

Greater Nottingham Joint Commissioning Committee

Terms of Reference

1. Introduction

- 1.1 The Greater Nottingham Joint Commissioning Committee (**'the Committee'**) is a joint committee of NHS Nottingham City CCG, NHS Nottingham North and East CCG, NHS Nottingham West CCG and NHS Rushcliffe CCG (**'the Greater Nottingham CCGs'**) and is set up to exercise, to the extent permitted under s.14Z3 NHS Act 2006 (as amended), the commissioning functions of the four CCGs.
- 1.2 There is a well-established history of collaborative working between the Greater Nottingham CCGs. This commitment for joint working is driven by a range of factors, but the focused work to develop an Integrated Care System is a key driver for more formal collaborative working. The establishment of the Committee is a crucial aspect of this move. However, it is important to emphasise that each CCG will retain responsibility for developing and agreeing its own commissioning strategy and plans. The Committee will then exercise its delegated functions within this strategic planning framework.

2. Role and Responsibilities

- 2.1 The Committee will operate as a single integrated commissioning body with the purpose of commissioning health services for the populations defined within the Constitutions of the Greater Nottingham CCGs (**'the Greater Nottingham Area'**).
- 2.2 The Greater Nottingham CCGs have delegated the functions set out at **Schedule 1 ('the Delegated Functions')** to the Committee. However, the individual CCGs will remain accountable for meeting their statutory duties and each CCG retains liability in relation to the exercise of the Delegated Functions.
- 2.3 All functions are reserved for statutory organisations that are not specifically stated in the scheme of delegation (**'the Reserved Functions'**). The Committee will ensure that it is familiar with the Reserved Functions and that the reporting arrangements contained within this document are complied with.
- 2.4 The Committee will have responsibility for:
- a) Developing an aligned vision, values and set of strategic objectives for the Greater Nottingham CCGs, recognising each CCG's specific local needs, and

recommending these for approval by the Greater Nottingham CCGs' Governing Bodies.

- b) Developing the Commissioning Strategies and Operational Plans (and other associated enabling strategies and plans) of the Greater Nottingham CCGs, aligning these where relevant, and recommending them for approval by the Greater Nottingham CCGs' Governing Bodies. The enabling strategies and plans will include, but not be limited to, those relating to information technology, estates, workforce and organisational development, patient and public engagement and communications.
- c) Overseeing and managing delivery of approved strategies and plans, recommending variations for approval, as required.
- d) Making decisions on the services that should be commissioned for the population of the Greater Nottingham Area, in line with approved strategies and plans, and arranging for the commissioning of these services.
- e) Exercising all commissioning related functions on behalf of the Greater Nottingham CCGs, including but not limited to, the requirements to improve the quality of commissioned services and to reduce inequalities.
- f) Overseeing and managing the health commissioning aspects of the health and care system transformation plan in Greater Nottingham, making recommendations to the Greater Nottingham CCGs as appropriate.
- g) Overseeing and managing all financial matters relating to the commissioning of services in the Greater Nottingham area, including the development and approval of the Greater Nottingham Financial Recovery Plan. At this stage, the Greater Nottingham CCGs have not decided to establish any pooled budgets. Each CCG will retain responsibility for approving budgets and signing-off accounts, including those relating to the implementation of the Greater Nottingham Financial Recovery Plan. Any proposal by the Committee to establish and maintain a pooled fund, pursuant to section 14Z3(4) must be approved by the Greater Nottingham CCGs' Governing Bodies.
- h) Overseeing and managing performance against the Standards set out in the NHS Constitution and any other nationally set, or locally agreed, performance indicators.
- i) Supporting the delivery of the Nottingham and Nottinghamshire Health and Wellbeing Strategies on behalf of the Greater Nottingham CCGs.
- j) Overseeing and managing the existing Section 75 agreements on behalf of the Greater Nottingham CCGs. Overseeing any variations to existing Section 75 Agreements and the development of new Section 75 Agreements, should this be required, and recommending these for approval to the relevant Governing Bodies of the Greater Nottingham CCGs.
- k) Working with NHS England on ensuring that commissioning is joined up and collaborative across primary and specialist care under existing arrangements. It

will support the work of each of the Greater Nottingham CCGs' Primary Care Commissioning Committees.

