-Fenwick, CCG Corporate Board Secretary, SWL and SLCCGs	Sixth draft for review – updated to reflect NHSE/I feedback
7.	February 2020	Jules Ellis-Fenwick, CCG Corporate Board Secretary, SWL and SLCCGs	Final version – as agreed with NHSE/I
8.	March and June 2021	Jules Ellis-Fenwick, CCG Corporate Board Secretary	Yearly review carried out and some amendments have been identified and tracked throughout.

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1 Introduction

1.1 Name

The name of this Clinical Commissioning Group is NHS Lincolnshire Clinical Commissioning Group ('the CCG').

1.2 Statutory Framework

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

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

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

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

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

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

1.3 Status of this Constitution

- 1.3.1 This CCG was first authorised on 1 April 2020.
- 1.3.2 Changes to this Constitution are effective from the date of approval by NHS England.
- 1.3.3 The Constitution is published on the CCG website at www.lincolnshireccg.nhs.uk

1.4 Amendment and Variation of this Constitution

- 1.4.1 This Constitution can only be varied in two circumstances.
- a) where the CCG applies to NHS England and that application is granted; and
 - b) where in the circumstances set out in legislation NHS England varies the Constitution other than on application by the CCG.
- 1.4.2 c) The Accountable Officer may periodically propose amendments to the Constitution which shall be considered and approved by the Governing Body unless:
- Changes are thought to have a material impact;
 - Changes are proposed to the reserved powers of the members;
 - At least half (50%) of all the Governing Body Members formally request that the amendments be put before the membership for approval.
- 1.4.3 The CCG members will be asked to routinely confirm the current Constitution annually at the Annual Public Meeting.

1.5 Related documents

- 1.5.1 This Constitution is also informed by a number of documents which provide further details on how the CCG will operate. With the exception of the Standing Orders and the Delegated Financial Authority Limits, these documents do not form part of the Constitution for the purposes of 1.4 above. They are the CCG's:
- a) **Standing Orders** – sets out the arrangements for meetings and the selection and appointment processes for the CCG's Committees, and the CCG Governing Body (including Committees).
 - b) **Scheme of Reservation and Delegation** – sets out those decisions that are reserved for the membership as a whole and those decisions that have been delegated by the CCG or the Governing Body.
 - c) **Delegated Financial Authority Limits** – sets out the delegated limits for financial commitments on behalf of the CCG.
 - d) **Prime Financial Policies** – sets out the arrangements for managing the CCG's financial affairs, including the specific financial responsibilities of the Accountable Officer, Director of

Finance and Contracting and other Executive Directors/Officers of the CCG. These are available in the Governance Handbook.

- e) **The CCG Governance Handbook** – which includes:
- Standards of Business Conduct Policy – which includes the arrangements the CCG has made for the management of conflicts of interest;
 - The Scheme of Reservation and Delegation (SoRD);
 - Non-Statutory Committee Terms of Reference
 - Prime Financial Policies

1.6 Accountability and transparency

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

- a) Publish our Constitution and other key documents including
 - CCG Governance Handbook and
 - CCG Policies
- b) Appoint independent Lay Members and non-GP clinicians to our Governing Body;
- c) Manage actual or potential conflicts of interest in line with NHS England's statutory guidance *Managing Conflicts of Interest: Revised Statutory Guidance for CCGs 2017* and expected standards of good practice (see also part 6 of this constitution);
- d) Hold Governing Body meetings in public (except where we believe that it would not be in the public interest);
- e) Publish an Annual Commissioning Strategy that takes account of priorities in the health and wellbeing strategy;
- f) Procure services in a manner that is open, transparent, non-discriminatory and fair to all potential providers and publish a Procurement Strategy;
- g) Involve the public, in accordance with its duties under section 14Z2 of the 2006 Act, and as set out in more detail in the CCG's Communications and Engagement Strategy. Further information can be found on the CCG website.
- h) When discharging its duties under section 14Z2, the CCG will ensure that it will make arrangements to secure public involvement in the planning, development and consideration of proposals for changes and decisions affecting the operation of commissioning arrangements by:
 - i. Appointing a member of the Governing Body to oversee public and patient involvement;
 - ii. Delegating responsibility to its Governing Body and monitor its progress;
 - iii. Developing and delivering a Communications and Engagement Strategy which builds continuous and meaningful engagement with the public, patients and carers to influence the shaping of services and improve the health of people in Lincolnshire including:

- working closely with seldom heard groups to ensure they have a voice;
- using local and national patient experience data and information to inform our work;
- engaging all CCG practices, including GPs and Practice Managers, and CCG staff in the development and ongoing work of the CCG to ensure they are involved in the core business and related work streams;
- support the development of relationships with key stakeholders to ensure partnership working and involvement;
- developing core materials and mechanisms for ongoing two-way communications between the CCG and public to allow continual feedback in commissioning decisions;
- paying due regard to latest legislation, regulations, guidance and best practice;
- engaging with the local authority health overview and scrutiny Committee;
- meet annually in public to present an Annual Report which is then published;
- produce Annual Accounts which are externally audited;
- publish a clear complaints process;
- Comply with the Freedom of Information Act 2000 and with the Information Commissioner Office requirements regarding the publication of information relating to the CCG;
- provide information to NHS England as required; and
- be an active member of the local Health and Wellbeing Board(s).

1.6.2 In addition to these statutory requirements, the CCG will demonstrate its accountability by publishing useful documents and information on the CCG website.

- a) The CCG's policies and procedures;
- b) Annual Reports and Governance Statements;
- c) Minutes of public meetings of the Governing Body;
- d) Relevant equality and diversity documents and information and comply with the Public Sector Equality Duty;
- e) Relevant business resilience and emergency planning documents and information;
- f) Patient information documents, including notices of any public engagement event;
- g) Other communications issued by the CCG, including the clinical commissioning strategy, the financial plan and notices of procurement, public consultations, reports, Governing Body meetings dates, venues and papers, and;
- h) Details of the CCG's key strategic priorities and plans;
- i) Expenditure over £25,000;
- j) Register of Interests;
- k) Gifts and Hospitality Register;
- l) Register of Procurements decisions.

1.6.3 The Governing Body of the CCG will throughout the year have an on-going role in reviewing the CCG's governance arrangements, to ensure that the CCG continues to reflect the principles of good governance.

- 1.6.4** The CCG may use other means of communication, including circulating information by post, electronic methods or making information available in venues or services accessible to the public.
- 1.6.5** The Statement of Principles of Lincolnshire CCG in respect of public involvement are:
- i) We will work in partnership and involve local people, partners and staff at all stages in planning, shaping, designing and delivering services, and in setting priorities for Lincolnshire. We will make the involvement of people central to everything we do and we aim to make it as easy as we can for people to be involved and to actively include them in ways that are meaningful and give real opportunities to influence.
 - ii) We will also tell people how their involvement has influenced decisions. Prioritising local health needs may mean that on occasions we are not able to do what people want, if that happens we will explain why and be held to account for our decisions.
 - iii) We aim to involve and engage local people through ongoing engagement and through project engagement, including through the following mechanisms:
 - Work in partnership with Healthwatch Lincolnshire.
 - Communications and engagement network – a map and contacts database for the CCG across Lincolnshire that link to patients and the public to ensure a mechanism for two-way communication into and out from the CCG to existing groups.

1.7 Liability and Indemnity

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

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

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

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

2 Area Covered by the CCG

2.1.1 An illustration of the geographical area covered by Lincolnshire CCG is detailed below:



2.1.2 The area of the CCG is served by the following District and Borough Councils and led by one Local Authority which are fully coterminous and are supported by the registered primary care practice populations in Lincolnshire:

- the County Council of Lincolnshire
- the City Council of Lincoln
- the Borough of Boston
- the District of East Lindsey
- the District of West Lindsey
- the District of South Holland
- the District of South Kesteven
- the District of North Kesteven
- the District of Sleaford Town

2.1.3 In Lincolnshire County Council Local Authority the CCG covers the following Lower Layer Super Output Areas (LSOAs):

LINCOLN		BOSTON	EAST LINDSEY		WEST LINDSEY		SOUTH KESTEVEN		NORTH KESTEVEN		SOUTH HOLLAND	
E01026149	E01026172	E01026007	E01026045	E01026066	E01026367	E01026406	E01026313	E01026301	E01026186	E01026233	E01026242	E01026239
E01026150	E01026173	E01026008	E01026061	E01026067	E01026368	E01026366	E01026314	E01026302	E01026187	E01026234	E01026243	E01026240
E01026166	E01026175	E01026009	E01026062	E01026084	E01026387	E01026369	E01026329	E01026296	E01026189	E01026236	E01026244	E01026284
E01026168	E01026137	E01026023	E01026063	E01026085	E01026416	E01026370	E01026333	E01026297	E01026203	E01026200	E01026247	
E01026153	E01026138	E01026024	E01026080	E01026115	E01032683	E01026371	E01026291	E01026298	E01026204	E01026201	E01026276	
E01026155	E01026139	E01026010	E01026106	E01026116	E01026380	E01026373	E01026340	E01032997	E01026206	E01026202	E01026246	
E01026157	E01026140	E01026011	E01026107	E01026046	E01026401		E01026355	E01032998	E01026182	E01026207	E01026248	
E01026165	E01026141	E01026030	E01026058	E01026047	E01026402		E01026365	E01032999	E01026193	E01026208	E01026257	
E01026125	E01026142	E01026032	E01026076	E01026055	E01026403		E01026325	E01026330	E01026199	E01026220	E01026250	
E01026144	E01026169	E01026037	E01026079	E01026059	E01026407		E01026326	E01026360	E01026225	E01032988	E01026251	
E01026147	E01026171	E01026006	E01026077	E01026100	E01026408		E01026327	E01026362	E01026226	E01032989	E01026252	
E01026148		E01026021	E01026078	E01026101	E01026389		E01026328	E01026363	E01032990	E01032993	E01026253	
E01026151		E01026025	E01026087	E01026092	E01026390		E01026352	E01026364	E01032994	E01026214	E01026281	
E01026164		E01026036	E01026088	E01026093	E01026391		E01026353	E01026334	E01026184	E01026215	E01026282	
E01026167		E01026012	E01026090	E01026095	E01026392		E01026354	E01026335	E01026185	E01026218	E01026283	
E01026122		E01026015	E01026091	E01026114	E01026415		E01026320	E01026336	E01026188	E01026219	E01026285	
E01026123		E01026026	E01026108	E01026083	E01026378		E01026321	E01026337	E01026190	E01032991	E01026286	
E01026124		E01026027	E01026081	E01026094	E01026379		E01026322	E01026303	E01026237	E01032992	E01026241	
E01026126		E01026028	E01026089	E01026096	E01026381		E01026323	E01026304	E01026238		E01026258	
E01026152		E01026016	E01032986	E01026097	E01026382		E01026324	E01026305	E01026191		E01026259	
E01026154		E01026033	E01032987	E01026051	E01026383		E01026308	E01026306	E01026205		E01026260	
E01026156		E01026034	E01026072	E01026052	E01026384		E01026309	E01026307	E01026211		E01026266	
E01026132		E01026017	E01026073	E01026053	E01026385		E01026310	E01026287	E01026212		E01026273	
E01026143		E01026018	E01026074	E01026054	E01026386		E01026311	E01026288	E01026213		E01026274	
E01026145		E01026019	E01026099	E01026118	E01026399		E01026312	E01026289	E01026192		E01026275	
E01026146		E01026020	E01026103	E01026119	E01026411		E01026317	E01026346	E01026194		E01032995	
E01026134		E01026041	E01026104	E01026120	E01026374		E01026318	E01026347	E01026195		E01032996	
E01026176		E01026013	E01026109	E01026056	E01026375		E01026319	E01026348	E01026196		E01026268	
E01026177		E01026014	E01026071	E01026110	E01026376		E01026343	E01026349	E01026180		E01026269	
E01026178		E01026022	E01026082	E01026111	E01026377		E01026344	E01026350	E01026183		E01026270	
E01026127		E01026038	E01026121	E01026112	E01026388		E01026345	E01026351	E01026210		E01026271	
E01026128		E01026040	E01026042	E01026057	E01026404		E01026292	E01026356	E01026224		E01026272	
E01026129		E01026029	E01026043	E01026075	E01026409		E01026293	E01026357	E01026179		E01026254	
E01026131		E01026031	E01026044	E01026098	E01026410		E01026294	E01026358	E01026197		E01026255	
E01026133		E01026035	E01026113	E01026102	E01026372		E01026316	E01026359	E01026198		E01026256	
E01026135		E01026039	E01026117		E01026412		E01026332		E01026223		E01026277	
E01026136			E01026060		E01026413		E01026290		E01026209		E01026278	
E01026174			E01026068		E01026414		E01026341		E01026221		E01026279	
E01026130			E01026070		E01026396		E01026342		E01026222		E01026262	
E01026158			E01026105		E01026397		E01026361		E01026227		E01026263	
E01026159			E01026048		E01026398		E01026315		E01026230		E01026264	
E01026160			E01026049		E01026400		E01026331		E01026231		E01026265	
E01026162			E01026050		E01026393		E01026338		E01026232		E01026267	
E01026163			E01026069		E01026394		E01026339		E01026235		E01026245	
E01026161			E01026064		E01026395		E01026299		E01026228		E01026249	
E01026170			E01026065		E01026405		E01026300		E01026229		E01026280	

3 Membership Matters

3.1 Membership of the Clinical Commissioning Group

3.1.1 The CCG is a membership organisation.

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

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

Practice	Practice Number	Address
ABBEY MEDICAL PRACTICE	C83051	95 Monks Road, Lincoln, LN2 5HR
ABBEYVIEW SURGERY	C83617	Crowland Health Centre, Thorney Rd, Crowland, Peterborough, PE6 0AL
BEACON MEDICAL PRACTICE	C83019	Churchill Avenue, Skegness, PE25 2RN
BEECHFIELD MEDICAL CENTRE	C83003	Beechfield Gardens, Spalding, PE11 1UN
BILLINGHAY MEDICAL PRACTICE	C83030	39 High St, Billinghay, Lincoln, LN4 4AU
BINBROOK SURGERY	C83643	Back Lane, Binbrook, LN8 6ED
BIRCHWOOD MEDICAL PRACTICE	C83082	Jasmin Road, Lincoln, LN6 0QQ
BOULTHAM PARK MEDICAL PRACTICE	C83014	Boutham Park Road, Lincoln, LN6 7SS
BOURNE GALLETLY PRACTICE TEAM	C83054	40 North Rd, Bourne, PE10 9BT
BRANSTON & HEIGHTON FAMILY PRACTICE	C83029	Station Road, Branston, Lincoln, LN4 1LH
BRANT ROAD & SPRINGCLIFFE SURGERY	C83078	291 Brant Road, Lincoln, LN5 9AB
BRAYFORD MEDICAL PRACTICE	C83626	Newland Health Centre, 34 Newland, Lincoln, LN1 1XP
CAISTOR HEALTH CENTRE	C83613	Dale View, Caistor, LN7 6NX
CASKGATE STREET SURGERY	C83044	3 Caskgate Street, Gainsborough, DN21 2DJ
CAYTHORPE & ANCASTER MEDICAL PRACTICE	C83020	12 Ermine St, Ancaster, Grantham, NG32 3PP

