

Governing Body
Meeting Agenda Extraordinary Open Session
Tuesday 14 May 2019 13:30 – 15:00
Room 5.03, Standard Court, Park Row, Nottingham NG1 6GN

Introductory Items

13.30	1. Welcome and apologies for absence	JH	GB 19 054 - Verbal
	2. Confirmation of quoracy	JH	GB 19 055 - Verbal
	3. Declarations of interest for any item on the agenda	JH	GB 19 056
	4. Management of any real or perceived conflicts of interest	JH	GB 19 057
	5. Questions from the public	JH	GB 19 058 - Verbal
	6. Minutes of the meeting held on 16 April 2019	JH	GB 19 059
	7. Action log and matters arising from the meeting held on 16 April 2019	JH	GB 19 060

Strategy and Leadership

13:40	8. Moving to an aligned Governance Framework across the Nottingham and Nottinghamshire CCGs	AS	GB 19 061
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Information Items

The following items are for information and will not be individually presented. Questions will be taken by exception.

-	9. Audit and Governance Committee Minutes 28 February 2019	-	GB 19 062
	10. Primary Care Commissioning Committee 7 March 2019	-	GB 19 063

Closing Items

15:00	11. Any other business	JH	GB 19 064 - Verbal
	12. Risks identified during the course of the meeting	JH	GB 19 065 - Verbal
	13. Date of next meeting: Thursday 4 July 2019 Rooms 1, 2, 3, Birch House, Ransom Wood Business Park, Southwell Road West, NG21 0HJ	JH	GB 19 066 - Verbal

Confidential Meeting Motion

The Governing Body will resolve that representatives of the press and other members of the public are excluded from the remainder of this meeting on the basis that, having regard to the confidential nature of the business to be transacted, publicity would be prejudicial to the public interest. (Section 1[2] Public Bodies [Admission to Meetings] Act 1960.

Name	Current position (s) held in the CCGs	Declared Interest (Name of the organisation and nature of business)	Nature of Interest	Type: Financial	Type: Non-financial Professional Interests	Type: Non-financial Personal Interests	Is the interest indirect?	Date From:	Date To:	Action taken to mitigate risk
Allen, Terry	Lay Member - Financial Management and Audit (NHS Nottingham North and East CCG)	Price Waterhouse Coopers	Son employed by	✓			✓	01/11/2017	Present	This interest will be kept under review and specific actions determined as required.
Allen, Terry	Lay Member - Financial Management and Audit (NHS Nottingham North and East CCG)	Circle Nottingham NHS Treatment Centre	Close friend employed by as a consultant nurse	✓			✓	01/04/2018	Present	This interest will be kept under review and specific actions determined as required.
BEMROSE, Jonathan	Chief Finance Officer - Greater Nottingham CCGs	Westdale Lane Surgery.	Registered Patient			✓		01/04/2013	Present	To be excluded from all commissioning decisions (including procurement activities and contract management arrangements) relating to the Westdale Lane Surgery.
BEMROSE, Jonathan	Chief Finance Officer - Greater Nottingham CCGs	Westdale Lane Surgery.	Relatives registered patients			✓	✓	01/04/2013	Present	To be excluded from all commissioning decisions (including procurement activities and contract management arrangements) relating to the Westdale Lane Surgery.
BEMROSE, Jonathan	Chief Finance Officer - Greater Nottingham CCGs	Nottingham University Hospitals NHS Trust	Spouse is employed as a clerical worker in the Cardiology Department	✓			✓	01/04/2013	Present	This interest will be kept under review and specific actions determined as required.
BRAMHALL, Nichola	Chief Nurse and Director of Quality for the Greater Nottingham CCGs	Oakenhall Medical Practice	Registered patient			✓		20/06/2018	Present	To be excluded from all commissioning decisions (including procurement activities and contract management arrangements) relating to the Oakham Hall Medical Practice.
CAMPBELL, Dr Ian	GP , Cluster Lead, GP Lead	Park House Medical Centre	Senior Partner	✓				21/04/2015	Present	Withdraw from a specified activity or relevant parts of meetings during which relevant are discussed and not to take part in any related vote.
CAMPBELL, Dr Ian	GP, Cluster Lead, GP Lead	Bodylibrium (weight loss and lifestyle business)	Partner	✓				21/04/2015	Present	This interest will be kept under review and specific actions determined as required.
CAMPBELL, Dr Ian	GP , Cluster Lead, GP Lead	Nutracheck/co/uk (weight loss business)	Medical Advisor	✓				14/07/2016	Present	Withdraw from a specified activity or relevant parts of meetings during which relevant subjects are discussed and not to take part in any related vote.
CHAMPION, Janet	Lay Member (NHS Nottingham North and East CCG and NHS Nottingham West CCG) Associate Lay Member (Nottingham City CCG)	Health Education East Midlands	Lay Partner		✓			30/03/2016	Present	This interest will be kept under review and specific actions determined as required.

Name	Current position (s) held in the CCGs	Declared Interest (Name of the organisation and nature of business)	Nature of Interest	Type: Financial	Type: Non-financial Professional Interests	Type: Non-financial Personal Interests	Is the interest indirect?	Date From:	Date To:	Action taken to mitigate risk
CHAMPION, Janet	Lay Member (NHS Nottingham North and East CCG and NHS Nottingham West CCG) Associate Lay Member (Nottingham City CCG)	Royal Wolverhampton Hospitals NHS Trust	HR Consultancy work	✓				01/09/2017	01/10/2018	This interest will be kept under review and specific actions determined as required.
HOPKINSON, Dr James	Clinical Chair, NNE CCG	Calverton Practice (which is a provider of Primary Medical care services in NNE CCG)	GP and Partner	✓				01/04/2013	Present	Withdraw from a specified activity or relevant parts of meetings during which relevant subjects are discussed and not to take part in any related vote.
HOPKINSON, Dr James	Clinical Chair, NNE CCG	NUH	Wife is an Allergy Nurse Specialist	✓			✓	01/04/2013	Present	Withdraw from a specified activity or relevant parts of meetings during which relevant subjects are discussed and not to take part in any related vote.
HOPKINSON, Dr James	Clinical Chair, NNE CCG	Faculty of Sport and Exercise Medicine (an intercollegiate faculty of the Royal College of Physicians of London and the Royal College of Surgeons of Edinburgh, which works to develop the medical specialty of Sport and Exercise Medicine).	Fellow of		✓			01/04/2013	Present	Withdraw from a specified activity or relevant parts of meetings during which relevant subjects are discussed and not to take part in any related vote.
HOPKINSON, Dr James	Clinical Chair, NNE CCG	NEMS	Shareholder	✓				01/04/2013	Present	Withdraw from a specified activity or relevant parts of meetings during which relevant subjects are discussed and not to take part in any related vote.
KENNEDY, Dr Caitriona	GP Member	Trentside GP Practice	GP and Senior Partner			✓		14/07/2016	Present	Withdraw from a specified activity or relevant parts of meetings during which relevant subjects are discussed and not to take part in any related vote.

Name	Current position (s) held in the CCGs	Declared Interest (Name of the organisation and nature of business)	Nature of Interest	Type: Financial	Type: Non-financial Professional Interests	Type: Non-financial Personal Interests	Is the interest indirect?	Date From:	Date To:	Action taken to mitigate risk
KENNEDY, Dr Caitriona	GP Member	County Health Partnerships	Part time Clinical Director for NNE Locality (<i>maximum of 1 day per week</i>).			✓		14/07/2016	Present	Withdraw from a specified activity or relevant parts of meetings during which relevant subjects are discussed and not to take part in any related vote.
KENNEDY, Dr Caitriona	GP Member	NEMS	Shareholder	✓				01/04/2013	Present	Withdraw from a specified activity or relevant parts of meetings during which relevant subjects are discussed and not to take part in any related vote.
MOSS, Elaine	Chief Nurse and Director of Quality - NHS Mansfield and Ashfield Clinical Commissioning Group	No relevant interests declared	Not applicable							Not applicable
PANESAR, Paramijt	Assistant Clinical Lead	Ivy Medical Group	Partner	✓				01/04/2013	Present	Withdraw from a specified activity or relevant parts of meetings during which relevant subjects are discussed and not to take part in any related vote.
SULLIVAN, Amanda	Accountable Officer - commencing 13 November 2018	No relevant interests declared	Not applicable							Not applicable
THOMPSON, Gary	Chief Operating Officer	Radcliffe on Trent Health Centre	Patient			✓		01/01/2018	Present	This interest will be kept under review and specific actions determined as required.
THOMPSON, Gary	Chief Operating Officer	Radcliffe on Trent Health Centre	Spouse is a patient			✓		01/01/2018	Present	This interest will be kept under review and specific actions determined as required.
WILKINS, Mike	Lay Member- Patient and Public Involvement (NHS Nottingham North and East CCG)	Water Works Charity	Trustee and Treasurer	✓				08/06/2015	Present	This interest will be kept under review and specific actions determined as required.
WILKINS, Mike	Lay Member- Patient and Public Involvement (NHS Nottingham North and East CCG)	Elmswood Surgery (City Practice)	Wife is employed as a Practice Nurse	✓			✓	27/05/2017	Present	To be excluded from all commissioning decisions (including procurement activities and contract management arrangements) relating to the Elmswood Surgery.

Managing Conflicts of Interest at Meetings

1. A “conflict of interest” is defined as a “set of circumstances by which a reasonable person would consider that an individual’s ability to apply judgement or act, in the context of delivering commissioning, or assuring taxpayer funded health and care services is, or could be, impaired or influenced by another interest they hold”.
2. An individual does not need to exploit their position or obtain an actual benefit, financial or otherwise, for a conflict of interest to occur. In fact, a perception of wrongdoing, impaired judgement, or undue influence can be as detrimental as any of them actually occurring. It is important to manage these perceived conflicts in order to maintain public trust.
3. Conflicts of interest include:
 - Financial interests: where an individual may get direct financial benefits from the consequences of a commissioning decision.
 - Non-financial professional interests: where an individual may obtain a non-financial professional benefit from the consequences of a commissioning decision, such as increasing their reputation or status or promoting their professional career.
 - Non-financial personal interests: where an individual may benefit personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit.
 - Indirect interests: where an individual has a close association with an individual who has a financial interest, a non-financial professional interest or a non-financial personal interest in a commissioning decision.

The above categories are not exhaustive and each situation must be considered on a case by case basis.

4. In advance of any meeting of the Committee, consideration will be given as to whether conflicts of interest are likely to arise in relation to any agenda item and how they should be managed. This may include steps to be taken prior to the meeting, such as ensuring that supporting papers for a particular agenda item are not sent to conflicted individuals.
5. At the beginning of each formal meeting, Committee members and co-opted advisors will be required to declare any interests that relate specifically to a particular issue under consideration. If the existence of an interest becomes apparent during a meeting, then this must be declared at the point at which it arises. Any such declaration will be formally recorded in the minutes for the meeting.

6. The Chair of the Committee (or Deputy Chair in their absence, or where the Chair of the Committee is conflicted) will determine how declared interests should be managed, which is likely to involve one the following actions:
- 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.
 - Allowing the individual to participate in the discussion, but not the decision-making process.
 - 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.

Nottingham North and East Clinical Commissioning Group

UNRATIFIED Minutes of the Governing Body meeting held in public
Tuesday 16 April 2019 13:30 – 14:45
Committee Room, Gedling Civic Centre, Arnot Hill Park

Present with voting rights:

Dr James Hopkinson	Clinical Leader (Chair)
Terry Allen	Lay Member – Financial Management and Audit
Jonathan Bemrose	Chief Finance Officer, Greater Nottingham CCGs
Dr Ian Campbell	GP Representative
Janet Champion	Lay Member – Patient and Public Involvement
Dr Caitriona Kennedy	GP Representative
Dr Paramjit Panesar	Assistant Clinical Chair
Elaine Moss	Chief Nurse and Director of Quality and Governance, Greater Nottingham and Mid-Nottinghamshire CCGs
Dr Amanda Sullivan	Accountable Officer - Greater Nottingham and Mid-Nottinghamshire CCGs
Mike Wilkins	Lay Member – Primary Care

In attendance:

Lucy Branson	Associate Director Corporate Governance, Greater Nottingham and Mid-Nottinghamshire CCGs
Lucy Dadge	Director of Commissioning, Greater Nottingham and Mid-Nottinghamshire CCGs
Stuart Poyner	Director of Turnaround, Greater Nottingham and Mid-Nottinghamshire CCGs
Fiona Daws (minutes)	Corporate Governance Officer

Cumulative Record of Members Attendance (2019/20)

Name	Possible	Actual	Name	Possible	Actual
Dr James Hopkinson	1	1	Jonathan Bemrose	1	1
Dr Paramjit Panesar	1	1	Amanda Sullivan	1	1
Dr Ian Campbell	1	1	Elaine Moss	1	1
Dr Caitriona Kennedy	1	1	Mike Wilkins	1	1
Terry Allen	1	1	Janet Champion	1	1

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Introductory Items

GB 19 027 Welcome and apologies for absence

Dr James Hopkinson welcomed everyone to the meeting of the Governing Body in open session.

No apologies were received .

GB 19 028 Confirmation of quoracy

It was confirmed that the meeting was quorate.

GB 19 029 Declarations of interest for any item on the agenda

No interests were declared in relation to any item on the agenda.

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Members were reminded of their responsibility to highlight any interests should they transpire as a result of discussions during the meeting.

GB 19 030 Management of any real or perceived conflicts of interest

As no conflicts of interest had been identified, this was not necessary for the meeting.

GB 19 031 Questions from the public

No questions from the public had been received

GB 19 032 Minutes of the meeting held on 15 January 2019

The minutes of the previous meeting held on 15 January 2019 were reviewed and confirmed as an accurate record.

GB 19 033 Action log and matters arising from the meeting held on 15 January 2019

There are no outstanding actions on the action log and there were no further matters arising.

Strategy and Leadership**GB 19 034 Accountable Officer Report**

Amanda Sullivan presented this agenda item. The following key points were highlighted and discussed:

- (a) The results of the CCG 360 Stakeholder Survey have been published and circulated to members' for information. The Director of Communications and Engagement will analyse the results for the six Nottingham and Nottinghamshire Clinical Commissioning Groups (CCGs) to identify and take forward any required actions.
- (b) Since the January 2019 Governing Body meeting, work has progressed to respond to the NHS Long Term Plan and the newly released GP Contract.
- (c) Primary Care Networks (PCN) are in development.
- (d) The recruitment process for the CCGs' Director of Primary Care Networks is underway.
- (e) Within the NHS Long Term Plan, PCNs are identified as an essential building block of Integrated Care Systems (ICS). Under the Network Contract Directed Enhanced Service (DES), general practice takes the leading role in every PCN. To be eligible for the Network Contract DES, a Primary Care Network needs to submit a completed registration form to its CCG by no later than 15 May 2019, and have all member practices signed-up to the DES.
- (f) The 'What Matters to You' campaign is due to be launched at the end of April 2019 to engage patients and local people around the NHS long term plan. The intelligence from the campaign will support the ICS to develop a local five year plan in response to the ten year plan's vision and objectives.
- (g) An update had been received from the ICS Board meetings in February and March 2019. This included that the Board had received a patient story from a care leaver which set out how personal budgets will be fully utilised to transform the lives of individuals.
- (h) The Board had also received the ICS Outcomes Framework, a tool to judge the

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- success of the work of the ICS and guide its strategic decision making.
- (i) An ICS system narrative has been developed to describe in straightforward terms why the health and care system is working together and what they are trying to achieve. It also provides an implementation plan for communicating this narrative to key audiences.
 - (j) As of the 1 April 2019, Joy Hollister has replaced Malcolm Dillon as the Independent Chair for the Nottingham City Safeguarding Adults Board.
 - (k) A number of key posts have been filled in the newly aligned Nottingham and Nottinghamshire Clinical Commissioning Partnership staff structure. Recruitment is underway to populate the remaining Executive and Senior Leadership posts; further team alignment will take place in due course.

The following points were raised during discussion:

- (l) Regarding the 360 Stakeholder Survey, members requested that Healthwatch and ppi groups actions are be included within plan.
- (m) It was agreed that Primary Care Network (PCN) details would be discussed further at an extraordinary Primary Care Commissioning Committee meetings in common for Greater Nottingham on 23 May 2019.
- (n) Members acknowledged that the role of Clinical Director for the PCNs is yet to be appointed.

The Governing Body:

- **RECEIVED** The Accountable Officer Report for information.
- **APPROVED** The delegation of the process for registration approvals to the Primary Care Commissioning Committee.

GB 19 035 Nottingham and Nottinghamshire Health and Care Integrated Care System (ICS) – System Operational Plan 2019/20

Amanda Sullivan presented this item, highlighting the following key points to members:

- (a) The Operational Plan supports the provision of improved, joined up health and social care services for people in Nottingham and Nottinghamshire through closer collaborative working between health and social care system partners.
- (b) The plan will be reviewed after a year to ensure it remains consistent with the commissioning intentions of the system and the Clinical Commissioning Group.
- (c) The plan has been reviewed by the Greater Nottingham Joint Commissioning Committee and amended to reflect an increased emphasis on Mental Health. A reiteration of the plan was presented to the committee at its meeting on 27 March 2019 and endorsed for the Governing Body's approval.
- (d) The Governing Body is responsible for the approval of the plan; however, due to a final submission date of 11 April 2019, the Greater Nottingham Joint Commissioning Committee were requested to endorse the next iteration of the plan at its meeting in March 2019. The plan then continued to be developed and refined by the ICS Planning Group prior to the final submission date. The Governing Body is asked to formally approve the Nottinghamshire Health and Care Integrated Care System (ICS) System Operating Plan 2019/20. In the next phase of planning, the

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Governing Body will be asked to support and contribute to the development of the five year strategy.

The following points were raised during discussion:

- (e) Members queried clinical commissioning expenditure, the financial position and local authority/social care engagement. It was confirmed that the ICS system wide financial control total is an amalgamation of the individual control totals for the statutory NHS organisations involved.

The Governing Body:

- **APPROVED** the Nottinghamshire Health and Care Integrated Care System (ICS) System Operating Plan 2019/20

Financial Stewardship

GB 19 036 2018/19 Financial Position Update

Jonathan Bemrose gave a presentation and a verbal update on the financial position. The following points were made:

- (a) Nottingham North and East Clinical Commissioning Group met its key financial duties for the 2018/19 financial year.
- (b) Acute spend had been a key pressure for the year; in particular, overspend on the Nottingham University Hospitals NHS Trust (NUH) contract and non-delivery of the acute Quality, Innovation, and Productivity and Prevention (QIPP) targets.
- (c) The acute position has been offset by underspends on mental health, continuing healthcare, prescribing, primary care, contingency and risk reserves.
- (d) The marginal running cost overspend across the Greater Nottingham CCGs still delivers spend below the £15.3 million running cost allowance.
- (e) The CCGs exit the 2018/19 financial year with an underlying deficit of £9 million.
- (f) The draft financial statements and accounts are currently being prepared for submission on 28 April 2019. The Audit and Governance Committee will be asked to adopt the final accounts at its meeting on 23 April 2019.

The following points were raised in discussion:

- (a) QIPP schemes have been identified to the value of £50.5m, however, when risk assessed this reduces to £40m.
- (b) The NUH block contract and how the £40 million of QIPP saving will be enacted was discussed.
- (c) Members noted that the all key financial duties had been met for the 2018/19 financial year and congratulated Jonathan Bemrose and finance colleagues on this achievement.

The Governing Body:

- **NOTED** the 2018/19 Financial Position.

GB 19 037 Financial Plans and Opening Budgets 2019/20

Jonathan Bemrose gave a presentation and a verbal update. The following points were highlighted:

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- (a) Contracts with NUH and Nottinghamshire Healthcare NHS Foundation Trust (NHFT) have been agreed.
- (b) Negotiations continue with East Midlands Ambulance Service (EMAS) to agree the 2019/20 contract.
- (c) The NUH contract has been agreed at £404.6 million (block contract), with scope to reduce it to £399 million. However, NUH are yet to agree their control total for the year with NHS Improvement (NHSI).
- (d) As a result of the NUH settlement being above the CCGs' affordability threshold, the QIPP target for the 2019/20 financial year has increased from £48 million to £53 million.
- (e) Schemes worth £50.46 million have been identified, risk assessed at a value of £40.36 million, against the £53 million target.
- (f) If the pressures in-year are managed, and the proposed QIPP schemes are delivered, it is anticipated that the Greater Nottingham CCGs will meet all of their individual statutory financial duties for 2019/20.
- (g) The half percent contingency remains uncommitted which allows some flexibility in the 2019/20 financial plan to mitigate unexpected/in year risk.

No further points were raised in discussion:

The Governing Body:

- **APPROVED** the 2019/20 opening budgets based on 14 February 2019 Financial Plans submitted to NHS England.
- **NOTED** an update on the opening budgets following the submission to NHS England of the final Financial Plans for 2019/20.

GB 19 038 Approval of Delegated Authority/Limits

Jonathan Bemrose presented this item and highlighted the following points:

- (a) The Greater Nottingham CCGs' (joint) Detailed Financial Policies have been amended to reflect a change to Appendix One, section fifteen (delegated authority limits) to the Nottinghamshire Area Prescribing Committee. It is proposed that the limit is increased to £80,000 across the six Nottingham and Nottinghamshire CCGs, as opposed to £10,000 which had previously been based on a single CCG.
- (b) The 2019/20 Better Care Fund (BCF) Section 75 agreement with Nottinghamshire County Council requires approval from the Governing Body. The agreement is still in draft form as the final BCF guidance from NHSE has not yet been published. The final version is not anticipated to change apart from potentially minor changes once the financial minimum contributions that CCGs must make to the pool are confirmed. Assurance was provided that the CCG's contribution in the draft Section 75 is at the minimum required.

The following points were raised in discussion:

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- (c) The plan for the forthcoming year is similar to last year's plan and includes the same partners (ie, Nottinghamshire County Council, NHS Bassetlaw CCG, NHS Mansfield and Ashfield CCG, NHS Newark and Sherwood CCG, NHS Nottingham North and East CCG, NHS Nottingham West CCG and NHS Rushcliffe CCG).

The Governing Body:

- **APPROVED** the amendment to the Detailed Financial Policies
- **APPROVED** the delegation of approval of the Better Care Fund (BCF) Pooled Fund agreement for 2019/20 to the Accountable Officer, subject to no material changes in the guidance.

Corporate Assurance

GB 19 039 Greater Nottingham Joint Committee Quarterly Assurance Report

Lucy Branson presented the final quarterly assurance report from the Greater Nottingham Joint Commissioning Committee (GNJCC) for 2018/19. The following points were highlighted and discussed:

- (a) The Committee has continued to receive a series of thematic reviews aligned with operational deliverables. Since the Governing Body last met the following reviews had been received; Cancer, Mental Health and Transforming Care (Learning Disabilities). The reviews highlight key achievements and challenges in relation to commissioned services and describes any quality concerns and any necessary actions being taken.
- (b) The strategic context for the communications and engagement work of the Integrated Care System (ICS) and the CCGs in Nottingham and Nottinghamshire was outlined at the GNJCC meeting in March 2019. Key areas of focus included:
- The need for the engagement structure to be fit for purpose for the CCGs
 - The launch of the 'What Matters to You' campaign to support NHS Long Term Plan engagement
 - The engagement and consultation work required to support the NHS merger; this includes external stakeholders and internal staff.
- Different mechanisms to communicate, in particular, the use of digital and online media are being explored. A video was produced following the March 2019 GNJCC which summarised the key messages from the meeting.
- (c) The GNJCC had scrutinised a deep dive report into the Emergency Department and Care Homes, following a prior review performed by the Quality and Performance Committee. This provided GNJCC assurance that a proactive approach is being taken to when concerns are raised by the Quality and Performance Committee.
- (d) The Committee was notified that the three areas of performance that remain in formal escalation with NHSE are Accident and Emergency four hour wait, cancer 62 day GP urgent referral to treatment and the Transforming Care Partnership: Reliance on inpatient care for people with learning disabilities or autism.
- (e) At the March 2019 meeting a report was received which provided an overview of the performance of the Better Care Fund in 2018/19 against its four key

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deliverables.

- (f) The Committee continues to have oversight of all major risks identified and managed across the Greater Nottingham CCGs, namely, the delivery of the Financial Position, the reconfiguration of the Emergency Department and the potential impact on quality and the effect on staff of ongoing organisational change. Risks continued to be monitored in line with organisational processes and the risk relating to the reconfiguration of the Emergency Department will be re-profiled now that the work has been completed

The following points were raised in discussion:

- (h) Members noted that the Quarterly Assurance Report provides assurance that the GNJCC continues to be informed and directed by a structured work programme.
- (i) With regard to the major risk around the re-configuration of the Emergency Department (ED) reconfiguration, members were assured that the impact on the quality of care received by patients in the ED continues to be closely monitored.

