Nottingham North and East
Clinical Commissioning Group

CONSTITUTION

Version: 5
Date Approved: March 2018

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FOREWORD

NHS Nottingham North and East Clinical Commissioning Group is one of seven Clinical Commissioning Groups in Nottinghamshire, including Nottingham City and Bassetlaw. The Group is made up of 17 GP practices organised collectively to commission health services for the population based in Arnold, Burton Joyce, Calverton, Carlton, Colwick, Daybrook, Gedling, Giltbrook, Hucknall, Lowdham, Mapperley, Netherfield and Newthorpe. Between the practices, we cover a population of approximately 150,000.

We recognise that, as clinicians in general practice, we are trusted local community leaders who have the ability to give a voice to the population of patients and communities we serve. We will use the opportunities of strong clinical commissioning together with patient and stakeholder engagement to deliver our vision "putting good health into practice" by improving the health of our community and securing safe, high quality services that represent good value for money. ***This is set within the context of a number of years of unprecedented financial challenge for the National Health Service as a whole.***

This constitution sets out how NHS Nottingham North and East Clinical Commissioning Group will meet its responsibilities for commissioning care for our population. It describes the governing principles, rules and procedures that the Group will establish to ensure probity and accountability in the day to day running of the Clinical Commissioning Group; to ensure that decisions are taken in an open and transparent way and that the interests of patients and the public remain central to the goals of the Group.

Dr James Hopkinson
Chair of the Governing Body
and Clinical Leader

Dr Amanda Sullivan
Accountable Officer

1 INTRODUCTION AND COMMENCEMENT

1.1 Name

1.1.1 The name of this Clinical Commissioning Group is NHS Nottingham North and East Clinical Commissioning Group.

1.2 Statutory Framework

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

1.2.2 NHS England is responsible for determining applications from prospective groups to be established as Clinical Commissioning Groups[4] and undertakes an annual assessment of each established group.[5] It has powers to intervene in a Clinical Commissioning Group where it is satisfied that a group is failing or has failed to discharge any of its functions or that there is a significant risk that it will fail to do so.[6]

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

1.3 Status of this Constitution

1.3.1 This constitution is made between the members of NHS Nottingham North and East Clinical Commissioning Group and has effect from the 1 April 2013, when NHS England established the Group.[8]

1.3.2 The constitution is published on the Group's website at: www.nottinghamnortheastccg.nhs.uk. Hard copy documents are also available from the Group's headquarters (Gedling Civic Centre, Arnot Hill Park, Arnold, Nottingham, NG5 6LU) or by emailing nnestccg.enquiries@nhs.net.

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1 See section 1I of the 2006 Act, inserted by section 10 of the 2012 Act
2 See section 275 of the 2006 Act, as amended by paragraph 140(2)(c) of Schedule 4 of the 2012 Act
3 Duties of Clinical Commissioning Groups to commission certain health services are set out in section 3 of the 2006 Act, as amended by section 13 of the 2012 Act
4 See section 14C of the 2006 Act, inserted by section 25 of the 2012 Act
5 See section 14Z16 of the 2006 Act, inserted by section 26 of the 2012 Act
6 See sections 14Z21 and 14Z22 of the 2006 Act, inserted by section 26 of the 2012 Act
7 See in particular sections 14L, 14M, 14N and 14O of the 2006 Act, inserted by section 25 of the 2012 Act and Part 1 of Schedule 1A to the 2006 Act, inserted by Schedule 2 to the 2012 Act and any regulations issued
8 See section 14D of the 2006 Act, inserted by section 25 of the 2012 Act

1.4 Amendment and Variation of this Constitution

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

a) Where the Group applies to NHS England and that application is granted

b) Where in the circumstances set out in legislation NHS England varies the Group's constitution other than on application by the Group.

1.4.2 The procedure to be adopted by NHS England and the relevant factors to be considered are set out within *The National Health Service (Clinical Commissioning Group) Regulations 2012 S.I. 2012/1631*.

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

2 AREA COVERED

2.1. The geographical area covered by NHS Nottingham North and East Clinical Commissioning Group includes parts of Gedling Borough Council, Ashfield District Council, Broxtowe Borough Council, and Newark and Sherwood District Council.

2.2. The Group covers the following Lower-layer Super Output Areas (LSOAs) all of which are within Nottinghamshire County Council geographic area:

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3 MEMBERSHIP

3.1 Membership of the Clinical Commissioning Group

3.1.1 The following 17 practices comprise the members of NHS Nottingham North and East Clinical Commissioning Group.

Practice Name	Address	Contract Type
Calverton Practice	2A St Wilfrid's Square, Calverton, Nottingham, NG14 6FP	PMS
Daybrook Medical Practice	Salop Street, Daybrook, Nottingham, NG5 6HP	PMS
Highcroft Surgery	High Street, Arnold, Nottingham, NG5 7BQ	PMS
Oakenhall Medical Practice	Bolsover Street, Hucknall, Nottingham, NG15 7UA	GMS
Park House Medical Centre	61 Burton Road, Carlton, Nottingham, NG4 3DQ	PMS
Peacock Healthcare	428 Carlton Hill, Nottingham, NG4 1HQ	PMS
Plains View Surgery	57 Plains Road, Mapperley, Nottingham, NG3 5LB	PMS
Stenhouse Medical Centre	66 Furlong Street, Arnold, Nottingham, NG5 7BP	PMS
The Ivy Medical Group	6 Lambley Lane, Burton Joyce, Nottingham, NG14 5BG	PMS
The Jubilee Practice	Lowdham Medical Centre, Francklin Road, Lowdham, Nottingham, NG14 7BG	GMS
The Om Surgery	112 Watnall Road, Hucknall, Nottingham, NG15 7JP	PMS
Torkard Hill Medical Centre	Farleys Lane, Hucknall, Nottingham, NG15 6DY	PMS
Trentside Medical Group	Netherfield Medical Centre, 2a Forester Street, Netherfield, Nottingham, NG4 2NJ	PMS
Unity Surgery	318 Westdale Lane, Mapperley, Nottingham, NG3 6EU	PMS
Westdale Lane Surgery	20-22 Westdale Lane, Gedling, Nottingham, NG4 3JA	GMS
West Oak Surgery	319 Westdale Lane, Mapperley, Nottingham, NG3 6EW	GMS
Whyburn Medical Practice	The Health Centre, Curtis Street, Hucknall, Nottingham, NG15 7JE	PMS

3.2 Eligibility

3.2.1 Providers of primary medical services to a registered list of patients under a General Medical Services, Personal Medical Services or Alternative Provider Medical Services contract, will be eligible to apply for membership of this Group[10].

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

4 VISION, VALUES AND AIMS

4.1 Vision

4.1.1 The vision of NHS Nottingham North and East Clinical Commissioning Group is "Putting Good **Health** into Practice" which will be achieved by:

a) Improving the health of the community and reducing health inequalities

b) Securing the provision of safe, high quality services

c) Achieving financial balance and value for money.

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

4.2 Values

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

4.2.2 The values that lie at the heart of the Group's work are presented using the acronym for HEALTH:

Honesty, openness and integrity are central to everything we do
Empowering and communicating with our patient community
Appropriate use of our resources to deliver best value
Leadership that is strong and visible
Together with our partners, strive to improve the health of our community
High quality is our standard

4.3 Aims

4.3.1 The Group's aims are to:

a) Reduce health inequalities in the local population by targeting those people with the greatest health needs

b) Drive up the quality of care in order to improve health outcomes and reduce unwarranted clinical variation

c) direct available resources to where they will deliver the greatest benefit to the local population

d) Commission appropriate models of care for older and vulnerable people with complex needs, ensuring all patients are treated with dignity and respect

e) Secure improved chances of a healthy life by targeting our prevention approach for children and young people

f) Ensure that patients are able to make choices about the care that they receive and are seen in the right place at the right time by the right person.

4.4 Principles of Good Governance

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

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

b) *The Good Governance Standard for Public Services*[12]

c) The standards of behaviour published by the *Committee on Standards in Public Life (1995)* known as the 'Nolan Principles' (see Appendix E)

d) The seven key principles of the *NHS Constitution* (see Appendix F)

e) The Equality Act 2010[13]

f) The *Standards for Members of NHS Boards and Clinical Commissioning Group Governing Bodies in England*[14].

4.5 Accountability

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

a) Publishing its constitution

b) Appointing independent lay members and non GP clinician(s) to its Governing Body

c) Holding meetings of its Governing Body in public (except where the Group considers that it would not be in the public interest in relation to all or part of a meeting)

d) Publishing annually a commissioning plan

e) Complying with local authority health overview and scrutiny requirements

f) Meeting annually in public to publish and present its annual report (which must be published)

g) Producing annual accounts in respect of each financial year which must be externally audited

h) Having a published and clear complaints process in line with the statutory framework for complaint handling

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11 Inserted by section 25 of the 2012 Act

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

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

14 *Standards for Members of NHS Boards and Governing Bodies in England,* Council for Healthcare Regulatory Excellence*, 2012*

i) Complying with the Freedom of Information Act 2000

j) Providing information to NHS England as required.

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

a) Regularly publishing a Communication and Engagement Strategy and monitoring this through development and publication of an annual action plan and regular reports to the Governing Body

b) Regular meetings of the Patient and Public Involvement Committee which will provide assurance to the Governing Body that all decisions made by the Group have been informed by appropriate levels of input from patients, carers and communities

c) Electing representatives of the Members to the Governing Body as described in paragraphs 6.9.2 and 7.1 below

d) Publication on the Group's website of relevant policies of the Group.

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

5 FUNCTIONS AND GENERAL DUTIES

5.1 Functions

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

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

i) All people registered with member GP practices

ii) People who are usually resident within the area and are not registered with a member of any Clinical Commissioning Group

b) Commissioning emergency care for anyone present in the Group's area

c) Paying its employees' remuneration, fees and allowances in accordance with the determinations made by its Governing Body and determining any other terms and conditions of service of the Group's employees

d) Determining the remuneration and travelling or other allowances of members of its Governing Body.

5.1.2 In addition to the functions set out in 5.1.1 above, the Group is also responsible for such primary care commissioning functions as may be delegated to it by NHS England.[15]

5.1.3 In discharging its functions the Group will:

a) Act[16], when exercising its functions to commission health services, consistently with the discharge by the Secretary of State and NHS England of their duty to ***promote a comprehensive health service***[17] *and* with the objectives and requirements placed on NHS England through *the mandate*[18] published by the Secretary of State before the start of each financial year by:

i) Requiring its Governing Body to oversee the discharge of this duty.

ii) The Clinical Cabinet[19] to advising the Governing Body on the commissioning of healthcare services to meet the reasonable needs of the persons for whom the CCG is responsible and on the content of the Group's commissioning strategy and annual commissioning plan.

iii) The Governing Body will develop (and review annually) the Group's Commissioning Strategy and annual commissioning plan (having regard

15 See section 13Z of the 2006 Act, inserted by section 13 of the 2012 Act
16 See section 3(1F) of the 2006 Act, inserted by section 13 of the 2012 Act
17 See section 1 of the 2006 Act, as amended by section 1 of the 2012 Act
18 See section 13A of the 2006 Act, inserted by section 23 of the 2012 Act
19 See the Group's Governance Handbook for the Terms of Reference of the Clinical Cabinet

to the advice of the Clinical Cabinet) so that it facilitates the promotion of a comprehensive health service in line with the mandate.

iv) The Governing Body ensuring delivery against the Commissioning Strategy and annual commissioning plan (seeking regular feedback on the Group's performance from the Clinical Cabinet).

v) The Group's Accountable Officer will comply with his/her responsibilities in relation to this duty.

b) ***Meet the public sector equality duty***[20] by:

i) Requiring its Governing Body to oversee the discharge of this duty and appointing a lead from within the Governing Body (the "Equality Lead") to monitor and report back to the Governing Body on the Group's performance in relation to this duty.

ii) The Governing Body ensuring delivery against the Group's Equality and Diversity Strategy. The Equality Lead shall report to the Governing Body regarding the Group's compliance with that strategy.

iii) Using the Equality Delivery System on an annual basis, publishing the Group's EDS grading and action plan and the Governing Body ensuring compliance with that plan.

iv) Publishing the Group's Equality and Diversity Strategy and publishing details of the Group's compliance with this duty as part of its annual report.

c) Work in partnership with its local authority to develop ***joint strategic needs assessments***[21] and ***joint health and wellbeing strategies***[22] by:

i) Requiring its Governing Body to oversee the discharge of this duty.

ii) Active membership of Nottinghamshire County Health and Wellbeing Board and co-operation with that Board including presentation of key strategies and commissioning intentions with a view to ensuring that the Group's commissioning strategy reflects the joint strategic needs assessment and is aligned to the joint health and wellbeing strategy.

iii) Ensuring that the Group builds and maintains effective relationships, particularly with the individuals involved in overview and scrutiny from the relevant local authority.

iv) Abiding by the relationship (through which public health advice will be provided to the Group) defined in the Memorandum of Understanding between Public Health within Nottinghamshire County Council and the

20 See section 149 of the Equality Act 2010, as amended by paragraphs 184 and 186 of Schedule 5 of the 2012 Act
21 See section 116 of the Local Government and Public Involvement in Health Act 2007, as amended by section 192 of the 2012 Act
22 See section 116A of the Local Government and Public Involvement in Health Act 2007, as inserted by section 191 of the 2012 Act

Nottinghamshire Clinical Commissioning Groups, including NHS Nottingham North and East Clinical Commissioning Group.

v) Incorporating specialist Public Health skills into decision making through Public Health Consultant membership of the Clinical Cabinet.

vi) Establishing and maintaining an effective working relationship with the Local Healthwatch organisation.

5.2 General Duties

In discharging its functions, the Group will:

5.2.1 Make arrangements to ***secure public involvement*** in the planning, development and consideration of proposals for changes and decisions affecting the operation of commissioning arrangements[23] by:

a) Requiring its Governing Body to oversee the discharge of this duty.

b) Appointing a Lay Member lead for this duty to its Governing Body.

c) The Patient and Public Involvement Committee monitoring against, and reporting back to the Governing Body regarding, the Group's action plan within the Communication and Engagement Strategy.

d) Publishing and delivering against the Group's Communication and Engagement Strategy.

e) Establishing and maintaining an effective working relationship with the Local Healthwatch organisation.

5.2.2 ***Promote awareness of, and act with a view to securing that health services are provided in a way that promotes awareness of, and have regard to the NHS Constitution***[24] by:

a) Requiring its Governing Body to oversee the discharge of this duty.The Members supporting the Governing Body to deliver this duty.

b) Publishing and delivering against the Group's Communications and Engagement Strategy.

c) Adopting the NHS Equality Delivery System as a tool towards the delivery of the equality-focused rights and pledges of the NHS Constitution.

d) Promoting awareness of the NHS Constitution on the Group's website.

e) Publishing and delivering against the Group's Equality and Diversity Strategy

f) Publishing and delivering against the Group's Commissioning Strategy

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

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

g) Through the leadership, ensuring a culture which allows for the delivery of the NHS Constitution.

5.2.3 ***Act effectively, efficiently and economically***[25] by:

a) Requiring its Governing Body to oversee the discharge of this duty.

b) Having clear and published policies on business conduct pursuant to chapter 8 below.

c) The Audit and Governance Committee reporting to the Governing Body in relation to the compliance of the Group with the Group's financial policies and Standards of Business Conduct.

d) Establishing transparent arrangements for setting the remuneration of key senior leaders of the Group.

e) Efficient allocation of resources to deliver the local priorities identified in the Group's Annual Plan.

f) The Group's Accountable Officer will comply with their duty to ensure that the Group exercises its functions effectively, efficiently and economically thus ensuring the improvement in quality of services and the health of the population whilst maintaining value for money.

g) Compliance by the Accountable Officer and the Chief Finance Officer with their financial duties under paragraph 5.3 below.

5.2.4 Act with a view to ***securing continuous improvement to the quality of services***[26] by:

a) Requiring its Governing Body to oversee the discharge of this duty. Providing reports to the Governing Body on these responsibilities, including reporting against the Group's Quality Framework detailed below.

b) Using the Group's locally devised Quality Framework to deliver the three domains of quality:

   i) Patient safety (the safety of treatment and care provided to patients)

   ii) Patient experience (the experience patients have of the treatment and the care they receive)

   iii) Clinical effectiveness (measured by both clinical outcomes and patient-related outcomes)

c) Adhering to the Governing Body's Assurance Framework which provides a single process for managing local priorities, standards and Integrated Governance arrangements and ensures that Quality is scrutinised at a number of levels from Governing Body down to provider scrutiny panels.

