



**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

<b>Version</b>	<b>Effective Date</b>	<b>Changes</b>
V1	June 2019	<ul style="list-style-type: none"><li>• Adoption of NHS England New Model Constitution</li><li>• Changes required to align governance arrangements across the six Nottingham and Nottinghamshire CCGs</li></ul>

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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 includes 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]

- d) **Managing Conflicts of Interest Policy**

## 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 or former Member, shall be liable on any winding-up or dissolution of the CCG to contribute to the assets of the CCG, whether for the payment of its debts and liabilities or the expenses of its winding-up or otherwise.

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

## 2 Area Covered by the CCG

2.1.1 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

<b>Practice Name</b>	<b>Address</b>
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 5.12.3 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 5.12.3 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:

- 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. The CCG's Conflicts of Interest Policy is published on the CCG website at [www.nottinghamnortheastccg.nhs.uk/contact-us/freedom-of-information/conflicts-of-interest/](http://www.nottinghamnortheastccg.nhs.uk/contact-us/freedom-of-information/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"> <li>i) Sections 14Q and 14R of the 2006 Act;</li> <li>ii) Sections 223H to 223J of the 2006 Act,;</li> <li>iii) Paragraphs 17 to 19 of Schedule 1A of the NHS Act 2006; and</li> <li>iv) Any other provision of the 2006 Act specified in a document published by the Board for that purpose.</li> </ul> <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.
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	A Member of a profession that is regulated by one of the following bodies: 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; and j) Any other regulatory body established by an Order in Council under Section 60 of the Health Act 1999.
Joint Committee	Committees from two or more organisations that work together with delegated authority from both organisations to enable joint decision-making.
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.
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.
Member/ Member	A provider of primary medical services to a registered patient



Practice	list, who is a Member of this CCG.
NHS England	The operational name for the National Health Service Commissioning Board.
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.
Registers of Interests	Registers a CCG is required to maintain and make publicly available under section 140 of the 2006 Act and the statutory guidance issues by NHS England, of the interests of: <ul style="list-style-type: none"> <li>a) The Members of the CCG;</li> <li>b) The Members of its CCG Governing Body;</li> <li>c) The Members of its Committees or Sub-Committees and Committees or Sub-Committees of its CCG Governing Body; and</li> <li>d) Its employees.</li> </ul>
Sub-Committee	A Committee created by and reporting to a Committee.
Working Day	Any day of the week excluding weekends and bank holidays.

## Appendix 2: Committee Terms of Reference

### Audit and Governance Committee

<b>1. Purpose</b>	<p>The Audit and Governance Committee exists to:</p> <ul style="list-style-type: none"><li>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.</li><li>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.</li><li>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.</li><li>d) Approve the CCG's Annual Report and Accounts.</li></ul>
<b>2. Status</b>	<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"><li>a) Investigate any activity within its terms of reference.</li><li>b) Seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee.</li><li>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.</li><li>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.</li></ul> <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><b>3. Duties</b></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"> <li>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.</li> <li>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.</li> <li>iii) Scrutinise all instances on non-compliance with Standing Orders, Scheme of Reservation and Delegation and Standing Financial Instructions.</li> <li>iv) Approve and monitor compliance with standards of business conduct policies and any related reporting and self-certifications.</li> <li>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.</li> <li>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.</li> <li>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.</li> <li>viii) Monitor progress against the CCG's overarching Policy Work Programme.</li> </ul>

- 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.
<b>4. Membership</b>	<p>The Audit and Governance Committee will have three members, comprised as follows:</p> <ul style="list-style-type: none"> <li>a) Lay Member – Audit and Governance</li> <li>b) Lay Member – Quality and Performance</li> <li>c) Associate Lay Member – Audit and Governance</li> </ul> <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"> <li>d) Chief Finance Officer</li> <li>e) Associate Director of Governance</li> <li>f) Internal Audit</li> <li>g) External Audit</li> </ul> <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"> <li>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.</li> <li>i) The Local Counter Fraud Specialist being invited to attend at least twice per year.</li> </ul>
<b>5. Chair and Deputy</b>	<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>
<b>6. Quorum and Decision-making Arrangements</b>	<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><b>7. Frequency of Meetings</b></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><b>8. Secretariat and Conduct of Business</b></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><b>9. Minutes of Meetings</b></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><b>10. Conflicts of Interest Management</b></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"> <li>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.</li> <li>b) Allowing the individual to participate in the discussion, but not the decision-making process.</li> <li>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.</li> </ul>
<p><b>11. Reporting Responsibilities and Review of Committee Effectiveness</b></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><b>12. Review of Terms of Reference</b></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><b>1. Purpose</b></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"> <li>a) The remuneration, fees and allowances payable to employees of the CCG and to other persons providing services to it; and</li> <li>b) Any determinations about allowances payable under pension schemes established by the CCG.</li> </ul> <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><b>2. Status</b></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"> <li>a) Seek such independent information as may be necessary to inform their recommendations.</li> <li>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.</li> </ul> <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><b>3. Duties</b></p>	<ul style="list-style-type: none"> <li>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</li> </ul>

	<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"> <li>b) Make recommendations to the Governing Body about allowances payable under pension schemes established by the CCG.</li> <li>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.</li> <li>d) Make recommendations to the Governing Body about contractual terms and conditions for senior managers on Very Senior Managers pay.</li> <li>e) Approve all human resources policies for CCG employees.</li> <li>f) Oversee compliance with the requirements set out in the Equality Act 2010 Act (Gender Pay Gap Regulations) 2017, as necessary.</li> <li>g) Oversee the identification and management of risks relating to the Committee's remit.</li> </ul>
<p><b>4. Membership</b></p>	<p>The Remuneration and Terms of Service Committee will have four members, comprised as follows:</p> <ul style="list-style-type: none"> <li>a) Lay Deputy Chair of the Governing Body</li> <li>b) Lay Member – Audit and Governance</li> <li>c) Lay Member – Patient and Public Involvement</li> <li>d) Lay Member – Quality and Performance</li> </ul> <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><b>5. Chair and Deputy</b></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><b>6. Quorum and Decision-making Arrangements</b></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>
<b>7. Frequency of Meetings</b>	The Remuneration and Terms of Service Committee will meet as required, with a minimum of one meeting per year.
<b>8. Secretariat and Conduct of Business</b>	<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>
<b>9. Minutes of Meetings</b>	<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>
<b>10. Conflicts of Interest Management</b>	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"> <li>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.</li> <li>b) Allowing the individual to participate in the discussion, but not the decision-making process.</li> <li>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.</li> </ul>
<p><b>11. Reporting Responsibilities and Review of Committee Effectiveness</b></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><b>12. Review of Terms of Reference</b></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

### 1. Introduction / Statutory Framework

In accordance with its statutory powers under section 13Z of the National Health Service Act 2006 (as amended), NHS England has delegated the exercise of the primary care commissioning functions specified in Schedule 1 to these Terms of Reference to NHS Nottingham North and East CCG. More detailed information on the specific and general obligations relating to the delegated functions are also set out in Schedule 1. Details of those functions reserved to NHS England are set out at Schedule 2.

Arrangements made under section 13Z may be on such terms and conditions (including terms as to payment) as may be agreed between NHS England and the CCG.

Arrangements made under section 13Z do not affect the liability of NHS England for the exercise of any of its functions. However, the CCG acknowledges that in exercising its functions (including those delegated to it), it must comply with the statutory duties set out in Chapter A2 of the NHS Act and including:

- a) Management of conflicts of interest (section 14O);
- b) Duty to promote the NHS Constitution (section 14P);
- c) Duty to exercise its functions effectively, efficiently and economically (section 14Q);
- d) Duty as to improvement in quality of services (section 14R);
- e) Duty in relation to quality of primary medical services (section 14S);
- f) Duties as to reducing inequalities (section 14T);
- g) Duty to promote the involvement of each patient (section 14U);
- h) Duty as to patient choice (section 14V);
- i) Duty as to promoting integration (section 14Z1);
- j) Public involvement and consultation (section 14Z2).

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.

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

The Primary Care Commissioning Committee has been

	<p>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>The Committee may delegate tasks to such individuals, sub-committees or individual members as it shall see fit, provided that any such delegations are consistent with the parties’ relevant governance arrangements, are recorded in a scheme of delegation, are governed by terms of reference as appropriate and reflect appropriate arrangements for the management of conflicts of interest.</p> <p>For the avoidance of doubt, in the event of any conflict between the terms of the Delegation Agreement in place between NHS England and NHS Nottingham North and East CCG, these terms of reference for the Primary Care Commissioning Committee and the CCG’s Standing Orders or Standing Financial Instructions, then the Delegation Agreement will prevail.</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><b>2. Duties</b></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, 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 NHS Nottingham North and East 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, 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.</p> <p>This includes the following:</p>

- a) Decisions in relation to the commissioning, procurement and 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), including but not limited to the following activities:
- Decisions in relation to Enhanced Services;
  - Decisions in relation to Local Incentive Schemes (including the design of such schemes);
  - Decisions in relation to the establishment of new GP practices (including branch surgeries) and closure of GP practices;
  - Decisions about 'discretionary' payments;
  - Decisions about commissioning urgent care (including home visits as required) for out of area registered patients;
- b) The approval of practice mergers;
- c) Planning primary medical care services in Nottingham North and East, including carrying out needs assessments;
- d) Undertaking reviews of primary medical care services in Nottingham North and East;
- e) Decisions in relation to the management of poorly performing GP practices and including, without limitation, decisions and liaison with the CQC where the CQC has reported non-compliance with standards (but excluding any decisions in relation to the performers list);
- f) Management of the delegated funds for primary care medical services;
- g) Making decisions on premises costs directions functions; and
- h) Co-ordinating a common approach to the commissioning of primary care services generally.
- The Committee will also:
- i) Oversee delivery of the General Practice Forward View;
  - j) Review and approve policies specific to the Committee's remit; and
  - k) Oversee the identification and management of risks relating to the Committee's remit.