The Governing Body:

- **RECEIVED** The GNJCC Quarterly Assurance Report

GB 19 040 Assurance Framework

Lucy Branson presented the item and summarised the following key points to members:

- (a) The Assurance Framework has been updated for quarter four and the purpose of this item is to present the year-end position.
- (b) Members were reminded that the Assurance Framework is a tool by which the Governing Body can assure itself that the organisation has identified its strategic risks and has robust systems, policies and processes in place that are driving the delivery of its objectives.
- (c) It is proposed that strategic risk six is archived as collaborative working arrangements have successfully developed with the alignment of the four Greater Nottingham CCGs and the evolving integration with the Mid-Nottinghamshire CCGs.
- (d) A review of the internal and external assurances set out within the Assurance Framework has been completed. It was identified that risks nine (*General and specific public sector equality duties may not be met*) and ten (*Procurement, patient choice and competition arrangements may not be compliant with current legislative requirements and national guidance*) are the only strategic risk areas that have not received any independent assurances during the year. These areas have been considered by the Audit and Governance Committee for inclusion within the 2019/20 Internal Audit Plan.
- (e) The Greater Nottingham CCGs' joint risk management processes have been reviewed by Internal Audit and the draft report has provided an opinion of 'significant assurance'. The risk management arrangements also inform the year-end Head of Internal Audit Opinion, a key element of the organisation's Annual Governance Statement.

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The following points were highlighted in discussion:

- (f) The CCGs' shared strategic objectives will be discussed at two Governing Body development sessions taking place in May and June. This will feed in to work currently being performed to develop the joint Assurance Framework for the six CCGs.
- (g) Members commented that 2019/20 patient engagement plan needed to be fully embedded within operational delivery, with a view to ensuring that patient and public engagement remains key to commissioning activities. It was expected that the risk score for engagement should decrease following this.

The Governing Body:

- **AFFIRMED** that sufficient levels of controls and assurances were in place in relation to the Greater Nottingham CCGs' strategic risks.
- **APPROVE** to the archiving of risk 6 (as proposed in section 4.1)

GB 19 041 EDS2 Annual Equality Performance Self-assessment 2018/19

Hazel Buchanan presented the item and summarised the following key points to members:

- (a) The Self-Assessment process demonstrates how the Greater Nottingham CCGs are performing against the Public Sector Equality Duty of the Equality Act 2010.
- (b) Equality Impact Assessments are one of the tools used by the CCGs to ensure that equality and diversity is robustly embedded in commissioning and procurement decisions.
- (c) Following a health needs assessment of Black and Minority Ethnic (BME) Communities in Nottingham City; a BME Community of Practice stakeholder group, led by the local authority, has been established to address the range of recommendations to tackle health inequalities and to improve health outcomes for Nottingham's BME population.
- (d) The CCGs have been working closely with the two Local Authorities to understand and develop actions to address the health needs of the homeless population.
- (e) Work is taking place to identify how to improve the experiences of Lesbian, Gay, Bi-Sexual and Trans (LGBT) patients when accessing services.
- (f) A four-year cycle of assurances has been devised and sought from the main providers (Nottinghamshire Healthcare Foundation Trust, Nottingham CityCare Partnership and Nottingham University Hospitals NHS Trust), starting from 2017/18. The cycle includes the following requirements:
 - A general assurance at the beginning of the contract year to demonstrate providers' compliance with EDS2, as mandated by the NHS Standard Contract.
 - An assurance that the Accessible Information Standard (AIS) is being implemented.
 - Reports of the outcome of a cycle of 'deep dives' - focused exercises to provide in-depth and comprehensive reviews on the extent to which providers are addressing specific EDS2 outcomes.
 - These requirements are reported to the Quality Scrutiny Panel for review and

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discussion.

- The recruitment and selection process within the Greater Nottingham CCGs continues to be reviewed to ensure it is transparent and fair.

The following points were highlighted in discussion:

- (g) Regarding patient and public involvement and decision making processes, members were informed that work has been undertaken with different groups, including the voluntary sector, to identify how we can work better together. Key posts within the CCGs' new staffing structure will continue to take this forward.
- (h) Members acknowledged that different levels of patient and public involvement will be appropriate in different circumstances however were assured that formal consultation will be carried out if a change is significant and outcomes reported to the Governing Body.

The Governing Body:

- **APPROVED** the results of the EDS2 Annual Equality Self-assessment
- **APPROVED** the content of the Annual Equality Report for publication

GB 19 042 Workforce Report

Hazel Buchanan presented this item and summarised the following key points to members:

- (a) The report provides a workforce position relating to the period of April 2018 to March 2019.
- (b) Whole-time equivalent and headcount numbers have steadily increased over the course of the year; although it is noted that this includes staff who work solely at the ICS.
- (c) There continues to be a vacancy control process in place and a business case must be submitted to the Director's Group for final agreement.
- (d) Staff turnover has remained below the 1.5 percent target for eight months of the year, which is perceived to be positive given the level of organisational change that has taken place.
- (e) The proportion of the workforce within each band has remained consistent over the year with the exception of a decrease in band 8A staff and an increase in band 7 staff.
- (f) The number of whole time equivalent staff on Very Senior Manager (VSM) contracts has decreased as part of the organisational restructure.
- (g) Analysis indicates that work related stress is a contributory factor to the increase in long term absences. A 'time to change' programme is being implemented to support employees with mental health management. In addition, managers will receive training in how to identify and respond to signs of stress and anxiety.
- (h) The completion rate for the mandatory training remains an area of concern and will be a focus of immediate attention.
- (i) The 82 percent response rate to the staff survey has provided valuable feedback which will be incorporated into the organisational development plan.
- (j) A single appraisal process has been developed which will be reviewed by the

Item

Greater Nottingham CCGs and Mid-Nottinghamshire CCG's Staff Engagement Group.

The following points were highlighted in discussion:

- (k) Members were not assured that appraisals contributed towards role effectiveness, based on the response of the survey. It was noted the survey was conducted at the time when the four Greater Nottingham CCGs were undergoing alignment. Feedback is awaited from the joint staff and engagement groups on revisions to the appraisal system and this will provide further assurance.
- (l) Recognition was given by members as to the work of the Staff Engagement Group (SEG) and it was stressed that the work of this group would be important in addressing the survey results.
- (m) Delivery of the 20% real term reduction against the 2017/18 running cost by 202/21 will be routinely monitored by the Finance Committee.

The Governing Body:

- **ACKNOWLEDGED** the Workforce Report

GB 19 043 Risk and Assurance Report

Lucy Branson presented the report. The following points were highlighted and discussed:

- (a) Since the last meeting of the Governing Body, respective risks from the CCGs' Corporate Risk Register have been scrutinised by the relevant sub-Committees.
- (b) There are four major risks on the Risk Register, which is a reduction of one since the January 2019 Governing Body meeting.
- (c) Risk GN 055 'Acute Contract 2018/19 Financial Performance does not remain within planned levels' was agreed for archiving at the March 2019 Finance Committee meeting. Acute providers have not remained in their planned activity levels, resulting in financial performance also exceeding planned levels. This, in turn, meant the potential risk identified during April 2018 has now materialised. It may be appropriate to revisit the need for a new 2019/20 contract performance risk dependent on the outcome of current contract negotiations.
- (d) Highlight reports provide an overview of the work performed by the Governing Bodies' sub-committees at their recent meetings.

The Governing Body:

- **RECEIVED** the Risk and Assurance Report

Information Items

GB 19 044 Primary Care Commissioning Committee Minutes

The minutes from the 12 December 2018 meeting were noted

GB 19 045 Patient and Public Involvement Committee Minutes

The minutes from the 13 November 2018 of the meeting were noted.

NHS Nottingham North and East CCG

OPEN GOVERNING BODY ACTION LOG from the meeting on 16 April 2019

AGENDA ITEM	ACTION	LEAD	DATE TO BE COMPLETED	COMMENT
ACTIONS OUTSTANDING				
<i>No actions outstanding</i>				
ACTIONS ONGOING				
<i>No actions ongoing</i>				
ACTIONS COMPLETED				
<i>No actions completed</i>				

Nottingham North and East Clinical Commissioning Group

Meeting Title:	Open Extraordinary Governing Body	Date: 14 May 2019						
Paper Title:	Moving to an aligned Governance Framework across the Nottingham and Nottinghamshire CCGs	Paper Reference: GB/19/061						
Sponsor:	Amanda Sullivan, Accountable Officer							
Previous Related Papers:	-							
Recommendation:	Approve	<input checked="" type="checkbox"/>	Endorse	<input type="checkbox"/>	Review	<input type="checkbox"/>	Receive/Note for:	<input type="checkbox"/>
							<ul style="list-style-type: none"> • Assurance • Information 	
Summary Purpose of Paper:	This paper describes the aligned governance framework that has been agreed and presents the required amendments to the CCG's Constitution and Governance Handbook to facilitate its implementation.							
If paper is for Approval/Endorsement, have the following impact assessments been completed?								
Equality / Quality Impact Assessment	Yes	<input type="checkbox"/>	Data Protection Impact Assessment	Yes	<input type="checkbox"/>			
	No	<input type="checkbox"/>		No	<input type="checkbox"/>			
	N/A	<input checked="" type="checkbox"/>		N/A	<input checked="" type="checkbox"/>			
Conflicts of Interest: Recommended action to be agreed by the Chair at the beginning of the item.								
<input checked="" type="checkbox"/> No conflict identified <input type="checkbox"/> Conflict noted, conflicted party can participate in discussion and decision <input type="checkbox"/> Conflict noted, conflicted party can participate in discussion but not decision <input type="checkbox"/> Conflict noted, conflicted party can remain but not participate <input type="checkbox"/> Conflicted party is excluded from discussion								
Have All Relevant Implications Been Considered? <i>(please tick where relevant)</i>								
Clinical Engagement	<input checked="" type="checkbox"/>	Patient and Public Involvement	<input checked="" type="checkbox"/>					
Quality Improvement	<input checked="" type="checkbox"/>	Equality, Diversity and Human Rights	<input checked="" type="checkbox"/>					
Integration	<input checked="" type="checkbox"/>	Innovation / Research	<input checked="" type="checkbox"/>					
Improving Health Outcomes / Reducing Health Inequalities	<input checked="" type="checkbox"/>	Patient Choice / Shared Decision Making	<input checked="" type="checkbox"/>					
Financial Management	<input checked="" type="checkbox"/>	Corporate Governance	<input checked="" type="checkbox"/>					
Risk: <i>(briefly explain any risks associated with the paper)</i>	N/A							
Is the information in this paper confidential? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>								
If yes, please state reason why:								

Recommendation:	The Governing Body is asked to: <ul style="list-style-type: none">• APPROVE the proposed amendments to the CCG's Constitution, subject to Audit and Governance Committee sign off of the aligned Standing Financial Instructions.• APPROVE the proposed amendments to the CCG's Governance Handbook, subject to further work to develop full terms of reference for the Patient and Public Engagement Committee and Membership Forum.

Moving to an aligned Governance Framework across the Nottingham and Nottinghamshire CCGs

1. Introduction and background information

The Governing Bodies of the six Nottingham and Nottinghamshire CCGs (NHS Mansfield and Ashfield CCG, NHS Newark and Sherwood CCG, NHS Nottingham City CCG, NHS Nottingham North and East CCG, NHS Nottingham West CCG and NHS Rushcliffe CCG) have been discussing options to align their staffing and governance structures since November 2018, following Amanda Sullivan being jointly appointed as Accountable Officer of the six CCGs.

Since this time, a further staff consultation process to establish a single Executive and Senior Leadership Team for the six CCGs has concluded, with new arrangements operational from 1 April 2019. Work is now ongoing to integrate the remaining CCG workforce to ensure that commissioning capacity and skills are best aligned to the emerging integrated care system (ICS), integrated care partnerships (ICPs) and primary care networks (PCNs). This includes ongoing discussions between the six Clinical Chairs to develop the required clinical leadership model for the CCGs.

Two joint Governing Body development sessions were held in January and February 2019, which considered potential opportunities to align the governance arrangements across the six CCGs. As a result of these joint sessions, and further individual CCG discussions, all six Governing Bodies agreed in April 2019 to move to a fully aligned governance framework from June 2019 onwards.

This paper describes the aligned governance framework that has been agreed and presents the required amendments to the CCG's Constitution and Governance Handbook to facilitate its implementation.

2. The aligned governance framework

The aligned governance framework is a transitional step while the six CCGs explore the option of creating a single, strategic commissioning organisation as part of the Nottingham and Nottinghamshire Integrated Care system (ICS) development.

It has been designed to ensure that the CCGs remain statutorily compliant, while facilitating streamlined and consistent decision-making, maximising best practice, making best use of resources and reducing the burden of meetings.

The proposed aligned governance framework is illustrated at **Appendix A** and the following provides a summary of the key changes:

- a) The aligned governance framework will mainly utilise a 'meetings in common' approach, which is intended to facilitate collaborative working and improved efficiencies between the separate statutory organisations. However, it is important to note that it is only the place, time and (where appropriate) agenda items that are 'in common'. To continue to operate within the legal framework, each Committee must:
 - i) Have its own terms of reference, membership and chair – But wherever possible, the membership requirements of each committee will be fulfilled by the same individuals.

- ii) Be able to make its own decisions – The ‘meetings in common’ approach will facilitate a single discussion, but there should still be the ability for each committee in the arrangement to reach a different decision (although this should be unlikely).
 - iii) Have clear accountability arrangements – Each CCG will retain individual accountability for the decisions taken on behalf of their local populations.
- b) The Greater Nottingham Joint Commissioning Committee (and its sub-committees) will be disestablished.
 - c) The Audit and Governance Committees will take a wider role regarding oversight of Corporate Risk Register and Governing Body Assurance Framework. The Audit and Governance Committees will also oversee arrangements for ensuring compliance with information governance legislation and regulations. This role was previously fulfilled by the IGMT Committee, which will be disestablished and its remaining responsibilities will either be delegated to individuals (e.g. approval of Data Security and Protection Toolkit submissions delegated to the SIRO) or delivered via operational/management groups.
 - d) The Remuneration and Terms of Service Committees will take on added responsibilities regarding approval of human resources policies and oversight of workforce equality (including gender pay gap reporting requirements).
 - e) New Strategic Commissioning Committees are proposed, which will consider proposals for new investments, recurrent funding allocations and decommissioning and disinvestment proposals. This will include assessment of any associated equality and quality impacts arising from proposals (including any collective impacts) and feedback from patient and public engagement/consultation activities where necessary. The Committees will also make decisions in line with the financial limits delegated by the Governing Body. This will consolidate current arrangements in place across the two CCG groupings. Oversight of procurement arrangements has also been incorporated within the Strategic Commissioning Committees.
 - f) Oversight of the quality of commissioned services and performance against national and local performance standards (e.g. Constitutional waiting time standards) have been brought together in the new Quality, Safeguarding and Performance Committees.
 - g) A new Membership Forum will be established to ensure that GP membership engagement, involvement and communication is effective and appropriately maintained during the transition period. The potential to schedule these meetings consecutively to meetings of the Clinical Effectiveness Committees will be explored as work progresses to determine dates for the meetings in the new framework.
 - h) There will continue to be two separate Patient and Public Engagement Committees (PPEC) during the transition period; one for Greater Nottingham and one for Mid-Nottinghamshire. A significant piece of work has recently concluded to enable the establishment of the Greater Nottingham PPEC, which is a move away from the current separate PPI forums for each of the four CCGs. The Greater Nottingham PPEC will largely mirror the arrangements already established for the Mid-Nottinghamshire PPEC and representatives from the two PPECs will work together during the transition period to determine what arrangements are required for a single CCG and the wider ICS.
 - i) The Patient and Public Engagement Committees and Membership Forum will operate on the basis of being joint advisory committees.

3. CCG Constitutions and Governance Handbooks

The CCGs Constitutions and Governance Handbooks have been reviewed and amended in line with the agreed governance framework. This has also required a move to the new national model Constitution published by NHS England during September 2018.

3.1 Summary of the changes in the new model Constitution

The new NHS England model Constitution facilitates a greater degree of flexibility, whilst maintaining high levels of transparency and accountability. The content is forward looking, supporting the move to integrated care systems. Model wording has been included for various joint and collaborative working arrangements. In addition, a large proportion of the previously mandated text has been removed, which results in a more concise document.

The main change is that non-material amendments to the Constitution and (and associated amendments to the Scheme of Reservation and Delegation) can now be agreed by the Governing Body without Member practice approval.

Member practice approval is still required for amendments that are thought to have a material impact, or relate to the reserved powers of the Membership, or if at least half of all Governing Body Members request that the proposed amendments are put before the Membership for approval.

Appendix B outlines the key changes between the previous and new model Constitution.

3.2 Summary of the changes required to implement the aligned governance framework

The full amended Constitution and Governance Handbook for NHS Nottingham North and East CCG are attached at **Appendices B and C**. It hasn't been possible to present these with tracked changes due to the move to the new model template.

A summary of the proposed amendments is as follows:

- a) Section 5.5 of the CCG's Constitution – This section has been updated to reflect the agreed changes to the membership of the Governing Body.
- b) Section 5.6 of the CCG's Constitution – This has been updated to reflect the agreed Governing Body attendees.
- c) Section 5.9 of the CCG's Constitution – This section has been updated to reflect that the statutory or mandated committees will now meet in common across all six Nottingham and Nottinghamshire CCGs. It also sets out the new Governing Body committees included within the agreed governance framework.
- d) Section 2 of the Standing Orders – These Standing Orders have been amended to reflect the Governing Body membership set out at section 5.5 of the Constitution.
- e) Governance Handbook – The terms of reference have been redrafted for the non-statutory committees in line with the agreed responsibilities of each. The membership of these committees will be reviewed by each individual committee during their inaugural meetings to confirm fitness for purpose.

- f) Governance Handbook – The terms of reference for the statutory or mandated committees haven't materially changed since last approved by the Governing Body. The only changes reflect the additional responsibilities added to the Audit Committee in relation to information governance and corporate policy oversight.
- g) Governance Handbook – The Scheme of Reservation and Delegation has been updated to incorporate the changes brought in by the new model Constitution described at 3.1 above and to reflect the new committee responsibilities.

3.3 Documents still in development

There remain three areas that require further development to finalise the Constitution and Governance Handbook. These are as follows:

- a) The terms of reference for the new Membership Forum are currently in development through discussion with the six Clinical Chairs. It is proposed that these terms of reference be presented to the first meeting in common of the six Governing Bodies.
- b) The terms of reference for the new Greater Nottingham Patient and Public Engagement Committee are awaiting agreement by the nominated steering group members. Once agreed, these terms of reference will be presented for Governing Body approval.
- c) Work is still ongoing to develop the aligned Standing Financial Instructions across the six CCGs. As such, it is proposed that the Governing Body delegate approval of these to the Audit and Governance Committee (to be considered at its meeting on 23 May 2019). This will enable timely agreement of these changes prior to the new arrangements starting.

4. **Recommendation**

The Governing Bodies are requested to:

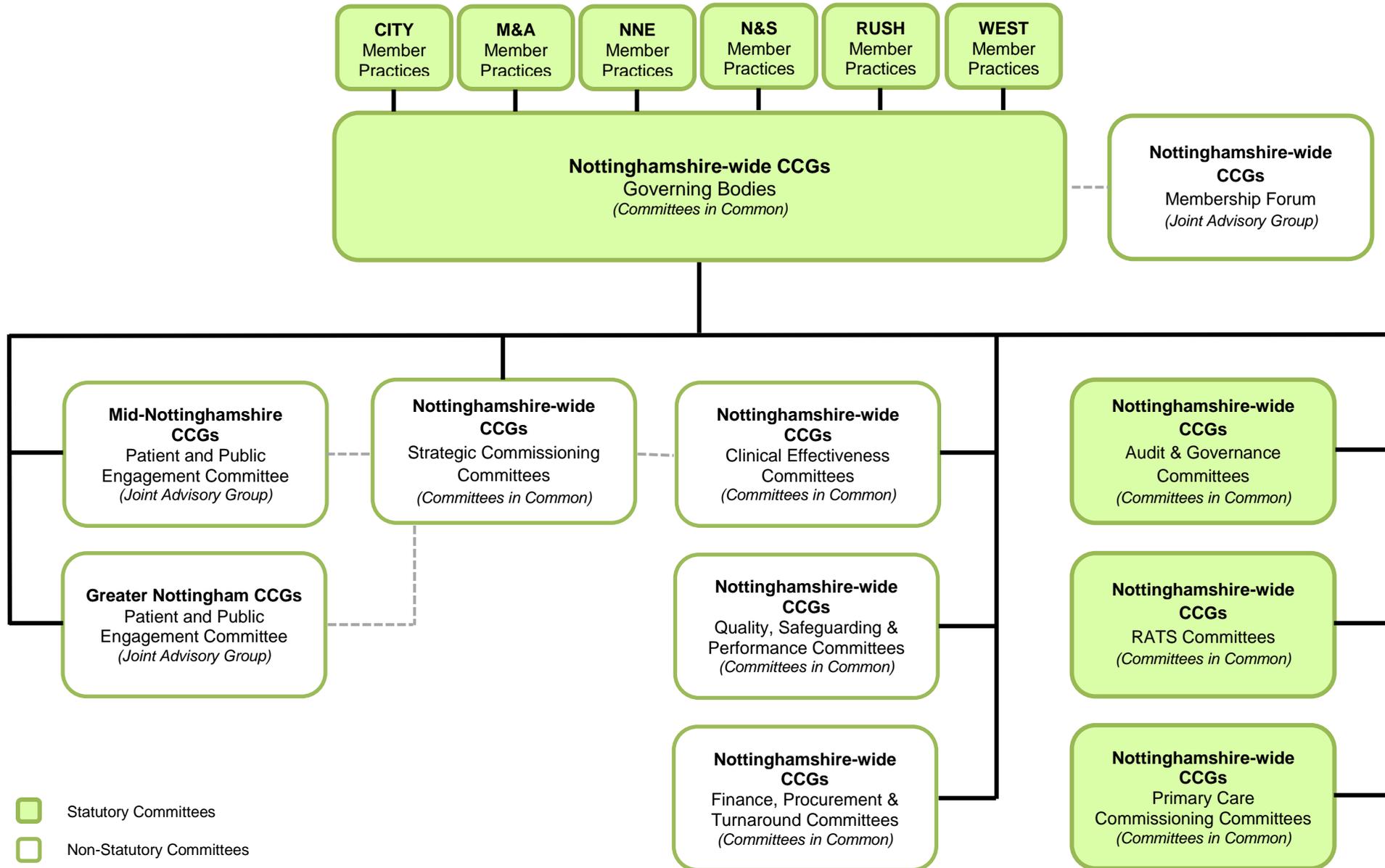
- a) Approve the proposed amendments to the CCG's Constitution, subject to Audit and Governance Committee sign off of the aligned Standing Financial Instructions.
- b) Approve the proposed amendments to the CCG's Governance Handbook, subject to further work to develop full terms of reference for the Patient and Public Engagement Committee and Membership Forum.

Lucy Branson

Associate Director of Governance

May 2019

Appendix A: Aligned Governance Framework – Nottingham and Nottinghamshire CCGs



Appendix B – Summary of New Model Constitution

Contents		Key changes to note
Requirement in original Constitution	Requirement in NHSE new model Constitution	
Introduction and Commencement	Yes	<p>Additional wording is also included in the ‘Amendment and Variation of this Constitution’ section which outlines processes to be followed to approve amendments to the document.</p> <p>Governing Body members should note that the Accountable Officer has the authority to propose amendments to the Constitution and (Scheme of Reservation and Delegation) which can be approved by the Governing Body (without Member approval) unless:</p> <ol style="list-style-type: none"> Changes are thought to have a material impact; Changes are proposed to the reserved powers of the Members; or At least 50% of the Governing Body members formally required that amendments be put before the Membership for approval. <p>This section has also been expanded to include:</p> <ul style="list-style-type: none"> – Status of this Constitution (1.3) – Accountability and transparency (1.6); and – Liability and Indemnity (1.7). <p>The majority of narrative in each of these sections is mandated by NHS England.</p>
Area Covered	Yes	No changes.
Membership	Yes	<p>The Eligibility section has been removed and replaced by:</p> <ul style="list-style-type: none"> – Nature of Membership and Relationship with CCG (3.2); and – Practice Representatives (3.3)
Vision, Values and Principles of Good Governance	No	<p>Section 4 of the new model Constitution is entitled ‘Arrangements for the Exercise of our Functions’ and provides shortened narrative on good governance, general duties and the CCG’s and Governing Body’s authority to act.</p>
Functions and General Duties	No	
Decision Making: The Governing Structure	No	<p>Section 5 of the new Constitution is entitled ‘Procedures for Making Decisions’. A large proportion of the narrative is mandated and shortened from the previous template. This Section covers the CCG’s:</p> <ul style="list-style-type: none"> – Scheme of Reservation and Delegation (5.1);
Roles and Responsibilities	No	

Appendix B – Summary of New Model Constitution

Contents		Key changes to note
Requirement in original Constitution	Requirement in NHSE new model Constitution	
		<ul style="list-style-type: none"> - Standing Orders (5.2); - Standing Financial Instruction (5.3); - The Governing Body: Its' Roles and Functions (5.4); - Composition of the Governing Body (5.5); - Additional Attendees at the Governing Body Meetings (5.6); - Appointments to the Governing Body (5.7); - Committees and Sub-Committees (5.8); - Committees of the Governing Body (5.9); - Collaborative Commissioning Arrangements (5.10); - Joint Commissioning Arrangements with Local Authority Partners (5.11); and - Joint Commissioning Arrangements – Other CCGs (5.12). - Joint Commissioning Arrangements with NHS England (5.13).
Standards of Business Conduct and Managing Conflicts of Interest	Yes	This section has remained within the new model version, but the narrative has been refined.
The Group as an Employer	No	N/A
Transparency and Ways of Working	No	N/A
Appendices	Yes	<p>The Nolan Principles and the Seven Key Principles of the NHS Constitution are no longer required to be included as separate appendices.</p> <p>The Standing Financial Instructions have replaced the previous Prime Financial Policies and are now required to include the delegated financial limits, previously held separately.</p>



Nottingham North and East
Clinical Commissioning Group

NHS NOTTINGHAM NORTH AND EAST CLINICAL COMMISSIONING GROUP

CONSTITUTION

NHS Nottingham North and East Clinical Commissioning Group Constitution

Version	Effective Date	Changes
V1	June 2019	

This model constitution has been prepared on behalf of NHS England by thiNKnow LTD with the support of Browne Jacobson LLP

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1 Introduction

1.1 Name

1.1.1 The name of this Clinical Commissioning Group is NHS Nottingham North and East Clinical Commissioning Group (“the CCG”).