CHURCH WALK SURGERY	C83062	Drury Street, Metheringham, Lincoln, LN4 3EZ
CLEVELAND SURGERY	C83018	Vanessa Drive, Gainsborough, DN21 2UQ
CLIFF HOUSE MEDICAL PRACTICE	C83073	82 Burton Road, Lincoln, LN1 3LJ
COLSTERWORTH SURGERY	C83053	Back Ln, Colsterworth, Grantham, NG33 5NJ
DR LONGFIELD AND PARTNERS	C83067	The Medical Centre, 10 Valley Lane, Long Bennington, NG23 5FR
DR SINHA & PARTNERS	C83049	Church End, Old Leake, Boston, PE22 9LE
EAST LINDSEY MEDICAL GROUP	C83056	153 Newmarket, Louth, LN11 9EH
GLEBE PARK SURGERY	C83079	17 Montaigne Crescent, Lincoln, LN2 4QN
GOSBERTON MEDICAL CENTRE	C83036	Low Gate, Gosberton, Spalding, PE11 4NL
GREYFRIARS SURGERY	C83059	South Square, Boston, PE21 6JU
HAWTHORN MEDICAL PRACTICE	C83045	Hawthorn Road, Skegness, PE25 3TD
HEREWARD MEDICAL CENTRE	C83035	Exeter St, Bourne, PE10 9XR
HIBALDSTOW MEDICAL PRACTICE	C83033	11 Church Street, Hibaldstow, Brigg, DN20 9ED
HOLBEACH MEDICAL CENTRE	C83028	Park Road, Holbeach, PE12 7EE
HORNCastle MEDICAL GROUP	C83027	Spilsby Road, Horncastle, LN9 6AL
JAMES STREET FAMILY PRACTICE	C83085	49 James Street, Louth, LN11 0JN
KIRTON MEDICAL CENTRE	C83057	Boston Road, Kirton, PE20 1DS
LAKESIDE HEALTHCARE STAMFORD	C83007	Wharf Rd, Stamford, PE9 2DH
LINDUM MEDICAL PRACTICE	C83009	1 Cabourne Court, Cabourne Avenue, Lincoln, LN2 2JP
LIQUORPOND SURGERY	C83004	10 Liquorpond Street, Boston, PE21 8UE
LITTLEBURY MEDICAL CENTRE	C83065	Fishpond Ln, Holbeach, Spalding, PE12 7DE
LONG SUTTON MEDICAL CTR.	C83063	Trafalgar Square, Long Sutton, Spalding, PE12 9HB
MARISCO MEDICAL PRACTICE	C83064	Stanley Road, Mablethorpe, LN12 1DP

MARKET CROSS SURGERY	C83649	Bourne Rd, Corby Glen, NG33 4BB
MARKET RASEN SURGERY	C83043	Mill Road, Market Rasen, LN8 3BP
MARSH MEDICAL PRACTICE	C83042	Keeling Street, North Somercotes, LN11 7QU
MERTON LODGE SURGERY	C83032	33 West Street, Alford, LN13 9HT
MILLVIEW MEDICAL CENTRE	C83011	1 Sleaford Rd, Heckington, Sleaford, NG34 9QP
MINSTER MEDICAL PRACTICE	C83072	2 Cabourne Court, Cabourne Avenue, Lincoln, LN2 2JP
MOULTON MEDICAL CENTRE	C83039	High St, Moulton, Spalding, PE12 6QB
MUNRO MEDICAL CENTRE	C83022	West Elloe Ave, Spalding, PE11 2BY
NAVENBY CLIFF VILLAGES SURGERY	C83002	Grantham Road, Navenby, LN5 0JJ
NETTLEHAM MEDICAL PRACTICE	C83031	14 Lodge Lane, Nettleham, Lincoln, LN2 2RS
NEWARK ROAD SURGERY	C83071	501a Newark Road, Lincoln, LN6 8RT
NORTH THORESBY SURGERY	C83061	Highfield Road, North Thoresby, DN36 5RT
PARKSIDE MEDICAL CENTRE	C83010	Tawney Street, Boston, PE21 6PF
PORTLAND MEDICAL PRACTICE	C83001	60 Portland Street, Lincoln, LN5 7LB
RICHMOND MEDICAL CENTRE	C83025	Moor Lane, North Hykeham, LN6 9AY
RUSKINGTON SURGERY	C83013	6 Brookside Cl, Ruskington, Sleaford, NG34 9GQ
SLEAFORD MEDICAL GROUP	C83023	47 Boston Rd, Sleaford, NG34 7HD
SPILSBY SURGERY	C83005	Bull Yard, Simpson Street, Spilsby, PE23 5LG
ST. JOHNS MEDICAL CENTRE	C83048	62 London Rd, Grantham, NG31 6HR
ST. PETERS HILL SURGERY	C83040	15 St Peter's Hill, Grantham, NG31 6QA
STACKYARD AND WOOLSTHORPE SURGERY	C83653	1 The Stackyard, Croxton Kerrial, Grantham, NG32 1QS
STICKNEY SURGERY	C83055	Main Road, Stickney, PE22 8AA

SUTTERTON SURGERY	C83614	Spalding Rd, Sutterton, Boston, PE20 2ET
SWINESHEAD SURGERY	C83015	Fairfax House, Packhorse Lane, Swineshead, PE20 3JE
SWINGBRIDGE SURGERY	C83008	Swingbridge Rd, Grantham, NG31 7XT
TASBURGH LODGE SURGERY	C83634	30 Victoria Avenue, Woodhall Spa, LN10 6SQ
THE BASSINGHAM SURGERY	C83611	20 Torgate Lane, Bassingham, Lincoln, LN5 9HF
THE DEEPINGS PRACTICE	C83026	Godsey Ln, Market Deeping, Peterborough, PE6 8DD
THE GLEBE PRACTICE	C83038	85 Sykes Lane, Saxilby, Lincoln, LN1 2NU
THE GLENSIDE COUNTRY PRACTICE	C83024	St Johns Close, Grantham, NG33 4LY
THE HARROWBY LANE SURGERY	C83080	Harrowby Ln, Grantham, NG31 9NS
THE HEATH SURGERY	C83046	London Road, Bracebridge Heath, Lincoln, LN4 2LA
THE INGHAM SURGERY	C83052	Lincoln Road, Ingham, Lincoln, LN1 2XF
THE JOHNSON GP CENTRE	C83631	Spalding Rd, Pinchbeck, Spalding, PE11 3DT
THE NEW CONINGSBY SURGERY	C83083	20 Silver Street, Coningsby, LN4 4SG
THE NEW SPRINGWELLS PRACTICE	Y01652	Spring Wells, Billingborough, Sleaford, NG34 0QQ
THE SIDINGS MEDICAL PRACTICE	C83060	Sleaford Road, Boston, PE21 8EG
THE WELBY PRACTICE	C82076	3 Swinehill, Harlaxton, Grantham, NG32 1HT
THE WOODLAND MEDICAL PRACTICE	C83041	Jasmin Road, Birchwood, Lincoln, LN6 0QQ
THE WRAGBY SURGERY	C83650	Old Grammar School Way, Wragby, Market Rasen LN8 5DA
TRENT VALLEY SURGERY	C83641	85 Sykes Lane, Saxilby, Lincoln, LN1 2NU
UNIVERSITY HEALTH CENTRE	C83656	ULHS Ltd, 3 Campus Way, Lincoln, LN6 7GA
VINE STREET SURGERY	C83075	Vine St, Grantham, NG31 6RQ

WASHINGBOROUGH SURGERY	C83058	School Lane, Washingborough, LN4 1BN
WELTON FAMILY HEALTH CENTRE	C83037	4 Cliff Road, Welton, Lincoln, LN2 3JH
WILLINGHAM-BY-STOW SURGERY	C83074	High Street, Willingham by Stow, Gainsborough, DN21 5JZ
WOODHALL SPA NEW SURGERY	C83635	The Broadway, Woodhall Spa, LN10 6ST

3.2 Nature of Membership and Relationship with CCG

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

3.2.2 The CCG will have the following four localities:

East
West
South West
South

3.2.3. Each of the Localities will have its own Locality Clinical Chair, Chief Operating Officer, Associate Nurse and Finance Lead.

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

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

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

3.4 Members' Rights

3.4.1 Members' rights are described further either in the Standing Orders which are detailed in Appendix 3 of this Constitution and include:

- Calling and attending a general meeting of the Members.
- Submitting a proposal for amendment of the Constitution.
- Putting themselves forward for election to the Governing Body.
- Removing members of the Governing Body (as set out under 2.2.11 in the Standing Orders).

3.4.2 The CCG will have six Clinical Members appointed to the Governing Body (the four Locality Clinical Leads, plus two GPs from anywhere across the county and who must not be from the same locality).

3.4.3 The two GPs will be appointed following an application process, which will be supported by the Local Medical Committee.

3.5 Members' Meetings

- 3.5.1 A Members' Forum of the whole CCG, at which the locality representatives will hold the Governing Body of the CCG to account, will meet at least four times a year. Meetings shall be facilitated by the CCG.
- 3.5.2 Representation at the CCG Members' Forum is based on one locality representative per 30,000 weighted population – which means eight representatives from the East Locality, eight from West Locality, five from South Locality and four from South West Locality, giving an overall membership of 25. Quoracy for the meetings is set out in the Standing Orders under 3.13.5.
- 3.5.3 The locality representatives will be elected by the member practice representatives in each locality as per the Standing Orders.

3.6 Practice Representatives

- 3.6.1. Each Member practice has a nominated lead healthcare professional who represents the practice in the dealings with the CCG. This individual will be known as the Member practice representative.
- 3.6.2. Practice representatives will represent their practice views in Locality Members Group meetings.
- 3.6.3 The member practice representatives will elect the locality representatives on the CCG-wide Members' Forum. These local representatives will be required to represent the views of all practices in their localities.
- 3.6.4 The member practice representatives in each locality will elect the four locality clinical leads, one for each locality, who will sit on the CCG Governing Body. These locality leads may **not** also fulfil the role of Locality Representative on the CCG-wide Members Forum.

3.7 Locality Representatives

- 3.7.1 Each of the four localities will have a number of representatives (as defined under 3.5.2 above) who are elected by the practice representatives to sit on the CCG-wide Members' Forum.
- 3.7.2. The locality representatives who make up the CCG-wide Members' Forum represent their localities views and act on behalf of them, in matters relating to the CCG. The role of each representative is to:
- Ensure the effective participation of each Member and locality in the CCG, in order to develop and sustain high-quality commissioning arrangements and an understanding of local health needs.
 - Obtain and feedback the views of their member practices and locality on matters relating to the CCG's functions and duties;
 - Act and vote at all times in a way which represents the best overall interests of the patients of the CCG;
 - Feedback to the CCG the views of users, or potential users, of services in the area covered by the CCG, particularly in relation to any quality issues that might inform commissioning decisions;

- Feed back to their locality and practices any relevant information or guidance produced by the CCG, which may require changes in the way in which the locality and practices function, in respect of the provision of healthcare in the local area covered by the CCG, as well as facilitating the dissemination of newsletters or other updates to practice staff or attendees in their locality and practices;
- Establish effective working arrangements with the clinical leaders of the CCG's main providers, to achieve improved local health outcomes;
- Attend the regular CCG-wide Members' Forum and participate in the Annual Public Meeting; and
- Ensure that key actions or information agreed by the CCG is noted and taken forward, as appropriate, by the Member practices in their locality.

4 Arrangements for the Exercise of our Functions

4.1 Good Governance

4.1.2 The CCG will, at all times, observe generally accepted principles of good governance. These include but are not limited to:

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

4.2 General

4.2.1 The CCG will:

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

4.2.2 The CCG will develop and implement the necessary systems and processes to comply with (a) and (d) above, documenting them as necessary in this Constitution, its Scheme of Reservation and Delegation and other relevant policies and procedures as appropriate.

4.3 Authority to Act: the CCG

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

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

4.4 Authority to Act: the Governing Body

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

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

5 Procedures for Making Decisions

5.1 Scheme of Reservation and Delegation

5.1.1 The CCG has agreed a Scheme of Reservation and Delegation (SoRD) which is published in full in the CCG handbook which is available on the CCG website.

5.1.2 The CCG's SoRD sets out:

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

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

5.2 Standing Orders

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

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

5.2.2 A full copy of the Standing Orders is included in appendix 3. The Standing Orders form part of this constitution.

5.3 Standing Financial Instructions (SFIs) (Delegated Financial Authority Limits)

5.3.1 The CCG has agreed a set of Delegated Financial Authority Limits which include should be read in conjunction with the Prime Financial Policies and Scheme of Reservation and Delegation included in the CCG Corporate Governance Handbook.

5.3.2 A copy of the Delegated Financial Authority Limits is included at Appendix 4 and form part of this Constitution.

5.4 The Governing Body: Its Role and Functions

5.4.1 The Governing Body has statutory responsibility for:

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

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

- Approving any functions of the CCG that are specified in regulations;
- Ensuring delivery of the CCG's statutory duties associated with its commissioning functions that have been delegated to the Governing Body as stated in section 5.9.6 below, including but not limited to;
 - i. Assuring the quality of all commissioned services;
 - ii. Safeguarding, and ensuring patient safety;
 - iii. Promotion of a comprehensive health service and the mandate;
 - iv. Delivery of statutory financial duties
 - v. Meeting the public sector equality duty;
 - vi. Working in partnership with the local authority(ies);
 - vii. Promoting and securing the involvement of patients, carers, local people, clinicians, partners and other stakeholders;
 - viii. Promoting awareness of the NHS Constitution;
 - ix. Acting effectively, efficiently and economically;
 - x. Securing continuous improvements in the quality of services, including primary medical services and specialised services, supporting the NHS Commissioning Board where required;
 - xi. Reducing health inequalities;
 - xii. Ensuring patient choice;
 - xiii. Obtaining appropriate advice;
 - xiv. Promoting innovation, research, education, training and integration;
 - xv. Working with local partners to ensure the effective Emergency Planning and Resilience (EPRR)
- Approving all other matters delegated to it by the CCG, as detailed within the Scheme of Reservation and Delegation. The Governing Body will delegate decision making to other committees to act on its behalf;
- leading the development of vision and strategy of the CCG;
- overseeing and monitoring quality improvement;
- approving the CCG's Commissioning Plans and its Constitution arrangements;

- stimulating innovation and modernisation;
- overseeing and monitoring performance;
- overseeing risk assessment and securing assurance actions to mitigate identified strategic risks.
- promoting a culture of strong engagement with patients, their carers, Members, the public and other stakeholders about the activity and progress of the CCG;
- ensuring good governance and leading a culture of good governance throughout the CCG.
- Any other matters not reserved to the membership.

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

5.5 Composition of the Governing Body (referred to locally as the ‘the Board’)

5.5.1 This part of the Constitution describes the make-up of the Governing Body roles. Further information about the individuals who fulfil these roles can be found in the CCG Handbook.

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

- The Chair
- The Accountable Officer
- The Chief Finance Officer (Director of Finance and Contracting)
- A Secondary Care Specialist
- A Registered Nurse (who will be the same individual who fulfils the role of Director of Nursing for the CCG)
- Two Lay Members (referred to as ‘Non-Executive Directors’)
 - (one who has qualifications, expertise or experience to enable them to lead on finance and audit matters, and another who has knowledge about the CCG area enabling them to express an informed view about discharge of the CCG functions.