<p><b>3. Membership</b></p>	<p>The Primary Care Commissioning Committee will have nine members, comprised as follows:</p> <p><u>Lay Members</u></p> <ul style="list-style-type: none"> <li>a) Lay Member – Quality and Performance</li> <li>b) Lay Member – Financial Management</li> <li>c) Associate Lay Member – Audit and Governance</li> </ul> <p><u>Clinical Members</u></p> <ul style="list-style-type: none"> <li>d) Independent GP Advisor</li> <li>e) Associate Director of Nursing and Quality</li> </ul> <p><u>Managerial Members</u></p> <ul style="list-style-type: none"> <li>f) Accountable Officer</li> <li>g) Chief Commissioning Officer</li> <li>h) Operational Director of Finance</li> <li>i) Associate Director of Primary Care</li> </ul> <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"> <li>a) Member Practice GP Representative</li> <li>b) Nottinghamshire Local Medical Committee</li> <li>c) Healthwatch Nottingham and Nottinghamshire</li> <li>d) Nottinghamshire County Health and Wellbeing Board</li> <li>e) Primary Care Contracting Team of NHS England</li> </ul> <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><b>4. Chair and Deputy</b></p>	<p>The Lay Member – Quality and Performance will Chair the Primary Care Commissioning Committee, with the Lay Member – Financial Management nominated to deputise in the Chair’s absence.</p>
<p><b>5. Quorum</b></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"> <li>a) The Chair or Deputy Chair;</li> <li>b) Either the Independent GP Advisor or Associate Director of Nursing and Quality; and</li> <li>c) Either the Accountable Officer or Operational Director of Finance.</li> </ul> <p>To ensure that the quorum can be maintained, Committee members are able nominate a suitable deputy to attend a</p>



	<p>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><b>6. Decision-making Arrangements</b></p>	<p>Each member of the Committee shall have one vote. The Committee shall reach decisions by a simple majority of members present, but with the Chair having a second and deciding vote, if necessary. However, the aim of the Committee will be to achieve consensus decision-making wherever possible.</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 Committee and will be reported to the next meeting of the Committee for formal ratification.</p>

<p><b>7. Frequency of Meetings</b></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. When the Chair of the Committee deems it necessary in light of urgent circumstances to call a meeting at short notice, the notice period shall be such as s/he shall specify.</p>
<p><b>8. Admission of public and the press</b></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 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>The Chair (or Deputy Chair) as 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>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</p>

	<p>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><b>9. Secretariat and Conduct of Business</b></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>Members of the Committee have a collective responsibility for the operation of the Committee. They will participate in discussion, review evidence and provide objective expert input to the best of their knowledge and ability, and endeavour to reach a collective view.</p>
<p><b>10. Minutes of Meetings</b></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><b>11. Conflicts of Interest Management</b></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</p>

	<p>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"> <li>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.</li> <li>b) Allowing the individual to participate in the discussion, but not the decision-making process.</li> <li>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.</li> </ol>
<p><b>12. Reporting Responsibilities and Review of Committee Effectiveness</b></p>	<p>The Primary Care Commissioning Committee will report to the Governing Body through regular submission of minutes from its meetings (and those of any sub-committees to which responsibilities have been delegated), accompanied by executive summary reports. 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 minutes and reports to NHS England for information, at a frequency determined by the NHS England Local Team.</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><b>13. Review of Terms of Reference</b></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>

## Schedule 1 - Delegated Functions

Part 1: Specific obligations regarding the carrying out of each of the delegated functions.

Delegated Function	Specific Obligations
<p>1. Primary Medical Services Contract Management</p>	<p>The CCG must:</p> <ol style="list-style-type: none"> <li>a) Manage the Primary Medical Services Contracts on behalf of NHS England and perform all of NHS England's obligations under each of the Primary Medical Services Contracts in accordance with the terms of the Primary Medical Services Contracts as if it were named in the contract in place of NHS England;</li> <li>b) Actively manage the performance of the counter-party to the Primary Medical Services Contracts in order to secure the needs of people who use the services, improve the quality of services and improve efficiency in the provision of the services including by taking timely action to enforce contractual breaches and serve notice;</li> <li>c) Ensure that it obtains value for money under the Primary Medical Services Contracts on behalf of NHS England and avoids making any double payments under any Primary Medical Services Contracts;</li> <li>d) Comply with all current and future relevant national Guidance regarding PMS reviews and the management of practices receiving Minimum Practice Income Guarantee (MPIG) (including without limitation the Framework for Personal Medical Services (PMS) Contracts Review guidance published by NHS England in September 2014 (<a href="http://www.england.nhs.uk/wp-content/uploads/2014/09/pms-review-guidance-sept14.pdf">http://www.england.nhs.uk/wp-content/uploads/2014/09/pms-review-guidance-sept14.pdf</a>));</li> <li>e) Notify NHS England immediately (or in any event within two (2) Operational Days) of any breach by the CCG of its obligations to perform any of NHS England's obligations under the Primary Medical Services Contracts;</li> <li>f) Keep a record of all of the Primary Medical Services Contracts that the CCG manages on behalf of NHS England setting out the following details in relation to each Primary Medical Services Contract:               <ul style="list-style-type: none"> <li>• Name of counter-party;</li> <li>• Location of provision of services; and</li> <li>• Amounts payable under the contract (if a contract sum is payable) or amount payable in respect of each patient (if there is no contract sum).</li> </ul> </li> </ol>

Delegated Function	Specific Obligations
	<p>g) For the avoidance of doubt, all Primary Medical Services Contracts will be in the name of NHS England.</p> <p>h) The CCG must comply with any Guidance in relation to the issuing and signing of Primary Medical Services Contracts in the name of NHS England.</p> <p>i) The CCG must actively manage each of the relevant Primary Medical Services Contracts including by:</p> <ul style="list-style-type: none"> <li>• Managing the relevant Primary Medical Services Contract, including in respect of quality standards, incentives and the QOF, observance of service specifications, and monitoring of activity and finance;</li> <li>• Assessing quality and outcomes (including clinical effectiveness, patient experience and patient safety);</li> <li>• Managing variations to the relevant Primary Medical Services Contract or services in accordance with national policy, service user needs and clinical developments;</li> <li>• Agreeing information and reporting requirements and managing information breaches (which will include use of the HSCIC IG Toolkit SIRI system);</li> <li>• Agreeing local prices, managing agreements or proposals for local variations and local modifications;</li> <li>• Conducting review meetings and undertaking contract management including the issuing of contract queries and agreeing any remedial action plan or related contract management processes; and</li> <li>• Complying with and implementing any relevant Guidance issued from time to time.</li> </ul> <p>j) In relation to any new Primary Medical Services Contract to be entered into, the CCG must:</p> <ul style="list-style-type: none"> <li>• Consider and use the form of Primary Medical Services Contract that will ensure compliance with NHS England’s obligations under Law including the Public Contracts Regulations 2015/102 and the National Health Service (Procurement, Patient Choice and Competition) (No. 2) Regulations 2013/500 taking into account the persons to whom such Primary Medical Services Contracts may be awarded;</li> <li>• Provide to NHS England confirmation as required from time to time that it has considered and complied with its obligations under this Agreement and the Law; and</li> <li>• For the avoidance of doubt, Schedule 3 (Financial and Decision-Making Limits) deals with the sign off requirements for Primary Medical Services Contracts.</li> </ul>
2. Enhanced Services	a) The CCG must manage the design and commissioning of Enhanced Services, including re-commissioning these services annually where appropriate.

Delegated Function	Specific Obligations
	<p>b) The CCG must ensure that it complies with any Guidance in relation to the design and commissioning of Enhanced Services.</p> <p>c) When commissioning newly designed Enhanced Services, the CCG must:</p> <ul style="list-style-type: none"> <li>• Consider the needs of the local population in the Area;</li> <li>• Support Data Controllers in providing ‘fair processing’ information as required by the DPA;</li> <li>• Develop the necessary specifications and templates for the Enhanced Services, as required to meet the needs of the local population in the Area;</li> <li>• When developing the necessary specifications and templates for the Enhanced Services, ensure that value for money will be obtained;</li> <li>• Consult with Local Medical Committees, each relevant Health and Wellbeing Board and other stakeholders in accordance with the duty of public involvement and consultation under section 14Z2 of the NHS Act;</li> <li>• Obtain the appropriate read codes, to be maintained by the HSCIC;</li> <li>• Liaise with system providers and representative bodies to ensure that the system in relation to the Enhanced Services will be functional and secure; and</li> <li>• Support GPs in entering into data processing agreements with data processors in the terms required by the DPA.</li> </ul>
<p>3. Design of Local Incentive Schemes</p>	<p>a) The CCG may design and offer Local Incentive Schemes for GP practices, sensitive to the needs of their particular communities, in addition to or as an alternative to the national framework (including as an alternative to QOF or directed Enhanced Services), provided that such schemes are voluntary and the CCG continues to offer the national schemes.</p> <p>b) There is no formal approvals process that the CCG must follow to develop a Local Incentive Scheme, although any proposed new Local Incentive Scheme:</p> <ul style="list-style-type: none"> <li>• Is subject to consultation with the Local Medical Committee;</li> <li>• Must be able to demonstrate improved outcomes, reduced inequalities and value for money; and</li> <li>• Must reflect the changes agreed as part of the national PMS reviews.</li> </ul>

