

NHS ROTHERHAM CLINICAL COMMISSIONING GROUP

CONSTITUTION

We can confirm that this constitution is based upon the Model Constitution Framework for Clinical Commissioning Groups issued by the NHS Commissioning Board in April 2012 and complies with the requirements of Part 1 of Schedule 1A to the National Health Service Act 2006 (as amended) and also reflects the functions and powers ascribed to the Clinical Commissioning Group under the Health and Social Care Act 2012. This constitution sets out the governance arrangements by which the Group proposes to comply with all its statutory responsibilities including how the Group intends to:

- *comply with its statutory responsibilities regarding promoting research;*
- *have regard to and promote the NHS Constitution;*
- *act with a view to enabling patients to make choices with respect to aspects of their care and to promote the involvement of individual patients, and their carers and representatives, in decisions about their care and treatment;*
- *comply with the public sector equality duty;*
- *comply with current procurement requirements and have systems in place to discharge these requirements including its duties as a statutory body to conduct a formal procurement*
- *for any commissioning support it wishes to use;*
- *work in partnership with the local education & training boards to ensure that the system for the planning, commissioning and delivery of education and training is able to respond to service commissioning priorities;*
- *promote environmental and social sustainability through its actions as a corporate body as well as a commissioner;*
- *have robust arrangements in place to champion innovation and adoption of innovation; and*
- *have the capability and the capacity to commission key areas of care for which it is responsible.*

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FOREWORD

NHS Rotherham Clinical Commissioning Group (the Group) is a membership organisation of 36 practices who are responsible for commissioning a range of health services on behalf of people in Rotherham.

The constitution sets out our arrangements to meet these responsibilities to ensure that decisions are made in an open and transparent way and that the interests of patients and the public are central. The constitution covers the responsibilities of individual member practices, the GP Members Committee and the Governing Body and committees of the Governing Body.

It includes the Group's duties to manage conflicts of interest and maintain a register of interests of its members and employees.

The Group's mission is '***Working with the people of Rotherham to sustain and improve health services, to improve health and to reduce health inequalities***'.

The Group's values are ***in everything we do we believe in:***

- Clinical leadership
- Putting people first, ensuring that patient and public views impact on the decisions we make
- Working in partnership
- Continuously improving quality of care whilst ensuring value for money
- Showing compassion, respect and dignity
- Listening and learning
- Taking responsibility and being accountable

The services we are responsible for include acute hospital and mental health services, community health services, GP out of hours and walk in centre, and GP prescribing. The Group has delegated authority to commission GP primary care services from April 2015. The Group does not commission pharmacy, opticians or dentistry and specialist services (which are the responsibility of NHS England) or public health services (which are the responsibility of Rotherham Metropolitan Borough Council).

The constitution applies to the following:

- The Group's member practices
- The Group's employees
- All members of the Group's Governing Body and Committees of the Governing Body
- Anyone who is working on behalf of the Group (including people working on the Group's behalf employed by Yorkshire and Humber Commissioning Support).

Dr Richard Cullen

Chairman

NHS Rotherham Clinical Commissioning Group

1 INTRODUCTION AND COMMENCEMENT

1.1 Name

The name of this clinical commissioning group is NHS Rotherham Clinical Commissioning Group.

1.2 Statutory Framework

- 1.2.1 Clinical commissioning groups are established under the Health and Social Care Act 2012 (“the 2012 Act”).¹ They are statutory bodies which have the function of commissioning services for the purposes of the health service in England and are treated as NHS bodies for the purposes of the National Health Service Act 2006 (“the 2006 Act”).² The duties of clinical commissioning groups to commission certain health services are set out in section 3 of the 2006 Act, as amended by section 13 of the 2012 Act, and the regulations made under that provision.³
- 1.2.2 The NHS Commissioning Board (hereafter referred to as NHS England) is responsible for determining applications from prospective groups to be established as clinical commissioning groups⁴ and undertakes an annual assessment of each established group.⁵ It has powers to intervene in a clinical commissioning group where it is satisfied that a group is failing or has failed to discharge any of its functions or that there is a significant risk that it will fail to do so.⁶
- 1.2.3 Clinical commissioning groups are clinically led membership organisations made up of general practices. The members of the clinical commissioning group are responsible for determining the governing arrangements for their organisations, which they are required to set out in a constitution.⁷

1.3 Status of this Constitution

This constitution is made between the members of NHS Rotherham Clinical Commissioning Group and has effect from 1st day of April 2013, when NHS England established the Group.⁸ The constitution is published on the Group’s website.

1.4 Amendment and Variation of this Constitution

- 1.4.1 This constitution can only be varied in two circumstances.⁹
- a. where the Group applies to NHS England and that application is granted;
 - b. where in the circumstances set out in legislation NHS England varies the Group’s constitution other than on application by the Group.

The Constitution will be reviewed on a regular basis at least every other year by the GP Members Committee and the Governing Body.

- 1.4.2 When the Group makes an application for a change to the constitution this will first be discussed with the chair of the GP Members Committee. The chair will advise on the degree of consultation required among the members (by reference to the values of the organisation and best practice including consultation with members who are affected by the proposed change) for example the chair of the Members Committee might decide that minor changes such as a change of name of a constituent practice may not require consultation but

¹ See section 11 of the 2006 Act, inserted by section 10 of the 2012 Act

² See section 275 of the 2006 Act, as amended by paragraph 140(2)(c) of Schedule 4 of the 2012 Act

³ Duties of clinical commissioning groups to commission certain health services are set out in section 3 of the 2006 Act, as amended by section 13 of the 2012 Act

⁴ See section 14C of the 2006 Act, inserted by section 25 of the 2012 Act

⁵ See section 14Z16 of the 2006 Act, inserted by section 26 of the 2012 Act

⁶ See sections 14Z21 and 14Z22 of the 2006 Act, inserted by section 26 of the 2012 Act

⁷ See in particular sections 14L, 14M, 14N and 14O of the 2006 Act, inserted by section 25 of the 2012 Act and Part 1 of Schedule 1A to the 2006 Act, inserted by Schedule 2 to the 2012 Act and any regulations issued

⁸ See section 14D of the 2006 Act, inserted by section 25 of the 2012 Act

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

substantive changes to the structure or organisation of the Group such as the addition of new joint arrangements with other lead stakeholders or of an additional member would do.

- 1.4.3 When the NHS Clinical Commissioning Group makes a change to the constitution this will be consulted upon with the GP Members Committee by the Governing Body of the Group who will advise on the need for further dissemination to members.

2 AREA COVERED

2.1 The geographical area covered by NHS Rotherham Clinical Commissioning Group is fully coterminous with the geographical area of Rotherham Metropolitan Borough Council.

2.2 A map of the geographical area covered by the Group showing the main general practices and their associated locality areas is attached at Appendix B.

3 MEMBERSHIP

3.1 Membership of the Clinical Commissioning Group

- 3.1.1 The following practices comprise the members of NHS Rotherham Clinical Commissioning Group.

NACS Number	Practice Name	Address
C87002	Dinnington Group Practice	Dinnington Group Practice New Street Dinnington Sheffield S25 2EZ
C87003	Woodstock Bower Group Practice	Woodstock Bower Group Practice Kimberworth Road Rotherham S61 1AH
C87004	Kiveton Park Medical Practice	Kiveton Park Primary Care Centre Chapel Way Kiveton Park Sheffield S26 6QU
C87005	St Ann's Medical Centre	St Ann's Medical Centre Rotherham Health Village Doncaster Gate Rotherham S65 1DA
C87006	Magna Group Practice	Valley Health Centre Saville Street Dalton Rotherham S65 3HD.
C87007	Stag Medical Centre	Stag Medical Centre 162 Wickersley Road Rotherham S60 4JW
C87008	Swallownest Health Centre	Swallownest Health Centre Worksop Road Swallownest Sheffield S26 4WD
C87009	Brinsworth Medical Centre	Brinsworth Medical Centre 171 Bawtry Road Brinsworth Rotherham S60 5ND
C87010	York Road Surgery	York Road Surgery York Road Eastwood Rotherham S65 1PW

NACS Number	Practice Name	Address
C87012	Broom Lane Medical Practice	Broom Lane Medical Centre 70 Broom Lane Rotherham S60 3EW
C87013	Parkgate Medical Centre	Parkgate Medical Centre Netherfield Lane Rotherham S62 6AW
C87014	Treeton Medical Centre	Treeton Medical Centre 10 Arundel Street Treeton Rotherham S60 5PW
C87015	Wickersley Health Centre	Wickersley Health Centre Wickersley Rotherham S66 2JQ
C87016	Morthen Road Surgery	Morthen Road Surgery Wickersley Rotherham S66 1EU
C87017	Clifton Medical Centre	Clifton Medical Centre Rotherham Health Village Doncaster Gate Rotherham S65 1DA
C87018	High Street Surgery	High Street Surgery High Street Rawmarsh Rotherham S62 6LW
C87020	Greenside Surgery	Greenside Surgery Greasbrough Rotherham S61 4PT
C87022	Village Surgery	Village Surgery 24-28 Laughton Road Thurcroft Rotherham S66 9LP
C87023	Brookfield Surgery	Valley Health Centre Saville Street Dalton Rotherham S65 3HD.
C87024	Rawmarsh Health Centre	Rawmarsh Health Centre Rawmarsh Customer Services Centre Barbers Avenue Rawmarsh Rotherham S62 6AE
C87029	Market Surgery	Market Surgery Warehouse Lane Wath-On-Deerne Rotherham S63 7RA
C87030	Crown St Surgery	Crown Street Surgery 17 Crown Street Swinton Rotherham S64 8NB
C87031	Braithwell Road Surgery	Maltby Services Centre Braithwell Road Maltby Rotherham S66 8LE

NACS Number	Practice Name	Address
C87603	Greasbrough Medical Centre	Greasbrough Medical Centre Munsbrough Rise Greasbrough Rotherham S61 4RB
C87604	Thorpe Hesley Surgery	Thorpe Hesley Surgery Sough Hall Avenue Thorpe Hesley Rotherham S61 2QP
C87606	Queens Medical Centre	Queens Medical Centre Muglet Lane Maltby Rotherham S66 7NA
C87608	Shakespeare Road Personal Medical Services Centre	Shakespeare Road Personal Medical Services Centre 50 Shakespeare Road Eastwood Rotherham S65 1QY
C87616	Blyth Rd Medical Centre	Blyth Road Medical Centre 8 Blyth Road Maltby Rotherham S66 8JD
C87620	Manor Field Surgery	Manor Field Surgery Maltby Services Centre Braithwell Road Maltby Rotherham S66 8LE
C87621	Broom Valley Rd Surgery	Broom Valley Road Surgery 102-104 Broom Valley Road Rotherham S60 2QY
C87622	Gateway Primary Care	Gateway Primary Care Chatham House Doncaster Gate Rotherham S65 1DA

3.1.2 Appendix C of this constitution contains the list of practices and the locality group which the practice sits within, together with the signatures of the practice representatives confirming their agreement to this constitution.

3.2 Eligibility

3.2.1 Providers of primary medical services to a registered list of patients under a General Medical Services, Personal Medical Services or Alternative Provider Medical Services contract within the area that meet the requirements of the Regulations, will be eligible to apply for membership of this Group¹⁰.

3.2.2 The Group comprises all the providers, as set out in 3.2.1, based in the geographic area of Rotherham Metropolitan Borough Council and designated into eight localities. Providers that are based outside of that area but have branch surgeries with in it, are not members of the Group. Unregistered patients within this geographic area are the responsibility of the Group.

3.3 Application for membership

3.3.1 No practice shall become a Member of the Group unless that practice:

¹⁰

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

- a. is eligible to become a Member in accordance with paragraph 3.2 above;
- b. has confirmed its acceptance of this constitution;
- c. following approval of its application by NHS England has been entered into the Register of Members set out in Appendix C to this constitution.

3.3.2 Any dispute between a practice and the Group in respect of eligibility for membership of the Group shall be referred to NHS England for determination.

3.4 Cessation of Membership

3.4.1 A Member ceases to be a Member if they are no longer eligible for Membership through non-compliance with paragraph 3.2 above.

3.4.2 The Group shall notify NHS England in the event that it becomes aware that any Member no longer meets the requirements of paragraph 3.2 or is proposing to merge with another Member or a member of another clinical commissioning group and shall propose any such amendments to this constitution under the terms of paragraph 1.4 as are appropriate to reflect the circumstances.

3.4.3 Membership of the Group is not transferable and any proposed changes to the membership (including those arising from a merger of Members) shall be subject to the approval of NHS England.

3.5 Disputes

Any dispute between the practice and the Group in respect of eligibility for membership of the Group shall be referred to NHS England for determination. The Governing Body shall determine any disputes in terms of allocation of the practices to a locality.

4 MISSION AND VALUES

4.1 Mission

4.1.1 The mission of NHS Rotherham Clinical Commissioning Group is:

‘Working with the people of Rotherham to sustain and improve local health services, to improve health and to reduce health inequalities’.

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

4.2 Values

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

4.2.2 The values that lie at the heart of the Group’s work are:

In **everything** we do we believe in:

- a. Clinical leadership
- b. Putting people first, ensuring that patient and public views impact on the decisions we make
- c. Working in partnership
- d. Continuously improving quality of care whilst ensuring value for money
- e. Showing compassion, respect and dignity
- f. Listening and learning
- g. Taking responsibility and being accountable.

4.3 Principles of Good Governance

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

- a. the highest standards of propriety involving impartiality, integrity and objectivity in relation to the stewardship of public funds, the management of the organisation and the conduct of its business;
- b. The Good Governance Standard for Public Services;¹²
- c. the standards of behaviour published by the *Committee on Standards in Public Life (1995)* known as the ‘Nolan Principles’¹³
- d. the seven key principles of the *NHS Constitution*;¹⁴
- e. the Equality Act 2010.¹⁵
- f. the Standards for Members of NHS Boards and Governing Bodies in England.¹⁶
- g. NHS clinical commissioning groups code of governance.

4.4 Accountability

4.4.1 The Group will demonstrate its accountability to its members through the GP Members Committee, local people, stakeholders and NHS England in a number of ways, including by:

- a. publishing its constitution;
- b. appointing independent lay members and non GP clinicians to its Governing Body;
- c. holding meetings of its Governing Body in public (except where the Group considers that it would not be in the public interest in relation to all or part of a meeting);
- d. publishing annually a commissioning plan;
- e. complying with Rotherham Metropolitan Borough Councils health overview and scrutiny requirements;
- f. meeting annually in public to publish and present its annual report (which must be published);
- g. producing annual accounts in respect of each financial year which must be externally audited;
- h. having a published and clear complaints process;
- i. having a published transparent dispute resolution procedure for all providers;
- j. complying with the Freedom of Information Act 2000;
- k. providing information to NHS England as required.

4.4.2 In addition to these statutory requirements, the Group will demonstrate its accountability to patients and public by:

- a. Identifying a named GP and named lay member with responsibility for patient and

¹¹ Inserted by section 25 of the 2012 Act

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

¹³ See Appendix G

¹⁴ See Appendix H

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

¹⁶ Available in draft, currently consulting until 10 April, available from <http://chre.org.uk/satellite/413/>

public engagement

- b. Holding meetings with the public at least annually to present the annual report and discuss commissioning plans
- c. Holding meetings with the public in partnership with Health and Well Being Board members to discuss the Health and Wellbeing Strategy
- d. Supporting a CCG patient engagement forum with representation from members of member practice patient engagement groups
- e. Producing an annual plan for public and patient engagement and accountability which will take into account best practice in actively seeking patient views
- f. Publishing its strategic plans and key policies on the internet
- g. Publishing an Annual Report.

4.4.3 The Group will demonstrate its accountability to members through/by:

- a. the GP Members Committee (as set out in paragraph 6.7)
- b. the GP Members Committee will produce an annual report to members which will contain its assessment on how well the Strategic Clinical Executive and the Group have performed their commissioning duties
- c. the Group holding an annual vote of confidence of all members on the direction of travel

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

5 FUNCTIONS AND GENERAL DUTIES

5.1 Functions

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

- a. commissioning certain health services (where NHS England is not under a duty to do so) that meet the reasonable needs of:
- b. all people registered with member GP practices, and
- c. people who are usually resident within the area and are not registered with a member of any clinical commissioning group;
- d. commissioning emergency care for anyone present in the Group's area;
- e. paying its employees' remuneration, fees and allowances in accordance with the determinations made by its Governing Body and determining any other terms and conditions of service of the Group's employees;
- f. determining the remuneration and travelling or other allowances of members of its Governing Body.

5.1.2 In discharging its functions the Group will:

- a. act¹⁷, when exercising its functions to commission health services, consistently with the discharge by the Secretary of State and NHS England of their duty to *promote a comprehensive health service*¹⁸ and with the objectives and

¹⁷ See section 3(1F) of the 2006 Act, inserted by section 13 of the 2012 Act
¹⁸ See section 1 of the 2006 Act, as amended by section 1 of the 2012 Act

requirements placed on NHS England through *the mandate*¹⁹ published by the Secretary of State before the start of each financial year by:

the Governing Body will delegate to officers the requirement to produce an Annual Commissioning Plan to promote a comprehensive health service and to respond to the mandate published on an annual basis by the Secretary of State. This plan will be agreed by the Governing Body on an annual basis and the Governing Body will be responsible for its performance management.

b. meet the public sector equality duty²⁰ by:

- the Governing Body will delegate to officers the requirement to produce an equality plan to meet the public sector equality duty. This plan will be agreed by the Governing Body on an annual basis and the Governing Body will be responsible for its performance management.
- the plan will set out how the Governing Body, for the nine protected characteristics, will have due regard to the need to:
- eliminate unlawful discrimination harassment and victimisation and other conduct prohibited by the 2010 Act;
- advance equality of opportunity between people who share a protected characteristic and those who do not;
- foster good relations between people who share a protected characteristic and those who do not

The plan will also include requirements to:

- publish, at least annually, sufficient information to demonstrate compliance with this general duty across all their functions; and
- prepare and publish specific and measurable equality objectives, revising these at least every four years

c. work in partnership with Rotherham Metropolitan Borough Council to *joint strategic needs assessments*²¹ and *joint health and wellbeing strategies*²² by:

being an active member of the Health and Wellbeing Board. Group membership of this will be the Chief Officer, the Chair of the Group and one other Strategic Clinical Executive GP member designated by the Governing Body. The Health and Wellbeing Strategy and the Joint Strategic Needs Assessment will be reported to the Governing Body as will all subsequent revisions.

5.2 General Duties

In discharging its functions the Group will:

- 5.2.1 Make arrangements to *secure public involvement* in the planning, development and consideration of proposals for changes and decisions affecting the operation of commissioning arrangements²³ by:

Operating in accordance with the following four principles:

- a. Working in partnership with patients and the local community to secure the best care for them;
- b. Adapting engagement activities to meet the specific needs of the different patient groups and communities;

¹⁹ See section 13A of the 2006 Act, inserted by section 23 of the 2012 Act

²⁰ See section 149 of the Equality Act 2010, as amended by paragraphs 184 and 186 of Schedule 5 of the 2012 Act

²¹ See section 116 of the Local Government and Public Involvement in Health Act 2007, as amended by section 192 of the 2012 Act

²² See section 116A of the Local Government and Public Involvement in Health Act 2007, as inserted by section 191 of the 2012 Act

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

- c. Publishing information about health services on the Group website; and
- d. Encouraging and acting upon feedback received.