- l) Developing equality objectives on behalf of the Greater Nottingham CCGs and recommending these for approval by the Greater Nottingham CCGs' Governing Bodies. Overseeing and managing delivery of the approved equality objectives.
- m) Overseeing and managing risks in line with the Greater Nottingham CCGs' integrated risk management framework, reporting to the Greater Nottingham CCGs' Governing Bodies as appropriate.
- n) Supporting the development of the Annual Reports of the Greater Nottingham CCGs and recommending these for approval by the Greater Nottingham CCGs' Audit & Governance Committees.

2.5 The following principles will be used to guide the work of the Committee:

- a) To ensure that effective GP membership engagement and involvement is maintained.
- b) To ensure that the differences in financial position between the CCGs are managed in an equitable way, whilst ensuring that respective challenges are appropriately prioritised.
- c) To ensure that the existing strategic priorities of the Greater Nottingham CCGs are retained and that the new models of care in development are safeguarded.
- d) To ensure that specific consideration is given to the impact of commissioning decisions on deprived and diverse communities within Greater Nottingham.
- e) To maintain a culture that ensures the interests of patients, citizens and communities remain at the heart of discussions and decisions.
- f) To ensure that good governance remains central at all times.

3. Membership

3.1 The Committee will have 14 voting members, comprised of:

Lay Members:

- a) An Independent Chair
- b) Three lay members, selected from the existing appointees of the Greater Nottingham CCGs; one of whom will have a lead oversight role for financial management and audit; and one of whom will have a lead oversight role for patient and public involvement

Clinical Members:

- c) The Clinical Chair of NHS Nottingham City CCG

- d) The Clinical Chair of NHS Nottingham North and East CCG
- e) The Clinical Chair of NHS Nottingham West CCG
- f) The Clinical Chair of NHS Rushcliffe CCG
- g) A secondary care doctor, selected from the existing appointees of the Greater Nottingham CCGs
- h) The Chief Nurse and Director of Quality for the Greater Nottingham CCGs

Executive Members:

- i) The Accountable Officer for the Greater Nottingham CCGs
- j) The Chief Finance Officer for the Greater Nottingham CCGs
- k) The Chief Executive of Nottingham City Council
- l) The Chief Executive of Nottinghamshire County Council

3.2 The Committee may also co-opt advisors with speaking rights to attend meetings, as required, to ensure it has sufficient expertise to enable it to deal with its agenda. Co-opted advisors will include, but not be limited to:

- a) The Chief Operating Officer for the Greater Nottingham CCGs
- b) The Chief Commissioning Officer for the Greater Nottingham CCGs
- c) A practicing GP with experience of treating patients from deprived communities, selected from a member practice of the Greater Nottingham CCGs
- d) A Director of Public Health from either Nottingham City Council or Nottinghamshire County Council

3.3 The initial members and co-opted advisors of the Committee are set out at **Schedule 2**.

4. Chair of the Committee

4.1 The Independent Chair will Chair meetings of the Committee (**'the Chair of the Committee'**).

4.2 In the event of the Chair of the Committee being unable to attend all or part of the meeting, a replacement from within the Committee's lay membership will be nominated by the Chair of the Committee to deputise for that meeting.

5. Frequency of meetings

- 5.1 The Committee will meet no less than ten times per year, but the Chair of the Committee may call additional meetings, as and when required.

6. Secretariat provisions

- 6.1 The Greater Nottingham CCGs will provide secretariat support to the Committee to ensure the day to day work of the Committee is proceeding satisfactorily.