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

d) The Group's Accountable Officer will comply with their duty to ensure that the Group exercises its functions effectively, efficiently and economically thus ensuring the improvement in quality of services and the health of the population whilst maintaining value for money.

e) Creating a culture which supports continuous improvement in clinical effectiveness, safety and experience of services commissioned by the Group through:

i) Leadership with a relentless focus on continuous improvement in all aspects of quality and safety.

ii) Actively seeking the views of patients, carers and the wider community about how services need to be improved and learning from these.

iii) Encouraging the reporting of errors and near misses and using them as a basis of continuous learning and quality improvement.

iv) Receiving patient, carer and staff complaints and concerns sympathetically, investigating promptly and using them to improve services.

v) Promoting a culture of continuous improvement in provider organisations through contracting and monitoring arrangements.

vi) Having regard to guidance issued by the Secretary of State for Health or NHS England and having in place systems and processes that secure continuous improvement throughout the commissioning cycle.

vii) Collaborative arrangements to deliver against local and shared QIPP plans.

5.2.5 Assist and support NHS England in relation to the Board's duty to ***improve the quality of primary medical services***[27] by:

a) Requiring its Governing Body to oversee the discharge of this duty. Acting with a view to securing continuous improvement to the quality of services as per paragraph 5.2.4.

b) Defining the commitment to provide high quality care as a principle of membership.

c) The Members assisting and supporting the Governing Body in securing continuous improvement in the quality of primary medical services.

d) The Governing Body nominating a lead from within the Governing Body to ensure the delivery of the improvements, support and performance management measures described in the Group's Primary Care Strategy and who will regularly report back to the Governing Body.

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

e) The Primary Care Commissioning Committee will function as a corporate decision-making body for the management of the delegated functions and the exercise of the delegated powers from NHS England

f) Providing reasonable support for the education and training of the healthcare professionals working within Member Practices.

g) Acting on any specific directions made by NHS England in respect of the services.

h) The Governing Body collating feedback received in respect of current services as well as any gaps (current or predicted) in services from all appropriate sources and reporting to NHS England any relevant feedback that might allow it to improve the quality of primary medical services.

i) Creating a culture which supports continuous improvement in clinical effectiveness, safety and experience of services commissioned by the Group through:

   i) Leadership with a relentless focus on continuous improvement in all aspects of quality and safety.

   ii) Actively seeking the views of patients, carers and the wider community about how services need to be improved and learning from these.

   iii) Encouraging the reporting of errors and near misses and using them as a basis of continuous learning and quality improvement.

   iv) Receiving patient, carer and staff complaints and concerns sympathetically, investigating promptly and using them to improve services.

   v) Promoting a culture of continuous improvement in provider organisations through contracting and monitoring arrangements.

   vi) Having in place systems and processes that secure continuous improvement throughout the commissioning cycle.

5.2.6 Have regard to the need to ***reduce inequalities***[28] by:

a) Requiring its Governing Body to oversee the discharge of this duty. The Clinical Cabinet having regard to the duty when advising the Governing Body on the Group's Commissioning Strategy and annual plan.

b) The Governing Body ensuring that, in exercising its functions, the Group has regard to the need to:

   i) Reduce inequalities between patients with respect to their ability to access health services.

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

ii) Reduce inequalities between patients with respect to the outcomes achieved for them by the provision of health services.

c) Working in partnership with a wide range of local stakeholders and partners to address Group-wide challenges as well as specific deprived communities within the Group.

d) The Governing Body monitoring delivery of the key aim to "Drive up the quality of care in order to improve health outcomes and reduce unwarranted clinical variation" within the Governing Body Assurance Framework.

e) The Governing Body monitoring delivery of the Group's Annual Plan through reports to the Governing Body from the Group's Quality and Risk Committee and Clinical Cabinet.

f) Delivering against the priorities of the Health and Wellbeing Strategy.

g) Allocating health resources on a 'fair shares' basis.

h) Adopting the NHS Equality Delivery System as one of the tools to help reduce health inequalities.

5.2.7 ***Promote the involvement of patients, their carers and representatives in decisions about their healthcare***[29] by:

a) Requiring its Governing Body to oversee the discharge of this duty and appointing a Lay Member to the Governing Body with a lead oversight role for patient and public involvement.

b) Working in partnership with patients and carers as described in the Group's Communications and Engagement Strategy and monitoring this through reports to the Governing Body from the Patient and Public Involvement Committee.

c) Establishing and maintaining an effective relationship with the Local Healthwatch organisation.

d) Actively promoting the NHS pledges and patient rights included in the NHS Constitution.

5.2.8 Act with a view to ***enabling patients to make choices***[30] by:

a) Requiring its Governing Body to oversee the discharge of this duty.

b) The Clinical Cabinet advising the Governing Body on the Group's delivery of this duty, including ensuring accessibility and choice is enshrined within the Commissioning Strategy for the Group and taken into account when considering any service improvements.

c) Actively promoting the NHS pledges and patient rights included in the NHS Constitution.

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

d) Deliver against the principles set out in the integrated planning process relevant to the unit of planning.

e) To ensure the provision of NHS services free of charge, apart from certain limited exceptions sanctioned by Parliament.

f) Promote provision of relevant patient information and shared decision making as described in the Group's Communication and Engagement strategy.

g) Defining the commitment to support patient choice as a principle of membership within the Group's Commissioning Plan.

h) Actively engaging with the Local Healthwatch organisation.

i) Seeking and acting on any feedback received from the Patient and Public Involvement Committee with respect to patient choice.

5.2.9 ***Obtain appropriate advice***[31] from persons who, taken together, have a broad range of professional expertise in healthcare and public health by:

a) Requiring its Governing Body to oversee the discharge of this duty.Appointing to the Governing Body at least two GP Practice Representatives, a registered nurse and a secondary care specialist who will each take responsibility to involve and engage their peers and act as a conduit for the Governing Body to receive relevant advice to inform (in particular) its Commissioning Strategy and annual plans.

b) Requiring a majority clinical membership of the Governing Body and majority clinical quorum for decision making.

c) The Clinical Cabinet will provide a clinical focus on the design and delivery of pathways and services as described in its terms of reference. The membership of the Clinical Cabinet will include stakeholders from providers, local authority and patients.

d) The Members will represent their practices in discussions about reserved matters and commissioning decisions.

e) Engaging with the Health and Well Being Board and ensuring that any information / advice received from this forum is duly considered with reference to the Group's Commissioning Strategy.

f) Linking into clinical senates as well as professionals in community, secondary and tertiary care to obtain a broad range of clinical expertise to inform commissioning

g) Public health advice will be sought as described in the Memorandum of Understanding between Public Health within Nottinghamshire County Council and Nottinghamshire Clinical Commissioning Groups including this Group.

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

h) Engaging with the Local Medical Committe, as local statutory representatives of General Practitioners.

i) Engaging with key providers on an on-going basis, through the infrastructure, to ensure delivery against targets as well as a long-term strategic approach.

j) Actively engaging with the Local Healthwatch organisation.

k) Ensuring the Accountable Officer provides a report, at least annually, to the Governing Body regarding the Group's compliance with this duty.

5.2.10 ***Promote innovation***[32] by:

a) Requiring its Governing Body to oversee the discharge of this duty.

b) The Clinical Cabinet advising the Governing Body on ways the Group can develop and deliver new innovative services and ways of working.

c) Encouraging innovation by Members and developing a feedback mechanism to allow Members to report innovation back to the Group allowing the transfer of best-practice and innovative ideas across the Group.

d) Acting in accordance with any guidelines published by the Department of Health.

e) Systematically ensuring innovation is core to service development through integration into local QIPP Plans and regular reports to the Governing Body to provide assurance of delivery of these plans.

f) Engagement with local academic groups and the Clinical Research Network.

5.2.11 ***Promote research and the use of research***[33] by:

a) Requiring its Governing Body to oversee the discharge of this duty.Encouraging member GP practices to promote research and gain research accreditation.

b) Promoting:

  i) Research on matters relevant to the health service

  ii) Use in the health service of evidence obtained from research.

c) Maintaining close links with the local National Institute for Health Research (NIHR) Networks including the East Midlands Clincal Research Network (EM CRN) and Collaboration for Leadership in Applied Health Research and Care (CLAHRC) or any successor organisations.

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

d) Ensuring the Accountable Officer provides a report, at least annually, to the Governing Body regarding the Group's compliance with this duty.

5.2.12 Have regard to the need to ***promote education and training***[34] for persons who are employed, or who are considering becoming employed, in an activity which involves or is connected with the provision of services as part of the health service in England so as to assist the Secretary of State for Health in the discharge of his related duty[35] by:

a) Requiring its Governing Body to oversee the discharge of this duty.

b) The Accountable Officer making arrangements for the ongoing developments of the Group's own members and staff in line with the Group's Organisational Development Plan.

c) Where possible, including this duty in all commissioning contracts to ensure that providers of services pay regard to education and training.

d) Ensuring that all providers of services commissioned as part of the health service, including NHS and public health providers as well as private alternative providers, have a duty to co-operate with the secretary of state in the discharge of his duty to ensure an effective system for education and training.

e) Promoting and encouraging the planning, commissioning, and delivery of education and training, including mandatory or recommended education, to the Group and, where practicable, its providers.

f) Ensuring the Accountable Officer provides a report, at least annually, to the Governing Body regarding the Group's compliance with this duty.

5.2.13 Act with a view to ***promoting integration*** of *both* health services with other health services *and* health services with health-related and social care services where the Group considers that this would improve the quality of services or reduce inequalities[36] by:

a) Requiring its Governing Body to oversee the discharge of this duty.Engaging with Nottinghamshire County Council's Overview and Scrutiny Committee for relevant planned service changes.

b) Actively engaging in, and reporting on the delivery of integration to, the Health and Well Being Board and securing delivery of the joint health and wellbeing strategy.

c) Exercising the Group's functions and preparing its Commissioning Strategy and annual plan with a view to securing that provision of health services is integrated with provision of other health services, health related or social care services where this will:

34 See section 14Z of the 2006 Act, inserted by section 26 of the 2012 Act
35 See section 1F(1) of the 2006 Act, inserted by section 7 of the 2012 Act
36 See section 14Z1 of the 2006 Act, inserted by section 26 of the 2012 Act

i) Improve the quality of those services (including the outcomes that are achieved from their provision)

ii) Reduce inequalities between persons with respect to their ability to access those services, or

iii) Reduce inequalities between persons with respect to the outcomes achieved for them by the provision of those services.

d) Working collaboratively with other local commissioners and providers within Nottinghamshire to deliver whole system integration and efficiencies where this is in the best interest of the local population.

e) Membership of partnership groups with all the District/Borough Councils that are within the geographical area of the Group.

f) Ensuring the Accountable Officer provides a report, at least annually, to the Governing Body regarding the Group's compliance with this duty.

5.2.14 Have regard to primary care commissioning, in respect of ***impact on services in certain areas***[37] by:

a) Delegating responsibility to recognise and discharge this duty to the Primary Care Commissioning Committee.

b) Co-ordinating a common approach with other CCGs in the local health community to the commissioning of primary medical care services.

5.2.15 Have regard to primary care commissioning, in respect of ***variation in provision of health services***[38] by:

a) Delegating responsibility to recognise and discharge this duty to the Primary Care Commissioning Committee.

b) Planning primary medical care services including a needs assessment where required.

5.3 General Financial Duties

The arrangements for these functions and any delegated responsibility are confirmed in the Standing Orders, the Scheme of Reservation and Delegation and the Prime Financial Policies.

The Group will perform its functions so as to:

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

a) Establishing Robust Budget Setting Arrangements

37 See section 13O
38 See section 13P

The Accountable Officer will compile and submit to the Governing Body a Commissioning Strategy which takes into account financial targets and forecast limits of available resources. The strategy will contain:

i) A statement of the significant assumptions on which the plan is based

ii) Details of major changes in workload, delivery of services or resources required to achieve the plan.

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

iii) Be in accordance with the aims and objectives set out in the plan

iv) Accord with workload and manpower plans

v) Be produced following discussion with appropriate budget holders

vi) Be prepared within the limits of available allotments and income

vii) Identify potential risks.

All budget holders must provide information as required by the Chief Finance Officer to enable budgets to be completed.

b) Budget Delegation

The Accountable Officer may delegate in writing the management of budgets and the authority to spend to appropriately placed and trained budget holders who will be responsible and held to account for committing the resources. The Accountable Officer and delegated budget holders must not exceed the budgetary total set by the Governing Body.

The role and responsibilities of the budget holder is specified in the Budget Control Framework.

c) Budgetary Control and Reporting

The Chief Finance Officer will produce a Budget Control Framework or equivalent which will describe the role and responsibilities of budget holders and managers and the budgetary control process. The Chief Finance Officer will also devise and maintain systems of budgetary control which will include:

i) Investigation and reporting of variances

ii) Monitoring of management action to correct variances

iii) Arrangements for the authorisation of budget transfers

iv) Financial reports to the Governing Body containing:

- Income and expenditure to date showing trends and forecast year-end position
- Movements in cash:
  - Capital project spend and projected outturn against plan if appropriate
  - Explanations of any material variances from plan
  - Details of any corrective action where necessary and the Accountable Officer's/Chief Finance Officer's view of whether such actions are sufficient to correct the situation.

The Chief Finance Officer will monitor financial performance against budget and plan (including allotments and income and expenditure), periodically review them and produce a financial performance report for the Governing Body, focusing on key material issues. Such reports will be presented to the Governing Body that will be responsible for detailed perusal and understanding of the outcome of the monitoring reports.

Budget Holders will identify variances and the reasons for them and inform the Chief Finance Officer of the remedial action they are taking. In the event that the Budget Holder cannot identify sufficient remedial action to bring the budget back into balance, the Budget Holder will identify further remedial action. This iterative process will be undertaken until the Accountable Officer is assured that the total Group budget is in balance and this can be reported to the Governing Body.

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

a) As part of submitting budgets for approval to the Governing Body include total allocations received and their proposed distribution including any sums to be held in reserves.

b) As part of the financial reporting arrangements, updating the Governing Body on significant changes to the initial allocation and the uses of such funds.

c) Ensuring information relating to the Group's accounts or to its income and expenditure, or its use of resources is provided to NHS England as requested.

d) In addition the arrangements described in 5.3.1 above will also facilitate the meeting of any revenue and capital resource limits.

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

a) The Accountable Officer will ensure the Governing Body and its Audit and Governance Committee is aware of any directions issued by NHS England and will update the Group's plans/budgets accordingly so that any specified amounts are not exceeded.

b) Ensuring the Commissioning Strategy is drafted in compliance with and within the constraints imposed by the NHS.

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

a) The Audit and Governance Committee providing a note at the end of the year on this in the Annual Report and Annual Accounts.

5.4 Other Relevant Regulations, Directions and Documents

5.4.1 The Group will:

a) Comply with all relevant regulations.

b) Comply with directions issued by the Secretary of State for Health or NHS England.

c) Take account, as appropriate, of documents issued by NHS England.

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

6 DECISION MAKING: THE GOVERNING STRUCTURE

6.1 Authority to act

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

a) Its member practices or a committee of the Group

b) Its Governing Body (and its committees, joint committees and sub-committees)

c) Any of its staff, including those not directly employed by the Group

6.1.2 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 Group who is an individual (but not a member of the Governing Body);

d) Any other individual who may be from outside the organisation and who can provide assistance to the Group in delivering its functions.

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

a) The Group's Scheme of Reservation and Delegation

b) For committees, joint committees and sub-committees, their Terms of Reference.

6.2 Scheme of Reservation and Delegation

6.2.1 The Group's Scheme of Reservation and Delegation (see Appendix C) sets out those decisions that are:

a) Reserved for the membership as a whole

b) The responsibilities of its Governing Body (and its committees, joint committees and sub-committees), the Group's committees, individual members and its staff (including those not directly employed by the Group).

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

6.3 General

6.3.1 In discharging functions of the Group that have been delegated to its Governing Body (and its committees, joint committees and sub-committees) and individuals must:

a) Comply with the Group's principles of good governance[39]

b) Operate in accordance with the Group's Scheme of Reservation and Delegation[40]

c) Comply with the Group's Standing Orders[41]

d) Comply with the Group's arrangements for discharging its statutory duties[42]

e) Where appropriate, ensure that member practices have had the opportunity to contribute to the Group's decision making process.

6.3.2 When discharging their delegated functions, committees, joint committees and sub-committees must also operate in accordance with their approved Terms of Reference.

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

a) Identify the roles and responsibilities of those Clinical Commissioning Groups who are working together

b) Identify any pooled budgets and how these will be managed and reported in annual accounts

c) Specify how the risks associated with the collaborative working arrangement will be managed between the respective parties

d) Identify how disputes will be resolved and the steps required to terminate the working arrangements

e) Specify how decisions are communicated to the collaborative partners.

6.4 Joint commissioning arrangements with other Clinical Commissioning Groups

6.4.1 The Group may wish to work together with other Clinical Commissioning Groups in the exercise of its commissioning functions.