The Governing Body will monitor and report compliance against the above principles by:

- Publishing a communication and engagement strategy that is approved and monitored by the Governing Body;
- Establishing a Patient Engagement Forum and Stakeholder Engagement Forum;
- Meeting annually in public to publish and present the Group's Annual Report;
- Delegating a named GP, a named lay member together with the Chief Nurse with responsibility for patient and public engagement;
- Complying with Rotherham Metropolitan Borough Councils health overview and scrutiny requirements; and
- Taking account of national requirements and guidance and the local compact between the voluntary sector and the public sector.

5.2.2 Promote awareness of, and act with a view to securing that health services are provided in a way that promotes awareness of, and have regard to the NHS Constitution²⁴ by:

The Governing Body will be responsible for preparing the Group's annual Commissioning Plan which will set out how the Group will promote awareness and have regard to the NHS Constitution. The Group work will be done in light of the NHS Constitution. The integrated performance report will highlight any issues to the Governing Body so that they are aware of any performance issues in this area. The Group's annual report will summarise how the Group has delivered against its intentions in this area.

5.2.3 Act effectively, efficiently and economically²⁵ by:

The Governing Body will be responsible for preparing the Group's annual Commissioning Plan which will set out the Group's plans to commission effectively, efficiently and economically and will detail the multi-agency governance arrangements.

Performance against the annual commissioning plan will be reported to the Governing Body on a monthly basis through the integrated performance report.

All business cases will analyse return on investment and all complex strategic issues will be supported by an options appraisal.

5.2.4 Act with a view to securing continuous improvement to the quality of services²⁶ by:

The Governing Body will delegate responsibility for the assurance of continuous improvement of quality within commissioned services to the Audit and Quality Assurance Sub-Committee. The Chief Nurse is responsible for overall quality assurance of the quality of commissioned services, including Serious Incidents, Never Events, patient safety, patient experience and responsibility for regular reporting to the National Reporting and Learning System, also working closely with designated Strategic Clinical Executive GPs who have specific responsibilities for GP oversight of quality assurance for mental health, acute services and general practice respectively and with the GP Members Committee. A lay member of the Governing Body has delegated responsibility for lay member oversight of quality assurance.

5.2.5 Assist and support NHS England in relation to the Governing Body's duty to *improve the*

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

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

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

*quality of primary medical services*²⁷ by:

The Governing Body will delegate the responsibility for securing continuous improvement to the quality of services to the Audit and Quality Assurance Sub-Committee. The Groups Chief Nurse is responsible for overall quality improvement, and works closely with the designated GP who leads on quality in general practice and with the Strategic Clinical Executive and GP Members Committee.

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

The Governing Body will be responsible for preparing the Group's annual Commissioning Plan which will set out how the Group will reduce inequalities and will link with the overall Health and Wellbeing Strategy for Rotherham. The Health and Wellbeing Strategy sets out the combined actions of partners across health and social care, including Rotherham Metropolitan Borough Council and Public Health.

5.2.7 Promote the involvement of patients, their carers and representatives in decisions about their healthcare²⁹ by:

The Governing Body will be responsible for:

- a. embedding the principles of "No Decision About Me Without Me"³⁰ and "Shared Decision Making" throughout the organisation and ensuring that this informs commissioning, service development, service redesign, guideline and pathway development, while understanding and taking account of the limitations necessary for some aspects of urgent care.
- b. ensuring that information from patient feedback, complaints and incidents is used to continuously improve patient experience of commissioned services.
- c. contributing to a carers strategy which supports the needs and aspirations of carers in Rotherham.
- d. maintaining close links with local Healthwatch, Health and Wellbeing Board and the Local Authority.

5.2.8 Act with a view to enabling patients to make choices³¹ by:

The Governing Body will be responsible for preparing the Group's Annual Commissioning Plan which will set out how the Group will enable patients to make choices. This will include how information will be provided to patients at the point they make choices for example through the use of choose and book and also choice in terms of services available for example through services provided by any qualified provider.

5.2.9 *Obtain appropriate advice*³² from persons who, taken together, have a broad range of professional expertise in healthcare and public health including:

- a. having a secondary care consultant and a nurse on the Governing Body's membership.
- b. the Rotherham Director of Public Health will be in attendance at Governing Body meetings. The Group will obtain appropriate public health advice for health improvement and addressing health inequalities from RMBC through a memorandum of understanding.
- c. the Chair of the Health & Wellbeing Board will be in attendance at the Governing

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

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

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

³⁰ See section 2.6 of the consultation document 'no decision about me without me' published 23.05.12

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

³² See section 14W of the 2006 Act, inserted by section 26 of the 2012 Act

Body meetings. The Group will access advice through the Health & Wellbeing Board and HealthWatch.

- d. the Governing Body will collaborate with other clinical commissioning groups through the South Yorkshire & Bassetlaw and Hardwick & North Derbyshire CCGs Commissioning Network (CCG COM) through which it will access a wide range of specialist clinical advice and will engage with any relevant clinical senates once established.

5.2.10 Promote innovation³³ by:

The Governing Body will be responsible for preparing the Group's annual Commissioning Plan which will pay due regard to promoting innovation and to innovation developed elsewhere. Contracts will specify, for example via CQUINS, the innovations the Group has decided to accelerate.

5.2.11 Promote research and the use of research³⁴ by:

The Governing Body will be responsible for actively promoting research and the introduction of research findings into clinical practice for example by participating in such alliances as the South Yorkshire Comprehensive Local Research Network and South Yorkshire Collaboration for Leadership and Applied Health Research.

5.2.12 Have regard to the need to promote education and training³⁵ for persons who are employed, or who are considering becoming employed, in an activity which involves or is connected with the provision of services as part of the health service in England so as to assist the Secretary of State for Health in the discharge of his related duty³⁶ by:

The Governing Body will approve a policy for the Group's own employed staff to promote education and training. The Group will promote shared learning activities for its Members such as the current Protected Learning Time (PLT) programme. The Group will ensure that its contracts and contract monitoring arrangements require contracted providers to promote education and training.

5.2.13 Act with a view to *promoting integration* of both health services with other health services and health services with health-related and social care services where the Group considers that this would improve the quality of services or reduce inequalities³⁷ by:

Active membership of the Health and Wellbeing Board and of South Yorkshire & Bassetlaw CCGs Commissioners working together network, and setting out our specific plans in its annual commissioning plan (where appropriate).

5.2.14 Act with a view to ensuring robust, appropriate arrangements for safeguarding children and adults by:

- a. The Governing Body delegates responsibility for the assurance of safeguarding children and adults to the Audit and Quality Assurance Sub-Committee. The Chief Nurse is responsible for the assurance of the safeguarding arrangements within commissioned services and works closely with designated Strategic Clinical Executive GPs who have specific responsibilities for GP oversight of safeguarding children and safeguarding adults respectively and with the GP Members Committee. The Chief Nurse will be a member of the Rotherham Local Safeguarding Children's Board and the Rotherham Safeguarding Adults Board.
- b. a lay member of the Governing Body will have delegated responsibility for lay member oversight of safeguarding children and adults.

³³ See section 14X of the 2006 Act, inserted by section 26 of the 2012 Act
³⁴ See section 14Y of the 2006 Act, inserted by section 26 of the 2012 Act
³⁵ See section 14Z of the 2006 Act, inserted by section 26 of the 2012 Act
³⁶ See section 1F(1) of the 2006 Act, inserted by section 7 of the 2012 Act
³⁷ See section 14Z1 of the 2006 Act, inserted by section 26 of the 2012 Act

- 5.2.15 The Group will demonstrate commitment to promoting environmental and social sustainability through its actions as a corporate body and a commissioner.

The Governing Body will approve and keep updated a sustainable development plan.

5.3 General Financial Duties

The Group will perform its functions set out in 5.3.1 – 5.3.4 by delegating responsibility for delivery to the Chief Finance Officer and the responsibility for assurance to the Audit and Quality Assurance Sub-Committee. The Group will perform its functions so as to:

- 5.3.1 Ensure its expenditure does not exceed the aggregate of its allotments for the financial year³⁸ by
- a. the Governing Body will delegate responsibility for delivery to the Group's Chief Finance Officer.
 - b. the policy which sets out how the Group intends to discharge this duty is set out in the Standing Orders, Standing Financial Instructions and Scheme of Delegation.
 - c. progress of the delivery of the duty will be monitored through the Integrated Performance Report.
- 5.3.2 Ensure its use of resources (both its capital resource use and revenue resource use) does not exceed the amount specified by NHS England for the financial year³⁹ by
- a. the Governing Body will delegate responsibility for delivery to the Group's Chief Finance Officer.
 - b. the policy which sets out how the Group intends to discharge this duty is set out in the Standing Orders, Standing Financial Instructions and Scheme of Delegation.
 - c. progress of the delivery of the duty will be monitored through the Integrated Performance Report.
- 5.3.3 Take account of any directions issued by NHS England, in respect of specified types of resource use in a financial year, to ensure the Group does not exceed an amount specified by NHS England⁴⁰ by
- a. the Governing Body will delegate responsibility for delivery to the Group's Chief Finance Officer.
 - b. the policy which sets out how the Group intends to discharge this duty is set out in the Standing Orders, Standing Financial Instructions and Scheme of Delegation.
 - c. progress of the delivery of the duty will be monitored through the Integrated Performance Report.
- 5.3.4 Publish an explanation of how the Group spent any payment in respect of quality made to it by NHS England⁴¹ by
- a. the Governing Body will delegate responsibility for delivery to the Group's Chief Finance Officer.
 - b. the policy which sets out how the Group intends to discharge this duty is set out in the Standing Orders, Standing Financial Instructions and Scheme of Delegation.
 - c. progress of the delivery of the duty will be monitored through the Integrated Performance Report.

³⁸ See section 223H(1) of the 2006 Act, inserted by section 27 of the 2012 Act

³⁹ See sections 223I(2) and 223I(3) of the 2006 Act, inserted by section 27 of the 2012 Act

⁴⁰ See section 223J of the 2006 Act, inserted by section 27 of the 2012 Act

⁴¹ See section 223K(7) of the 2006 Act, inserted by section 27 of the 2012 Act

5.4 Information Governance

The Group will perform its functions so as to ensure that duties in regard to Information Governance are met by:

- 5.4.1 the Accountable Officer will be responsible for Information Governance within the Group. This will include ensuring that the Group complies with the Data Protection Act, General Data Protection Regulation and any related guidance, identifies a Caldicott Guardian and complies with information governance requirements set out by NHS England.
- 5.4.2 an effectively supported Senior Information Risk Owner will take ownership of the organisation's information risk policy and information risk management strategy. The Group will carry out an annual programme of work to review and develop its Information Governance capabilities and report annually to the Audit and Quality Assurance Sub-Committee.
- 5.4.3 Under GDPR public authorities or organisations who carry out large scale processing of sensitive data must appoint a Data Protection Officer. The role of Data Protection Officer is to facilitate the CCG's compliance with GDPR and will:
 - Monitor CCG compliance with the GDPR
 - Provide advice and assistance with regards to the completion of Privacy Impact Assessments
 - Act as a contact point for the Information Commissioners Office (ICO), members of the public and CCG staff on matters relating to GDPR and the protection of personal information
 - Assist in implementing essential elements of the GDPR such as the principles of data processing, data subjects' rights, privacy impact assessments, records of processing activities, security of processing and notification and communication of data breaches

5.5 Other Relevant Regulations, Directions and Documents

- 5.5.1 The Group will
 - a. comply with all relevant regulations;
 - b. comply with directions issued by the Secretary of State for Health or NHS England; and
 - c. take account, as appropriate, of documents issued by NHS England.
- 5.5.2 The Group will develop and implement the necessary systems and processes to comply with these regulations and directions, documenting them as necessary in this constitution, its scheme of reservation and delegation and other relevant Group policies and procedures.
- 5.5.3 The Group will consult with local representative bodies for stakeholders and healthcare providers within the Area as the Group considers appropriate for the effective discharge of its functions.

6 DECISION MAKING: THE GOVERNING STRUCTURE

6.1 Authority to act

- 6.1.1 The clinical commissioning group is accountable for exercising the statutory functions of the Group. It may grant authority to act on its behalf to:
 - a. any of its members;
 - b. its Governing Body;
 - c. employees;
 - d. a committee or sub-committee of the Group.
- 6.1.2 The extent of the authority to act of the respective bodies and individuals depends on the

powers delegated to them by the Group as expressed through:

- a. the Group's scheme of reservation and delegation; and
- b. for committees, their terms of reference.

6.2 Scheme of Reservation and Delegation⁴²

6.2.1 The Group's scheme of reservation and delegation sets out:

- a. those decisions that are reserved for the membership as a whole;
- b. those decisions that are the responsibilities of its Governing Body (and its committees), the Group's committees and sub-committees, individual members and employees.

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

6.3 General

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

- a. comply with the Group's principles of good governance,⁴³
- b. operate in accordance with the Group's scheme of reservation and delegation,⁴⁴
- c. comply with the Group's standing orders,⁴⁵
- d. comply with the Group's arrangements for discharging its statutory duties,⁴⁶
- e. where appropriate, ensure that all member practices have had the equal opportunity to contribute to the Group's decision making process irrespective of size.

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

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

- a. identify the roles and responsibilities of those clinical commissioning groups who are working together;
- b. identify any pooled budgets and how these will be managed and reported in annual accounts;
- c. specify under which clinical commissioning group's scheme of reservation and delegation and supporting policies the collaborative working arrangements will operate;
- d. specify how the risks associated with the collaborative working arrangement will be managed between the respective parties;
- e. identify how disputes will be resolved and the steps required to terminate the working arrangements;
- f. specify how decisions are communicated to the collaborative partners.

6.4 Committees of the Group

6.4.1 The Group may establish committees of the Group, including joint committees, from time to time by resolution of the Members Committee in accordance with paragraph 4 of appendix D

⁴² See Appendix E

⁴³ See section 4.4 on Principles of Good Governance above

⁴⁴ See appendix E

⁴⁵ See appendix D

⁴⁶ See chapter 5 above

(standing orders)

- 6.4.2 The Group may establish joint committee with other clinical commissioning groups (“CCGs”) and/or NHS England and/or other bodies⁴⁷ pursuant to the relevant provision of the 2006 Act provided the Group is satisfied it is reasonable and appropriate for it to do so in accordance with its functions and duties under the 2006 Act. Further provisions in relation to joint committees are set out in paragraph 6.5 below.
- 6.4.3 The following committees have been established by the Group:
- a. GP Members Committee which shall be accountable to the Members;
 - b. Audit and Quality Assurance Sub-Committee which shall be accountable to the Governing Body;
 - c. Remuneration Committee
 - d. Strategic Clinical Executive which shall be accountable to the Governing Body; and
 - e. Operational Executive which shall be accountable to the Governing Body.
 - f. Primary Care Commissioning committee
 - g. Patient & public engagement & communications sub committee
 - h. Commissioners Working Together is a collaboration of the South Yorkshire &, Bassetlaw CCGs, Hardwick & North Derbyshire CCGs & Wakefield CCG
- 6.4.4 Committees will only be able to establish their own sub-committees, to assist them in discharging their respective responsibilities, if this responsibility has been delegated to them by the Group or the committee they are accountable to.

6.5 Joint Arrangements

- 6.5.1 The Group has entered into joint arrangements with the following clinical commissioning groups:
Sheffield CCG; Doncaster CCG; Barnsley CCG; Bassetlaw CCG; and Wakefield CCGs for the CCG Collaborative Commissioning Arrangements ‘Working together’⁴⁸.
- 6.5.2 The Group has joint arrangements with the following local authorities:
the 2012 Act makes provision for clinical commissioning groups to make section 75 agreements with local authorities and the Group has joint arrangements with Rotherham Metropolitan Borough Council which are managed through partnership arrangements. The Group does not have a formal joint committee with Rotherham Metropolitan Borough Council.

6.6 Joint Commissioning Arrangements:

- 6.6.1 The Group may wish to work together with one or more other CCGs and/or NHS England and/or other bodies⁴⁹ in the exercise of its commissioning functions in accordance with the relevant provisions of the 2006 Act.
- 6.6.2 For the purposes of the arrangements described at paragraph 6.6, the CCG may:
- make payments to another CCG;
 - receive payments from another CCG;
 - make the services of its employees or any other resources available to another CCG; or
 - receive the services of the employees or the resources available to another CCG.

⁴⁷ Other bodies include combined authorities and such other bodies as are prescribed under the relevant provision of the 2006 Act

⁴⁸ Note – the Group has an outline paper on its website and full terms of reference will be developed prior to authorisation

⁴⁹ Other bodies include combined authorities and such other bodies as are prescribed under the relevant provision of the 2006 Act

- 6.6.3 For the purpose of the arrangements described at paragraph 6.6 above, the CCG may establish and maintain a pooled fund made up of contributions by any of the CCGs working together pursuant to 6.6 above. Any such pooled contributions may be used to make payments towards expenditure incurred in the discharge of any of the commissioning functions of which the arrangements are made.
- 6.6.4 Where the Group makes arrangements which involve exercising any of their commissioning functions jointly with one or more CCGs, NHS England and or another body⁵⁰, the Group may establish a joint committee to exercise those functions in accordance with the relevant provisions of the 2006 Act. Such joint committees shall be established by the Group in accordance with Paragraph 6.4 above.
- 6.6.5 The liability of the Group to carry out its functions will not be affected where the Group enters into arrangements pursuant to this paragraph 6.6.
- 6.6.6 Only joint commissioning arrangements that are safe and in the interests of patients registered with member practices will be approved by the Group.

Where the Group enters into arrangement with NHS England under which the Group exercises NHS England's functions in accordance with the relevant provisions of the 2006 Act, the Group will act in accordance with any guidance issued by NHS England on co-commissioning.

- 6.6.7 Where the CCG makes arrangements with another CCG as described at paragraph 6.6 above, the CCG shall develop and agree with that CCG and agreement setting out the arrangements for joint working, including details of:
- How the parties will work together to carry out their commissioning functions;
 - The duties and responsibilities of the parties;
 - How risk will be managed and apportioned between the parties;
 - Financial arrangements, including, if applicable, payments towards a pooled fund and management of that fund;
 - Contributions from the parties, including details around assets, employees and equipment to be used under the joint working arrangements.
 - The circumstances in which the parties may withdraw from the arrangements;
 - Where a joint committee is not established, the reporting arrangements on the joint working arrangements to the Governing Body and the GP Members Committee, to include as a minimum quarterly written reports and an annual report on progress made against objectives.
 - Where a joint committee is established, the reporting arrangements as between the joint committee and the Members Committee and the Governing Body, such arrangements to include as a minimum the sharing of joint committee meeting minutes and an annual report of the work of the joint committee.
- a. The liability of the CCG to carry out its functions will not be affected where the CCG enters into arrangements pursuant to paragraph 6.6 above.
 - b. The CCG will act in accordance with any further guidance issued by NHS England on co-commissioning.
 - c. Only arrangements that are safe and in the interests of patients registered with member practices will be approved by the governing body.
 - d. The governing body of the CCG shall require, in all joint commissioning arrangements that the lead clinician and lead manager of the lead CCG make a quarterly written report to the governing body and hold at least annual

⁵⁰ Other bodies include combined authorities and such other bodies as are prescribed under the relevant provision of the 2006 Act

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

- e. 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, with new arrangements starting from the beginning of the next new financial year.