5.5.3 The CCG has agreed the following additional Members:

- Four Locality Clinical Leads (one of whom will be known as the Clinical Leader)
- Two GP members drawn from the member practices (not from the same Locality)
- At least three Lay Members (referred to as ‘Non-Executive Directors’)

5.5.4 One of the appointed Non-Executive Directors shall be nominated as Deputy Chair of the Governing Body (see 2.2.0 in the Standing Orders). This will not be the same individual who chairs the Audit and Risk Committee.

5.6 Additional Attendees at the Governing Body Meetings

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

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

- Public Health Representative
- Healthwatch Representative

Other CCG Executive Directors, who are not named in section 5.5

5.7 Appointments to the Governing Body

5.7.1 The process of appointing the Locality Clinical Leads and two GPs to the Governing Body, the selection of the Chair, and the appointment procedures for other Governing Body Members is set out in the Standing Orders.

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

5.8 Committees and Sub-Committees

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

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

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

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

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

5.9 Committees of the Governing Body

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

- 5.9.2 Audit and Risk Committee:** This Committee is accountable to the Governing Body and provides the Governing Body with an independent and objective view of the CCG's compliance with its statutory responsibilities. The Committee is responsible for arranging appropriate internal and external audit.
- 5.9.3** The Audit and Risk Committee will be chaired by a Lay Member who has qualifications, expertise or experience to enable them to lead on finance and audit matters and members of the Audit and Risk Committee may include people who are not Governing Body members.
- 5.9.4 Remuneration Committee:** This Committee is accountable to the Governing Body and makes recommendations to the Governing Body about the remuneration, fees and other allowances (including pension schemes) for employees and other individuals who provide services to the CCG.
- 5.9.5** The Remuneration Committee will be chaired by a Lay Member other than the Audit Chair and only members of the Governing Body may be members of the Remuneration Committee.
- 5.9.6 Primary Care Commissioning Committee:** This Committee is required by the terms of the delegation from NHS England in relation to primary care commissioning functions. The Primary Care Commissioning Committee is accountable to the Governing Body and to NHS England. Membership of the Committee is determined in accordance with the requirements of *Managing Conflicts of Interest: Revised statutory Guidance for CCGs 2017*. This includes the requirement for a Lay Member Chair and a Lay Vice Chair.
- 5.9.7** None of the above Committees may operate on a joint committee basis with another CCG(s).
- 5.9.8** The Terms of Reference for each of the above Committees are included in Appendix 2 to this Constitution and form part of the Constitution.
- 5.9.9** The four Localities will have their own Clinical Committee, to oversee and manage locality/place based decisions as delegated by the Governing Body and to agree how strategic decisions are locally implemented to reflect local population health approach.
- 5.9.10** The CCG Locality Committee Terms of Reference will set out the membership, remit, responsibilities and reporting arrangements of the Committee.
- 5.9.11** The Governing Body has also established a number of other Committees to assist it with the discharge of its functions. These Committees are set out in the SoRD and further information about these Committees, including terms of reference, are published in the CCG Handbook which is available on the website.

5.10 Collaborative Commissioning Arrangements

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

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

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

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

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

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

5.11 Joint Commissioning Arrangements with Local Authority Partners

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

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

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

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

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

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

5.12 Joint Commissioning Arrangements – Other CCGs

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

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

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

- delegating any of the CCG's commissioning functions to another CCG;
- exercising any of the Commissioning Functions of another CCG; or
- exercising jointly the Commissioning Functions of the CCG and another CCG.

- 5.12.4** For the purposes of the arrangements described at 5.12.3, the CCG may:
- make payments to another CCG;
 - receive payments from another CCG; or
 - make the services of its employees or any other resources available to another CCG; or
 - receive the services of the employees or the resources available to another CCG.
- 5.12.5** Where the CCG makes arrangements which involve all the CCGs exercising any of their commissioning functions jointly, a joint committee may be established to exercise those functions.
- 5.12.6** For the purposes of the arrangements described above, the CCG may establish and maintain a pooled fund made up of contributions by all of the CCGs working together jointly pursuant to paragraph 5.12.3 above. Any such pooled fund may be used to make payments towards expenditure incurred in the discharge of any of the commissioning functions in respect of which the arrangements are made.
- 5.12.7** Where the CCG makes arrangements with another CCG as described at paragraph 5.12.3 above, the CCG shall develop and agree with that CCG an agreement setting out the arrangements for joint working including details of:
- how the parties will work together to carry out their commissioning functions;
 - the duties and responsibilities of the parties, and the legal basis for such arrangements;
 - how risk will be managed and apportioned between the parties;
 - financial arrangements, including payments towards a pooled fund and management of that fund;
 - contributions from the parties, including details around assets, employees and equipment to be used under the joint working arrangements.
- 5.12.8** The responsibility of the CCG to carry out its functions will not be affected where the CCG enters into arrangements pursuant to paragraph 5.12.1 above.
- 5.12.9** The liability of the CCG to carry out its functions will not be affected where the CCG enters into arrangements pursuant to paragraph 5.12.1 above.
- 5.12.10** Only arrangements that are safe and in the interests of patients registered with Member practices will be approved by the Governing Body.
- 5.12.11** The Governing Body shall require, in all joint commissioning arrangements, that the lead Governing Body Member for the joint arrangements:
- make a quarterly written report to the Governing Body;
 - hold at least one annual engagement event to review the aims, objectives, strategy and progress of the joint commissioning arrangements; and
 - publish an annual report on progress made against objectives.

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

5.13 Joint Commissioning Arrangements – Other CCGs

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

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

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

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

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

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

5.13.7 Where the CCG makes arrangements with NHS England (and another CCG if relevant) as described at paragraph 5.13.3 above, the CCG shall develop and agree with NHS England a framework setting out the arrangements for joint working, including details of:

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

- 5.13.8** Where any joint arrangements entered into relate to the CCG's functions, the liability of the CCG to carry out its functions will not be affected where the CCG enters into arrangements pursuant to paragraph 5.13.3 above. Similarly, where the arrangements relate to NHS England's functions, the liability of NHS England to carry out its functions will not be affected where it and the CCG enter into joint arrangements pursuant to 5.13.
- 5.13.9** The CCG will act in accordance with any further guidance issued by NHS England on co-commissioning.
- 5.13.10** Only arrangements that are safe and in the interests of patients registered with member practices will be approved by the Governing Body.
- 5.13.11** The Governing Body of the CCG shall require, in all joint commissioning arrangements that the lead Governing Body Member for the joint arrangements make;
- make a quarterly written report to the Governing Body;
 - hold at least one annual engagement event to review the aims, objectives, strategy and progress of the joint commissioning arrangements; and
 - publish an annual report on progress made against objectives.
- 5.13.12** Should a joint commissioning arrangement prove to be unsatisfactory the Governing Body of the CCG can decide to withdraw from the arrangement but has to give six months' notice to partners to allow for credible alternative arrangements to be put in place, with new arrangements starting from the beginning of the next new financial year after the expiration of the six months' notice period.

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

6.1 Conflicts of Interest

- 6.1.1** As required by section 14O of the 2006 Act, the CCG has made arrangements to manage conflicts and potential conflicts of interest to ensure that decisions made by the CCG will be taken and seen to be taken without being unduly influenced by external or private interest.
- 6.1.2** The CCG has agreed policies and procedures for the identification and management of conflicts of interest.
- 6.1.3** Employees, Members, Committee and Sub-Committee members of the CCG and members of the Governing Body (and its Committees, Sub-Committees, Joint Committees) will comply with the CCG policy on conflicts of interest. Where an individual, including any individual directly involved with the business or decision-making of the CCG and not otherwise covered by one of the categories above, has an interest, or becomes aware of an interest which could lead to a conflict of interests in the event of the CCG considering an action or decision in relation to that interest, that must be considered as a potential

conflict, and is subject to the provisions of this constitution and the Standards of Business Conduct Policy.

6.1.4 The CCG has appointed the Audit Chair to be the Conflicts of Interest Guardian. In collaboration with the CCG's governance lead, their role is to:

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

6.2 Declaring and Registering Interests

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

6.2.2 The CCG will, as a minimum, publish the registers of conflicts of interest, gifts and hospitality of decision making staff and the procurement register of decisions and investments at least annually on the CCG website and make them available at our headquarters upon request.

6.2.3 All relevant persons for the purposes of NHS England's statutory guidance *Managing Conflicts of Interest: Revised Statutory Guidance for CCGs 2017* must declare any interests. Declarations should be made as soon as reasonably practicable and by law within 28 days after the interest arises. This could include interests an individual is pursuing. Interests will also be declared on appointment and during relevant discussion in meetings.

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

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

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

6.2.7 Any declarations of interests, and arrangement agreed in any meeting of the Clinical Commissioning Group, Committees or Sub-Committees, or the Governing Body, the Governing Body's Committees or Sub-Committees will be recorded in the minutes.

6.2.8 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 interest or potential conflicts of interest, the Chair (or deputy) will determine whether or not the discussion can proceed.

6.2.9 In making this decision the Chair will consider whether the meeting is quorate, in accordance with the number and balance of membership as set out in the CCG'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 interest, the Chair of the meeting shall consult the Conflict of Interest Guardian on the action to be taken.

6.3 Training in Relation to Conflicts of Interest

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

6.4 Standards of Business Conduct

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

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

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

Appendix 1: Definitions of Terms Used in This Constitution

2006 Act	National Health Service Act 2006
Accountable Officer (AO)	<p>an individual, as defined under paragraph 12 of Schedule 1A of the 2006 Act, appointed by NHS England, with responsibility for ensuring the CCG:</p> <p>complies with its obligations under:</p> <p>sections 14Q and 14R of the 2006 Act,</p> <p>sections 223H to 223J of the 2006 Act,</p> <p>paragraphs 17 to 19 of Schedule 1A of the NHS Act 2006, and</p> <p>any other provision of the 2006 Act specified in a document published by the Board for that purpose;</p> <p>exercises its functions in a way which provides good value for money.</p>
Area	The geographical area that the CCG has responsibility for, as defined in part 2 of this constitution
Chair of the CCG Governing Body	The individual appointed by the CCG to act as chair of the Governing Body and who is usually either a GP member or a Lay Member of the Governing Body.
Chief Finance Officer (CFO)	A qualified accountant employed by the CCG with responsibility for financial strategy, financial management and financial governance and who is a member of the Governing Body.
Clinical Commissioning Groups (CCG)	A body corporate established by NHS England in accordance with Chapter A2 of Part 2 of the 2006 Act.
Committee	A Committee created and appointed by the membership of the CCG or the Governing Body.
Committees in Common	If a Committee meets at the same time, in the same location, as another CCGs Committee, it is referred to legally as meeting as Committees in Common'. Such Committees in Common maintain a common agenda, but maintain their own attendance, minutes, action and decision logs allowing each Committee to retain transparent records of their own governance arrangements and outcomes.
Governing Body	The body appointed under section 14L of the NHS Act 2006, with the main function of ensuring that a Clinical Commissioning Group has made appropriate arrangements for ensuring that it complies with its obligations under section 14Q under the NHS Act 2006, and such generally accepted principles of good governance as are relevant to it.

Governing Body Member	Any individual appointed to the Governing Body of the CCG
Healthcare Professional	<p>A Member of a profession that is regulated by one of the following bodies:</p> <p>the General Medical Council (GMC)</p> <p>the General Dental Council (GDC)</p> <p>the General Optical Council;</p> <p>the General Osteopathic Council</p> <p>the General Chiropractic Council the</p> <p>General Pharmaceutical Council</p> <p>the Pharmaceutical Society of Northern Ireland</p> <p>the Nursing and Midwifery Council</p> <p>the Health and Care Professions Council</p> <p>any other regulatory body established by an Order in Council under Section 60 of the Health Act 1999</p>
Joint Committee	Committees from two or more organisations that work together with delegated authority from both organisations to enable joint decision-making. This is different from Committees in Common.
Lay Member	A lay Member of the CCG Governing Body, appointed by the CCG. A lay Member is an individual who is not a Member of the CCG or a healthcare professional (as defined above) or as otherwise defined in law.
Locality Clinical Lead	A clinical lead as elected by the Members' Forum who sits on the CCG Governing Body.
Locality Representative	A locality representative who is elected by the practice representatives to sit on the Members' Forum.
Member/Member practice	A provider of primary medical services to a registered patient list, who is a Member of the CCG.
Member practice representative	Member practices appoint a healthcare professional to act as their practice representative in dealings between it and the CCG, under regulations made under Section 89 or 94 of the 2006 Act or directions under Section 98A of the 2006 Act.
NHS England	The legislation refers to the NHS Commissioning Board and this is the legal name for NHS England. The NHS Commissioning Board has changed its operational name to 'NHS England'.

Primary Care Commissioning Committee	A Committee required by the terms of the delegation from NHS England in relation to primary care commissioning functions. The Primary Care Commissioning Committee reports to NHS England and the Governing Body
Professional Standards Authority	An independent body accountable to the UK Parliament which help Parliament monitor and improve the protection of the public. Published <i>Standards for Members of NHS Boards and Clinical Commissioning Group Governing Bodies in England</i> in 2013.
Registers of interests	Registers of the CCG is required to maintain and make publicly available under section 140 of the 2006 Act and the statutory guidance issues by NHS England, of the interests of: <ul style="list-style-type: none"> • the Members of the CCG; • the Members of its CCG Governing Body; • the Members of its Committees or Sub-Committees and Committees or Sub-Committees of its CCG Governing Body; and Its employees.
SFI	Standing Financial Instructions (Delegated Financial Authority Limits) (Appendix 4)
SO	Standing Orders (Appendix 3)
SORD	Scheme of Reservation and Delegation – held outside of the Constitution in the CCG Governance Handbook.
STP	Sustainability and Transformation Partnerships – the framework within which the NHS and local authorities have come together to plan to improve health and social care over the next few years. STP can also refer to the formal proposals agreed between the NHS and local councils – a “Sustainability and Transformation Plan”.
Sub-Committee	A Committee created by and reporting to a Committee.

Appendix 2: Committee Terms of Reference

Audit and Risk Committee

Terms of Reference

1. GOVERNANCE NOTE

- 1.1. The Governing Body of Lincolnshire CCG (the “CCG”) has established a committee of the Governing Body to be known as the Audit and Risk Committee (the “Committee”). The Committee has no executive powers, other than those specifically delegated in these Terms of Reference.

2. CONSTITUTION

- 2.1. The Committee is established in accordance with the CCG’s Constitution and Schedule 1A of the National Health Service Act 2006 (as amended) (the “NHS Act”). 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.

3. PURPOSE

- 3.1 The purpose of the Committee is to provide assurance to the Governing Body and CCG Member practices on the design, implementation and effectiveness of internal controls and to provide scrutiny over the discharge of the CCG’s statutory functions, including the delivery of financial duties.

4. ACCOUNTABILITY

- 4.1 The Committee is authorised by the Governing Body to execute any powers assigned to it by the Governing Body and those specifically delegated in these Terms of Reference and/or through the CCGs’ Scheme of Reservation and Delegation.
- 4.2 The Committee is authorised by the Governing Body to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee and all employees are directed to cooperate with any request made by the Committee. The Committee is authorised by the Governing Body to obtain outside legal or other independent professional advice and secure the attendance of external personnel with relevant experience and expertise if it considers this necessary.