1.2 Statutory framework

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

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

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

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

1.2.4 The CCG is subject to an annual assessment of its performance by NHS England which has powers to provide support or to intervene where it is

satisfied that a CCG is failing, or has failed, to discharge any of our functions or that there is a significant risk that it will fail to do so.

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

1.3 Status of this Constitution

- 1.3.1** This CCG was first authorised on 1 April 2013.

- 1.3.2** Changes to this Constitution are effective from the date of approval by NHS England.

- 1.3.3** The Constitution is published on the CCG website at <http://www.nottinghamnortheastccg.nhs.uk/information-centre/about-us-documents/> *[to be uploaded once approved]*

1.4 Amendment and variation of this Constitution

- 1.4.1** This Constitution can only be varied in two circumstances:

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

- 1.4.2** The Accountable Officer may periodically propose amendments to the Constitution which shall be considered and approved by the Governing Body unless:

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

1.5 Related documents

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

- a) **Standing Orders** – which set out the arrangements for meetings and the appointment processes for the CCG’s Governing Body members.
- b) **Standing Financial Instructions** – which set out the arrangements for managing the CCG’s financial affairs, and the delegated limits for financial commitments on behalf of the CCG.
- c) **Governance Handbook** – which sets out the:
 - i) **Terms of Reference** – for all of the CCG’s Committees, Sub-Committees and Joint Committees, and the terms of reference for all of the Governing Body’s Committees, Sub-Committees and Joint Committees; and
 - ii) **Scheme of Reservation and Delegation** – which sets out those decisions that are reserved for the membership as a whole and those decisions that are the responsibilities of the CCG’s Governing Body (and its Committees, Sub-Committees and Joint Committees) and employees.

The Governance Handbook is available on the CCG’s website at <http://www.nottinghamnortheastccg.nhs.uk/information-centre/about-us-documents/> [to be uploaded once approved]

1.6 Accountability and transparency

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

- a) Publish our Constitution and other key documents including the CCG’s:
 - i) Governance Handbook; and
 - ii) Standards of business conduct policies.
- b) Appoint independent lay members and non-GP clinicians to our Governing Body;
- c) Manage actual or potential conflicts of interest in line with NHS England’s statutory guidance *Managing Conflicts of Interest: Revised Statutory Guidance for CCGs 2017* and expected standards of good practice (see also Chapter 6 of this Constitution);
- d) Hold Governing Body meetings in public (except where we believe that it would not be in the public interest);
- e) Publish an annual commissioning strategy that takes account of priorities in the health and wellbeing strategy;

- f) Procure services in a manner that is open, transparent, non-discriminatory and fair to all potential providers and publish a Procurement Strategy;
- g) Involve the public, in accordance with its duties under section 14Z2 of the 2006 Act, and as set out in more detail in the CCG's Communication and Engagement Strategy;
- h) When discharging its duties under section 14Z2, the CCG will ensure that it adheres to the following principles:
 - i) Being clear about who is being engaged, the possible options, the engagement process, what is being proposed and the scope to influence;
 - ii) Ensuring that engagement takes place in a suitable timeframe to allow decisions to be genuinely influenced by feedback received;
 - iii) Adapting engagement activities and methods to meet the specific needs of different patient groups and communities;
 - iv) Keeping the burden of engagement to a minimum to retain continued patient and public buy-in to the process; and
 - v) Ensuring that responses to engagement exercises are carefully analysed with clear feedback provided to participants, which set out the decision made and the influence the results of the engagement exercise had on the final decision.
- i) Comply with local authority health overview and scrutiny requirements;
- j) Meet annually in public to present an annual report which is then published;
- k) Produce annual accounts which are externally audited;
- l) Publish a clear complaints process;
- m) Comply with the Freedom of Information Act 2000 and with the Information Commissioner Office requirements regarding the publication of information relating to the CCG;
- n) Provide information to NHS England as required; and
- o) Be an active member of the local Health and Wellbeing Board.

1.6.2

In addition to these statutory requirements, the CCG will demonstrate its accountability by publishing useful documents and information on its website at <http://www.nottinghamnortheastccg.nhs.uk/information-centre/>. This includes:

- a) The CCG's policies and procedures;

- b) Annual reports, which include governance statements;
- c) Minutes and papers of open meetings of the Governing Body and Primary Care Commissioning Committee;
- d) Annual Equality Assurance Reports, demonstrating how the CCG meets the Public Sector Equality Duty of the Equality Act 2010;
- e) Annual Engagement Reports, demonstrating how patient and public engagement has informed our commissioning activity each year;
- f) Details of the CCG's strategies and plans;
- g) Details of all contracts awarded;
- h) Details of all expenditure over £25,000;
- i) Register of declared interests; and
- j) Register of procurement decisions.

1.7 Liability and indemnity

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

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

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

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

2 Area Covered by the CCG

2.1.1 The area covered by the CCG includes part of Gedling Borough Council, Ashfield District Council, Broxtowe Borough Council and Newark and Sherwood District Council.

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

E01027925	E01028155	E01028187
E01027926	E01028156	E01028188
E01027927	E01028157	E01028189
E01027928	E01028158	E01028190
E01027929	E01028159	E01028191
E01027930	E01028160	E01028192
E01027931	E01028161	E01028193
E01027932	E01028162	E01028194
E01027933	E01028163	E01028195
E01027934	E01028164	E01028196
E01027935	E01028165	E01028197
E01027936	E01028166	E01028202
E01027937	E01028167	E01028203
E01027938	E01028168	E01028204
E01027939	E01028169	E01028205
E01027940	E01028170	E01028206
E01027941	E01028171	E01028207
E01027942	E01028172	E01028208
E01027943	E01028173	E01028209
E01027944	E01028174	E01028210
E01028142	E01028175	E01028211
E01028143	E01028176	E01028212
E01028144	E01028177	E01028213
E01028146	E01028178	E01028214
E01028147	E01028179	E01028215
E01028148	E01028180	E01028216
E01028149	E01028181	E01028217
E01028150	E01028182	E01028218
E01028151	E01028183	E01032622
E01028152	E01028184	E01028330
E01028153	E01028185	E01028331
E01028154	E01028186	E01028332

3 Membership Matters

3.1 Membership of the Clinical Commissioning Group

3.1.1 The CCG is a membership organisation.

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

3.1.3 The 17 practices that make up the membership of the CCG are listed below.

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

Practice Name	Address
Whyburn Medical Practice	The Health Centre, Curtis Street, Hucknall, Nottingham, NG15 7JE

3.2 Nature of membership and relationship with CCG

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

3.3 Membership Forum

3.3.1 The CCG has established a Membership Forum to ensure that Membership engagement, involvement and communication is effective and appropriately maintained.

3.3.2 The terms of reference for the Membership Forum are included within the CCG's Governance Handbook.

3.4 Practice Representatives

3.4.1 Each Member practice has a nominated lead Healthcare Professional who represents the practice in the dealings with the CCG.

3.4.2 Practice representatives are an essential element to ensuring effective participation by each of the CCG's member practices in exercising the CCG's functions. The role of each practice representative is to:

- a) Represent their Member practice's views and act on behalf of their Member practice in all aspects of the CCG's commissioning activities, which necessitates working effectively with GPs (including sessional and locum GPs) and with other practice staff, to ensure that the views of the Member practice as a whole are obtained and input to discussions.
- b) Maintain awareness of the CCG's work through the CCG's communication channels.
- c) Enable and facilitate two-way communications between their Member practice and the CCG, particularly in relation to:
 - i) Feedback from patients and carers, particularly in relation to individual patient choices and any early warning signs of quality issues or failing services that might inform commissioning decisions.
 - ii) Workforce issues that might influence the ability of the Member practice to fulfil its duties effectively.

- d) Assist the CCG in taking forward developments and improvements in relation to primary care services, including improving the performance of primary care services within the geographical area covered by the CCG.

4 Arrangements for the Exercise of our Functions

4.1 Good governance

4.1.1 The CCG will, at all times, observe generally accepted principles of good governance. 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;
- c) The standards of behaviour published by the Committee on Standards in Public Life (1995) known as the 'Nolan Principles';
- d) The seven key principles of the *NHS Constitution*;
- e) The Equality Act 2010; and
- f) The *Standards for Members of NHS Boards and Clinical Commissioning Group Governing Bodies in England*.

4.2 General

4.2.1 The CCG will:

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

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

4.3 Authority to Act: the CCG

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

- a) Any of its members or employees;
- b) Its Governing Body; and
- c) A Committee or Sub-Committee of the CCG.

4.4 Authority to Act: the Governing Body

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

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

5 Procedures for Making Decisions

5.1 Scheme of Reservation and Delegation

5.1.1 The CCG has agreed a Scheme of Reservation and Delegation (SoRD), which is included within the CCG's Governance Handbook.

The Accountable Officer may periodically propose amendments to the SoRD, which shall be considered and approved by the Governing Body unless:

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

5.1.2 The CCG's SoRD sets out:

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

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

5.2 Standing Orders

5.2.1 The CCG has agreed a set of Standing Orders which describe the processes that are employed to undertake its business. They include arrangements for meetings and the appointment processes for the CCG's Governing Body members.

5.2.2 A full copy of the Standing Orders is included at Appendix 3. The Standing Orders form part of this Constitution.

5.3 Standing Financial Instructions (SFIs)

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

5.3.2 A copy of the SFIs is included at Appendix 4. The SFIs form part of this Constitution.

5.4 The Governing Body: Its Role and Functions

5.4.1 The Governing Body has statutory responsibility for:

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

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

- a) Approval of proposed amendments to the CCG's Constitution (with the exception of those thought to have a material impact, those relating to the reserved powers of the Membership, or if at least half of all Governing Body Members request that the proposed amendments be put before the Membership for approval).
- b) Approval of proposed amendment to the Scheme of Reservation and Delegation (with the exception of those relating to the reserved powers of the Membership or if at least half of all Governing Body Members request that the proposed amendments be put before the Membership for approval).
- c) Approve arrangements for securing effective participation by each Member of the CCG in exercising its functions.
- d) Approval of the establishment of Committees, Sub-Committees and Joint Committees of the Governing Body (including agreement of associated terms of reference).
- e) Approval of the arrangements for discharging the CCG's commissioning functions and the statutory duties associated with its commissioning functions.
- f) Approval of arrangements for meeting the public sector equality duty.
- g) Agreeing the vision, values and strategic objectives of the CCG.
- h) Approval of the CCG's commissioning strategies and plans.
- i) Approval of the CCG's finance strategy and annual financial budgets to meet its statutory financial duties.
- j) 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 CCG's ability to achieve its agreed strategic objectives.

- k) Approve arrangements for ratification of the CCG's internal policies and procedures.
- l) Approval of the CCG's risk management arrangements.
- m) Approval of the arrangements for discharging the CCG's statutory duties as an employer.
- n) Approval of decisions that individual members, employees or appointees of the CCG can make when participating in joint arrangements on behalf of the CCG.
- o) Approval of decisions delegated to Joint Committees established under sections 14Z3 and 75 of the NHS 2006 Act (as amended).
- p) Approval of arrangements for financial risk sharing and/or risk pooling with other organisations (for example arrangements for pooled funds with other CCGs or pooled budget arrangements under section 75 of the NHS Act 2006).

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

5.5 Composition of the Governing Body

5.5.1 This part of the Constitution describes the make-up of the Governing Body roles. Further information about the individuals who fulfil these roles can be found on our website at <http://www.nottinghamnortheastccg.nhs.uk/about-us/our-people/the-governing-body/>

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

- a) The Chair and Clinical Leader
- b) The Accountable Officer
- c) The Chief Finance Officer
- d) A Secondary Care Specialist
- e) A Registered Nurse
- f) Two Lay Members:
 - i) One who has qualifications expertise or experience to enable them to lead on financial management and audit matters and who is Chair of the Audit and Governance Committee; and

- ii) One who has knowledge about the CCG area enabling them to express an informed view about discharge of the CCG functions and who is Chair of the Patient and Public Engagement Committee.

5.5.3 The CCG has agreed the following additional members:

- a) A third lay member who is Deputy Chair of the Governing Body, Chair of the Remuneration and Terms of Service Committee and Chair of the Strategic Commissioning Committee;
- b) A fourth Lay Member who is Chair of the Primary Care Commissioning Committee and Chair of the Quality, Safeguarding and Performance Committee; and
- c) The Chief Commissioning Officer.

5.6 Additional Attendees at the Governing Body Meetings

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

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

- a) A fifth Lay Member who is Chair of the Finance and Turnaround Committee; and
- b) Director of Public Health.

5.7 Appointments to the Governing Body

5.7.1 The processes for appointing Governing Body Members are set out in the Standing Orders.

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

5.8 Committees and Sub-Committees

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

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

5.8.3 Each Committee and Sub-Committee established by either the CCG or the Governing Body operates under terms of reference and membership agreed by the CCG or Governing Body as relevant. Appropriate reporting

and assurance mechanisms must be developed as part of agreeing terms of reference for Committees and Sub-Committees.

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

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

5.9 Committees of the Governing Body

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

5.9.2 **Audit and Governance Committee:** This Committee is accountable to the Governing Body and provides the Governing Body with an independent and objective view of the CCG's compliance with its statutory responsibilities. The Committee is responsible for arranging appropriate internal and external audit.

5.9.3 The Audit and Governance Committee will be chaired by a Lay Member who has qualifications, expertise or experience to enable them to lead on finance and audit matters and members of the Audit Committee may include people who are not Governing Body members.

5.9.4 **Remuneration and Terms of Service Committee:** This Committee is accountable to the Governing Body and makes recommendations to the Governing Body about the remuneration, fees and other allowances (including pension schemes) for employees and other individuals who provide services to the CCG.

5.9.5 The Remuneration and Terms of Service Committee will be chaired by a Lay Member other than the Audit and Governance Committee Chair and only members of the Governing Body may be members of the Remuneration and Terms of Service Committee.

5.9.6 **Primary Care Commissioning Committee:** This Committee is required by the terms of the delegation from NHS England in relation to primary care commissioning functions. The Primary Care Commissioning Committee reports to the Governing Body and to NHS England. Membership of the Committee is determined in accordance with the requirements of *Managing Conflicts of Interest: Revised statutory Guidance for CCGs 2017*. This includes the requirement for a Lay Member Chair and a Lay Deputy Chair.

5.9.7 None of the above Committees may operate on a joint committee basis with another CCG(s). However, all of the above Committees may meet 'in-

common' with similar committees of NHS Mansfield and Ashfield CCG, NHS Newark and Sherwood CCG, NHS Nottingham City CCG, NHS Nottingham West CCG and NHS Rushcliffe CCG.

5.9.8 The terms of reference for each of the above Committees are included in Appendix 2 to this Constitution and form part of the Constitution.

5.9.9 The Governing Body has also established a number of other Committees to assist it with the discharge of its functions. These Committees are:

- a) Finance and Turnaround Committee;
- b) Quality, Safeguarding and Performance Committee;
- c) Strategic Commissioning Committee;
- d) Clinical Effectiveness Committee; and
- e) Patient and Public Engagement Committee.

The CCG's Governance Handbook provides detailed information about these Committees, including their terms of reference and, where applicable, the decisions delegated to them as set out in the SoRD.

5.10 Collaborative Commissioning Arrangements

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

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

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

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

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

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

5.11 Joint Commissioning Arrangements with Local Authority Partners

- 5.11.1** The CCG will work in partnership with its Local Authority partners to reduce health and social inequalities and to promote greater integration of health and social care.
- 5.11.2** Partnership working between the CCG and its Local Authority partners might include collaborative commissioning arrangements, including joint commissioning under section 75 of the 2006 Act, where permitted by law.
- 5.11.3** For purposes of the arrangements described in 5.11.2, the Governing Body may:
 - a) Agree formal and legal arrangements to make payments to, or receive payments from, the Local Authority, or pool funds for the purpose of joint commissioning;
 - b) Make the services of its employees or any other resources available to the Local Authority; and

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

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

5.12 Joint Commissioning Arrangements – Other CCGs

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

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

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

- a) Delegating any of the CCG's commissioning functions to another CCG;
- b) Exercising any of the Commissioning Functions of another CCG; or
- c) Exercising jointly the Commissioning Functions of the CCG and another CCG.

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

- a) Make payments to another CCG;
- b) Receive payments from another CCG;

- c) Make the services of its employees or any other resources available to another CCG; and
- d) Receive the services of the employees or the resources available to another CCG.

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

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

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

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

5.12.8 The responsibility of the CCG to carry out its functions will not be affected where the CCG enters into arrangements pursuant to paragraph 0 above.

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

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

5.12.11 The Governing Body shall require, in all joint commissioning arrangements, that the lead Governing Body Member for the joint arrangements:

- a) Make a quarterly written report to the Governing Body;

- b) Hold at least one annual engagement event to review the aims, objectives, strategy and progress of the joint commissioning arrangements; and
- c) Publish an annual report on progress made against objectives.

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

5.13 Joint Commissioning Arrangements with NHS England

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

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

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

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

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

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

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

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

- b) The duties and responsibilities of the parties, and the legal basis for such arrangements;
- c) How risk will be managed and apportioned between the parties;
- d) Financial arrangements, including, if applicable, payments towards a pooled fund and management of that fund; and
- e) Contributions from the parties, including details around assets, employees and equipment to be used under the joint working arrangements.

5.13.8 Where any joint arrangements entered into relate to the CCG's functions, the liability of the CCG to carry out its functions will not be affected where the CCG enters into arrangements pursuant to paragraph 5.13.3 above. Similarly, where the arrangements relate to NHS England's functions, the liability of NHS England to carry out its functions will not be affected where it and the CCG enter into joint arrangements pursuant to 5.13.

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

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

5.13.11 The Governing Body of the CCG shall require, in all joint commissioning arrangements that the lead Governing Body Member for the joint arrangements make:

- a) Make a quarterly written report to the Governing Body;
- b) Hold at least one annual engagement event to review the aims, objectives, strategy and progress of the joint commissioning arrangements; and
- c) Publish an annual report on progress made against objectives.

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

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

6.1 Conflicts of Interest

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

6.2 Declaring and Registering Interests

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

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

6.3 Training in Relation to Conflicts of Interest

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

6.4 Standards of Business Conduct

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

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

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

Appendix 1: Definitions of Terms Used in This Constitution

2006 Act	National Health Service Act 2006
Accountable Officer (AO)	<p>An individual, as defined under paragraph 12 of Schedule 1A of the 2006 Act, appointed by NHS England, with responsibility for ensuring the CCG:</p> <p>a) Complies with its obligations under:</p> <ul style="list-style-type: none"> i) Sections 14Q and 14R of the 2006 Act, ii) Sections 223H to 223J of the 2006 Act, iii) Paragraphs 17 to 19 of Schedule 1A of the NHS Act 2006, and iv) Any other provision of the 2006 Act specified in a document published by the Board for that purpose. <p>b) Exercises its functions in a way which provides good value for money.</p>
Area	The geographical area that the CCG has responsibility for, as defined in part 2 of this Constitution
Chair and Clinical Leader	The individual appointed by the CCG to act as Chair of the Governing Body.
Chief Finance Officer (CFO)	A qualified accountant employed by the CCG with responsibility for financial strategy, financial management and financial governance and who is a member of the Governing Body.
Clinical Commissioning Group (CCG)	A body corporate established by NHS England in accordance with Chapter A2 of Part 2 of the 2006 Act.
Committee	A Committee created and appointed by the membership of the CCG or the Governing Body.
Sub-Committee	A Committee created by and reporting to a Committee.

Governing Body	The body appointed under section 14L of the NHS Act 2006, with the main function of ensuring that a Clinical Commissioning Group has made appropriate arrangements for ensuring that it complies with its obligations under section 14Q under the NHS Act 2006, and such generally accepted principles of good governance as are relevant to it.
Governing Body Member	Any individual appointed to the Governing Body of the CCG
Healthcare Professional	<p>A Member of a profession that is regulated by one of the following bodies:</p> <ul style="list-style-type: none"> a) The General Medical Council (GMC) b) The General Dental Council (GDC) c) The General Optical Council; d) The General Osteopathic Council e) The General Chiropractic Council f) The General Pharmaceutical Council g) The Pharmaceutical Society of Northern Ireland h) The Nursing and Midwifery Council i) The Health and Care Professions Council j) Any other regulatory body established by an Order in Council under Section 60 of the Health Act 1999
Lay Member	A Lay Member of the CCG Governing Body, appointed by the CCG. A Lay Member is an individual who is not a Member of the CCG or a Healthcare Professional (as defined above) or as otherwise defined in law.
Primary Care Commissioning Committee	A Committee required by the terms of the delegation from NHS England in relation to primary care commissioning functions. The Primary Care Commissioning Committee reports to NHS England and the Governing Body

Professional Standards Authority	An independent body accountable to the UK Parliament which helps Parliament monitor and improve the protection of the public. Published <i>Standards for Members of NHS Boards and Clinical Commissioning Group Governing Bodies in England</i> in 2013
Member/ Member Practice	A provider of primary medical services to a registered patient list, who is a Member of this CCG.
Member practice representative	Member practices appoint a Healthcare Professional to act as their practice representative in dealings between it and the CCG, under regulations made under section 89 or 94 of the 2006 Act or directions under section 98A of the 2006 Act.
NHS England	The operational name for the National Health Service Commissioning Board.
Registers of Interests	Registers a CCG is required to maintain and make publicly available under section 14O of the 2006 Act and the statutory guidance issues by NHS England, of the interests of: <ul style="list-style-type: none"> a) The Members of the CCG; b) The Members of its CCG Governing Body; c) The Members of its Committees or Sub-Committees and Committees or Sub-Committees of its CCG Governing Body; and d) Its employees.
Joint Committee	Committees from two or more organisations that work together with delegated authority from both organisations to enable joint decision-making

Appendix 2: Committee Terms of Reference

Audit and Governance Committee

1. Purpose	<p>The Audit and Governance Committee exists to:</p> <ul style="list-style-type: none">a) 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.b) 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.c) 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.d) Approve the CCG's Annual Report and Accounts.
2. Status	<p>The Audit and Governance 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.</p> <p>The Governing Body has authorised the Committee to:</p> <ul style="list-style-type: none">a) Investigate any activity within its terms of reference.b) Seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee.c) Obtain outside legal or other independent advice and to secure the attendance of individuals with relevant experience and expertise if it considers this necessary.d) 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. <p>The Audit and Governance Committee may meet 'in-common' with the Audit and Governance Committees of NHS Mansfield and Ashfield CCG, NHS Newark and Sherwood CCG, NHS Nottingham City CCG, NHS Nottingham West CCG and NHS</p>

	Rushcliffe CCG.
<p>3. Duties</p>	<p><u><i>Integrated governance, risk management and internal control</i></u></p> <p>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:</p> <ul style="list-style-type: none"> i) Review the adequacy and effectiveness of the CCG's risk management arrangements and 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. ii) Review the adequacy and effectiveness of 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. iii) Scrutinise all instances on non-compliance with Standing Orders, Scheme of Reservation and Delegation and Standing Financial Instructions. iv) Approve and monitor compliance with standards of business conduct policies and any related reporting and self-certifications. v) Approve and monitor arrangements in place for allowing staff to raise concerns (in confidence) about possible improprieties, ensuring that any such concerns are investigated proportionately and independently. vi) Approve and monitor the policies and procedures for all work related to counter fraud, bribery and corruption as required by the NHS Counter Fraud Authority. vii) Scrutinise compliance with legislative and regulatory requirements relating to information governance and the extent to which associated systems and processes are effective and embedded within the CCGs. This will include approval of associated policies. viii) Monitor progress against the CCG's overarching Policy Work Programme.

- 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:
 - i) Considering the provision of the internal audit service and the costs involved.
 - ii) 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).
 - iii) 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.
 - iv) Ensuring that the internal audit function is adequately resourced and has appropriate standing within the organisation.
 - v) Monitoring the effectiveness of internal audit and completing an annual review.

External audit

- e) 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:
 - i) 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).
 - ii) 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.

- iii) Discussing with the external auditors their local evaluation of audit risks and assessment of the organisation and the impact on the audit fee.
- iv) 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.
- v) Ensuring that there is in place a clear protocol for the engagement of external auditors to supply non-audit services.