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

- a. The CCG may wish to work together with NHS England in the exercise of its commissioning functions.
- b. The CCG and NHS England may make arrangements to exercise any of the CCG's commissioning functions jointly.
- c. The arrangements referred to in paragraph [b] above may include other CCGs.
- d. Where joint commissioning arrangements pursuant to [b] above are entered into, the parties may establish a joint committee to exercise the commissioning functions in question.
- e. Arrangements made pursuant to [b] above may be on such terms and conditions (including terms as to payment) as may be agreed between NHS England and the CCG.
- f. Where the CCG makes arrangements with NHS England (and another CCG if relevant) as described at paragraph [b] above, the CCG shall develop and agree with NHS England a framework setting out the arrangements for joint working, including details of:
 - How the parties will work together to carry out their commissioning functions;
 - The duties and responsibilities of the parties;
 - How risk will be managed and apportioned between the parties;
 - Financial arrangements, including, if applicable, payments towards a pooled fund and management of that fund;
 - Contributions from the parties, including details around assets, employees and equipment to be used under the joint working arrangements;
 - The circumstances in which the parties may withdraw from the arrangements;
 - Where a joint committee is established, the reporting arrangements as between the joint committee and the Members Committee and the Governing Body, such arrangements to include as a minimum the sharing of joint committee meeting minutes and an annual report of the work of the joint committee.
- g. The liability of the CCG to carry out its functions will not be affected where the CCG enters into arrangements pursuant to paragraph [b] above.
- h. The CCG will act in accordance with any further guidance issued by NHS England on co-commissioning.
- i. Only arrangements that are safe and in the interests of patients registered with member practices will be approved by the governing body.
- j. The governing body of the CCG shall require, in all joint commissioning arrangements that Chief Officer of the CCG make a quarterly written report to the governing body and hold at least annual engagement events to review aims, objectives, strategy and progress and publish an annual report on progress made against objectives.
- k. 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, with new arrangements starting from the beginning of the next new financial year after the expiration of the six months' notice period.

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

- a. The CCG may wish to work with NHS England and, where applicable, other CCGs, to exercise specified NHS England functions.
- b. The CCG may enter into arrangements with NHS England and, where applicable, other CCGs to:
 - Exercise such functions as specified by NHS England under delegated arrangements;
 - Jointly exercise such functions as specified with NHS England.
- c. Where arrangements are made for the CCG and, where applicable, other CCGs to exercise functions jointly with NHS England a joint committee may be established to exercise the functions in question.
- d. Arrangements made between NHS England and the CCG may be on such terms and conditions (including terms as to payment) as may be agreed between the parties.
- e. For the purposes of the arrangements described at paragraph [b] above, NHS England and the CCG may establish and maintain a pooled fund made up of contributions by the parties working together. Any such pooled fund may be used to make payments towards expenditure incurred in the discharge of any of the commissioning functions in respect of which the arrangements are made.
- f. Where the CCG enters into arrangements with NHS England as described at paragraph [b] above, the parties will develop and agree a framework setting out the arrangements for joint working, including details of:
 - How the parties will work together to carry out their commissioning functions;
 - The duties and responsibilities of the parties;
 - How risk will be managed and apportioned between the parties;
 - Financial arrangements, including payments towards a pooled fund and management of that fund;
 - Contributions from the parties, including details around assets, employees and equipment to be used under the joint working arrangements.
- g. The liability of NHS England to carry out its functions will not be affected where it and the CCG enter into arrangements pursuant to paragraph [b] above.
- h. The CCG will act in accordance with any further guidance issued by NHS England on co-commissioning.
- i. Only arrangements that are safe and in the interests of patients registered with member practices will be approved by the governing body.
- j. The governing body of the CCG shall require, in all joint commissioning arrangements that the Chief officer of the CCG make a quarterly written report to the governing body and hold at least annual engagement events to review aims, objectives, strategy and progress and publish an annual report on progress made against objectives.
- k. 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, with new arrangements starting from the

beginning of the next new financial year after the expiration of the six months' notice period.

6.7 The Governing Body

6.7.1 *Functions* - the Governing Body has the following functions conferred on it by sections 14L(2) and (3) of the 2006 Act, together with any other functions connected with its main functions as may be specified in regulations or in this constitution⁵¹. Additional functions conferred on the Governing Body, by the Group, connected with its main functions are set out from paragraph 6.6.1(d) below. The Governing Body has responsibility for:

- a. ensuring that the Group has appropriate arrangements in place to exercise its functions effectively, efficiently and economically and in accordance with the Group's principles of good governance⁵² (its main function). The Group will continue to discuss specialised commissioning arrangements with NHS England;
- b. approving any functions of the Group that are specified in regulations;⁵³
- c. additional functions conferred on the Governing Body, by the Group, connected with its main functions are:
 - lead the setting of vision and strategy
 - approve consultation arrangements for the Commissioning Plan
 - prepare and approve annual Commissioning Plans
 - monitor performance against delivery of the annual Commissioning Plan
 - provide assurance of strategic risk
 - ensure the public sector equality duty is met
 - ensure active membership of Health and Wellbeing Board
 - secure public involvement
 - promote the NHS Constitution
 - delegate assurance of continuous improvement in quality to the Audit and Quality Assurance Sub-Committee
 - promote improvement in the quality of primary care medical services
 - have regard to the need to reduce health inequalities
 - promote involvement of patients, their carers and representatives in decisions about their healthcare
 - act with a view to enable patients to make choices
 - promote innovation
 - promote research
 - promote education and training
 - promote integration of health services where this would improve quality or reduce inequalities
 - responsibility for all financial duties

6.7.2 *Composition of the Governing Body* - the Governing Body shall not have less than thirteen members and comprises of:

- a. the chair (who shall also be a member of the Strategic Clinical Executive);

⁵¹ See section 14L(3)(c) of the 2006 Act, as inserted by section 25 of the 2012 Act

⁵² See section 4.4 on Principles of Good Governance above

⁵³ See section 14L(5) of the 2006 Act, inserted by section 25 of the 2012 Act

- b. two representatives of member practices from the GP Members Committee;
- c. one other GP representative designated by the Strategic Clinical Executive;
- d. one additional Rotherham GP;
- e. three lay members (one of whom shall be the deputy chair in accordance with paragraph 7.5.1):
- one to lead on audit, remuneration and conflict of interest matters,
- one to lead on patient and public participation matters;
- one to lead on Primary Care Commissioning
 - f. a registered nurse;
 - g. a secondary care specialist doctor;
 - h. the accountable officer;
 - i. the chief finance officer;
 - j. the deputy chief officer.

6.7.3 *Committees of the Governing Body* - the Governing Body has appointed the following committees and sub-committees:

- a. Audit and Quality Assurance Sub-Committee – which is accountable to the Group's Governing Body, provides the Governing Body with an independent and objective view of the Group's financial systems, financial information and compliance with laws, regulations and directions governing the Group in so far as they relate to finance. It provides assurance on the quality of services commissioned and promotes a culture of continuous improvement and innovation with respect to safety of services, clinical effectiveness and patient experience. The Governing Body has approved and keeps under review the terms of reference for the audit and quality assurance sub-committee, which includes information on the membership of the audit and quality assurance sub-committee⁵⁴.
- b. Remuneration Committee –has delegated authority on behalf of the Governing Body to propose the remuneration, fees and other allowances for employees and for people who provide services to the Group and on proposals about allowances under any pension scheme that the Group may establish as an alternative to the NHS pension scheme. The Governing Body has approved and keeps under review the terms of reference for the remuneration committee, which includes information on the membership of the remuneration committee⁵⁵.
- c. the Strategic Clinical Executive, which is accountable to the Group's Governing Body, provides a forum for the Commissioning lead-GPs to give to employees and non-clinical members of the Group a clinical perspective in progressing the business of the Group, and to be the 'engine house' of the Governing Body with regards to producing its plans and leading on their delivery. The Governing Body has approved and keeps under review the terms of reference for the Strategic Clinical Executive, which includes information on the membership of the Strategic Clinical Executive⁵⁶.
- d. the Operational Executive, which is accountable to the Group's Governing Body, to receive information and to manage actions on; operational delivery for the Group; support for the Governing Body; corporate policy and strategy; corporate

⁵⁴ These Terms of Reference are published on the Group's website and attached as appendix K
⁵⁵ These Terms of Reference are published on the Group's website and attached as appendix M
⁵⁶ These Terms of Reference are published on the Group's website

assurance and risk management; oversight or progress with vision, strategy and operating plan; performance review and improvement and partner and market relations. The Governing Body has approved and keeps under review the terms of reference for the Operational Executive, which includes information on the membership of the Operational Executive⁵⁷.

- e. The Primary Care Committee⁵⁸, which reports into the Group's Governing Body.

The Committee has been established to enable the members to make collective decisions on the review, planning and procurement of primary care services in Rotherham, under delegated authority from NHS England.

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

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

This includes the following:

- GMS, PMS and APMS contracts (including the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing branch/remedial notices, and removing a contract);
- Newly designed enhanced services ("Local Enhanced Services" and "Directed Enhanced Services");
- Design of local incentive schemes as an alternative to the Quality Outcomes Framework (QOF);
- Decision making on whether to establish new GP practices in an area;
- Approving practice mergers; and
- Making decisions on 'discretionary' payment (e.g., returner/retainer schemes).

The CCG will also carry out the following activities:

- To plan, including needs assessment, primary medical care services in Rotherham;
- To undertake reviews of primary medical care services in Rotherham;
- To co-ordinate a common approach to the commissioning of primary care services generally;
- To manage the budget for commissioning of primary medical care services in Rotherham.

- f. Patient and public engagement and communication sub-committee, which is accountable to the Group's Governing Body. Provides strategic and operational leadership, for the development of effective Public and Patient Engagement.

6.8 GP Members Committee

- 6.8.1 The GP Members Committee is to be a strong advisory group to the Strategic Clinical Executive and Clinical Commissioning Group Governing Body and to ensure that the member practices are linked into all of the wider commissioning decisions of the Clinical Commissioning Group (the Group).
- 6.8.2 It is representative of all of the GP Practices in Rotherham and is mandated by them. The committee's key role is to support the GPs on the Strategic Clinical Executive and to hold the Strategic Clinical Executive to account for its commissioning activities. It should provide a 'reference' point for all commissioning developments.

⁵⁷

These Terms of Reference are published on the Group's website

⁵⁸

These Terms of Reference are published on the Group's website and attached as appendix L

6.8.3 The GP Members Committee, which is accountable to the members of the Group (who approve and keep under review the committee's terms of reference⁵⁹), is responsible for the following functions delegated to it:

- a. To ensure that the opinions of the wider GP Community on strategic commissioning decisions are communicated to the Strategic Clinical Executive through the locality representatives including agreeing the Annual Commissioning Plan.
- b. To ensure that communication from the Strategic Clinical Executive is discussed at both locality and practice level through the locality representatives on the GP Members Committee.
- c. To promote the involvement of Rotherham GPs in the quality and efficiency agenda via the Commissioning Local Incentive Scheme.
- d. Each member of the GP Members Committee will be informally linked to a specific member of Strategic Clinical Executive (and the area of work).
- e. To help the Group identify other GPs interested in becoming more involved in commissioning and to assist with succession planning.
- f. To encourage patient engagement in commissioning decisions.
- g. To provide a forum for the discussion and recommendation of ideas to the Strategic Clinical Executive and the Governing Body.
- h. To agree the annual commissioning plan before being submitted to the Governing Body.
- i. To propose amendments to the constitution to NHS England on behalf of member practices.
- j. To keep under review the locality boundaries and to make recommendations to members, as appropriate.
- k. To make recommendations to the Governing Body with a view to securing continuous improvement to the quality of services.
- l. To assist and support NHS England in relation to the Governing Body's duty to improve the quality of Primary Medical Services as set out at paragraph 5.2.5 above.

6.9 The Terms of Reference (TOR) for the sub committees will be approved by the Governing Body

7 ROLES AND RESPONSIBILITIES

7.1 Practice Representatives

Practice representatives represent their practice's views and act on behalf of the practice in matters relating to the Group. The role of each practice representative is to:

7.1.1 Practice representative

Practice representatives have two way responsibilities to their practice and the Group. To liaise and gather views from other members of their practice so they can inform the Group of the collective views of their practice. To explain and disseminate policies agreed by the Group to other members in their practice. To represent the views of their practice to the Group through surveys, at locality meetings and to the GP Members Committee and Strategic Clinical Executive members. Practice representatives are expected to speak on behalf of their patients and the patients of their partners in their practices and to represent patient views to the Practice

representatives will maintain a conflict of interest register for their practice and communicate this to the Group.

7.1.2 GP Members Committee member

GP Members Committee and member practices have two way responsibilities to their locality and to the Group. To liaise and gather views from member practice representatives so they can inform the Group of the collective views of Group Members. To inform and disseminate policies agreed by the Group to member practices especially to those practices in their locality. To represent the views of their locality to the GP Members Committee and to disseminate and explain to locality groups and member practices.

7.2 Other GP and Primary Care Health Professionals

In addition to the practice representatives identified in paragraph 7.1 above, the Group has identified a number of other GPs / primary care health professionals from member practices to either support the work of the Group and / or represent the Group rather than represent their own individual practices. These GPs and primary care health professional undertake the following roles on behalf of the Group:

Strategic Clinical Executive members - Strategic Clinical Executive members are selected on the basis of competency in accordance with the Standing Orders and are responsible for clinical leadership of specific portfolios agreed in collaboration with the Chair, Chief Officer other Strategic Clinical Executive members. Collectively the Strategic Clinical Executive members will form the 'engine house' of the Group producing plans and leading on their delivery. Strategic Clinical Executive members are required to act in the best interests of the patients of Rotherham rather than represent the specific interests of individual practices.

7.3 All Members of the Group's Governing Body

Each member of the Governing Body should share responsibility as part of a team to ensure that the Group exercises its functions effectively, efficiently and economically, with good governance and in accordance with the terms of this constitution. Each brings their unique perspective, informed by their expertise and experience.

7.4 The Chair of the Governing Body

The chair of the Governing Body is also the senior clinical voice of the Group and responsible for:

- 7.4.1 leading the Governing Body, ensuring it remains continuously able to discharge its duties and responsibilities as set out in this constitution;
- 7.4.2 building and developing the Group's Governing Body and its individual members;
- 7.4.3 ensuring that the Group has proper constitutional and governance arrangements in place;
- 7.4.4 ensuring that, through the appropriate support, information and evidence, the Governing Body is able to discharge its duties;
- 7.4.5 supporting the accountable officer in discharging the responsibilities of the organisation;
- 7.4.6 contributing to building a shared vision of the aims, values and culture of the organisation;
- 7.4.7 leading and influencing to achieve clinical and organisational change to enable the Group to deliver its commissioning responsibilities;
- 7.4.8 overseeing governance and particularly ensuring that the Governing Body and the wider Group behaves with the utmost transparency and responsiveness at all times;
- 7.4.9 ensuring that public and patients' views are heard and their expectations understood and, where appropriate as far as possible, met;
- 7.4.10 ensuring that the organisation is able to account to its local patients, stakeholders and NHS England;

- 7.4.11 ensuring that the Group builds and maintains effective relationships, particularly with the individuals involved in overview and scrutiny from Rotherham Metropolitan Borough Council;
- 7.4.12 take the lead in interactions with stakeholders, including NHS England.

7.5 The Deputy Chair of the Governing Body

The Deputy chair of the Governing Body, is the lay member with a lead role in overseeing key elements of governance and deputises for the chair of the Governing Body where he or she has a conflict of interest or is otherwise unable to act.

7.6 Role of the Accountable Officer

7.6.1 The accountable officer of the Group is a member of the Governing Body.

7.6.2 The role of accountable officer includes:

- a. being responsible for ensuring that the clinical commissioning group fulfils its duties to exercise its functions effectively, efficiently and economically thus ensuring improvement in the quality of services and the health of the local population whilst maintaining value for money;
- b. at all times ensuring that the regularity and propriety of expenditure is discharged, and that arrangements are put in place to ensure that good practice is embodied and that safeguarding of funds is ensured through effective financial and management systems.
- c. working closely with the chair of the Governing Body, the accountable officer will ensure that proper constitutional, governance and development arrangements are put in place to assure the members (through the Governing Body) of the organisation's on-going capability and capacity to meet its duties and responsibilities. This will include arrangements for the on-going developments of its members and staff.

7.7 Role of the Chief Finance Officer

7.7.1 The chief finance officer is a member of the Governing Body and is responsible for providing financial advice to the Group and for supervising financial control and accounting systems.

7.7.2 The role of chief finance officer includes:

- a. being the Governing Body's professional expert on finance and ensuring, through robust systems and processes, the regularity and propriety of expenditure is fully discharged;
- b. making appropriate arrangements to support and monitor the Group's finances;
- c. overseeing robust audit and governance arrangements leading to propriety in the use of the Group's resources;
- d. being able to advise the Governing Body on the effective, efficient and economic use of the Group's allocation in order to remain within that allocation and deliver required financial targets and duties; and
- e. producing the financial statements for audit and publication in accordance with the statutory requirements to demonstrate effective stewardship of public money and accountability to NHS England;

7.8 Role of the Deputy Chief Officer

The Deputy Chief Officer is responsible for:

- 7.8.1 co-ordinating the clinical leaders in the Strategic Clinical Executive to produce a clear and clinically credible annual commissioning plan so that it takes into account views of member practices, patients and the public, stakeholders views, the requirement to secure continuous quality improvements, efficiency requirements, NHS England's annual mandate, Rotherham's

JSNA and Health and Wellbeing Strategy , the public sector equality duty, the NHS constitution and the need to reduce inequalities in access to, and the outcomes from healthcare;

7.8.2 co-ordinating the presentation to the Governing Body of monthly integrated performance reports of delivery against the plan; and

7.8.3 co-ordinating the production of the Group's annual report

7.8.4 to lead on the performance management of Yorkshire and Humber Commissioning Support service level agreement.

7.9 Role of the Lay members of the Governing Body

7.9.1 Lay member with a lead role in overseeing key elements of governance

- a. The role of this lay member will be to bring specific expertise and experience to the work of the Governing Body. Their focus will be strategic and impartial, providing an external view of the work of the Group that is removed from the day-to-day running of the organisation. Their role will be to oversee key elements of governance including audit, remuneration and managing conflicts of interest (acting as the conflicts of interest guardian). They will need to be able to chair the audit committee.
- b. As Chair of the Audit Committee, this lay member would be precluded from being the Chair of the Governing Body – although they could be the Deputy Chair.
- c. They will have a lead role in ensuring that the Governing Body and the wider Group behaves with the utmost probity at all times, They will also have a specific role in ensuring that appropriate and effective whistle blowing and anti-fraud systems are in place, as well as overseeing the Emergency Preparedness, Resilience and Response function of the Group.