6.4.2 The Group may make arrangements with one or more Clinical Commissioning Group in respect of:

a) Delegating any of the Group's commissioning functions to another Clinical Commissioning Group

b) Exercising any of the commissioning functions of another Clinical Commissioning Group, or

c) Exercising jointly the commissioning functions of the Group and another Clinical Commissioning Group.

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39 See section 4.4 on Principles of Good Governance above
40 See appendix C
41 See appendix B
42 See chapter 5 above

6.4.3 For the purposes of the arrangements described at paragraph 6.4.2, the Group may:

a) Make payments to another Clinical Commissioning Group

b) Receive payments from another Clinical Commissioning Group

c) Make the services of its employees or any other resources available to another Clinical Commissioning Group, or

d) Receive the services of the employees or the resources available to another Clinical Commissioning Group.

6.4.4 Where the Group makes arrangements which involve all the Clinical Commissioning Groups exercising any of their commissioning functions jointly, a joint committee may be established to exercise those functions.

6.4.5 For the purposes of the arrangements described at paragraph 6.4.2 above, the Group may establish and maintain a pooled fund made up of contributions by any of the Clinical Commissioning Groups working together pursuant to paragraph 6.4.2 c) 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.

6.4.6 Where the Group makes arrangements with another Clinical Commissioning Group as described at paragraph 6.4.2 the Group shall develop and agree with that Clinical Commissioning Group an agreement setting out the arrangements for joint working, including details of:

a) How the parties will work together to carry out their commissioning functions

b) The duties and responsibilities of the parties

c) How risk will be managed and apportioned between the parties

d) Financial arrangements, including, if applicable, payments towards a pooled fund and management of that fund

e) Contributions from the parties, including details around assets, employees and equipment to be used under the joint working arrangements.

6.4.7 The liability of the Group to carry out its functions will not be affected where the Group enters into arrangements pursuant to paragraph 6.4.2 above.

6.4.8 The Group will act in accordance with any further guidance issued by NHS England on co-commissioning.

6.4.9 Only arrangements that are safe and in the interests of patients registered with member practices will be approved by the Governing Body.

6.4.10 The Governing Body shall require, in all joint commissioning arrangements that the lead clinician and lead manager of the lead Clinical Commissioning Group make a quarterly written report to the Governing Body and hold at least annual

engagement events to review aims, objectives, strategy and progress and publish an annual report on progress made against objectives.

6.4.11 Should a joint commissioning arrangement prove to be unsatisfactory the Governing Body 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.

6.4.12 The Group has agreed to exercise certain specified commissioning functions jointly with NHS Nottingham City CCG, NHS Nottingham North and East CCG and NHS Nottingham West CCG. Accordingly, a joint committee, the Greater Nottingham Joint Commissioning Committee[43], has been established. The functions that will be exercised jointly are:

a) 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.

b) To exercise all commissioning related functions including, but not limited to, the requirements to:

43 The Terms of Reference of the Greater Nottingham Joint Commissioning Committee are detailed within the Group's Governance Handbook.

i) Improve the quality of commissioned services and reduce inequalities;

ii) Enable patients to make choices and to promote their involvement in decisions related to their care or treatment;

iii) Obtain appropriate advice;

iv) Promote innovation, research, use of evidence obtained from research, education and training, and integration;

v) Secure public involvement and consultation in: planning commissioning arrangements; the development and consideration of proposals for change; and decisions affecting the operation of commissioning arrangements where implementation would have an impact on the manner in which services are delivered or the range of services available.

c) To arrange for the provision of after-care under section 117 of the Mental Health Act 1983 (as amended).

d) 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.

6.4.13 The Greater Nottingham Joint Commissioning Committee has the ability to establish sub-committees. As a minimum, the following sub-committees will be established, reporting to the Greater Nottingham Joint Commissioning Committee:

a) Quality and Performance Committee[44]

b) Finance Committee[45]

c) Clinical Commissioning Executive Group[46]

6.4.14 The Group's Clinical Cabinet (see paragraph 6.11) and Patient and Public Involvement Committee (see paragraph 6.12) will support the Greater Nottingham Joint Commissioning Committee to effectively discharge its delegated functions.

6.5 Joint commissioning arrangements with NHS England for the exercise of CCG functions

6.5.1 The Group may wish to work together with NHS England in the exercise of its commissioning functions.

44 The Terms of Reference of the Quality and Performance Committee are detailed within the Group's Governance Handbook.
45 The Terms of Reference of the Finance Committee are detailed within the Group's Governance Handbook.
46 The Terms of Reference of the Clinical Commissioning Executive Group are detailed within the Group's Governance Handbook.

6.5.2 The Group and NHS England may make arrangements to exercise any of the Group's commissioning functions jointly.

6.5.3 The arrangements referred to in paragraph 6.5.2 above may include other Clinical Commissioning Groups.

6.5.4 Where joint commissioning arrangements pursuant to 6.5.2 above are entered into, the parties may establish a joint committee to exercise the commissioning functions in question.

6.5.5 Arrangements made pursuant to 6.5.2 above may be on such terms and conditions (including terms as to payment) as may be agreed between NHS England and the Group.

6.5.6 Where the Group makes arrangements with NHS England (and another Clinical Commissioning Group if relevant) as described at paragraph 6.5.2 above, the Group shall develop and agree with NHS England a framework setting out the arrangements for joint working, including details of:

a) How the parties will work together to carry out their commissioning functions

b) The duties and responsibilities of the parties

c) How risk will be managed and apportioned between the parties

d) Financial arrangements, including, if applicable, payments towards a pooled fund and management of that fund

e) Contributions from the parties, including details around assets, employees and equipment to be used under the joint working arrangements.

6.5.7 The liability of the Group to carry out its functions will not be affected where the Group enters into arrangements pursuant to paragraph 6.5.2 above.

6.5.8 The Group will act in accordance with any further guidance issued by NHS England on co-commissioning.

6.5.9 Only arrangements that are safe and in the interests of patients registered with member practices will be approved by the Governing Body.

6.5.10 The Governing Body shall require, in all joint commissioning arrangements that the Accountable Officer make a quarterly written report to the Governing Body and hold at least annual engagement events to review aims, objectives, strategy and progress and publish an annual report on progress made against objectives.

6.5.11 Should a joint commissioning arrangement prove to be unsatisfactory the Governing Body 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 after the expiration of the six months' notice period.

6.6 Joint commissioning arrangements with NHS England for the exercise of NHS England's functions

6.6.1 The Group may wish to work with NHS England and, where applicable, other Clinical Commissioning Groups, to exercise specified NHS England functions.

6.6.2 The Group may enter into arrangements with NHS England and, where applicable, other Clinical Commissioning Groups to:

a) Exercise such functions as specified by NHS England under delegated arrangements

b) Jointly exercise such functions as specified with NHS England.

6.6.3 Where arrangements are made for the Group and, where applicable, other Clinical Commissioning Groups to exercise functions jointly with NHS England a joint committee may be established to exercise the functions in question.

6.6.4 Arrangements made between NHS England and the Group may be on such terms and conditions (including terms as to payment) as may be agreed between the parties.

6.6.5 For the purposes of the arrangements described at paragraph 6.6.2 above, NHS England and the Group may establish and maintain a pooled fund made up of contributions by the parties working together. Any such pooled fund may be used to make payments towards expenditure incurred in the discharge of any of the commissioning functions in respect of which the arrangements are made.

6.6.6 Where the Group enters into arrangements with NHS England as described at paragraph 6.6.2 above, the parties will develop and agree a framework setting out the arrangements for joint working, including details of:

a) How the parties will work together to carry out their commissioning functions

b) The duties and responsibilities of the parties

c) How risk will be managed and apportioned between the parties

d) Financial arrangements, including payments towards a pooled fund and management of that fund

e) Contributions from the parties, including details around assets, employees and equipment to be used under the joint working arrangements.

6.6.7 The liability of NHS England to carry out its functions will not be affected where it and the Group enter into arrangements pursuant to paragraph 6.6.2 above.

6.6.8 The Group will act in accordance with any further guidance issued by NHS England on co-commissioning.

6.6.9 Only arrangements that are safe and in the interests of patients registered with member practices will be approved by the Governing Body.

6.6.10 The Governing Body shall require, in all joint commissioning arrangements that the Accountable Officer make a quarterly written report to the Governing Body and hold at least annual engagement events to review aims, objectives, strategy and progress and publish an annual report on progress made against objectives.

6.6.11 Should a joint commissioning arrangement prove to be unsatisfactory the Governing Body 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 after the expiration of the six months' notice period.

6.7 Additional joint commissioning arrangements

6.7.1 The Group may also enter into additional joint commissioning arrangements with a Local Authority, which will be documented within separate agreements under section 75 of the 2006 Act.

6.8 Committees of the Group

6.8.1 The Practice Forum has been established by the Group and shall have the following functions:

a) Assist and support the Group in securing continuous improvement in the quality of primary medical services

b) Assist and support to commission healthcare to the extent the Group considers necessary to meet the reasonable requirements of patients registered with GP practices who are members of the Group

c) Support the Group to act with a view to ensuring that health services are provided in a way which promotes the NHS Constitution, and promotes awareness of the NHS Constitution among patients, staff and the public

d) Approve arrangements for the appointment of Governing Body Members, the process of recruiting and removing members and succession planning

e) Approve amendments to the Group's constitution

f) Receive reports from the Governing Body and provide a forum for the discussion of matters reserved to the Members

6.9 The Governing Body

6.9.1 ***Functions*** - the Governing Body has the following functions conferred on it by sections 14L(2) and (3) of the 2006 Act, inserted by section 25 the 2012 Act, together with any other functions connected with its main functions as may be specified in regulations or in this constitution.[47] The Governing Body may also have functions of the Clinical Commissioning Group delegated to it by the Group. Where the Group has conferred additional functions on the Governing Body connected with its main functions, or has delegated any of the Group's

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

functions to its Governing Body, these are set out from paragraph 6.9.1(d) below. The Governing Body has responsibility for:

a) Ensuring that the Group has appropriate arrangements in place to exercise its functions *effectively, efficiently and economically* and in accordance with the Groups *principles of good governance*[48] (its main function)

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

c) Approving any functions of the Group that are specified in regulations[49]

d) Approving arrangements for discharging the Group's statutory duties associated with its commissioning functions as set out in chapter 5 of this constitution.

e) Approving arrangements for securing effective participation by each member of the Group in exercising its functions.

f) Approving all other matters delegated to it by the Group's membership as detailed within the Group's Scheme of Reservation and Delegation (see Appendix C).

g) Monitoring performance against the Group's plans and management of strategic risks.

6.9.2 ***Composition of the Governing Body***[50] - the Governing Body shall not have less than 12 voting members and comprises of:

a) The Chair of the Governing Body who shall also be the Group's Clinical Leader

b) The Assistant Clinical Leader

c) Three Member Practice Clinicians who can be GPs or other healthcare professionals

d) Three Lay Members:

   i) One to lead on financial management and audit

   ii) One to lead on patient and public involvement who shall also act as Deputy Chair of the Governing Body

   iii) One to lead on primary care

e) Registered Nurse

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48 See section 4.4 on Principles of Good Governance above
49 See section 14L(5) of the 2006 Act, inserted by section 25 of the 2012 Act
50 See NHS (Clinical Commissioning Group) Regulations 2012 No. 1631

f) Secondary Care Specialist Doctor

g) The Accountable Officer

h) The Chief Finance Officer.

6.9.3 The Governing Body may also co-opt observers and attendees with speaking rights (but no voting rights) to attend, as required.

6.10 Committees of the Governing Body

6.10.1 The Governing Body has appointed the following committees:

a) ***Audit and Governance Committee*** – the Audit and Governance Committee, which is accountable to the Group's Governing Body, provides the Governing Body with an independent and objective view of the Group's financial systems, financial information and compliance with laws, regulations and directions governing the Group in so far as they relate to finance. The Governing Body has approved and keeps under review the Terms of Reference for the Audit and Governance Committee, which includes information on the membership of the Audit and Governance Committee.[51]. In addition the Governing Body has conferred or delegated the following functions, connected with the Governing Body's main function, to the Audit and Governance Committee:

i) Responsibility for reviewing the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the Group's activities. This will include reviewing the integrity of the Group's financial statements, the adequacy and effectiveness of all risk and control related disclosure statements, and ensuring that the Group has effective whistle blowing and anti-fraud systems in place.

ii) Responsibility for scrutinising every instance of non-compliance with the Group's Standing Orders, Scheme of Reservation and Delegation and Prime Financial Policies (see paragraph 10.2 of this constitution for further information) and monitoring compliance with the Group's Conflicts of Interest Policy and Gifts, Hospitality and Sponsorship Policy.

The Audit and Governance Committee may meet 'in-common' with the Audit and Governance Committees for NHS Nottingham City CCG, NHS Nottingham West CCG and NHS Rushcliffe CCG.

b) ***Remuneration and Terms of Service Committee*** – the Remuneration and Terms of Service Committee, which is accountable to the Group's Governing Body, makes recommendations to the Governing Body on determinations about the remuneration, fees and other allowances for employees and for people who provide services to the Group and on determinations about allowances under any pension scheme that the Group may establish as an alternative to the NHS pension scheme. The Governing Body has approved and keeps under review the terms of reference for the

51 The Terms of Reference of the Audit and Governance Committee are attached at Appendix G

Remuneration and Terms of Service Committee, which includes information on the membership of the Remuneration and Terms of Service Committee.[52].

The Remuneration and Terms of Service Committee may meet ‘in-common’ with the Remuneration and Terms of Service Committees for NHS Nottingham City CCG, NHS Nottingham West CCG and NHS Rushcliffe CCG.

c) ***Primary Care Commissioning Committee*** – the Primary Care Commissioning Committee, which is accountable to the Group’s Governing Body, exists to make the Group’s decisions regarding the management of delegated primary care commissioning functions. The Governing Body has approved and keeps under review the Terms of Reference for the Primary Care Commissioning Committee, which includes information on the membership of the Primary Care Commissioning Committee[53].

The Primary Care Commissioning Committee may meet ‘in-common’ with the Primary Care Commissioning Committees for NHS Nottingham City CCG, NHS Nottingham West CCG and NHS Rushcliffe CCG.

6.11 The Clinical Cabinet

6.11.1 The Clinical Cabinet, which is accountable to the Governing Body, is established as an advisory group on a range of clinical matters. The Governing Body has approved and keeps under review the terms of reference for the Clinical Cabinet which includes information on the membership of the Clinical Cabinet[54]. The functions that the Group or the Governing Body has conferred on the Clinical Cabinet include (in summary):

a) Advise the Governing Body on the commissioning of healthcare services to meet the reasonable needs of the persons for whom the Group is responsible, within limits and subject to appropriate scrutiny

b) Obtain appropriate advice to enable the Group to discharge its functions effectively from people who have a broad range of professional expertise in the prevention, diagnosis or treatment of illness and in the protection or improvement of public health

c) Support arrangements for securing public involvement in the planning of commissioning arrangements and in developing, considering and making decisions (within limits) on any proposals for changes in commissioning arrangements that would have an impact on service delivery or the range of health services available

d) Promote innovation in the provision of health services

e) Act with a view to enabling patients to make choices about aspects of health services provided to them

52 The Terms of Reference of the Remuneration and Terms of Service Committee are attached at Appendix H
53 The Terms of Reference of the Primary Care Commissioning Committee are attached at Appendix I
54 The Terms of Reference of the Clinical Cabinet are detailed within the Group’s Governance Handbook

f) Have regard to the need to reduce inequalities between patients with respect to their ability to access health services and the outcomes achieved for them

g) Act with a view to securing that health services are provided in an integrated way, and that provision of health services is integrated with provision of health-related or social care services, where the Group considers that this would improve quality of services or reduce inequalities

h) Support the planning of services for carers

i) Support delivery of the QIPP agenda

6.12 Patient and Public Involvement Committee

6.12.1 The Patient and Public Involvement Committee, which is accountable to the Governing Body, will provide assurance to the Governing Body against set criteria that all decisions made by the Group have been informed by the appropriate level of input from patients, carers and communities. The Governing Body has approved and keeps under review the terms of reference for the Patient and Public Involvement Committee which includes information on the membership of the Patient and Public Involvement Committee[55]. The functions that the Group or the Governing Body has conferred or delegated on the Patient and Public Involvement Committee include (in summary):

a) Support arrangements for securing public involvement in the planning, development and consideration of proposals for changes and decisions affecting the operation of commissioning arrangements

b) Promote the involvement of individual patients and their carers about their healthcare

c) Promote the involvement of the public and local communities in decisions relating to the prevention or diagnosis of illness, service delivery and care pathways

d) Support arrangements to promote patient and public involvement having regard for the need to reduce inequalities, promote innovation, improve access and promote and protect patient choice

e) Review patient and public involvement carried out in relation to plans

55 The Terms of Reference of the Patient and Public Involvement Committee are detailed within the Group's Governance Handbook

7 ROLES AND RESPONSIBILITIES

7.1 Practice Representatives

7.1.1 Practice Representatives represent the views of their own practices and act on behalf of their practices in matters relating to the Group. The role of each practice representative is to:

a) Represent the practice views in inputting to and driving forward commissioning decisions thereby contributing to the strategic development of the Group

b) Provide clinical input to decision making based on primary care and practice based experiences

c) Ensure that their practice's views and context are taken into consideration in all decisions of the Governing Body

d) Assimilate and use patient feedback as intelligence in driving forward the strategic direction

e) Take a balanced view of the clinical and management agenda and draw on clinical skills and knowledge of primary care to input into discussions/debates/decisions at the practice forum

f) Be committed to the Group by making suggestions and actively engaging in decision making

g) Recognise the benefits of being in a Clinical Commissioning Group and use to support the growth and development of their individual practice and quality of care for patients

h) Feedback decisions to their practice and update the practice on Group progress and news

i) Support the Group in delivering improved quality in primary care through practice behaviours and engagement with the Group

j) Engage their member practice in the decision making for reserved matters.