7. Standing Orders

- 7.1 The Standing Orders for the Committee are set out at **Schedule 3** and form part of these terms of reference. The Standing Orders describe:
- a) Arrangements regarding meetings of the Committee, including notice of meetings, circulation of agendas and papers and arrangements for managing conflicts of interests;
 - b) The Committee's quoracy requirements, including arrangements for nominating deputies, where permitted;
 - c) The Committee's arrangements for making decisions, including urgent decision-making; and
 - d) The appointment/selection processes for Committee members.

8. Reporting Arrangements

- 8.1 The Committee will make quarterly written reports to the Governing Bodies of the Greater Nottingham CCGs to provide assurance that it is effectively discharging its delegated responsibilities, as set out in these terms of reference.
- 8.2 The Committee will hold at least annual engagement events to review aims, objectives, strategy and progress and publish an annual report on progress made against objectives.

9. Review of Terms of Reference

- 9.1 These Terms of Reference may be amended by mutual agreement between the GN CCGs at any time to reflect changes in circumstances as they may arise.
- 9.2 These terms of reference will be formally reviewed by the Greater Nottingham CCGs annually in March of each year following the establishment of the Committee.

10. Dispute Resolution

- 10.1 Where any dispute arises in relation to the joint arrangements established by the Greater Nottingham CCGs, the relevant CCG(s) must use their best endeavours to resolve that dispute on an informal basis.
- 10.2 Where any dispute is not resolved on an informal basis, the relevant CCG Clinical Chair(s) may convene a special meeting of the Committee to attempt to resolve the dispute.
- 10.3 Where the dispute is still not able to be resolved, the Committee shall agree the next steps to resolve the dispute. This may include referring the matter to NHS England for mediation.

11. Withdrawal from the Committee

- 11.1 Should this joint commissioning arrangement prove to be unsatisfactory, the Governing Body of any of the Greater Nottingham CCGs can decide to withdraw from the arrangement, but has to give six months' notice to partners, with new arrangements starting from the beginning of the next new financial year.

12. Signatures

Dr Hugh Porter
Clinical Chair, NHS Nottingham City
CCG

Dr James Hopkinson
Clinical Chair, NHS Nottingham North and
East CCG

Dr Nicole Atkinson
Clinical Chair, NHS Nottingham West
CCG

Dr Stephen Shortt
Clinical Chair, NHS Rushcliffe CCG

Schedule 1 - Delegation by CCGs to Joint Commissioning Committee

- A. The functions set out below are delegated to the Greater Nottingham Joint Commissioning Committee (**'the Committee'**) by NHS Nottingham City CCG, NHS Nottingham North and East CCG, NHS Nottingham West CCG and NHS Rushcliffe CCG (**'the Greater Nottingham CCGs'**) in accordance with their statutory powers under Section 14Z3 of the NHS Act 2006 (as amended). These functions (**'the delegated functions'**) relate to the populations defined within the Constitutions of the Greater Nottingham CCGs (**'the Greater Nottingham Area'**). All other functions are retained as reserved functions by the individual CCGs.
- B. The expectation is that the Greater Nottingham CCGs will ensure that clear governance arrangements are put in place so that they can assure themselves that the exercise by the Committee of the functions is compliant with statute.
1. To arrange for the provision of certain specified health services as set out in Section 3 and 3a of the NHS Act 2006 (as amended) to secure improvement in: the physical and mental health of the population; and the prevention, diagnosis and treatment of illness. The following health services are included:
 - i) Urgent and emergency care service (including, but not limited to, accident and emergency services, ambulance services and NHS 111)
 - ii) Out-of-hours primary medical services (except where this responsibility has been retained by practices under the GP contract)
 - iii) Planned hospital care
 - iv) Community health services
 - v) Other community-based services, including (where appropriate) services provided by GP practices that go beyond the scope of the GP contract
 - vi) Rehabilitation services
 - vii) Maternity and newborn services
 - viii) Children's healthcare services (mental and physical health)
 - ix) Services for people with learning disabilities
 - x) Mental health services (including psychological therapies)
 - xi) NHS continuing healthcare
 - xii) Infertility services
 2. To exercise the following commissioning related functions on behalf of the Greater Nottingham CCGs:
 - i) Duty as to the improvement in quality of services, including the duty to have regard to any relevant guidance issued by NHS England in relation to this (section 14R)