7.9.2 Lay member with a lead role in championing patient and public involvement

- a. As well as sharing responsibility with the other members for all aspects of Governing Body business, as a lay member on the Governing Body this lay member's role will be to bring specific expertise and experience, as well as their knowledge as a member of the local community, to the work of the Governing Body. Their focus will be strategic and impartial, providing an independent view of the work of the Group that is external to the day-to-day running of the organisation.
- b. They will help to provide assurance that, in all aspects of the Group's business the public voice of the local population is heard and that opportunities are created and protected for patient and public empowerment in the work of the Group. In particular, they will look to provide assurance that:
 - public and patients' views are heard and their expectations understood and met as appropriate;
 - the Group builds and maintains an effective relationship with Local Healthwatch and draws on existing patient and public engagement and involvement expertise; and
 - the Group has appropriate arrangements in place to secure public and patient involvement and responds in an effective and timely way to feedback and recommendations from patients, carers and the public.

7.9.3 Lay member with a lead role in overseeing key elements of Primary Care Commissioning.

As well as sharing responsibility with the other members for all aspects of Governing Body business, as a lay member on the Governing Body this lay member's role will hold the portfolio for Primary Care. Their focus will be strategic and impartial, providing an external view of the work of the CCG that is removed from the day-to-day running of the organisation.

7.10 Role of the Registered Nurse Governing Body representative

7.10.1 As well as sharing responsibility with the other members for all aspects of the Governing Body's business, as a registered nurse on the Governing Body, this person will bring a broader view, from their perspective as a registered nurse, on health and care issues to underpin the work of the Group especially the contribution of nursing to patient care.

7.10.2 Specific attributes and competencies

- a. be a registered nurse who has developed a high level of professional expertise and knowledge;
- b. be competent, confident and willing to give an independent strategic clinical view on all aspects of CCG business;
- c. be highly regarded as a clinical leader, probably across more than one clinical discipline and/or specialty – demonstrably able to think beyond their own professional viewpoint; be able to take a balanced view of the clinical and management agenda and draw on their specialist skills to add value;
- d. be able to contribute a generic view from the perspective of a registered nurse whilst putting aside specific issues relating to their own clinical practice or employing organisation's circumstances; and be able to bring detailed insights from nursing and perspectives into discussions regarding service re-design, clinical pathways and system reform.

7.10.3 Further points

- a. The registered nurse cannot be employed by a body which provides any relevant service to a person for whom the CCG has responsibility. There are two exceptions: a service provided as a result of a patient exercising choice about where to receive a service or a specialist service provided pursuant to a special arrangement made by the CCG in the person's particular case⁶⁰.
- b. The individual should bring additional perspectives beyond primary care and cannot be a general practice employee. This is especially in relation to this particular role and does not preclude practice nurses from being members of the governing body in other capacities, for instance as the health professionals acting on behalf of member practices.

7.11 Role of the Secondary Care Specialist Doctor Governing Body representative

7.11.1 As well as sharing responsibility with the other members for all aspects of the Governing Body's business, this clinical member will bring a broader view, on health and care issues to underpin the work of the Group. In particular, they will bring to the Governing Body an understanding of patient care in the secondary care setting.

7.11.2 Specific attributes and competencies

- a. The Secondary Care Doctor is required to be a secondary care specialist, who has a high level of understanding of how care is delivered in a secondary care setting
- b. be competent, confident and willing to give an independent strategic clinical view on all aspects of CCG business;
- c. be highly regarded as a clinical leader, preferably with experience working as a leader across more than one clinical discipline and/or specialty with a track record of collaborative working;
- d. be able to take a balanced view of the clinical and management agenda, and draw on their in depth understanding of secondary care to add value;

⁶⁰ CCG Regulations 2012

- e. be able to contribute a generic view from the perspective of a secondary care doctor whilst putting aside specific issues relating to their own clinical practice or their employing organisation's circumstances; and
- f. be able to provide an understanding of how secondary care providers work within the health system to bring appropriate insight to discussions regarding service redesign, clinical pathways and system reform.

Whilst it is desirable to have a practicing clinician, the individual may well no longer practice medicine, they will need to demonstrate that they still have a relevant understanding of care in the secondary setting and not be more than two years retired.

Whilst CCG regulations⁶¹ state "The secondary care doctor cannot be employed by a body which provides any relevant service to a person for whom the CCG has responsibility. There are two exceptions: a service provided as a result of a patient exercising choice about where to receive a service or a specialist service provided pursuant to a special arrangement made by the CCG in the person's particular case." If there is a difficulty recruiting to this post the CCG will accept any Non Rotherham Secondary Care Doctor.

7.12 Role of the additional GP to the Governing Body

The additional GP member is responsible for:

as well as sharing responsibility with the other members for all aspects of the Governing body's business, this clinical member will bring a broader view on health and care issues to underpin the work of the group. In particular, they will bring to the governing body specific understanding of patient care/engagement in the primary care setting in Rotherham.

7.13 Indemnity for Members

- 7.13.1 Members of the Group, the Governing Body, its committees and sub-committees in the execution of their duties as a member of the Group, who act in good faith will not have to meet out of their personal resources any personal civil liability which is incurred in the execution or purported execution of their Group functions, save where they have acted recklessly.
- 7.13.2 These representatives may be removed from office in accordance with the post holders contract of employment, employment legislation and the normal NHSE/CCG conditions of service/HR procedures or in accordance with the standing order policy at Appendix D.

8 STANDARDS OF BUSINESS CONDUCT AND MANAGING CONFLICTS OF INTEREST

8.1 Standards of Business Conduct

- 8.1.1 Employees, members, committee and sub-committee members of the Group and members of the Governing Body (and its committees) will at all times comply with this constitution and be aware of their responsibilities as outlined in it. They should act in good faith and in the interests of the Group and should follow the *Seven Principles of Public Life*, set out by the Committee on Standards in Public Life (the Nolan Principles) The Nolan Principles are incorporated into this constitution at Appendix G and are noted in the Conflicts of Interest Policy Including Standards of Business Conduct and Gifts and Hospitality
- 8.1.2 They must comply with the Group's policy on Conflicts of Interest, including the requirements set out in the Conflicts of Interest Policy. This policy is available on the Group's website.
- 8.1.3 Individuals contracted to work on behalf of the Group or otherwise providing services or facilities to the Group (a "contracted individual") 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.

⁶¹ CCG Regulations 2012

8.2 Conflicts of Interest

- 8.2.1 As required by section 140 of the 2006 Act, as inserted by section 25 of the 2012 Act, the clinical commissioning group will make arrangements to manage conflicts and potential conflicts of interest to ensure that decisions made by the Group will be taken and seen to be taken without any possibility of the influence of external or private interest.
- 8.2.2 Where an individual, i.e. an employee, contracted individual, as per 8.1.3 Group member, member of the Governing Body, or a member of a committee or a sub-committee of the Group or its Governing Body and any individual directly involved with the business or decision-making of the CCG has an interest, or becomes aware of an interest which could lead to a conflict of interests - in the event of the Group considering an action or decision in relation to that interest - that must be considered as a potential conflict, and is subject to the provisions of this constitution and the Conflicts of Interest Policy Including Standards of Business Conduct and Gifts and Hospitality .
- 8.2.3 A conflict of interest will be considered as set out in the definition in the conflicts of interest policy.
- 8.2.4 If in doubt, the individual concerned should assume that a potential conflict of interest exists.

8.3 Declaring and Registering Interests

- 8.3.1 The Group will maintain one or more registers of the interests of:
 - a. the members of the Group;
 - b. the members of the Group's Governing Body;
 - c. the members of the Group's committees or sub-committees and the committees or sub-committees of its Governing Body; and
 - d. its employees.
- 8.3.2 The registers will all be published on the Group's website [Declarations of interest](#) and will be maintained by the Accountable Officer.
- 8.3.3 individuals declare any conflict or potential conflict in relation to a decision to be made by the group as soon as they become aware of it, and in any event within 28 days of becoming aware of the conflict.
- 8.3.4 Where an individual is unable to provide a declaration in writing, for example, if a conflict becomes apparent in the course of a meeting, they will make an oral declaration before witnesses, and provide a written declaration as soon as possible thereafter.
- 8.3.5 When entering an interest on the register of interests, the CCG will ensure that it includes sufficient information about the nature of the interest and the details of those holding the interest.
- 8.3.6 The Accountable Officer will ensure that the register(s) of interest are reviewed annually, and updated as necessary. All persons required to, must declare any interests as soon as reasonably practicable and by law within 28 days after an interest arises.

8.4 Managing Conflicts of Interest: general

- 8.4.1 Individual members of the Group, the Governing Body, committees or sub-committees, the committees or sub-committees of its Governing Body, contracted individuals and employees will comply with the arrangements determined by the Group for managing conflicts or potential conflicts of interest.
- 8.4.2 The CCG will ensure that, when members declare interests, this includes the interests of all relevant individuals within their own organisations (e.g. partners in a GP practice), who have a relationship with the CCG and who would potentially be in a position to benefit from the CCG's decisions.
- 8.4.3 Where an interest has been declared, either in writing or by oral declaration, the declarer will

ensure that before participating in any activity connected with the CCG's exercise of its commissioning functions, they have received confirmation of the arrangements to manage the conflict of interest or potential conflict of interest from the Governing Body.

8.4.4 The Accountable Officer will ensure that for every interest declared, either in writing or by oral declaration, arrangements are in place to manage the conflict of interests or potential conflict of interests, to ensure the integrity of the Group's decision making processes.

8.4.5 Arrangements for the management of conflicts of interest are to be determined and managed by the Accountable Officer. The procedure appended to this constitution covers situations in which:-

- a. the conflict is relevant to situations other than meetings, and advice is needed by that individual about managing that risk.
- b. the conflict is to arise in a meeting and the individual's contribution or otherwise to that discussion needs determining.
- c. the declaration is made by the chair of a meeting.
- d. exclusion from a discussion makes a meeting non-quorate.

8.4.6 The Accountable Officer will take such steps as deemed appropriate, and request from individuals information deemed appropriate, to ensure that all conflicts of interest and potential conflicts of interest are declared.

8.4.7 Arrangements for the management of conflicts of interest are to be determined by the Governing Body and will include the requirement to put in writing to the relevant individual arrangements for managing the conflict of interests or potential conflicts of interest, within a week of declaration.

8.5 Managing Conflicts of Interest: contractors and people who provide services to the Group

8.5.1 Anyone seeking information in relation to procurement, or participating in procurement, or otherwise engaging with the clinical commissioning group in relation to the potential provision of services or facilities to the Group, will be required to make a declaration of any relevant conflict / potential conflict of interest.

8.5.2 Anyone contracted to provide services or facilities directly to the clinical commissioning group will be subject to the same provisions of this constitution incorporating the procedures as appended in Appendix I in relation to managing conflicts of interests. This requirement will be set out in the contract for their services.

8.6 Transparency in Procuring Services

8.6.1 The Group recognises the importance in making decisions about the services it procures in a way that does not call into question the motives behind the procurement decision that has been made. The Group will procure services in a manner that is open, transparent, non-discriminatory and fair to all potential providers

8.6.2 The Group will publish a Procurement policy approved by the Governing Body which will ensure that:

- a. all relevant clinicians (not just members of the Group) and potential providers, together with local members of the public, are engaged in the decision-making processes used to procure services;
- b. service redesign and procurement processes are conducted in an open, transparent, non-discriminatory and fair way.

9 THE GROUP AS EMPLOYER

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

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

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

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

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

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

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

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

9.9 The Group has adopted the Conflicts of Interest Policy Including Standards of Business Conduct and Gifts and Hospitality and will maintain and promote effective 'whistleblowing' procedures to ensure that concerned staff have means through which their concerns can be voiced.

"The group recognises and confirms that nothing in or referred to in this constitution (including in relation to the issue of any press release or other public statement or disclosure) will prevent or inhibit the making of any protected disclosure (as defined in the Employment Rights Act 1996, as amended by the Public Interest Disclosure Act 1998) by any member of the group, any member of its governing body, any member of any of its committees or sub-committees or the committees or sub-committees of its governing body, or any employee of the group or of any of its members, nor will it affect the rights of any worker (as defined in that Act) under that Act."

9.10 Copies of this Conflicts of Interest Policy Including Standards of Business Conduct and Gifts and Hospitality, together with the other policies and procedures outlined in this chapter, are available on the Group's website.

10 TRANSPARENCY, WAYS OF WORKING AND STANDING ORDERS

10.1 General

- 10.1.1 The Group will publish annually a commissioning plan and an annual report, presenting the Group's annual report to a public meeting.
- 10.1.2 Key communications issued by the Group, including the notices of procurements, public consultations, Governing Body meeting dates, times, venues, and certain papers will be published on the Group's website.
- 10.1.3 The Group may use other means of communication, including circulating information by

2006 Act	National Health Service Act 2006
2012 Act	Health and Social Care Act 2012 (this Act amends the 2006 Act)
Accountable officer	<p>an individual, as defined under paragraph 12 of Schedule 1A of the 2006 Act (as inserted by Schedule 2 of the 2012 Act), appointed by NHS England, with responsibility for ensuring the group:</p> <ul style="list-style-type: none"> • complies with its obligations under: <ul style="list-style-type: none"> ○ sections 14Q and 14R of the 2006 Act (as inserted by section 26 of the 2012 Act), ○ sections 223H to 223J of the 2006 Act (as inserted by section 27 of the 2012 Act), ○ paragraphs 17 to 19 of Schedule 1A of the NHS Act 2006 (as inserted by Schedule 2 of the 2012 Act), and ○ any other provision of the 2006 Act (as amended by the 2012 Act) specified in a document published by the Governing Body for that purpose; • exercises its functions in a way which provides good value for money.
Area	the geographical area that the group has responsibility for, as defined in Chapter 2 of this constitution
Audit and Quality Assurance Sub-Committee	a sub- committee of the Governing Body
Governing Body	<p>the body appointed under section 14L of the NHS Act 2006 (as inserted by section 25 of the 2012 Act), with the main function of ensuring that a clinical commissioning group has made appropriate arrangements for ensuring that it complies with:</p> <ul style="list-style-type: none"> • its obligations under section 14Q under the NHS Act 2006 (as inserted by section 26 of the 2012 Act), and • such generally accepted principles of good governance as are relevant to it.
Governing Body member	any member appointed to the Governing Body of the group
Budget	a resource, expressed in financial terms, proposed by the Governing Body for the purpose of carrying out, for a specific period, any or all of the functions of the CCG.
Budget holder	the Director or employee with delegated authority to manage finances (Income and Expenditure) for a specific area of the organisation.
Chair of the Governing Body	the individual appointed by the group to act as chair of the Governing Body
Chief Finance Officer	the qualified accountant employed by the group with responsibility for financial strategy, financial management and financial governance
Clinical Commissioning Group	a body corporate established by NHS England in accordance with Chapter A2 of Part 2 of the 2006 Act (as inserted by section 10 of the 2012 Act)
Commissioning	the process for determining the need for and for obtaining the supply of healthcare and related services by the CCG within available resources.

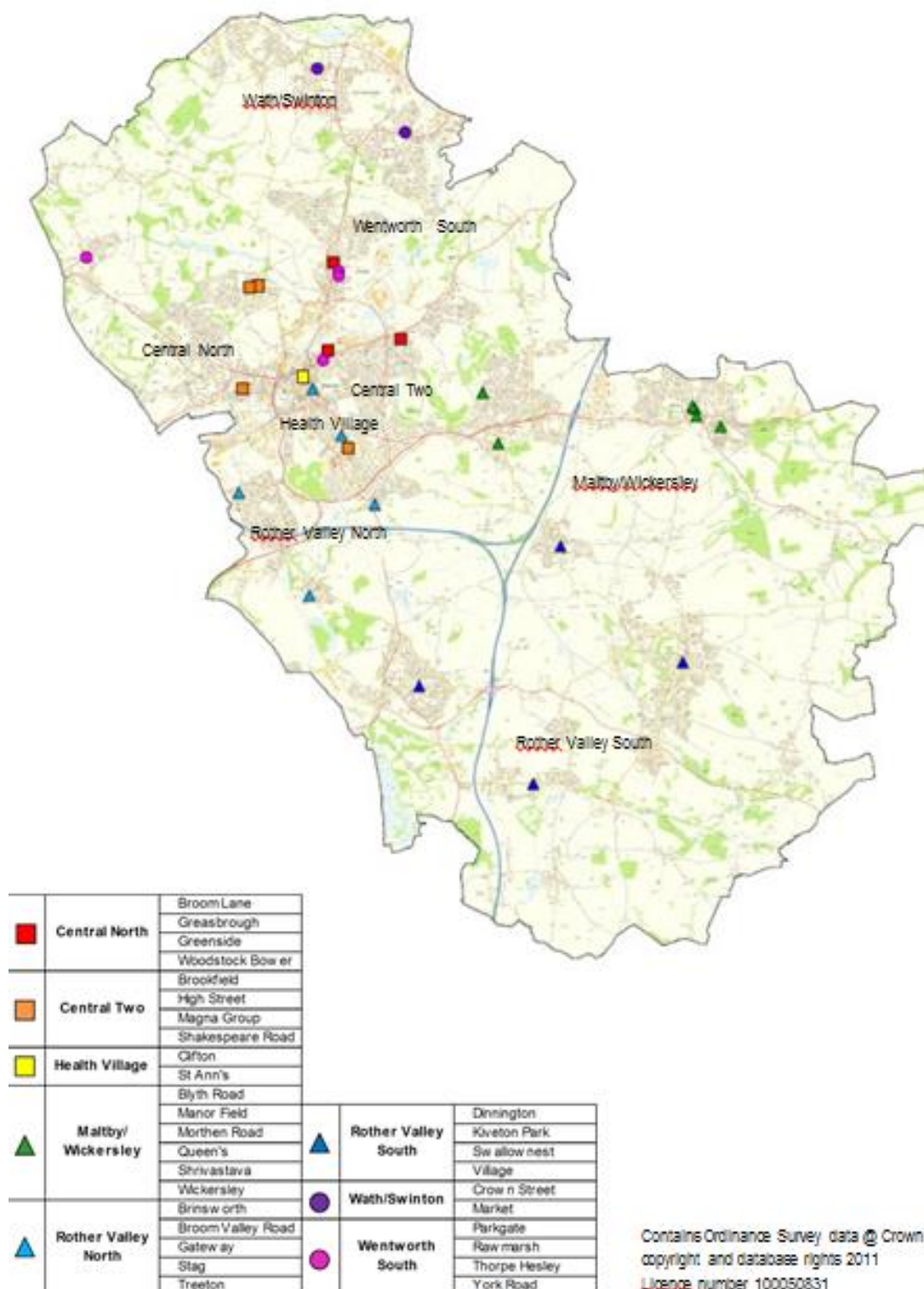
Committee	a committee or sub-committee created and appointed by: <ul style="list-style-type: none"> the membership of the group a committee / sub-committee created by a committee created / appointed by the membership of the group a committee / sub-committee created / appointed by the Governing Body.
Committee members	persons formally appointed by the Governing Body sit on or to chair specific committees.
Constitution	this constitution as amended from time to time in accordance with its terms
Corporate Secretary	a person appointed to act independently of the Governing Body to provide advice on corporate governance issues to the Governing Body and the Chair and monitor the CCG's compliance with the law, Standing Orders, and other Health guidance.
Contracting and procuring	the systems for obtaining the supply of goods, materials, manufactured items, services, building and engineering services, works of construction and maintenance and for disposal of surplus and obsolete assets.
Director of Public Health	a health care professional who is a specialist in Public Health or a consultant in Public Health medicine may hold the post of Director of Public Health.
Financial Directions	any and all Directions made by the Secretary of State from time to time which relate to financial entitlements and or requirements.
Financial year	this usually runs from 1 April to 31 March, but under paragraph 17 of Schedule 1A of the 2006 Act (inserted by Schedule 2 of the 2012 Act), it can for the purposes of audit and accounts run from when a clinical commissioning group is established until the following 31 March
Group	NHS Rotherham Clinical Commissioning Group, whose constitution this is
Governing Body	The group comprised to fulfill the functions of the Governing Body as set out in the 2006 Act and also as further set out in the Constitution
GP	a medical practitioner whose name is included in the General Practice Register kept by the General Medical Council who is either a Member or engaged by a Member of the CCG
GP Members Committee	A strong advisory group to the Strategic Clinical Executive and CCG Governing Body. It represents all GP practices in Rotherham.
Health and Wellbeing Board	the health and wellbeing of the people in its area and encouraging persons who arrange for the provision of any health or social care services in that area to work in an integrated manner
Health and Wellbeing Strategy	a strategy developed with Rotherham Metropolitan Borough Council for the purpose of advancing the health and wellbeing of the people in its area and implemented by the Health and Wellbeing Board