Delegated Function	Specific Obligations
	<p>c) The ongoing assurance of any new Local Incentive Schemes will form part of the CCG's assurance process under the CCG Assurance Framework.</p> <p>d) Any new Local Incentive Scheme must be implemented without prejudice to the right of GP practices operating under a GMS Contract to obtain their entitlements which are negotiated and set nationally.</p> <p>e) NHS England will continue to set national standing rules, to be reviewed annually, and the CCG must comply with these rules which shall for the purposes of this Agreement be Guidance.</p>
4. Making Decisions on Discretionary Payments	<p>a) The CCG must manage and make decisions in relation to the discretionary payments to be made to GP practices in a consistent, open and transparent way.</p> <p>b) The CCG must exercise its discretion to determine the level of payment to GP practices of discretionary payments, in accordance with the Statement of Financial Entitlements Directions.</p>
5. Making Decisions about Commissioning Urgent Care for Out of Area Registered Patients	<p>a) The CCG must manage the design and commissioning of urgent care services (including home visits as required) for its patients registered out of area (including re-commissioning these services annually where appropriate).</p> <p>b) The CCG must ensure that it complies with any Guidance in relation to the design and commissioning of these services.</p>
6. Planning the Provider Landscape	<p>a) The CCG must plan the primary medical services provider landscape in the Area, including considering and taking decisions in relation to:</p> <ul style="list-style-type: none"> <li>• Establishing new GP practices in the Area;</li> <li>• Managing GP practices providing inadequate standards of patient care;</li> <li>• The procurement of new Primary Medical Services Contracts (in accordance with any procurement protocol issued by NHS England from time to time);</li> <li>• Closure of practices and branch surgeries;</li> <li>• Dispersing the lists of GP practices;</li> <li>• Agreeing variations to the boundaries of GP practices; and</li> <li>• Coordinating and carrying out the process of list cleansing in relation to GP practices, according to any</li> </ul>



Delegated Function	Specific Obligations
	policy or Guidance issued by NHS England from time to time.
7. Approving GP Practice Mergers and Closures	<p>a) The CCG is responsible for approving GP practice mergers and GP practice closures in the Area.</p> <p>b) The CCG must undertake all necessary consultation when taking any decision in relation to GP practice mergers or GP practice closures in the Area, including those set out under section 14Z2 of the NHS Act (duty for public involvement and consultation). The consultation undertaken must be appropriate and proportionate in the circumstances and should include consulting with the Local Medical Committee.</p> <p>c) Prior to making any decision, the CCG must be able to clearly demonstrate the grounds for such a decision and must have fully considered any impact on the GP practice's registered population and that of surrounding practices. The CCG must be able to clearly demonstrate that it has considered other options and has entered into dialogue with the GP contractor as to how any closure or merger will be managed.</p> <p>d) In making any decisions, the CCG shall also take account of its obligations as set out at 1 j) above, where applicable.</p>
8. Information Sharing with NHS England in relation to the Delegated Functions	<p>a) The CCG must provide NHS England with:</p> <ul style="list-style-type: none"> <li>• Such information relating to individual GP practices in the Area as NHS England may reasonably request, to ensure that NHS England is able to continue to gather national data regarding the performances of GP practices;</li> <li>• Such data/data sets as required by NHS England to ensure population of the primary medical services dashboard;</li> <li>• Any other data/data sets as required by NHS England; and</li> <li>• The CCG shall procure that providers accurately record and report information so as to allow NHS England and other agencies to discharge their functions.</li> </ul> <p>b) The CCG must use the NHS England approved primary medical services dashboard, as updated from time to time, for the collection and dissemination of information relating to GP practices.</p> <p>c) The CCG must (where appropriate) use the NHS England approved GP exception reporting service (as notified to the CCGs by NHS England from time to time).</p> <p>d) The CCG must provide any other information, and in any such form, as NHS England considers necessary</p>

Delegated Function	Specific Obligations
	<p>and relevant.</p> <p>e) NHS England reserves the right to set national standing rules (which may be considered Guidance for the purpose of this Agreement), as needed, to be reviewed annually. NHS England will work with CCGs to agree rules for, without limitation, areas such as the collection of data for national data sets and IT intra-operability. Such national standing rules set from time to time shall be deemed to be part of this Agreement.</p>
<p>9. Making Decisions in relation to Management of Poorly Performing GP Practices</p>	<p>a) The CCG must make decisions in relation to the management of poorly performing GP practices and including, without limitation, decisions and liaison with the CQC where the CQC has reported non-compliance with standards (but excluding any decisions in relation to the performers list).</p> <p>b) The CCG must:</p> <ul style="list-style-type: none"> <li>• Ensure regular and effective collaboration with the CQC to ensure that information on general practice is shared and discussed in an appropriate and timely manner;</li> <li>• Ensure that any risks identified are managed and escalated where necessary;</li> <li>• Respond to CQC assessments of GP practices where improvement is required;</li> <li>• Where a GP practice is placed into special measures, lead a quality summit to ensure the development and monitoring of an appropriate improvement plan (including a communications plan and actions to manage primary care resilience in the locality); and</li> <li>• Take appropriate contractual action in response to CQC findings.</li> </ul>
<p>10. Premises Costs Directions Functions</p>	<p>a) The CCG must comply with the Premises Costs Directions and will be responsible for making decisions in relation to the Premises Costs Directions Functions.</p> <p>b) In particular, the CCG shall make decisions concerning:</p> <ul style="list-style-type: none"> <li>• Applications for new payments under the Premises Costs Directions (whether such payments are to be made by way of grants or in respect of recurring premises costs); and</li> <li>• Revisions to existing payments being made under the Premises Costs Directions.</li> </ul> <p>c) The CCG must comply with any decision-making limits set out in Schedule 3 (Financial and Decision-Making Limits) when taking decisions in relation to the Premises Costs Directions Functions.</p>

Delegated Function	Specific Obligations
	<p>d) The CCG will comply with any guidance issued by the Secretary of State or NHS England in relation to the Premises Costs Directions, including the Principles of Best Practice, and any other Guidance in relation to the Premises Costs Directions.</p> <p>e) The CCG must work cooperatively with other CCGs to manage premises and strategic estates planning.</p> <p>f) The CCG must liaise where appropriate with NHS Property Services Limited and Community Health Partnerships Limited in relation to the Premises Costs Directions Functions.</p>

Part 2: General obligations regarding the carrying out of the delegated functions.

Delegated Function	General Obligations
1. Planning and reviews	<p>a) The CCG is responsible for planning the commissioning of primary medical services. The role of the CCG includes:</p> <ul style="list-style-type: none"> <li>• Carrying out primary medical health needs assessments (to be developed by the CCG) to help determine the needs of the local population in the Area;</li> <li>• Recommending and implementing changes to meet any unmet primary medical service needs; and</li> <li>• Undertaking regular reviews of the primary medical health needs of the local population in the Area.</li> </ul>
2. Procurement and new contracts	<p>a) The CCG will make procurement decisions relevant to the exercise of the Delegated Functions and in accordance with the detailed arrangements regarding procurement set out in the procurement protocol issued and updated by NHS England from time to time.</p> <p>b) In discharging its responsibilities, the CCG must comply at all times with Law including its obligations set out in the National Health Service (Procurement, Patient Choice and Competition) (No. 2) Regulations 2013/500 and any other relevant statutory provisions. The CCG must have regard to any relevant guidance, particularly Monitor's guidance Substantive guidance on the Procurement, Patient Choice and Competition Regulations (<a href="https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/283505/SubstantiveGuidanceDec2013_0.pdf">https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/283505/SubstantiveGuidanceDec2013_0.pdf</a>).</p>

Delegated Function	General Obligations
	<p>c) Where the CCG wishes to develop and offer a locally designed contract, it must ensure that it has consulted with its Local Medical Committee in relation to the proposal and that it can demonstrate that the scheme will:</p> <ul style="list-style-type: none"> <li>• Improve outcomes;</li> <li>• Reduce inequalities; and</li> <li>• Provide value for money.</li> </ul>
3. Integrated working	<p>a) The CCG must take an integrated approach to working and co-ordinating with stakeholders including NHS England, Local Professional Networks, local authorities, Healthwatch, acute and community providers, the Local Medical Committee, Public Health England and other stakeholders.</p> <p>b) The CCG must work with NHS England and other CCGs to co-ordinate a common approach to the commissioning of primary medical services generally.</p> <p>c) The CCG and NHS England will work together to coordinate the exercise of their respective performance management functions.</p>
4. Resourcing	<p>a) NHS England may, at its discretion provide support or staff to the CCG. NHS England may, when exercising such discretion, take into account, any relevant factors (including without limitation the size of the CCG, the number of Primary Medical Services Contracts held and the need for the Local NHS England Team to continue to deliver the Reserved Functions).</p>

## Schedule 2 - Reserved Functions

This Schedule sets out further provision regarding the carrying out of the reserved functions. The CCG will work collaboratively with NHS England and will support and assist NHS England to carry out the reserved functions.

Reserved function	Further provisions
<p>1. Management of the national performers list</p>	<p>a) NHS England will continue to perform its primary medical care functions under the National Health Service (Performers Lists) (England) Regulations 2013.</p> <p>b) NHS England’s functions in relation to the management of the national performers list include:</p> <ul style="list-style-type: none"> <li>• Considering applications and decision-making in relation to inclusion on the national performers list, inclusion with conditions and refusals;</li> <li>• Identifying, managing and supporting primary care performers where concerns arise; and</li> <li>• Managing suspension, imposition of conditions and removal from the national performers list.</li> </ul> <p>c) NHS England may hold local Performance Advisory Group (“PAG”) meetings to consider all complaints or concerns that are reported to NHS England in relation to a named performer and NHS England will determine whether an initial investigation is to be carried out.</p> <p>d) NHS England may notify the CCG of all relevant PAG meetings at least seven (7) days in advance of such meetings. NHS England may require a representative of the CCG to attend such meetings to discuss any performer concerns and/or quality issues that may impact on individual performer cases.</p> <p>e) The CCG must develop a mechanism to ensure that all complaints regarding any named performer are escalated to the Local NHS England Team for review. The CCG will comply with any Guidance issued by NHS England in relation to the escalation of complaints about a named performer.</p>
<p>2. Management of the revalidation and appraisal process</p>	<p>a) NHS England will continue to perform its functions under the Medical Profession (Responsible Officers) Regulations 2010 (as amended by the Medical Profession (Responsible Officers) (Amendment) Regulations 2013).</p> <p>b) All functions in relation to GP appraisal and revalidation will remain the responsibility of NHS England, including:</p> <ul style="list-style-type: none"> <li>• The funding of GP appraisers;</li> </ul>