5. ROLES AND RESPONSIBILITIES

- 5.1. The Committee will incorporate the following duties:

- 5.1.1. 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, across the whole of the CCG’s activities that support the achievement of the CCG’s objectives. Its work will dovetail with that of the Quality and Performance Committee which the CCG 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 governance statement), together with any appropriate independent assurances, prior to endorsement by the CCG;
- The underlying assurance processes that indicate the degree of achievement of the CCG's 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; and
- 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.

In carrying out this work the Committee will agree an annual audit plan and 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 directors and managers as appropriate, concentrating on the over-arching systems of integrated governance, risk management and internal control, together with indicators of their effectiveness. This will be evidenced through the Committee's use of an effective assurance framework to guide its work and that of the audit and assurance functions that report to it.

5.1.2. Internal Audit

The Committee shall ensure that there is an effective internal audit function that meets mandatory Public Sector Internal Audit Standards and provides appropriate independent assurance to the Committee, Accountable Officer and CCG. 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 CCG;
- An annual review of the effectiveness of internal audit.

5.1.3. External Audit

The Committee shall review the work and findings of the External Auditors and consider the implications and responses by officers of the CCG 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 coordination, 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 CCG 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 CCG

and any work undertaken outside the annual audit plan, together with the appropriateness of management responses.

5.1.4. Other assurance functions

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

5.1.5. Counter fraud

The Committee shall satisfy itself that the CCG 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.

5.1.6. Management

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

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

5.1.7. Financial reporting

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

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

The Committee shall review and approve the annual report and financial statements on behalf of the Governing Body and the CCG, focusing particularly on:

- The wording in the governance statement 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.

5.1.8. Whistleblowing

The Committee shall review the effectiveness of arrangements in place for allow staff to raise (in confidence) concerns about possible improprieties in financial, clinical or safety matters and ensure that any such concerns are investigated proportionately and independently.

5.1.9. Conflicts of Interest

The Committee shall receive reports in respect of any Conflicts of Interest breaches. The Committee shall review the impact and actions taken.

6. **CHAIR ARRANGEMENTS**

- 6.1. The CCG Governing Body shall appoint the Chair of the Committee from its Lay or Independent members. The Chair shall have the lead independent role in overseeing audit and remuneration in the CCG. In the event that the Chair is unavailable to attend, a member of the Committee will deputise and Chair the meeting.

7. **MEMBERSHIP**

- 7.1. Members of the Committee shall be appointed by the CCG Governing Body. Good practice recommends at least three Lay Members.
- 7.2. Membership will comprise:
- Three Governing Body Lay Members

The Chair of the Governing Body, the Accountable Officer and the Chief Finance Officer shall not be members of the Audit and Risk Committee and will be invited to attend.

8. **COMMITTEE CHAIR**

- 8.1 The Lay Member on the Governing Body with a lead role in overseeing key elements of governance will Chair the Audit and Risk Committee.
- 8.2 In the event of the Chair of the Committee being unable to attend all or part of the meeting, he/she will nominate a replacement from within the Committee membership to deputise for that meeting.

9. **ATTENDANCE AT MEETINGS**

- 9.1. The Chief Finance Officer and appropriate Internal and External Audit representatives shall normally attend meetings but shall not have voting rights. In addition, the following good practice will be followed:
- At least once a year the Audit and Risk Committee should meet privately with the External and Internal Auditors;
 - Representatives from NHS Counter Fraud Authority may be invited to attend meetings and will normally attend at least one meeting each year;
 - Regardless of attendance, external audit, internal audit, local counter fraud and security management (NHS Counter Fraud Authority) providers will have full and unrestricted rights of access to the Committee;
 - The Accountable Officer will be invited to attend and discuss, at least annually with the Audit and Risk Committee, the process for assurance that supports the annual governance statement. He or she would also normally attend when the Audit and Risk Committee considers the draft internal audit plan and the annual accounts;
 - Any other officers of the CCG who have responsibility for specific areas (or similar) may be invited to attend, particularly when the Committee is discussing areas of risk or operation that are the responsibility of that director; and

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

10. QUORACY

- 10.1. The quorum necessary for the transaction of business shall be two Members.
- 10.2. A duly convened meeting of the Committee at which a quorum is present at the meeting, either in person or virtually by telephone or via digital systems such as Microsoft Teams, is competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by the Committee.

11. DECISION MAKING AND VOTING

- 11.1. The Committee will use its best endeavors to make decisions by consensus. Exceptionally, where this is not possible the Chair (or Deputy) may call a vote.
- 11.2. Only members of the Committee set out in section 7 have voting rights. Each voting member is allowed one vote and a majority will be conclusive on any matter. Where there is a split vote, with no clear majority, the Chair of the Committee will hold the casting vote.
- 11.3. If a decision is needed which cannot wait for the next scheduled meeting or it is not considered necessary to call a full meeting, the Committee may choose to convene a telephone conference or conduct its business on a 'virtual' basis through the use of email communication or via digital systems such as Microsoft Teams. Minutes will be recorded for telephone conference and virtual meetings in accordance with relevant sections of the Lincolnshire CCG Governance Handbook.

12. REPORTING ARRANGEMENTS

- 12.1. The Committee shall report to the Governing Body on how it discharges its responsibilities. The minutes of the Committee's meetings shall be formally recorded by the secretary and submitted to the Governing Body. The Chair of the Committee shall draw to the attention of the Governing Body any issues that require disclosure to the full Governing Body, or that require executive action.
- 12.2. The Committee will report to the Governing Body at least annually on its work in support of the annual governance statement, specifically commenting on the:
 - Fitness for purpose of the assurance framework;
 - Completeness and 'embeddedness' of risk management in the organisation;
 - Integration of governance arrangements; Appropriateness of the evidence that shows the organisation is fulfilling regulatory requirements relating to its existence as a functioning business;
 - Robustness of the processes behind the quality accounts.
- 12.3. The annual report should also describe how the Committee has fulfilled its terms of reference and give details of any significant issues that the Committee has considered in relation to the financial statements and how they were addressed.

13. FREQUENCY AND NOTICE OF MEETINGS

- 13.1. The Audit and Risk Committee must consider the frequency and timing of meetings needed to allow it to discharge all of its responsibilities. Meetings of the Committee shall be held at regular intervals, at such times and places that the CCG may determine, but not less than four times per year. The External Auditors or Head of Internal Audit may request a meeting if they consider that one is necessary.
- 13.2. The Committee will agree an annual programme of meetings in advance to link with key business to be transacted. Papers will be issued at least five working days in advance of the meetings wherever possible.
- 13.3 The Chair of the Committee, Governing Body or Accountable Officer may call additional meetings as required, giving not less than 14 days' notice.

14. SUB-COMMITTEES

- 14.1. Committee may delegate responsibility for specific aspects of its duties to sub committees or working groups. The Terms of Reference of each such sub- committee or working group shall be approved by the Committee and shall set out specific details of the areas of responsibility and authority.
- 14.2. Any sub-committees or working groups will report via their respective Chair's following each meeting or at an appropriate frequency as determined by the Committee.

15. ADMINISTRATIVE SUPPORT

- 15.1. The CCG's governance lead shall be secretary to the Committee and shall attend to provide appropriate support to the Chair and Audit and Risk Committee members. The secretary will be responsible for supporting the Chair in the management of the Audit and Risk Committee's business and for drawing the Audit and Risk Committee's attention to best practice, national guidance and other relevant documents, as appropriate. The secretary will either take minutes or make arrangements for minutes to be taken.

16. DECLARATIONS OF INTEREST, CONFLICTS AND POTENTIAL CONFLICTS

- 16.1. The provisions of Managing Conflicts of Interest: Statutory Guidance for CCGs or any successor document will apply at all times.
- 16.2. Where a member of the committee is aware of an interest, conflict or potential conflict of interest in relation to the scheduled or likely business of the meeting, they will bring this to the attention of the Chair of the meeting as soon as possible, and before the meeting where possible.
- 16.3. The Chair of the meeting will determine how this should be managed and inform the member of their decision. The Chair may require the individual to withdraw from the meeting or part of it. Where the Chair is aware that they themselves have such an interest, conflict or potential conflict of interests they will bring it to the attention of the Committee, and the Deputy Chair will act as Chair for the relevant part of the meeting.
- 16.4. Any declarations of interests, conflicts and potential conflicts, and arrangements to manage those agreed in any meeting of the Committee, will be recorded in the minutes.

- 16.5. Failure to disclose an interest, whether intentional or otherwise, will be treated in line with the Managing Conflicts of Interest: Revised Statutory Guidance and may result in suspension from the Committee.
- 16.6. All members of the Committee shall comply with, and are bound by, the requirements in the Lincolnshire CCG's Constitution, Standards of Business Conduct and Conflicts of Interest Policy, the Standards of Business Conduct for NHS staff (where applicable) and NHS Code of Conduct.

17. REVIEW OF TERMS OF REFERENCE

- 17.1. These terms of reference and the effectiveness of the Committee will be reviewed at least annually or sooner if required. The Committee will recommend any changes to the terms of reference to the Governing Body and will be approved by the Governing Body.

Reviewed by Audit and Risk Committee: [Date]

Approved by Governing Body: (Date)

(Review period as set out in the Review Log included in the CCG Corporate Governance Handbook)

Remuneration Committee

Terms of Reference

1. GOVERNANCE NOTE

The Board of Lincolnshire CCG has established a Committee of the 'The Board' to be known as the Remuneration Committee (the "Committee") in accordance with section 14M and 14L (3) of the NHS Act. The Committee has no executive powers, other than those specifically delegated in these Terms of Reference.

2. CONSTITUTION

2.1. The Committee is established in accordance with the CCG's Constitution and Schedule 1A of the National Health Service Act 2006 (as amended) (the "NHS Act"). 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.

2.2. Subject to any restrictions set out in the relevant legislation, the Remuneration Committee has the function of making recommendations to the Governing Body about the exercise of its functions under section 14L(3)(a) and (b), i.e. its functions in relation to:

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

3. PURPOSE

3.1. The purpose of the Committee is to make recommendations to Governing Body on the appropriate remuneration and terms of service for all staff including the Accountable Officer, Directors, other Very Senior Managers and Clinicians. This does not include Lay Members (the 'Non-Executive Directors')

3.2. Non-Executive Directors' remuneration will be determined by a panel of Governing Body Members as established by the CCG Chair. Further details are set out in the CCG Governance Handbook (see page 28).

3.3. The Committee will have delegated powers to act on behalf of the CCG within the approved Terms of Reference.

3.4. The Committee shall adhere to all relevant laws, regulations and policies in all respects including (but not limited to) determining levels of remuneration that are sufficient to attract, retain and motivate executive directors and senior staff whilst remaining cost effective.

4. ACCOUNTABILITY

4.1. The Remuneration Committee is authorised by the CCG Governing Body to commission any reports, surveys, legal or other independent professional advice it deems necessary to assist in fulfilling its obligations.

- 4.2 The Committee may investigate, monitor and review activity within its Terms of Reference. It is authorised to seek any information it requires from any Committee, group, clinician or employee (including interim and temporary members of staff), contractor, sub-contractor or agent, who are directed to co-operate with any request made by it.
- 4.3 The Committee will apply best practice in the decision making process. For example, when considering individual remuneration the Committee will:
- a) Comply with current disclosure requirements for remuneration;
 - b) On occasion, and where appropriate, seek independent advice about remuneration for individuals; and
 - c) Ensure that decisions are based on clear and transparent criteria and be able to withstand public scrutiny and audit.
- 4.4 For the avoidance of doubt, in the event of any conflict the Standing Orders, the Delegated Financial Authority Limits and the Scheme of Reservation and Delegation of the CCG will prevail over these Terms of Reference.

5. ROLES AND RESPONSIBILITIES

- 5.1. The Committee will incorporate the following duties:
- 5.1.1. With regard to the Accountable Officer, Directors and other Very Senior Managers, make recommendations to the Board on all aspects of salary (including any performance-related elements, bonuses);
 - 5.1.2. Make recommendations to the Board on contractual arrangements for clinicians engaged to support the CCG Board;
 - 5.1.3. Make recommendations on provisions for pay and other benefits, including pensions and cars for all staff;
 - 5.1.4. Make recommendations for arrangements for termination of employment and other contractual terms for all staff (decisions requiring dismissal shall be referred to the Governing Body);
 - 5.1.5. Ensure that officers are fairly rewarded for their individual contribution to the organisation – having proper regard to the organisation’s circumstances and performance and to the provisions of any national arrangements for such staff;
 - 5.1.6. Ensure proper calculation and scrutiny of termination payments taking account of such national guidance as is appropriate, advising on and overseeing appropriate contractual arrangements for such staff. This will apply to all CCG staff;
 - 5.1.7. Ensure proper calculation and scrutiny of any special payments.

6. MEMBERSHIP

- 6.1. Members of the Committee must be appointed from the CCG Governing Body.
- 6.2. To maintain the independence of members, the Committee will comprise of three Non-Executive Directors (this will not include the Audit and Risk Committee Chair).
- 6.3. Only members of the Committee have the right to attend meetings, however, individuals such as the Accountable Officer, Chief Finance Officer, HR Advisor and external advisors may be invited to attend for all or part of a meeting as and when appropriate but shall not have voting rights.

No member or attendee shall be party to discussions about their own remuneration or terms of service.

7. COMMITTEE CHAIR

- 7.1. The CCG Governing Board shall appoint the Chair of the Committee, who will be one of the Non-Executive Directors. In the event that the Chair is unavailable to attend, one of the other Non-Executive Directors will deputise and Chair the meeting.

8. QUORACY

- 8.1 The quorum necessary for the transaction of business shall be three Non-Executive Directors.
- 8.2 A duly convened meeting of the Committee at which quorum is present at the meeting, either in person or virtually by telephone or via digital systems such as Microsoft Teams is competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by the Committee.

9. DECISION MAKING AND VOTING

- 9.1. The Committee will use its best endeavours to make decisions by consensus. Exceptionally, where this is not possible the Chair (or Deputy) may call a vote.
- 9.2. Only members of the Committee set out in section 6 have voting rights. Each voting member is allowed one vote and a majority will be conclusive on any matter. Where there is a split vote, with no clear majority, the Chair of the Committee will hold the casting vote.
- 9.3. If a decision is needed which cannot wait for the next scheduled meeting or it is not considered necessary to call a full meeting, the Committee may choose to convene a telephone conference or conduct its business on a 'virtual' basis through the use of email communication or via digital systems such as Microsoft Teams. Minutes will be recorded for telephone conference and virtual meetings in accordance with relevant sections of the Lincolnshire CCG Governance Handbook.

10. REPORTING ARRANGEMENTS

- 10.1. The Committee shall formally report to the Governing Body on its proceedings after each meeting on all matters within its duties and responsibilities. The report shall be presented to the confidential meeting of the Governing Body.
- 10.2. The Committee shall make recommendations to the Board on any area within its remit where action or improvement is needed.

11. FREQUENCY AND NOTICE OF MEETINGS

- 11.1. Meetings will be held as and when required but at least once a year.

12. ADMINISTRATIVE SUPPORT

- 12.1. The CCG's governance lead shall be Secretary to the Committee and shall attend to provide appropriate support to the Chair and Remuneration Committee members.

The Secretary will be responsible for supporting the Chair in the management of the Committee's business and for drawing the Remuneration Committee's attention to best practice, national guidance and other relevant documents, as appropriate. The secretary will either take minutes or make arrangements for minutes to be taken.