7.2 All Members of the Group's Governing Body

7.2.1 Guidance on the roles of members of the Group's Governing Body is set out in a separate document[56]. In summary, each member of the Governing Body should share responsibility as part of a team to ensure that the Group exercises its functions effectively, efficiently and economically, with good governance and in accordance with the terms of this constitution. Each brings their unique perspective, informed by their expertise and experience.

56 *Clinical Commissioning Group Governing Body Members – Roles Outlines, Attributes and Skills,* NHS England, October 2012

7.2.2 Additional specific responsibilities of each Governing Body Member are set out within paragraphs 7.3 to 7.11 of this constitution.

7.3 The Chair of the Governing Body and Clinical Leader

7.3.1 The Chair of the Governing Body is responsible for:

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

b) Building and developing the Governing Body and its individual members

c) Ensuring that the Group has proper constitutional and governance arrangements in place

d) Ensuring that, through the appropriate support, information and evidence, the Governing Body is able to discharge its duties

e) Supporting the Accountable Officer in discharging the responsibilities of the organisation

f) Contributing to building a shared vision of the aims, values and culture of the organisation

g) Leading and influencing to achieve clinical and organisational change to enable the Group to deliver its commissioning responsibilities

h) Overseeing governance and particularly ensuring that the Governing Body and the wider Group behaves with the utmost transparency and responsiveness at all times

i) Ensuring that public and patients' views are heard and their expectations understood and, where appropriate as far as possible, met

j) Ensuring that the organisation is able to account to its local patients, stakeholders and NHS England

k) Ensuring that the Group builds and maintains effective relationships, particularly with the individuals involved in overview and scrutiny from the relevant local authority(ies)

l) Where the Chair of the Governing Body is also the senior clinical voice of the Group they will take the lead in interactions with stakeholders, including NHS England

m) Ensuring that the Governing Body provides a culture that supports the accountability to member practices and that the voice of member practices is heard.

7.3.2 The Chair of the Governing Body is also the Group's Clinical Leader who represents the clinical voice of the Group's member practices and leads in interactions with the Group's stakeholders, including NHS England.

7.4 The Assistant Clinical Leader

7.4.1 The Assistant Clinical Leader is responsible for supporting the Group's Clinical Leader in representing the clinical voice of the Group's member practices and in other duties as required.

7.5 The Accountable Officer

7.5.1 The Accountable Officer is responsible for ensuring that the Group performs in accordance with the Group's constitution and that the organisation meets its legal obligation and duties, including to ensure the Group complies with its:

a) Duty to exercise its functions effectively, efficiently and economically

b) Duty to exercise its functions with a view to securing continuous improvement in the quality of services provided to individuals for, or in connection with, the prevention, diagnosis or treatment of illness

c) Financial obligations, including information requests

d) Obligations relating to accounting and auditing

e) Duty to provide information to NHS England, following requests from the Secretary of State

f) Obligations under any other provision of the NHS Act 2006 specified by the Board for these purposes.

7.5.2 This will be achieved through working closely with the Clinical Chair of the Governing Body to ensure that proper constitutional, governance and development arrangements are put in place such that Group has the ongoing capability and capacity to meet its statutory obligations, and provide assurance of such to its members (through the Governing Body). This will include ensuring that effective arrangements for the on-going development of the Group's members and staff are in place.

7.5.3 The Accountable Officer will provide strong strategic leadership to ensure that:

a) Patients and the public are involved in the Group's decision making with respect to the planning of services that are provided to them

b) Clinical leadership is at the heart of the organisation

c) Member practices are actively engaged in setting the direction of the organisation and in ensuring that its strategic objectives are delivered.

7.5.4 Approving all other matters delegated to the Accountable Officer by the Group's membership as detailed within the Group's Scheme of Reservation and Delegation (see Appendix C).

7.6 The Chief Finance Officer

7.6.1 The Chief Finance Officer is responsible for:

a) Being the Governing Body's professional expert on finance and ensuring, through robust systems and processes, the regularity and propriety of expenditure is fully discharged

b) Making appropriate arrangements to support, monitor on the Group's finances

c) Overseeing robust audit and governance arrangements leading to propriety in the use of the Group's resources

d) Being able to advise the Governing Body on the effective, efficient and economic use of the Group's allocation to remain within that allocation and deliver required financial targets and duties

e) Producing the financial statements for audit and publication in accordance with the statutory requirements to demonstrate effective stewardship of public money and accountability to NHS England

7.7 Lay Member leading on Financial Management and Audit

7.7.1 The role of this Lay Member will be to bring specific expertise and experience to the work of the Governing Body. Their focus will be strategic and impartial, providing an external view of the work of the Group that is removed from the day-to-day running of the organisation. Their role will be to oversee key elements of governance including audit, remuneration and managing conflicts of interest.

This Lay Member will have a lead role in ensuring that the Governing Body and the wider CCG behaves with the utmost probity at all times and that appropriate and effective whistle blowing and anti-fraud systems are in place.

This Lay Member will chair the Audit and Governance Committee and act as the Group's Conflict of Interest Guardian.

7.8 Lay Member leading on Patient and Public Involvement

7.8.1 The role of this Lay Member will be to bring specific expertise and experience, as well as their knowledge as a member of the local community, to the work of the Governing Body. Their focus will be strategic and impartial, providing an independent view of the work of the Group that is external to the day-to-day running of the organisation.

This Lay Member will help to ensure that, in all aspects of the Group's business, the public voice of the local population is heard and that opportunities are created and protected for patient and public empowerment in the work of the Group. In particular, they will have a lead oversight role in ensuring that:

a) Public and patients' views are heard and their expectations understood and met as appropriate

b) The Group builds and maintains an effective relationship with Local Healthwatch and draws on existing patient and public engagement and involvement expertise

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

7.9 Lay Member leading on Primary Care

7.9.1 The role of this Lay Member will be to bring specific expertise and experience to the work of the Governing Body. Their focus will be strategic and impartial, providing an external view of the work of the Group that is removed from the day-to-day running of the organisation.

This Lay Member will share a collective responsibility for overseeing the successful development and implementation of the Group's primary care vision and strategy. In particular, they will have a lead oversight role in ensuring the effective and efficient discharge of delegated responsibilities from NHS England.

This Lay Member will chair the Primary Care Commissioning Committee.

7.10 Secondary Care Specialist Doctor

7.10.1 The Secondary Care Specialist Doctor will bring a broader view, on health and care issues to underpin the work of the Group. In particular, they will bring to the Governing Body an understanding of patient care in the secondary care setting.

7.10.2 The specific attributes and competencies they will possess shall include:

a) Experience of practicing as a secondary care specialist, who has a high level of understanding of how care is delivered in a secondary care setting

b) Competency, confidence and willingness to give an independent strategic clinical view on all aspects of the Group's business

c) Highly regarded as a clinical leader, preferably with experience working as a leader across more than one clinical discipline and/or specialty with a track record of collaborative working

d) The ability to take a balanced view of the clinical and management agenda, and draw on their in depth understanding of secondary care to add value

e) The ability to contribute a generic view from the perspective of a secondary care doctor whilst putting aside specific issues relating to their own clinical practice or their employing organisation's circumstances

f) The ability to provide an understanding of how secondary care providers work within the health system to bring appropriate insight to discussions regarding service redesign, clinical pathways and system reform.

7.11 Registered Nurse

7.11.1 The Registered Nurse will bring a broader view, from their perspective as a registered nurse, on health and care issues to underpin the work of the Group especially the contribution of nursing to patient care.

7.11.2 The specific attributes and competencies they will possess shall include:

a) Experience of practicing as a registered nurse who has developed a high level of professional expertise and knowledge

b) Competency, confidence and willingness to give an independent strategic clinical view on all aspects of the Group's business

c) High regard as a clinical leader, probably across more than one clinical discipline and/or specialty – demonstrably able to think beyond their own professional viewpoint

d) The ability to take a balanced view of the clinical and management agenda and draw on their specialist skills to add value

e) The ability to contribute a generic view from the perspective of a registered nurse whilst putting aside specific issues relating to their own clinical practice or employing organisation's circumstances

f) The ability to bring detailed insights from nursing and perspectives into discussions regarding service re-design, clinical pathways and system reform.

7.12 Joint Appointments with other Organisations

7.12.1 The Group may make joint appointments with other organisations if appropriate.

7.12.2 The Group has the following joint appointments with other organisations:

a) The Accountable Officer is a joint appointment between NHS Mansfield and Ashfield Clinical Commissioning Group, NHS Newark and Sherwood Clinical Commissioning Group, NHS Nottingham City Clinical Commissioning Group, NHS Nottingham North and East Clinical Commissioning Group, NHS Nottingham West Clinical Commissioning Group and Rushcliffe Clinical Commissioning Group.

b) The Chief Finance Officer is a joint appointment between NHS Nottingham City Clinical Commissioning Group, NHS Nottingham North and East Clinical Commissioning Group, NHS Nottingham West Clinical Commissioning Group and Rushcliffe Clinical Commissioning Group.

c) The Chief Nurse and Director of Quality is a joint appointment between NHS Nottingham City Clinical Commissioning Group, NHS Nottingham North and East Clinical Commissioning Group, NHS Nottingham West Clinical Commissioning Group and Rushcliffe Clinical Commissioning Group.

d) The Chief Operating Officer is a joint appointment between NHS Nottingham City Clinical Commissioning Group, NHS Nottingham North and East Clinical Commissioning Group, NHS Nottingham West Clinical Commissioning Group and Rushcliffe Clinical Commissioning Group.

e) The Chief Commissioning Officer is a joint appointment between NHS Nottingham City Clinical Commissioning Group, NHS Nottingham North and East Clinical Commissioning Group, NHS Nottingham West Clinical Commissioning Group and Rushcliffe Clinical Commissioning Group.

7.12.3 Any such joint appointments will be supported by a memorandum of understanding between the organisations who are party to these joint appointments.

8 STANDARDS OF BUSINESS CONDUCT AND MANAGING CONFLICTS OF INTEREST

8.1 Conflicts of Interest

8.1.1 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.

8.1.2 The CCG has agreed policies and procedures for the identification and management of conflicts of interest. The Managing Conflicts of Interest Policy can be found on the CCG's website: http://www.nottinghamnortheastccg.nhs.uk/contact-us/freedom-of-information/conflicts-of-interest/

8.1.3 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 conflicts of interest policy.

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

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

8.2 Declaring and Registering Interests

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

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

8.2.3 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.

8.2.4 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 reasonable practicable and by law within 28 days after the interest arises.

8.2.5 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.

8.2.6 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.

8.3 Training in Relation to Conflicts of Interest

8.3.1 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.

8.4 Standards of Business Conduct

8.4.1 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 policies on standards of business conduct, including the requirements set out in the policy for managing conflicts of interest which is available on the CCG's website and will be made available on request.

8.4.2 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 conflicts of interest policy.

9 THE GROUP AS EMPLOYER

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

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

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

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

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

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

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

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

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

9.10 Copies of this Code of Conduct, together with the other policies and procedures outlined in this chapter, will be available on the Group’s website at: www.nottinghamnortheastccg.nhs.uk. Hard copy documents are also available from the Group’s headquarters (Gedling Civic Centre, Arnot Hill Park, Arnold, Nottingham, NG5 6LU) or by emailing nnestccg.enquiries@nhs.net.

10 TRANSPARENCY, WAYS OF WORKING AND STANDING ORDERS

10.1 General

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

10.1.2 Key communications issued by the Group, including the notices of procurements, public consultations, Governing Body meeting dates, times, venues, and certain papers will be available on the Group's website at: www.nottinghamnortheastccg.nhs.uk. Hard copy documents are also available from the Group's headquarters (Gedling Civic Centre, Arnot Hill Park, Arnold, Nottingham, NG5 6LU) or by emailing nnestccg.enquiries@nhs.net.

10.2 Other Documents

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

a) ***Standing Orders (Appendix B)*** – which sets out the arrangements for meetings and the appointment processes to elect the Group's representatives and appoint to the Group's committees, including the Governing Body

b) ***Scheme of Reservation and Delegation (Appendix C)*** – which sets out those decisions that are reserved for the membership as a whole and those decisions that are the responsibilities of the Group's Governing Body, the Governing Body's committees and sub-committees, the Group's committees and sub-committees, individual members and employees

c) ***Prime Financial Policies (Appendix D)*** – which sets out the arrangements for managing the Group's financial affairs.

d) ***Governance Handbook*** – which sets out the terms of reference for all of the Governing Body's committees, joint committees and sub-committees. The Governance Handbook is available on the Group's website at http://www.nottinghamnortheastccg.nhs.uk/our-meetings/. Hard copy documents are also available from the Group's headquarters (Gedling Civic Centre, Arnot Hill Park, Arnold, Nottingham, NG5 6LU) or by emailing nnestccg.enquiries@nhs.net.

APPENDIX A: DEFINITIONS OF KEY DESCRIPTIONS USED IN THIS CONSTITUTION

2006 Act	National Health Service Act 2006
2012 Act	Health and Social Care Act 2012 (this Act amends the 2006 Act)

Accountable Officer	An individual, as defined under paragraph 12 of Schedule 1A of the 2006 Act (as inserted by Schedule 2 of the 2012 Act), appointed by NHS England, with responsibility for ensuring the Group:
	• Complies with its obligations under:
	  o sections 14Q and 14R of the 2006 Act (as inserted by section 26 of the 2012 Act),
	  o sections 223H to 223J of the 2006 Act (as inserted by section 27 of the 2012 Act),
	  o paragraphs 17 to 19 of Schedule 1A of the NHS Act 2006 (as inserted by Schedule 2 of the 2012 Act), and
	  o any other provision of the 2006 Act (as amended by the 2012 Act) specified in a document published by the Board for that purpose;
	• Exercises its functions in a way which provides good value for money.

Area	The geographical area that the Group has responsibility for, as defined in Chapter 2 of this constitution
Chair of the Governing Body	The individual appointed by the Group to act as chair of the Governing Body
Chief Finance Officer	The qualified accountant employed by the Group with responsibility for financial strategy, financial management and financial governance
Clinical Commissioning Group	A body corporate established by NHS England in accordance with Chapter A2 of Part 2 of the 2006 Act (as inserted by section 10 of the 2012 Act)
Committee	A committee or sub-committee created and appointed by: • the membership of the Group • A committee / sub-committee created by a committee created / appointed by the membership of the Group • A committee / sub-committee created / appointed by the Governing Body
Financial year	This usually runs from 1 April to 31 March, but under paragraph 17 of Schedule 1A of the 2006 Act (inserted by Schedule 2 of the 2012 Act), it can for the purposes of audit and accounts run from when a Clinical Commissioning Group is established until the following 31 March
Group	NHS Nottingham North and East Clinical Commissioning Group, whose constitution this is
Governing Body	The body appointed under section 14L of the NHS Act 2006 (as inserted by section 25 of the 2012 Act), with the main function of ensuring that a Clinical Commissioning Group has made appropriate arrangements for ensuring that it complies with: • Its obligations under section 14Q under the NHS Act 2006 (as inserted by section 26 of the 2012 Act), and • Such generally accepted principles of good governance as are relevant to it.
Governing Body Member	Any member appointed to the Governing Body of the Group
Lay Member	A lay member of the Governing Body, appointed by the Group. A lay member is

	an individual who is not a member of the Group or a healthcare professional (i.e. an individual who is a member of a profession regulated by a body mentioned in section 25(3) of the National Health Service Reform and Health Care Professions Act 2002) or as otherwise defined in regulations
Member	A provider of primary medical services to a registered patient list, who is a members of this Group (see table in Chapter 3)
Practice Representatives	An individual appointed by a practice (who is a member of the Group) to act on its behalf in the dealings between it and the Group, under regulations made under section 89 or 94 of the 2006 Act (as amended by section 28 of the 2012 Act) or directions under section 98A of the 2006 Act (as inserted by section 49 of the 2012 Act)
Registers of interests	Registers a Group is required to maintain and make publicly available under section 14O of the 2006 Act (as inserted by section 25 of the 2012 Act), of the interests of: • The members of the Group; • The members of its Governing Body; The members of its committees or sub-committees and committees or sub-committees of its Governing Body; and • Its employees.
Working Day	9am – 5pm on a day (other than a Saturday, Sunday or a bank holiday in England) on which the banks in the city of London are generally open for business.