- ii) Duty as to reducing inequalities (section 14T)
 - iii) Duty to promote involvement of each patient including the duty to have regard to any relevant guidance issued by NHS England in relation to this (section 14U)
 - iv) Duty as to patient choice (section 14V)
 - v) Duty to obtain appropriate advice including the duty to have regard to any relevant guidance issued by NHS England in relation to this (section 14W)
 - vi) Duty to promote innovation (section 14X)
 - vii) Duty in respect of research (section 14Y)
 - viii) Duty as to promoting education and training (section 14Z)
 - ix) Duty as to promoting integration (section 14Z1)
 - x) Duty as to public involvement and consultation (section 14Z2)
3. To arrange for the provision of after-care under section 117 of the Mental Health Act 1983 (as amended).
 4. The power to conduct, commission or assist the conduct of research into: any matters relating to the causation, prevention, diagnosis or treatment of illness; and any such other matters connected with any service provided under the NHS Act 2006, as considered appropriate.
- C. In order to effectively discharge the delegated functions set out in Part B above, the Committee is required to have regard to the statutory obligations of the Greater Nottingham CCGs, including but not limited to:
1. The financial duties imposed on CCGs under the NHS Act 2006 (as amended) and as set out in:
 - 223G – Means of meeting expenditure of CCGs out of public funds
 - 223H – Financial duties of CCGs: expenditure
 - 223I – Financial duties of CCGs: use of resources
 - 223J – Financial duties of CCGs: additional controls on resource use
 2. Duty to promote the NHS Constitution (section 14P)
 3. Duty as to effectiveness and efficiency (section 14Q)
 4. Duty in relation to quality of primary medical services (section 14S)
 5. Duty to comply with the registers of interests and management of conflicts of interest requirements, including the duty to have regard to guidance issued by NHS England in relation to this (section 14O)

6. Duties to co-operate with local authorities as set out in the Health and Social Care Act 2012 and other primary and secondary legislation, including but not limited to:
 - Section 192 – Joint strategic needs assessment
 - Section 193 – Joint health and wellbeing strategies
 7. The requirement to comply with the statutory duty under section 149 of the Equality Act 2010 i.e. the public sector equality duty.
 8. The requirement to comply with the duty on public authorities under section 6 of the Human Rights Act 1998.
 9. The requirement to comply with the National Health Service (Procurement, Patient Choice and Competition) Regulations 2013 and the Public Sector (Social Value) Act 2012.
 10. The requirement to comply with the duties on public authorities under Freedom of Information Act 2000.
 11. The requirement to comply with all legal obligations that apply in relation to data protection including, but not limited to, the Data Protection Act 1998, as amended or superseded from time to time, and all applicable EU Data Protection legislation including, but not limited to, the General Data Protection Regulation. The CCGs will enter into a data sharing agreement to govern data sharing in the context of these collaborative arrangements.
 12. The requirement to comply with the Information Standards as set out in sections 250, 251, 251A, 251B and 251C of the Health & Social Care Act 2012 (as amended).
 13. The requirement to comply with the obligation to consult the relevant local authorities under section 244 of the NHS Act and the associated Regulations.
- C. The Committee is required to comply with all reporting and assurance arrangements and to maintain appropriate governance arrangements to ensure that it is exercising the Delegated Functions in a manner that is consistent with the terms of this delegation and is compliant with statute and the relevant policies of the Greater Nottingham CCGs.
- D. The Committee is required to ensure that effective system partnership working arrangements are maintained.