13. DECLARATIONS OF INTEREST, CONFLICTS AND POTENTIAL CONFLICTS

- 13.1. The provisions of Managing Conflicts of Interest: Statutory Guidance for CCGs or any successor document will apply at all times.
- 13.2. Where a member of the committee is aware of an interest, conflict or potential conflict of interest in relation to the scheduled or likely business of the meeting, they will bring this to the attention of the Chair of the meeting as soon as possible, and before the meeting where possible.
- 13.3. The Chair of the meeting will determine how this should be managed and inform the member of their decision. The Chair will require the individual to withdraw from the meeting or part of it. Where the Chair is aware that they themselves have such an interest, conflict or potential conflict of interests they will bring it to the attention of the Committee, and the Deputy Chair will act as Chair for the relevant part of the meeting.
- 13.4. Any declarations of interests, conflicts and potential conflicts, and arrangements to manage those agreed in any meeting of the Committee, will be recorded in the minutes.
- 13.5. Failure to disclose an interest, whether intentional or otherwise, will be treated in line with the Managing Conflicts of Interest: Revised Statutory Guidance and may result in suspension from the Committee.
- 13.6. All members of the Committee shall comply with, and are bound by, the requirements in the Lincolnshire CCG's Constitution, Standards for Business Conduct and Conflicts of Interest Policy, the Standards of Business Conduct for NHS staff (where applicable) and NHS Code of Conduct.

14. REVIEW OF TERMS OF REFERENCE

- 14.1. These terms of reference and the effectiveness of the Committee will be reviewed at least annually or sooner if required. The Committee will recommend any changes to the terms of reference to the Governing Body and will be approved by the Governing Body.

Reviewed by Remuneration Committee:

[Date]

Approved by Governing Body:

(Review period as set out in the Review Log included in the CCG Corporate Governance Handbook)

Primary Care Commissioning Committee

Terms of Reference

1. INTRODUCTION

- 1.1 In accordance with its statutory powers under section 13Z of the National Health Service Act 2006 (as amended); NHS England has delegated the exercise of the functions specified in Schedule 2 to these Terms of Reference to NHS Lincolnshire CCG. Schedule 1 and 2 are specified in the NHS Lincolnshire CCG Delegated Agreement.
- 1.2 The CCG has established the Primary Care Commissioning Committee. The Committee will function as a corporate decision-making body for the management of the delegated functions and the exercise of the delegated powers.
- 1.3 It is a Committee comprising representatives of the following organisations:
- NHS Lincolnshire CCG
 - Healthwatch
 - Lincolnshire County Council (Health and Wellbeing Representative)
 - Local Medical Committee Representative (Observer)

2. STATUTORY FRAMEWORK

- 2.1. NHS England has delegated to NHS Lincolnshire CCG authority to exercise the primary care commissioning functions set out in Schedule 2 in accordance with section 13Z of the National Health Service Act 2006 (as amended).
- 2.2. Arrangements made under section 13Z may be on such terms and conditions (including terms as to payment) as may be agreed between NHS England and the CCG.
- 2.3. Arrangements made under section 13Z do not affect the liability of NHS England for the exercise of any of its functions. However, the CCG acknowledges that in exercising its functions (including those delegated to it), it must comply with the statutory duties set out in Chapter A2 of the NHS Act and including:
- a) Management of conflicts of interest (section 14O);
 - b) Duty to promote the NHS Constitution (section 14P);
 - c) Duty to exercise its functions effectively, efficiently and economically (section 14Q);
 - d) Duty as to improvement in quality of services (section 14R);
 - e) Duty in relation to quality of primary medical services (section 14S);
 - f) Duties as to reducing inequalities (section 14T);
 - g) Duty to promote the involvement of each patient (section 14U);
 - h) Duty as to patient choice (section 14V);
 - i) Duty as to promoting integration (section 14Z1);
 - j) Public involvement and consultation (section 14Z2).
- 2.4. The CCG will also need to specifically, in respect of the delegated functions from NHS England, exercise those set out below:
- Duty to have regard to impact on services in certain areas (section 13O);
 - Duty as respects variation in provision of health services (section 13P).

2.5. The Committee is established as a Committee of the Board in accordance with Schedule 1A of the National Health Service Act 2006 (NHS Act).

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

3. ROLE OF THE COMMITTEE

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

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

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

3.4. The role of the Committee shall be to carry out the functions relating to the commissioning of primary medical services under section 83 of the NHS Act.

3.4.1. This includes the following:

- Decisions in relation to the commissioning, procurement and management of GMS, PMS and APMS contracts, including but not limited to the following activities:
- Designing PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing breach/remedial notices, and removing a contract
- Newly designed enhanced services ('Local Enhanced Services' and Direct Enhanced Services');
- Design of local incentive schemes as an alternative to the Quality Outcomes Framework
- Decisions in relation to the establishment of new GP practices (including branch surgeries) and closure of GP practices;
- Decisions about 'discretionary' payments;
- Decisions about commissioning urgent care (including home visits as required) for out of area registered patients;
- The approval of practice mergers;
- Planning primary medical care services in the Area, including carrying out needs assessments;
- Undertaking reviews of primary medical care services in the Area;
- Decisions in relation to the management of poorly performing GP practices and including, without limitation, decisions and liaison with the CQC where the CQC has reported non-compliance with standards (but excluding any decisions in relation to the performers list);
- Management of the Delegated Funds in the Area;
- Decisions in relation to Premises Costs Directions Functions;
- Co-ordinating a common approach to the commissioning of primary care services with other commissioners in the Area where appropriate; and
- Such other ancillary activities that are necessary in order to exercise the Delegated Functions.

- The Primary Care Committee will have oversight for quality and patient experience in primary care and Quality and Patient Experience Committee (QPEC) will have oversight for quality and patient experience across those services commissioned by the CCG.

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

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

4. GEOGRAPHICAL COVERAGE

4.1. The Committee will comprise NHS Lincolnshire CCG's geographical area.

5. MEMBERSHIP

5.1. The membership of the Committee is as follows:

- Three/Four Governing Body Non-Executive Directors
- Accountable Officer or nominated Deputy
- Chief Finance Officer or nominated Deputy
- CCG Registered Nurse (Executive Nurse) or nominated Deputy
- CCG Secondary Care Doctor
- GP Member

Representatives shall attend the Committee as regular attendees as follows:

- NHS England Primary Care Representative
- Clinical Representatives from the four Localities
- Health and Wellbeing Board
- Two Chief Operating Officers to attend the meetings in order to provide an update on the specific areas for discussion that are pertinent to that meeting.
- Senior Healthwatch Representatives
- LMC representation as Observer
- Associate Director of Nursing

5.2. Officers of the CCG shall attend or nominate deputies appropriate to the items for discussion on the agenda. The Committee may also request attendance by appropriate individuals to present relevant reports and/ or advise the Committee.

5.3. The Chair of the Committee shall be the Board Body Primary Care Commissioning Non-Executive Director

5.4. The Deputy Chair of the Committee shall be one of the Non-Executive Directors (but not the Audit and Risk Committee Chair).

5.5 Clinical or GP members of the Board shall be invited to attend meetings to participate in strategic discussions on primary care issues, subject to adherence with the CCG's conflicts of interest requirements and the appropriate management of conflicts of interest. They may be required, for example, to withdraw from the meeting during the deliberations leading up to decisions and from the decision where there is an actual or potential conflict of interest.

6. MEETINGS AND VOTING

6.1. The Committee will operate in accordance with the CCG's Standing Orders. The Secretary to the Committee will be responsible for giving notice of the meetings. This will be accompanied by an agenda and supporting papers and sent to each member representative no later than 5 working days before the date of the meeting.

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

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

6.3. If a decision is needed which cannot wait for the next scheduled meeting or it is not considered necessary to call a full meeting, the Committee may choose to convene a telephone conference or conduct its business on a 'virtual' basis through the use of email communication or via digital systems such as Microsoft Teams. Minutes will be recorded for telephone conference and virtual meetings in accordance with the Lincolnshire Corporate Governance Framework.

6.4. Members are required to declare any interest relating to any matter to be considered at each meeting, in accordance with the CCG's constitution and the CCG Standards for Business Conduct and Managing Conflicts of Interest Policy. Members who have declared an interest will be required to leave the meeting at the point at which a decision on such matter is being made. At the discretion of the Chair, they may be allowed to participate in the preceding discussion.

7. QUORUM

7.1. A quorum shall be four voting members, at least two of whom shall be Lay Members, to include the Chair or Deputy Chair. Deputies are invited to attend in the place of the regular members as required.

7.2. A duly convened meeting of the Committee at which quorum is present at the meeting, either in person or virtually by telephone or via digital systems such as Microsoft Teams is competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by the Committee.

7.3 If a decision is needed which cannot wait for the next scheduled meeting or it is not considered necessary to call a full meeting, the Committee may choose to convene a telephone conference or conduct its business on a 'virtual' basis through the use of email communication. Minutes will be recorded for telephone conference and virtual meetings in accordance with relevant sections of the Lincolnshire CCG Governance Handbook.

8. FREQUENCY AND NOTICE OF MEETINGS

- 8.1. The meetings held in public session will take place bi-monthly. The meetings to discuss items of a confidential nature will be held monthly and cancelled if necessary. On the dates of the meetings held in public session the meetings will be divided into two sections; Public and Confidential. The Public session will commence at the start of the meeting.
- 8.2. Meetings of the Committee:
 - a) Shall be held in public;
 - b) May resolve to exclude the public from a meeting that is open to the public (whether during the whole or part of the proceedings) whenever publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution and arising from the nature of that business or of the proceedings or for any other reason permitted by the Public Bodies (Admission to Meetings) Act 1960 as amended or succeeded from time to time.
- 8.3. Members of the Committee have a collective responsibility for the operation of the Committee. They will participate in discussion, review evidence and provide objective expert input to the best of their knowledge and ability, and endeavour to reach a collective view.
- 8.4. The Committee may delegate tasks to such individuals, sub-committees or individual members as it shall see fit, provided that any such delegations are consistent with the parties' relevant governance arrangements, are recorded in a scheme of delegation, are governed by terms of reference as appropriate and reflect appropriate arrangements for the management of conflicts of interest.
- 8.5. The Committee may call additional experts to attend meetings on an ad hoc basis to inform discussions.
- 8.6. Members of the Committee shall respect confidentiality requirements as set out in the CCG's Standing Orders.
- 8.7. The Committee will present its minutes to NHS England Midlands and the a report to the Board of the CCG on a regular basis for information.
- 8.8. The CCG will also comply with any reporting requirements set out in its constitution.
- 8.9. It is envisaged that these Terms of Reference will be reviewed from time to time, reflecting experience of the Committee in fulfilling its functions. NHS England may also issue revised model terms of reference from time to time.

9. ACCOUNTABILITY OF THE COMMITTEE

- 9.1. The Primary Care Commissioning Committee is a Committee of the Board and is accountable for making new decisions on review, planning and procurement of primary care services in Lincolnshire, under delegated authority to the CCG from NHS England.
- 9.2 For the avoidance of doubt, in the event of any conflict between the terms of Delegation and Terms of Reference and the Standing Orders, Delegated Financial Authority Limits or Prime Financial Policies of any of the members, the Delegation will prevail.

10. PROCUREMENT OF AGREED SERVICES

10.1. The detailed arrangements regarding procurement are set out in the delegation agreement.

11. DECISIONS

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

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

11.3. The Committee will produce an executive summary report which will be presented to the NHS England Midlands and the Governing Body of the CCG each month for information.

12. REVIEW OF TERMS OF REFERENCE

12.1. These Terms of Reference and the effectiveness of the Committee will be reviewed at least annually or sooner if required. The Committee will recommend any changes to the Terms of Reference to the Governing Body and will be approved by the Governing Body and NHS England.

Reviewed by Primary Care Commissioning Committee:

[Date]

Approved by Governing Body:

(Review period as set out in the Review Log included in the CCG Corporate Governance Handbook)

Schedule 1 –Delegated Functions

- a) decisions in relation to the commissioning, procurement and management of Primary Medical Services Contracts, including but not limited to the following activities:
 - i) decisions in relation to Enhanced Services;
 - ii) decisions in relation to Local Incentive Schemes (including the design of such schemes);
 - iii) decisions in relation to the establishment of new GP practices (including branch surgeries) and closure of GP practices;
 - iv) decisions about 'discretionary' payments;
 - v) decisions about commissioning urgent care (including home visits as required) for out of area registered patients;
- b) the approval of practice mergers;
- c) planning primary medical care services in the Area, including carrying out needs assessments;
- d) undertaking reviews of primary medical care services in the Area;
- e) decisions in relation to the management of poorly performing GP practices and including, without limitation, decisions and liaison with the CQC where the CQC has reported non-compliance with standards (but excluding any decisions in relation to the performers list);
- f) management of the Delegated Funds in the Area;
- g) Premises Costs Directions functions;
- h) co-ordinating a common approach to the commissioning of primary care services with other commissioners in the Area where appropriate; and
- i) such other ancillary activities as are necessary in order to exercise the Delegated Functions.

Schedule 2- Reserved Functions

- a) management of the national performers list;
- b) management of the revalidation and appraisal process;
- c) administration of payments in circumstances where a performer is suspended and related performers list management activities;
- d) Capital Expenditure functions;
- e) section 7A functions under the NHS Act;
- f) functions in relation to complaints management;
- g) decisions in relation to the GP Access Fund; and
- h) such other ancillary activities that are necessary in order to exercise the Reserved Functions;

Appendix 3: Standing Orders

Standing Orders

1. STATUTORY FRAMEWORK AND STATUS

1.1. Introduction

1.1.1. These Standing Orders have been drawn up to regulate the proceedings of the NHS Lincolnshire Clinical Commissioning Group so that group can fulfil its obligations, as set out largely in the NHS Act 2006, as amended by the 2012 Act and related regulations. They are effective from the 1 April 2020.

1.1.2. The Standing Orders, together with the CCG's Scheme of Reservation and Delegation and the CCG's Delegated Financial Authority Limits, provide a procedural framework within which the CCG discharges its business. They set out:

- a) the arrangements for conducting the business of the CCG;
- b) the appointment of member practice representatives and other members of the Governing Body
- c) the procedure to be followed at meetings of the CCG, the Governing Body and any committees or sub-committees of the CCG or the Governing Body;
- d) the process to delegate powers,
- e) the process for identifying, declaring and managing conflicts of interests and
- f) the standards of conduct.

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

1.1.4. The Standing Orders and Delegated Financial Authority Limits are appended to and have effect as if incorporated into the CCG's Constitution. CCG members, members of the Governing Body, members of the Governing Body's committee and sub-committees, members of the CCG's committees and sub-committees, employees and persons working on behalf of the CCG should be aware of the existence of these documents and, where necessary, be familiar with their detailed provisions. Failure to comply with the Standing Orders, Delegated Financial Authority Limits may be regarded as a disciplinary matter that could result in dismissal.

1.1.5. These Standing Orders apply to the Members' Forum and any committees of the Governing Body unless it is stated they do not.

1.1.6. These Standing Orders apply to the Governing Body and any committees of the Governing Body unless it is stated they do not.

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

1.2.1. The NHS Act 2006 (as amended by the 2012 Act) provides the CCG with powers to delegate the CCG's functions and those of the Governing Body to certain bodies (such as committees) and certain persons.