Counter Fraud

- f) 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.
- g) The Committee will refer any suspicions of fraud, bribery and corruption to the NHS Counter Fraud Authority.

Financial reporting

- h) The Committee will monitor the integrity of the financial statements of the CCG and any formal announcements relating to the organisation's financial performance.
- i) 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.
- j) The Committee will review and approve the annual report and accounts, focusing particularly on:
 - i) The wording in the annual governance statement and other disclosures.
 - ii) Changes in, and compliance with, accounting policies, practices and estimation techniques.
 - iii) Unadjusted mis-statements in the financial statements.
 - iv) Significant judgements in preparation of the financial statements.
 - v) Significant adjustments resulting from the audit.
 - vi) Letters of representation.

	vii) Explanations for significant variances.
4. Membership	<p>The Audit and Governance Committee will have three members, comprised as follows:</p> <ul style="list-style-type: none"> a) Lay Member – Audit and Governance b) Lay Member – Quality and Performance c) Associate Lay Member – Audit and Governance <p><u>Attendees</u></p> <p>The following will be routine attendees at Audit and Governance Committee meetings:</p> <ul style="list-style-type: none"> d) Chief Finance Officer e) Associate Director of Governance f) Internal Audit g) External Audit <p>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:</p> <ul style="list-style-type: none"> h) The Accountable Officer being invited to attend, at least annually, to discuss with the Committee the process for assurance that supports the Governance Statement. i) The Local Counter Fraud Specialist being invited to attend at least twice per year.
5. Chair and Deputy	<p>The Lay Member – Audit and Governance will Chair the Audit and Governance Committee.</p> <p>In the event of the Chair 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.</p>
6. Quorum and Decision-making Arrangements	<p>The Audit and Governance Committee will be quorate with a minimum of two members present, to include either the Chair or Deputy Chair.</p> <p>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.</p> <p>If the quorum has not been reached, then the meeting may proceed if those attending agree, but no decisions may be taken.</p> <p>For the sake of clarity, no person can act in more than one capacity when determining the quorum.</p>

	<p>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.</p>
<p>7. Frequency of Meetings</p>	<p>The Audit and Governance Committee will meet no less than six times per year at appropriate times in the reporting and audit cycle.</p> <p>The Head of Internal Audit and representatives 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.</p> <p>Meetings of the Committee, other than those regularly scheduled above, shall be summoned by the secretary to the Committee at the request of the Chair.</p>
<p>8. Secretariat and Conduct of Business</p>	<p>Secretariat support will be provided to the Audit and Governance Committee to ensure the day to day work of the Committee is proceeding satisfactorily.</p> <p>Agendas and supporting papers will be circulated no later than five calendar days in advance of meetings and will be distributed by the secretary to the Committee.</p> <p>Any items to be placed on the agenda are to be sent to the secretary no later than seven calendar 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.</p> <p>The Committee agenda will be agreed with the Chair prior to the meeting.</p>
<p>9. Minutes of Meetings</p>	<p>Minutes will be taken at all meetings and presented according the corporate style.</p> <p>The minutes will be ratified by agreement of the Audit and Governance Committee at the following meeting.</p> <p>The Chair of the Committee will agree minutes if they are to be submitted to the Governing Body prior to formal ratification.</p>
<p>10. Conflicts of Interest Management</p>	<p>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</p>

	<p>individuals.</p> <p>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 declarations will be formally recorded in the minutes for the meeting.</p> <p>The Chair of the Committee will determine how declared interests should be managed, which is likely to involve one the following actions:</p> <ul style="list-style-type: none"> 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.
<p>11. Reporting Responsibilities and Review of Committee Effectiveness</p>	<p>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.</p> <p>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 Committee will conduct an annual review of its effectiveness to inform this report.</p>
<p>12. Review of Terms of Reference</p>	<p>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.</p> <p>Any proposed amendments to the terms of reference will be submitted to the Governing Body for approval.</p>

Remuneration and Terms of Service Committee

<p>1. Purpose</p>	<p>The Remuneration and Terms of Service Committee exists to make recommendations to the Governing Body in relation to:</p> <ul style="list-style-type: none"> a) The remuneration, fees and allowances payable to employees of the CCG and to other persons providing services to it; and b) Any determinations about allowances payable under pension schemes established by the CCG. <p>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).</p> <p><i>NOTE: The remit of the Committee excludes considerations in relation to Lay Member remuneration, fees and allowances.</i></p>
<p>2. Status</p>	<p>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.</p> <p>The Governing Body has authorised the Committee to:</p> <ul style="list-style-type: none"> a) Seek such independent information as may be necessary to inform their recommendations. b) 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. <p>The Remuneration and Terms of Service Committee may meet 'in-common' with the Remuneration and Terms of Service Committees of NHS Mansfield and Ashfield CCG, NHS Newark and Sherwood CCG, NHS Nottingham City CCG, NHS Nottingham West CCG and NHS Rushcliffe CCG.</p>
<p>3. Duties</p>	<ul style="list-style-type: none"> 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

	<p>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.</p> <ul style="list-style-type: none"> 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.
<p>4. Membership</p>	<p>The Remuneration and Terms of Service Committee will have four members, comprised as follows:</p> <ul style="list-style-type: none"> a) Lay Deputy Chair of the Governing Body b) Lay Member – Audit and Governance c) Lay Member – Patient and Public Involvement d) Lay Member – Quality and Performance <p>Senior Managers may be invited to attend for all or part of the meeting (providing their own remuneration is not being discussed).</p>
<p>5. Chair and Deputy</p>	<p>The Lay Deputy Chair of the Governing Body will Chair the Remuneration and Terms of Service Committee, with either the Lay Member – Patient and Public Involvement or Lay Member – Quality and Performance being nominated to deputise in the Chair’s absence.</p>
<p>6. Quorum and Decision-making Arrangements</p>	<p>The Remuneration and Terms of Service Committee will be quorate with a minimum of three members present.</p> <p>If any Committee member has been disqualified from participating in the discussion and/or decision-making for an</p>

	<p>item on the agenda, by reason of a declaration of a conflict of interest, then that individual shall no longer count towards the quorum.</p> <p>If the quorum has not been reached, then the meeting may proceed if those attending agree, but no decisions may be taken.</p> <p>For the sake of clarity, no person can act in more than one capacity when determining the quorum.</p> <p>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.</p>
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	<p>Secretariat support will be provided to the Remuneration and Terms of Service Committee to ensure the day to day work of the Committee is proceeding satisfactorily.</p> <p>Agendas and supporting papers will be circulated no later than five calendar days in advance of meetings and will be distributed by the secretary to the Committee.</p> <p>Any items to be placed on the agenda are to be sent to the secretary no later than seven calendar 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.</p> <p>The Committee agenda will be agreed with the Chair prior to the meeting.</p>
9. Minutes of Meetings	<p>Minutes will be taken at all meetings and presented according the corporate style.</p> <p>The minutes will be ratified by agreement of the Remuneration and Terms of Service Committee at the following meeting.</p> <p>The Chair of the Committee will agree minutes if they are to be submitted to the Governing Body prior to formal ratification.</p>
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.

	<p>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 declarations will be formally recorded in the minutes for the meeting.</p> <p>The Chair of the Committee will determine how declared interests should be managed, which is likely to involve one the following actions:</p> <ul style="list-style-type: none"> 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.
<p>11. Reporting Responsibilities and Review of Committee Effectiveness</p>	<p>The Remuneration and Terms of Service 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, which may be presented in confidential session dependant on the nature of its content.</p> <p>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 Committee will conduct an annual review of its effectiveness to inform this report.</p>
<p>12. Review of Terms of Reference</p>	<p>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.</p> <p>Any proposed amendments to the terms of reference will be submitted to the Governing Body for approval.</p>

Primary Care Commissioning Committee

<p>1. Purpose / Status</p>	<p>In accordance with its statutory powers under section 13Z of the National Health Service Act 2006 (as amended), a formal delegation agreement has been issued by NHS England to empower NHS Nottingham North and East CCG to commission primary care medical services for the people of Nottingham North and East.</p> <p>The Primary Care Commissioning Committee has been established in accordance with the CCG's Constitution. The Committee will function as a corporate decision-making body for the management of the delegated functions and the exercise of the delegated powers.</p> <p>Arrangements made under section 13Z do not affect the liability of NHS England for the exercise of any of its functions. However, the CCG acknowledges that in exercising its functions (including those delegated to it), it must comply with the statutory duties set out in Chapter A2 of the NHS Act and the duties shown at Annex A (section 14) of these Terms of Reference.</p> <p>The CCG will also need to specifically, in respect of the delegated functions from NHS England, exercise those in accordance with the relevant provisions of section 13 of the NHS Act.</p> <p>The Committee is subject to any directions made by NHS England or by the Secretary of State.</p> <p>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.</p> <p>The Primary Care Commissioning Committee may meet 'in-common' with the Primary Care Commissioning Committees of NHS Mansfield and Ashfield CCG, NHS Newark and Sherwood CCG, NHS Nottingham City CCG, NHS Nottingham West CCG and NHS Rushcliffe CCG.</p>
<p>2. Duties</p>	<p>The Committee has been established in accordance with the above statutory provisions to enable the committee to make collective decisions on the review, planning and procurement of primary care services in Nottingham North and East CCG, under delegated authority from NHS England.</p>

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 the 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:

- a) 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);
- b) Newly designed enhanced services (“Local Enhanced Services” and “Directed Enhanced Services”);
- c) Design of local incentive schemes as an alternative to the Quality Outcomes Framework (QOF);
- d) Decision making on whether to establish new GP practices in an area;
- e) Approving practice mergers and/or closures; and
- f) Making decisions on ‘discretionary’ payments’ (e.g. returner/retainer schemes).
- g) Making decisions on premises costs directions functions

The Committee will also:

- h) Assure itself on the effective management of delegated primary care commissioning arrangements; more specifically, the planning, commissioning and procurement, and contract oversight of primary medical services, including arrangements for monitoring the quality of primary medical services.
- i) Assure itself that effective arrangements are in place to manage the delegated budget for primary care medical services.
- j) Oversee delivery of the General Practice Forward View.
- k) Review and approve policies specific to the Committee’s remit.

	<p>l) Oversee the identification and management of risks relating to the Committee's remit.</p>
3. Membership	<p>The Primary Care Commissioning Committee will have nine members, comprised as follows:</p> <p><u>Lay Members</u></p> <p>a) Lay Member – Quality and Performance b) Lay Member – Financial Management c) Associate Lay Member – Audit and Governance</p> <p><u>Clinical Members</u></p> <p>d) Independent GP Advisor e) Associate Director of Nursing and Quality</p> <p><u>Managerial Members</u></p> <p>f) Accountable Officer g) Chief Commissioning Officer h) Operational Director of Finance i) Associate Director of Primary Care</p> <p>There will be a standing invitation to the following to offer representation in a non-voting capacity on the Committee:</p> <p>a) Member Practice GP Representative b) Nottinghamshire Local Medical Committee c) Healthwatch Nottingham and Nottinghamshire d) Nottinghamshire County Health and Wellbeing Board e) Primary Care Contracting Team of NHS England</p> <p>Other CCG officers may be invited to attend meetings when the Committee is discussing items that fall within their areas of expertise and/or responsibility.</p>
4. Chair and Deputy	<p>The Lay Member – Quality and Performance will Chair the Primary Care Commissioning Committee, with either the Lay Member – Financial Management or Associate Lay Member – Audit and Governance being nominated to deputise in the Chair's absence.</p>
5. Quorum	<p>The Primary Care Commissioning Committee will be quorate with a minimum of five members, to include:</p> <p>a) The Chair or Deputy Chair; b) Either the Independent GP Advisor or Associate Director of Nursing and Quality; and c) Either the Accountable Officer or Operational Director of</p>

	<p>Finance.</p> <p>To ensure that the quorum can be maintained, Committee members are able nominate a suitable deputy to attend a meeting of the Committee that they are unable to attend to speak and vote on their behalf. Committee members are responsible for fully briefing their nominated deputies and for informing the secretariat so that the quorum can be maintained.</p> <p>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.</p> <p>If the quorum has not been reached, then the meeting may proceed if those attending agree, but no decisions may be taken.</p> <p>For the sake of clarity, no person can act in more than one capacity when determining the quorum.</p>
<p>6. Decision-making Arrangements</p>	<p>Generally it is expected that at the Committee’s meetings decisions will be reached by consensus. Should this not be possible then a vote of members will be required, the process for which will align to that of the Governing Body’s, as set out in Standing Order 5.9.</p> <p>The Committee will make decisions within the bounds of its remit.</p> <p>The decisions of the Committee shall be binding on NHS England and NHS Nottingham North and East CCG.</p> <p>On occasion, the Committee may be required to take urgent decisions. An urgent decision is one where the requirement for the decision to be made arises between the scheduled monthly meetings of the Committee and in relation to which a decision must be made prior to the next scheduled meeting.</p> <p>Where an urgent decision is required a supporting paper will be circulated to Committee members by the secretary to the Committee.</p> <p>The Committee members may meet either in person, via telephone conference or communicate by email to take an urgent decision. The quorum, as described in section 5, must be adhered to for urgent decisions.</p> <p>A minute of the discussion (including those performed virtually) and decision will be taken by the secretary to the</p>

	<p>Committee and will be reported to the next meeting of the Committee for formal ratification.</p>
<p>7. Frequency of Meetings</p>	<p>Meetings of the Primary Care Commissioning Committee will be scheduled on a monthly basis and the Committee will meet, as a minimum, on a bi-monthly basis.</p> <p>Meetings of the Primary Care Commissioning Committee, other than those regularly scheduled above, shall be summoned by the secretary to the Committee at the request of the Chair.</p>
<p>8. Admission of public and the press</p>	<p>Meetings of the Primary Care Commissioning Committee will normally be open to the public.</p> <p>However, the Committee may, by resolution, exclude the public from a meeting that is open to the public (whether during the whole or part of the proceedings) wherever publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution and arising from the nature of that business or of the proceedings or for any other reason permitted by the Public Bodies (Admission to Meetings) Act 1960 as amended or succeeded from time to time.</p> <p>In the event the public could be excluded from a meeting of the Committee, the CCG shall consider whether the subject matter of the meeting would in any event be subject to disclosure under the Freedom of Information Act 2000, and if so, whether the public should be excluded in such circumstances.</p> <p>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 Committee's business shall be conducted without interruption and disruption.</p> <p>The Committee may resolve (as permitted by Section 1(8) Public Bodies (Admissions to Meetings) Act 1960 as amended from time to time) to exclude the public from a meeting (whether during whole or part of the proceedings) to suppress or prevent disorderly conduct or behaviour.</p> <p>Matters to be dealt with by the Committee following the exclusion of representatives of the press, and other members of the public shall be confidential to the members of the</p>

	<p>Committee.</p> <p>Members of the Committee and any member or employee of the CCG in attendance or who receives any such minutes or papers in advance of or following a meeting shall not reveal or disclose the contents of papers marked 'In Confidence' or minutes headed 'Items Taken in Private' outside of the Committee, without the express permission of the Committee. This will apply equally to the content of any discussion during the Committee meeting which may take place on such reports or papers.</p>
<p>9. Secretariat and Conduct of Business</p>	<p>Secretariat support will be provided to the Primary Care Commissioning Committee to ensure the day to day work of the Committee is proceeding satisfactorily.</p> <p>Agendas and supporting papers will be circulated no later than five calendar days in advance of meetings and will be distributed by the secretary to the Committee.</p> <p>Any items to be placed on the agenda are to be sent to the secretary no later than seven calendar 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.</p> <p>The Committee agenda will be agreed with the Chair prior to the meeting.</p>
<p>10. Minutes of Meetings</p>	<p>Minutes will be taken at all meetings and presented according to the corporate style.</p> <p>The minutes will be ratified by agreement of the Primary Care Commissioning Committee at the following meeting.</p> <p>The Chair of the Committee will agree minutes if they are to be submitted to the Governing Body prior to formal ratification.</p>
<p>11. Conflicts of Interest Management</p>	<p>In advance of any meeting of the Primary Care Commissioning 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.</p> <p>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</p>

	<p>such declarations will be formally recorded in the minutes for the meeting.</p> <p>The Chair of the Committee will determine how declared interests should be managed, which is likely to involve one the following actions:</p> <ul style="list-style-type: none"> 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.
<p>12. Reporting Responsibilities and Review of Committee Effectiveness</p>	<p>The Primary Care Commissioning 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.</p> <p>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 Committee will conduct an annual review of its effectiveness to inform this report.</p>
<p>13. Review of Terms of Reference</p>	<p>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.</p> <p>Any proposed amendments to the terms of reference will be submitted to the Governing Body for approval.</p>
<p>14. Annex A</p>	<p>Arrangements made under section 13Z do not affect the liability of NHS England for the exercise of any of its functions. However, the CCG acknowledges that in exercising its functions (including those delegated to it), it must comply with the statutory duties set out in Chapter A2 of the NHS Act and including:</p> <ul style="list-style-type: none"> 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); and
- 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:

- k) Duty to have regard to impact on services in certain areas (section 13O); and
- l) Duty as respects variation in provision of health services (section 13P).

Appendix 3: Standing Orders

1. Statutory Framework and Status

1.1. Introduction

1.1.1. These Standing Orders have been drawn up to regulate the proceedings of the NHS Nottingham North and East Clinical Commissioning Group (“the CCG”) so that it 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 CCG is established.

1.1.2. The Standing Orders, together with the CCG’s Scheme of Reservation and Delegation (as contained within the CCG’s Governance Handbook) and the CCG’s Standing Financial Instructions (see Appendix 4), provide a procedural framework within which the CCG discharges its business. They set out:

- a) The arrangements for conducting the business of the CCG;
- b) The appointment of member practice representatives;
- c) The procedure to be followed at meetings of the CCG, the Governing Body and any committees or sub-committees of the CCG or the Governing Body;
- d) The process to delegate powers; and
- 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 appropriate¹ of any relevant guidance.

1.1.3. The Standing Orders, Scheme of Reservation and Delegation and Standing Financial Instructions have effect as if incorporated into the CCG’s Constitution. Employees, Members, Committee and Sub-Committee members of the CCG and members of the Governing Body (and its Committees, Sub-Committees, Joint Committees) and persons working on behalf of the CCG should be aware of the existence of these documents and, where necessary, be familiar with their detailed provisions.

¹ Under some legislative provisions the CCG is obliged to have regard to particular guidance but under other circumstances guidance is issued as best practice guidance.

1.1.4. Failure to comply with the Standing Orders, Scheme of Reservation and Delegation and Standing Financial Instructions may be regarded as a disciplinary matter that could result in dismissal.

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 CCG with powers to delegate the CCG's functions and those of the Governing Body to certain bodies (such as Committees) and certain persons. The CCG has decided that certain decisions may only be exercised by the CCG in formal session. These decisions and also those delegated are contained in the CCG's Scheme of Reservation and Delegation.

2. Composition of Membership, Key Roles and Appointment Processes

2.1 Composition of membership

2.1.1 Chapter 3 of the CCG's Constitution provides details of the membership of the CCG, including the role of Practice Representatives.

2.1.2 Chapters 4 and 5 of the CCG's Constitution provide details of the governing structure used in the CCG's decision-making processes.

2.2 Key Roles

2.2.1 Paragraph 5.5 of the CCG's Constitution sets out the composition of the CCG's Governing Body. These Standing Orders set out how the CCG 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 CCG'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 Clinical Leader, as listed in paragraph 5.5.2 a) of the CCG's Constitution, is subject to the following appointment process:

- a) **Nominations and eligibility** – Any GP working in one of the CCG's Member practices, irrespective of their contractual status (partner, salaried or locum) may nominate themselves for this role when advertised.
- b) **Appointment process** –
 - i) The appointment of the Chair and Lead Clinician must be conducted fairly and impartially.
 - ii) The appointment process constitutes an expression of interest and application, assessment of candidates against pre-determined criteria including an interview, approval by NHS England and approval by the Governing Body.
 - iii) Where there is more than one suitable candidate, 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 by the Governing Body.
 - v) Recommendation to NHS England for approval.
- c) **Term of office** – three years
- d) **Eligibility for reappointment** – yes, one further term
- e) **Grounds for removal from office** –
 - i) Gross misconduct;
 - ii) Becoming disqualified from office (see standing order 2.2.2);
 - iii) Ceasing to fulfil the eligibility criteria for the role as set out at standing order 2.2.4 a) above;
 - iv) Losing General Medical Council registration and license to practice;
 - v) Not attending Governing Body meetings for three consecutive months (except under extenuating circumstances, such as illness); or
 - 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.

f) **Notice period** – three months in writing.

2.2.5 The Accountable Officer as listed in paragraph 5.5.2 b) of the CCG'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 CCG 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 England².
- 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.

2.2.6 The Chief Finance Officer as listed in paragraph 5.5.2 c) of the CCG'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 CCG may apply for this role when advertised.
- b) **Appointment process** – This appointment will be subject to national NHS recruitment and selection policies and guidance.
- 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.

2.2.7 The Secondary Care Specialist Doctor as listed in paragraph 5.5.2 d) of the CCG's Constitution, is subject to the following appointment process:

- a) **Nominations and eligibility** – Any individual who is a registered medical practitioner who is, or has been within the last five years, an individual who fulfils all of the following conditions can apply for this role when advertised:
 - i) The individual's name must be included in the Specialist Register kept by the General Medical Council under section 34D of the Medical Act 1983(c), or the individual is eligible to be included in that Register by virtue of the scheme referred to in subsection (2)(b) of that section;

² 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

- ii) The individual must hold a post as an NHS consultant or in a medical specialty in the armed forces;
 - iii) The individual's name must not be included in the General Practitioner Register kept by the General Medical Council under section 34C of the Medical Act 1983;
 - iv) Individuals must not be an employee or member (including shareholder) of, or a partner in, a provider of primary medical services for the purposes of Chapter A2 of the 2006 Act, or a body that provides any relevant service to a person for whom the Group has responsibility.
- b) **Appointment process** – This appointment will be made in line with NHS England's best practice toolkit for the appointment of Lay Members.
- c) **Term of office** – three years
- d) **Eligibility for reappointment** – yes, one further term
- e) **Grounds for removal from office** –
- i) Gross misconduct;
 - ii) Becoming disqualified from office (see standing order 2.2.2);
 - iii) Ceasing to fulfil the eligibility criteria for the role as set out at standing order 2.2.7 a) above;
 - iv) Not attending Governing Body meetings for three consecutive months (except under extenuating circumstances, such as illness); or
 - v) 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.
- f) **Notice period** – three months in writing

2.2.8 The Registered Nurse as listed in paragraph 5.5.2 e) of the CCG's Constitution, is subject to the following appointment process:

- a) **Nominations and eligibility** – Any individual who is a registered nurse may apply for this role when advertised other than those that are an employee or member (including shareholder) of, or a partner in, a provider of primary medical services for the purposes of Chapter A2 of the 2006 Act, or a body that provides any relevant service to a person for whom the CCG has responsibility.

- b) **Appointment process** – This appointment will be subject to national NHS recruitment and selection policies and guidance.
- c) **Grounds for removal from office** – Termination of employment in accordance with the Chief Nurse’s contract of employment.
- d) **Notice period** – As determined by the contract of employment.

2.2.9 The Lay Members, as listed in paragraph 5.5.2 f) and 5.5.3 a) and b) of the CCG’s Constitution, are subject to the following appointment process:

- a) **Nominations and 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 CCG’s Governing Body.

The Lay Member role listed at paragraph 5.5.2 f) i) 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 role listed at paragraph 5.5.2 f) ii) must be a person who has knowledge about the area covered by the CCG, such as to enable the person to express informed views about the discharge of the CCG’s functions.

- b) **Appointment process** – These appointments will be made in line with NHS England’s best practice toolkit for the appointment of lay members.
- c) **Term of office** – three years
- d) **Eligibility for reappointment** – yes, one further term
- e) **Grounds for removal from office** –
 - i) Gross misconduct;
 - ii) Becoming disqualified from office (see standing order 2.2.2);
 - iii) Ceasing to fulfil the eligibility criteria for the role of Lay Member on the Governing Body as set out at standing order 2.2.9 a) above;
 - iv) Not attending Governing Body meetings for three consecutive months (except under extenuating circumstances, such as illness); or
 - v) 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.

f) **Notice period** – three months in writing.

2.2.10 The Chief Commissioning Officer as listed in paragraph 5.5.3 c) of the CCG's Constitution, is subject to the following appointment process:

a) **Nominations and eligibility** – Any individual with the necessary qualifications, expertise and experience to lead the commissioning function of the CCG may apply for this role when advertised.

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

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

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

3. Meetings of the Clinical Commissioning Group

3.1 Practice Forum Meetings

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

3.1.2 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.

3.1.3 The provisions for Meetings of the Governing Body set out below in section 4 shall apply (where relevant) to Practice Forum Meetings.

3.1.4 The CCG'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.

3.1.5 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. Votes to be cast by each Practice Representative (or authorised deputy) will be 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).

A resolution will be passed if more votes are cast for the resolution than against it.