Reserved function	Further provisions
	<ul style="list-style-type: none"> <li>• Quality assurance of the GP appraisal process; and</li> <li>• The responsible officer network.</li> </ul> <p>c) Funding to support the GP appraisal is incorporated within the global sum payment to GP practices.</p> <p>d) The CCG must not remove or restrict the payments made to GP practices in respect of GP appraisal.</p>
3. Administration of payments and related performers list management activities	<p>a) NHS England reserves its functions in relation to the administration of payments to individual performers and related performers list management activities under the National Health Service (Performers Lists) (England) Regulations 2013 and other relevant legislation.</p> <p>b) NHS England may continue to pay GPs who are suspended from the national performers list under the Secretary of State’s Determination: Payments to Medical Practitioners Suspended from the Medical Performers List (1 April 2013).</p> <p>c) For the avoidance of doubt, the CCG is responsible for any ad hoc or discretionary payments to GP practices (including those under section 96 of the NHS Act), including where such payments may be considered a consequence of actions taken under the National Health Service (Performers Lists) (England) Regulations 2013.</p>
4. Section 7A Functions	<p>a) NHS England retains the Section 7A Functions and will be responsible for taking decisions in relation to the Section 7A Functions.</p> <p>b) The CCG will provide certain management and/or administrative services to NHS England in relation to the Section 7A Functions.</p>
5. Capital Expenditure Functions	<p>c) NHS England retains the Capital Expenditure Functions and will be responsible for taking decisions in relation to the Capital Expenditure Functions.</p>
6. Functions in relation to complaints management	<p>a) NHS England retains its functions in relation to complaints management and will be responsible for taking decisions in relation to the management of complaints. Such complaints include (but are not limited to):</p> <ul style="list-style-type: none"> <li>• Complaints about GP practices and individual named performers;</li> <li>• Controlled drugs; and</li> <li>• Whistleblowing in relation to a GP practice or individual performer.</li> </ul>

Reserved function	Further provisions
	<p>b) The CCG must immediately notify the Local NHS England Team of all complaints received by or notified to the CCG and must send to the Local NHS England Team copies of any relevant correspondence.</p> <p>c) The CCG must co-operate fully with NHS England in relation to any complaint and any response to such complaint.</p> <p>d) NHS England may ask the CCG to provide certain management and/or administrative services to NHS England (from a date to be notified by NHS England to the CCG) in relation to the handling and consideration of complaints.</p>
<p>7. Such other ancillary activities that are necessary in order to exercise the Reserved Functions</p>	<p>a) NHS England will carry out such other ancillary activities that are necessary in order for NHS England to exercise the Reserved Functions.</p> <p>b) NHS England will continue to comply with its obligations under the Controlled Drugs (Supervision of Management and Use) Regulations 2013.</p> <p>c) The CCG must assist NHS England’s controlled drug accountable officer (“CDAO”) to carry out its functions under the Controlled Drugs (Supervision of Management and Use) Regulations 2013.</p> <p>d) The CCG must nominate a relevant senior individual within the CCG (the “CCG CD Lead”) to liaise with and assist NHS England to carry out its functions under the Controlled Drugs (Supervision of Management and Use) Regulations 2013.</p> <p>e) The CCG CD Lead must, in relation to the Delegated Functions:</p> <ul style="list-style-type: none"> <li>• On request provide NHS England’s CDAO with all reasonable assistance in any investigation involving primary medical care services;</li> <li>• Report all complaints involving controlled drugs to NHS England’s CDAO;</li> <li>• Report all incidents or other concerns involving the safe use and management of controlled drugs to NHS England’s CDAO;</li> <li>• Analyse the controlled drug prescribing data available; and</li> <li>• On request supply (or ensure organisations from whom the CCG commissions services involving the regular use of controlled drugs supply) periodic self–declaration and/or self-assessments to NHS England’s CDAO.</li> </ul>

### Schedule 3 – Financial and Decision-Making Limits

The CCG has certain limitations placed on it in relation to its delegated functions, which need to be kept in mind when decisions are being made. This Schedule sets out three specific categories where decisions can only be taken following the receipt of prior approval from NHS England. The individuals that need to be involved in the decision-making process are also set out below.

Decision	NHS England Approval	CCG Approval
Taking any step or action in relation to the settlement of a claim, where the value of the settlement exceeds £100,000.	NHS England Head of Legal Services and Local NHS England Team Director or Director of Finance	Accountable Officer or Chief Finance Officer or Chair
Any matter in relation to the delegated functions which is novel, contentious or repercussive.	Local NHS England Team Director or Director of Finance or NHS England Regional Director or Director of Finance or NHS England Chief Executive or Chief Financial Officer	Accountable Officer or Chief Finance Officer or Chair
The entering into any Primary Medical Services Contract, which has, or is capable of having, a term which exceeds five years.	Local NHS England Team Director or Director of Finance	Accountable Officer or Chief Finance Officer or Chair



## 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 appropriate<sup>1</sup> 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.

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<sup>1</sup> 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 England<sup>2</sup>.
- 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;

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<sup>2</sup> 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](http://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](mailto: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 and Clinical Leader (or their authorised deputy) 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

### 1. Introduction

#### 1.1. General

- 1.1.1. These Standing Financial Instructions are part of the CCG's control environment for managing the organisation's financial affairs. They contribute to good corporate governance, internal control and managing risks. They enable sound administration; lessen the risk of irregularities, and support commissioning and delivery of effective, efficient and economical services. They also help the Accountable Officer and Chief Finance Officer to effectively perform their responsibilities. They should be used in conjunction with the overarching Scheme of Reservation and Delegation (as contained within the CCG's Governance Handbook).
- 1.1.2. These Standing Financial Instructions identify the financial responsibilities which apply to the CCG's members, employees, members of the Governing Body, members of the Governing Body's committees and persons working on behalf of the CCG.
- 1.1.3. Should any difficulties arise regarding the interpretation or application of any of the Standing Financial Instructions then the advice of the Chief Finance Officer must be sought before acting. The users of these Standing Financial Instructions should also be familiar with and comply with the provisions of the CCG's Constitution, Standing Orders and Scheme of Reservation and Delegation.
- 1.1.4. Failure to comply with the Standing Financial Instructions, Standing Orders or Scheme of Reservation and Delegation and may be regarded as a disciplinary matter that could result in dismissal.

#### 1.2. Non-compliance with Standing Financial Instructions

- 1.2.1. If for any reason these Standing Financial Instructions are not complied with, full details of the non-compliance and any justification for non-compliance and the circumstances around the non-compliance shall be reported to the next formal meeting of the Audit and Governance Committee for referring action or ratification. All of the CCG's members and employees have a duty to disclose any non-compliance with these Standing Financial Instructions to the Chief Finance Officer as soon as possible.

#### 1.3. Contractors and their employees

- 1.3.1. Any contractor or employee of a contractor who is empowered by the CCG to commit the CCG to expenditure or who is authorised to obtain income shall be covered by these Standing Financial Instructions. It is the

responsibility of the Accountable Officer to ensure that such persons are made aware of this.

#### **1.4. Amendment of Standing Financial Instructions**

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

## **2. Internal Control**

**The CCG will put in place a suitable control environment and effective internal controls that provide reasonable assurance of effective and efficient operations, financial stewardship, probity and compliance with laws and policies.**

- 2.1. The Governing Body is required to establish an Audit and Governance Committee with terms of reference agreed by the Governing Body (see paragraphs 5.9.2 and 5.9.3 of the CCG's Constitution for further information).
- 2.2. The Accountable Officer has overall responsibility for the CCG's systems of internal control.
- 2.3. The Chief Finance Officer will ensure that:
  - a) Standing Financial Instructions are considered for review and update annually;
  - b) A system is in place for proper checking and reporting of all breaches of Standing Financial Instructions; and
  - c) A proper procedure is in place for regular checking of the adequacy and effectiveness of the internal control environment.

## **3. Audit**

**The CCG will keep an effective and independent internal audit function and fully comply with the requirements of external audit and other statutory reviews.**

- 3.1. In line with the Terms of Reference for the Audit and Governance Committee, the person appointed by the CCG to be responsible for internal audit (the Head of Internal Audit) and the appointed external auditor will have direct and unrestricted access to the Audit and Governance Committee members, the Chair and Clinical Leader, Accountable Officer and Chief Finance Officer for any significant issues arising from audit work that management cannot resolve, and for all cases of fraud or serious irregularity.
- 3.2. All Audit and Governance Committee members, the Chair and Clinical Leader and the Accountable Officer will have direct and unrestricted access to the Head of Internal Audit and the external auditor.
- 3.3. The Chief Finance Officer will ensure that:
- a) The CCG has a professional and technically competent internal audit function;
  - b) The Audit and Governance Committee approves any changes to the provision or delivery of assurance services to the CCG; and
  - c) The CCG procures external audit services in accordance with the Local Audit and Accountability Act 2014 and the relevant national guidance.

#### 4. **Fraud and Corruption**

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

- 4.1. The Audit and Governance Committee will satisfy itself that the CCG has adequate arrangements in place for countering fraud and shall review the outcomes of counter fraud work. It shall also approve the counter fraud work programme.
- 4.2. The Audit and Governance Committee will ensure that the CCG has arrangements in place to work effectively with NHS Counter Fraud Authority.

#### 5. **Allotments<sup>3</sup> and Expenditure Control**

**As required by statutory provisions<sup>4</sup>, the CCG will ensure that its**

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<sup>3</sup> See Section 223(G) of the 2006 Act, inserted by Section 27 of the 2012 Act.

**expenditure does not exceed the aggregate of allotments from NHS England and any other sums it has received and is legally allowed to spend.**

- 5.1. The Accountable Officer has overall executive responsibility for ensuring that the CCG complies with certain of its statutory obligations, including its financial and accounting obligations, and that it exercises its functions effectively, efficiently and economically and in a way which provides good value for money.
- 5.2. The Chief Finance Officer will:
- a) Periodically review the basis and assumptions used by NHS England for distributing allotments and ensure that these are reasonable and realistic and secure the CCG's entitlement to funds;
  - b) Prior to the start of each financial year submit to the Governing Body for approval, a report showing the total allocations received and their proposed distribution including any sums to be held in reserve;
  - c) Ensure money drawn from NHS England is required for approved expenditure only, is drawn down only at the time of need, and follows best practice; and
  - d) Be responsible for ensuring that an adequate system of monitoring financial performance is in place to enable the CCG to fulfil its statutory responsibility not to exceed its expenditure limits, as set by direction of NHS England.
  - e) Regularly update the Governing Body on significant changes to the initial allocation and the uses of such funds.