- 1.2.2. The CCG has decided that certain decisions may only be exercised by the CCG in formal session. Members will transact matters reserved to the membership at meetings of the members known as the Members' Forum. These decisions and also those delegated are contained in the CCG's scheme of reservation and Delegation (Please see CCG Governance Handbook).
- 1.2.3. All other matters are delegated to the Governing Body. Full details relating to the matters reserved and delegated are to be found in the CCG's scheme of reservation and delegation (Please see CCG Governance Handbook).

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

2.1. Composition of Membership

- 2.1.1. The CCG is a membership body comprised of GP practices in the Lincolnshire area. Full details of the area covered and a list of member practices is set out in section 3 of the CCG's Constitution. The nature of the membership and relationship with the CCG are set out in the Constitution section 3.
- 2.1.2. Full meetings of the membership are to be known as '*The Members' Forum*'.
- 2.1.3. Members are represented by the 25 individuals on the Members' Forum. As set out in Section 3.5.2 of the Constitution the Members' Forum is based on one representative per 30,000 weighted population – which means eight representatives from the East Locality, eight from West Locality, five from South Locality and four from South West Locality, giving an overall membership of 25. The representatives must be a healthcare professional as defined in the legislation.
- 2.1.4. Section 5 of the CCG's Constitution provides details of the governing structure used in the CCG's decision-making processes, whilst section 5.5 of the Constitution outlines certain key roles and responsibilities within the CCG and its Governing Body, including the role of practice representatives (section 3.6 of the Constitution).

2.2. Key Roles

- 2.2.1. Section 5.5 of the CCG's Constitution sets out the composition of the CCG's Governing Body and how it will be appointed. Whilst the CCG Governance Handbook identifies certain key roles and responsibilities within the CCG and its Governing Body, these Standing Orders set out how the CCG appoints individuals to these key roles.

All Governing Body individuals are to be appointed in accordance with the principles of 'Clinical Commissioning Group Governing Body Members: Role outlines, attributes and skills' October 2012 <https://www.england.nhs.uk/wp-content/uploads/2016/09/ccg-members-roles.pdf>

- 2.2.2. The Chair of the Governing Body, is subject to the following appointment process:
- Nominations** – Not applicable.
 - Eligibility and exclusion**– Must meet the core competencies set out in the role description. Individuals will not be appointed unless they meet the requirements set out in CCG Regulations 2012 (including the exclusion criteria in Schedule 5).
 - Appointment process** – Advert, assessment process and interview.
 - Term of office** – Initially for three years.
 - Eligibility for reappointment** – Potential to be re-appointed for a further three years (maximum two consecutive terms in office) and which is subject to satisfactory appraisal and no objections have been received from the Members' Forum.
 - Grounds for removal from office or disqualification** - See section 2.2.11
 - Notice period** – See section 2.2.12

- 2.2.3 The Accountable Officer is subject to the following appointment process:
- a) **Nominations** – Not applicable.
 - b) **Eligibility** – Must meet the core competencies set out in the role description. Individuals will not be appointed unless they meet the requirements set out in CCG Regulations 2012 (including the exclusion criteria in Schedule 5).
 - c) **Appointment process** – Advert, assessment process and interview. Appointment to be proposed by the CCG Chair and appointed by NHS England.
 - d) **Term of office** – Not applicable as substantive appointment
 - e) **Eligibility for reappointment** – Not applicable as this is a substantive appointment.
 - f) **Grounds for removal from office or disqualification** - See section 2.2.11
 - g) **Notice period** – See section 2.2.12
- 2.2.4 The Chief Finance Officer is subject to the following appointment process:
- a) **Nominations** – Not applicable.
 - b) **Eligibility** – Must meet the core competencies set out in the role description. Individuals will not be appointed unless they meet the requirements set out in CCG Regulations 2012 (including the exclusion criteria in Schedule 5).
 - c) **Appointment process** – Advert, assessment process and interview.
 - d) **Term of office** – Not applicable as substantive appointment
 - e) **Eligibility for reappointment** – Not applicable as this is a substantive appointment.
 - f) **Grounds for removal from office or disqualification** - See section 2.2.11
 - g) **Notice period** – See section 2.2.12
- 2.2.5 The Four Locality Clinical Leads on the Governing Body) are subject to the following appointment/election process:
- a) **Nominations** – The member practice representatives in each locality will elect the four locality clinical leads, one for each locality (as per 3.6.4. of the Constitution).
 - b) **Eligibility** – Individuals appointed as a Member Practice Representative in the relevant locality.
 - c) **Exclusion criteria** – An individual who has a major conflict of interest (such as the Clinical Directors of the Primary Care Networks) may not be appointed. Individuals must not be excluded by virtue of conditions out in Schedule 5 of the CCG Regulations 2012.
 - d) **Appointment process** – As identified above under 2.2.5 a).
 - e) **Term of office** – Initially for three years (subject to satisfactory appraisal by the CCG Chair and no objections have been received from the Members' Forum).
 - f) **Eligibility for reappointment** – Potential to be re-appointed for a further three years (maximum two consecutive terms in office) and which is subject to satisfactory appraisal and no objections have been received from the member practice representatives.
 - g) **Grounds for removal from office** -See section 2.2.11
 - h) **Notice period** – See section 2.2.12
- 2.2.6 The Lay Members are subject to the following appointment process:
- a) **Nominations** – Not applicable.
 - b) **Eligibility and exclusion** – Must meet the core competencies set out in the role description. Individuals will not be appointed if they are excluded by virtue of the exclusion criteria in Schedule 4 and 5 of the CCG regulations (2012). One of the Lay Members will have qualifications, expertise or experience to enable them to lead on finance and audit matters. Another Lay Member will have knowledge about the CCG area enabling them to express an informed view about discharge of the CCG functions. The other Lay Members will meet any requirements set out in a local role description.
 - c) **Appointment process** – Advert, assessment process and interview
 - d) **Term of office** – Initially for three years (annually reviewable).

- e) **Eligibility for reappointment** – Potential to be re-appointed for a further three years (maximum two consecutive terms in office), and which is subject to satisfactory appraisal and agreement by the CCG Chair and as long as they continue to meet the eligibility criteria and have not given grounds for removal.
- f) **Grounds for removal from office** - See section 2.2.11
- g) **Notice period** – See section 2.2.12

2.2.7 The Chief Nurse is subject to the following appointment process:

- a) **Nominations** – Not applicable.
- b) **Eligibility** – Professional Registration with the NMC. Must meet the core competencies set out in the role description. Individuals will not be appointed unless they meet the requirements set out in CCG Regulations 2012 for the Registered Nurse (including the exclusion criteria in Schedule 5).
- c) **Appointment process** – Advert, assessment process and interview.
- d) **Term of office** – Not applicable as substantive appointment.
- e) **Eligibility for reappointment** – Not applicable as this is a substantive appointment.
- f) **Grounds for removal from office** - See section 2.2.11
- g) **Notice period** – See section 2.2.12

2.2.8 The Secondary Care Doctor is subject to the following appointment process:

- a) **Nominations** – Not applicable
- b) **Eligibility** Must meet the core competencies set out in the role description. Individuals will not be appointed unless they meet the requirements set out in CCG Regulations 2012 for the Secondary Care Specialist (including the exclusion criteria in Schedule 5).
- c) **Appointment process** – Advert, assessment process and interview.
- d) **Term of office** – Initially for three years (annually reviewable).
- e) **Eligibility for reappointment** – Potential to be re-appointed for a further three years (maximum two consecutive terms in office) and which is subject to satisfactory appraisal and agreement by the CCG Chair and as long as they continue to meet the eligibility criteria and have not given grounds for removal.
- f) **Grounds for removal from office** - See section 2.2.11
- g) **Notice period** – see section 2.2.12

2.2.9 Two GP Representatives will be drawn from the CCG membership and subject to the following appointment process:

- a) **Expressions of Interest** – Individuals will complete an application process which will include setting out their key characteristics against a published specification.
- b) **Eligibility** – A registered GP member of the CCG who is on the Midlands and CCG Performers List (not from the same locality). Must meet the core competencies set out in the role description.
- c) **Exclusion Criteria** An individual who has a major conflict of interest (such as the Clinical Directors of the Primary Care Networks) may not be appointed. Individuals must not be excluded by virtue of conditions out in Schedule 5 of the CCG Regulations 2012.
- d) **Appointment process** – Advert, assessment process and interview.
- e) **Term of office** – Initially for three years (annually reviewable).
- f) **Eligibility for reappointment** – Potential to be re-appointed for a further three years (maximum two consecutive terms in office), and which is subject to satisfactory appraisal and agreement by the CCG Chair and as long as they continue to meet the eligibility criteria and have not given grounds for removal.
- g) **Grounds for removal from office:** See section 2.2.11
- h) **Notice period:** See section 2.2.12

2.2.10 Deputy Chair

The Deputy Chair will be selected from the Lay Members by the Governing Body members and will fulfil the specific requirements set out in the CCG Regulations 2012. The Audit and Risk Committee Chair cannot be the Deputy Chair. The term of office for Deputy Chair will initially be for three years.

2.2.11 Grounds for removal or disqualification

A Governing Body member may be removed if they no longer fulfil the requirements of their role or become ineligible for the role as set out in the National Health Service (Clinical Commissioning Groups) Regulations 2012 (including Schedules 4 and 5 as relevant).

If any concerns are raised or identified about an employee on the Governing Body these will be referred to the CCG Chair who will deal with the matter in line with the CCG's policies and procedures, including but not limited to, Standards of Business Conduct (including Conflicts of Interest), Whistleblowing, Disciplinary and Fraud, Bribery and Corruption.

Should any concerns be raised about the Chair, or if they are not in a position to deal with the concerns due to a conflict of interest, these will then be dealt with by the Audit and Risk Committee Chair in line with CCG's policies and procedures as identified above.

2.2.12 Notice period

- Employees notice period is defined in their contract of employment.
- The two GP members, Clinical Locality Leads and Secondary Care Doctor will be required to give three months' notice in writing to the CCG Chair.
- For all other members a 4 week notice period is required to be given in writing to the CCG Chair. Any amendment to the notice period would be subject to negotiation with the CCG Chair.

3. MEETINGS AND DECISION MAKING

Governing Body

3.1 Calling meetings

- 3.1.1 The Governing Body of the CCG will meet at least eight times per year and the meetings will be held in public.
- 3.1.2 The agenda will be agreed between the CCG's Chair and Accountable Officer.
- 3.1.3 The agenda and supporting papers will be sent to all members five working days before the meeting and either manually or electronically, whichever is appropriate at the time.
- 3.1.4 The Chair may call a meeting at any time.
- 3.1.5 One third of more or more Members of the Governing Body may requisition a meeting in writing. If the Chair refuses, or fails, to call a meeting within seven working days of a requisition being presented, the Members signing the Requisition may forthwith call a meeting.

3.2 Agenda, supporting papers and business to be transacted

- 3.2.1 Items of business to be transacted for inclusion on the agenda of a meeting need to be notified to the Chair of the meeting at least six 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 six working days before the meeting takes place.
- 3.2.2 The agenda and supporting papers will be circulated to all members of a meeting five working days before the date the meeting will take place.
- 3.2.3 Agendas and certain papers for the CCG's Governing Body – including details about meeting dates, times and venues – will be published on the CCG's website.

3.3 Petitions

- 3.3.1 Where a petition has been received by the CCG, the Chair of the Governing Body shall receive the petition at the start of the meeting in public session.

3.4 Chair of a meeting

- 3.4.1 At any meeting of the CCG or its Governing Body or of a committee the Chair of the CCG, 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 CCG, 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 CCG Chair on questions of order, relevancy and regularity and their interpretation of the Constitution, Standing Orders, scheme of Reservation and Delegation, Delegated Financial Authority Limits or Prime Financial Policies at the meeting, shall be final.

3.6 Quorum

- 3.6.1 The quorum will be 50% of the members of the Governing Body which must include:
- At least three healthcare professionals, at least one of whom is a GP; and
 - At least two Lay Members, and
 - Either the Chief Finance Officer or the Accountable Officer; and
 - Either the Chair or Deputy Chair.
- 3.6.2 The same quorum will apply to any decision requiring a Governing Body vote that is held outside of the meeting.
- 3.6.3 A Governing Body Member who is employed by the CCG and who has a nominated deputy may nominate the deputy to attend on their behalf, which will be subject to agreement of the Chair in advance of the meeting. Where a nominated deputy attends, the nominated individual will have delegated responsibility for representation at meetings including voting, actions as required and any decisions made.
- Non-employees and elected members are not eligible to send deputies to attend on their behalf.
- 3.6.4 For all other of the CCG's committees and sub-committees, including the Governing Body's committees, the details of the quorum for these meetings and status of representatives are set out in the appropriate Terms of Reference.
- 3.6.5 In exceptional circumstances and where agreed by the Chair, Members of the CCG Governing Body may participate in the meeting by telephone, by the use of telephone conferencing facilities where available or on a virtual basis via digital systems such as Microsoft Teams. Participation in a meeting in this manner shall be deemed to constitute presence in person at the meeting.

3.7 Decision making

- 3.7.1 Section 5 of the CCG's Constitution, together with the scheme of reservation and delegation, sets out the governing structure for the exercise of the CCG's statutory functions. Generally it is expected that at the CCG's / Governing Body's meetings decisions will be reached by consensus.
- 3.7.2 Should this not be possible then a vote of members will be required, the process for which is set out below:
- 3.7.2.1 **Eligibility** – Governing Body Members
 - 3.7.2.2 **Majority necessary to confirm a decision** – Majority of votes cast
 - 3.7.2.3 **Voting arrangements** – determined by a show of hands of those present in the room or via ballot using electronic means subject to the agreement of the Chair.
 - 3.7.2.4 **Casting vote** – The Chair (in the case of an equal number of votes being cast).
- 3.7.3 Should a vote be taken the outcome of the vote, and any dissenting views, must be recorded in the minutes of the meeting.
- 3.7.4 For all other of the CCG'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 which includes the Audit and Risk Committee, Remuneration Committee and Primary Care Commissioning Committee (as appended to the Constitution).

3.7.5 All other Committee Terms of Reference are included in the Corporate Governance Handbook.

3.8 Emergency powers and urgent decisions

3.8.1 Emergency meetings of the Governing Body, Audit and Risk Committee, or Remuneration Committee and any other committees can be called at the request of the respective chair of the meetings, the Accountable Officer or the Chief Finance Officer

3.8.2 The need for an urgent decision exceeding individual's delegated authority can be agreed by the Accountable Officer or Deputy (Chief Finance Officer) and the CCG Chair. Such decisions must be reported to the next Governing Body Meeting. In such cases where the CCG is responding to an Emergency Planning Resilience and Response (EPRR) issue or when there is a need to implement the Business Continuity Plan then the Senior Officer with responsibility for decision making at the time will have the authority to make emergency decisions. Any decisions made must be reported upon as soon as possible following any incident to the Accountable Officer or Chief Finance Officer and the Chair and must be reported to the next Governing Body Meeting.

3.8.3 Where an urgent decision or approval needs to be made before the next scheduled meeting of the Governing Body or Members' Forum a "virtual" decision can be made by contacting all voting members, usually by electronic means, including all the relevant information for them to make an informed decision. There must be a majority response to the proposals which must be quorate in line with the Terms of Reference. Any decision must be reported to the next meeting of the Governing Body or Members' Forum.

3.9 Suspension of Standing Orders

3.9.1 Except where it would contravene any statutory provision or any direction made by the Secretary of State for Health or NHS England, any part of these standing orders may be suspended at any meeting, provided the majority of 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 and Risk 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 CCG's meetings. The names of all members of the Governing Body present shall be recorded in the minutes of the Governing Body meetings.