APPENDIX B: 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 Nottingham North and East Clinical Commissioning Group so that Group can fulfil its obligations, as set out largely in the 2006 Act, as amended by the 2012 Act and related regulations. They are effective from the date the Group is established.

1.1.2. The Standing Orders, together with the Group's Scheme of Reservation and Delegation (see Appendix C) and the Group's Prime Financial Policies (see Appendix D), provide a procedural framework within which the Group discharges its business. They set out:

a) The arrangements for conducting the business of the Group

b) The appointment of member practice representatives

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

d) The process to delegate powers

e) The declaration of interests and standards of conduct.

These arrangements must comply, and be consistent where applicable, with requirements set out in the 2006 Act (as amended by the 2012 Act) and related regulations and take account as appropriate[57] of any relevant guidance.

1.1.3. The Standing Orders, Scheme of Reservation and Delegation and Prime Financial Policies have effect as if incorporated into the Group's constitution. Group members, employees, members of the Governing Body, members of the Governing Body's committees, joint committees and sub-committees, members of the Group's committees and sub-committees and persons working on behalf of the Group should be aware of the existence of these documents and, where necessary, be familiar with their detailed provisions. Failure to comply with the Standing Orders, Scheme of Reservation and Delegation and Prime Financial Policies may be regarded as a disciplinary matter that could result in dismissal.

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[57] Under some legislative provisions the Group is obliged to have regard to particular guidance but under other circumstances guidance is issued as best practice guidance.

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

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

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

2.1. Composition of membership

2.1.1. Chapter 3 of the Group's constitution provides details of the membership of the Group.

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

2.2. Key Roles

2.2.1. Paragraph 6.9.2 of the Group's constitution sets out the composition of the Group's Governing Body, whilst Chapter 7 of the Group's constitution identifies certain key roles and responsibilities within the Group and its Governing Body. These Standing Orders set out how the Group appoints individuals to these key roles.

2.2.2. Individuals of the descriptions set out within Schedule 5 of *The National Health Service (Clinical Commissioning Groups) Regulations 2012 S.I. 2012/1631* are automatically disqualified from membership of the Group's Governing Body.

2.2.3. Individuals' interests will be considered as part of the appointment process for these key roles to determine whether there are any conflicts that warrant individuals being excluded from appointment to the Governing Body. The following general principles will be applied:

a) 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 Governing Body might make;

b) 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 Governing Body.

2.2.4. The Chair and Lead Clinician, as listed in paragraph 6.9.2 of the Group's constitution, is subject to the following appointment process:

a) **Nominations** – Submit an expression of interest and application form.

b) **Eligibility** – Any GP working in one of the CCG's member practices, irrespective of their contractual status (partner, salaried or locum) will be eligible to apply. See job description and person specification.

c) **Appointment process** –

i) The appointment of the Chair and Lead Clinician must be conducted fairly and impartially.

ii) The appointment process agreed in Nottingham North and East constitutes an expression of interest and application, assessment of candidates against pre-determined criteria including an interview, approval by NHS England, approval by the Governing Body and recommendation made to member practices.

iii) Where there are more than one suitable candidates, this process will be followed by an election supported by the Local Medical Committee, which will be weighted based on registered population.

iv) If the election is a draw, a final vote will take place in the Governing Body.

v) Recommendation to NHS England for approval.

d) **Term of office** – 3 years

e) **Eligibility for reappointment** – yes x 1 term

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

i) Gross misconduct

ii) Ceasing to fulfil the eligibility criteria for the role (see standing order 2.2.4 b) above).

iii) If he/she ceases to be a provider of primary medical services, or engaged in or employed to deliver primary medical services

iv) If he/she is suspended from providing primary medical services in which case the removal or suspension from the Governing Body shall be at the discretion of the Governing Body

v) If he/she shall for a period of 3 consecutive meetings of the Governing Body have been absent and shall at the discretion of the Governing Body be vacated from his office

vi) 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 Governing Body in line with standing order 2.2.3

vii) Becoming disqualified from office (see standing order 2.2.2)

viii) Following the passing of a vote of no confidence by member practices within the Group through a postal ballot in accordance with standing order 3 below (Voting by Members)

g) **Notice period** – 6 months in writing

2.2.5. The Assistant Clinical Chair, as listed in paragraph 6.9.2 of the Group's constitution, is subject to the following appointment process:

a) **Nominations** – submit an expression of interest form.

b) **Eligibility** – Any GP Governing Body Member will be eligible to submit an expression of interest. See role description.

c) **Appointment process** –

i) The appointment of the Assistant Clinical Chair must be conducted fairly and impartially.

ii) The appointment process agreed in Nottingham North and East constitutes expression of interest, assessment of candidates against pre-determined criteria including an interview, approval by the Governing Body and recommendation made to member practices.

d) **Term of office** – 3 years

e) **Eligibility for reappointment** – yes x 1 term

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

i) Gross misconduct.

ii) Ceasing to fulfil the eligibility criteria for the role (see standing order 2.2.5 b) above).

iii) If he/she ceases to be a provider of primary medical services, or engaged in or employed to deliver primary medical services.

iv) If he/she is suspended from providing primary medical services in which case the removal or suspension from the Governing Body shall be at the discretion of the Governing Body.

v) If he/she shall for a period of 3 consecutive meetings of the Governing Body have been absent and shall at the discretion of the Governing Body be vacated from his office.

vi) 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 Governing Body in line with standing order 2.2.3.

vii) Becoming disqualified from office (see standing order 2.2.2).

viii) Following the passing of a vote of no confidence by member practices within the Group through a postal ballot in accordance with standing order 3 below (Voting by Members)

g) **Notice period** – 6 months in writing

2.2.6. The GPs and Other Health Care Professionals, as listed in paragraph 6.9.2 of the Group's constitution, are subject to the following appointment process:

a) **Nominations** – Expressions of interest with application form and CV

b) **Eligibility** – Any GP working in one of the relevant CCG's member practices, who has been working within the CCG for a minimum of 6 months, irrespective of their contractual status (partner, salaried) will be eligible to apply. Any qualified other healthcare professional working on one of the relevant CCG's member practices. See job description and person specification

c) **Appointment process** –

i) Expressions of Interest invited from all GPs (principles, salaried) and/or other healthcare professional who delivers primary care services in NNE CCG.

ii) These Expressions of Interest will be assessed against pre-determined criteria by members of the interview panel. Those applications that are deemed to meet the criteria will go forward to a selection process

iii) If the number of successful Expressions of Interest is equal to or less than the number of positions, those applicants will automatically be elected to the Governing Body,

iv) If the number of successful candidates following the selection process exceeds the number of positions then an election will be undertaken, supported by the LMC. Member practices will determine how candidates are to enact electioneering.

v) Where there is a draw through the election process, a final vote will be held in the Governing Body.

d) **Term of office** – 3 years

e) **Eligibility for reappointment** – yes x 1 term

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

i) Gross misconduct.

ii) Ceasing to fulfil the eligibility criteria for the role (see standing order 2.2.6 b) above).

iii) If he/she ceases to be a provider of primary medical services, or engaged in or employed to deliver primary medical services.

iv) If he/she is suspended from providing primary medical services in which case the removal or suspension from the Governing Body shall be at the discretion of the Governing Body.

v) If he/she shall for a period of 3 consecutive meetings of the Governing Body have been absent and shall at the discretion of the Governing Body be vacated from his office.

vi) 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 Governing Body in line with standing order 2.2.3.

vii) Becoming disqualified from office (see standing order 2.2.2).

viii) Following the passing of a vote of no confidence by member practices within the Group through a postal ballot in accordance with standing order 3 below (Meetings of the Clinical Commissioning Group)

g) **Notice period** – 3 months in writing

2.2.7. The Lay Members, as listed in paragraph 6.9.2 of the Group's constitution, are subject to the following appointment process:

a) **Nominations** – Application

b) **Eligibility** – Any individual with the expertise and experience to provide constructive challenge to Governing Body discussions can apply for these roles when advertised other than those that meet the descriptions set out within Schedule 4 of *The National Health Service (Clinical Commissioning Groups) Regulations 2012 S.I. 2012/1631* who are excluded from being Lay Members of the Group's Governing Body.

The Lay Member leading on financial management and audit must have qualifications, expertise or experience such as to enable the person to express informed views about financial management and audit matters.

The Lay Member leading on patient and public involvement must be a person who has knowledge about the geographical area covered by the Group such as to enable the person to express informed views about the discharge of the Group's functions.

c) **Appointment process** – These appointments will be made in line with NHS England's best practice toolkit for the appointment of lay members.

d) **Term of office** – 3 years;

e) **Eligibility for reappointment** – yes x 1 term

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

i) Gross misconduct.

ii) Ceasing to fulfil the eligibility criteria for the role (see standing order 2.2.7 b) above).

iii) If he/she shall for a period of 3 consecutive meetings of the Governing Body have been absent and shall at the discretion of the Governing Body be vacated from his/her office.

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 Governing Body in line with standing order 2.2.3.

v) Becoming disqualified from office (see standing order 2.2.2).

vi) Following the passing of a vote of no confidence by member practices within the Group through a postal ballot in accordance with standing order 3 below (Voting by Members)

g) **Notice period** – 3 months in writing

2.2.8. The Registered Nurse as listed in paragraph 6.9.2 of the Group's constitution, is subject to the following appointment process:

a) **Nominations** – advertisement and/or nominations from NHS bodies

b) **Eligibility** – Be a registered nurse who has developed a high level of professional expertise and knowledge. The individual can not be employed by any organisation from which the Group secures any significant volume of provision. The individual should not be a general practice employee.

c) **Appointment process** –

i) Position will be advertised externally to the CCG through local media and other sources

ii) NHS Organisations will be contacted for nominations

iii) Interview with Governing Body Members

d) **Term of office** – 3 years

e) **Eligibility for reappointment** – yes x 1 term

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

i) Gross misconduct.

ii) Ceasing to fulfil the eligibility criteria for the role (see standing order 2.2.9 b) above).

iii) If he/she shall for a period of 3 consecutive meetings of the Governing Body have been absent and shall at the discretion of the Governing Body be vacated from his office.

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 Governing Body in line with standing order 2.2.3.

v) Becoming disqualified from office (see standing order 2.2.2).

vi) Following the passing of a vote of no confidence by member practices within the Group through a postal ballot in accordance with standing order 3 below (Voting by Members)

g) **Notice period** – 3 months in writing

2.2.9. The Secondary Care Specialist Doctor as listed in paragraph 6.9.2 of the Group's constitution, is subject to the following appointment process:

a) **Nominations** – advertisement and/or nominations from NHS bodies;

b) **Eligibility** – Be a doctor who is, or has been, a secondary care specialist, who has a high level of understanding of how care is delivered in a secondary care setting. The individual can not be employed by any organisation from which the Group secures any significant volume of provision.

c) **Appointment process** –

i) Position will be advertised externally to the CCG through local media and other sources

ii) NHS Organisations will be contacted for nominations

iii) Interview with Governing Body Members

d) **Term of office** – 3 years

e) **Eligibility for reappointment** – yes x 1 term

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

i) Gross misconduct.

ii) Ceasing to fulfil the eligibility criteria for the role (see standing order 2.2.10 b) above).

iii) If he/she shall for a period of 3 consecutive meetings of the Governing Body have been absent and shall at the discretion of the Governing Body be vacated from his office.

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 Governing Body in line with standing order 2.2.3.

v) Becoming disqualified from office (see standing order 2.2.2).

vi) Following the passing of a vote of no confidence by member practices within the Group through a postal ballot in accordance with standing order 3 below (Voting by Members)

g) **Notice period** – 3 months in writing

2.2.10. The Accountable Officer as listed in paragraph 6.9.2 of the Group's constitution, is subject to the following appointment process:

a) **Nominations and Eligibility** – Any individual with the qualifications, expertise and experience to ensure that the Group fulfils its duties and exercises its functions effectively, efficiently and economically may apply for this role when advertised.

b) **Appointment process** – This role will be appointed in line with national NHS recruitment and selection policies and guidance, subject to formal confirmation from NHS England[58].

c) **Grounds for removal from office** – Termination of employment in accordance with the Accountable Officer's contract of employment;

d) **Notice period** – As determined by the contract of employment.

2.2.11. The Chief Finance Officer as listed in paragraph 6.9.2 of the Group's constitution, is subject to the following appointment process:

a) **Nominations and Eligibility** – Any individual with the necessary professional accountancy qualifications and the expertise or experience to lead the financial management of the Group may apply for this role when advertised.

b) **Appointment process** –This appointment will be subject to national NHS recruitment and selection policies and guidance.

[58] See paragraph 12(2) of Schedule 1A to the 2006 Act as amended by Section 25(2) of, and Schedule 2 to, the 2012 Act

c) **Grounds for removal from office** – Termination of employment in accordance with the Chief Finance Officer's contract of employment;

d) **Notice period** – As determined by the contract of employment.

3. VOTING BY MEMBERS

3.1. Where voting on reserved matters is required to take place outside of a formal meeting (i.e. via a postal ballot), the Nottinghamshire Local Medical Committee will be asked to confirm and organise the arrangements for the ballot. Votes to be cast by each Practice Representative (or authorised deputy) weighted according to registered list size, as follows:

a) Each Practice Representative (or their authorised deputy) representing a member practice with 2,500 registered patients or less shall be entitled to cast one vote.

b) Each Practice Representative (or their authorised deputy) representing a member practice with between 2,501 and 5,000 registered patients shall be entitled to cast two votes.

c) Each Practice Representative (or their authorised deputy) representing a member practice with between 5,001 and 7,500 registered patients shall be entitled to cast three votes.

d) Each Practice Representative (or their authorised deputy) representing a member practice with between 7,501 and 10,000 registered patients shall be entitled to cast four votes.

e) For each additional 5,000 patients thereafter a further vote will be allocated to the relevant Practice Representative (or their authorised deputy).

4. MEETINGS OF THE CLINICAL COMMISSIONING GROUP

4.1. Practice Forum Meetings

4.1.1. The Practice Forum is a formal meeting of all member practices, to be held on at least an annual basis.

4.1.2. Subject to standing orders 4.1.3 and 4.1.4 below, the provisions for Meetings of the Governing Body set out below in section 5 shall apply (where relevant) to Practice Forum Meetings.

4.1.3. In normal circumstances, Practice Forum meetings will fall before or after a Clinical Cabinet meeting. However:

a) The Chair of the Governing Body may call a Practice forum meeting at any time by giving not less than ten Working Days' notice in writing.

b) The Group's membership may request the Chair to convene a Practice Forum meeting by notice in writing to the Chair signed by Practice

Representatives representing not less than one third of the member practices, specifying in reasonable detail the matters which the petitioners wish to be considered at the meeting. If the Chair refuses, or fails, to call a Practice Forum meeting within five Working Days of such a request being presented, the Practice Representatives signing the requisition may forthwith call a Practice Forum meeting by giving not less than ten Working Days' notice in writing to all member practices specifying the matters which the petitioners wish to be considered at the meeting.

4.1.4. With respect to matters reserved to the Members, generally it is expected that decisions will be reached by consensus within meetings or by email response. Where voting on reserved matters is required to take place outside of a formal meeting (i.e. via a postal ballot), the Nottinghamshire Local Medical Committee will be asked to confirm and organise the arrangements for the ballot. Voting will be carried out as per standing order 3 above.

5. Meetings of the Governing Body

5.1. Calling meetings

5.1.1. Ordinary meetings of the Governing Body shall be held at regular intervals at such times and places as the Group may determine, with a minimum of 5 meetings per year.

5.1.2. In normal circumstances, each member of the Governing Body will be given not less than 30 Working Days' notice in writing of any meeting of the Governing Body to be held. However:

a) The Chair of the Governing Body may call a meeting at any time by giving not less than 10 Working Days' notice in writing

b) The members of the Governing Body may request the Chair to convene a meeting by notice in writing signed by not less than one third of the members of the Governing Body, specifying in reasonable detail the matters which the petitioners wish to be considered at the meeting. If the Chair refuses, or fails, to call a meeting within five Working Days of such a request being presented, the Governing Body members signing the requisition may forthwith call a meeting by giving not less than 10 Working Days' notice in writing to all members of the Governing Body specifying the matters which the petitioners wish to be considered at the meeting.

5.2. Agenda, supporting papers and business to be transacted

5.2.1. Items of business to be transacted for inclusion on the agenda of a meeting need to be notified at least 15 Working Days (i.e. excluding weekends and bank holidays) before the meeting takes place.