4. Meetings of the Governing Body

4.1 Calling meetings

- 4.1.1 Ordinary meetings of the Governing Body shall be held at regular intervals at such times and places as the CCG may determine, with a minimum of 5 meetings per year.
- 4.1.2 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:
- 4.1.3 The Chair of the Governing Body may call a meeting at any time by giving not less than 10 Working Days' notice in writing
- 4.1.4 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.

4.1.5 The Governing Body may meet 'in-common' with the Governing Bodies of NHS Mansfield and Ashfield CCG, NHS Newark and Sherwood CCG, NHS Nottingham City CCG, NHS Nottingham West CCG and NHS Rushcliffe CCG. In instances where a 'meetings in common' arrangement is established, each of the Governing Bodies taking part must:

- a) Retain its own Chair and Clinical Leader, although a meeting convenor will be nominated to chair the discussions that occur during the meetings in common;
- b) Have its own agenda, although these may be identical;
- c) Take its own decisions and these must be recorded in its own minutes; and
- d) Have the freedom to take its own decision that might be different from the other Governing Bodies taking part in the 'meetings in common' arrangement.

4.2 Agenda, supporting papers and business to be transacted

4.2.1 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.

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

4.2.3 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.

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

4.3 Petitions

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

4.4 Resolutions of the Governing Body

4.4.1 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.

4.4.2 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.

4.4.3 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.

4.4.4 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.

4.5 Chair of a meeting

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

4.5.2 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.

4.6 Chair's ruling

4.6.1 The decision of the Chair on questions of order, relevancy and regularity and their interpretation of the Constitution, Standing Orders, Scheme of

Reservation and Delegation and Standing Financial Instructions at the meeting, shall be final.

4.7 Nominated Deputies

4.7.1 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.

4.8 Quorum

4.8.1 A quorum will be six members (including deputies authorised in accordance with standing order 4.7), including:

- a) The Chair and Clinical Leader;
- b) Two Lay Members; and
- c) Either the Accountable Officer or Chief Finance Officer.

4.8.2 For the sake of clarity, no person can act in more than one capacity when determining the quorum.

4.8.3 If any member of the Governing Body has been disqualified from participating in the discussion on any matter and/or from voting on any motion 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 motion 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.

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

4.9 Decision making

4.9.1 Chapter 5 of the CCG's Constitution, together with the Scheme of Reservation and Delegation, sets out the governing structure for the exercise of the CCG's statutory functions. Generally it is expected that at the Governing Body's meetings decisions will be reached by consensus. Should this not be possible then a vote of members will be required, the process for which is set out below:

- a) **Eligibility** – All members of the Governing Body as defined within paragraphs 5.5.2 and 5.5.3 of the CCG's Constitution (or their authorised deputy) who are present at the meeting will be eligible to cast one vote each on any resolution. In no circumstances may an absent member vote by proxy. Absence is defined as being absent at the time of the vote.

For the sake of clarity, any additional attendees at the Governing body meetings (as detailed within paragraph 5.6.2 of the CCG's Constitution) will not have voting rights.

- b) **Majority necessary to pass a resolution** – 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 (or Deputy Chair) will have a casting vote.

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

4.10 Virtual meetings, emergency powers and urgent decisions

4.10.1 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 4.8). 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 4.9).

4.10.2 Minutes of virtual Governing Body meetings will be produced (in accordance with Standing Order 4.11) and reported to the next formal meeting of the Governing Body for formal ratification.

4.10.3 The powers of the CCG 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 Lay 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.

4.10.4 Before resolving to use the powers set out in 4.10.3, the Chair must consider whether a virtual meeting of the Governing Body could be held.

4.11 Minutes

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

4.11.2 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.

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

4.11.4 Minutes shall be circulated in accordance with the reasonable requirements of each member.

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

4.12 Admission of public and the press

4.12.1 Subject to Standing Order 4.12.2 below, meetings of the Governing Body will be open to the public.

4.12.2 The Governing Body may, by resolution, exclude the public from a meeting that is open to the public (whether during the whole or part of the proceedings) wherever publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution and arising from the nature of that business or of the proceedings or for any other reason permitted by the Public Bodies (Admission to Meetings) Act 1960 as amended or succeeded from time to time.

4.12.3 In the event the public could be excluded from a meeting of the Governing Body, the CCG shall consider whether the subject matter of the meeting would in any event be subject to disclosure under the Freedom of Information Act 2000, and if so, whether the public should be excluded in such circumstances.

4.12.4 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 Governing Body's business shall be conducted without interruption and disruption.

4.12.5 The Governing Body may resolve (as permitted by Section 1(8) Public Bodies (Admissions to Meetings) Act 1960 as amended from time to time) to exclude the public from a meeting (whether during whole or part of the proceedings) to suppress or prevent disorderly conduct or behaviour.

4.12.6 Matters to be dealt with by the Governing Body following the exclusion of representatives of the press, and other members of the public shall be confidential to the members of the Governing Body.

4.12.7 Members of the Governing Body and any member or employee of the CCG in attendance or who receives any such minutes or papers in advance of or following a meeting shall not reveal or disclose the contents of papers marked 'In Confidence' or minutes headed 'Items Taken in Private' outside of the Governing Body, without the express permission of the Governing Body. This will apply equally to the content of any discussion during the Governing Body meeting which may take place on such reports or papers.

5. Committees and Sub-Committees

5.1 Appointment of Committees and Sub-Committees

- 5.1.1 The Committees of the CCG and Governing Body are specified in Chapter 5 of the CCG's Constitution.
- 5.1.2 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 shall, if it requires, receive and consider reports of such Committees at the next appropriate meeting of the Governing Body.
- 5.1.3 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.
- 5.1.4 Committees and Sub-Committees of the Governing Body may consist of or include individual members of the CCG, employees, members of the Governing Body, or any other person approved by the Governing Body.
- 5.1.5 The provisions of these Standing Orders shall apply where relevant to the operation of the Governing Body, the Governing Body's Committees Sub-Committees unless stated otherwise in the Committee or Sub-Committee's terms of reference.
- 5.1.6 Committees of the Governing Body may meet 'in-common' with similar committees of NHS Mansfield and Ashfield CCG, NHS Newark and Sherwood CCG, NHS Nottingham City CCG, NHS Nottingham West CCG and NHS Rushcliffe CCG. In instances where a 'meetings 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
 - e) Have the freedom to take its own decision that might be different from the other Committees taking part in the 'Committees in Common' arrangement.

6. Use of Seal and Authorisation of Documents

6.1 Clinical Commissioning Group's seal

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

- a) The Accountable Officer
- b) The Chair and Clinical Leader
- c) The Chief Finance Officer

6.2 Execution of a document by signature

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

- a) The Accountable Officer
- b) The Chair and Clinical Leader
- c) The Chief Finance Officer

7. Overlap with other Policy Statements, Procedures and Regulations

7.1 Policy statements: general principles

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

8. Duty to Report Non-Compliance with Standing Orders

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

9. Suspension of Standing Orders

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

- 9.2 A decision to suspend Standing Orders together with the reasons for doing so shall be recorded in the minutes of the meeting.
- 9.3 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 4: Standing Financial Instructions

The Standing Financial Instructions are currently still under development.



Nottingham North and East
Clinical Commissioning Group

NHS NOTTINGHAM NORTH AND EAST CLINICAL COMMISSIONING GROUP

GOVERNANCE HANDBOOK

NHS Nottingham North and East Clinical Commissioning Group Governance Handbook

Version	Effective Date	Changes
1.0	June 2019	

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Introduction

This **Governance Handbook**, which sits alongside the CCG's Constitution (see below), contains the following key documents:

- **Terms of Reference** – for all of the CCG's Committees, Sub-Committees and Joint Committees, and the terms of reference for all of the Governing Body's Committees, Sub-Committees and Joint Committees; and
- **Scheme of Reservation and Delegation** – which sets out those decisions that are reserved for the membership as a whole and those decisions that are the responsibilities of the CCG's Governing Body (and its Committees, Sub-Committees and Joint Committees) and employees.

The **CCG's Constitution** sets out the statutory framework that the CCG operates within and its arrangements for demonstrating accountability and transparency. It also provides details relating to the CCG's Membership and sets out the arrangements for exercising the CCG's functions and procedures for making decisions. Provisions for conflict of interest management and required standards of business conduct are also included.

There are two further documents that provide details on how the CCG operates. These documents form part of the CCG's Constitution and they are the CCG's:

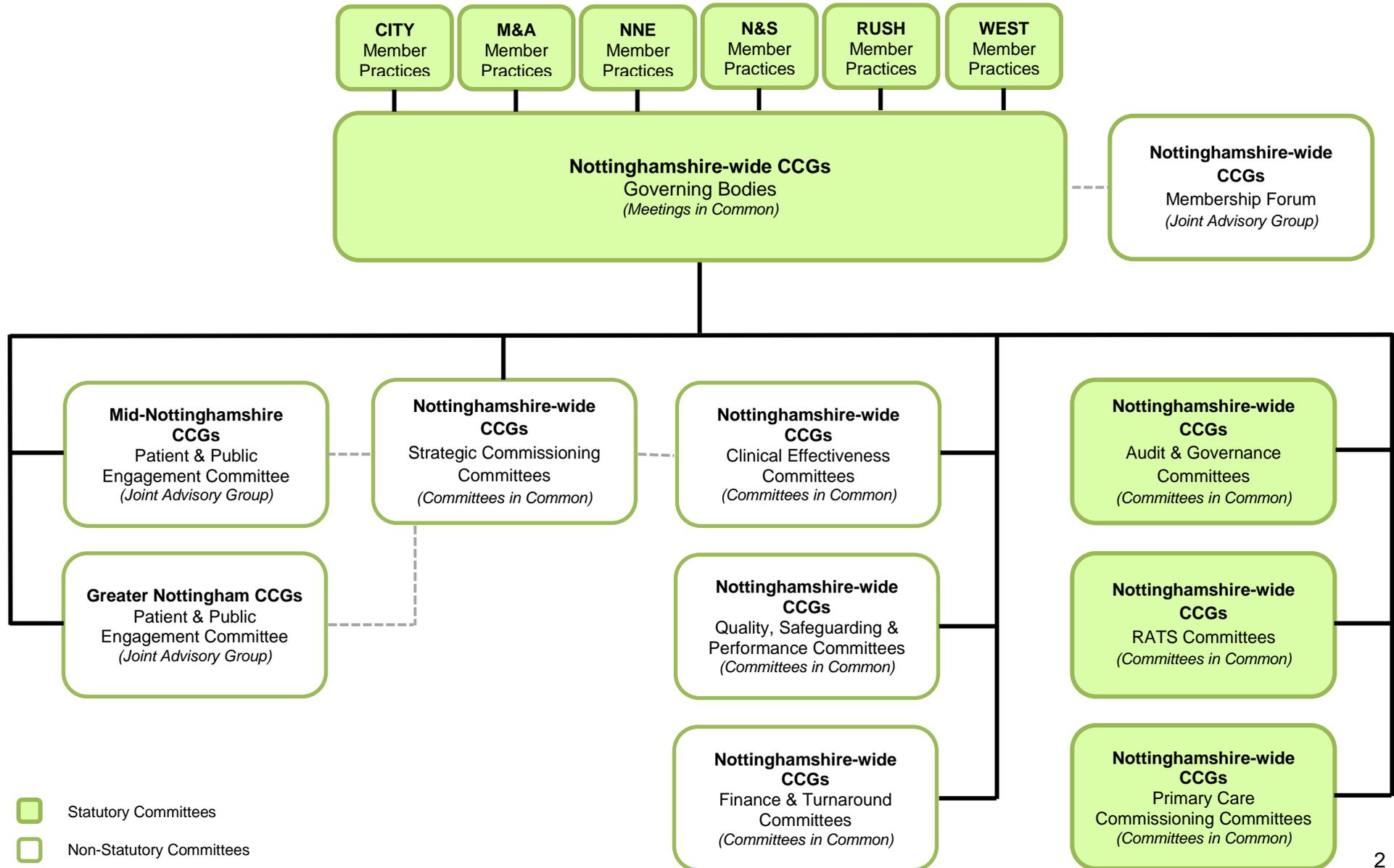
- **Standing Orders** – which set out the arrangements for the CCG's Governing Body meetings and the appointment processes for Governing Body members.
- **Standing Financial Instructions** – which set out the arrangements for managing the CCG's financial affairs and the delegated limits for financial commitments on behalf of the CCG.

The six Nottingham and Nottinghamshire CCGs (NHS Mansfield and Ashfield CCG, NHS Newark and Sherwood CCG, NHS Nottingham City CCG, NHS Nottingham North and East CCG, NHS Nottingham West CCG and NHS Rushcliffe CCG) operate an aligned governance framework. This mainly utilises a 'meetings in common' approach, which is intended to facilitate collaborative working and improved efficiencies between the separate statutory organisations.

However, it is important to note that it is only the place, time and (where appropriate) agenda items that are 'in common'. To continue to operate within the legal framework, each committee must:

- Have its own terms of reference, membership and chair – But wherever possible, the membership requirements of each committee will be fulfilled by the same individuals.
- Be able to make its own decisions – The 'meetings in common' approach will facilitate a single discussion, but there should still be the ability for each committee in the arrangement to reach a different decision (although this should be unlikely).
- Have clear accountability arrangements – Each CCG retains individual accountability for the decisions taken on behalf of their local populations.

Aligned Governance Framework across the Nottingham and Nottinghamshire CCGs



Audit and Governance Committee – Terms of Reference

<p>1. Purpose</p>	<p>The Audit and Governance Committee exists to:</p> <ul style="list-style-type: none"> a) 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. b) 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. c) 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. d) Approve the CCG’s Annual Report and Accounts.
<p>2. Status</p>	<p>The Audit and Governance 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.</p> <p>The Governing Body has authorised the Committee to:</p> <ul style="list-style-type: none"> a) Investigate any activity within its terms of reference. b) Seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee. c) Obtain outside legal or other independent advice and to secure the attendance of individuals with relevant experience and expertise if it considers this necessary. d) 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. <p>The Audit and Governance Committee may meet ‘in-common’ with the Audit and Governance Committees of NHS Mansfield and Ashfield CCG, NHS Newark and Sherwood CCG, NHS Nottingham City CCG, NHS Nottingham West CCG and NHS Rushcliffe CCG.</p>
<p>3. Duties</p>	<p><u><i>Integrated governance, risk management and internal control</i></u></p> <ul style="list-style-type: none"> 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:

- i) Review the adequacy and effectiveness of the CCG's risk management arrangements and 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.
 - ii) Review the adequacy and effectiveness of 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.
 - iii) Scrutinise all instances on non-compliance with Standing Orders, Scheme of Reservation and Delegation and Standing Financial Instructions.
 - iv) Approve and monitor compliance with standards of business conduct policies and any related reporting and self-certifications.
 - v) Approve and monitor arrangements in place for allowing staff to raise concerns (in confidence) about possible improprieties, ensuring that any such concerns are investigated proportionately and independently.
 - vi) Approve and monitor the policies and procedures for all work related to counter fraud, bribery and corruption as required by the NHS Counter Fraud Authority.
 - vii) Scrutinise compliance with legislative and regulatory requirements relating to information governance and the extent to which associated systems and processes are effective and embedded within the CCGs. This will include approval of associated policies.
 - viii) Monitor progress against the CCG's overarching Policy Work Programme.
- 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:

- i) Considering the provision of the internal audit service and the costs involved.
- ii) 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).
- iii) 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.
- iv) Ensuring that the internal audit function is adequately resourced and has appropriate standing within the organisation.
- v) Monitoring the effectiveness of internal audit and completing an annual review.

External audit

- e) 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:
 - i) 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).
 - ii) 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.
 - iii) Discussing with the external auditors their local evaluation of audit risks and assessment of the organisation and the impact on the audit fee.
 - iv) 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.
 - v) Ensuring that there is in place a clear protocol for the engagement of external auditors to supply non-audit services.

Counter Fraud

- f) 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.
- g) The Committee will refer any suspicions of fraud, bribery and corruption to the NHS Counter Fraud Authority.

	<p><u>Financial reporting</u></p> <ul style="list-style-type: none"> h) The Committee will monitor the integrity of the financial statements of the CCG and any formal announcements relating to the organisation’s financial performance. i) 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. j) The Committee will review and approve the annual report and accounts, focusing particularly on: <ul style="list-style-type: none"> i) The wording in the annual governance statement and other disclosures. ii) Changes in, and compliance with, accounting policies, practices and estimation techniques. iii) Unadjusted mis-statements in the financial statements. iv) Significant judgements in preparation of the financial statements. v) Significant adjustments resulting from the audit. vi) Letters of representation. vii) Explanations for significant variances.
<p>4. Membership</p>	<p>The Audit and Governance Committee will have three members, comprised as follows:</p> <ul style="list-style-type: none"> a) Lay Member – Audit and Governance b) Lay Member – Quality and Performance c) Associate Lay Member – Audit and Governance <p><u>Attendees</u></p> <p>The following will be routine attendees at Audit and Governance Committee meetings:</p> <ul style="list-style-type: none"> d) Chief Finance Officer e) Associate Director of Governance f) Internal Audit g) External Audit <p>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:</p> <ul style="list-style-type: none"> h) The Accountable Officer being invited to attend, at least annually, to discuss with the Committee the process for assurance that supports the Governance Statement. i) The Local Counter Fraud Specialist being invited to attend at least twice per year.
<p>5. Chair and Deputy</p>	<p>The Lay Member – Audit and Governance will Chair the Audit and Governance Committee.</p>

	<p>In the event of the Chair 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.</p>
<p>6. Quorum and Decision-making Arrangements</p>	<p>The Audit and Governance Committee will be quorate with a minimum of two members present, to include either the Chair or Deputy Chair.</p> <p>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.</p> <p>If the quorum has not been reached, then the meeting may proceed if those attending agree, but no decisions may be taken.</p> <p>For the sake of clarity, no person can act in more than one capacity when determining the quorum.</p> <p>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.</p>
<p>7. Frequency of Meetings</p>	<p>The Audit and Governance Committee will meet no less than six times per year at appropriate times in the reporting and audit cycle.</p> <p>The Head of Internal Audit and representatives 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.</p> <p>Meetings of the Committee, other than those regularly scheduled above, shall be summoned by the secretary to the Committee at the request of the Chair.</p>
<p>8. Secretariat and Conduct of Business</p>	<p>Secretariat support will be provided to the Audit and Governance Committee to ensure the day to day work of the Committee is proceeding satisfactorily.</p> <p>Agendas and supporting papers will be circulated no later than five calendar days in advance of meetings and will be distributed by the secretary to the Committee.</p> <p>Any items to be placed on the agenda are to be sent to the secretary no later than seven calendar 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.</p> <p>The Committee agenda will be agreed with the Chair prior to the meeting.</p>
<p>9. Minutes of Meetings</p>	<p>Minutes will be taken at all meetings and presented according the corporate style.</p> <p>The minutes will be ratified by agreement of the Audit and Governance Committee at the following meeting.</p>

	The Chair of the Committee will agree minutes if they are to be submitted to the Governing Body prior to formal ratification.
10. Conflicts of Interest Management	<p>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.</p> <p>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 declarations will be formally recorded in the minutes for the meeting.</p> <p>The Chair of the Committee will determine how declared interests should be managed, which is likely to involve one the following actions:</p> <ol style="list-style-type: none"> 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. Allowing the individual to participate in the discussion, but not the decision-making process. 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	<p>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.</p> <p>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 Committee will conduct an annual review of its effectiveness to inform this report.</p>
12. Review of Terms of Reference	<p>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.</p> <p>Any proposed amendments to the terms of reference will be submitted to the Governing Body for approval.</p>

Issue Date:	Status:	Version:	Review Date:
June 2019	DRAFT	1.0	May 2020

Remuneration and Terms of Service Committee – Terms of Reference

<p>1. Purpose</p>	<p>The Remuneration and Terms of Service Committee exists to make recommendations to the Governing Body in relation to:</p> <ul style="list-style-type: none"> a) The remuneration, fees and allowances payable to employees of the CCG and to other persons providing services to it; and b) Any determinations about allowances payable under pension schemes established by the CCG. <p>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).</p> <p><i>NOTE: The remit of the Committee excludes considerations in relation to Lay Member remuneration, fees and allowances.</i></p>
<p>2. Status</p>	<p>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.</p> <p>The Governing Body has authorised the Committee to:</p> <ul style="list-style-type: none"> a) Seek such independent information as may be necessary to inform their recommendations. b) 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. <p>The Remuneration and Terms of Service Committee may meet ‘in-common’ with the Remuneration and Terms of Service Committees of NHS Mansfield and Ashfield CCG, NHS Newark and Sherwood CCG, NHS Nottingham City CCG, NHS Nottingham West CCG and NHS Rushcliffe CCG.</p>
<p>3. Duties</p>	<ul style="list-style-type: none"> 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

	<p>circumstances and performance.</p> <p>b) Make recommendations to the Governing Body about allowances payable under pension schemes established by the CCG.</p> <p>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.</p> <p>d) Make recommendations to the Governing Body about contractual terms and conditions for senior managers on Very Senior Managers pay.</p> <p>e) Approve all human resources policies for CCG employees.</p> <p>f) Oversee compliance with the requirements set out in the Equality Act 2010 Act (Gender Pay Gap Regulations) 2017, as necessary.</p> <p>g) Oversee the identification and management of risks relating to the Committee's remit.</p>
<p>4. Membership</p>	<p>The Remuneration and Terms of Service Committee will have four members, comprised as follows:</p> <p>a) Lay Deputy Chair of the Governing Body</p> <p>b) Lay Member – Audit and Governance</p> <p>c) Lay Member – Patient and Public Involvement</p> <p>d) Lay Member – Quality and Performance</p> <p>Senior Managers may be invited to attend for all or part of the meeting (providing their own remuneration is not being discussed).</p>
<p>5. Chair and Deputy</p>	<p>The Lay Deputy Chair of the Governing Body will Chair the Remuneration and Terms of Service Committee, with either the Lay Member – Patient and Public Involvement or Lay Member – Quality and Performance being nominated to deputise in the Chair's absence.</p>
<p>6. Quorum and Decision-making Arrangements</p>	<p>The Remuneration and Terms of Service Committee will be quorate with a minimum of three members present.</p> <p>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.</p> <p>If the quorum has not been reached, then the meeting may proceed if those attending agree, but no decisions may be taken.</p> <p>For the sake of clarity, no person can act in more than one capacity when determining the quorum.</p> <p>Committee members will seek to reach decisions by consensus where possible. If a consensus agreement cannot be reached, then</p>

	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	<p>Secretariat support will be provided to the Remuneration and Terms of Service Committee to ensure the day to day work of the Committee is proceeding satisfactorily.</p> <p>Agendas and supporting papers will be circulated no later than five calendar days in advance of meetings and will be distributed by the secretary to the Committee.</p> <p>Any items to be placed on the agenda are to be sent to the secretary no later than seven calendar 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.</p> <p>The Committee agenda will be agreed with the Chair prior to the meeting.</p>
9. Minutes of Meetings	<p>Minutes will be taken at all meetings and presented according the corporate style.</p> <p>The minutes will be ratified by agreement of the Remuneration and Terms of Service Committee at the following meeting.</p> <p>The Chair of the Committee will agree minutes if they are to be submitted to the Governing Body prior to formal ratification.</p>
10. Conflicts of Interest Management	<p>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.</p> <p>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 declarations will be formally recorded in the minutes for the meeting.</p> <p>The Chair of the Committee will determine how declared interests should be managed, which is likely to involve one the following actions:</p> <ol style="list-style-type: none"> 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	<p>The Remuneration and Terms of Service 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, which may be presented in confidential session dependant on the nature of its content.</p> <p>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 Committee will conduct an annual review of its effectiveness to inform this report.</p>
12. Review of Terms of Reference	<p>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.</p> <p>Any proposed amendments to the terms of reference will be submitted to the Governing Body for approval.</p>

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Primary Care Commissioning Committee – Terms of Reference

<p>1. Purpose / Status</p>	<p>In accordance with its statutory powers under section 13Z of the National Health Service Act 2006 (as amended), a formal delegation agreement has been issued by NHS England to empower NHS Nottingham North and East CCG to commission primary care medical services for the people of Nottingham North and East.</p> <p>The Primary Care Commissioning Committee has been established in accordance with the CCG’s Constitution. The Committee will function as a corporate decision-making body for the management of the delegated functions and the exercise of the delegated powers.</p> <p>Arrangements made under section 13Z do not affect the liability of NHS England for the exercise of any of its functions. However, the CCG acknowledges that in exercising its functions (including those delegated to it), it must comply with the statutory duties set out in Chapter A2 of the NHS Act and the duties shown at Annex A (section 14) of these Terms of Reference.</p> <p>The CCG will also need to specifically, in respect of the delegated functions from NHS England, exercise those in accordance with the relevant provisions of section 13 of the NHS Act.</p> <p>The Committee is subject to any directions made by NHS England or by the Secretary of State.</p> <p>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.</p> <p>The Primary Care Commissioning Committee may meet ‘in-common’ with the Primary Care Commissioning Committees of NHS Mansfield and Ashfield CCG, NHS Newark and Sherwood CCG, NHS Nottingham City CCG, NHS Nottingham West CCG and NHS Rushcliffe CCG.</p>
<p>2. Duties</p>	<p>The Committee has been established in accordance with the above statutory provisions to enable the committee to make collective decisions on the review, planning and procurement of primary care services in Nottingham North and East CCG, under delegated authority from NHS England.</p> <p>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 the Terms of Reference.</p> <p>The functions of the Committee are undertaken in the context of a desire to promote increased co-commissioning to increase quality,</p>