Healthcare Professional;	an individual who is a member of a profession regulated by a body mentioned in section 25(3) of the National Health Service Reform and Health Care Professions Act 2002
Independent Members	those members of the Governing Body that are independent of the Members and which shall comprise of three (3) Lay Members
Lay member	a lay member of the Governing Body, appointed by the group. A lay member is an individual who is not a member of the group or a healthcare professional (i.e. an individual who is a member of a profession regulated by a body mentioned in section 25(3) of the National Health Service Reform and Health Care Professions Act 2002) or as otherwise defined in regulations
Member	a provider of primary medical services to a registered patient list, who is a member of this group
NHS England	an executive non-departmental public body of the Department of Health. NHS England oversees the budget, planning, delivery and day-to-day operation of the commissioning side of the NHS
Nominated officer	an officer charged with the responsibility for discharging specific tasks within Standing Orders and Standing Financial Instructions.
Non-officer member	a member of the CCG who is not an officer of the CCG.
Officer	employee of the CCG or any other person holding a paid appointment or office with the CCG.
Officer member	a member of the CCG who is either an officer of the CCG or is to be treated as an officer (i.e. the Chair of the CCG, Clinical Commissioning Group or any person nominated by such a Committee for appointment as a CCG member).
Patient & public engagement and communication committee	A Sub-Committee of the Governing Body
Practice	a provider of primary medical services in accordance with section 14A of the 2006 Act
Practice representatives	an individual appointed by a practice (who is a member of the group) to act on its behalf in the dealings between it and the group, under regulations made under section 89 or 94 of the 2006 Act (as amended by section 28 of the 2012 Act) or directions under section 98A of the 2006 Act (as inserted by section 49 of the 2012 Act)
Primary care committee	A Committee of the Governing Body

<i>Registers of interests</i>	<p>The group is required to maintain and make publicly available under section 14O of the 2006 Act (as inserted by section 25 of the 2012 Act), of the interests of:</p> <ul style="list-style-type: none"> • the members of the group; • the members of its Governing Body; • the members of its committees or sub-committees and committees or sub-committees of its Governing Body; and • its employees.
<i>Remuneration Committee</i>	a committee of the Governing Body
<i>Scheme of Reservation and Delegation</i>	Delegates powers and authority to the various elements of the organisation set out at Appendix E of this document.
<i>Standing Orders</i>	the standing orders of the CCG from time to time set out in Appendix D of this document.
<i>Vice-Chair</i>	the non-officer member appointed by the Governing Body to take on the Chair's duties if the Chair is absent for any reason.

Appendix B – Map of Rotherham CCG showing practices and related localities

NHS Rotherham CCG Commissioning Practice & Localities



APPENDIX C -
LIST OF MEMBER PRACTICES

The Group holds signed letters from each of its member practices listed below.

	NACS No.	Practice Name	Address	Locality
1	C87002	Dinnington Group Practice	Dinnington Group Practice New Street Dinnington Sheffield S25 2EZ	Rother Valley South
2	C87003	Woodstock Bower Group Practice	Woodstock Bower Group Practice Kimberworth Road Rotherham S61 1AH	Central North
3	C87004	Kiveton Park Primary Care Centre	Kiveton Park Primary Care Centre Chapel Way Kiveton Park Sheffield S26 6QU	Rother Valley South
4	C87005	St Ann's Medical Centre	St Ann's Medical Centre Rotherham Health Village Doncaster Gate Rotherham S65 1DA	Health Village
5	C87006	Magna Group Practice	Valley Health Centre Saville Street Dalton Rotherham S65 3HD.	Central Two
6	C87007	Stag Medical Centre	Stag Medical Centre 162 Wickersley Road Rotherham S60 4JW	Rother Valley North
7	C87008	Swallownest Health Centre	Swallownest Health Centre Worksop Road Swallownest Sheffield S26 4WD	Rother Valley South
8	C87009	Brinsworth Medical Centre	Brinsworth Medical Centre 171 Bawtry Road Brinsworth Rotherham S60 5ND	Rother Valley North
9	C87010	York Road Surgery	York Road Surgery York Road Eastwood Rotherham S65 1PW	Wentworth South
10	C87012	Broom Lane Medical Practice	Broom Lane Medical Centre 70 Broom Lane Rotherham S60 3EW	Central North
11	C87013	Parkgate Medical Centre	Parkgate Medical Centre Netherfield Lane Rotherham S62 6AW	Wentworth South
12	C87014	Treeton Medical Centre	Treeton Medical Centre 10 Arundel Street Treeton Rotherham S60 5PW	Rother Valley North
13	C87015	Wickersley Health Centre	Wickersley Health Centre Wickersley Rotherham S66 2JQ	Maltby Wickersley

	NACS No.	Practice Name	Address	Locality
14	C87016	Morthen Road Surgery	Morthen Road Surgery 2 Morthen Road Wickersley Rotherham S66 1EU	Maltby Wickersley
15	C87017	Clifton Medical Centre	Clifton Medical Centre Rotherham Health Village Doncaster Gate Rotherham S65 1DA	Health Village
16	C87018	High Street Surgery	High Street Surgery High Street Rawmarsh Rotherham S62 6LW	Central Two
17	C87020	Greenside Surgery	Greenside Surgery Greasbrough Rotherham S61 4PT	Central North
18	C87022	Village Surgery	Village Surgery 24-28 Laughton Road Thurcroft Rotherham S66 9LP	Rother Valley South
19	C87023	Brookfield Surgery	Valley Health Centre Saville St Dalton Rotherham S65 3HD	Central Two
20	C87024	Rawmarsh Health Centre	Rawmarsh Health Centre Rawmarsh Customer Services Centre Barbers Avenue Rawmarsh Rotherham S62 6AE	Wentworth South
21	C87029	Market Surgery	Market Surgery Warehouse Lane Wath-On-Deane Rotherham S63 7RA	Wath Swinton
22	C87030	Crown St Surgery	Crown Street Surgery 17 Crown Street Swinton Rotherham S64 8NB	Wath Swinton
23	C87031	Braithwell Road Surgery	Maltby Services Centre Braithwell Road Maltby Rotherham S66 8LE	Maltby Wickersley
24	C87603	Greasbrough Medical Centre	Greasbrough Medical Centre Munsbrough Rise Greasbrough Rotherham S61 4RB	Central North
25	C87604	Thorpe Hesley Surgery	Thorpe Hesley Surgery Sough Hall Avenue Thorpe Hesley Rotherham S61 2QP	Wentworth South

	NACS No.	Practice Name	Address	Locality
26	C87606	Queens Medical Centre	Queens Medical Centre Muglet Lane Maltby Rotherham S66 7NA	Maltby Wickersley
27	C87608	Shakespeare Road Personal Medical Services	Shakespeare Road Personal Medical Services 50 Shakespeare Road Eastwood Rotherham S65 1QY	Central Two
28	C87616	Blyth Road Medical Centre	Blyth Road Medical Centre 8 Blyth Road Maltby Rotherham S66 8JD	Maltby Wickersley
29	C87620	Manor Field Surgery	Manor Field Surgery Maltby Services Centre Braithwell Road Maltby Rotherham S66 8LE	Maltby Wickersley
30	C87621	Broom Valley Road Surgery	Broom Valley Road Surgery 102-104 Broom Valley Road Rotherham S60 2QY	Rother Valley North
31	C87622	Gateway Primary Care	Gateway Primary Care Chatham House Doncaster Gate Rotherham S65 1DA	Rother Valley North

APPENDIX D - STANDING ORDERS

1 STATUTORY FRAMEWORK AND STATUS

1.1 Introduction

- 1.1.1 The constitution contains high level standing orders, scheme of reservation and delegation and prime financial policies. This document sets out in greater detail those powers and decisions reserved to the members, the Governing Body, the Chief Officer and other committees and officer positions.
- 1.1.2 These standing orders have been drawn up to regulate the proceedings of the NHS Rotherham Clinical Commissioning Group so that group can fulfil its obligations, as set out largely in the 2006 Act, as amended by the 2012 Act and related regulations. They are effective from the date the group is established.
- 1.1.3 The standing orders, together with the group's scheme of reservation and delegation⁶² and the group's prime financial policies⁶³, provide a procedural framework within which the group discharges its business. They set out:
- a. the arrangements for conducting the business of the group;
 - b. the appointment of member practice representatives;
 - c. the procedure to be followed at meetings of the group, the Governing Body and any committees or sub-committees of the group or the Governing Body;
 - d. the process to delegate powers,
 - e. the declaration of interests and standards of business 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 appropriate⁶⁴ of any relevant guidance.
- 1.1.4 The standing orders, scheme of reservation and delegation and prime financial policies have effect as if incorporated into the group's constitution. Group members, employees, members of the Governing Body, members of the Governing Body's committees and sub-committees, members of the group's committees and sub-committees and persons working on behalf of the group should be aware of the existence of these documents and, where necessary, be familiar with their detailed provisions. Failure to comply with the standing orders, scheme of reservation and delegation and prime financial policies may be regarded as a disciplinary matter that could result in dismissal.

1.2 Schedule of matters reserved to the clinical commissioning group and the scheme of reservation and delegation

- 1.2.1 The 2006 Act provides the group with powers to delegate the group's functions and those of the Governing Body to certain bodies (such as committees) and certain persons. The group has decided that certain decisions may only be exercised by the group in formal session. These decisions and also those delegated are contained in the group's scheme of reservation and delegation (see Appendix E).

⁶² See Appendix E

⁶³ See Appendix F

⁶⁴ Under some legislative provisions the group is obliged to have regard to particular guidance but under other circumstances guidance is issued as best practice guidance.

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

2.1 Composition of membership

- 2.1.1 Chapter 3 of the group's constitution provides details of the membership of the group (also see Appendix C).
- 2.1.2 Chapter 6 of the group's constitution provides details of the governing structure used in the group's decision-making processes, whilst Chapter 7 of the constitution outlines certain key roles and responsibilities within the group and its Governing Body, including the role of practice representatives (section 7.1 of the constitution).

2.2 Key Roles

- 2.2.1 Paragraph 6.7.2 of the group's constitution sets out the composition of the group's Governing Body whilst Chapter 7 of the group's constitution identifies certain key roles and responsibilities within the group and its Governing Body. These standing orders set out how the group appoints individuals to these key roles.
- 2.2.2 GP Members Committee, as listed in paragraph 6.8 of the group's constitution, is subject to the following appointment process:
 - Nominations – Each locality to accept nominations from currently practicing clinicians of member practices;
 - Eligibility – currently practicing clinicians of member practices in locality;
 - Appointment process – Election from practice representative of locality practices, by simple majority;
 - Term of office - Annual;
 - Eligibility for reappointment - Members are eligible for re-appointment; each area to decide who their representative is.
 - Grounds for removal from office –
- If ceases to be a clinician in locality.
- Any member practice in a locality can petition for re-election of a locality representative.
 - Notice period – 3 months.
- 2.2.3 Strategic Clinical Executive members, as listed in paragraph 7.2 of the group's constitution, is subject to the following appointment process:
 - a. Nominations – Accountable Officer to administer nomination process;
 - b. Eligibility – GP member of a GP member practice; and practicing Clinician
 - c. Appointment process - Selection against competencies by a panel which must include a member of the GP Membership Committee. Term of office - 4 years
 - d. Eligibility for reappointment – Yes; following competitive interview process
 - e. Grounds for removal from office –
 - Annual vote of confidence in commissioning arrangements from all Rotherham GPs. If more than 65% of voters show no confidence immediate recall of SCE and GP Members Committee chair and vice chair. If vote of 40-60% of voters Immediate consultation and review of SCE and GP Members Committee to identify issues with report back and repeat vote within one month.
 - Competency as per CCG competencies policy.
 - Ceases to be a clinician in member practice;

- f. Notice period – 3 months.

2.2.4 The chair of the CCG, as listed in paragraph 7.4 of the group's constitution, is subject to the following appointment process:

- a. Nominations – Member of SCE;
- b. Eligibility – Member of SCE. Have passed national assessment centre for CCG clinical leaders;
- c. Appointment process - Vote of GP member of SCE, by simple majority;
- d. Term of office – annually;
- e. Eligibility for reappointment – Yes; (follow appointment process)
- f. Grounds for removal from office –
 - a. Any SCE member can petition for a re-election for chair.
 - b. Competency as per CCG competencies policy.
 - c. Ceases to be a clinician in member practice;
- g. Notice period – 3 months

2.2.5 Governing Body representatives from member practices, as listed in paragraph 7.1.1 of the group's constitution, is subject to the following appointment process:

- a. Nominations – Chairs and vice chair of GPMC;
- b. Eligibility – Member of members Committee;
- c. Appointment process - GPMC to elect chair and vice chair 3 yearly by votes of GP members of the groups;
- d. Term of office – 3 yearly; - Annual vote of confidence
- e. Eligibility for reappointment – Yes; (requires GPMC approval)
- f. Grounds for removal from office –
 - a. Any GP Members Committee member can petition for re-election;
- g. Notice period – 3 months.

2.2.6 Additional GP representative from member practice, as listed in paragraph 7.12 of the group's constitution, is subject to the following appointment process.

- a. Nominations requested from all member practices
- b. Eligibility – GP partner member practice
- c. Appointment process – Selection against competencies by a panel which must include a member of the GP Membership Committee.
- d. Terms of office – 3 years
- e. Eligibility for reappointment – yes (requires locality approval)
- f. Grounds for removal from office –
 - Competency as per CCG competencies policy
 - Ceases to be a clinician in member practice
 - Serial non-attendance,- 80% attendance minimum
- g. Notice period – 3 months

2.2.7 Governing Body representatives from SCE, as listed in paragraph 7.2.1 of the group's constitution, is subject to the following appointment process:

- a. Nominations – Chairs and vice chair of SCE;
- b. Eligibility – Member of or SCE;
- c. Appointment process - SCE to elect annually chair and vice chair by votes of GP members of the groups;
- d. Term of office – annually;
- e. Eligibility for reappointment – Yes; (follow appointment process)
- f. Grounds for removal from office – Any SCE members can petition for re-election of chair or vice-chair of the SCE;
- g. Notice period 1 Month

2.2.8 Lay members of the Governing Body as listed in paragraph 7.9 of the group's constitution, is subject to the following appointment process:

- a. Nominations – n/a;
- b. Eligibility – Initial appointments to be from a pool;
- c. Appointment process - Selection against competencies by a panel which must include a member of the GP Membership Committee. (chair and vice chair or deputies chosen by them) and current chair of SCE or deputy chosen by him/her.
- d. Term of office - 3 years;
- e. Eligibility for reappointment – Yes; (follow appointment process)
- f. Grounds for removal from office –
 - Gross misconduct including breach of Nolan principle.
 - Serial non-attendance, 3 consecutive meetings unless apologies accepted by committee chair;
- g. Notice period 3 Months

2.2.9 Registered Nurse Governing Body representative, as listed in paragraph 7.10 of the group's constitution, is subject to the following appointment process:

- a. Nominations – n/a;
- b. Eligibility – Current registered nurse. No conflicts of interest as defined by national guidance on NHS England's website;
- c. Appointment process – Appointment made by open advert. Selection against competencies by a panel which must include a member of the GP Membership Committee. (chair and vice chair or deputies chosen by them) and current chair of SCE or deputy chosen by them. Selection against competencies by a committee including two GP Members Committee members (chair and vice chair or deputies chosen by them) and the Chief Officer;
- d. Term of office Substantive appointment
- e. Eligibility for reappointment – N/A;
- f. Grounds for removal from office –
- g. Gross misconduct.
- h. Competency as per CCG competencies policy;

- i. Notice period – 3 months.

2.2.10 Secondary Care Specialist Doctor Governing Body representative, as listed in paragraph 7.11 of the group's constitution, is subject to the following appointment process:

- a. Nominations – n/a;
- b. Eligibility – Current registered doctor. Current or recent secondary care experience as defined by national guidance on NHCCB website. No conflicts of interest as defined by national guidance on NHS England's website;
- c. Appointment process - Selection against competencies by a panel which must include a member of the GP Membership Committee. (chair and vice chair or deputies chosen by them) and current chair of SCE or deputy chosen by him/her;
- d. Term of office 2 years
- e. Eligibility for reappointment – Yes; (follow appointment process)
- f. Grounds for removal from office –
- g. Removal from professional registration.
 - Gross misconduct including breach of Nolan principle.
 - Serial non-attendance, 3 meetings per year unless apologies accepted by committee chair;
- h. Notice period 3 months

2.2.11 Accountable Officer, as listed in paragraph 7.6 of the group's constitution, is subject to the following appointment process:

- a. Nominations – n/a;
- b. Eligibility – Initial appointment to be from pool of people in current VSM posts as advised by NHS England, who have passed national assessment centre process. Appointment to be ratified by NHS England. Subsequent appointments to be via open advert;
- c. Appointment process - Advert. Appointment to be by committee including chair and vice chair of GPMC or deputies chosen by them and chair of SCE or deputy chosen by him/her. Subsequent appointments to be via open advert.
- d. Term of office - Substantive appointment;
- e. Eligibility for reappointment – n/a;
- f. Grounds for removal from office –
 - Gross misconduct.
 - Competency as per CCG competencies policy.
- g. Process overseen by lay member for audit, remuneration and conflict of interest;
- h. Notice period 6 months.