Schedule 2 - List of Members

Voting Members

The voting members of the Greater Nottingham Joint Commissioning Committee are, as follows:

| Name | Member |
|--------------------|--|
| Terry Allen | Lay Member, Financial Management and Audit |
| Dr Nicole Atkinson | Clinical Chair, NHS Nottingham West CCG |
| Jonathan Bemrose | Chief Finance Officer, Greater Nottingham CCGs |
| Nichola Bramhall | Chief Nurse and Director of Quality, Greater Nottingham CCGs |
| Sue Clague | Lay Member, Patient and Public Involvement |
| Ian Curryer | Chief Executive, Nottingham City Council |
| Dr James Hopkinson | Clinical Chair, NHS Nottingham North and East CCG |
| Carol Knott | Lay Member |
| Anthony May | Chief Executive, Nottinghamshire County Council |
| Jenny Myers | Independent Chair |
| Dr Hugh Porter | Clinical Chair, NHS Nottingham City CCG |
| Dr Stephen Shortt | Clinical Chair, NHS Rushcliffe CCG |
| Dr Ben Teasdale | Secondary Care Doctor |
| Samantha Walters | Accountable Officer, Greater Nottingham CCGs |

Co-opted Advisors

The co-opted advisors to the Greater Nottingham Joint Commissioning Committee are, as follows:

| Name | Member |
|-------------------|--|
| Alison Challenger | Director of Public Health, Nottingham City Council |
| Penny Harris | Chief Commissioning Officer, Greater Nottingham CCGs |
| Gary Thompson | Chief Operating Officer, Greater Nottingham CCGs |
| Dr Sonali Kinra | GP Advisor |

Schedule 3 – Standing Orders for the Greater Nottingham Joint Commissioning Committee

1 Introduction

- 1.1 These Standing Orders apply to the Greater Nottingham Joint Commissioning Committee (**'the Committee'**).
- 1.2 The Committee is a joint committee between the following organisations:
- a) NHS Nottingham City CCG
 - b) NHS Nottingham North and East CCG
 - c) NHS Nottingham West CCG
 - d) NHS Rushcliffe CCG
- The above CCGs are collectively referred to as **'the Greater Nottingham CCGs'**.
- 1.3 The Committee's purpose is to jointly commission health services for the Greater Nottingham population, as defined within the Constitutions of the Greater Nottingham CCGs.

2 Terms of Reference

- 2.1 These Standing Orders form part of the Committee's terms of reference and should be read in conjunction with the Committee's terms of reference.

3 Committee Membership and Appointment Processes

- 3.1 The Committee's terms of reference sets out the composition of the Committee's membership.
- 3.2 For the following roles within the Committee's membership, there is only one individual who is able to fulfil the role, due to it being defined in line with their substantive appointed/employed position:
- a) The Clinical Chair of NHS Nottingham City CCG
 - b) The Clinical Chair of NHS Nottingham North and East CCG
 - c) The Clinical Chair of NHS Nottingham West CCG
 - d) The Clinical Chair of NHS Rushcliffe CCG
 - e) The Accountable Officer for the Greater Nottingham CCGs
 - f) The Chief Finance Officer for the Greater Nottingham CCGs
 - g) The Chief Nurse and Director of Quality for the Greater Nottingham CCGs
 - h) The Chief Executive of Nottingham City Council

- i) The Chief Executive of Nottinghamshire County Council
- 3.3 Individuals will be selected from the existing Governing Body memberships of the Greater Nottingham CCGs to fill the three Lay Member roles and the Secondary Care Doctor role on the Committee. The terms of office for the selected individuals will run for the same duration as their terms of office for their Governing Body roles.
- 3.4 The Independent Chair, who is also the Chair of the Committee, is subject to the following appointment process:
- a) **Nominations and Eligibility** – Any individual with the expertise and experience to provide constructive challenge to Committee discussions can apply for this role when advertised, other than those that meet the descriptions set out within Schedules 4 and 5 of The National Health Service (Clinical Commissioning Groups) Regulations 2012 S.I. 2012/1631, who are disqualified from applying.
 - b) **Appointment process** – This appointment will be made in line with NHS England’s best practice toolkit for the appointment of lay members. Individuals’ interests will be considered as part of this process to determine whether there are any conflicts that warrant individuals being excluded from appointment to the role. The following general principles will be applied:
 - i) An assessment of the materiality of the interests, in particular whether the individual (or a family member or business partner) could benefit from any decision the Committee might make;
 - ii) An assessment of the extent of the interests and whether they are related to a business area significant enough that the individual would be unable to make a full and proper contribution to the Committee.
 - c) **Term of office** – The normal term of office for this role is three years. However, based on the Committee’s requirements at the time of appointment, normal terms of office may be varied.
 - d) **Eligibility for reappointment** – At the end of each term of office, this role will be subject to the appointment process set out at 3.4 b). The incumbent post holder is free to submit an application for re-appointment at the time the role is advertised, but they have no right to be re-appointed. They will be expected to have upheld the Nolan Principles and their professional Codes of Conduct, demonstrated through a satisfactory annual performance appraisal.