	<p>efficiency, productivity and value for money and to remove administrative barriers.</p> <p>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:</p> <ol style="list-style-type: none"> a) 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); b) Newly designed enhanced services (“Local Enhanced Services” and “Directed Enhanced Services”); c) Design of local incentive schemes as an alternative to the Quality Outcomes Framework (QOF); d) Decision making on whether to establish new GP practices in an area; e) Approving practice mergers and/or closures; and f) Making decisions on ‘discretionary’ payments’ (e.g. returner/retainer schemes). g) Making decisions on premises costs directions functions <p>The Committee will also:</p> <ol style="list-style-type: none"> h) Assure itself on the effective management of delegated primary care commissioning arrangements; more specifically, the planning, commissioning and procurement, and contract oversight of primary medical services, including arrangements for monitoring the quality of primary medical services. i) Assure itself that effective arrangements are in place to manage the delegated budget for primary care medical services. j) Oversee delivery of the General Practice Forward View. k) Review and approve policies specific to the Committee’s remit. l) Oversee the identification and management of risks relating to the Committee’s remit.
<p>3. Membership</p>	<p>The Primary Care Commissioning Committee will have nine members, comprised as follows:</p> <p><u>Lay Members</u></p> <ol style="list-style-type: none"> a) Lay Member – Quality and Performance b) Lay Member – Financial Management c) Associate Lay Member – Audit and Governance <p><u>Clinical Members</u></p> <ol style="list-style-type: none"> d) Independent GP Advisor e) Associate Director of Nursing and Quality <p><u>Managerial Members</u></p>

	<ul style="list-style-type: none"> f) Accountable Officer g) Chief Commissioning Officer h) Operational Director of Finance i) Associate Director of Primary Care <p>There will be a standing invitation to the following to offer representation in a non-voting capacity on the Committee:</p> <ul style="list-style-type: none"> a) Member Practice GP Representative b) Nottinghamshire Local Medical Committee c) Healthwatch Nottingham and Nottinghamshire d) Nottinghamshire County Health and Wellbeing Board e) Primary Care Contracting Team of NHS England <p>Other CCG officers may be invited to attend meetings when the Committee is discussing items that fall within their areas of expertise and/or responsibility.</p>
<p>4. Chair and Deputy</p>	<p>The Lay Member – Quality and Performance will Chair the Primary Care Commissioning Committee, with either the Lay Member – Financial Management or Associate Lay Member – Audit and Governance being nominated to deputise in the Chair’s absence.</p>
<p>5. Quorum</p>	<p>The Primary Care Commissioning Committee will be quorate with a minimum of five members, to include:</p> <ul style="list-style-type: none"> a) The Chair or Deputy Chair; b) Either the Independent GP Advisor or Associate Director of Nursing and Quality; and c) Either the Accountable Officer or Operational Director of Finance. <p>To ensure that the quorum can be maintained, Committee members are able nominate a suitable deputy to attend a meeting of the Committee that they are unable to attend to speak and vote on their behalf. Committee members are responsible for fully briefing their nominated deputies and for informing the secretariat so that the quorum can be maintained.</p> <p>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.</p> <p>If the quorum has not been reached, then the meeting may proceed if those attending agree, but no decisions may be taken.</p> <p>For the sake of clarity, no person can act in more than one capacity when determining the quorum.</p>
<p>6. Decision-making Arrangements</p>	<p>Generally it is expected that at the Committee’s meetings decisions will be reached by consensus. Should this not be possible then a</p>

	<p>vote of members will be required, the process for which will align to that of the Governing Body's, as set out in Standing Order 5.9.</p> <p>The Committee will make decisions within the bounds of its remit. The decisions of the Committee shall be binding on NHS England and NHS Nottingham North and East CCG.</p> <p>On occasion, the Committee may be required to take urgent decisions. An urgent decision is one where the requirement for the decision to be made arises between the scheduled monthly meetings of the Committee and in relation to which a decision must be made prior to the next scheduled meeting.</p> <p>Where an urgent decision is required a supporting paper will be circulated to Committee members by the secretary to the Committee.</p> <p>The Committee members may meet either in person, via telephone conference or communicate by email to take an urgent decision. The quorum, as described in section 5, must be adhered to for urgent decisions.</p> <p>A minute of the discussion (including those performed virtually) and decision will be taken by the secretary to the Committee and will be reported to the next meeting of the Committee for formal ratification.</p>
<p>7. Frequency of Meetings</p>	<p>Meetings of the Primary Care Commissioning Committee will be scheduled on a monthly basis and the Committee will meet, as a minimum, on a bi-monthly basis.</p> <p>Meetings of the Primary Care Commissioning Committee, other than those regularly scheduled above, shall be summoned by the secretary to the Committee at the request of the Chair.</p>
<p>8. Admission of public and the press</p>	<p>Meetings of the Primary Care Commissioning Committee will normally be open to the public.</p> <p>However, the Committee may, by resolution, exclude the public from a meeting that is open to the public (whether during the whole or part of the proceedings) wherever publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution and arising from the nature of that business or of the proceedings or for any other reason permitted by the Public Bodies (Admission to Meetings) Act 1960 as amended or succeeded from time to time.</p> <p>In the event the public could be excluded from a meeting of the Committee, the CCG shall consider whether the subject matter of the meeting would in any event be subject to disclosure under the Freedom of Information Act 2000, and if so, whether the public should be excluded in such circumstances.</p> <p>The Chair (or Deputy Chair) or the person presiding over the meeting shall give such directions as he/she thinks fit with regard to</p>

	<p>the arrangements for meetings and accommodation of the public and representatives of the press such as to ensure that the Committee's business shall be conducted without interruption and disruption.</p> <p>The Committee may resolve (as permitted by Section 1(8) Public Bodies (Admissions to Meetings) Act 1960 as amended from time to time) to exclude the public from a meeting (whether during whole or part of the proceedings) to suppress or prevent disorderly conduct or behaviour.</p> <p>Matters to be dealt with by the Committee following the exclusion of representatives of the press, and other members of the public shall be confidential to the members of the Committee.</p> <p>Members of the Committee and any member or employee of the CCG in attendance or who receives any such minutes or papers in advance of or following a meeting shall not reveal or disclose the contents of papers marked 'In Confidence' or minutes headed 'Items Taken in Private' outside of the Committee, without the express permission of the Committee. This will apply equally to the content of any discussion during the Committee meeting which may take place on such reports or papers.</p>
<p>9. Secretariat and Conduct of Business</p>	<p>Secretariat support will be provided to the Primary Care Commissioning Committee to ensure the day to day work of the Committee is proceeding satisfactorily.</p> <p>Agendas and supporting papers will be circulated no later than five calendar days in advance of meetings and will be distributed by the secretary to the Committee.</p> <p>Any items to be placed on the agenda are to be sent to the secretary no later than seven calendar 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.</p> <p>The Committee agenda will be agreed with the Chair prior to the meeting.</p>
<p>10. Minutes of Meetings</p>	<p>Minutes will be taken at all meetings and presented according the corporate style.</p> <p>The minutes will be ratified by agreement of the Primary Care Commissioning Committee at the following meeting.</p> <p>The Chair of the Committee will agree minutes if they are to be submitted to the Governing Body prior to formal ratification.</p>
<p>11. Conflicts of Interest Management</p>	<p>In advance of any meeting of the Primary Care Commissioning 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.</p>

	<p>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 declarations will be formally recorded in the minutes for the meeting.</p> <p>The Chair of the Committee will determine how declared interests should be managed, which is likely to involve one the following actions:</p> <ol style="list-style-type: none"> 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.
<p>12. Reporting Responsibilities and Review of Committee Effectiveness</p>	<p>The Primary Care Commissioning 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.</p> <p>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 Committee will conduct an annual review of its effectiveness to inform this report.</p>
<p>13. Review of Terms of Reference</p>	<p>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.</p> <p>Any proposed amendments to the terms of reference will be submitted to the Governing Body for approval.</p>
<p>14. Annex A</p>	<p>Arrangements made under section 13Z do not affect the liability of NHS England for the exercise of any of its functions. However, the CCG acknowledges that in exercising its functions (including those delegated to it), it must comply with the statutory duties set out in Chapter A2 of the NHS Act and including:</p> <ol style="list-style-type: none"> 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);

	<ul style="list-style-type: none"> 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); and j) Public involvement and consultation (section 14Z2). <p>The CCG will also need to specifically, in respect of the delegated functions from NHS England, exercise those set out below:</p> <ul style="list-style-type: none"> k) Duty to have regard to impact on services in certain areas (section 13O); and l) Duty as respects variation in provision of health services (section 13P).
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Issue Date:	Status:	Version:	Review Date:
June 2019	DRAFT	1.0	May 2020

Quality, Safeguarding and Performance Committee – Terms of Reference

<p>1. Purpose</p>	<p>The Quality, Safeguarding and Performance Committee exists to scrutinise arrangements for ensuring the quality of CCG commissioned services, scrutinise the robustness of safeguarding arrangements, and to oversee the development, implementation and monitoring of performance management arrangements.</p> <p>The Committee also monitors equality performance in relation to health outcomes, patient access and experience, and promotes a culture of continuous quality improvement.</p>
<p>2. Status</p>	<p>The Quality, Safeguarding and Performance Committee is established in accordance with the CCG’s constitution. It is a committee of, and accountable to, the Governing Body.</p> <p>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.</p> <p>The Quality, Safeguarding and Performance Committee may meet ‘in-common’ with the Quality, Safeguarding and Performance Committees of NHS Mansfield and Ashfield CCG, NHS Newark and Sherwood CCG, NHS Nottingham City CCG, NHS Nottingham West CCG and NHS Rushcliffe CCG.</p>
<p>3. Duties</p>	<ul style="list-style-type: none"> a) Scrutinise arrangements for monitoring the quality of commissioned services. b) Seek assurance that quality outcomes and benefits in commissioned services are being achieved through a range of processes, highlighting good practice and areas of concern and recommend changes in practice through the commissioning process. c) Review the annual Quality Accounts prepared by the CCG’s main providers prior to final sign off. d) Scrutinise arrangements for safeguarding vulnerable adults and children in line with the CCG’s statutory requirements. e) Scrutinise arrangements for ensuring that patient feedback and engagement are embedded in the commissioning cycle and meeting legal duties. f) Monitor delivery of the CCG’s equality improvement plan in relation to Goals 1 and 2 of the NHS Equality Delivery System (better health outcomes for all / improved patient access and experience) g) Oversee the performance management framework, including scrutiny of identified action plans to address shortfalls in

	<p>performance against national and local health targets and performance standards.</p> <p>h) Scrutinise the effectiveness of interventions where deteriorating provider performance could compromise health outcomes or quality of service.</p> <p>i) Oversee arrangements for data quality to ensure confidence in the performance information being used for monitoring and reporting purposes.</p> <p>j) Review and approve policies specific to the Committee's remit.</p> <p>k) Oversee the identification and management of risks relating to the Committee's remit.</p>
<p>4. Membership</p>	<p>The Quality, Safeguarding and Performance Committee will have 12 members, comprised as follows:</p> <p><u>Lay Members</u></p> <p>a) Lay Member – Quality and Performance</p> <p>b) Lay Member – Patient and Public Involvement</p> <p>c) Associate Lay Member – Quality and Performance</p> <p><u>Clinical Members</u></p> <p>d) Three GP Advisors</p> <p>e) Chief Nurse/Director of Quality and Governance</p> <p>f) Associate Director of Nursing, Quality and Safeguarding</p> <p>g) Associate Director Nursing and Personalised Care</p> <p>h) Chief Pharmacist</p> <p><u>Managerial Members</u></p> <p>i) Chief Commissioning Officer</p> <p>j) Associate Director of Performance and Information</p> <p>Other officers may be invited to attend meetings when the Committee is discussing matters that fall within their areas of responsibility.</p>
<p>5. Chair and Deputy</p>	<p>The Lay Member – Quality and Performance will Chair the Quality, Safeguarding and Performance Committee, with either the Lay Member – Patient and Public Involvement or Associate Lay Member – Quality and Performance being nominated to deputise in the Chair's absence.</p>
<p>6. Quorum and Decision-making Arrangements</p>	<p>The Quality, Safeguarding and Performance Committee will be quorate with a minimum of six members, to include two lay members, three clinical members and one managerial member.</p> <p>To ensure that the quorum can be maintained, Committee members are able nominate a suitable deputy to attend a meeting of the Committee that they are unable to attend to speak and vote on their behalf. Committee members are responsible for fully briefing their nominated deputies and for informing the secretariat so that the</p>

	<p>quorum can be maintained.</p> <p>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.</p> <p>If the quorum has not been reached, then the meeting may proceed if those attending agree, but no decisions may be taken.</p> <p>For the sake of clarity, no person can act in more than one capacity when determining the quorum.</p> <p>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.</p>
7. Frequency of Meetings	<p>The Quality, Safeguarding and Performance Committee will meet on a monthly basis.</p> <p>Meetings of the Committee, other than those regularly scheduled above, shall be summoned by the secretary to the Committee at the request of the Chair.</p>
8. Secretariat and Conduct of Business	<p>Secretariat support will be provided to the Quality, Safeguarding and Performance Committee to ensure the day to day work of the Committee is proceeding satisfactorily.</p> <p>Agendas and supporting papers will be circulated no later than five calendar days in advance of meetings and will be distributed by the secretary to the Committee.</p> <p>Any items to be placed on the agenda are to be sent to the secretary no later than seven calendar 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.</p> <p>The Committee agenda will be agreed with the Chair prior to the meeting.</p>
9. Minutes of Meetings	<p>Minutes will be taken at all meetings and presented according the corporate style.</p> <p>The minutes will be ratified by agreement of the Quality, Safeguarding and Performance Committee at the following meeting.</p> <p>The Chair of the Committee will agree minutes if they are to be submitted to the Governing Body prior to formal ratification.</p>
10. Conflicts of Interest Management	<p>In advance of any meeting of the Quality, Safeguarding and Performance 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.</p> <p>At the beginning of each Committee meeting, members and attendees will be required to declare any interests that relate</p>

	<p>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 declarations will be formally recorded in the minutes for the meeting.</p> <p>The Chair of the Committee will determine how declared interests should be managed, which is likely to involve one the following actions:</p> <ol style="list-style-type: none"> 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	<p>The Quality, Safeguarding and Performance 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.</p> <p>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 Committee will conduct an annual review of its effectiveness to inform this report.</p>
12. Review of Terms of Reference	<p>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.</p> <p>Any proposed amendments to the terms of reference will be submitted to the Governing Body for approval.</p>

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Finance and Turnaround Committee – Terms of Reference

<p>1. Purpose</p>	<p>The Finance and Turnaround Committee exists to scrutinise arrangements for ensuring the delivery of the CCG’s statutory financial duties, including the achievement of the CCG’s Financial Recovery Plan and QIPP targets.</p> <p>The Committee will review the monthly financial performance and identify key issues and risks requiring discussion or decision by the Governing Body.</p>
<p>2. Status</p>	<p>The Finance and Turnaround Committee is established in accordance with the CCG’s constitution. It is a committee of, and accountable to, the Governing Body.</p> <p>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.</p> <p>The Finance and Turnaround Committee may meet ‘in-common’ with the Finance and Turnaround Committees of NHS Mansfield and Ashfield CCG, NHS Newark and Sherwood CCG, NHS Nottingham City CCG, NHS Nottingham West CCG and NHS Rushcliffe CCG.</p>
<p>3. Duties</p>	<ul style="list-style-type: none"> a) Oversee the development of the CCGs’ finance strategies and annual financial plans (prior to approval by the Governing Body). b) Monitor progress against financial plans and approved budgets, scrutinising the adequacy of proposed remedial action plans where plan delivery is off target. c) Scrutinise the reported position on finance, triangulating finance, QIPP and contract activity information. d) Scrutinise major shifts in spending, demand pressures and triangulation with financial recovery/turnaround plans. e) Oversee arrangements for data quality to ensure confidence in the contract activity and finance information being used for monitoring and reporting purposes. f) Review and approve policies specific to the Committee’s remit. g) Oversee the identification and management of risks relating to the Committee’s remit.
<p>4. Membership</p>	<p>The Finance and Turnaround Committee will have 12 members, comprised as follows:</p> <p><u>Lay Members</u></p> <ul style="list-style-type: none"> a) Lay Member – Financial Management b) Lay Deputy Chair of the Governing Body c) Lay Member – Audit and Governance

	<p><u>Clinical Members</u></p> <p>d) Two GP Advisors</p> <p><u>Managerial Members</u></p> <p>e) Chief Finance Officer</p> <p>f) Director of Special Projects</p> <p>g) Operational Director of Finance</p> <p>h) Turnaround Director</p> <p>i) Associate Director of Commissioning (NUH)</p> <p>j) Associate Director of Commissioning (Mental Health and Community)</p> <p>k) Associate Director of Performance and Information</p> <p>Other officers may be invited to attend meetings when the Committee is discussing matters that fall within their areas of responsibility.</p>
<p>5. Chair and Deputy</p>	<p>The Lay Member – Financial Management will Chair the Finance and Turnaround Committee, with the either the Lay Deputy Chair of the Governing Body or the Lay Member – Audit and Governance being nominated to deputise in the Chair’s absence.</p>
<p>6. Quorum and Decision-making Arrangements</p>	<p>The Finance and Turnaround Committee will be quorate with a minimum of six members, to include two lay members.</p> <p>To ensure that the quorum can be maintained, Committee members are able nominate a suitable deputy to attend a meeting of the Committee that they are unable to attend to speak and vote on their behalf. Committee members are responsible for fully briefing their nominated deputies and for informing the secretariat so that the quorum can be maintained.</p> <p>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.</p> <p>If the quorum has not been reached, then the meeting may proceed if those attending agree, but no decisions may be taken.</p> <p>For the sake of clarity, no person can act in more than one capacity when determining the quorum.</p> <p>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.</p>
<p>7. Frequency of Meetings</p>	<p>The Finance and Turnaround Committee will meet on a monthly basis.</p> <p>Meetings of the Committee, other than those regularly scheduled above, shall be summoned by the secretary to the Committee at the request of the Chair.</p>

<p>8. Secretariat and Conduct of Business</p>	<p>Secretariat support will be provided to the Finance and Turnaround Committee to ensure the day to day work of the Committee is proceeding satisfactorily.</p> <p>Agendas and supporting papers will be circulated no later than five calendar days in advance of meetings and will be distributed by the secretary to the Committee.</p> <p>Any items to be placed on the agenda are to be sent to the secretary no later than seven calendar 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.</p> <p>The Committee agenda will be agreed with the Chair prior to the meeting.</p>
<p>9. Minutes of Meetings</p>	<p>Minutes will be taken at all meetings and presented according the corporate style.</p> <p>The minutes will be ratified by agreement of the Finance and Turnaround Committee at the following meeting.</p> <p>The Chair of the Committee will agree minutes if they are to be submitted to the Governing Body prior to formal ratification.</p>
<p>10. Conflicts of Interest Management</p>	<p>In advance of any meeting of the Finance and Turnaround 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.</p> <p>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 declarations will be formally recorded in the minutes for the meeting.</p> <p>The Chair of the Committee will determine how declared interests should be managed, which is likely to involve one the following actions:</p> <ol style="list-style-type: none"> 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.
<p>11. Reporting Responsibilities</p>	<p>The Finance and Turnaround Committee will report to the Governing Body through regular submission of minutes from its</p>

<p>and Review of Committee Effectiveness</p>	<p>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 Committee will conduct an annual review of its effectiveness to inform this report.</p>
<p>12. Review of Terms of Reference</p>	<p>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.</p> <p>Any proposed amendments to the terms of reference will be submitted to the Governing Body for approval.</p>

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Strategic Commissioning Committee – Terms of Reference

<p>1. Purpose</p>	<p>The Strategic Commissioning Committee exists to evaluate, scrutinise and quality assure the clinical and cost effectiveness of business case proposals for new investments, recurrent funding allocations and decommissioning and disinvestment of services. This will include assessment of any associated equality and quality impacts arising from proposals and feedback from patient and public engagement/consultation activities where necessary.</p> <p>The Committee will also ensure that the CCG’s procurement responsibilities are appropriately discharged, including oversight of annual procurement plans.</p>
<p>2. Status</p>	<p>The Strategic Commissioning Committee is established in accordance with the CCG’s constitution. It is a committee of, and accountable to, the Governing Body.</p> <p>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.</p> <p>The Strategic Commissioning Committee may meet ‘in-common’ with the Strategic Commissioning Committees of NHS Mansfield and Ashfield CCG, NHS Newark and Sherwood CCG, NHS Nottingham City CCG, NHS Nottingham West CCG and NHS Rushcliffe CCG.</p>
<p>3. Duties</p>	<p>a) Oversee the development and ongoing review of the CCG’s ethical decision-making framework, established to promote fairness and consistency in decision making and ensure that the reasons behind commissioning decisions are clear and comprehensive. The ethical decision-making framework will be Governing Body approved following recommendation by the Committee.</p> <p>b) Make commissioning decisions in line with the financial limits delegated by the Governing Body (as set out within the Standing Financial Instructions), or make recommendations to the Governing Body for decisions that exceed the delegated financial limits, or where proposals are considered to set precedent, are novel, contentious or repercussive.</p> <p>When making decisions, the Committee will ensure that:</p> <ul style="list-style-type: none"> i) Appropriate evidence is available to demonstrate clinical and cost effectiveness, including consideration of benchmarking information where available. ii) Appropriate Quality, Equality and Data Protection Impact Assessments are completed and their findings considered. This will include consideration of the collective impact of

	<p>previous decisions and current and future proposals.</p> <p>iii) Appropriate stakeholder engagement and consultation takes place and is considered.</p> <p>iv) Appropriate information on wider commissioning decisions and services across the health and social care system is considered.</p> <p>c) Periodically review decisions taken to ensure the consistency of decision making and to consider potential improvements to the prioritisation process.</p> <p>d) Evaluate the return on investment of funded healthcare services in terms of reduced health inequalities and improved health outcomes.</p> <p>e) Review and approve annual procurement plans and monitor their implementation, making decisions on procurement approach and contract awards, in line with the financial limits delegated by the Governing Body (as set out within the Standing Financial Instructions).</p> <p>f) Review and approve policies specific to the Committee's remit.</p> <p>g) Oversee the identification and management of risks relating to the Committee's remit.</p>
<p>4. Membership</p>	<p>The Strategic Commissioning Committee will have 12 members, comprised as follows:</p> <p><u>Lay Members</u></p> <p>a) Lay Deputy Chair of the Governing Body</p> <p>b) Lay Member – Audit and Governance</p> <p>c) Associate Lay Member – Quality and Performance</p> <p><u>Clinical Members</u></p> <p>d) Three GP Advisors</p> <p>e) Chief Nurse/Director of Quality and Governance</p> <p><u>Managerial Members</u></p> <p>f) Accountable Officer</p> <p>g) Chief Finance Officer</p> <p>h) Chief Commissioning Officer</p> <p>i) Director of Special Projects</p> <p>j) Associate Director of Procurement and Commercial Development</p> <p>Other officers may be invited to attend meetings when the Committee is discussing matters that fall within their areas of responsibility.</p>
<p>5. Chair and Deputy</p>	<p>The Lay Deputy Chair of the Governing Body will Chair the Strategic Commissioning Committee, with either the Lay Member – Audit and Governance or Associate Lay Member – Quality and Performance</p>

	being nominated to deputise in the Chair’s absence.
6. Quorum	<p>The Strategic Commissioning Committee will be quorate with a minimum of six members, to include two Lay Members, two clinical members and two managerial members.</p> <p>To ensure that the quorum can be maintained, Committee members are able nominate a suitable deputy to attend a meeting of the Committee that they are unable to attend to speak and vote on their behalf. Committee members are responsible for fully briefing their nominated deputies and for informing the secretariat so that the quorum can be maintained.</p> <p>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. For agenda items where all three GP Advisors are not permitted to take part in the Committee’s discussions/decision-making, then the Committee will be quorate with one clinical member (or their nominated deputy) present.</p> <p>If the quorum has not been reached, then the meeting may proceed if those attending agree, but no decisions may be taken.</p> <p>For the sake of clarity, no person can act in more than one capacity when determining the quorum.</p>
7. Decision-making Arrangements	<p>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.</p> <p>On occasion, the Committee may be required to take urgent decisions. An urgent decision is one where the requirement for the decision to be made arises between the scheduled monthly meetings of the Committee and in relation to which a decision must be made prior to the next scheduled meeting.</p> <p>Where an urgent decision is required a supporting paper will be circulated to Committee members by the secretary to the Committee.</p> <p>The Committee members may meet either in person, via telephone conference or communicate by email to take an urgent decision. The quorum, as described in section 6, must be adhered to for urgent decisions.</p> <p>A minute of the discussion (including those performed virtually) and decision will be taken by the secretary to the Committee and will be reported to the next meeting of the Committee for formal ratification.</p>
8. Frequency of Meetings	<p>Meetings of the Strategic Commissioning Committee will be scheduled on a monthly basis and the Committee will meet, as a minimum, on a bi-monthly basis.</p> <p>Meetings of the Committee, other than those regularly scheduled</p>

	<p>above, shall be summoned by the secretary to the Committee at the request of the Chair.</p>
<p>9. Secretariat and Conduct of Business</p>	<p>Secretariat support will be provided to the Strategic Commissioning Committee to ensure the day to day work of the Committee is proceeding satisfactorily.</p> <p>Agendas and supporting papers will be circulated no later than five calendar days in advance of meetings and will be distributed by the secretary to the Committee.</p> <p>Any items to be placed on the agenda are to be sent to the secretary no later than seven calendar 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.</p> <p>The Committee agenda will be agreed with the Chair prior to the meeting.</p>
<p>10. Minutes of Meetings</p>	<p>Minutes will be taken at all meetings and presented according to the corporate style.</p> <p>The minutes will be ratified by agreement of the Strategic Commissioning Committee at the following meeting.</p> <p>The Chair of the Committee will agree minutes if they are to be submitted to the Governing Body prior to formal ratification.</p>
<p>11. Conflicts of Interest Management</p>	<p>In advance of any meeting of the Strategic Commissioning 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.</p> <p>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 declarations will be formally recorded in the minutes for the meeting.</p> <p>The Chair of the Committee will determine how declared interests should be managed, which is likely to involve one of the following actions:</p> <ol style="list-style-type: none"> 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.