2.2.12 Chief Finance Officer, as listed in paragraph 7.7 of the group's constitution, is subject to the following appointment process:

- a. Nominations – n/a;
- b. Eligibility – Initial appointment to be from pool of people as advised by NHS England, who have passed national assessment centre process. Subsequent appointments to be via open advert;
- c. Appointment process – Advert. Appointment to be by committee including chair and vice chair of GPMC or deputies chosen by them and chair of SCE or deputy

chosen by him/her and Chief Officer. Subsequent appointments to be via open advert:

- d. Term of office - Substantive appointment;
- e. Eligibility for reappointment – n/a;
- f. Grounds for removal from office –
 - Gross misconduct.
 - Competency as per CCG competencies policy;
- g. Notice period 6 months

2.2.13 Deputy Chief Officer, as listed in paragraph 7.8 of the group's constitution, is subject to the following appointment process:

- a. Nominations – n/a;
- b. Eligibility – Initial appointment to be from pool of people as advised by NHS England, Subsequent appointments to be via open advert;
- c. Appointment process - via open advert;
- d. Term of office - Substantive appointment;
- e. Eligibility for reappointment – n/a;
- f. Grounds for removal from office –
 - Gross misconduct.
 - Competency as per CCG competencies policy;
- g. Notice period – 3 months.

2.2.14 The roles and responsibilities of each of these key roles are set out in this document or Chapter 7 of the group's constitution

2.2.15 All Members of the Group's Governing Body

Each member of the Governing Body should share responsibility as part of a team to ensure that the group exercises its functions effectively, efficiently and economically, with good governance and in accordance with the terms of this constitution. Each brings their unique perspective, informed by their expertise and experience.

2.2.16 The Chair of the Governing Body

The chair of the Governing Body is also the senior clinical voice of the group and responsible for:

- a. leading the Governing Body, ensuring it remains continuously able to discharge its duties and responsibilities as set out in this constitution;
- b. building and developing the group's Governing Body and its individual members;
- c. ensuring that the group has proper constitutional and governance arrangements in place;
- d. ensuring that, through the appropriate support, information and evidence, the Governing Body is able to discharge its duties;
- e. supporting the Accountable Officer in discharging the responsibilities of the organisation;
- f. contributing to building a shared vision of the aims, values and culture of the organisation;
- g. leading and influencing to achieve clinical and organisational change to enable the group to deliver its commissioning responsibilities;

- h. overseeing governance and particularly ensuring that the Governing Body and the wider group behaves with the utmost transparency and responsiveness at all times;
- i. ensuring that public and patients' views are heard and their expectations understood and, where appropriate as far as possible, met;
- j. ensuring that the organisation is able to account to its local patients, stakeholders and NHS England;
- k. ensuring that the group builds and maintains effective relationships, particularly with the individuals involved in overview and scrutiny from Rotherham Metropolitan Borough Council;
- l. take the lead in interactions with stakeholders, including NHS England.

2.2.17 The Deputy Chair of the Governing Body

The deputy chair of the Governing Body is the lay member with a lead role in overseeing key elements of governance and deputises for the chair of the Governing Body where he or she has a conflict of interest or is otherwise unable to act.

2.2.18 Role of the Accountable Officer

The Accountable Officer of the group is a member of the Governing Body.

This role of accountable officer is as:

- a. being responsible for ensuring that the clinical commissioning group fulfils its duties to exercise its functions effectively, efficiently and economically thus ensuring improvement in the quality of services and the health of the local population whilst maintaining value for money;
- b. at all times ensuring that the regularity and propriety of expenditure is discharged, and that arrangements are put in place to ensure that good practice is embodied and that safeguarding of funds is ensured through effective financial and management systems.
- c. working closely with the chair of the Governing Body, the accountable officer will ensure that proper constitutional, governance and development arrangements are put in place to assure the members (through the Governing Body) of the organisation's on-going capability and capacity to meet its duties and responsibilities. This will include arrangements for the on-going developments of its members and staff.

2.2.19 Role of the Chief Finance Officer

The chief finance officer is a member of the Governing Body and is responsible for providing financial advice to the clinical commissioning group and for supervising financial control and accounting systems.

This role of chief finance officer is as:

- a. being the Governing Body's professional expert on finance and ensuring, through robust systems and processes, the regularity and propriety of expenditure is fully discharged;
- b. making appropriate arrangements to support, monitor on the group's finances;
- c. overseeing robust audit and governance arrangements leading to propriety in the use of the group's resources;
- d. being able to advise the Governing Body on the effective, efficient and economic use of the group's allocation in order to remain within that allocation and deliver required financial targets and duties; and
- e. producing the financial statements for audit and publication in accordance with the

statutory requirements to demonstrate effective stewardship of public money and accountability to NHS England.

2.2.20 Role of the Deputy Chief Officer

The Deputy Chief Officer is responsible for co-ordinating the clinical leaders in the SCE to produce a clear and clinically credible annual commissioning plan so that it takes into account views of member practices, patients and the public, stakeholders views, the requirement to secure continuous quality improvements, efficiency requirements, NHS England's annual mandate, Rotherham's JSNA and Health and Wellbeing Strategy, the public sector equality duty and the NHS constitution and the need to reduce inequalities in access to, and the outcomes from healthcare. To co-ordinate the presentation to the Governing Body of monthly integrated performance reports of delivery against the plan. To co-ordinate the production of the CCG annual report and to lead on the performance management of Yorkshire and Humber Commissioning Support Unit service level agreement.

2.2.21 Role of the Lay members of the Governing Body

a. Lay member with a lead role in overseeing key elements of governance

1. The role of this lay member will be to bring specific expertise and experience to the work of the Governing Body. Their focus will be strategic and impartial, providing an external view of the work of the CCG that is removed from the day-to-day running of the organisation. Their role will be to oversee key elements of governance including audit, remuneration and managing conflicts of interest. They will need to be able to chair the audit committee.
2. As Chair of the Audit Committee, this lay member would be precluded from being the Chair of the Governing Body – although they could be the Deputy Chair.
3. This person will have a lead role in ensuring that the Governing Body and the wider CCG behaves with the utmost probity at all times.
4. Good practice would also suggest that this person would also have a specific role in ensuring that appropriate and effective whistle blowing and anti-fraud systems are in place.

b. Lay member with a lead role in championing patient and public involvement

1. As well as sharing responsibility with the other members for all aspects of the Governing Body's business, as a lay member on the Governing Body this lay member will bring specific expertise and experience, as well as their knowledge as a member of the local community, to the work of the Governing Body. Their focus will be strategic and impartial, providing an independent view of the work of the CCG that is external to the day-to-day running of the organisation.
2. This person will help to ensure that, in all aspects of the CCG's business the public voice of the local population is heard and that opportunities are created and protected for patient and public empowerment in the work of the CCG. In particular, they will ensure that:
 - c. Public and patients' views are heard and their expectations understood and met as appropriate;
 - d. The CCG builds and maintains an effective relationship with Local Healthwatch and draws on existing patient and public engagement and involvement expertise; and
 - e. The CCG has appropriate arrangements in place to secure public and patient involvement and responds in an effective and timely way to feedback any recommendations from patients, carers and the public.

1. Lay member with a lead role in overseeing key elements of Primary Care Commissioning.
2. As well as sharing responsibility with the other members for all aspects of Governing Body business, as a lay member on the Governing Body this lay member's role will hold the portfolio for Primary Care. Their focus will be strategic and impartial, providing an external view of the work of the CCG that is removed from the day-to-day running of the organisation.
3. This person will Chair the primary care commissioning committee

2.2.22 Role of the Registered Nurse Governing Body representative

As well as sharing responsibility with the other members for all aspects of the Governing Body's business, as a registered nurse on the Governing Body, this person will bring a broader view, from their perspective as a registered nurse, on health and care issues to underpin the work of the CCG especially the contribution of nursing to patient care.

2.2.23 Role of the Secondary Care Specialist Doctor Governing Body representative

As well as sharing responsibility with the other members for all aspects of the Governing Body business, this clinical member will bring a broader view, on health and care issues to underpin the work of the CCG. In particular, they will bring to the Governing Body an understanding of patient care in the secondary care setting.

3 MEETINGS OF THE CLINICAL COMMISSIONING GROUP

3.1 Calling meetings

- 3.1.1 Ordinary meetings of both the GP Members Committee and Governing Body will be held at regular intervals and meet no less than 10 times per year at such times and places as the group may determine.
- 3.1.2 An extra-ordinary meeting of the GP Members Committee, Governing Body, committees or sub-committees can be called at the request of the respective chair of the meetings, the Chief Officer, the chief finance officer or lay member with the responsibility for governance.

3.2 Agenda, supporting papers and business to be transacted

- 3.2.1 Items of business to be transacted for inclusion on the agenda of the GP Members Committee and Governing Body need to be notified to the chair of the meeting at least 7 working days (i.e. excluding weekends and bank holidays) before the meeting takes place. Supporting papers for such items need to be submitted at least 5 working days before the meeting takes place. The agenda and supporting papers will be circulated to all members of a meeting at least 5 working days before the date the meeting will take place.
- 3.2.2 Agendas and certain papers for the group's Governing Body – including details about meeting dates, times and venues - will be published on the group's website.

3.3 Petitions

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

3.4 Chair of a meeting

- 3.4.1 At any meeting of the group or its Governing Body or of a committee or sub-committee, the chair of the group, Governing Body, committee or sub-committee, if any and if present, shall preside. If the chair is absent from the meeting, the deputy chair, if present, shall preside.
- 3.4.2 If the chair is absent temporarily on the grounds of a declared conflict of interest the deputy chair, if present, shall preside. If both the chair and deputy chair are absent, or are disqualified from participating, a member of the group, Governing Body, committee or sub-committee respectively shall be chosen by the members present, or by a majority of them, and shall

preside.

3.5 Chair's ruling

The decision of the chair of the Governing Body on questions of order, relevancy and regularity and their interpretation of the constitution, standing orders, scheme of reservation and delegation and prime financial policies at the meeting, shall be final.

3.6 Quorum

- 3.6.1 GP Members Committee – there are 8 GP voting members. Quorum is 5 GPs. Nominated deputies are accepted as voting members if this is clarified by the chair at the start of the meeting.
- 3.6.2 The Governing Body - there are 13 voting members. The quorum is 7 members which must include 1 Lay member and 1 GP Members Committee member or nominated representative, the accountable officer or nominated representative and the chief financial officer or nominated representative.
- 3.6.3 GP Members Committee - In situations where all 5 GPs have conflicts of interest the chair or vice chair will decide whether they can take part in discussions prior to being excluded for voting. In the case of these 5 members being excluded because of conflict of interest the quorum is 5 which must include the accountable officer or nominated representative and the chief financial officer or nominated representative and a lay member.
- 3.6.4 For all other of the group's committees and sub-committees, including the Governing Body committees and sub-committees, the details of the quorum for these meetings and status of representatives are set out in the appropriate terms of reference.

3.7 Decision making

- 3.7.1 Chapter 6 of the group's constitution, together with the scheme of reservation and delegation, sets out the governing structure for the exercise of the group's statutory functions. Generally it is expected that at the group's 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 – GP Members Committee - 8 GP members. The Governing Body – 13 voting members.
 - b. Majority necessary to confirm a decision – simple majority of those present at the meeting;
 - c. Casting vote – the chair; (The chair will have a vote but also a casting vote in times of deadlock)
- 3.7.2 Should a vote be taken the outcome of the vote, and any dissenting views, must be recorded in the minutes of the meeting.
- 3.7.3 Where Governing Body can't take a decision (relating to primary care) due to the conflict of interest the authority for the decision is delegated to the Primary Care Committee.
- 3.7.4 For all other of the group's committees and sub-committees, including the Governing Body's committees and sub-committee, the details of the process for holding a vote are set out in the appropriate terms of reference.

3.8 Emergency powers and urgent decisions

- 3.8.1 Emergency meetings of the GP Members Committee, Governing Body, committees or sub-committees can be called at the request of the respective chair of the meetings, the Chief Officer, the chief finance officer or lay member with the responsibility for governance.
- 3.8.2 The need for an urgent decision exceeding individuals' delegated authority can be agreed by the Accountable Officer or deputy (CFO or DCO) and the chair or SCE or vice –chair. Such decisions must be reported to the next Governing Body and next SCE meeting.

3.9 Suspension of Standing Orders

- 3.9.1 Except where it would contravene any statutory provision or any direction made by the Secretary of State for Health or NHS England, any part of these standing orders may be suspended at any meeting, provided majority group members are in agreement.
- 3.9.2 A decision to suspend standing orders together with the reasons for doing so shall be recorded in the minutes of the meeting.
- 3.9.3 A separate record of matters discussed during the suspension shall be kept. These records shall be made available to the Governing Body's Audit and Quality Assurance Sub-Committee for review of the reasonableness of the decision to suspend standing orders.

3.10 Record of Attendance

The names of all members of the meeting present at the meeting shall be recorded in the minutes of the group's meetings. The names of all members of the Governing Body present shall be recorded in the minutes of the Governing Body meetings. The names of all members of the Governing Body's committees / sub-committees present shall be recorded in the minutes of the respective Governing Body committee / sub-committee meetings.

3.11 Minutes

The names and designation of all members of the Governing Body, the Governing Body's committees / sub-committees present shall be recorded in the minutes of the respective Governing Body, Governing Body's committee / sub-committee meetings. The minutes of the Governing Body, Governing Body's committee / sub-committee meetings will be formally signed off by the respective Governing Body, Governing Body's committee / sub-committee at their next meeting and be made available on the group's website. Minutes of a confidential nature will not be made available on the group's website.

3.12 Admission of public and the press

- 3.12.1 The Group recognises the need to ensure that decisions are taken in an open and transparent way. Save expressly provided in this constitution. The GP members committee meetings which do not involve a decision making process will not generally be held in public unless the chair determines otherwise, having considered the nature of the subject matter of such meeting and whether such meeting would in any event be subject to disclosure under the Freedom of Information Act 2000.
- 3.12.2 The press and public should be excluded from Governing Body meetings in the following circumstances and discussion and decisions shall be recorded in Part Two Minutes. Governing Body members will be required not to disclose confidential contents of papers or minutes, or content of any discussion at meetings without permission from the chair:
 - To prevent disruption;
 - Where discussion of a confidential issue is to take place;
 - Where publicity on a matter would be prejudicial to the public interest.
- 3.12.3 Meetings of the GP Members Committee will be held in private.
- 3.12.4 Meetings of the Governing Body will be held in public – other than for business deemed to be confidential. Arrangements will accord with the Public Bodies (Admission to Meetings) Act 1960.
- 3.12.5 The public meetings of the Governing Body will be announced for the period ahead via the Group's website. The agenda papers of upcoming meetings and past ones (including minutes as approved) will be available from the website.
- 3.12.6 Rooms used for Governing Body meetings will allow for the presence of as many members of the public as have attended previously. Those who attend have no right to speak other than by invitation from the Chair.

- 3.12.7 The Governing Body must pass the following resolution to exclude the public on the grounds of confidentiality:

“That representatives of the press and other members of the public be excluded from the remainder of this meeting due to the confidential nature of the business to be transacted - publicity on which would be prejudicial to the public interest”.

- 3.12.8 Where exclusion is anticipated, due to the nature of the business scheduled for a meeting, the public agenda will identify what the topic is for such an exclusion to be considered.
- 3.12.9 The meeting can consider an emergency resolution to exclude the public/press, or to adjourn to a private place, if any of those present are disrupting its business and will not leave on request.
- 3.12.10 When the public/press are excluded, group members, employees, and committee members will be required not to disclose the contents of papers or discussions without the express permission of the group’s chair. The discussion can identify a future point at which the contents are no longer confidential and the minutes shall record this.
- 3.12.11 One meeting per annum of the GP Members Committee – with members of the Governing Body present - will be held in public for presentation of the Annual Report and Annual Accounts. A substantial proportion of this meeting’s time will be given over to hearing and responding to the views and questions of the public.
- 3.12.12 The Governing Body will take questions from the public. These questions will be provided to the CCG in writing at least 7 days prior to the meeting. They will be answered in the meeting and the responses published on the website as part of the minutes of the meeting. There will be no dialogue entered into with the public during the meeting.

4 ARRANGEMENTS FOR THE EXERCISE OF CCG FUNCTIONS BY DELEGATION TO COMMITTEES AND/OR OFFICERS

4.1 Delegation of Functions to Committees, Officers or other bodies

4.1.1 Delegation to Committees

- a. The Governing Body shall agree from time to time to the delegation of executive powers to be exercised by other committees, or sub-committees which it has formally constituted. The constitution and terms of reference of these committees, or sub-committees, are within this constitution, amendments to which shall be approved by NHS England.
- b. When the Governing Body is not meeting in public session it shall operate as a committee and may only exercise such powers as may have been delegated to it by the CCG in public session.

4.1.2 Delegation to Officers

Those functions of the CCG which have not been retained as reserved by the Governing Body or delegated other committees or sub-committees shall be exercised on behalf of the CCG by the Chief Officer. The Chief Officer shall determine which functions he/she will perform personally and shall nominate officers to undertake the remaining functions for which he/she will still retain accountability to the CCG.

The Chief Officer shall prepare a Scheme of Delegation identifying his/her proposals which shall be considered and approved by the Governing Body. The Chief Officer may periodically propose amendment to the Scheme of Delegation which shall be considered and approved by the Governing Body.

Nothing in the Scheme of Delegation shall impair the discharge of the direct accountability to the Governing Body of the Chief Finance Officer to provide information and advise the Governing Body in accordance with statutory or NHS England requirements. Outside these statutory requirements the roles of the Chief Finance Officer shall be accountable to the Chief

Officer for operational matters.

4.2 Schedule of Matters Reserved to the CCG and Scheme of Delegation of powers

The arrangements made by the Governing Body as set out in the "Schedule of Matters Reserved to the Governing Body" and "Scheme of Delegation" of powers shall have effect as if incorporated in these Standing Orders.

4.3 Duty to report non-compliance with Standing Orders and Standing Financial Instructions

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

5 OVERLAP WITH OTHER CCG POLICY STATEMENTS/PROCEDURES, REGULATIONS AND THE STANDING FINANCIAL INSTRUCTIONS

5.1 Policy statements: general principles

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

5.2 Specific Policy statements

These Standing Orders and Standing Financial Instructions must be read in conjunction with the following Policy statements:

5.2.1 The Standards of Business Conduct and Conflicts of Interest Policy for CCG staff;

5.2.2 Code of Conduct for NHS Managers 2002;

5.2.3 ABPI Code of Practice for Professionals 2008 relating to hospitality/gifts from pharmaceutical/external industry;

5.2.4 NHS National Terms and Conditions

5.3 Standing Financial Instructions

Standing Financial Instructions adopted by the Governing Body in accordance with the Financial Regulations shall have effect as if incorporated in these Standing Orders.