5.2.2. The agenda for each meeting will be drawn up and agreed with the Chair.

5.2.3. Supporting papers for all items need to be submitted at least 10 Working Days before the meeting takes place. The agenda and supporting papers will be

circulated to all members of the Governing Body at least three Working Days before the date the meeting will take place.

5.2.4. Agendas and papers for meetings open to the public, including details about meeting dates, times and venues, will be published on the Group's website at www.nottinghamnortheastccg.nhs.uk. Hard copy documents are also available from the Group's headquarters (Gedling Civic Centre, Arnot Hill Park, Arnold, Nottingham, NG5 6LU) or by emailing nnestccg.enquiries@nhs.net.

5.3. Petitions

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

5.4. Resolutions of the Governing Body

5.4.1. Any member of the Governing Body wishing to propose a resolution (other than one associated with the business mentioned on the agenda for the next meeting) will send a written notice to the Chair of the Governing Body at least 10 Working Days before the meeting. All such notices received that are in order and permissible under governing regulations will be included in the agenda for the meeting.

5.4.2. Subject to the agreement of the Chair, any member of the Governing Body may give written notice of an emergency resolution up to one hour before the time fixed for the meeting. The notice shall state the grounds of urgency. If in order, it shall be declared to the Governing Body at the commencement of the business of the meeting as an additional item included in the agenda. The Chair's decision to include the item will be final.

5.4.3. During the course of a Governing Body meeting, a resolution may be proposed by any member present. It must also be seconded by another member. The Chair may exclude from the debate at his/her discretion any such resolution other than a resolution relating to:

a) The reception of a report

b) Consideration of any item of business before the Governing Body

c) The accuracy of minutes

d) That the Governing Body proceed to next business

e) That the Governing Body adjourn

f) That the question be now put to a vote.

5.4.4. Any resolution which has been duly proposed and seconded in accordance with standing order 5.4.3 may only be amended or withdrawn with the consent of the member who proposed the resolution.

5.5. Chair of a meeting

5.5.1. At any meeting of the Governing Body, the Chair of the Group shall preside. If the Chair is absent from the meeting, the deputy Chair, if any and if present, shall preside.

5.5.2. 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, a member of the Governing Body shall be chosen by the members present, or by a majority of them, and shall preside.

5.6. Chair's ruling

5.6.1. The decision of the Chair of the Governing Body on questions of order, relevancy and regularity and their interpretation of the constitution, Standing Orders, Scheme of Reservation and Delegation and Prime Financial Policies at the meeting, shall be final.

5.7. Nominated Deputies

5.7.1. A member of the Governing Body who is unable to attend a meeting of the Governing Body must notify the Chair in writing before the start of the meeting and obtain consent from the Chair if they wish to appoint a deputy to attend the meeting who is authorised to speak and vote on their behalf at the meeting.

5.8. Quorum

5.8.1. No business shall be transacted at a Governing Body meeting unless at least two thirds of the whole number of the Chair and members (including of which at least 50% are clinical representatives) are present.

5.8.2. An officer in attendance for a Governing Body Member but without formal acting up status may not count towards the quorum.

5.8.3. If the Chair or member has been disqualified from participating in the discussion on any matter and/or from voting on any resolution by reason of a declaration of a conflict of interest that person shall no longer count towards the quorum. If a quorum is then not available for the discussion and/or the passing of a resolution on any matter, that matter may not be discussed further or voted upon at that meeting. Such a position shall be recorded in the minutes of the meeting. The meeting must then proceed to the next business.

5.8.4. For matters relating to Governing Body member remuneration, a quorum will be five non-conflicted members.

5.9. Decision making

5.9.1. Chapter 6 of the Group's constitution, together with the Scheme of Reservation and Delegation, sets out the governing structure for the exercise of the Group's statutory functions. Generally it is expected that at the Governing Body's meetings decisions will be reached by consensus. Should this not be possible then a vote of members will be required, the process for which is set out below:

a) **Eligibility** – A manager who has been formally appointed to act up for a Governing Body Member shall be entitled to exercise voting rights. A manager attending a Governing Body without formal acting up status may not exercise voting rights of the Governing Body Member. An officer's status when attending a meeting shall be recorded in the minutes. In no circumstances may an absent member vote by proxy. Absence is defined as being absent at the time of the vote

b) **Majority necessary to confirm a decision** – A resolution will be passed if more votes are cast for the resolution than against it

c) **Casting vote** – If an equal number of votes are cast for and against a resolution, then the Chair will have a casting vote

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

5.9.3. Safeguards must exist to guard against the possibility of the Governing Body becoming out of touch with the views and needs of its member practices. A power of recall is therefore in place to allow the GP members to be recalled following an extraordinary meeting of the Group called by at least one third of the member practices as detailed in standing order 4 above.

5.10. Virtual meetings, emergency powers and urgent decisions

5.10.1. The Governing Body may meet virtually. Where a virtual meeting is convened, the usual process for meetings of the Governing Body will apply, including those relating to the quorum (standing order 5.8). If a consensus agreement on a resolution cannot be reached, then the resolution will be deferred to the next formal meeting of the Governing Body for a vote of Governing Body members (in accordance with standing order 5.9).

5.10.2. Minutes of virtual Governing Body meetings will be produced (in accordance with standing order 5.12) and reported to the next formal meeting of the Governing Body for formal ratification.

5.10.3. The powers of the Group which are reserved or delegated to the Governing Body may in emergency or for an urgent decision be exercised by the Accountable Officer and the Chair having consulted at least two other members. The exercise of such powers by the Accountable Officer and the Chair shall be reported to the next formal meeting of the Governing Body for formal ratification.

5.10.4. Before resolving to use the powers set out in 5.10.3, the Chair must consider whether a virtual meeting of the Governing Body could be held.

5.11. Record of Attendance

5.11.1. The names of all members of the Governing Body present shall be recorded in the minutes of the Governing Body meetings.

5.12. Minutes

5.12.1. The minutes of the proceedings of a meeting shall be drawn up and submitted for agreement at the next ensuring meeting where they shall be signed by the person presiding at it.

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

5.12.3. Minutes shall be circulated in accordance with members' wishes.

5.12.4. Where providing a record of a public meeting the minutes shall be made available to the public as required by Code of Practice on Openness in the NHS.

5.13. Admission of public and the press

5.13.1. Admission and exclusion on grounds of confidentiality of business to be transacted.

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

"That representatives of the press, and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest", Section 1 (2) Public Bodies (Admission to Meetings) Act 1960."

Guidance should be sought from the Governing Body's Freedom of Information Lead to ensure correct procedure is followed on matters to be included in the exclusion.

5.13.3. The Chair (or Deputy Chair) or the person presiding over the meeting shall give such directions as he/she thinks fit with regard to the arrangements for meetings and accommodation of the public and representatives of the press such as to ensure that the Group's business shall be conducted without interruption and disruption and, without prejudice to the power to exclude on grounds of the confidential nature of the business to be transacted, the public will be required to withdraw upon the Governing Body resolving as follows:

"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) Public Bodies (Admission to Meetings) Act 1960.

5.13.4. Matters to be dealt with by the Governing Body following the exclusion of representatives of the press, and other members of the public, as provided in standing orders 5.13.1 above, shall be confidential to the members of the Governing Body.

5.13.5. Members and Officers or any employee of the Group in attendance shall not reveal or disclose the contents of papers marked 'In Confidence' or minutes headed 'Items Taken in Private' outside of the Group, without the express permission of the 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.

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

6. COMMITTEES AND SUB-COMMITTEES

6.1. Appointment of committees and sub-committees

6.1.1. The committees of the Group and Governing Body are specified in Chapter 6 of the Group's constitution.

6.1.2. Other than where there are statutory requirements, such as in relation to the Governing Body's Audit and Governance Committee, Remuneration and Terms of service Committee or Primary Care Commissioning Committee, the Governing Body shall determine the membership and terms of reference of committees and sub-committees and shall, if it requires, receive and consider reports of such committees at the next appropriate meeting of the Governing Body.

6.1.3. Committees of the Governing Body will only be able to establish their own sub-committees to assist them in discharging their respective responsibilities if this power has been delegated to them by the Governing Body and detailed within their terms of reference.

6.1.4. Committees and sub-committees of the Governing Body, including any joint committees established, may consist of or include individual members of the Group, employees, members of the Governing Body, or any other person approved by the Governing Body.

6.1.5. The provisions of these Standing Orders shall apply where relevant to the operation of the Governing Body, the Governing Body's committees, joint committees and sub-committees unless stated otherwise in the committee or sub-committee's terms of reference.

6.1.6. Terms of reference shall have effect as if incorporated into the Group's constitution.

6.1.7. Committees of the Governing Body may meet 'in-common' with similar committees of NHS Nottingham City CCG, NHS Nottingham West CCG and NHS Rushcliffe CCG. In instances where a 'Committees in Common' arrangement is established, each of the committees taking part must:

a) Have its own terms of reference and report back to the governing structure in its own CCG;

b) Retain its own Chair, although one such Chair will be nominated to chair the discussions that occur during the meetings in common;

c) Have its own agenda, although these may be identical;

d) Take its own decisions and these must be recorded in its own minutes; and

7. Have the freedom to take its own decision that might be different from the other committees taking part in the 'Committees in Common' arrangement. USE OF SEAL AND AUTHORISATION OF DOCUMENTS

7.1. Clinical Commissioning Group's seal

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

a) The Accountable Officer

b) The Chair of the Governing Body

c) The Chief Finance Officer

7.2. Execution of a document by signature

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

a) The Accountable Officer

b) The Chair of the Governing Body

c) The Chief Finance Officer

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

8.1. Policy statements: general principles

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

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

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

10. SUSPENSION OF STANDING ORDERS

10.1. 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 two-thirds of Group members are in agreement.

10.2. A decision to suspend standing orders together with the reasons for doing so shall be recorded in the minutes of the meeting.

10.3. A separate record of matters discussed during the suspension shall be kept. These records shall be made available to the Audit and Governance Committee for review of the reasonableness of the decision to suspend standing orders.

APPENDIX C: SCHEME OF RESERVATION AND DELEGATION

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

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

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

Policy Area	Decision	Reserved to the Membership	Reserved/ delegated to Governing Body	Accountable Officer	Audit and Governance Committee	Remuneration and Terms of Service Committee	Primary Care Commissioning Committee	Greater Nottingham Joint Commissioning Committee
REGULATION AND CONTROL	Determine the arrangements by which the members of the Group approve those decisions that are reserved for the membership.	✓						
REGULATION AND CONTROL	Consideration and approval of applications to NHS England on any matter concerning changes to the Group's constitution, including its Standing Orders, Scheme of Reservation and Delegation and Prime Financial Policies.	✓						
REGULATION AND CONTROL	Oversight of the discharge of the Groups Functions and General Duties as set out in Section 5 of the Group's Constitution.		✓					

Policy Area	Decision	Reserved to the Membership	Reserved/ delegated to Governing Body	Accountable Officer	Audit and Governance Committee	Remuneration and Terms of Service Committee	Primary Care Commissioning Committee	Greater Nottingham Joint Commissioning Committee
REGULATION AND CONTROL	Exercise or delegation of those functions of the Group which have not been retained as reserved by the Group, delegated to the Governing Body or other committee or sub-committee or [specified] member or employee			✓				
REGULATION AND CONTROL	Approval of the Group's operational scheme of delegation that underpins the Group's 'overarching scheme of reservation and delegation' as set out in its constitution.		✓					
REGULATION AND CONTROL	Set out who can execute a document by signature/use of the seal.	✓						
PRACTICE MEMBER REPRESENTATIVES & MEMBERS OF THE GOVERNING BODY	Approve the arrangements for • Identifying practice members to represent practices in matters concerning the work of the Group; and • Appointing clinical leaders to represent the Group's membership on the Group's Governing Body, for example through election (if desired).	✓						

Policy Area	Decision	Reserved to the Membership	Reserved/ delegated to Governing Body	Accountable Officer	Audit and Governance Committee	Remuneration and Terms of Service Committee	Primary Care Commissioning Committee	Greater Nottingham Joint Commissioning Committee
PRACTICE MEMBER REPRESENTATIVES & MEMBERS OF THE GOVERNING BODY	Approve arrangements for the appointment of Governing Body Members, the process for election and recruiting and removing non-elected members to the Governing Body (subject to any regulatory requirements) and succession planning.	✓						
STRATEGY & PLANNING	Agree the vision, values and overall strategic direction of the Group.		✓					
STRATEGY & PLANNING	Approval of the Group's commissioning strategy.		✓					
STRATEGY & PLANNING	Approval of the Group's staffing structure.			✓				
STRATEGY & PLANNING	Approval of the Group's corporate budgets that meet the financial duties as set out in section 5.3 of the main body of the constitution.		✓					
STRATEGY & PLANNING	Approval of variations to the approved budget where variation would have a significant impact on the overall approved levels of income and expenditure or the Group's ability to achieve its agreed strategic aims.		✓					

Policy Area	Decision	Reserved to the Membership	Reserved/ delegated to Governing Body	Accountable Officer	Audit and Governance Committee	Remuneration and Terms of Service Committee	Primary Care Commissioning Committee	Greater Nottingham Joint Commissioning Committee
ANNUAL REPORTS & ACCOUNTS	Approval of the Group's annual report and annual accounts.				✓			
HUMAN RESOURCES	Determine the remuneration, fees and other allowances payable to employees or other persons providing services to the Group and the allowances payable under any pension scheme it may establish		✓					
HUMAN RESOURCES	Approve human resources policies for employees and for other persons working on behalf of the Group					✓		
COMMISSIONING & CONTRACTING FOR CLINICAL SERVICES	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.							✓
COMMISSIONING & CONTRACTING FOR CLINICAL SERVICES	Approve the arrangements for discharging the Group's statutory duties associated with its commissioning functions							✓
COMMISSIONING & CONTRACTING	Approval of investment, disinvestment, and							✓

Policy Area	Decision	Reserved to the Membership	Reserved/ delegated to Governing Body	Accountable Officer	Audit and Governance Committee	Remuneration and Terms of Service Committee	Primary Care Commissioning Committee	Greater Nottingham Joint Commissioning Committee
FOR CLINICAL SERVICES	resource allocation proposals (in line with the Group's vision, values and strategic direction).							
COMMISSIONING & CONTRACTING FOR CLINICAL SERVICES	Approval of individual funding requests.							✓
COMMISSIONING & CONTRACTING FOR CLINICAL SERVICES	Approve arrangements for managing exceptional funding requests.							✓
COMMISSIONING & CONTRACTING FOR CLINICAL SERVICES	Approve arrangements for co-ordinating the commissioning of services with other Groups and or with the local authority(ies), where appropriate.			✓				
COMMISSIONING & CONTRACTING FOR CLINICAL SERVICES	Approve delegated limits for commissioning, contracting and tendering of services.		✓					
COMMISSIONING & CONTRACTING FOR CLINICAL SERVICES	Approve new pathways and changes to pathways for all services, except those that NHS England or local authorities are responsible for commissioning							✓
QUALITY & SAFETY	Approve arrangements for supporting NHS England in discharging its						✓	

Policy Area	Decision	Reserved to the Membership	Reserved/ delegated to Governing Body	Accountable Officer	Audit and Governance Committee	Remuneration and Terms of Service Committee	Primary Care Commissioning Committee	Greater Nottingham Joint Commissioning Committee
	responsibilities in relation to securing continuous improvement in the quality of general medical services							
OPERATIONAL & RISK MANAGEMENT	Approve the Group's counter fraud and security management arrangements.				✓			
OPERATIONAL & RISK MANAGEMENT	Approve the counter fraud work programme				✓			
OPERATIONAL & RISK MANAGEMENT	Approval of the Group's risk management arrangements.		✓					
OPERATIONAL & RISK MANAGEMENT	Approve arrangements for risk sharing and or risk pooling with other organisations (for example arrangements for pooled funds with other Clinical Commissioning Groups or pooled budget arrangements under section 75 of the NHS Act 2006).		✓					
OPERATIONAL & RISK MANAGEMENT	Approval of a comprehensive system of internal control, including budgetary control, that underpins the effective, efficient and economic operation of the Group.			✓				

Policy Area	Decision	Reserved to the Membership	Reserved/ delegated to Governing Body	Accountable Officer	Audit and Governance Committee	Remuneration and Terms of Service Committee	Primary Care Commissioning Committee	Greater Nottingham Joint Commissioning Committee
OPERATIONAL & RISK MANAGEMENT	Approve proposals for action on litigation against or on behalf of the Clinical Commissioning Group.		✓					
OPERATIONAL & RISK MANAGEMENT	Approve the Group's arrangements for business continuity and emergency planning			✓				
INFORMATION GOVERNANCE	Approval of the arrangements for ensuring appropriate and safekeeping and confidentiality of records and for the storage, management and transfer of information and data			✓				
TENDERING & CONTRACTING	Approval of the Group's contracts for any commissioning support.			✓				
TENDERING & CONTRACTING	Approval of the Group's contracts for corporate support (for example finance provision).			✓				
PARTNERSHIP WORKING	Approve decisions that individual members or employees of the Group participating in joint arrangements on behalf of the Group can make. Such delegated decisions must be disclosed in this scheme of reservation and delegation.		✓					