A person cannot be appointed to the role of Independent Chair for more than nine consecutive years in office, which will include any years served in equivalent roles for the Greater Nottingham CCGs.
 - e) **Grounds for removal from office** – The following are grounds for removal from office for this role:
 - i) Gross misconduct;
 - ii) Ceasing to fulfil the eligibility criteria for the role as set out at standing order 3.4 a) above;

- iii) Not attending Committee meetings for three consecutive months (except under extenuating circumstances, such as illness);
 - iv) Failing to disclose a pecuniary interest regarding matters under discussion within the organisation or the introduction of a conflict of interests that would warrant an individual being excluded from appointment to the Committee in line with standing order 3.4 b);
 - v) Following the passing of a vote of no confidence by the Committee;
 - vi) Following the passing of a vote of no confidence by any of the Greater Nottingham CCGs' Governing Bodies.
- f) **Notice period** – The Independent Chair may resign from this role by giving not less than six months' written notice to the Committee at any time.

4 Standards of Business Conduct

- 4.1 Committee members and attendees are required to maintain the highest standards of personal conduct and in this regard must comply with:
- a) The statutory duties set out in Chapter A2 of the NHS Act 2006, including those relating to the management of conflicts of interest as set out in section 140 of the Act.
 - b) NHS England's guidance *Managing Conflicts of Interest in the NHS: Guidance for staff and organisations* (<https://www.england.nhs.uk/publication/managing-conflicts-of-interest-revised-statutory-guidance-for-ccgs-2017/>) and all relevant guidance and policies of their appointing body in relation to conflicts of interest.
 - c) The NHS Constitution.
 - d) The Nolan Principles.
 - e) Any additional regulations or codes of practice relevant to the Committee.
 - f) The law of England and Wales.
- 4.2 In addition, the Committee shall operate a register of interests. Members of the Committee shall disclose any potential conflict; where there is any doubt, the member should always err on the side of disclosure of any potential conflict. Any breach of these requirements or of relevant policies or guidance will be reported to the member CCGs promptly and in any event within 5 days of the breach having come to light.
- 4.3 Specific provisions relating to the management of conflicts of interest in relation to meetings of the Committee are set out below.

5 Training and Information

- 5.1 It is the responsibility of the organisations referred to in paragraph 1.2 above to ensure that the Committee's members are provided with appropriate training and information to allow them to exercise their responsibilities effectively.

6 Meetings of the Committee

- 6.1 Subject to standing order 6.2 below, meetings of the Committee will be open to the public.
- 6.2 The Committee may, by resolution, exclude the public from a meeting that is open to the public (whether during the whole or part of the proceedings) wherever publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution and arising from the nature of that business or of the proceedings or for any other reason permitted by the Public Bodies (Admission to Meetings) Act 1960 as amended or succeeded from time to time.
- 6.3 In the event the public could be excluded from a meeting of the Committee, consideration will be given to whether the subject matter of the meeting would in any event be subject to disclosure under the Freedom of Information Act 2000, and if so, whether the public should be excluded in such circumstances.
- 6.4 The Chair of the Committee shall give such directions as they think fits with regard to the arrangements for meetings and accommodation of the public and representatives of the press such as to ensure that the Committee's business shall be conducted without interruption and disruption.
- 6.5 The Committee may resolve (as permitted by Section 1(8) Public Bodies (Admissions to Meetings) Act 1960 as amended from time to time) to exclude the public from a meeting (whether during whole or part of the proceedings) to suppress or prevent disorderly conduct or behaviour.
- 6.6 Matters to be dealt with by the Committee following the exclusion of representatives of the press, and other members of the public shall be confidential to the members of the Committee.
- 6.7 Members of the Committee and any member or employee of the Greater Nottingham CCGs in attendance or who receives any such minutes or papers in advance of or following a meeting shall not reveal or disclose the contents of papers marked 'In Confidence' or minutes headed 'Items Taken in Private' outside of the Committee, without the express permission of the Committee. This will apply equally to the content of any discussion during the Committee meeting, which may take place on such reports or papers.