5.4 Specific guidance

These Standing Orders and Standing Financial Instructions must be read in conjunction with the following legislation and guidance issued by the Secretary of State for Health:

5.4.1 Caldicott Guardian 1997;

5.4.2 Confidentiality: NHS Code of Practice 2003;

5.4.3 Human Rights Act 1998;

5.4.4 Freedom of Information Act 2000; and

5.4.5 Equality Act 2010.

6 DUTIES AND OBLIGATIONS OF GOVERNING BODY MEMBERS/DIRECTORS AND SENIOR MANAGERS UNDER THESE STANDING ORDERS

6.1 Requirements for Declaring Interests and applicability to Governing Body and Clinical Commissioning Group Members

The NHS Code of Accountability requires Clinical Commissioning Group members and Governing Body members to declare any personal or business interest which may influence or may be perceived to influence their judgement, including without limitation interests which are "relevant and material". All existing Governing Body members should declare such interests. Any Governing Body members appointed subsequently should do so on appointment. References here to Governing Body members shall mean both Governing Body members, Clinical Commissioning Group members and employees.

The full policy document is included in the constitution at Appendix I.

6.2 Materiality of interests

The CCG's Standing Orders state that interests which should be regarded as "relevant and material" are:

- 6.2.1 Directorships, including non-executive directorships held in private companies or PLCs (with the exception of those of dormant companies);
- 6.2.2 Ownership or part-ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS;
- 6.2.3 Majority or controlling share holdings in organisations doing or possibly seeking to do business with the NHS;
- 6.2.4 A position of authority in another health or social care body or a charity or voluntary organisation in the field of health and social care;
- 6.2.5 Any connection with a voluntary or other organisation contracting for NHS services;
- 6.2.6 Research funding/grants that may be received by an individual or their department;
- 6.2.7 Interests in pooled funds that are under separate management (any relevant company included in this fund that has a potential relationship with the CCG must be declared);
- 6.2.8 Membership of an organisation that may seek to influence how health care is managed;
- 6.2.9 Potential employment by a body that could result from organisational change in the NHS.

Doubts about the relevance of an interest should be discussed with the line manager, or the Accountable Officer (or the latter's nominee) or the chair of the meeting.

6.3 Procedure and actions

6.3.1 Each individual involved in the CCG's commissioning work:-

- a. should work in accord with *The Seven Principles of Public Life* (also known as the Nolan Principles). See appendix G in the CCG's Constitution.
- b. should work in accord with their professional code of conduct.
- c. should declare all interests that might have any bearing on the work of the CCG:
 - a. at the commencement of such work
 - b. at least once a year
 - c. when those interests change
 - d. if they come to know that the CCG has entered into (or proposes to enter into) a financial arrangement in which he or any person connected with him has any interest, direct or indirect.

The declarations in (i), (iii) and (iv) should be made as soon as practicable and within 14 days.

If the individual has any doubt about the relevance of an interest, it should be discussed with their line manager or the Accountable Officer (or the latter's nominee) or the chair of the meeting.

6.3.2 Arrangements for the management of conflicts of interest are determined by the Accountable Officer, but there is a requirement to write to the declarer - within a fortnight of declaration – giving the arrangements for managing the conflict of interests or potential conflicts of interests. Such arrangements will specify:

- a) whether and when an individual should withdraw from a specified activity, on a temporary or permanent basis;
- b) monitoring of the specified activity undertaken by the individual, either by a line manager, colleague or other designated individual

6.3.3 Where an individual has not had confirmation of the arrangements for managing the interest, they must declare their interest at the earliest possible opportunity in each stage of that transaction. The individual must also inform their line manager (in the case of employees) or the Accountable Officer (if not an employee) of the transaction.

6.3.4 Registers will be maintained on the interests of:

- the members of the group;
- the members of the group's Governing Body
- the members of the group's committees or sub-committees; and
- the group's employees

The registers for all the above will be published on the group's website and maintained by the Accountable Officer. For registers (i) and (iv) individuals will have the option to keep their declaration off the public register, but it must be documented on the Accountable Officer's record of the register.

The Accountable Officer will ensure that the register(s) of interest are reviewed annually, and updated as necessary. For a new declaration, the relevant register will be updated inside 28 days.

Where an individual is unable to provide a declaration in writing, e.g. if a conflict becomes apparent in the course of a meeting, they will make an oral declaration before witnesses, and provide a written declaration as soon as possible thereafter.

The Accountable Officer will ensure that the register(s) of interest are reviewed annually, and updated as necessary. For a new declaration, the relevant register will be updated inside 28 days.

6.3.5 Declarations of interests will be a standing item on all meeting agendas. Attenders who have any direct / indirect financial or personal interest in a specific agenda item (or if they are potentially a provider in relation to that agenda item) should take no part in, or influence, the decision.

It will be at the discretion of the meeting's chair to decide whether exclusion from the discussion prior to a decision (and/or exclusion during the making of a decision) would be appropriate.

A meeting will agree who will take over chairing the meeting if the chair has a conflict of interest in an agenda item. Where arrangements have been previously confirmed for the chair's conflicts, the meeting must follow these.

The minutes will record all declarations of interest and actions taken in mitigation.

6.3.6 Where over half of members withdraw from a part of a meeting - due to the arrangements agreed for the management of conflicts of interests - the chair (or deputy) will determine

whether or not the discussion can proceed. In making this decision the chair will consider whether the meeting is quorate in accordance with the required number /balance of membership.

- 6.3.7 Where the meeting is not quorate the discussion will be deferred until such time as a quorum can be convened. Where a quorum cannot be convened from the membership of the meeting, owing to the arrangements for managing conflicts of interest or potential conflicts of interests, the chair of the meeting shall consult with the Accountable Officer (or their nominee) on the action to be taken.

This may include:

- requiring another committee or sub-committee which can be quorate to progress the item of business,

or if this is not possible,

- inviting on a temporary basis one or more of the following to make up the quorum (where these are permitted members of the Governing Body or committee / sub-committee in question) so that the group can progress the item of business:
 - a. a member of the clinical commissioning group who is interest free;
 - b. an individual nominated by a member to act on their behalf in the dealings between it and the clinical commissioning group;
 - c. a member of a relevant Health and Wellbeing Board;
 - d. a member of a Governing Body for another clinical commissioning group.

The arrangements used must be recorded in the minutes.

- 6.3.8 The Accountable Officer will take such steps as judged by them to be appropriate, and request information deemed appropriate from individuals, to ensure that all conflicts of interest and potential conflicts of interest are declared.

7 CUSTODY OF SEAL, SEALING OF DOCUMENTS AND SIGNATURE OF DOCUMENTS

7.1 Register of Sealing

The Chief Officer shall keep a register in which he/she, or another manager of the CCG authorised by him/her, shall enter a record of the sealing of every document.

7.2 Use of Seal – General guide

- 7.2.1 All contracts for the purchase/lease of land and/or building;
- 7.2.2 All new lease agreements where the annual lease charge exceeds £100,000 per annum and the period of the lease exceeds beyond five years;
- 7.2.3 Any other lease agreement where the total payable under the lease exceeds £100,000; and
- 7.2.4 Any contract or agreement with organisations other than NHS or other government bodies including local authorities where the annual costs exceed or are expected to exceed £100,000.

7.3 Authorising Officers.

The following individuals or officers are authorised to authenticate its use by their signature:

- 7.3.1 the Accountable Officer;
- 7.3.2 the Chair Of The Governing Body;
- 7.3.3 the Chief Finance Officer;
- 7.3.4 the Deputy Chief Officer

7.4 Execution of a document by signature

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

- 7.4.1 the Accountable Officer
- 7.4.2 the Chair of the Governing Body
- 7.4.3 the Chief Finance Officer
- 7.4.4 the Deputy Chief Officer

7.5 Signature of documents

- 7.5.1 Where any document will be a necessary step in legal proceedings on behalf of the CCG, it shall, unless any enactment otherwise requires or authorises, be signed by the Chief Officer and another Governing Body member.
- 7.5.2 In land transactions, the signing of certain supporting documents will be delegated to Managers and set out clearly in the Scheme of Delegation but will not include the main or principal documents effecting the transfer (e.g. sale/purchase agreement, lease, contracts for construction works and main warranty agreements or any document which is required to be executed as a deed).

APPENDIX E -
SCHEME OF RESERVATION AND DELEGATION FOR THE GOVERNING BODY

THE MEMBERSHIP	<p>Regulations and Control</p> <ul style="list-style-type: none"> • Determine the arrangements by which the members of the group approve those decisions that are reserved for the membership. • Consideration and approval of applications to NHS England on any matter concerning changes to the group's constitution, including terms of reference for the group's Governing Body, its committees, membership of committees, the overarching scheme of reservation and delegated powers, arrangements for taking urgent decisions, standing orders and prime financial policies. • Approve the arrangements for: <ul style="list-style-type: none"> ○ identifying practice members to represent practices in matters concerning the work of the group; and ○ appointing clinical leaders to represent the group's membership on the group's Governing Body, for example through election • Approve the appointment of Governing Body members, the process for recruiting and removing non-elected members to the Governing Body (subject to any regulatory requirements) and succession planning. • Approve arrangements for identifying the group's proposed accountable officer.
THE MEMBERSHIP	<p>Strategy, Annual Plan and Budgets</p> <p>Agree the vision, values and overall strategic direction of the group.</p>
THE GOVERNING BODY	<p>Decisions Reserved to the Governing Body</p>
THE GOVERNING BODY	<p>General Enabling Provision</p> <p>The Governing Body determines any matter, for which it has delegated or statutory authority, it wishes in full session within its statutory powers.</p>

THE GOVERNING BODY	Regulations and Control <ul style="list-style-type: none"> • Approve Standing Orders (SOs), a schedule of matters reserved to the Governing Body and Standing Financial Instructions for the Regulation of its proceedings and business. • Suspend Standing Orders. • Vary or amend the Standing Orders. • Approve a scheme of delegation of powers from the Clinical Commissioning Group to the Governing Body and other committees. • Require and receive the declaration of the Governing Body members' interests and review in accordance with the conflict of interests policy. • Require and receive the declaration of officers' interests and review in accordance with the conflict of interests policy. • Approve arrangements for dealing with complaints. • Approval of the arrangements for ensuring appropriate and safekeeping and confidentiality of records and for the storage, management and transfer of information and data. • Adopt the organisation structures, processes and procedures to facilitate the discharge of business by the CCG and to agree modifications thereto. • Approval of the arrangements for discharging the group's statutory financial duties. • Receive reports from committees including those that the CCG is required by NHS England or other Regulation to establish and to action appropriately. • Confirm the recommendations of the CCG's committees where the committees do not have executive powers. • Establish terms of reference and reporting arrangements of all committees and sub-committees that are established by the Governing Body. • Ratify use of the seal. • Discipline members of the Governing Body or Clinical Commissioning Group(s) or employees who are in breach of statutory requirements or SOs. • Approve any urgent decisions taken by the Chair of the CCG and Chief Officer for ratification by the CCG in public session.
THE GOVERNING BODY	Human Resources <ul style="list-style-type: none"> • Ratify the appointment and dismissal of other committees (and individual members) that are directly accountable to the Governing Body. • Appoint, appraise, discipline and dismiss officer members. • Confirm appointment of members of any committee of the CCG who act as CCG representatives on outside bodies.

<p>THE GOVERNING BODY</p>	<p>Strategy, Annual Plan and Budgets</p> <ul style="list-style-type: none"> • Define the strategic aims and objectives of the CCG. • Identify the key strategic risks, evaluate them and ensure adequate responses are in place and are monitored. • Approve proposals for ensuring quality and developing clinical governance in services commissioned by the CCG, having regard to any guidance issued by NHS England. • Approve (with any necessary appropriate modification) the CCG's annual plan and annual finance plan. • Approve the CCG's policies and procedures for the management of risk. • Approve budgets. • Approval of the group's contracts for any commissioning support. • Approval of the group's contracts for corporate support (for example finance provision). • Approve Outline and Final Business Cases for Capital Investment if this represents a variation from the plan. • Approve annually CCG's proposed organisational development proposals. • Ratify proposals for acquisition, disposal or change of use of land and/or buildings. • Approve PFI proposals. • Approve the opening of bank accounts. • Approve individual contracts of a capital or revenue nature amounting to, or likely to amount to £500,000 or more over the period of the contract. • Approve contract awards • Approve proposals in individual cases for the write off of losses or making of special payments above the limits of delegation to the Chief Officer (for losses and special payments) previously approved by the Governing Body. • Approve individual compensation payments above the limits of delegation to the Chief Officer. • Approve proposals for action on litigation against or on behalf of the CCG. • Approve proposals for CCG or practice incentive schemes, having regard to guidance by NHS England. • Decisions relating to service reconfiguration i.e. service changes requiring formal consultation and in relation to proposals from the Specialised Commissioning Group. • Formal adoption of a commissioning policy which has legal or budget implications e.g. restricted procedures policy.
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THE GOVERNING BODY	Operational And Risk Management <ul style="list-style-type: none"> • Prepare and recommend an operational scheme of delegation that sets out who has responsibility for operational decisions within the group. • Approve decisions that individual members or employees of the group participating in joint arrangements on behalf of the group can make. Such delegated decisions must be disclosed in this scheme of reservation and delegation. • Approve decisions delegated to joint committees established under section 75 of the 2006 Act. • Approval of the arrangements for discharging the group's statutory duties associated with its commissioning functions, including but not limited to promoting the involvement of each patient, patient choice, reducing inequalities, improvement in the quality of services, obtaining appropriate advice and public engagement and consultation. • Approve arrangements for co-ordinating the commissioning of services with other groups and or with the local authority where appropriate. • Approve the group's counter fraud and security management arrangements. • Approval of the group's risk management arrangements. • Approve arrangements for risk sharing and or risk pooling with other organisations (for example arrangements for pooled funds with other clinical commissioning groups or pooled budget arrangements under section 75 of the NHS Act 2006). • Approval of a comprehensive system of internal control, including budgetary control that underpins the effective, efficient and economic operation of the group. • Approve proposals for action on litigation against or on behalf of the clinical commissioning group. • Approve the group's arrangements for business continuity and emergency planning.
THE GOVERNING BODY	Communications <ul style="list-style-type: none"> • Approving arrangements for handling Freedom of Information requests • Determining arrangements for handling Freedom of Information requests

THE GOVERNING BODY	Commissioning <ul style="list-style-type: none"> • Commission health services for all the population in accordance with the requirements of the NHS Operating Framework and all other relevant national policy and guidance. • Ensure GPs and other clinicians are engaged in the development and implementation of the single integrated plan. • Prepare, recommend and implement the single integrated plan. • Ensure contracts with all providers reflect the requirements of the NHS Operating Framework and single integrated plan. • Ensure required performance against all NHS Operating Framework requirements, all single integrated plan requirements and all contract requirements is achieved. • Ensure all financial duties are achieved. • Ensure all QIPP programme requirements are achieved. • Ensure effective performance against agreed contracts of all healthcare providers.
THE GOVERNING BODY	Policy Determination Approve management policies including personnel policies incorporating the arrangements for the appointment, removal and remuneration of staff. These will be posted on the CCG's website.
THE GOVERNING BODY	Audit <ul style="list-style-type: none"> • Receive the annual governance letter from the External Auditor and agreement of proposed action, taking account of the advice, where appropriate, of the Audit Committee. • Receive an annual report from the Internal Auditor and agree action on recommendations where appropriate of the Audit Committee. • To receive reports from the Audit Committee and take appropriate action. • Approve the appointment (and where necessary change or removal) of internal audit service providers.
THE GOVERNING BODY	Annual Reports and Accounts <ul style="list-style-type: none"> • Receipt and approval of the CCG's Annual Report and Annual Accounts.
THE GOVERNING BODY	Monitoring <ul style="list-style-type: none"> • Receipt of such reports as the Governing Body sees fit from the Clinical Commissioning Group and other committees in respect of its exercise of powers delegated.

DECISIONS DELEGATED BY THE GOVERNING BODY TO, AND RESERVED BY, THE CHIEF OFFICER

CHIEF OFFICER	DECISIONS DELEGATED BY THE GOVERNING BODY TO, AND RESERVED BY, THE CHIEF OFFICER
CHIEF OFFICER	<p>Regulation and Control</p> <ul style="list-style-type: none"> Exercise or delegation of those functions of the clinical commissioning group which have not been retained as reserved by the group, delegated to the Governing Body or other committee or sub-committee or [specified] member or employee. Advise on risk, quality and governance, having regard to any guidance by NHS England, and including preparation of proposals to develop and monitor clinical standards in the CCG and its constituent practices. Ratify or otherwise instances of failure to comply with Standing Orders brought to the Chief Officer's attention. Such failures to be reported to the CCG in formal session. Prepare the group's overarching scheme of reservation and delegation, which sets out those decisions of the group reserved to the membership and those delegated to the: <ul style="list-style-type: none"> group's Governing Body committees and sub-committees of the group, or its members or employees and sets out those decisions of the Governing Body reserved to the Governing Body and those delegated to the <ul style="list-style-type: none"> Governing Body's committees and sub-committees, members of the Governing Body, An individual who is member of the group but not the Governing Body or a specified person for inclusion in the group's constitution.
CHIEF OFFICER	<p>Operational Decisions</p> <ul style="list-style-type: none"> Advise on acquisition, disposal or change of use of land and/or buildings. The introduction or discontinuance of any activity or operation which has a gross annual income or expenditure (that is before any set off) in excess of £1 million over a 3 year period or the period of the contract if longer. Approval of individual contracts of a capital or revenue nature amounting to, or likely to amount to £500,000 or less, over the period of the contract. Advise on approval of individual compensation payments. Consider and make recommendations to the Governing Body on action on litigation against or on behalf of the CCG. Advise on individual cases for the write off of losses or making of special payments above the limits of delegation to the Chief Officer and Chief Finance Officer (for losses and special payments) previously approved by the Governing Body. Approve Outline and Final Business Cases for capital investment where the case is within the objectives in the plan.

CHIEF OFFICER	DECISIONS DELEGATED BY THE GOVERNING BODY TO, AND RESERVED BY, THE CHIEF OFFICER
CHIEF OFFICER	Financial and Performance Reporting Arrangements <ul style="list-style-type: none"> • Continuous appraisal of the affairs of the CCG by means of the provision of information to the Governing Body as the Governing Body may require from directors, committees, and officers of the CCG as set out in management policy statements. All monitoring returns required by NHS England shall be reported, at least in summary, to the Governing Body. • Recommend the opening or closing of any bank account to the Governing Body. • Prepare the CCG's draft Annual Report (including the annual accounts) for approval by the Governing Body.

DECISIONS/DUTIES DELEGATED BY THE GOVERNING BODY TO COMMITTEES

COMMITTEE	DECISIONS/DUTIES DELEGATED BY THE GOVERNING BODY TO COMMITTEES
AUDIT & QUALITY ASSURANCE SUB-COMMITTEE (AQUA)	<p>The sub-Committee will:</p> <ul style="list-style-type: none"> • Review the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the organisation's activities (both clinical and non-clinical), that supports the achievement of the organisation's objectives; • Ensure that there is an effective internal audit function that meets mandatory NHS Internal Audit Standards and provides appropriate independent assurance to the AQUA Committee, Chief Officer and Governing Body. • Review the work and findings of the External Auditor and consider the implications and responses to their work. • Review the findings of other significant assurance functions, both internal and external to the organisation and consider the implications to the governance of the organisation. • Review the work of other committees within the organisation, and groups providing assurance to the clinical commissioning group. • Ensure there are adequate arrangements in place for counter fraud. • Review reports and positive assurances from directors and managers on the overall arrangements for governance, risk management and internal control. • Monitor the integrity of the financial statements of the CCG. • Review the CCG's annual report and financial statements. • Monitor compliance with Standing Orders and Standing Financial Instructions. • Review schedules of losses and compensations and make recommendations to the Governing Body. • Review the annual financial statements prior to submission to the Governing Body. • Undertake any other duties as listed in the Terms of Reference. Ensure significant clinical risks are identified and reported on the risk register, escalating to the assurance framework. • Receive reports from regulatory and other competent bodies and ensure actions plans are delivered. • Receive periodic thematic exception reports regarding quality and safety legislative and contractual requirements. • Receive annual appraisal reports. • Note clinical policies and clinical pathways for adoption across the clinical commissioning groups. • Maintain an overview of the quality of services provided by care homes in the CCG area.