Policy Area	Decision	Reserved to the Membership	Reserved/ delegated to Governing Body	Accountable Officer	Audit and Governance Committee	Remuneration and Terms of Service Committee	Primary Care Commissioning Committee	Greater Nottingham Joint Commissioning Committee
PARTNERSHIP WORKING	Approve decisions delegated to joint committees established under section 75 of the 2006 Act.		✓					
CONTRACTUAL GP PRACTICE PERFORMANCE	Monitoring and escalation of practice performance data						✓	
CONTRACTUAL GP PRACTICE PERFORMANCE	GP Practice performance visits review of reports						✓	
CONTRACTUAL GP PRACTICE PERFORMANCE	Decision to issue Breach/remedial notices						✓	
CONTRACTUAL GP PRACTICE PERFORMANCE	Removing a contract						✓	
CONTRACTUAL GP PRACTICE PERFORMANCE	Oversight of Patient complaints						✓	
DESIGN AND IMPLEMENT ENHANCED SERVICE INCENTIVE SCHEMES	Monitor primary care services data (enhanced)						✓	
DESIGN AND IMPLEMENT ENHANCED SERVICE INCENTIVE	Review primary care services quality (enhanced)						✓	

Policy Area	Decision	Reserved to the Membership	Reserved/ delegated to Governing Body	Accountable Officer	Audit and Governance Committee	Remuneration and Terms of Service Committee	Primary Care Commissioning Committee	Greater Nottingham Joint Commissioning Committee
SCHEMES								
DESIGN AND IMPLEMENT ENHANCED SERVICE INCENTIVE SCHEMES	Approval of local alternative to Quality Outcomes Framework (QOF)						✓	
GENERAL PRACTICE COMMISSIONING	Decisions based on Primary care needs assessment						✓	
GENERAL PRACTICE COMMISSIONING	Establishment of new GP practices						✓	
GENERAL PRACTICE COMMISSIONING	Approval of practice mergers						✓	
GENERAL PRACTICE COMMISSIONING	Authorisation of discretionary payments						✓	
GENERAL PRACTICE BUDGET MANAGEMENT	Enhanced services budget management and approval						✓	
GENERAL PRACTICE BUDGET MANAGEMENT	General practice budget management and approval						✓	

APPENDIX D: PRIME FINANCIAL POLICIES

1. INTRODUCTION

1.1. General

1.1.1. These Prime Financial Policies and supporting Detailed Financial Policies shall have effect as if incorporated into the Group's constitution.

1.1.2. The Prime Financial Policies are part of the Group's control environment for managing the organisation's financial affairs. They contribute to good corporate governance, internal control and managing risks. They enable sound administration; lessen the risk of irregularities and support commissioning and delivery of effective, efficient and economical services. They also help the Accountable Officer and Chief Finance Officer to effectively perform their responsibilities. They should be used in conjunction with the Scheme of Reservation and Delegation found at Appendix C.

1.1.3. In support of these Prime Financial Policies, the Group has prepared more detailed policies, approved by the Accountable Officer, known as *Detailed Financial Policies*. The Group refers to these prime and detailed financial policies together as the Clinical Commissioning Group's financial policies.

1.1.4. These Prime Financial Policies identify the financial responsibilities which apply to everyone working for the Group and its constituent organisations. They do not provide detailed procedural advice and should be read in conjunction with the detailed financial policies.

1.1.5. A list of the Group's Detailed Financial Policies will be published and maintained on the Group's website at www.nottinghamnortheastccg.nhs.uk. Hard copy documents are also available from the Group's headquarters (Gedling Civic Centre, Arnot Hill Park, Arnold, Nottingham, NG5 6LU) or by emailing nnestccg.enquiries@nhs.net.

1.1.6. Should any difficulties arise regarding the interpretation or application of any of the Prime Financial Policies then the advice of the Accountable Officer must be sought before acting. The user of these Prime Financial Policies should also be familiar with and comply with the provisions of the Group's constitution, Standing Orders and Scheme of Reservation and Delegation.

1.1.7. Failure to comply with Prime Financial Policies and Standing Orders can in certain circumstances be regarded as a disciplinary matter that could result in dismissal.

1.2. Overriding Prime Financial Policies

1.2.1. If for any reason these Prime Financial Policies are not complied with, full details of the non-compliance and any justification for non-compliance and the

circumstances around the non-compliance shall be reported to the next formal meeting of the Audit and Governance Committee for referring action or ratification. All of the Group's members and employees have a duty to disclose any non-compliance with these Prime Financial Policies to the Chief Finance Officer as soon as possible.

1.3. Responsibilities and delegation

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

1.3.2. The financial decisions delegated by members of the Group are set out in the Group's Scheme of Reservation and Delegation (see Appendix C).

1.4. Contractors and their employees

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

1.5. Amendment of Prime Financial Policies

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

2. INTERNAL CONTROL

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

2.1. The Governing Body is required to establish an Audit and Governance Committee with terms of reference agreed by the Governing Body (see paragraph 6.10.1(a) of the Group's constitution for further information).

2.2. The Accountable Officer has overall responsibility for the Group's systems of internal control.

2.3. The Chief Finance Officer will ensure that:

a) Financial policies are considered for review and update annually;

b) A system is in place for proper checking and reporting of all breaches of financial policies; and

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

3. AUDIT

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

3.1. In line with the terms of reference of the Audit and Governance Committee, the person appointed by the Group to be responsible for internal audit and the appointed external auditor will have direct and unrestricted access to Audit and Governance Committee members and the Chair of the Governing Body, Accountable Officer and Chief Finance Officer for any significant issues arising from audit work that management cannot resolve, and for all cases of fraud or serious irregularity.

3.2. The person appointed by the Group to be responsible for internal audit and the external auditor will have access to the Audit and Governance Committee and the Accountable Officer to review audit issues as appropriate. All Audit and Governance Committee members, the Chair of the Governing Body and the Accountable Officer will have direct and unrestricted access to the head of internal audit and external auditors.

3.3. The Chief Finance Officer will ensure that:

a) The Group has a professional and technically competent internal audit function; and

b) The Governing Body approves any changes to the provision or delivery of assurance services to the Group.

c) The Group procures external audit services in accordance with the Local Audit and Accountability Act 2014 and the relevant national guidance.

4. FRAUD AND CORRUPTION

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

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

4.2. The Audit and Governance Committee will ensure that the Group has arrangements in place to work effectively with the NHS Counter Fraud Authority.

5. EXPENDITURE CONTROL

5.1. The Group is required by statutory provisions[59] to ensure that its expenditure does not exceed the aggregate of allotments from NHS England and any other sums it has received and is legally allowed to spend.

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

5.3. The Chief Finance Officer will:

a) Provide reports in the form required by NHS England

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

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

6. ALLOTMENTS[60]

6.1. The Group's Chief Finance Officer will:

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

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

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

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

7. COMMISSIONING STRATEGY, BUDGETS, BUDGETARY CONTROL AND MONITORING

POLICY – the Group will produce and publish an annual commissioning plan[61] that explains how it proposes to discharge its financial duties. The Group will support this with comprehensive medium term financial plans and annual budgets

7.1. The Accountable Officer will compile and submit to the Governing Body a Commissioning Strategy which takes into account financial targets and forecast limits of available resources.

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

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

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

7.5. The Governing Body will approve consultation arrangements for the Group's commissioning strategy[62]

8. ANNUAL ACCOUNTS AND REPORTS

POLICY – the Group will produce and submit to NHS England accounts and reports in accordance with all statutory obligations[63], relevant accounting standards and accounting best practice in the form and content and at the time required by NHS England

61 See section 14Z11 of the 2006 Act, inserted by section 26 of the 2012 Act.
62 See section 14Z13 of the 2006 Act, inserted by section 26 of the 2012 Act
63 See paragraph 17 of Schedule 1A of the 2006 Act, as inserted by Schedule 2 of the 2012 Act.

8.1. The Chief Finance Officer will ensure the Group:

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

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

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

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

e) Publishes the external auditor's management letter on the Group's website at www.nottinghamnortheastccg.nhs.uk. Hard copy documents are also available from the Group's headquarters (Gedling Civic Centre, Arnot Hill Park, Arnold, Nottingham, NG5 6LU) or by emailing nnestccg.enquiries@nhs.net.

9. INFORMATION TECHNOLOGY

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

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

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

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

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

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

9.2. In addition the Chief Finance Officer shall ensure that new financial systems and amendments to current financial systems are developed in a controlled manner and thoroughly tested prior to implementation. Where this is undertaken by

another organisation, assurances of adequacy must be obtained from them prior to implementation.

10. ACCOUNTING SYSTEMS

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

10.1. The Chief Finance Officer will ensure:

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

b) That contracts for computer services for financial applications with another health organisation or any other agency shall clearly define the responsibility of all parties for the security, privacy, accuracy, completeness, and timeliness of data during processing, transmission and storage. The contract should also ensure rights of access for audit purposes.

10.2. Where another health organisation or any other agency provides a computer service for financial applications, the Chief Finance Officer shall periodically seek assurances that adequate controls are in operation.

11. BANK ACCOUNTS

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

11.1. The Chief Finance Officer will:

a) Review the banking arrangements of the Group at regular intervals to ensure they are in accordance with Secretary of State directions[64], best practice and represent best value for money;

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

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

11.2. The Audit and Governance Committee shall approve the banking arrangements.

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

POLICY – the Group will:
- Operate a sound system for prompt recording, invoicing and collection of all

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

monies due
- Seek to maximise its potential to raise additional income only to the extent that it does not interfere with the performance of the Group or its functions[65]
- Ensure its power to make grants and loans is used to discharge its functions effectively[66]

12.1. The Chief Finance Officer is responsible for:

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

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

c) Approving and regularly reviewing the level of all fees and charges other than those determined by NHS England or by statute. Independent professional advice on matters of valuation shall be taken as necessary;

d) For developing effective arrangements for making grants or loans.

13. TENDERING AND CONTRACTING PROCEDURE

POLICY – the Group will:
- Ensure proper competition that is legally compliant within all purchasing to ensure we incur only budgeted, approved and necessary spending
- Seek value for money for all goods and services
- Ensure that competitive tenders are invited for the:
  - Supply of goods, materials and manufactured articles;
  - Rendering of services including all forms of management consultancy services (other than specialised services sought from or provided by the Department of Health); and
  - Design, construction and maintenance of building and engineering works (including construction and maintenance of grounds and gardens) for disposals

65 See section 14Z5 of the 2006 Act, inserted by section 26 of the 2012 Act.
66 See section 14Z6 of the 2006 Act, inserted by section 26 of the 2012 Act.

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

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

a) The Group's standing orders;

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

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

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

13.4. The Chief Finance Officer will prepare detailed procedures on the tendering and contracting process.

14. COMMISSIONING

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

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

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

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

15. RISK MANAGEMENT AND INSURANCE

15.1. The Governing Body has a duty to assure itself that the Group has effectively identified the risks it faces, and that it has processes and controls in place to mitigate those risks and the impact they have on the organisation and its stakeholders.

15.2. The Governing Body will discharge this duty as follows:

a) Identifies risks to the achievement of it strategic objectives and QIPP plan

b) Monitor these risks via the Governing Body Assurance Framework

c) Ensure that there is a structure in place for the effective management of risk throughout the Group by implementation of a Risk Policy and Strategy

d) Approves and reviews policies and strategies for risk management on an annual basis

e) Receives reports from the Audit and Governance Committee

f) Demonstrates leadership, active involvement and support for risk management

g) Monitor risks and delivery against the Groups and shared QIPP plans through ongoing scrutiny by the Audit and Governance Committee

16. PAYROLL

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

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

a) Is supported by appropriate (i.e. contracted) terms and conditions;

b) Has adequate internal controls and audit review processes;

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

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

17. NON-PAY EXPENDITURE

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

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

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

17.3. The Chief Finance Officer will:

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

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

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

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

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

18.1. The Accountable Officer will:

a) Ensure that there is an adequate appraisal and approval process in place for determining capital expenditure priorities and the effect of each proposal upon plans;

b) Be responsible for the management of all stages of capital schemes and for ensuring that schemes are delivered on time and to cost;

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

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

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

19. RETENTION OF RECORDS

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

19.1. The Accountable Officer shall:

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

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

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

20. TRUST FUNDS AND TRUSTEES

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

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

APPENDIX E: NOLAN PRINCIPLES

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

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

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

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

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

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

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

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

Source: *The First Report of the Committee on Standards in Public Life* (1995)[67]

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[67] Available at http://www.public-standards.gov.uk/

APPENDIX F: NHS CONSTITUTION

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

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

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

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

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

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

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

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

Source: *The NHS Constitution: The NHS belongs to us all* (March 2012)[68]

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

APPENDIX G: AUDIT AND GOVERNANCE COMMITTEE TERMS OF REFERENCE

1. Purpose

The Audit and Governance Committee exists to:

- Provide the Governing Body with an independent and objective view of the CCG's financial systems, financial information and compliance with the laws, regulations and directions governing the CCG in as far as they relate to finance.
- 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 organisation's objectives.
- Scrutinise every instance of non-compliance with the CCG's Standing Orders, Scheme of Reservation and Delegation and Prime Financial Policies and monitoring compliance with the CCG's Conflicts of Interest Policy and Gifts, Hospitality and Sponsorship Policy.
- Approve the CCG's Annual Report and Accounts.

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 co-operate with any request made by the Committee. The Committee is authorised by the Governing Body to obtain outside legal or other independent advice and to secure the attendance of individuals with relevant experience and expertise if it considers this necessary.

2. Status

The Audit and Governance Committee is established in accordance with CCG's constitution and is a statutory committee of, and accountable to, the CCG's Governing Body.

The Committee is authorised to create task and finish sub-groups in order to take forward specific programmes of work as considered necessary by the Committee's membership.

The Audit and Governance Committee may meet 'in-common' with the Audit and Governance Committees of NHS Nottingham City CCG, NHS Nottingham West CCG and NHS Rushcliffe CCG.

3. Duties

Integrated governance, risk management and internal control

a) The Committee will 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, which supports the achievement of its objectives. In particular the Committee will review the adequacy and effectiveness of:

   - All risk and control related disclosure statements (in particular the annual governance statement) together with any accompanying head of internal audit opinion, external audit opinion or other appropriate independent assurances.
   - 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.

- Compliance with Standing Orders, Scheme of Reservation and Delegation and Prime Financial Policies, including review of all waivers.
- The policies for ensuring compliance with relevant regulatory, legal, and code of conduct requirements and any related reporting and self-certifications).
- Arrangements in place for allowing staff to raise concerns (in confidence) about possible improprieties, ensuring that any such concerns are investigated proportionately and independently.
- The policies and procedures for all work related to counter fraud, bribery and corruption as required by the NHS Counter Fraud Authority.

b) In carrying out this work the Committee will primarily utilise the work of internal audit, external audit and other assurance functions, but will not be limited to these sources. It will also seek reports and assurances from Directors and managers, as appropriate.

c) The Committee will use the Governing Body Assurance Framework to guide its work and that of the audit and assurance functions that report to it.

Internal audit

d) The Committee will ensure that there is an effective internal audit function established by management that meets the *Public Sector Internal Audit Standards 2017* and provides appropriate independent assurance to the Committee, Accountable Officer and Governing Body. This will be achieved by:

e) Considering the provision of the internal audit service and the costs involved.

f) Reviewing and approving of the annual internal audit plan and more detailed programme of work, ensuring that this is consistent with the audit needs of the CCG (as identified in the Governing Body Assurance Framework).

g) Considering the major findings of internal audit work (and management's response), and ensuring co-ordination between the internal and external auditors to optimise the use of audit resources.

h) Ensuring that the internal audit function is adequately resourced and has appropriate standing within the organisation.

i) Monitoring the effectiveness of internal audit and completing an annual review.

External audit

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

k) Considering the appointment and performance of the external auditors, as far as the rules governing the appointment permits (and make recommendations to the Governing Body when appropriate).

l) Discussing and agreeing with the external auditors, before the audit commences, the nature and scope of the audit as set out in the annual plan.

m) Discussing with the external auditors their local evaluation of audit risks and assessment of the organisation and the impact on the audit fee.

n) Review of all external audit reports, including the report to those charged with governance and any work undertaken outside of the audit plan, together with the appropriateness of management responses.

o) Ensuring that there is in place a clear protocol for the engagement of external auditors to supply non-audit services.