<p>12. Reporting Responsibilities and Review of Committee Effectiveness</p>	<p>The Strategic Commissioning 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.</p> <p>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 Committee will conduct an annual review of its effectiveness to inform this report.</p>
<p>13. Review of Terms of Reference</p>	<p>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.</p> <p>Any proposed amendments to the terms of reference will be submitted to the Governing Body for approval.</p>

<p>Issue Date: June 2019</p>	<p>Status: DRAFT</p>	<p>Version: 1.0</p>	<p>Review Date: May 2020</p>
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Clinical Effectiveness Committee – Terms of Reference

<p>1. Purpose</p>	<p>The Clinical Effectiveness Group exists to provide advice in relation to clinical policies, clinical pathways and referral guidelines, with the aim of meeting the health needs of the CCG’s population within limited resources, whilst reducing unwarranted clinical variation and improving consistency of pathways.</p>
<p>2. Status</p>	<p>The Clinical Effectiveness Committee is established in accordance with the CCG’s constitution. It is a committee of, and accountable to, the Governing Body.</p> <p>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.</p> <p>The Clinical Effectiveness Committee may meet ‘in-common’ with the Clinical Effectiveness Committees of NHS Mansfield and Ashfield CCG, NHS Newark and Sherwood CCG, NHS Nottingham City CCG, NHS Nottingham West CCG and NHS Rushcliffe CCG.</p>
<p>3. Duties</p>	<ol style="list-style-type: none"> a) Provide clinical oversight of commissioning plans, including significant service changes. b) Facilitate and support collaboration and integrated care pathways with partner organisations. c) Oversee development of supportive clinical networks. d) Development of clinical policies, clinical pathways and referral guidelines. This will include consideration of: <ol style="list-style-type: none"> v) Currently provided services that have limited effectiveness vi) Clinical thresholds for treatments vii) Clinical effectiveness and relative priority of new treatments/services viii) Decommissioning decisions where this could be re-provided in a better/more cost effective way ix) Reductions in repetition of investigations and pathway duplications x) Patient choice and shared decision-making e) Consider the implications of new/revised NICE guidance, including all proposals for non/partial implementation of NICE guidance and standards. f) Oversee and scrutinise the CCG’s arrangements for identifying and addressing variations in clinical practice, ensuring that clinical intervention is based upon best available evidence.
<p>4. Membership</p>	<p>The Clinical Effectiveness Committee will have 12 members, comprised as follows:</p>

	<p><u>Clinical Members</u></p> <ul style="list-style-type: none"> a) Seven GP Advisors b) Secondary Care Doctor c) Public Health Consultant d) Associate Director Nursing and Personalised Care e) Chief Pharmacist <p><u>Managerial Members</u></p> <ul style="list-style-type: none"> f) Director of Special Projects <p>Meetings of the Committee will be routinely attended by representatives from the Research and Evidence Team and Finance Team.</p> <p>Other clinical and managerial leads will be invited to attend meetings when the Committee is discussing matters that fall within their areas of responsibility.</p>
<p>5. Chair and Deputy</p>	<p>The Committee will be Chaired by one of the GP Advisors, as nominated by the remaining members of the Committee. One of the other GP Advisors will be nominated to deputise in the Chair's absence.</p>
<p>6. Quorum and Decision-making Arrangements</p>	<p>The Clinical Effectiveness Committee will be quorate with a minimum of six members present.</p> <p>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.</p> <p>If the quorum has not been reached, then the meeting may proceed if those attending agree, but no decisions may be taken.</p> <p>For the sake of clarity, no person can act in more than one capacity when determining the quorum.</p>
<p>7. Frequency of Meetings</p>	<p>The Clinical Effectiveness Committee will meet on a monthly basis. Meetings of the Committee, other than those regularly scheduled above, shall be summoned by the secretary to the Committee at the request of the Chair.</p>
<p>8. Secretariat and Conduct of Business</p>	<p>Secretariat support will be provided to the Clinical Effectiveness Committee to ensure the day to day work of the Committee is proceeding satisfactorily.</p> <p>Agendas and supporting papers will be circulated no later than five calendar days in advance of meetings and will be distributed by the secretary to the Committee.</p> <p>Any items to be placed on the agenda are to be sent to the secretary no later than seven calendar days in advance of the meeting. Items which miss the deadline for inclusion on the agenda</p>

	<p>may be added on receipt of permission from the Chair.</p> <p>The Committee agenda will be agreed with the Chair prior to the meeting.</p>
9. Minutes of Meetings	<p>Minutes will be taken at all meetings and presented according the corporate style.</p> <p>The minutes will be ratified by agreement of the Clinical Effectiveness Committee at the following meeting.</p> <p>The Chair of the Committee will agree minutes if they are to be submitted to the Governing Body prior to formal ratification.</p>
10. Conflicts of Interest Management	<p>In advance of any meeting of the Clinical Effectiveness 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.</p> <p>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 declarations will be formally recorded in the minutes for the meeting.</p> <p>The Chair of the Committee will determine how declared interests should be managed, which is likely to involve one the following actions:</p> <ol style="list-style-type: none"> 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	<p>The Clinical Effectiveness 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.</p> <p>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 Committee will conduct an annual review of its effectiveness to inform this report.</p>
12. Review of Terms of Reference	<p>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</p>

	<p>national guidance as and when issued.</p> <p>Any proposed amendments to the terms of reference will be submitted to the Governing Body for approval.</p>
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Issue Date: June 2019	Status: DRAFT	Version: 1.0	Review Date: May 2020
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Patient and Public Engagement Committee – Terms of Reference

These terms of reference are currently still under development.

Membership Forum – Terms of Reference

These terms of reference are currently still under development.

Scheme of Reservation and Delegation

Policy Area	Decision	Reserved to the Membership	Delegated to / Reserved by Governing Body	Chair / Clinical Leader	Accountable Officer	Audit and Governance Committee	Primary Care Commissioning Committee
Practice Member Representatives and Members of the Governing Body	Approve the arrangements for electing/appointing the CCG's Chair and Clinical Leader.	✓					
Practice Member Representatives and Members of the Governing Body	Approve arrangements for securing effective participation by each Member of the CCG in exercising its functions		✓				
Practice Member Representatives and Members of the Governing Body	Approve arrangements for identifying the CCG's proposed Accountable Officer.			✓			
Practice Member Representatives and Members of the Governing Body	Approve the process for recruiting non-elected members to the Governing Body (subject to any regulatory requirements) and succession planning.				✓		

Policy Area	Decision	Reserved to the Membership	Delegated to / Reserved by Governing Body	Chair / Clinical Leader	Accountable Officer	Audit and Governance Committee	Primary Care Commissioning Committee
Regulation and Control	Ensuring that the CCG has appropriate arrangements in place to exercise its functions effectively, efficiently and economically and in accordance with the CCG's principles of good governance		✓				
Regulation and Control	Approval of proposed amendments to the CCG's Constitution (including its Standing Orders and Standing Financial Instructions).	✓ ¹	✓ ²				
Regulation and Control	Approval of proposed amendment to the Scheme of Reservation and Delegation.	✓ ³	✓ ⁴				
Regulation and Control	Approval of the establishment of Committees, Sub-Committees and Joint Committees of the Governing		✓				

¹ When proposed amendments are thought to have a material impact, or relate to the reserved powers of the Membership, or if at least half of all Governing Body Members request that the proposed amendments are put before the Membership for approval.

² For all other proposed amendments.

³ When proposed amendments relate to the reserved powers of the Membership or if at least half of all Governing Body Members request that the proposed amendments are put before the Membership for approval.

⁴ For all other proposed amendments.

Policy Area	Decision	Reserved to the Membership	Delegated to / Reserved by Governing Body	Chair / Clinical Leader	Accountable Officer	Audit and Governance Committee	Primary Care Commissioning Committee
	Body (including agreement of associated terms of reference)						
Regulation and Control	Approval of the arrangements for discharging the CCG's commissioning functions and the statutory duties associated with its commissioning functions.		✓				
Regulation and Control	Approval of arrangements for meeting the public sector equality duty.		✓				
Regulation and Control	Approve arrangements for ratification of the CCG's internal policies and procedures.		✓				
Regulation and Control	Exercise or delegation of those functions of the CCG which have not been retained as reserved by the Membership, delegated to the Governing Body, delegated to a Committee, Sub-Committee or Joint Committee, or to one of its Members or employees.				✓		

Policy Area	Decision	Reserved to the Membership	Delegated to / Reserved by Governing Body	Chair / Clinical Leader	Accountable Officer	Audit and Governance Committee	Primary Care Commissioning Committee
Strategy and Planning	Agreeing the vision, values and strategic objectives of the CCG.		✓				
Strategy and Planning	Approval of the CCG's staffing structure.				✓		
Strategy and Planning	Approval of the CCG's commissioning strategies and plans.		✓				
Strategy and Planning	Approval of the CCG's finance strategy and annual financial budgets to meet its statutory financial duties.		✓				
Strategy and 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 CCG's ability to achieve its agreed strategic objectives.		✓				
Annual Reports and Accounts	Approval of the CCG's annual report and annual accounts.					✓	
Human	Approval of the arrangements		✓				

Policy Area	Decision	Reserved to the Membership	Delegated to / Reserved by Governing Body	Chair / Clinical Leader	Accountable Officer	Audit and Governance Committee	Primary Care Commissioning Committee
Resources	for discharging the CCG's statutory duties as an employer.						
Human Resources	Determining the remuneration, fees and other allowances payable to employees or other persons providing services to the CCG and the allowances payable under any pension scheme established.		✓				
Operational and Risk Management	Approval of the CCG's risk management arrangements.		✓				
Operational and Risk Management	Approve the CCG's internal audit plan.					✓	
Operational and Risk Management	Approve the CCG's counter fraud and security management plans.					✓	
Operational and Risk Management	Approve proposals for action on litigation against or on behalf of the CCG.				✓		
Operational and	Approve the CCG's				✓		

Policy Area	Decision	Reserved to the Membership	Delegated to / Reserved by Governing Body	Chair / Clinical Leader	Accountable Officer	Audit and Governance Committee	Primary Care Commissioning Committee
Risk Management	arrangements for business continuity and for supporting emergency planning.						
Partnership Working	Approval of decisions that individual members, employees or appointees of the CCG can make when participating in joint arrangements on behalf of the CCG.		✓				
Partnership Working	Approval of decisions delegated to Joint Committees established under sections 14Z3 and 75 of the NHS 2006 Act (as amended).		✓				
Partnership Working	Approval of arrangements for financial risk sharing and/or risk pooling with other organisations (for example arrangements for pooled funds with other CCGs or pooled budget arrangements under section 75 of the NHS Act 2006).		✓				
Primary Care	Approve arrangements for the						✓

Policy Area	Decision	Reserved to the Membership	Delegated to / Reserved by Governing Body	Chair / Clinical Leader	Accountable Officer	Audit and Governance Committee	Primary Care Commissioning Committee
Commissioning	management of 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)						
Primary Care Commissioning	Approve all newly designed enhanced services (“Local Enhanced Services” and “Directed Enhanced Services”)						✓
Primary Care Commissioning	Approve the design of local incentive schemes as an alternative to the Quality Outcomes Framework (QOF)						✓
Primary Care Commissioning	Approve the establishment of new GP practices in the area.						✓
Primary Care Commissioning	Approve GP practice mergers and/or closures.						✓
Primary Care Commissioning	Approve arrangements for the authorisation of ‘discretionary’ payments (e.g. returner/retainer schemes).						✓

Policy Area	Decision	Reserved to the Membership	Delegated to / Reserved by Governing Body	Chair / Clinical Leader	Accountable Officer	Audit and Governance Committee	Primary Care Commissioning Committee
Primary Care Commissioning	Making decisions on premises costs directions functions						✓

**NHS Nottingham City CCG Audit and Governance Committee
NHS Nottingham North and East CCG Audit and Governance Committee
NHS Nottingham West CCG Audit and Governance Committee
NHS Rushcliffe CCG Audit and Governance Committee**

Ratified Shared Minutes of the Meetings Held in Common on 28 February 2019 - 09.30 – 11:30
Room 5.03, Standard Court, Park Row, Nottingham, NG1 6GN

		Organisation			
		NHS Nottingham City CCG	NHS Nottingham North and East CCG	NHS Nottingham West CCG	NHS Rushcliffe CCG
Members present:					
Tim Woods	Lay Member – Financial Management and Audit (Convener of the meetings in common)	✓*		✓*	
Terry Allen	Lay Member – Financial Management and Audit		✓*		
Ian Blair	Lay Member – Financial Management and Audit				✓
Sue Clague	Lay Member	✓**			✓**
Sue Sunderland	Lay Member	✓*			
Mike Wilkins	Lay Member		✓**		
* As the Audit and Governance Committee Chair ** As a Lay Member Representative					
In attendance:					
Jonathan Bemrose	Chief Finance Officer Greater Nottingham Clinical Commissioning Partnership	✓	✓	✓	✓
Tracey Duggan	Head of Out of Hospital Commissioning Greater Nottingham Clinical Commissioning Partnership (for agenda item AG 19 007)	✓	✓	✓	✓
Fiona Daws	Corporate Governance Officer (Minutes) Greater Nottingham Clinical Commissioning Partnership	✓	✓	✓	✓
Claire Page	360 Assurance – Internal Audit	✓	✓	✓	✓
Jo Simmonds	Head of Corporate Governance & Assurance Greater Nottingham Clinical Commissioning Partnership	✓	✓	✓	✓
Andrew Bostock	KPMG – External Audit	✓	✓	✓	✓
Richard Walton	KPMG – External Audit	✓	✓	✓	✓
Apologies:					
Beverley Brooks	Lay Member			✓	
Janet Champion	Lay Member		✓	✓	
Joanna Clarke	Counter Fraud	✓	✓	✓	✓
Lucy Branson	Corporate Director Greater Nottingham Clinical Commissioning Partnership	✓	✓	✓	✓

Cumulative Record of Members Attendance (2019/20)					
Name	Possible	Actual	Name	Possible	Actual
Terry Allen	5	5	Sue Clague	5	4
Ian Blair ²	3	2	Sue Sunderland ²	3	2
Beverley Brooks ²	3	0	Mike Wilkins ²	3	3
Janet Champion	4	1	Tim Woods	5	5
Ann Greenwood ¹	2	2	Suma Harding ¹	2	1

¹ membership ceased end of May 2018

² membership commenced September 2018

Ref Item

INTRODUCTORY ITEMS

AG 19 001 Welcome and apologies

Tim Woods, as Convener of the meeting, welcomed everyone to the Audit & Governance meetings in common.

Apologies were noted as above.

AG 19 002 Confirmation of quoracy

It was confirmed that the NHS Nottingham City CCG, NHS Nottingham North and East CCG and the NHS Rushcliffe CCG Audit and Governance Committees were quorate in line with their own terms of reference.

It was noted that NHS Nottingham West CCG was not quorate due to the absence of Beverley Brooks; however, it was agreed that it was appropriate to continue as the number of lay members present would still make the meeting effective and Tim Woods would be able to report back to the Nottingham West CCG Governing Body.

AG 19 003 Declarations of interest for any item on the agenda

It was explained that interests had been identified prior to the meeting as follows and highlighted that these interests related to attendees at the meeting and not the voting members:

(a) Item AG 19 033 – Update on Internal Audit Contract

Claire Page, 360 Assurance, has a direct interest in the Internal Audit Contract award as providers of the service.

The Chair reminded members of their responsibility to highlight any interests should they transpire as a result of discussions during the meeting.

AG 19 004 Management of any real or perceived conflicts of interest

It was noted that redacted versions of the papers had been sent to the above attendees in line with the identified conflicts of interest. The following actions were agreed in order to manage the identified interests:

(a) Item AG 19 033 – Update on Internal Audit Contract

Prior to the meeting, it was recommended that Claire Page, be excluded from discussion, which the Chair confirmed would be appropriate. It was confirmed that the paper has not been shared with Claire.

AG 19 005 Minutes from the previous Committee meetings in common held on 6 December

Ref	Item
	<p>2018</p> <p>The minutes were agreed as an accurate record.</p>
AG 19 006	<p>Action log and matters arising from the Committee meetings in common held on 6 December 2018</p> <p>There were no outstanding actions to comment on.</p> <p>Updates on the actions in progress were provided as follows:</p> <ol style="list-style-type: none"> AG 18 055 – Greater Nottingham CCGs Joint Probity Arrangements –The chairs have been provided with further details regarding the Freedom to Speak up Guardian roles. A website review is taking place that will incorporate the public raising concerns message. AG 18 066 – Audit and Governance Committee Self-assessment – a meeting has yet to be arranged to formerly set the Committee’s objectives and add value to the work programme. It was agreed that this would be deferred in light of the impending arrangements to start meeting in common with the Audit Committees of the Mid-Nottinghamshire CCGs. All other actions were noted as complete and could be closed.

GOVERNANCE AND RISK

AG 19 007	<p>Register of Procurement Decisions and Register of Tender Waivers</p> <p>Jo Simmonds and Tracey Duggan were in attendance to present this agenda item. The following key points were highlighted and discussed:</p> <ol style="list-style-type: none"> Work has now been completed to create a single contracts database across the four Greater Nottingham CCGs. As part of this work, the four CCGs now have a joint register of procurement decisions and a joint register of waived tenders. The format of the Register of Procurement Decisions is in line with the statutory requirements. NHS England had recently published conflicts of interest best practice guidance and Jo advised that a review would be done of the CCGs’ current arrangements to ensure we were already working to these standards. Members were advised that waived tender forms were signed off by the Director of Procurement and Contracting or another senior manager. Members were relatively assured of the processes in place but requested that further detail as to the specific rationale of why competitive tendering was not required be clearly documented in the register. It was noted that the CCGs’ joint probity policies and procurement policy will be prioritised for development and approval in July 2019 as part of the aligned governance arrangements with the Mid-Nottinghamshire CCGs.
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The Committees:

RECEIVED the Register of tender waivers

RECEIVED the Register of Procurement Decisions

Tracey Duggan left the meeting at this point.

AG 19 008	Audit and Governance Committee Risk Report
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Ref**Item**

Jo Simmonds presented this agenda item. The following key points were highlighted and discussed:

- a) There are two risks on the CCGs' joint risk register which fall under the remit of the Audit and Governance Committee:
- b) **Risk Reference GN028** – relates to a lack of assurance that governance arrangements are functioning effectively at the Sustainability and Transformation Partnership (now the Integrated Care System, ICS) and the Greater Nottingham Transformation Programme (GNTP). This risk had been identified following an internal audit review of the governance arrangements undertaken in 2017.
- c) Members noted that the recent internal audit follow-up review had confirmed that all risk areas identified had been resolved and that there had been an enormous amount of change at the ICS since the original review. There was also far more communication and transparency, with regular updates being received at the Joint Commissioning Committee and Governing Bodies.
- d) Members agreed that the likelihood of risk GN028 occurring had now decreased significantly and could therefore be archived.
- e) **Risk Reference GN077** – This risk relates to the complexity of the joint governance arrangements across the four CCGs and the potential impact on the robustness of reporting arrangements. Whilst members were assured that the recent internal audit review of the governance arrangements had provided significant assurance, it was agreed that this still needed to be recognised as a risk; especially going into the revised arrangements with Mid-Nottinghamshire CCGs. It was agreed that the risk score should be decreased at this point to reflect the assurance received and archived at year-end to be replaced with one that reflects the new arrangements.
- f) Jo advised that the full risk register would be presented at one of the May 2019 meetings, along with an update as to how work was progressing to align the risk management arrangements across the Greater Nottingham CCGs and Mid-Nottinghamshire CCGs.

The Committees:

NOTED the risk updates.

APPROVED the reduction of the risk scores for GN028 and GN077.

AGREED to archive risk reference GN028.

AG 19 009 Month Nine Governance Statement

Jo Simmonds presented this agenda item. The following key points were highlighted and discussed:

- a) The Month Nine Governance Statement is a requirement of the annual reporting process, the purpose being to highlight any significant control issues that would be included in the full Governance Statement at year-end.
- b) The draft submission had already been shared virtually with members for review and comment prior to sending to the NHS England regional team and there had been minor amendments made to the final version.

The Committees:

RECEIVED/NOTED the month nine Governance Statement report.

INTERNAL AUDIT

AG 19 010 Internal Audit Progress Report

Claire Page presented this agenda item. The following key points were highlighted:

- a) Delivery of work from the annual audit plan that is due to be completed by the end of the financial year will be agreed with the Chief Finance Officer.
- b) Items that are not due to be completed by year-end were noted as:
 - Contract management – some internal days to be carried forward, with the review taking place from mid-March 2019.
 - Primary medical care delegated commissioning review is continuing – 20-25 days can be carried forward to 2019/20, deferred to quarter one.
 - Communications and Engagement Reviews are proposed to be deferred to quarter one.
- c) Follow up performance of the implementation of actions across the four CCGs is at 92%. Work regarding efficiency and streamlining is underway.

The following items were raised in discussion:

- d) Progress against planned days is 44% - members raised concerns that work carried forward into the 2019/20 financial will negatively impact on Clinical Commissioning Partnership capacity. The risk is acknowledged and assurance given that plans have been adjusted to take this into account.
- e) External audit confirmed that they are in agreement with the proposed plans.
- f) Members requested additional assurance whilst changes are taking place.

The Committees:

RECEIVED the Internal Audit progress report.

NOTED progress in the delivery of Internal Audit Plans.

NOTED the anticipated carry forward of Internal Audit days.

NOTED the Clinical Commissioning Group's progress in implementing agreed actions.

REVIEWED the 2019/20 outline Internal Audit and Counter Fraud plan.

NOTED the terms of reference agreed with Clinical Commissioning Groups.

NOTED the information and guidance papers produced by 360 Assurance.

AG 19 011 Head of Internal Audit Opinion Work Programme: Stage Two Memo

Claire Page presented this agenda item. The following key points were highlighted and discussed:

- a) Stage two of the Head of Internal Audit Work Programme considers the findings of the recent Governing Body survey on governance and risk; the extent to which the organisations are utilising the Assurance Framework and the outturn of individual audit assignments completed since the stage one memo was issued.
- b) The summary conclusion stated that the Assurance Framework processes had continued to embed within the organisations' shared governance structure and were continuing to develop.
- c) It was highlighted that the results of the CCGs' Internal Audit reviews of the

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shared governance arrangements and shared risk management arrangements would be key to the year-end opinion.

- d) With regard to the survey results, there had been a relatively good response rate; with no issues in the individual responses to highlight to members.
- e) Members noted that work was already underway by the CCGs to establish an effective internal process to monitor the implementation of internal audit recommendations.

The Committees:

RECEIVED the Head of Internal Audit Opinion Stage Two memo.

AG 19 012 Data Security Standards Stage One Memo: Governance Arrangements

Claire Page presented this agenda item. The following key points were highlighted and discussed:

- a) This memo reports stage one of the review, which involved a high-level assessment of the Information Governance structure to determine the extent to which systems and processes were embedded within core business and roles and responsibilities.
- b) The findings confirmed that the governance structure in place was adequate. Stage two of the review would consider the validity of the Data Security and Protection Toolkit submissions by the CCGs and the wider risk exposures why may impact on the CCGs.
- c) One area of action exists for the CCGs to assign responsibilities and to identify completion dates for actions in the Action Plan.
- d) No opinion was provided for this stage of the work but would form part of the stage two review.
- e) Confirmation was received that arrangements will require sign off before the implementation deadline.

The Committees:

RECEIVED the Data Security Standards stage one memo.

AG 19 013 Governance Review

Claire Page presented this agenda item. The following key points were highlighted and discussed:

- a) The review focusses on the design and effectiveness of the current shared governance arrangements in place across the four Greater Nottingham CCGs. This had been performed against the six core principles of governance in the public sector.
- b) Following the review, an audit opinion of significant assurance had been provided and one low risk recommendation made, which related to how sub-committees report into the Joint Commissioning Committee and Governing Bodies.
- c) Members noted the findings and no further comments were made.