## **6. Financial Plan, Budgets, Budgetary Control and Monitoring**

**The CCG will produce an annual financial plan that explains how it proposes to discharge its financial duties. The CCG will support this with comprehensive medium term financial plans and annual budgets.**

- 6.1. The Accountable Officer will compile and submit to the Governing Body an annual financial plan, which takes into account financial targets and forecast limits of available resources.

- 6.2. Prior to the start of each financial year, the Chief Finance Officer will, on behalf of the Accountable Officer, prepare and submit budgets for approval by the Governing Body.
- 6.3. The Chief Financial Officer shall monitor and review financial performance against budget and plan, and report to the CCG's Governing Body. This report should include explanations for variances. These variances must be based on any significant departures from agreed financial plans or budgets.
- 6.4. The Accountable Officer is responsible for ensuring that information relating to the CCG's accounts or to its income or expenditure, or its use of resources is provided to NHS England, as requested.

### **6.5. Budgetary Delegation**

- 6.5.1 The Accountable Officer may delegate the management of a budget to permit the performance of a defined range of activities. This delegation must be in writing and be accompanied by a clear definition of:
- a) The amount of the budget;
  - b) The purpose(s) of each budget heading;
  - c) Individual and group responsibilities;
  - d) Authority to exercise virement;
  - e) Achievement of planned levels of service; and
  - f) The provision of regular reports.
- 6.5.2 The Accountable Officer and delegated budget holders must not exceed the budgetary total or virement limits set by the Governing Body.
- 6.5.3 Any budgeted funds not required for their designated purpose(s) revert to the immediate control of the Accountable Officer, subject to any authorised use of virement.
- 6.5.4 Non-recurring budgets should not be used to finance recurring expenditure without the authority in writing of the Accountable Officer, as advised by the Chief Finance Officer.
- 6.5.5 Section 20 summarises the financial matters delegated by the Accountable Officer, and to whom they are delegated.

### **6.6. Budgetary Control and Reporting**

- 6.6.1 The Chief Finance Officer will devise and maintain systems of budgetary control. These will include:
- a) Regular financial reports to the Governing Body containing:
    - i) Income and expenditure to date showing trends and forecast year-end position;

- ii) Movements in working capital;
  - iii) Movements in cash and capital;
  - iv) Capital project spend and projected outturn against plan (if applicable);
  - v) Explanations of any material variances from plan;
  - vi) Details of any corrective action where necessary and the Accountable Officer's and/or Chief Finance Officer's view of whether such actions are sufficient to correct the situation.
- b) The issue of timely, accurate and comprehensible advice and financial reports to each budget holder, covering the areas for which they are responsible;
  - c) Investigation and reporting of variances from financial and manpower budgets;
  - d) Monitoring of management action to correct variances; and
  - e) Arrangements for the authorisation of budget virements.

6.6.2 Each Budget Holder is responsible for ensuring that:

- a) Any likely overspend or reduction of income which cannot be met by virement is not incurred without the prior consent of the Chief Finance Officer;
- b) The amount provided in the approved budget is not used in whole or in part for any purpose other than that specifically authorised, subject to the rules of virement; and
- c) No permanent employees are appointed without the approval of the Accountable Officer other than those provided for within the available resources and manpower establishment, as approved by the Governing Body.

## 7. Annual Report and Accounts

**The CCG will produce and submit to NHS England accounts and reports in accordance with all statutory obligations<sup>5</sup>, relevant accounting standards and accounting best practice in the form and content and at the time required by NHS England.**

7.1. The Chief Finance Officer will ensure the CCG:

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<sup>5</sup> See paragraph 17 of Schedule 1A of the 2006 Act, as inserted by Schedule 2 of the 2012 Act.

- a) Prepares a timetable for producing the annual report and accounts and agrees it with external auditors and the Audit and Governance Committee;
- b) Prepares the accounts according to the timetable approved by the Audit and Governance Committee;
- c) Complies with statutory requirements and relevant directions for the publication of annual report;
- d) Considers the external auditor's management letter and fully address all issues within agreed timescales; and
- e) Publishes the annual report and accounts and the external auditor's management letter on the CCG's website.

## 8. Information Technology

**The CCG will ensure the accuracy and security of the CCG's computerised financial data.**

- 8.1. The Chief Finance Officer is responsible for the accuracy and security of the CCG's computerised financial data and shall:
- a) Devise and implement any necessary procedures to ensure adequate (reasonable) protection of the CCG's data, programs and computer hardware from accidental or intentional disclosure to unauthorised persons, deletion or modification, theft or damage, having due regard for the Data Protection Act 2018;
  - b) Ensure that adequate (reasonable) controls exist over data entry, processing, storage, transmission and output to ensure security, privacy, accuracy, completeness, and timeliness of the data, as well as the efficient and effective operation of the system;
  - c) Ensure that adequate controls exist such that the computer operation is separated from development, maintenance and amendment;
  - d) Ensure that an adequate management (audit) trail exists through the computerised system and that such computer audit reviews as the Chief Finance Officer may consider necessary are being carried out.
- 8.2. In addition the Chief Finance Officer shall ensure that new financial systems and amendments to current financial systems are developed in a controlled manner and thoroughly tested prior to implementation. Where this is undertaken by another organisation, assurances of adequacy must be obtained from them prior to implementation.

## 9. Accounting Systems

**The CCG will run an accounting system that creates management and financial accounts.**

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

## **10. Bank Accounts**

**The CCG will keep enough liquidity to meet its current commitments.**

- 10.1. The Chief Finance Officer will:
- a) Review the banking arrangements of the CCG at regular intervals to ensure they are in accordance with Secretary of State directions<sup>6</sup>, best practice and represent best value for money;
  - b) Manage the CCG's banking arrangements and advise the CCG on the provision of banking services and operation of accounts;
  - c) Prepare detailed instructions on the operation of bank accounts.
- 10.2. The Accountable Officer shall approve the banking arrangements.

## **11. Income, Fees and Charges and Security of Cash, Cheques and other Negotiable Instruments**

**The CCG will:**

- **Operate a sound system for prompt recording, invoicing and**

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<sup>6</sup> See Section 223H(3) of the NHS Act 2006, inserted by Section 27 of the 2012 Act



**collection of all monies due**

- **Seek to maximise its potential to raise additional income only to the extent that it does not interfere with the performance of the CCG or its functions<sup>7</sup>**
- **Ensure its power to make grants and loans is used to discharge its functions effectively<sup>8</sup>**

11.1. The Chief Financial Officer is responsible for:

- a) Designing, maintaining and ensuring compliance with systems for the proper recording, invoicing, and collection and coding of all monies due;
- b) Establishing and maintaining systems and procedures for the secure handling of cash and other negotiable instruments;
- c) Approving and regularly reviewing the level of all fees and charges other than those determined by NHS England or by statute. Independent professional advice on matters of valuation shall be taken as necessary;
- d) Developing effective arrangements for making grants or loans; and
- e) Ensuring appropriate recovery action is taken for all outstanding debts.

## **12. Tendering and Contracting Procedure**

**The CCG:**

- **Will ensure proper competition that is legally compliant within all purchasing to ensure it incurs only budgeted, approved and necessary spending;**
- **Will seek value for money for all goods and services;**
- **Shall ensure that competitive quotations and tenders are invited for the:**
  - **Supply of goods, materials and manufactured articles;**
  - **Rendering of services including all forms of management consultancy services (other than specialised services sought from or provided by the Department of Health and**

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<sup>7</sup> See Section 14Z5 of the 2006 Act, inserted by Section 26 of the 2012 Act.

<sup>8</sup> See Section 14Z6 of the 2006 Act, inserted by Section 26 of the 2012 Act.

**Social Care); and**

- **Design, construction and maintenance of building and engineering works (including construction and maintenance of grounds and gardens) for disposals.**

- 12.1. Approved limits for quotations and tenders are set out in Section 20 and will be reviewed at least annually.
- 12.2. The CCG shall ensure that the firms / individuals invited to tender (and where appropriate, quote) are first selected from approved lists or framework agreements. Where no such list or agreement exists, then the responsible director will approve the invitation to tender method in conjunction with the Associate Director of Procurement and Commercial Development.
- 12.3. The CCG may only enter into contracts, within the statutory framework set up by the 2006 Act, as amended by the 2012 Act. Such contracts shall comply with:
- a) The CCG's Constitution;
  - b) The Public Contracts Regulation 2006, any successor legislation and any other applicable law;
  - c) Take into account as appropriate any applicable NHS England guidance that does not conflict with (b) above.
- 12.4. In all contracts entered into, the CCG shall endeavour to obtain best value for money. The Accountable Officer shall nominate an individual who shall oversee and manage each contract on behalf of the CCG.
- 12.5. The Accountable Officer will establish arrangements to ensure that regular reports are provided to the Governing Body (or nominated committee) detailing actual and forecast expenditure and activity for each contract.
- 12.6. The Chief Finance Officer will maintain a system of financial monitoring to ensure the effective accounting of expenditure under contracts. This should provide a suitable audit trail for all payments made under the contracts whilst maintaining patient confidentiality.