3.10.2 The names of the members of the Governing Body's committees present shall be recorded in the minutes of the respective Governing Body committee meetings.

3.11 Minutes

3.11.1 The CCG must keep minutes of all formal meetings of the CCG Governing Body and meetings of any Committee or Sub-Committee of the CCG Governing Body carrying out powers of functions of the CCG, including:

- The names of the persons and their role present at the meeting;

- The decisions made at the meetings and where appropriate the reasons for the decisions;
- The name of the person responsible for taking the minutes; and
- Recording any declarations of interest and making these visible in line with NHS England's *Managing Conflict of Interest; revised statutory guidance for CCGs 2017*.

3.11.2 The minutes of the Governing Body, Governing Body's committee meetings will be formally signed off by the respective Governing Body, Governing Body's Committee or Sub-Committee at their next meeting.

3.11.3 Any public minutes shall be published on the CCG's website.

3.11.4 Minutes of a confidential nature (as defined under 3.12.8) will not be made available on the CCG's website or by application to the CCG Headquarters.

3.11.5 All meetings will ask for declarations of Conflicts of Interest at the commencement of the meeting and record any declared or which become apparent during the meeting in line with the CCG's Conflicts of Interest policy which may be amended from time to time.

3.12 Admission of public and the press

3.12.1 Meetings of the Governing Body will be held in public, other than for business deemed to be confidential. Arrangements will accord with the Public Bodies (Admission to Meetings) Act 1960, the Freedom of Information Act 2000 and the General Data Protection Regulation (GDPR) 2018.

3.12.2 The public meetings of the Governing Body will be announced for the period ahead via the Clinical Commissioning Group's website. The agenda papers of upcoming meetings and previous meetings (including minutes as approved) will be available on the Clinical Commissioning Group's website.

3.12.3 Rooms used for Governing Body meetings will allow for the presence of members of the public. Those who attend have no right to speak other than by invitation from the Chair. Members of the Public are requested to submit any questions they wish to pose to the Clinical Commissioning Group's Headquarters using the proforma provided at the meeting. Alternatively, there will be an opportunity for members of the public both before and after the meeting to meet with members of the Governing Body.

3.12.4 The Governing Body must pass the following resolution to exclude the public on the grounds of confidentiality:
'That representatives of the press and other members of the public be excluded from the remainder of this meeting due to the confidential nature of the business to be transacted - publicity on which would be prejudicial to the public interest'.

3.12.5 In the event the public could be excluded from a meeting of the Governing Body pursuant to Standing Order 3.13.4, the group shall consider whether the subject matter of the meeting would in any event be subject to disclosure under the Freedom of Information Act or any such similar Act(s) or directive(s), and if so, whether the public should be excluded in such circumstances.

3.12.6 The Chair (or Vice Chair if one has been appointed) of 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 Governing Body's business shall be conducted with interruption or disruption, and without prejudice to the power to excluded on the grounds of the confidential nature of the business to be transacted, the public will be required to withdraw upon the Governing Body resolving:

'That in the interests of public order the meeting adjourn for (the period to be specified) to enable the Governing Body to complete its business without the presence of the public'. Section 1(8) of the Public Bodies (Admissions to Meetings) Act 1960'.

- 3.12.7 Matters to be dealt with by the Governing Body following the exclusion of representatives of the press, and other Members of the public shall be confidential to the Members of the Governing Body.
- 3.12.8 Members and Officers or any employee of the Governing Body in attendance shall not reveal or disclose the contents of papers marked 'in confidence or confidential' or minutes headed 'Items Taken in Private' outside of the Governing Body, without the express permission of the Governing Body. This prohibition shall apply equally to the content of any discussion during the Governing Body meeting which may take place on such reports or papers.
- 3.12.9 Nothing in these Standing Orders shall be construed as permitting the introduction by the public, or press representatives, of photographing, recording, transmitting, video or similar apparatus into meetings of the CCG or Committee thereof. No Such permission shall only be granted upon resolution of the CCG.

3.13 Members' Forum

3.13.1 Calling meetings

The Membership of the CCG will meet as a Members' Forum, at which GPs and member practices will hold the Governing Body of the CCG to account at least four times a year. The Members' Forum shall be facilitated by the CCG. The Members' Forum shall also meet on an ad hoc basis to consider matters of common interest and to procure dispute resolution.

3.13.2 Agenda, supporting papers and business to be transacted

Items of business to be transacted for inclusion on the agenda of a meeting need to be notified to the Chair of the Members' Forum at least six 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 six working days before the meeting takes place. The agenda and supporting papers will be circulated to all members of the Members' Forum five working days before the date the meeting will take place.

3.13.3 Selection of the Chair

The selection of the Members' Forum Chair shall be by nomination and or expression of interest from the membership of NHS Lincolnshire CCG. The Chair must be a GP. Engagement of the nominations and or expressions of interest will take place with the membership. The Chair will be elected by the membership of NHS Lincolnshire CCG.

3.13.4 Chair's ruling

The decision of the Chair of the Members' Forum 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.

3.13.5 Quorum

The quorum necessary for the transaction of the Members' Forum business shall be 13 of the members.

The members may nominate a deputy to attend on their behalf. The nomination must be approved by the Chair. Where a nominated deputy attends, the nominated individual will have delegated responsibility for representation at the Members' Forum including voting, actions as required and any decisions made.

In exceptional circumstances and where agreed by the Chair, the Members' Forum may participate in the meeting by telephone, by the use of telephone conferencing facilities where available or on a virtual basis via digital systems such as Microsoft Teams. Participation in a meeting in this manner shall be deemed to constitute presence in person at the meeting.

3.13.6 Decision making

Section 5 of the CCG's Constitution, together with the scheme of reservation and delegation, sets out the governing structure for the exercise of the CCG's statutory functions. Generally it is expected that at the Members' Forum meeting 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:

- **Eligibility** – 25 Practice Representatives
- **Majority necessary to confirm a decision** – Majority of votes cast. Should a vote be taken the outcome of the vote, and any dissenting views, must be recorded in the minutes of the meeting.

3.13.7 Emergency powers and urgent decisions

Where an urgent decision or approval needs to be made before the next scheduled meeting of the Members' Forum a "virtual" decision can be made by contacting all voting members, usually by electronic means, including all the relevant information for them to make an informed decision. There must be a majority response to the proposals which must be quorate in line with the Terms of Reference (and as defined under 3.13.6) Any decision must be reported to the next meeting of the CCG Governing Body.

3.13.8 Record of Attendance

The names of all members of the meeting present at the meeting shall be recorded in the minutes of the Members' Forum.

3.13.9 Minutes

The names and designation of all members of the Members' Forum present shall be recorded in the minutes of the respective Members' Forum meetings. All meetings will ask for declarations of Conflicts of Interest at the commencement of the meeting and record any declared or which become apparent during the meeting in line with the CCG's Conflicts of Interest policy which may be amended from time to time.

3.13.10 Annual General Meeting

The Annual General Meeting of the CCG will be held in public for presentation of the Annual Report and Annual Accounts with members of the Governing Body present. A substantial proportion of this meeting time will be given over to hearing and responding to the views and questions of the public.

4. APPOINTMENT OF COMMITTEES AND SUB-COMMITTEES

4.1. Appointment of committees and sub-committees

- 4.1.1. The CCG may appoint committees and sub-committees of the CCG, subject to any regulations made by the Secretary of State, and make provision for the appointment of committees and sub-committees of its Governing Body. Where such committees and sub-committees of the CCG, or committees and sub-committees of its Governing Body, are appointed they are either defined in the CCG Constitution under Section 5 or in the CCG Governance Handbook.
- 4.1.2. Other than where there are statutory requirements, such as in relation to the Governing Body's Audit and Risk Committee, Remuneration Committee or Primary Care Commissioning Committee, the CCG shall determine the membership and Terms of Reference of committees and sub-committees and shall, if it requires, receive and consider reports of such committees at the next appropriate meeting of the CCG.
- 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. Other than where there are statutory requirements to include the terms of reference in the Constitution, such as in relation to the Governing Body's Audit and Risk Committee, Remuneration Committee or Primary Care Commissioning Committee, the CCG shall publish Terms of reference in the CCG Governance Handbook which will be published on the CCG's website.

4.3. Delegation of Powers by Committees to Sub-committees

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

5. DUTY TO REPORT NON-COMPLIANCE WITH STANDING ORDERS. DELEGATED FINANCIAL AUTHORITY LIMITS OR 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 CCG and staff have a duty to disclose any non-compliance with these Standing Orders to the Accountable Officer as soon as possible.

6. USE OF SEAL AND AUTHORISATION OF DOCUMENTS

6.1. Clinical Commissioning Group's seal

- 6.1.1. The CCG may have a seal for executing documents where necessary. The following individuals or officers are authorised to authenticate its use by their signature:
 - a) The Accountable Officer;
 - b) The Chief Finance Officer; and
 - c) Any senior Officer authorised by the Accountable Officer.

6.2. Execution of a document by signature

- 6.2.1. The following individuals are authorised to execute a document on behalf of the CCG by their signature.
- a) The Accountable Officer;
 - b) The Chief Finance Officer; and
 - c) Any senior Officer authorised by the Accountable Officer.

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

7.1. Policy statements: general principles

- 7.1.1 The CCG will from time to time agree and approve policy statements / procedures which will apply to all or specific groups of staff employed by NHS Lincolnshire Clinical Commissioning Group. The decisions to approve such policies and procedures will be recorded in an appropriate group minute and will be deemed where appropriate to be an integral part of the CCG's standing orders.

Appendix 4: – Delegated Financial Authority Limits

Annex 1: Decisions, Authorities and Duties Delegated to Officers of the CCG Governing Body

- 1.1. The arrangements made by the CCG as set out in the Overarching Scheme of Reservation and Delegation of decisions shall have effect as if incorporated in the CCG's Constitution.
- 1.2. The CCG remains accountable for all of its functions, including those that it has delegated.
- 1.3. The Overarching Scheme of Reservation & Delegation (Schedule of Matters Reserved to the CCG and Scheme of Delegation) and details the arrangements made by the CCG for discharging its functions.
- 1.4. The Schedule below details the Operational Scheme of Delegation (and financial authority limits). These should be read in conjunction with the Prime Financial Policies (See CCG Governance Handbook).
- 1.5. This is prepared by the Accountable Officer and sets out those key operational decisions delegated to individual employees of the CCG
- 1.6. The approval of the CCG's Operational Scheme of Delegation that underpins the CCG's "Overarching Scheme of Reservation and Delegation" is reserved to the Governing Body.

	RESPONSIBILITY	DELEGATION ARRANGEMENTS	FURTHER INFORMATION
1.	Capital Projects and Assets		
1.1	<p>Approval of capital business cases including leases</p> <p>All PFI schemes and other schemes greater than £250,000</p> <p>Up to £250,000</p>	<p>Governing Body</p> <p>Finance Committee</p>	<p>This includes cases that may receive external funding. These powers may not be further delegated. In the absence of the appropriate officer authorisation must be obtained from the level above.</p> <p>In urgent cases- joint approval by the Accountable Officer and Chief Finance Officer required (up to limits of approval by the Clinical Executive Committee)</p> <p>Approval would be required for granting, terminating or extending leases.</p>

	RESPONSIBILITY	DELEGATION ARRANGEMENTS	FURTHER INFORMATION
1.2	<p>Capital expenditure variations</p> <p>Variation over the original business case figure:</p> <p>Greater than £100,000</p> <p>Greater than £25,000 and less than £100,000 or greater than 5% of the original business case whichever is the lower</p> <p>Less than £25,000 or less than 5% of the original business case whichever is the lower</p>	<p>Governing Body</p> <p>Finance Committee</p> <p>Chief Finance Officer</p>	<p>In urgent cases- joint approval by the Accountable Officer and Chief Finance Officer required (up to limits of approval by the Clinical Executive Committee)</p>
1.3	Maintenance of the capital asset register	Chief Finance Officer	Head of Finance

	RESPONSIBILITY	DELEGATION ARRANGEMENTS	FURTHER INFORMATION
1.4	<p>Approval of asset disposals:</p> <p>Land and buildings</p> <p>Other Assets, where asset has a residual value:</p> <p>Greater than £100,000</p> <p>£50,000 and up to £100,000</p> <p>£10,000 but less than £50,000 Less than £10,000</p> <p>Other – where the asset has no residual value</p>	<p>Governing Body</p> <p>Governing Body</p> <p>Accountable Officer</p> <p>Chief Finance Officer</p> <p>Executive Directors</p> <p>Deputy Director of Finance</p>	<p>Deputy CFO must always be informed to enable the asset register to be updated.</p> <p>Disposals include those items that are obsolete, obsolescent, redundant, irreparable or cannot be repaired cost effectively.</p>
2	Contracts		
2.1	Financial appraisal of companies identified as potential tenders	Chief Finance Officer	Delegated to Chief Finance Officer

	RESPONSIBILITY	DELEGATION ARRANGEMENTS	FURTHER INFORMATION
2.2	<p>Authorisation of less than the requisite number of tenders / quotes: For all contracts of £250,000 and above</p> <p>For all contracts less than £250,000 Including Capital projects / Works Goods and Services</p>	<p>Accountable Officer</p> <p>Chief Finance Officer</p>	<p>The requisite number of tenders / quotes:</p> <p>a) Up to £10,000, at least 1 written competitive quotations for goods / services obtained</p> <p>b) From 10,000 to £50,000, at least 3 written competitive quotations for goods / services obtained</p> <p>c) Above £50,000, a full tender is to be carried out.</p>
2.3	<p>Authorisation of single tender / single quote action:</p> <p>For all contracts of £250,000 and above (Illegal under EU Regulations)</p> <p>For all contracts less than £250,000 but above £4,000 (illegal under EU Regulations if above EU Threshold) including Capital projects / Works Goods and services</p>	<p>Accountable Officer</p> <p>Chief Finance Officer</p>	<p>Where a single tender / single quote is sought or received, the CCG shall as far as practical, determine that the price to be paid is fair and reasonable and that details of the investigation are recorded.</p> <p>Where a single tender / single quote is authorised, this will be reported at the next Audit and Risk Committee.</p>

	RESPONSIBILITY	DELEGATION ARRANGEMENTS	FURTHER INFORMATION
2.4	Single tender / single quote action for maintenance or other support contracts for existing goods or assets where the CCG is contractually tied to specific companies.	Chief Finance Officer	Delegated to Deputy CFO, who will maintain a register of such contracts approved.
2.5	Monitoring of the use of single tender / single quote action. A CCG Waiver must be completed and forward to the Head of Finance.	Audit and Risk Committee on behalf of Governing Body	Appropriate records to be maintained by the Chief Finance Officer as the basis for reporting, delegated to Head of Finance.
2.6	Advertising of contracts/awards: <ul style="list-style-type: none"> - Must be advertised, - The CCG Procurement Manager will co-ordinate this via the appropriate web portal 	Accountable Officer	Delegated to the CCG Procurement lead
2.7	Opening of tenders (will be automatic once web portal is being used for advertising of all tenders)	Any two from "List of CCG officers authorised to open tenders" where tender is over £50,000. Any one from list where tender is below £50,000.	
2.8	Permission to consider late tenders	Accountable Officer	