7 Calling meetings

- 7.1 In normal circumstances, each member of the Committee will be given not less than twenty working days' notice in writing of any meeting of the Committee to be held.
- 7.2 However, the Chair of the Committee may call a meeting at any time by giving not less than ten working days' notice in writing.

8 Agenda, supporting papers and business to be transacted

- 8.1 Before each Committee meeting, an agenda will be produced that sets out the business of the meeting.
- 8.2 If a Committee member wishes to include an item on the agenda, they must notify the Chair of the Committee via the secretariat no later than seven days prior to the meeting. The decision as to whether to include the agenda item is at the absolute discretion of the Chair of the Committee, but any request to add an item to the agenda must not be unreasonably refused.
- 8.3 The agenda and supporting papers for each meeting will be circulated to all Committee members and co-opted advisors at least three working days before the date the meeting will take place.
- 8.4 Agendas and papers for meetings open to the public, including details about meeting dates, times and venues, will be published on the Greater Nottingham CCGs' websites.

9 Managing Conflicts of Interest at Meetings

- 9.1 The provisions of NHS England's guidance Managing Conflicts of Interest in the NHS: Guidance for staff and organisations, or any successor document, will apply at all times.
- 9.2 In advance of any meeting of the Committee, consideration will be given as to whether conflicts of interest are likely to arise in relation to any agenda item and how they should be managed. This may include steps to be taken prior to the meeting, such as ensuring that supporting papers for a particular agenda item are not sent to conflicted individuals.
- 9.3 At the beginning of each formal meeting, Committee members and co-opted advisors will be required to declare any interests that relate specifically to a particular issue under consideration. If the existence of an interest becomes apparent during a meeting, then this must be declared at the point at which it arises. Any such declaration will be formally recorded in the minutes for the meeting.

- 9.4 The Chair of the Committee (or Deputy Chair in their absence, or where the Chair of the Committee is conflicted) will determine how declared interests should be managed, which is likely to involve one of the following actions:
- a) Requiring the individual to withdraw from the meeting for that part of the discussion if the conflict could be seen as detrimental to the Committee's decision-making arrangements.
 - b) Allowing the individual to participate in the discussion, but not the decision-making process.
 - c) Allowing full participation in discussion and the decision-making process, as the potential conflict is not perceived to be material or detrimental to the Committee's decision-making arrangements.

10 Quorum

- 10.1 Meetings will be quorate with seven members present, including:
- a) Three clinical members, of which two will be Clinical Chairs
 - b) Two lay members, of which one will be the Chair of the Committee (in accordance with section 4 of the Committee's terms of reference)
 - c) Two executive members, of which one will be either the Accountable Officer or the Chief Finance Officer
- 10.2 To ensure that the quorum can be maintained, the following Committee members are able to nominate a suitable deputy to attend a meeting of the Committee that they are unable to attend, to speak and vote on their behalf:
- a) The Clinical Chair of NHS Nottingham City CCG
 - b) The Clinical Chair of NHS Nottingham North and East CCG
 - c) The Clinical Chair of NHS Nottingham West CCG
 - d) The Clinical Chair of NHS Rushcliffe CCG
 - e) The Accountable Officer for the Greater Nottingham CCGs
 - f) The Chief Finance Officer for the Greater Nottingham CCGs
- 10.3 No person can act in more than one role on the Committee, meaning that any nominated deputy must be an additional person from outside the Committee's membership.
- 10.4 Deputies are required to be identified and approved by the Chair in advance of the meeting.
- 10.5 Committee members are responsible for fully briefing their nominated deputies and for informing the secretariat so that the quorum can be maintained.