### **13. Payroll**

**The CCG will put arrangements in place for an effective payroll service.**

- 13.1. The Chief Finance Officer will ensure that the payroll service selected:
- a) Is supported by appropriate (i.e. contracted) terms and conditions;

- b) Has adequate internal controls and audit review processes; and
  - c) Has suitable arrangements for the collection of payroll deductions and payment of these to appropriate bodies.
- 13.2. The Chief Finance Officer is responsible for:
- a) Specifying timetables for submission of properly authorised time records and other notifications;
  - b) The final determination of pay and allowances;
  - c) Making payment on agreed dates; and
  - d) Agreeing method of payment.
- 13.3. The Chief Finance Officer will issue instructions regarding:
- a) Verification and documentation of data;
  - b) The timetable for receipt and preparation of payroll data and the payment of employees and allowances;
  - c) Maintenance of subsidiary records for superannuation, income tax, social security and other authorised deductions from pay;
  - d) Security and confidentiality of payroll information;
  - e) Checks to be applied to completed payroll before and after payment;
  - f) Authority to release payroll data under the provisions of the Data Protection Act 2018;
  - g) Methods of payment available to various categories of employee and officers;
  - h) Procedures for payment by cheque, bank credit, or cash to employees and officers;
  - i) Procedures for the recall of cheques and bank credits;
  - j) Pay advances and their recovery;
  - k) Maintenance of regular and independent reconciliation of pay control accounts;
  - l) Separation of duties of preparing records and handling cash; and
  - m) A system to ensure the recovery from those leaving the employment of the CCG of sums of money and property due by them to the CCG.
- 13.4. Appropriately nominated managers have delegated responsibility for:
- a) Submitting time records, and other notifications in accordance with agreed timetables;

- b) Completing time records and other notifications in accordance with the Chief Finance Officer's instructions and in the form prescribed by the Chief Finance Officer;
- c) Submitting termination forms in the prescribed form immediately upon knowing the effective date of an employee or officer's resignation, termination or retirement. Where an employee fails to report for duty or to fulfil employment obligations in circumstances that suggest they have left without notice, the Chief Finance Officer must be informed immediately.

13.5. Regardless of the arrangements for providing the payroll service, the Chief Finance Officer shall ensure that the chosen method is supported by appropriate (contracted) terms and conditions, adequate internal controls and audit review procedures and that suitable arrangement are made for the collection of payroll deductions and payment of these to appropriate bodies.

### **13.6 Consultancy Spend and Off-Payroll/Agency Worker Controls**

13.6.1 Consultancy spend is effectively defined as where an individual or team of consultants are appointed to deliver a pre-defined project or output.

13.6.2 An agency/off payroll worker is where an individual is engaged by the CCG to deliver time inputs (e.g. to cover a vacant post or a fixed term role) but not a defined output.

13.6.3 The approval requirements for CCG consultancy spend and for off-payroll/agency workers are set out in Section 20.

13.6.4 Business cases for consultancy spend and off-payroll/agency workers require prospective approval. The national business case template should be used in all instances, which will set out the:

- a) Rationale for the proposed engagement;
- b) Demonstration of the value for money of proposed engagement;
- c) Explanation of the business need;
- d) Reason for use of an off payroll appointment as opposed to employment status;
- e) Framework compliance (i.e. the recruitment route);
- f) Recruitment strategy; and
- g) Anticipated delivery.

13.6.5 Prior to any off-payroll/agency engagements, budget holders/managers are required to liaise with the CCG's Human Resources Team to review whether off-payroll working rules apply (IR35). The person providing services through their own intermediary will need to provide information to

the CCG to help make this decision. If the rules apply, the CCG must deduct tax and Class 1 NICs and pay and report them to HM Revenue and Customs (HMRC).

## **14. Non-Pay Expenditure**

**The CCG will seek to obtain the best value for money goods and services received.**

- 14.1. The Governing Body will approve the level of non-pay expenditure on an annual basis and the Accountable Officer will determine the level of delegation to budget managers.
- 14.2. The Accountable Officer will set out procedures on the seeking of professional advice regarding the supply of goods and services.
- 14.3. The Chief Finance Officer will:
- a) Advise the Governing Body on the setting of thresholds above which quotations (competitive or otherwise) or formal tenders must be obtained; and, once approved, the thresholds should be incorporated in the detailed financial policies.
  - b) Be responsible for the prompt payment of all properly authorised accounts and claims.
  - c) Be responsible for designing and maintaining a system of verification, recording and payment of all amounts payable.
- 14.4. Requisitioning**
- 14.4.1 The Accountable Officer will set out:
- a) The list of managers who are authorised to place requisitions for the supply of goods and services; and
  - b) The maximum level of each requisition and the system for authorisation above that level.
- 14.4.2 The requisitioner, in choosing the item to be supplied (or the service to be performed), shall always obtain the best value for money for the CCG. In so doing, the advice of the CCG's adviser on supply shall be sought. Where this advice is not acceptable to the requisitioner, the Chief Finance Officer (and/or the Accountable Officer) shall be consulted.
- 14.5. Official Orders**
- 14.5.1 Official Orders must:
- a) Be consecutively numbered;
  - b) Be in a form approved by the Chief Finance Officer;

- c) State the CCG's terms and conditions of trade; and
- d) Only be issued to, and used by, those duly authorised by the Accountable Officer.

#### **14.6. System of Payment and Payment Verification**

14.6.1 The Chief Finance Officer shall be responsible for the prompt payment of accounts and claims. Payment of contract invoices shall be in accordance with contract terms, or otherwise, in accordance with national guidance, targets or best practice.

14.6.2 The Chief Finance Officer will:

- a) Be responsible for designing and maintaining a system of verification, recording and payment of all amounts payable. The system shall provide for:
  - i) A list of budget holders, members and employees (including specimens of their signatures) authorised to certify invoices.
  - ii) Certification that:
    - Goods have been duly received, examined and are in accordance with specification and the prices are correct;
    - Work done or services rendered have been satisfactorily carried out in accordance with the order, and, where applicable, the materials used are of the requisite standard and the charges are correct;
    - In the case of contracts based on the measurement of time, materials or expenses, the time charged is in accordance with the time sheets, the rates of labour are in accordance with the appropriate rates, the materials have been checked as regards quantity, quality, and price and the charges for the use of vehicles, plant and machinery have been examined;
    - Where appropriate, the expenditure is in accordance with regulations and all necessary authorisations have been obtained;
    - The account is arithmetically correct; and
    - The account is in order for payment.
  - iii) A timetable and system for submission to the Chief Finance Officer of accounts for payment; provision shall be made for the early submission of accounts subject to cash discounts or otherwise requiring early payment.

- iv) Instructions to employees regarding the handling and payment of accounts within the Finance Department.
- b) Be responsible for ensuring that payment for goods and services is only made once the goods and services are received. The only exceptions are set out in Section 15.7 below.

## **14.7. Prepayments**

14.7.1 Prepayments are only permitted where exceptional circumstances apply. In such instances:

- a) Prepayments are only permitted where the financial advantages outweigh the disadvantages (e.g. cash flows must be discounted to Net Present Value (NPV) using the National Loans Fund (NLF) rate plus 2%).
- b) The appropriate budget holder must provide, in the form of a written report, a case setting out all relevant circumstances of the purchase. The report must set out the effects on the CCG if the supplier is at some time during the course of the prepayment agreement unable to meet his/her commitments;
- c) The Chief Finance Officer will need to be satisfied with the proposed arrangements before contractual arrangements proceed (taking into account the EU public procurement rules where the contract is above a stipulated financial threshold); and
- d) The budget holder is responsible for ensuring that all items due under a prepayment contract are received and they must immediately inform the appropriate Director or the Accountable Officer if problems are encountered.

## **14.8. Duties of Managers and Officers**

14.8.1 Managers and officers must ensure that they comply fully with the guidance and limits specified by the Chief Finance Officer and that:

- a) All contracts, leases, tenancy agreements and other commitments which may result in a liability are notified to the Chief Finance Officer in advance of any commitment being made;
- b) Contracts above specified thresholds are advertised and awarded in accordance with EU rules on public procurement;
- c) Where consultancy advice is being obtained, the procurement of such advice must be in accordance with guidance issued by the Department of Health and Social Care;
- d) No order shall be issued for any item or items to any firm which has made an offer of gifts, reward or benefit to directors or employees (in line with the CCG's Gifts, Hospitality and Sponsorship Policy);

- e) No requisition/order is placed for any item or items for which there is no budget provision unless authorised by the Chief Finance Officer on behalf of the Accountable Officer;
- f) All goods, services, or works are ordered on an official order where appropriate and practical to do so. Works and services executed in accordance with a healthcare contract and purchases from petty cash are excluded from this requirement.
- g) Verbal orders should only be issued exceptionally - by an employee designated by the Accountable Officer and only in cases of emergency or urgent necessity. These should be confirmed by an official order where appropriate and practical per f) above and clearly marked 'Confirmation Order';
- h) Orders are not split or otherwise placed in a manner devised so as to avoid the financial thresholds for procurement;
- i) Goods are not taken on trial or loan in circumstances that could commit the CCG to a future uncompetitive purchase;
- j) Changes to the list of employees and officers authorised to certify invoices are notified to the Chief Finance Officer
- k) Purchases from petty cash are restricted in value and by type of purchase in accordance with instructions issued by the Chief Finance Officer; and
- l) Petty cash records are maintained in a form as determined by the Chief Finance Officer.

## 15. **Capital Investment, Fixed Asset Registers and Security of Assets**

**The CCG will put arrangements in place to manage capital investment, maintain an asset register recording fixed assets and put in place policies to secure the safe storage of the CCG's fixed assets.**

15.1. The Accountable Officer will:

- a) Ensure that there is an adequate appraisal and approval process in place for determining capital expenditure priorities and the effect of each proposal upon plans;
- b) Be responsible for the management of all stages of capital schemes and for ensuring that schemes are delivered on time and to cost;



- c) Ensure that the capital investment is not undertaken without confirmation of purchaser(s) support and the availability of resources to finance all revenue consequences, including capital charges; and
- d) Be responsible for the maintenance of registers of assets, taking account of the advice of the Chief Finance Officer concerning the form of any register and the method of updating, and arranging for a physical check of assets against the asset register to be conducted periodically.