Counter Fraud

p) The Committee will satisfy itself that the organisation has adequate arrangements in place for counter fraud, bribery and corruption that meet NHS Counter Fraud Authority's standards and will review the outcomes of work in these areas. This will include approving the counter fraud work programme.

q) The Committee will refer any suspicions of fraud, bribery and corruption to the NHS Counter Fraud Authority.

Financial reporting

r) The Committee will monitor the integrity of the financial statements of the CCG and any formal announcements relating to the organisation's financial performance.

s) The Committee will ensure that the systems for financial reporting to the Governing Body, including those of budgetary control, are subject to review as to completeness and accuracy of the information provided.

t) The Committee will review and approve the annual report and financial statements, focusing particularly on:

u) The wording in the annual governance statement and other disclosures.

v) Changes in, and compliance with, accounting policies, practices and estimation techniques.

w) Unadjusted mis-statements in the financial statements.

x) Significant judgements in preparing of the financial statements.

y) Significant adjustments resulting from the audit.

z) Letters of representation.

aa) Explanations for significant variances.

4. Membership

The Audit and Governance Committee will have three members, comprised as follows:

- Lay Member (Financial Management and Audit Lead)
- Lay Member (Patient and Public Involvement Lead)
- Lay Member

Attendees:

The following will be routine attendees at Audit and Governance Committee meetings:

- Chief Finance Officer
- Corporate Director
- Internal Audit
- External Audit

Other officers may be invited to attend meetings when the Committee is discussing areas of risk or operation that fall within their areas of responsibility. This will include:

- The CCG's Accountable Officer being invited to attend, at least annually, to discuss with the Committee the process for assurance that supports the Governance Statement.

- The Local Counter Fraud Specialist being invited to attend at least twice per year.

5. Chair and Deputy

The Lay Member (Financial Management and Audit Lead) will Chair the Audit and Governance Committee.

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 membership will be nominated to deputise for that meeting.

6. Quorum

The Audit and Governance Committee will be quorate with a minimum of two members.

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.

Committee members will seek to reach decisions by consensus where possible. If a consensus agreement cannot be reached, then the item will be escalated to the Governing Body for a decision.

7. Frequency of Meetings

The Audit and Governance Committee will meet no less than five times per year at appropriate times in the reporting and audit cycle.

The head of internal audit and representative from external audit have a right of direct access to the Chair of the Committee and may request a meeting if they consider that one is necessary. The Committee will meet privately with the internal and external auditors at least once during the year.

Meetings of the Audit and Governance Committee, other than those regularly scheduled above, shall be summoned by the secretary to the Committee at the request of the Chair.

8. Secretariat and Conduct of Business

Secretariat support will be provided to the Audit and Governance Committee to ensure the day to day work of the Committee is proceeding satisfactorily.

Agendas and supporting papers will be circulated no later than three working days in advance of meetings and will be distributed by the secretary to the Audit and Governance Committee.

Any items to be placed on the agenda are to be sent to the secretary no later than five working days in advance of the meeting. Items which miss the deadline for inclusion on the agenda may be added on receipt of permission from the Chair.

The Audit and Governance Committee agenda will be agreed with the Chair prior to the meeting.

9. Minutes of Meetings

Minutes will be taken at all meetings, presented according the corporate style.

The minutes will be ratified by agreement of the Audit and Governance Committee at the

following meeting.

The Chair of the Audit and Governance Committee will agree minutes if they are to be submitted to the Governing Body prior to formal ratification.

10. Conflicts of Interest Management

In advance of any meeting of the Audit and Governance 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.

At the beginning of each Committee meeting, members and attendees 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.

The Chair of the Committee will determine how declared interests should be managed, which is likely to involve one 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.

11. Reporting Responsibilities and Review of Committee Effectiveness

The Audit and Governance Committee will report to the Governing Body through regular submission of minutes from its meetings. Any items of specific concern, or which require Governing Body approval, will be the subject of a separate report.

The Committee will provide an annual report to the Governing Body to provide assurance that it is effectively discharging its delegated responsibilities, as set out in these terms of reference. The annual report will specifically comment on the Committee's work in support of the Governance Statement, including the fitness for purpose of the Governing Body Assurance Framework, the completeness and embedment of risk management in the organisation and the integration of governance arrangements. The Committee will also conduct an annual review of its effectiveness to inform this report.

12. Review of Terms of Reference

These Terms of Reference will be formally reviewed on an annual basis, but may be amended at any time in order to adapt to any national guidance as and when issued.

Any proposed amendments to the Terms of Reference will be submitted to the Governing Body for approval.

APPENDIX H: REMUNERATION AND TERMS OF SERVICE COMMITTEE TERMS OF REFERENCE

1. Purpose

The Remuneration and Terms of Service Committee has been established to make recommendations to the Governing Body in relation to:

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

The Committee is authorised to seek such independent information as may be necessary to inform their recommendations.

In addition, the Governing Body has delegated a number of functions to the Committee relating to the Governing Body's duty to ensure that the CCG has appropriate arrangements in place to exercise its functions effectively, efficiently and economically and in accordance with the principles of good governance (as set out in section 3 below).

NOTE: The remit of the Committee excludes considerations in relation to Lay Member remuneration, fees and allowances.

2. Status

The Remuneration and Terms of Service Committee is established in accordance with the National Health Service Act 2006 (as amended) and the CCG's constitution. It is a statutory committee of, and accountable to, the Governing Body.

The Governing Body has authorised the Committee to create task and finish sub-groups in order to take forward specific programmes of work as considered necessary by the Committee's membership. The Committee shall determine the membership and terms of reference of any such task and finish sub-groups.

The Remuneration and Terms of Service Committee may meet 'in-common' with the Remuneration and Terms of Service Committees of NHS Nottingham City CCG, NHS Nottingham West CCG and NHS Rushcliffe CCG.

3. Duties

a) Make recommendations to the Governing Body about appropriate remuneration, fees and allowances for Governing Body members (excluding Lay Members) and all senior managers on Very Senior Managers pay. This will include all aspects of salary (including any performance-related elements and other benefits, such as lease cars). Recommendations will be guided by national NHS policy and best practice and to ensure that Very Senior Managers are fairly motivated and rewarded for their individual contribution to the organisation, whilst ensuring proper regard to the organisation's circumstances and performance.

b) Make recommendations to the Governing Body about allowances payable under pension schemes established by the CCG.

c) Make recommendations to the Governing Body about termination payments (including redundancy and severance payments) and any special payments following scrutiny of their proper calculation and taking account of such national guidance as appropriate.

d) Make recommendations to the Governing Body about contractual terms and conditions for senior managers on Very Senior Managers pay.

e) Approve all human resources policies for CCG employees.

f) Oversee compliance with the requirements set out in the Equality Act 2010 Act (Gender Pay Gap Regulations) 2017, as necessary.

g) Oversee the identification and management of risks relating to the Committee's remit.

4. Membership

The Remuneration and Terms of Service Committee will have three members, comprised as follows:

- Lay Member (Patient and Public Involvement)
- Lay Member (Primary Care)
- Lay Member (Financial Management and Audit)

Senior Managers may be invited to attend for all or part of the meeting (providing their own remuneration is not being discussed).

5. Chair and Deputy

The Lay Member (Patient and Public Involvement) will Chair the Remuneration and Terms of Service Committee. The Lay Member (Primary Care) is nominated to deputise in the Chair's absence.

6. Quorum and Decision-making Arrangements

The Remuneration and Terms of Service Committee will be quorate with a minimum of two members.

If any Committee member has been disqualified from participating in the discussion 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.

Committee members will seek to reach decisions by consensus where possible. If a consensus agreement cannot be reached, then the item will be escalated to the Governing Body for a decision.

7. Frequency of Meetings

The Remuneration and Terms of Service Committee will meet as required, with a minimum of one meeting per year.

8. Secretariat and Conduct of Business

Secretariat support will be provided to the Committee to ensure the day to day work of the

Committee is proceeding satisfactorily.

Agendas and supporting papers will be circulated no later than three working days in advance of meetings and will be distributed by the secretary to the Remuneration and Terms of Service Committee.

Any items to be placed on the agenda are to be sent to the secretary no later than five working days in advance of the meeting. Items which miss the deadline for inclusion on the agenda may be added on receipt of permission from the Chair.

The Remuneration and Terms of Service Committee agenda will be agreed with the Chair prior to the meeting.

9. Minutes of Meetings

Minutes will be taken at all meetings, presented according the corporate style.

The minutes will be ratified following agreement by all members who attended the meeting.

10. Conflicts of Interest Management

In advance of any meeting of the Remuneration and Terms of Service 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.

At the beginning of each Committee meeting, members and attendees 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.

The Chair of the Committee will determine how declared interests should be managed, which is likely to involve one 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.

Prior to recommendations being made to the Governing Body, arrangements (such as those set out above) must be put in place to ensure the integrity of decision-making and that no-one is involved in determinations about their own remuneration.

11. Reporting Responsibilities and Review of Committee Effectiveness

The Remuneration and Terms of Service Committee will report to the Governing Body (in confidential session) through submission of the minutes which clearly set out the Committee's recommendation(s) and the rationale for the recommendation(s).

The Committee will provide an annual report to the Governing Body to provide assurance that it is effectively discharging its delegated responsibilities, as set out in these terms of

reference.

12. Review of Terms of Reference

These Terms of Reference will be formally reviewed on an annual basis, but may be amended at any time in order to adapt to any national guidance as and when issued.

Any proposed amendments to the Terms of Reference will be submitted to the Governing Body for approval.

APPENDIX I: PRIMARY CARE COMMISSIONING COMMITTEE TERMS OF REFERENCE

<table>
<tr><td>Introduction/ Purpose:</td><td>NHS England has invited CCGs to expand their role in primary care commissioning. NHS Nottingham North and East CCG (the “CCG”) has agreed with NHS England delegated commissioning arrangements for certain primary care commissioning functions.
The Governing Body of the CCG has resolved to establish a committee to be known as the Primary Care Commissioning Committee in accordance with Schedule 1A of the NHS Act. The Committee will function as a corporate decision-making body for the management of the delegated functions and the exercise of the delegated powers.</td></tr>
<tr><td>Membership:</td><td>The Committee shall consist of:
<table>
<tr><th>Membership</th><th>Nominated Deputy</th></tr>
<tr><td>• Lay Member – Primary Care (Chair)
• Lay Member - Audit and Financial Management
• Lay Member - Patient and Public Involvement
• 2 GPs
• Deputy Chief Finance Officer
• Head Of Quality, Patient Safety & Experience
• Deputy Chief Officer</td><td>• Chief Finance Officer
• Director of Nursing & Quality
• Head of Primary Care/Director of Commissioning</td></tr>
</table>
There will be standing invitations to the following to offer representation in a non-voting capacity on the Committee:
• Healthwatch
• Health and Wellbeing Board
• LMC
• Primary Care Contracting Team of NHS England
The Committee may call additional experts or Governing Body members to attend meetings on an ad hoc basis to inform discussions.</td></tr>
<tr><td>Attendance:</td><td>Members are expected to attend more than 50% of meetings and a suitable qualified deputy can be nominated. Attendance below this will be reviewed.</td></tr>
<tr><td>Secretary:</td><td>The Secretary will be responsible for supporting the Chair in the management of the Committees business and for drawing the Committee’s attention to best practice, national guidance and other relevant documents, as appropriate.</td></tr>
<tr><td>Chair and Deputy Chair:</td><td>The Lay Member - Primary Care will chair the Committee, with the Lay Member – Patient and Public Involvement deputising in their absence.</td></tr>
<tr><td>Deputies:</td><td>Each member of the Committee will nominate a deputy who will act on their behalf if they are unavailable and shall have the same voting rights as the</td></tr>
</table>

	appointing member and shall count towards quoracy.
Quorum:	A quorum will be at least five members of the whole number of the committee, with at least 2 lay member representatives and 2 executives being present. Urgent decisions may have to be voted on outside of the meeting and quoracy will be adhered to in these situations, with ratification in the next meeting.
Frequency of Meetings:	Ordinary meetings of the Committee shall be held at regular intervals at such times and places as the group may determine, but at least quarterly. Members of the Committee and those in attendance shall respect confidentiality requirements as set out in the CCG's Constitution.
Conduct of Business:	Meetings of the Committee shall: a) be held in public, subject to the application of 5(b) b) the Committee may resolve to exclude the public from a meeting that is open to the public (whether during the whole or part of the proceedings) whenever publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution and arising from the nature of that business or of the proceedings or for any other reason permitted by the Public Bodies (Admission to Meetings) Act 1960 as amended or succeeded from time to time. The Committee will operate in accordance with the CCGs' Constitution and Standing Orders. The Secretary to the Committee will be responsible for giving notice of meetings. This will be accompanied by an agenda and supporting papers and sent to each member representative no later than 7 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 he shall specify. Each member of the Committee shall have one vote. The Committee shall reach decisions by a simple majority of members present at a quorate meeting, 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. Members of the Committee and those in attendance 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. The Committee may delegate non decision-making 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.
Accountability:	In accordance with its statutory powers under section 13Z of the NHS Act, NHS England has delegated the exercise of the delegated functions to these Terms of Reference, to the CCG. 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. The Committee is established as a committee of the Governing Body of the CCG in accordance with Schedule 1A of the NHS Act. The Committee will

	make decisions within the bounds of its remit and will be accountable to the Governing Body of the CCG. The decisions of the Committee shall be binding on NHS England and the CCG.
Responsibility:	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 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). The CCG will also need to specifically, in respect of the delegated functions from NHS England, exercise those set out below: a) Duty to have regard to impact on services in certain areas (section 13O); b) Duty as respects variation in provision of health services (section 13P). The members acknowledge that the Committee is subject to any directions made by NHS England or by the Secretary of State.
Role of the Committee:	The Committee has been established in accordance with the above statutory provisions to enable the members to make decisions on the review, planning and procurement of primary care services in Nottingham North and East, under delegated authority from NHS England. In performing its role the Committee will exercise its management of the functions in accordance with the agreement entered into between NHS England and the CCG, which will sit alongside the delegation and terms of reference. 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. 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. This includes the following: • GMS, PMS and APMS contracts (including the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing branch/remedial notices, and removing a contract); • Newly designed enhanced services (“Local Enhanced Services” and “Directed Enhanced Services”);

	• Design of local incentive schemes as an alternative to the Quality Outcomes Framework (QOF); • Decision making on whether to establish new GP practices in an area; • Approving practice mergers; • Making decisions on 'discretionary' payment (e.g. returner/retainer schemes). • Making decisions based on Primary Care needs assessment The Committee will also ensure that the CCG carries out the following activities: • To plan, including needs assessment when required, primary care services in Nottingham North and East CCG • To co-ordinate a common approach to the commissioning of primary care services generally • To manage the budget for commissioning of primary care services in NHS Nottingham North and East CCG • PCCC will oversee delivery against milestones and targets, escalating issues and concerns as appropriate
Geographical Coverage:	The Committee is responsible for the geographical coverage relevant to that of NHS Nottingham North and East CCG and the registered population.
Reporting:	The Committee will report to the Governing Body through the submission of minutes from its meetings. Any items of specific concern, or which require Governing Body approval, will be the subject of a separate report. The Committee will also comply with any reporting requirements set out in the CCG's Constitution including any information required for the Register of Procurement Decisions and the Register of Declared Interests.
Declarations of Interest:	All members of the Primary Care Commissioning Committee will be required to comply with the CCG's Management of Conflicts of Interest Policy. At the beginning of each meeting Members will be required to declare a personal interest if it relates to a particular issue under consideration. Any such declaration will be formally recorded in the minutes of the meeting. The Chair's decision regarding a member's participation, or that of any attendee, in any meeting will be final.
Rules for Meetings and Proceedings:	Agenda and supporting papers will be circulated to members at least five working days prior to any meeting. The minutes will be agreed by the membership at the next meeting. The Chair will approve the minutes in draft in order to report in a timely manner. All papers/minutes should be read prior to the meeting and the meeting will be conducted on this basis with papers being introduced concisely. It is expected that all actions will have been reviewed and updates sent even if individuals cannot attend the meeting.
Duties – Standing Agenda Items	Administration: • Welcome and apologies for absence • Declaration of Interests • Questions from the public relating to the agenda • Minutes of the last meeting

	• Matters arising and meeting action log Items to be received under headings: Quality PCQG highlight report – public session Commissioning/Contracting PCDG highlight report – public session Finance Primary Care Finance Report Risk PCCC Risk Register Minutes – Confidential Session PCQG ratified meeting minutes PCDG ratified meeting minutes General Items: • Have the public questions been answered? • Any Other Business • Date, time and venue of next meeting
Review of Terms of Reference:	The Terms of Reference will be reviewed annually or earlier if necessary, from the date they are approved by the Committee and the Governing Body. NHS England may also issue revised model terms of reference from time to time. Any resulting changes to these terms of reference or membership of the Primary Care Commissioning Committee must be approved by the Governing Body before they shall be deemed to take effect.