The Committees:

NOTED the Governance Review.

Ref**Item****AG 19 014 Data Quality and Performance Management Framework: Local Partnerships**

Claire Page presented this agenda item. The following key points were highlighted and discussed:

- a) The review had been performed on NHS Nottingham North and East CCG, NHS Nottingham West CCG and NHS Rushcliffe CCG only.
- b) The objective of the review was to confirm that the CCGs have a robust performance management framework in place in respect of the Local Partnership contracts. As part of this work, the governance and assurance arrangements had been reviewed.
- c) An audit opinion of significant assurance had been provided, with two agreed medium-risk recommendations.

The Committees:

NOTED the report.

AG 19 015 2019/20 Outline Plan

Claire Page presented this agenda item. The following key points were highlighted and discussed:

- a) The plan sets out the process for this year and progress in terms of planning, which the Committee is asked to review.
- b) Two reviews mandated by NHS England are included along with three risk based reviews relating to:
 - Cyber security
 - Quality, Innovation, Productivity and Prevention (QIPP)
 - Change management/business as usual
- c) A higher level of contingency than 2018/19 is proposed due to future organisational changes
- d) A reduction in days (from 308 to 274) is proposed.
- e) It was confirmed that communications and engagement days for 2018/19 should be reflected in 2019/20.
- f) Committee members recommended that spare days could be “held” to use against any unforeseen new risks.
- g) The Committee proposed that in light of the number of contingency days and days allocated for risk based reviews in the 2019/20 Internal Audit Plan that the days not required in 2018/19 for the primary medical care delegated commissioning review (as discussed earlier at AG 19 010) are refunded to the CCGs.

The Committees:

RECEIVED the outline plan for 2019/20

AGREED that days not required for the 2018/19 audit of primary medical care delegated commissioning review should be refunded to the CCGs.

AG 19 016 Managing Transformation – follow up report

Claire Page presented this agenda item. The following key points were highlighted and discussed:

- a) Following the original review it was confirmed that governance arrangements have significantly developed and action has been taken to address the majority of

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risks identified. Controls have been strengthened to support committee effectiveness, including establishing clear terms of reference and ensuring standardised agendas and robust reporting mechanisms back to the CCGs.

- b) Members had already discussed the outcome of this review during item AG 19 008 (Risk Report) and agreed that assurance had been provided against all of the identified risk areas.

The Committees:

RECEIVED the Managing Transformation follow up report.

AG 19 017 Personal Health Budgets – Follow up Review

Claire Page presented this agenda item. The following key points were highlighted and discussed:

- a) This was a follow-up review relating to the South Nottinghamshire CCGs only. The Internal Audit review (2016/17) had been provided with an opinion of limited assurance.
- b) A new contract between the Greater Nottingham CCGs and Nottingham CityCare Partnership commenced on 1 July 2018.
- c) Good progress has been made by the CCGs and all eight agreed actions have now been implemented.
- d) The CCGs now have a formal agreement with Nottinghamshire County Council which sets out the responsibilities of the CCGs and the Council for administering and monitoring Personal Health Budgets.

The Committees:

RECEIVED the Personal Health Budgets follow up report.

AG 19 018 Continuing Healthcare and NHS Funded Nursing Care Financial Arrangements – Follow up Review

Claire Page presented this agenda item. The following key points were highlighted and discussed:

- a) This follow-up review was completed to review the agreed actions from the Internal Audit reports issued for the Nottinghamshire CCGs review in 2017. This had provided an opinion of significant assurance.
- b) As the arrangements in place are now very different to when the original review was undertaken, the follow-up sought only to consider the progress of actions as they relate to the Greater Nottingham CCGs.
- c) Three actions were confirmed as completed and three were still ongoing. The ongoing actions related to the development of a formal memorandum of understanding between the Nottinghamshire CCGs and the County Council, agreeing timescales for the processing of ACM33 forms and developing a financial procedures/a formal protocol based on the agreed financial principles for NHS continuing healthcare.

The following points were made in discussion:

- d) Members queried how assurance is provided in the absence of formal arrangements. It was explained that this should be picked up as part of the alignment of the six CCGs.

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- e) Members acknowledged the differences between packages of care and finances across the different CCGs.
- f) It was recommended that a consistency check be undertaken due to the complexities in this area. It was suggested that the responsible officer be invited to a future meeting when the Committees are updated on the progress of the outstanding actions.

The Committees:

RECEIVED the report.

AG 19 019 QIPP Programme Management Office

Claire Page presented this agenda item. The following key points were highlighted and discussed:

- a) Members were reminded that the original report had provided Limited Assurance. Clare updated members that the follow-up work had confirmed that all agreed actions have since been implemented.
- b) Members welcomed the follow-up outcome but expressed their disappointment with the result of the original review. It was highlighted that members had been satisfied at the time by the updates provided by senior staff members and their own knowledge of the work underway; including the establishment of the Financial Recovery Delivery Board.

The Committees:

RECEIVED the report.

AG 19 020 GN CCGs Primary Care Quality Monitoring

Claire Page presented this agenda item. The following key points were highlighted and discussed:

- a) A follow-up review has recently been completed to examine the extent to which the actions agreed as a result of the Primary Care Quality Monitoring review undertaken on behalf of the three South Nottinghamshire CCGs has been implemented.
- b) The original report was issued with significant assurance in relation to the control frameworks established, with one low-risk recommendation to update the Quality Strategy to reflect the arrangements in place now across the Greater Nottingham CCGs.
- c) The agreed action was still outstanding and would be addressed as part of the alignment with the Mid-Nottinghamshire CCGs. Members were satisfied with this pragmatic approach and were also assured that the Primary Care Quality Monitoring Framework had been updated and rolled out across the four CCGs.

The Committees:

RECEIVED the report.

EXTERNAL AUDIT

Ref**Item****AG 19 21****Audit Plans 2018/19****AG 19 22**

Richard Walton presented this agenda item. The following key points were highlighted and discussed:

AG 19 23**AG 19 24**

- a) Whilst the approach and identified risks are consistent across the Greater Nottingham CCGs, Individual external audit plans are presented to each committee.
- b) An overview was provided of the key risks/areas of audit focus. This included risks that have arisen due to the joint working arrangements
 - Other significant areas of audit focus includes the two new accounting standards: IPRESS9 and fifteen (financial instrument and revenue reporting). A £2k fee has been added as a one-off payment to reflect this additional requirement. The core audit fee remains the same as agreed in the contract.
 - A piece of non-audit work is the assurance regarding mental health act reporting. This is a new Government standard and further details will be provided shortly.
 - The Nottingham City CCG Audit and Governance Committee **RECEIVED/NOTED** the External Audit Plan 2018/19.
 - The Nottingham West CCG Audit and Governance Committee **RECEIVED/NOTED** the External Audit Plan 2018/19.
 - The NHS Rushcliffe CCG Audit and Governance Committee **RECEIVED/NOTED** the External Audit Plan 2018/19.
 - The NHS Nottingham North and East CCG Audit and Governance Committee **RECEIVED/NOTED** the External Audit Plan 2018/19.

AG 19 025**Inquiries Documents**

Jonathan Bemrose presented this agenda item. The following key points were highlighted and discussed:

- a) The purpose of this item is to present the CCGs' completed Inquiries Documents for 2018/19, which will be used to inform the External Audit planning process around the management of fraud risk.
- b) The completed draft documents had already been circulated to the Audit & Governance Committee members for their review and comment and following this, had been submitted to External Audit. The final documents were being presented at the meeting for completeness; however, there had been no changes following the virtual review.
- c) No further comments were made.

The Committees:

RECEIVED and NOTED the final Inquiries Documents.

FINANCIAL REPORTING

Ref	Item
AG 19 026	Service Audit Report (SAR) 2019/20
AG 19 027	Jonathan Bemrose presented letters received by the Arden and Greater East Midlands Commissioning Support Unit (CSU); which outlined the approach to the 2019/20 Service Auditor Approach. The following was highlighted:
AG 19 028	

- a) It was highlighted that the item was not pertinent to NHS Nottingham North and East CCG, as they do not use the services of Arden and GEM Clinical Commissioning Group for Human Resource (transactional) purposes, which is what the audit predominantly focusses on.
- b) The reports would be finalised on 26 April 2019 and issued to the CCGs thereafter. These would be presented at the following Audit and Governance Committee meeting.
- c) Members noted that from 1 April 2019, all Commissioning Support Units (CSU) would be implementing standardised control activities for mandated business processes. This would strengthen consistency and ensure greater comparability for the CSU Service Auditor Reporting Process.

The Committees:

RECEIVED/NOTED the Service Auditor Reports letters for NHS Nottingham West CCG, NHS Rushcliffe CCG and NHS Nottingham City CCG.

AG 19 029 DRAFT Accounting Policies

Jonathan Bemrose presented this agenda item. The following key points were highlighted and discussed:

- a) There are no changes relating to the new standards issued by NHS England. The policies are a draft of the current position.

The following items were raised in discussion:

- b) Members were informed that External Audit are reviewing Income and Counter fraud at NHS Rushcliffe Clinical Commissioning Group. Policies are unlikely to change.
- c) Continuing Healthcare arrangements are no longer hosted by NHS Rushcliffe Clinical Commissioning Group.

The Committees:

RECEIVED/NOTED the DRAFT Accounting Policies

AG 19 030 Property Services Update

Jonathan Bemrose presented this agenda item. The following key points were highlighted and discussed:

- a) Since April 2018, the four Greater Nottingham CCGs have been working with NHS Property Service (NHSPS) and the Department of Health to resolve the funding issues which have been ongoing since 2013.
- b) In January 2019, an agreement was reached whereby the CCGs agreed to pay NHSPS £2m in full and final settlement of all prior year debt, including provider Market Rent costs for all prior years.
- c) Payment to NHSPS will be March 2019 and is within the resource envelope identified by the CCGs.

Ref **Item**

The following items were raised in discussion:

- d) Members received assurance that all CCG occupied properties and buildings are now known and acknowledged this positive news.
- e) It was noted that a fundamental rewrite of leasing standards to check accounting against comes into effect during 2020.

The Committees:

NOTED the update report.

COMMITTEE BUSINESS

AG 19 031 Annual Report and Accounts Timetable

Jo Simmonds presented this agenda item. The following key points were highlighted:

- a) The timetable provides a high level view of the timeline and key dates for the 2019/20 Annual Report and Accounts process. This included presentation of the draft reports at the meeting on 9 May 2019 prior to requesting approval of the final reports and adoption of the accounts at the meeting on 23 May 2019.
- b) The draft Governance Statements would be circulated to members (and Internal and External Audit colleagues) for comment prior to submission of the draft reports by the deadline of 18 April 2019.

The Committees:

NOTED the timetable for the 2019/20 Annual Report and Accounts process

AG 19 032 Security Management Work Plan

Jo Simmonds presented this agenda item. The following key points were highlighted and discussed:

- a) The draft work plan provides a framework for security management activity in 2019-20. Whilst the previous NHS security management standards for commissioners were no longer in existence, the work plan appeared to be based on the previous requirements.
- b) Reporting against the plan would be determined as part of the ongoing work to align governance arrangements across the CCGs; however, as the plan should provide assurance against the CCGs' arrangements, it may be appropriate for the monitoring to be performed by the Audit and Governance Committees.

The Committees:

NOTED the report.

AG 19 033 Update on Internal Audit Contract

Claire Page left the meeting at this point due to a conflict of interest in relation to the next agenda item.

Ref**Item**

Jonathan Bemrose presented this agenda item. The following key points were highlighted and discussed:

- a) The contract for Internal Audit and Counter Fraud Services is due to expire on 31 March 2019.
- b) At the meeting on the 6 December 2018, the Committee gave support in principle to the direct award of the contract to 360 Assurance for 2019/2020 and 2020/2021, with a review after the first twelve months. The Committee had agreed this was an appropriate action given that discussions to align with the Mid-Nottinghamshire CCGs were underway and that continuity and consistency would be extremely important.
- c) Members were assured that a procurement challenge following the issuance of a direct contract award was low-risk.
- d) Members highlighted that whilst there had been robust committee discussions around the progress of the Internal Audit Work Programme, they were generally satisfied that a good service was in place.

The Committees:

Agreed with the proposal of a direct award of the contract to 360 Assurance for Internal Audit and Counter Fraud Services for 2019/20 and 2020/21.

CLOSING ITEMS**AG 19 034 Any Other Business**

No any other business was raised.

AG 19 035 Risks identified during the course of the meeting

Risks had already been discussed during item AG 19 038.

AG 19 036 Key issues and recommendations to highlight to the Governing Bodies

There were no specific issues to report to each Governing Body; however, members agreed to convey the positive results from the Internal Audit reports reviewed.

AG 19 037 Date of next meeting

The following dates are proposed and will be confirmed with members following the meeting:

- Thursday 9 May 2019 and (advance apologies from Ian Blair)
- Thursday 23 May 2019.

With regard to the meeting scheduled on 23 May 2019, Jo Simmonds stressed the importance of all members attending to ensure the required quoracy for each Committee for approving the Annual Reports and adoption of the Accounts. Members were requested to highlight any planned apologies as soon as possible in order for other arrangements to be made.

Tim Woods closed the meeting and thanked everyone for their attendance.

Nottingham North and East Clinical Commissioning Group

Primary Care Commissioning Committee Ratified Minutes of the Public Meeting held on Thursday 7 March 2019 - 14:30 – 15:40

Meeting Room 1, the Civic Centre Arnot Hill Park, Arnold, Nottingham, NG5 6LU

Members

Mike Wilkins	Lay Member – Primary Care (Chair)
Terry Allen	Lay Member – Financial Management & Audit
Dr Caitriona Kennedy	GP Representative
Esther Gaskill	Head of Primary Care Quality Greater Nottingham Clinical Commissioning Partnership
Ian Livsey	Deputy Chief Finance Officer Greater Nottingham Clinical Commissioning Partnership
Sharon Pickett	Director of Primary Care Greater Nottingham Clinical Commissioning Partnership

In attendance

Fiona Daws	Corporate Governance Officer (minutes) Greater Nottingham Clinical Commissioning Partnership
Julie Kent	Contract Manager NHS England
Rachael Rees	Head of Primary Care & MCP Development Greater Nottingham Clinical Commissioning Partnership
Julia Wong	Assistant Contracts Manager NHS England

Apologies

Jonathan Bemrose	Chief Finance Officer Greater Nottingham Clinical Commissioning Partnership
Nichola Bramhall	Chief Nurse and Director of Quality Greater Nottingham Clinical Commissioning Partnership
Janet Champion	Lay Member
Paramjit Panesar	GP Representative
Amanda Sullivan	Accountable Officer Mid Nottinghamshire CCGs and Greater Nottingham Clinical Commissioning Partnership

Member's cumulative attendance 2018/19

Name	Possible to date	Actual	Name	Possible to date	Actual
Mike Wilkins	5	5	Esther Gaskill [#]	5	5
Terry Allen	5	3	Ian Livsey [#]	5	4
Janet Champion ¹	3	2	Parm Panesar	5	1
Sharon Pickett	5	5	Caitriona Kennedy	5	1
Jonathan Bemrose [#]	1	0	Independent GP Advisor – vacant [#]	1	0
Amanda Sullivan [#]	1	0	Gary Thompson [#]	1	0
Nichola Bramhall [#]	1	0			

¹ Membership ceased September 2018

[#] Membership updated in line with TOR changes effective January 2019.

- PCCC 19 001** **Welcome and apologies**
Mike Wilkins welcomed everyone to the Nottingham North and East Primary Care Commissioning Committee.
- Apologies were noted as above.
- PCCC 19 002** **Confirmation of quoracy**
It was confirmed that the meeting was quorate.
- PCCC 19 003** **Declarations of interest for any item on the agenda**
No areas of interest were declared in relation to any items on the agenda.
- The Chair reminded members of their responsibility to highlight any interests should they transpire as a result of discussions during the meeting.
- PCCC 19 004** **Management of any real or perceived conflicts of interest**
Not required as no conflicts of interest had been identified.
- PCCC 19 005** **Questions from the public**
It was confirmed that no questions from the public had been received.
- PCCC 19 006** **Minutes of the meeting held on 12 December 2018**
The minutes were agreed as an accurate record and will be signed by the Chair, subject to the following amendment:
- Jonathan Bemrose is to be deleted from “in attendance” on page one.
- PCCC 19 007** **Matters arising and actions from the meeting held on 12 December 2018**
An update on the following action points was provided:
- PCCC 18 068 – Ivy Practice**
- Members received confirmation that NHS England had written to the Ivy Medical Group seeking assurance that Thursday afternoon working will be put in place and relevant timescales. The response detailed various setbacks that had been encountered by the practice.
- A new Advanced Nurse Practitioner is due to commence, with a new salaried GP starting in April 2019, facilitating opening on a Thursday.
- An action plan that specifies how and when the requirement to open on Thursday afternoons will be met has been requested from the practice along with an offer of support from the Local Medical Council (LMC).
- The Committee acknowledged that
- The practice is required to open on Thursday afternoons with effect from 4 April 2019 as this was a condition of approval of the original application for merger of the Ivy Medical Group with the Apple Tree practice and the merger of the two practices took place over a year ago.
 - The practice has experienced various challenges.
 - There is now increased capacity at the practice.
- PCCC 18 071 – Second Splenectomy Audit** – members received confirmation

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that discussions have taken place to enable the splenectomy audit to be worked into eHealthscope. This item can be closed.

There were no actions or other matters arising in relation to the minutes.

Agenda Items

PCCC 19 008

NNE Primary Care Commissioning Committee Terms of Reference

Mike Wilkins presented this item and highlighted the following:

- a) An overarching summary of the changes was provided to the Committee including:
 - The Terms of Reference (TOR) have been presented and approved at the NNE Governing Body meeting in January 2019.
 - GPs move from being part of the membership to being in attendance. This will be consistent across the Greater Nottingham Clinical Commissioning Partnership.
 - An independent GP role is included as part of the membership after reference to the Conflicts of Interest statutory guidance and the decision making process. This would be a new member for Nottingham North and East CCG.
 - The same challenge exists regarding quoracy as other meetings in common.
 - The terms of reference retain the ability to make urgent decisions with the option that this can take place virtually.
 - There is an allowance for deputies to attend as part of the delegation agreement.

The following items were raised in discussion:

- b) There is a transitional phase of moving toward holding meetings in common and membership is being worked through and is yet to be confirmed
- c) Each locality can consider who their locality GP representative could be for maximising the local voice.
- d) The Committee acknowledged the benefit of an independent GP advisor, which the Governance team are progressing.
- e) Lay member reorganisation is being considered to cover all six Clinical Commissioning Groups.

The Committee:

- **RECEIVED** the Primary Care Commissioning Committee terms of reference.

PCCC 19 009

General Practice Enhanced Delivery Service (GPEDS)

Rachael Rees presented this item and highlighted the following:

- a) The specification for the GPEDS for 2019/20 has been reviewed and updated and is presented for information.
- b) The expected annual contract value is in two parts – funding and quality indicators.
- c) Clinical indicators have been further reviewed and updated in light of changes to the Quality Outcomes Framework indicators for 2019/20.

The following items were raised in discussion:

- d) The New York heart failure tool is applicable in a heart failure clinic setting rather than general practice setting, however, it is referred to within the

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specification as it is generic. There is not a heart failure service in NNE which means that GP practices in the CCG won't be able to achieve the targets. It was confirmed that this would not have any detrimental financial impact on GP practices in NNE CCG.

- e) It was acknowledged that continuation of GPEDS in 2019/20 with no reduction in funding demonstrated the CCG's commitment to supporting and investing in general practice.
- f) The budget for 2019/20 is the same as for 2018/19.

The Committee:

- **RECEIVED** the GPEDS specification.

Action:

- **Rachael Rees will discuss the value of the heart failure tool with Dr Ian Trimble as it is applicable in a heart failure clinic setting rather than general practice setting and referred to within the generic specification.**

PCCC 19 010

Extended Access Update

Rachael Rees presented this item and highlighted the following:

- a) The service is provided by Primary Care Integrated Services Nottingham North and East (PICS NNE).
- b) PICS is commissioned to provide 30 mins per 1,000 population (equating to 76 hours per week). The service commenced on 1 September 2018 on a rota basis agreed by all practices with a mixed skill set which includes GP, Advanced Nurse Practitioner, Practice Nurse, Health Care Assistant and Pharmacists.
- c) Based on the last five months' data:
 - Average utilisation rates are 75%.
 - Monday and Thursday show the highest "did not attend" rates.
 - Saturday and Sunday includes a high proportion of elderly patients.
- d) For further report clarity, Rachael Rees will include a colour key and number values on the bar charts.
- e) No formal patient feedback has been requested; however this is due to take place over next few months.
- f) PICS have contacted practices regarding screening as there is limited opportunity with current resources.
- g) The service will be promoted up to and over the Easter period.
- h) Technical problems have been experienced regarding moving to the NHS 111 service, however, progress is ongoing and will need to be implemented by October 2019.

The following items were raised in discussion:

- i) Members were assured that the majority of patients are successfully dealt with.
- j) There is still some capacity that can be utilised.
- k) Members received clarification that the GP out of hours (OOH) service is being managed by the urgent care team and that there is no current impact on the service due to the Extended Access arrangements.
- l) Urgent day appointments/on the day booking will be prioritised and pressure is already being felt for this type of appointment.

The Committee:

- **NOTED** the update on Extended Access.

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Action:

- **Rachael Rees will circulate the colour key and number values referred to within the charts.**
- **Rachael Rees will collate the same information from the other CCGs and share with the Committee.**

PCCC 19 011**Finance Update**

Ian Livsey presented this item and highlighted the following:

- a) It is forecasted for both NNE Clinical Commissioning Group and Greater Nottingham Clinical Commissioning Partnership that the revenue resource limit will be achieved. The Acute area remains a concern.
- b) There is an overspend against the NUH budget and also untransacted Quality, Innovation, Productivity and Prevention (QIPP) challenges.
- c) Continuing Health Care and Prescribing are underspent.
- d) The primary care co-commissioning delegated budget for NNE Clinical Commissioning Group will not be overspent.
- e) Billing models are still awaited for this current year from NHS Property Services.

The following items were raised in discussion:

- f) Members acknowledged the amount of work that has been undertaken to improve the accuracy of estate recording with NHS Property Services across Greater Nottingham Clinical Commissioning Partnerships.

The Committee:

- **APPROVED** the financial update.

Quality

PCCC 19 012**Primary Care Quality Highlight Report**

Esther Gaskill presented this item and provided a verbal update, highlighting the following:

- a) Members were assured that intelligence regarding patient feedback and neighbouring practices' experience continues to be collated and reviewed regarding Whyburn Practice whilst the procurement process progresses.
- b) Seeking assurance on quality and safety at the Peacock Practice is ongoing and formal quarterly assurance meetings are held with Integrated Medical Holdings (IMH) Group Limited, practice staff, NHSE and CCG colleagues.
- c) A Care Quality Commission (CQC) inspection has been undertaken at the Om Practice on 21 February 2019 and the outcome is awaited. A previous inspection rated the practice as 'Requires Improvement'.
- d) Plains View practice underwent a CQC inspection yesterday (05.03.19).
- e) Park House practice was inspected on 7 February 2019 and received an overall 'Good' rating, with 'Requires Improvement' in the Effective domain. The practice is required to ensure all Patient Group Directions are appropriately completed and improve outcomes for people with long term conditions and mental health in line with CCG and national averages.

No items were raised in discussion:

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The Committee:

- **NOTED** the verbal update regarding quality highlights.

Closing items

PCCC 19 013 Any other business

Sharon Pickett gave a summary of the GP contract reform, including the context surrounding the change and highlighted the following:

Workforce/Workload

- a) The Additional Role Reimbursement Scheme will commence from 1 July 2019. Total funding will rise over the next five years to fund workforce expansion and will support the “NHS Long Term Plan”.
- b) Primary Care will develop a more holistic team approach to cover a whole range of issues.

Indemnity Costs

- c) A new Clinical Negligence Scheme for General Practice will start from 1 April 2019. All NHS GP service providers (including Out of Hours provision) will be eligible to become scheme members. Membership subscription payments will be met by NHS England through a centrally-held primary care allocation.

Improving the Quality Outcomes Framework (QOF)

- d) Twenty eight indicators (31% of the scheme) will cease in April 2019 and emphasis shifting instead to creating two Quality Improvement modules, prescribing and end of life care, within a new Quality Improvement domain.

Network Contract Directed Enhanced Service (DES)

- e) This goes live July 2019 with payments made up of both new and existing funding. Full details of the contract are not yet known.
- f) Each network will have a named accountable Clinical Director and a Network Agreement.
- g) All Network Contracts within a single Clinical Commissioning Group will be confirmed at the same time.
- h) Extended hours will need to be provided for 100% of the population of the Primary Care Network and this links in to Thursday afternoon opening, evenings and weekends. The current extended hours DES covers 49% of the population.

There were no items raised in discussion.

PCCC 19 014 Risks identified during the course of the meeting

No risks were identified.

PCCC 19 015 Date of next meeting:

TBC