## **16. Disposals and Condemnations, Losses and Special Payments**

### **16.1. Disposals and Condemnations Procedures**

- 16.1.1 The Chief Finance Officer must prepare detailed procedures for the disposal of assets including condemnations, and ensure that these are notified to managers.
- 16.1.2 When it is decided to dispose of a CCG asset, the Head of Department or authorised deputy will determine and advise the Chief Finance Officer of the estimated market value of the item, taking account of professional advice where appropriate.
- 16.1.3 All unserviceable articles shall be:
  - a) Condemned or otherwise disposed of by an employee authorised for that purpose by the Chief Finance Officer; and
  - b) Recorded by the Condemning Officer in a form approved by the Chief Finance Officer which will indicate whether the articles are to be converted, destroyed or otherwise disposed of. All entries shall be confirmed by the countersignature of a second employee authorised for the purpose by the Chief Finance Officer.
- 16.1.4 The Condemning Officer shall satisfy him/herself as to whether or not there is evidence of negligence in use and shall report any such evidence to the Chief Finance Officer who will take the appropriate action.

### **16.2. Losses and Special Payments Procedures**

- 16.2.1 The Chief Finance Officer must prepare procedural instructions on the recording of and accounting for condemnations, losses, and special payments.
- 16.2.2 Any employee or officer discovering or suspecting a loss of any kind must either immediately inform their Head of Department, who must immediately inform the Chief Finance Officer or inform an officer charged with responsibility for responding to concerns involving loss who will then appropriately inform the Chief Finance Officer. Where a criminal offence is

suspected, the Chief Finance Officer must immediately inform the police if theft or arson is involved. In cases of fraud and corruption or of anomalies which may indicate fraud or corruption, the Chief Finance Officer must inform the relevant Local Counter Fraud Specialists (LCFS) in accordance with Secretary of State for Health's Directions.

- 16.2.3 For losses apparently caused by theft, arson, neglect of duty or gross carelessness, except if trivial, the Chief Finance Officer must immediately notify:
  - a) The Governing Body; and
  - b) The External Auditor.
- 16.2.4 Within limits delegated to it by the Department of Health, the Governing Body shall approve the writing-off of losses.
- 16.2.5 The Chief Finance Officer shall be authorised to take any necessary steps to safeguard the CCG's interests in bankruptcies and company liquidations.
- 16.2.6 For any loss, the Chief Finance Officer should consider whether any insurance claim can be made.
- 16.2.7 The Chief Finance Officer shall maintain a Losses and Special Payments Register in which write-off action is recorded.
- 16.2.8 No special payments exceeding delegated limits shall be made without the prior approval of the Department of Health.
- 16.2.9 All losses and special payments must be reported to the Audit and Governance Committee quarterly in arrears.
- 16.2.10 Losses and compensation forms must be completed for any losses incurred by the CCG, including losses of cash, loss or theft of equipment through fire, flood, arson, or negligence. This requirement also covers ex gratia payments to staff, lost income and expenses incurred through legal obligation.
- 16.2.11 Losses and compensation forms are signed off by the Chief Finance Officer and returned the Finance team.

## 17. Risk Management and Insurance

**The CCG will put arrangements in place for evaluation and management of its risks.**

- 17.1. The Accountable Officer will ensure that the CCG has an effective risk management framework, in accordance with current Department of Health and Social Care assurance framework requirements, which must be

approved by the Governing Body and monitored by the Audit and Governance Committee.

- 17.2. The risk management framework will include:
- a) A process for identifying and quantifying risks and potential liabilities;
  - b) Engendering among all levels of staff a positive attitude towards the control of risk;
  - c) Management processes to ensure all significant risks and potential liabilities are addressed; and
  - d) Arrangements to review the risk management framework.
- 17.3. The existence, integration and evaluation of the above elements will assist in providing a basis to make an Annual Governance Statement within the Annual Report and Accounts as required by Department of Health and Social Care guidance.
- 17.4. The Chief Finance Officer will arrange an appropriate level of insurance for the CCG.

## 18. Retention of Records

**The CCG will put arrangements in place to retain all records in accordance with Records Management Code of Practice for Health and Social Care 2016 and other relevant notified guidance.**

- 18.1. The Accountable Officer will:
- a) Be responsible for maintaining all records required to be retained in accordance with Records Management Code of Practice for Health and Social Care 2016 and other relevant notified guidance;
  - b) Ensure that arrangements are in place for effective responses to Freedom of Information requests;
  - c) Publish and maintain a Freedom of Information Publication Scheme.

## 19. Trust Funds and Trustees

**The CCG will put arrangements in place to provide for the appointment of trustees if the CCG holds property on trust.**

- 19.1. The Chief Finance Officer will ensure that each trust fund that the CCG is responsible for managing is managed appropriately with regard to its purpose and to its requirements.

## 20. Delegated Financial Limits

Ref	Matter delegated	Delegated to
1	<p><b>Management of Budgets</b> (responsible for keeping pay and non-pay expenditure within approved budgets and retaining income levels)</p> <p>a) Approval of Budgets</p> <p>b) Level of delegation to Budget Holders (Executive Directors)</p> <p>c) Level of delegation to Budget Managers</p> <p>d) Responsibility for maintaining expenditure within approved budgets:</p> <ul style="list-style-type: none"> <li>• At individual budget level (pay and non-pay)</li> <li>• For all other areas e.g. Reserves</li> </ul> <p>e) Approval to Spend</p> <p>f) Monitoring of Financial Performance</p> <p>g) Virement Limits</p> <p>h) Approval of overspends or reductions in income that cannot be met by virement</p> <p>i) Staff establishment changes</p>	<p>a) Governing Body</p> <p>b) Accountable Officer (AO)</p> <p>c) Budget Holders (Executive Directors)</p> <p>d)</p> <ul style="list-style-type: none"> <li>• Designated Budget Holder</li> <li>• Chief Finance Officer (CFO)</li> </ul> <p>e) Budget Holder/Manager is permitted to incur costs in accordance with their budgets and authorisation limits (See Section 3 below)</p> <p>f) CFO and Operational Director of Finance</p> <p>g) Virements within a Budget Holders approved budget are permitted in accordance with virement rules.</p> <p>h) CFO</p> <p>i) AO</p>
2	<p><b>Bank Accounts</b></p> <p>Opening of new (Government Banking Services) Bank Accounts</p> <p>Notification of changes to banking arrangements, with the exception of changes in signatories</p> <p>Banking procedures</p>	<p>Approved by the CFO and reported to the next Governing Body meeting.</p> <p>Approved by the CFO and reported to the next Governing Body meeting.</p> <p>CFO</p>

Ref	Matter delegated	Delegated to
3a	<p><b>Revenue Spend (Non Commissioning) /Spend on Goods and Services</b> - Limits for Requisition and Invoice approval, includes procurement of professional services i.e. legal advice, specialist advice, specific projects (all values are inclusive of VAT irrespective of whether this is reclaimable or not):</p> <p>a) to £1,000 b) to £10,000  c) to £50,000  d) to £100,000 e) £100,000 and above</p>	<p>In line with budget management responsibilities (i.e. delegated budgets) and subject to quoting &amp; tendering as required (See Section 5 below):</p> <p>a) Band 8a and above b) Associate Directors For CHC patient consumables, the Band 7 Manager responsible for CAS team c) Executive Directors  d) AO and CFO e) AO, following Governing Body approval</p>
3b	<p><b>Revenue Spend (Commissioning)</b> This covers NHS healthcare, non-NHS healthcare and non-healthcare spend, but excludes the approval of Continuing Healthcare Packages (See Section 3c below): For the purpose of clarity, values are per CCG unless stated otherwise <u>Investments:</u></p> <p>a) to £49,999 (maximum aggregate value of £149,999, when investment proposals relate to more than one CCG) b) £50,000 to £499,999 (maximum aggregate value of £150,000 to £1,499,999, when investment proposals relate to more than one CCG) c) £500,000 and above (maximum aggregate value of £1,500,000 and above, when investment proposals relate to more than one CCG)</p>	<p>a) AO or CFO and retrospectively reported to the Strategic Commissioning Committee b) Strategic Commissioning Committee  c) Governing Body</p>

Ref	Matter delegated	Delegated to
	<p><u>Disinvestments:</u></p> <p>d) to £99,999 (maximum aggregate value of £299,999, when disinvestment proposals relate to more than one CCG)</p> <p>e) £100,000 and above (maximum aggregate value of £300,000 and above, when disinvestment proposals relate to more than one CCG)</p>	<p>d) Strategic Commissioning Committee</p> <p>e) Governing Body</p>
3c	<p><b>Continuing Healthcare Package approval (weekly limits)</b></p> <p>a) up to £1,500</p> <p>b) up to 3,000</p> <p>c) up to £5,000</p> <p>d) above £5,000</p>	<p>a) Care Package Manager (Band 7)</p> <p>b) CHC Commissioning Manager (Band 8a)</p> <p>c) CHC Head of Commissioning (Band 8b)</p> <p>d) Associate Director of Personalised Care</p>
3d	<p><b>Commissioning expenditure: authorisation of invoices (in Oracle)</b> under SLAs, contracts, or partnership agreements.</p> <p>For the purpose of clarity, values are per CCG</p> <p>a) up to £499,999</p> <p>b) from £500,000 to £5,000,000</p> <p>c) from £5,000,001 to £10,000,000</p> <p>d) £10,000,001 and above</p> <p>Continuing Care Invoices (Rushcliffe and City CCGs only):</p> <p>e) up to £25,000</p> <p>f) up to £25,000</p> <p>g) up to £50,000</p> <p>h) £50,001 and above</p> <p>Primary Care Payments:</p> <p>i) up to £50,000</p>	<p>a) Contracts Team Senior Manager (8a and above)</p> <p>b) Associate Director of Contracting</p> <p>c) CFO or Deputy CFO or AO</p> <p>d) CFO</p> <p>e) Band 8a (Head of CHC Commissioning)</p> <p>f) Band 7 (Commissioning Manager)</p> <p>g) Band 8b (Head of Commissioning)</p> <p>h) Associate Director of Personalised Care</p> <p>i) Band 8a NHSE Primary Care Team (hosted by Mansfield and Ashfield CCG)</p>