- 10.6 If any Committee member has been disqualified from participating in the discussion and/or decision-making for an item on the agenda, by reason of a declaration of a conflict of interest, then that individual shall no longer count towards the quorum.
- 10.7 If a meeting or part of a meeting is not quorate, the Chair of the Committee may adjourn the meeting to allow a suitable deputy to be nominated (in line with standing orders 10.2 and 10.3 above) or to temporarily co-opt a non-conflicted individual to satisfy the quorum requirements. If the conflicted individual is a clinical member, then the individual temporarily co-opted onto the Committee must be a clinician. The final decision as to the suitability of any individual who is temporarily co-opted onto the Committee shall be made by the Chair of the Committee.

11 Decision making

- 11.1 The decisions made by the Committee will be limited to the responsibilities set out within its terms of reference.
- 11.2 Generally it is expected that at the Committee's meetings, decisions will be reached by consensus. Should this not be possible, then a vote of the Committee members will be required, the process for which will be, as follows:
- a) All members of the Committee (including authorised deputies) who are present at the meeting will be eligible to cast one vote each. In no circumstances may an absent member vote by proxy. Absence is defined as being absent at the time of the vote.
 - b) For the sake of clarity, any co-opted advisors do not have voting rights.
 - c) A decision will be passed if more votes are cast for it than against it.
 - d) Casting vote – If an equal number of votes are cast for and against a resolution, then the Chair of the Committee will have a casting vote.
- 11.3 Should a vote be taken, the outcome of the vote, and any dissenting views, will be recorded in the minutes of the meeting.
- 11.4 The decisions of the Committee will be binding on the Greater Nottingham CCGs.

12 Urgent decisions

- 12.1 Decisions may in an emergency, or for an urgent decision, be exercised by the Chair of the Committee and Accountable Officer after having consulted at least two of the Clinical Chairs and one Lay Member.
- 12.2 Any such decision taken by the Chair of the Committee and Accountable Officer will be reported to the next formal meeting of the Committee for formal ratification.

13 Minutes

- 13.1 The names of all members of the Committee present at each meeting shall be recorded in the minutes of the Committee meetings.
- 13.2 The minutes of the proceedings of a meeting will be drawn up and submitted for agreement at the next meeting where they will be signed by the person presiding at it. No discussion shall take place upon the minutes except upon their accuracy or where the Chair of the Committee considers discussion appropriate.
- 13.3 Where providing a record of a public meeting the minutes shall be made available to the public as required by the Code of Practice on Openness in the NHS.

14 Sub-Committees

- 14.1 The Committee may appoint sub-committees for any agreed purpose which, in the opinion of the Committee, would be more effectively undertaken by a sub-committee.
- 14.2 The membership of any such sub-committee may be comprised of employees and appointees of the Greater Nottingham CCGs, or other relevant external partners, who are not required to be members of the Committee, provided that due regard is given to ensuring that the proposed membership arrangements are appropriate in terms of managing conflicts of interest.
- 14.3 When developing the terms of reference for any sub-committee, the Committee must ensure that:
 - a) Appropriate clinical representation is maintained;
 - b) Reporting and assurance arrangements are sufficiently robust and reflect the requirements within each of the Greater Nottingham CCGs' Constitutions;
 - c) The role and purpose of the sub-committee is clear.
- 14.4 Minutes/reports of sub-committees will be promptly submitted to the Committee, in accordance with the requirements of the sub-committee's terms of reference.

15 Review of Standing Orders

- 15.1 These Standing Orders form part of the Committee's terms of reference. They must be reviewed in accordance with the provisions for review of the terms of reference contained in the Committee's terms of reference.