	RESPONSIBILITY	DELEGATION ARRANGEMENTS	FURTHER INFORMATION
2.9	<p>Tender ratification and award, including authorisation of any actions resulting from post tender negotiations:</p> <p>All types of tenders (on the lifetime value of the contract):</p> <p>a) Up to £50,000</p> <p>b) Above £50,000</p> <p style="padding-left: 40px;">i. Non-clinical spend</p> <p style="padding-left: 40px;">ii. Clinical spend up to £1,500,000</p> <p style="padding-left: 40px;">iii. Clinical spend above £1,500,000</p>	<p>Budget Holder – Exec Director</p> <p>Accountable Officer Finance Committee</p> <p>Governing Body</p>	

	RESPONSIBILITY	DELEGATION ARRANGEMENTS	FURTHER INFORMATION
2.10	<p>Signing of service provision contracts including letters of intent (the below is based on the lifetime value of the contract). This includes NHS, independent care placements, private sector and non-healthcare contracts</p> <p>Greater than £10 million</p> <p>Greater than £1 million and up to £10 million</p> <p>Greater than £100,000 and up to £1 million</p> <p>Less than £100,000</p>	<p>Accountable Officer AND Chief Finance Officer</p> <p>Accountable Officer</p> <p>Chief Finance Officer</p> <p>Budget Holders – Exec Directors</p>	<p>All Works contracts of £500,000 and above should be sealed; other contracts should be sealed if in the interests of the CCG.</p>
2.11	<p>Approval of variations or extensions to contracts:</p> <p>See 2.10 above</p>		<p>In all contracts the CCG should endeavour to obtain best value for money.</p>
2.12	<p>Sealing of documents</p>	<p>Chair (or Vice-Chair in the absence of the Chair) and one Executive Director</p>	<p>Subsidiary pages of Works contracts to be signed in accordance with Power of Appointment procedure</p>

	RESPONSIBILITY	DELEGATION ARRANGEMENTS	FURTHER INFORMATION
3	Income Generation and Research and Development Contracts		
3.1	<p>Approval of income generation contracts and variations or extensions to income generation contracts:</p> <p>Greater than £500,000</p> <p>£250,000 and up to £500,000</p> <p>Less than £250,000</p>	<p>Governing Body</p> <p>Accountable Officer</p> <p>Chief Finance Officer</p>	<p>These powers may not be further delegated; in the absence of the appropriate officer authorisation must be obtained from the level above</p>

	RESPONSIBILITY	DELEGATION ARRANGEMENTS	FURTHER INFORMATION
3.2	<p>Approval of research and development contracts (including variations or extensions)</p> <p>Greater than £500,000</p> <p>£250,000 and up to £500,000</p> <p>Up to £250,000</p>	<p>Governing Body</p> <p>Accountable Officer</p> <p>Chief Finance Officer</p>	<p>These powers may not be further delegated.</p> <p>In the absence of the appropriate officer authorisation must be obtained from the level above.</p>

	RESPONSIBILITY	DELEGATION ARRANGEMENTS	FURTHER INFORMATION
4	Purchasing and Payments (excl. Payroll)		
4.1	<p>Non Pay Expenditure for healthcare contracts that have been signed and ratified by the governing body</p> <p>Greater than £50 million</p> <p>Greater than £ 1 million up to £50 million</p> <p>Greater than £50,000 to £1 million</p> <p>Up to £50,000</p> <p>Exceptional: CHC under £10,000</p> <p>Exceptional: NCAs under £1,000</p>	<p>Accountable Officer following Governing Body approval</p> <p>Budget Holder – Exec Director, or Accountable Officer / Chief Finance Officer</p> <p>Budget Manager – Functional Director</p> <p>Senior Manager – Band 8a or above</p> <p>CHC Head of Programme Finance</p> <p>Financial Accountant</p>	<p>In line with budget management responsibilities (i.e. delegated budgets) and subject to quoting & tendering as required (see Section 2 above)</p>

	RESPONSIBILITY	DELEGATION ARRANGEMENTS	FURTHER INFORMATION
4.2	<p>All Other Non Pay (Limits include VAT) Authorisation of internal requisitions and invoices: Greater than £50 million</p> <p>Greater than £ 1 million up to £50 million</p> <p>Greater than £50,000 to £1million</p> <p>Up to £50,000</p> <p>Exceptional: CHC under £10,000</p> <p>Exceptional: NCAs under £1,000</p> <p>Procurement of Professional Services (additional controls are required due to the nature of expenditure):</p> <ul style="list-style-type: none"> - Legal advice - Specialist advice - Specific projects 	<p>Accountable Officer following Governing Body approval</p> <p>Accountable Officer / Chief Finance Officer</p> <p>Chief Finance Officer</p> <p>CHC Head of Programme Finance Deputy Chief Finance Officer</p> <p>Accountable Officer, Deputy Accountable Officer or CFO.</p>	<p>These limits are the maximum limits for each delegated group and at any time, as deemed necessary, the Chief Finance Officer can impose lower limits for each delegated group.</p> <p>For further information please refer to the Authorised Signatory Policy</p>

	RESPONSIBILITY	DELEGATION ARRANGEMENTS	FURTHER INFORMATION
4.3	Authorisation of official orders	Authorised list "List of CCG officers permitted to authorise official orders" (maintained by Chief Finance Officer)	
4.4	Authorisation of petty cash payments Disbursements up to £50	Authorisation for re-imburement in line with procedures as outlined in the Authorised Signatory Policy Budget Holder – Exec Director	
5	Payroll Expenditure		
5.1	<p>Pay including substantive/agency (excluding timesheets) within establishment</p> <p>Substantive staff on VSM contracts</p> <p>All Off-payroll / Agency staff where:</p> <ul style="list-style-type: none"> - Cost is less than £600/day (excl. VAT) - Engaged for less than 6 months - And not in roles of significant influence. <p>Where any of the above are <u>not</u> met</p> <p>All other pay expenditure up to VSM rates</p>	<p>Remuneration Committee</p> <p>Accountable Officer and Chief Finance Officer</p> <p>Accountable Officer and Chief Finance Officer and NHS England.</p> <p>Chief Finance Officer</p> <p>Accountable Officer and Chief Finance Officer</p>	<p>Prior to incurring pay expenditure which includes agency, interim and temporary staff, the CCG's Establishment Vacancy Control Process must be followed as well as the Temporary Staffing Policy incorporating escalation policies for rates outside either framework or NHSE caps. Once approved by the Establishment Control process the following delegated limits apply.</p>

	RESPONSIBILITY	DELEGATION ARRANGEMENTS	FURTHER INFORMATION
	<p>Engagement of Staff not within Establishment</p> <p>Authority to appoint staff</p> <p>Authority to permanently amend the formal establishment</p> <p>All Off-payroll / Agency staff where:</p> <ul style="list-style-type: none"> - Cost is less than £600/day (excl. VAT) - Engaged for less than 6 months - And not in roles of significant influence. <p>Where any of the above are <u>not</u> met</p> <p>Engagement of CCG's solicitors</p> <p>Booking of bank staff from approved lists</p>	<p>Governing Body</p> <p>Accountable Officer and Chief Finance Officer</p> <p>Accountable Officer and Chief Finance Officer</p> <p>Accountable Officer and Chief Finance Officer</p> <p>Chief Finance Officer and Budget Holder – Exec Director (within financial budget)</p> <p>Chief Finance Officer</p> <p>Budget Holder - Exec Director</p>	

	RESPONSIBILITY	DELEGATION ARRANGEMENTS	FURTHER INFORMATION
5.2	<p>Authorisation of travel claims (Mileage)</p> <p>Maximum value of any single monthly claim is restricted to £2,500 with no claims being older than 3 months unless approved by either the Chief Finance Officer or Accountable Officer.</p>	<p>Line Managers with Delegated Signatory as outlined in the Authorised Signatory List</p> <p>Authorisation for claims older than 3 months can be delegated to the Deputy Chief Finance Officer</p>	<p>Any expenses claimed by the Chair shall be authorised by the Accountable Officer and any expenses claimed by the Accountable Officer shall be authorised by the Chair of Chief Finance Officer.</p>
5.3	<p>Authorisation of other travel and other allowances outside the CCGs Expenses Policy</p> <p>Authorisation of other travel and other allowances as per the CCGs Expenses Policy</p> <p>Over £300</p> <p>Up to £300</p> <p>Up to £100</p> <p>No claims being older than 3 months unless approved by either the Finance Director or Accountable Officer.</p>	<p>Accountable Officer</p> <p>Accountable Officer or Chief Finance Officer</p> <p>Budget Holder – Exec Director</p> <p>Budget Manager – Functional Director</p> <p>Can be delegated to the Deputy Chief Finance Officer</p>	<p>See Travel & Expenses Policy for details of other allowable expenses.</p> <p>Any study leave and associated expenses should be agreed by the CFO and Budget Holder – Exec Director in advance.</p>

	RESPONSIBILITY	DELEGATION ARRANGEMENTS	FURTHER INFORMATION
5.4	<p>Authorisation of payroll timesheets</p> <p>Maximum value of any single monthly claim is restricted to £2,500 with no claims being older than 3 months unless approved by either the Finance Director or Accountable Officer.</p>	<p>Delegated Line Managers.</p> <p>Authorisation for claims older than 3 months can be delegated to the Deputy Chief Finance Officer</p>	<p>See Authorised Signatory Policy</p>
6	Income/debt write-off		
6.1	<p>Authorisation of credit notes</p> <p>Greater than £500,000</p> <p>£250,000 and up to £500,000</p> <p>Greater than £5,000 but less than £250,000</p> <p>Up to £5,000</p>	<p>Governing Body</p> <p>Accountable Officer or Chief Finance Officer</p> <p>Deputy Chief Finance Officer</p> <p>Budget Managers</p>	
6.2	<p>Authorisation to refer debts to debt collection agency</p>	<p>Chief Finance Officer</p>	<p>Delegated to Head of Financial Accounts/Deputy Chief Finance Officer</p>

	RESPONSIBILITY	DELEGATION ARRANGEMENTS	FURTHER INFORMATION
6.3	<p>Authorisation of debt write-off: Individual debts</p> <p>Greater than £10,000</p> <p>Greater than £5,000 and up to £10,000 Up to £5,000</p>	<p>Governing Body</p> <p>Accountable Officer</p> <p>Chief Finance Officer</p>	<p>All write offs to be reported to the Audit and Risk Committee</p>
7	Losses and special payments		
7.1	<p>Authorisation of losses and special payments, including ex-gratia payments:</p> <p>Greater than £50,000</p> <p>£10,000 and up to £50,000</p> <p>Up to £10,000</p>	<p>Governing Body</p> <p>Accountable Officer</p> <p>Audit and Risk Committee or in an emergency Chief Finance Officer or Deputy Chief Finance Officer</p>	<p>All losses greater than £100,000 must be approved by Treasury. See losses procedure contained in the General Financial Procedures. After advice taken by lawyers.</p> <p>The Chief Finance Officer will report any cases they consider to be “novel, contentious or repercussive” to the Chair of the Audit and Risk Committee as soon as they become aware of the case. And should be reported to NHS England in line with guidance.</p>
7.2	<p>Authorisation of clinical negligence payments</p> <ul style="list-style-type: none"> - Up to the CNST excess - Above the CNST excess 	<p>Chief Finance Officer</p> <p>Governing Body</p>	

	RESPONSIBILITY	DELEGATION ARRANGEMENTS	FURTHER INFORMATION
7.3	Monitoring of losses and special payments	Audit and Risk Committee	Liaison with the CCG's Local Counter Fraud Specialist & Police as required and in line with the CCG's Fraud, Corruption and Bribery Policy.
7.4	Authorisation of early retirement, redundancy and other termination payments to staff: Greater than £100,000 £50,000 and up to £100,000 Up to £50,000	Governing Body and Remuneration Committee Accountable Officer Chief Finance Officer	
8	Budgetary Control		
8.1	Approval of budgets and resources Delegation of budgets Approval to spend	Governing Body Accountable Officer and Chief Finance Officer Budget Holder / Manager is permitted to incur costs in accordance with their budgets & authorisation limits	The approval of budgets and resources will usually take place during the March Governing Body meeting.

	RESPONSIBILITY	DELEGATION ARRANGEMENTS	FURTHER INFORMATION
8.2	<p>Approval of budget virements</p> <p>If Virement is the result of an authorised contract variation</p> <p>Greater than £100,000</p> <p>Greater than £25,000 up to £100,000</p> <p>Greater than £500 up to £25,000</p> <p>£500 and below</p> <p>For other virements</p> <p>Greater than £10,000</p> <p>Up to £10,000</p>	<p>Accountable Officer, Chief Finance Officer, Deputy Chief Finance Officer</p> <p>Executive Director</p> <p>Budget Holder</p> <p>Budget Manager</p> <p>Clinical and Lay Commissioning Committee</p> <p>Budget Holder</p>	<p>Virements within a budget holders approved budget are permitted in accordance with virement rules, as set out by the Chief Finance Officer.</p> <p>A Business Case is required.</p>
8.3	Approval of transfers from reserves	Chief Finance Officer	

	RESPONSIBILITY	DELEGATION ARRANGEMENTS	FURTHER INFORMATION
8.4.	Approval of Revenue Business Cases (not Capital) Greater than £500,000 Up to £500,000	Governing Body Finance Committee	In urgent cases- joint approval by the Accountable Officer and Chief Finance Officer required (up to limits of approval by the Clinical Executive Committee)
9	Stores		
9.1	Management and control of stores: General Pharmacy	Executive Director of Corporate Strategy and Delivery Medical Director	Delegated to CCG Procurement Manager
10	Bank accounts and payment methods		
10.1	Opening of bank accounts or changes to banking arrangements.	Chief Finance Officer	Governing Banking Services only. Should be reported to the next Governing Body meeting.
10.2	Signing of cheques for cash, signing of other cheques, and authorisation of electronic payments, cheque and BACs payment schedules.	See authorised signatory list	Lists to be maintained by the Chief Finance Officer

11	Fees and charges		
11.1	Approval of fees and charges	Chief Finance Officer	Examples are course fees, mobile phone use, private use of NHS equipment and facilities (such as photocopiers and rooms).

	RESPONSIBILITY	DELEGATION ARRANGEMENTS	FURTHER INFORMATION
12	Standards of Business Conduct		
12.1	Maintenance of the CCG Register of Interests	Chief Finance Officer	Maintained by CCG Secretary
12.2	Maintenance of CCG Gifts and Hospitality register	Chief Finance Officer	Maintained by CCG Secretary
13	Insurance		
13.1	Decision of level of and claims against Non Clinical Insurance	Chief Finance Officer	The risk should be managed by the Accountable Officer, in conjunction with the CCG's Lead for Governance.
13.2	Decision of level of and claims against Clinical Insurance	Chief Finance Officer	The risk should be managed by the Accountable Officer, in conjunction with the CCG's Lead for Governance.
14.0	Fraud and Irregularity		
14.1	Counter fraud and corruption work in accordance with Secretary of State's Directions	Chief Finance Officer	In liaison with Local Counter Fraud Specialist, Counter Fraud Operational Service and Police as appropriate
14.2	Investigation of suspected cases of irregularity not related to fraud or corruption	Chief Finance Officer	
15	Investments		
15.1	Approval of Investment Policy	Governing Body	
15.2	Investment decisions	Chief Finance Officer	
16	Borrowing		
16.1	Approval of loans: All Loans	 Governing Body	