Ref	Matter delegated	Delegated to
	<p><i>Note there are limitations to the CCG's financial systems in respect of 3a and 3c, therefore additional internal controls have been implemented (see Budget Managers Manual)</i></p>	
<p><b>4</b></p>	<p><b>Capital schemes</b></p> <p>a) Appointment of architects, quantity surveyors, consultant engineers and other professional advisors within EU regulations.</p> <p>b) Granting, terminating or extending leases with an annual charge of:</p> <ul style="list-style-type: none"> <li>• up to £99,999</li> <li>• £100,000 and above</li> </ul>	<p>a) Senior Manager (8c and above)</p> <p>b)</p> <ul style="list-style-type: none"> <li>• CFO</li> <li>• AO &amp; CFO</li> </ul> <p>Subject to prior approval from NHS England/ NHS Property Services Limited, as required</p>
<p><b>5a</b></p>	<p><b>Quotation and Tendering Limits</b></p> <p>Limits for quotes and tenders (all values are inclusive of VAT irrespective of whether this is reclaimable or not and apply to the total contract duration):</p> <p>a) up to £24,999</p> <p>b) from £25,000 to £99,999 obtaining at least 3 written competitive quotations for goods/services.</p> <p>c) £100,000 and above, but below the Public Contract Regulation Threshold (see below)</p> <p>d) Public Contract Regulation Threshold for goods &amp; services is £181,302 and for health and social care services under the Light Touch Regime is £615,278. Both relate to total contract value. You must check for any changes to this limit when tendering at <a href="http://www.ojec.com/Thresholds.aspx">http://www.ojec.com/Thresholds.aspx</a></p>	<p>a) Delegated budget holder responsibility</p> <p>b) Budget managers, senior managers and assistant directors</p> <p>c) Formal tendering process</p> <p>d) Compliance with the Public Contract Regulations 2015. Advice to be sought from the CCG Associate Director of Procurement and Commercial Development</p>

Ref	Matter delegated	Delegated to
5b	<p><b>Contract Awards</b></p> <p>Where the CCG is a single or multi-participant in a contract for services/works or the purchase of goods, <b>either via competition or direct award</b> (i.e. waiver of quotation/tender requirements) the following shall apply:</p> <p>a) Total contract value/purchase price up to £249,999</p> <p>b) Total contract value/purchase price £250,000 to £999,999</p> <p>c) Total contract value/purchase price £1,000,000 and above</p>	<p>a) Contract award approved by two Executive Directors, including either the AO or CFO</p> <p>b) Contract award approved by the Strategic Commissioning Committee</p> <p>c) Contract award approved by the Governing Body</p>
6	<p><b>Setting of Fees and Charges</b></p> <p>Fees and Charges e.g. course fees, private use of NHS equipment and facilities (photocopying, rooms)</p>	CFO
7a	<p><b>Off-Payroll/Agency Workers</b></p> <p>Approval requirements to appointment off-payroll and agency workers:</p> <p>a) Less than £600 per day and less than six months engagement</p> <p>b) Less than £600 per day and greater than six months</p> <p>c) £600 to £800 per day</p> <p>d) £800 to £900 per day</p> <p>e) More than £900 per day</p> <p>f) Role of significant influence</p> <p>g) Authority to appoint staff not on the formal establishment</p>	<p>a) Executive Management Team (unless role of significant influence – see below)</p> <p>b) Executive Management Team plus NHS England DCO and local office CFO</p> <p>c) Executive Management Team plus NHS England DCO and local office CFO</p> <p>d) As c) plus NHSE Regional Director and Regional CFO</p> <p>e) As d) plus NHSE Commercial Executive Committee</p> <p>f) In accordance with daily rate of NHSE DCO and local CFO if under £600 per day</p> <p>g) CFO and AO</p>
7b	<p><b>Personnel and Pay: Payroll Forms</b></p> <p>a) Authority to fill funded post on the establishment with permanent staff</p>	<p>a) Executive Team after receipt of Vacancy Control form from Budget Manager</p>



Ref	Matter delegated	Delegated to
	<ul style="list-style-type: none"> <li>b) Authority to complete standing data forms effecting pay, new starters, variations and leavers</li> <li>c) Authority to authorise overtime, travel claims and study leave and associated expenses</li> <li>d) Renewal of Fixed Term Contract</li> </ul>	<ul style="list-style-type: none"> <li>b) Budget Holders and Senior Manager Finance within overall financial budgets</li> <li>c) Line Managers (in line with policy)</li> <li>d) Executive Team after receipt of Vacancy Control form from Budget Manager</li> </ul>
<b>7c</b>	<p><b>Personnel and Pay: Other Personnel and Pay Issues</b></p> <ul style="list-style-type: none"> <li>a) Staff Retirement</li> <li>b) Redundancy</li> <li>c) Dismissal</li> <li>d) Requests for upgrading/re-grading</li> <li>e) Approval of Changes to Allowances paid to Employees (i.e. Not included within and subject to NHS terms and conditions of service)</li> <li>f) Removal Expenses, Excess Rent and House Purchases</li> </ul>	<ul style="list-style-type: none"> <li>a) In line with Policy</li> <li>b) In line with Policy</li> <li>c) In line with Policy</li> <li>d) In line with procedure</li> <li>e) Remuneration and Terms of Service Committee</li> <li>f) AO and CFO</li> </ul>
<b>8</b>	<p><b>Consultancy Spend</b></p> <p>Approval requirements for consultancy spend:</p> <ul style="list-style-type: none"> <li>a) to £49,999</li> <li>b) £50,000 to £249,999</li> <li>c) £250,000 and above</li> </ul>	<ul style="list-style-type: none"> <li>a) Executive Management Team</li> <li>b) NHS England DCO and local office CFO</li> <li>c) As b) plus NHSE Regional Director and Regional CFO</li> </ul>
<b>9</b>	<p><b>Agreements/Licenses</b></p> <p>Preparation and signature of tenancy agreements/licenses          Extensions to existing leases          Letting of premises to outside organisations          Approval of rent calculation</p>	<p>CFO (All delegations subject to prior approval by NHS Property Services/NHS England as required).</p>
<b>10</b>	<p><b>Condemning and Disposal</b></p> <p>Items obsolete, obsolescent, redundant, irreparable or cannot be repaired cost effectively</p> <ul style="list-style-type: none"> <li>a) With current purchase price &lt; £250</li> </ul>	<ul style="list-style-type: none"> <li>a) Budget Holder</li> </ul>

Ref	Matter delegated	Delegated to
	b) With current purchase new price > £250 c) Disposal of mechanical and engineering plant	b) Senior Manager (8c and above) c) Chief Finance Officer and NHS England / NHS Property Services
11	<p><b>Losses, Write-off and Compensation</b></p> <p>Losses:</p> <p>a) Losses and Cash (due to theft, fraud, overpayments and others)</p> <p>b) Fruitless Payments (including abandoned Capital Schemes)</p> <p>c) Bad Debts and Claims Abandoned (Private Patients, Overseas Visitors &amp; Other)</p> <p>d) Damage to buildings, loss of equipment and property ( culpable causes and other causes)</p> <p>Special Payments:</p> <p>e) Compensation payments made under legal obligations</p> <p>f) Extra Contractual payments to contractors</p> <p>g) Ex-gratia payments:            To patients and staff for loss of personal effects            For clinical negligence (negotiated settlements following legal advice) where the guidance relating to such payments has been applied            For personal injury claims involving negligence where legal advice obtained and relevant guidance has been applied            Other clinical negligence cases and personal injury claims            Other, except cases of maladministration where there was no financial loss by the claimant            Maladministration where there was no financial loss by claimant</p>	<p>a) CFO or nominated deputy</p> <p>b) CFO or nominated deputy</p> <p>c) CFO or nominated deputy</p> <p>d) CFO or nominated deputy</p> <p>e) CFO or nominated deputy</p> <p>f) CFO or nominated deputy</p> <p>g) CFO or nominated deputy</p>

Ref	Matter delegated	Delegated to
	h) Extra statutory and extra regulatory payments Necessary reporting to the NHS England for “novel, contentious or repercussive” cases or general lessons learnt in line with guidance.	h) CFO or nominated deputy
12	<b>Reporting of Incidents to the Police</b> a) Where a criminal offence is suspected b) Where fraud is involved	a) AO b) In accordance with advice from the CCG’s Local Counter Fraud Specialist
13	<b>Petty Cash</b> a) Petty cash disbursements up to £50 per item b) Petty cash float replenishment up to £500 per week	a) Designated Budget Holder b) Assistant CFO /Finance Senior Manager
14	<b>Insurance Policies and Risk Management</b> a) Risk Management b) Level of insurance arrangements c) Claims	a) Accountable Officer (in conjunction with the Associate Director of Governance) b) CFO via NHS Resolution c) Accountable Officer (in conjunction with the Associate Director of Governance)
15	<b>Medicines Management</b> a) Delegated authority to the Nottinghamshire Area Prescribing Committee (APC) for making £80,000 commissioning decisions on the use of medicines across the six Nottingham and Nottinghamshire CCGs, but with a maximum approval limit of £15,000 per CCG. b) Approve policies, procedures and position statements regarding medicines management issues and pharmacy development c) Formulate and agree a stance or consensus on health community wide prescribing and medicines management issues	a) APC (decisions will be reviewed through the APC annual report) b) Medicines Optimisation Committee c) Medicines Optimisation Committee

Ref	Matter delegated	Delegated to
16	<p><b>Management of Land, Buildings and other Assets owned or leased by the CCG (in conjunction with NHS Property Services or Community Health Partnerships)</b></p> <p>a) Maintenance of Asset Register</p> <p>b) Maintaining legal documents of Title (including Leasehold)</p> <p>c) Inventory for items less than £5,000</p>	<p>a) AO</p> <p>b) AO</p> <p>c) Budget Managers</p>
17	<p><b>Emergency Planning</b></p> <p>The Department of Health defines a major incident as “an event or a situation which threatens serious damage to human welfare in a place in the UK, the environment of a place in the UK, or war or terrorism which threatens serious damage to the security of the UK.”</p>	<p>The Finance Representative on the incident team during a major incident has delegated authority to incur any necessary expenditure as agreed by the team.</p> <p>The On Call Manager has delegated authority to make urgent financial decisions relating to all CCGs within the CCG’s unit of planning as appropriate during a major incident.</p>