COMMITTEE	DECISIONS/DUTIES DELEGATED BY THE GOVERNING BODY TO COMMITTEES
REMUNERATION, COMMITTEE	<p>The Committee will:</p> <ul style="list-style-type: none"> • Have delegated authority on behalf of the Governing Body on determinations on all aspects of salary (including performance related pay elements, bonuses and allowances), provision for other benefits including pensions and cars as well as arrangements for termination of employment and other contractual terms and conditions. • Approve the terms and conditions, remuneration and travelling or other allowances for Governing Body members, including pensions and gratuities. • Approve terms and conditions of employment for all employees of the group including, pensions, remuneration, and fees and travelling or other allowances payable to employees and to other persons providing services to the group. • Determine pensions, remuneration, fees and allowances payable to employees and to other persons providing services to the group. • Recommend pensions, remuneration, fees and allowances payable to employees and to other persons providing services to the group. • Have delegated authority on behalf of the Governing Body on the remuneration, allowances and terms of service of other senior managers and Executive Members as appropriate, to ensure they are fairly rewarded. • Monitor and evaluate the performance of individual Lay members. • Oversee appropriate contractual arrangements for such staff including the proper calculation and scrutiny of termination payments taking into account such national guidance as appropriate. • Have delegated authority on behalf of the Governing Body on the remuneration, allowances and terms of service for the chair, lay members and members of the Governing Body and GP members of the Strategic Clinical Executive. • Report to the Governing Body that it has met and performed its function, within recognised national guidelines.
PRIMARY CARE COMMITTEE	<p>The Committee will:</p> <p>Strategic direction</p> <ul style="list-style-type: none"> • oversee the part of the commissioning plan that relates to Primary Care, including needs assessment for safe and sustainable Primary Care Commissioning. • oversee the development and agreement of primary care contracts for 15/16 • oversee the development of the Primary care workforce • identify priorities for consideration by the Local Professional Networks • consider implications and oversee implementation of issues arising from the national, regional and local reviews • Informs the Governing Body on all issues relating to Primary Care Development. <p>Quality & Performance Management</p> <ul style="list-style-type: none"> • oversee the management of the annual budget for the commissioning of Primary Care services in the relevant area. • oversee individual contract performance on a regular basis – activity, finance and quality.

COMMITTEE	DECISIONS/DUTIES DELEGATED BY THE GOVERNING BODY TO COMMITTEES
	<ul style="list-style-type: none"> • Oversee the Quality Outcome framework (QOF) or local incentive scheme (LIS) • agree contract variations and to undertake reviews of primary care services where appropriate, within delegated limits • consider contract breaches and appropriate enforcement actions and make recommendation to the Governing Body, on all issues to do with Primary Care Development. • oversee programme management and delivery of the QIPP programme • oversee the financial management of GP contracts for Core and enhanced services. • monitor the Primary Care section of the Commissioning plan • In partnership with AQuA monitor delivery against range of KPIs relating to quality • consider independent reports e.g. CQC, Professional alerts, domestic homicide reviews etc., relating to services commissioned • In partnership with AQuA consider trends relating to SI's, complaints and MP enquiries relating to services commissioned • report to the Governing Body as appropriate on issues that need escalation.

SCHEME OF DELEGATION DERIVED FROM THE ACCOUNTABLE OFFICER MEMORANDUM

RESPONSIBILITY OF	DUTIES DELEGATED	DELEGATED TO
CHIEF OFFICER (CO) AND CHIEF FINANCE OFFICER (CFO)	Ensure the accounts of the CCG are prepared under principles and in a format directed by NHS England. Accounts must disclose a true and fair view of the CCG's income and expenditure and its state of affairs. Sign the accounts on behalf of the Governing Body.	Not Delegated
CO	Sign a statement in the accounts outlining responsibilities as the Accountable Officer. Sign a statement in the accounts outlining responsibilities in respect of Governance and Internal Control.	Not Delegated
CO	Strategy, Plans and Budgets <ul style="list-style-type: none"> • Prepare Strategy and Plans and Budgets for approval by the Governing Body. • Advise the Governing Body and the CCG members on the strategic aims and objectives of the CCG. • Prepare and review annually draft plans in respect of the application of available financial resources to support the agreed annual plans for approval by the Governing Body. • Prepare and review annually the draft CCG annual commissioning strategy or plan for approval by the Governing Body. • Prepare proposals (having regard to any guidance by NHS England) for CCG or practice incentive schemes. Monitor and review any such schemes. • Approve Outline and Final Business Cases for Capital Investment. 	Not Delegated
CO	Ensure effective management systems that safeguard public funds and assist CCG Chair to implement requirements of integrated governance including ensuring managers: <ul style="list-style-type: none"> • have a clear view of their objectives and the means to assess achievements in relation to those objectives; • be assigned well defined responsibilities for making best use of resources; • have the information, training and access to the expert advice they need to exercise their responsibilities effectively. 	Not Delegated
CHAIR	Implement requirements of corporate governance.	CO
CO	Achieve value for money from the resources available to the CCG and avoid waste and extravagance in the organisation's activities.	Not Delegated

RESPONSIBILITY OF	DUTIES DELEGATED	DELEGATED TO
	Follow through the implementation of any recommendations affecting good practice as set out in reports from such bodies as the Audit Commission and the National Audit Office (NAO). Use to best affect the funds available for commissioning healthcare, developing services and promoting health to meet the needs of the local population.	
CFO	Operational responsibility for effective and sound financial management and information.	Not Delegated
CO	Primary duty to see that the CFO discharges this function.	Not Delegated
CO	Ensuring that expenditure by the CCG complies with Parliamentary requirements.	Not Delegated
CO	The Codes of Conduct and Accountability incorporated in the Corporate Governance Framework issued to NHS Governing Bodies by NHS England are fundamental in exercising their responsibilities for regularity and probity. As a Governing Body member or member of a committee they have explicitly subscribed to the Codes; and should promote observance by all staff.	Not Delegated
CO AND CFO	Chief Officer, supported by Chief Finance Officer, to ensure appropriate advice is given to the Governing Body and Clinical Commissioning Group on all matters of probity, regularity, prudent and economical administration, efficiency and effectiveness.	Not Delegated
CO	If the CO considers the Governing Body, Chair or Clinical Commissioning Group is doing something that might infringe probity or regularity; he/she should set this out in writing to the Chair and the Governing Body. If the matter is unresolved, he/she should ask the Audit Committee to inquire and if necessary NHS England.	Not Delegated
CO	If the Governing Body is contemplating a course of action that raises an issue not of formal propriety or regularity but affects the CO's responsibility for value for money, the CO should draw the relevant factors to the attention of the Governing Body. If the outcome is an over-ruling it is normally sufficient to ensure that the advice and the overruling of it are clearly apparent from the papers. Exceptionally, the CO should inform NHS England. In such cases, and in those described in reference 24, the CO should as a member of the Governing Body vote against the course of action rather than merely abstain from voting.	Not Delegated

SCHEME OF DELEGATION DERIVED FROM THE CODES OF CONDUCT AND ACCOUNTABILITY

DELEGATED TO	AUTHORITIES/DUTIES DELEGATED	DELEGATED TO
GOVERNING BODY	Approve procedure for declaration of hospitality and sponsorship.	Not Delegated
GOVERNING BODY	Ensure proper and widely publicised procedures for voicing complaints, concerns about maladministration, breaches of Code of Conduct, and other ethical concerns.	Not Delegated
GOVERNING BODY MEMBERS AND CCG MEMBERS	Subscribe to Code of Conduct	Not Delegated
GOVERNING BODY	Governing Body members share corporate responsibility for all decisions of the Governing Body.	Not Delegated
CHAIR AND NON-OFFICER MEMBERS	Chair and non-officer members are responsible for monitoring the executive management of the organisation and are responsible to NHS England for the discharge of those responsibilities.	Not Delegated
GOVERNING BODY	<p>The Governing Body has six key functions for which it is held accountable by NHS England:</p> <ul style="list-style-type: none"> • To ensure effective financial stewardship through value for money, financial control and financial planning and strategy; • To ensure that high standards of integrated governance and personal behaviour are maintained in the conduct of the business of the whole organisation; • To appoint, appraise and remunerate senior executives; • To ratify the strategic direction of the organisation within the overall policies and priorities of the Government and the NHS, define its annual and longer term objectives and agree plans to achieve them; • To oversee the delivery of planned results by monitoring performance against objectives and ensuring corrective action is taken when necessary; • To ensure that the Clinical Commissioning Group leads an effective dialogue between the organisation and the local community on its plans and performance and that these are responsive to the community's needs. 	Not Delegated
GOVERNING BODY	It is the Governing Body's duty to:	Not Delegated

DELEGATED TO	AUTHORITIES/DUTIES DELEGATED	DELEGATED TO
	<ul style="list-style-type: none"> • Act within statutory financial and other constraints; • Be clear what decisions and information are appropriate to the Governing Body and draw up Standing Orders, a Schedule of Decisions Reserved to the Governing Body or CCG members and Standing Financial Instructions to reflect these; • Ensure that management arrangements are in place to enable responsibility to be clearly delegated to senior executives for the main programmes of action and for performance against programmes to be monitored and senior executives held to account; • Establish performance and quality measures that maintain the effective use of resources and provide value for money; • Specify its requirements in organising and presenting financial and other information succinctly and efficiently to ensure the Governing Body can fully undertake its responsibilities; • Establish Audit & Integrated Governance and Remuneration, Appointments and Terms of Service Committees on the basis of formally agreed terms of reference which set out the membership of the sub-committee, the limit to their powers, and the arrangements for reporting back to the main Governing Body. 	
CHAIR	<p>It is the Chair's role to:</p> <ul style="list-style-type: none"> • Provide leadership to the Governing Body; • Enable all Governing Body members to make a full contribution to the Governing Body's affairs and ensure that the Governing Body acts as a team; • Ensure that key and appropriate issues are discussed by the Governing Body in a timely manner; • Ensure the Governing Body has adequate support and is provided efficiently with all the necessary data on which to base informed decisions; • Lead Lay members through a formally-appointed Remuneration, Appointments and Terms of Service Committee of the main Governing Body on the appointment, appraisal and remuneration of the Chief Officer and (with the latter) other executive Governing Body members; • Advise the members of the Clinical Commissioning Group on the performance of Lay members. 	Not Delegated
CO	The Chief Officer is accountable to the Chair and non-executive members of the Governing Body for	Not

DELEGATED TO	AUTHORITIES/DUTIES DELEGATED	DELEGATED TO
	ensuring that its decisions are implemented, that the organisation works effectively, in accordance with Government policy and public service values and for the maintenance of proper financial stewardship. The Chief Officer should be allowed full scope, within clearly defined delegated powers, for action in fulfilling the decisions of the Governing Body. The other duties of the Chief Officer as Accountable Officer are laid out in the Accountable Officer Memorandum.	Delegated
LAY MEMBERS	Lay members are appointed by the CCG members, the strategic clinical executive members and the Chair of the Health and Well Being Board to bring independent judgement to bear on issues of strategy, performance, key appointments and accountability.	Not Delegated
CHAIR AND GOVERNING BODY MEMBERS	Declaration of conflict of interests.	Not Delegated
GOVERNING BODY	NHS Governing Bodies must comply with legislation and guidance issued by NHS England, respect agreements entered into by themselves or on their behalf and establish terms and conditions of service that are fair to the staff and represent good value for taxpayers' money.	Not Delegated

SCHEME OF DELEGATION FROM STANDING ORDERS

RESPONSIBILITY OF	AUTHORITIES/DUTIES DELEGATED	DELEGATED TO
CHAIR	Final authority in interpretation of Standing Orders.	Not Delegated
GOVERNING BODY	Appointment of Vice-Chair.	Not Delegated
CHAIR	Calling meetings.	Not Delegated
CHAIR	Chair all Governing Body meetings and associated responsibilities.	Not Delegated
CHAIR	Give final ruling in questions of order, relevancy and regularity of meetings.	Not Delegated
CHAIR	Having a second or casting vote.	Not Delegated
GOVERNING BODY	Suspension of Standing Orders.	Not Delegated
AUDIT & QUALITY ASSURANCE SUB-COMMITTEE (AQUA)	AQuA to review every decision to suspend Standing Orders (power to suspend Standing Orders is reserved to the Governing Body).	Not Delegated
GOVERNING BODY	Variation or amendment of Standing Orders.	Not Delegated
CHAIR	Approve one of the members of the Clinical Commissioning Group as Chair of the Clinical Commissioning Group, and another member as Vice-Chair, following nomination by that committee.	Not Delegated
GOVERNING BODY	The Governing Body shall approve the appointments to each of the committees which it has formally constituted	Not Delegated
CHAIR & CO	The powers which the Governing Body has retained to itself within these Standing Orders may in emergency be exercised by the Chair and Chief Officer after having consulted at least two non-officer members.	Not Delegated
GOVERNING BODY	Formal delegation of powers to sub-committees and other committees and approval of their constitution and terms of reference. (The Chief Officer may approve Constitution and terms of reference of sub-committees.)	Not Delegated
CO	The Chief Officer shall prepare a Scheme of Delegation, which shall be considered and approved by the Governing Body, subject to any amendment agreed during the discussion.	Not Delegated

RESPONSIBILITY OF	AUTHORITIES/DUTIES DELEGATED	DELEGATED TO
ALL	Disclosure of non-compliance with Standing Orders to the Chief Officer as soon as possible.	All
GOVERNING BODY MEMBERS AND CCG MEMBERS	Declare relevant and material interests.	ALL COMMITTEE MEMBERS
CO	Maintain Register(s) of Interests.	Corporate Secretary
CHAIR	Making a ruling on a declared interest.	Not Delegated
ALL STAFF	Comply with national guidance contained in “Standards of Business Conduct for NHS Staff” and the Code of Conduct for NHS Managers 2002.	ALL STAFF
ALL	Disclose relationship between self and candidate for staff appointment. (CO to report the disclosure to the Governing Body).	ALL
GOVERNING BODY	Where Governing Body can't take a decision (relating to primary care) due to the conflict of interest the authority for the decision is delegated to the Primary Care Committee	PRIMARY CARE COMMITTEE
CO	Keep seal in safe place and maintain a register of sealing.	Corporate Secretary
CO & OFFICER MEMBER	Approve and sign all documents which will be necessary in legal proceedings.	Not Delegated

SCHEME OF DELEGATION FROM STANDING FINANCIAL INSTRUCTIONS

RESPONSIBILITY OF	AUTHORITIES/DUTIES DELEGATED	DELEGATED TO
CFO	Approval of all financial procedures.	Not delegated
CFO	Advice on interpretation or application of SFIs.	Not delegated
ALL MEMBERS OF THE GOVERNING BODY AND EMPLOYEES	Have a duty to disclose any non-compliance with these Standing Financial Instructions to the Chief Finance Officer as soon as possible.	ALL MEMBERS OF THE GOVERNING BODY AND EMPLOYEES
CO	Responsible as the Accountable Officer to ensure financial targets and obligations are met and has overall responsibility for the System of Internal Control.	Not Delegated
CO & CFO	Accountable for financial control but will, as far as possible, delegate their detailed responsibilities.	CFO
CFO	To ensure all Governing Body members, officers and employees, present and future, are notified of and understand Standing Financial Instructions.	Not Delegated
CFO	Responsible for: <ul style="list-style-type: none"> • implementing the CCG's financial policies and co-coordinating corrective action; • maintaining an effective system of financial control including ensuring detailed financial procedures and systems are prepared and documented; • ensuring that sufficient records are maintained to explain CCG's transactions and financial position; • providing financial advice to members of the Governing Body and staff; • maintaining such accounts, certificates etc. as are required for the CCG to carry out its statutory duties; • the design, implementation and supervision of systems of internal control. 	Not Delegated
ALL MEMBERS OF THE GOVERNING BODY AND EMPLOYEES	Responsible for security of the CCG's property, avoiding loss, exercising economy and efficiency in using resources and conforming to Standing Orders, Standing Financial Instructions and financial procedures.	ALL MEMBERS OF THE GOVERNING BODY AND EMPLOYEES

RESPONSIBILITY OF	AUTHORITIES/DUTIES DELEGATED	DELEGATED TO
		EMPLOYEES
CO	Ensure that any contractor or employees of a contractor who is empowered by the CCG to commit the CCG to expenditure or who is authorised to obtain income are made aware of these instructions and their requirement to comply.	CFO
AUDIT & QUALITY ASSURANCE COMMITTEE (AQUA)	Provide independent and objective view on internal control and probity.	Not Delegated
CHAIR	Raise the matter at the Governing Body meeting where Chair of AQUA considers there is evidence of ultra vires transactions or improper acts.	Not Delegated
CFO	<ul style="list-style-type: none"> Ensure an adequate internal audit service, for which he/she is accountable, is provided (and involve the AQUA in the selection process when/if an internal audit service provider is changed.) Ensure the annual audit report is prepared for consideration by the AQUA. 	Not Delegated
CFO	Decide at what stage to involve police in cases of misappropriation and other irregularities not involving fraud or corruption.	Not Delegated
HEAD OF INTERNAL AUDIT	Review, appraise and report in accordance with NHS Internal Audit Standards and best practice.	Not Delegated
AQUA	Ensure cost-effective External Audit.	Not Delegated
CO & CFO	Monitor and ensure compliance with the latest directions on fraud and corruption including the appointment of the Local Counter Fraud Specialist.	Not Delegated
CO	Monitor and ensure compliance with the latest directions on NHS security management including appointment of the Local Security Management Specialist.	Not Delegated
CO	Has overall responsibility for the CCG's activities and ensuring the CCG stays within its resource limit.	Not Delegated
CFO	Will provide monthly reports to NHS England, ensure draw down is for approved expenditure and timely and follows best practice in cash management.	Not Delegated
CFO	Ensure monitoring systems are in place to enable the CCG not to exceed its limits.	Not Delegated
CFO	Periodically review assumptions, submit a report to the CCG annually showing total allocations received and their proposed distribution.	Not Delegated

RESPONSIBILITY OF	AUTHORITIES/DUTIES DELEGATED	DELEGATED TO
CFO	Regularly update the CCG on significant changes to the initial allocation and the uses of such funds.	Not Delegated
CO	Compile and submit to the Governing Body a strategic Plan which takes into account financial targets and forecast limits of available resources. The plan will contain: a statement of the significant assumptions on which the plan is based; details of major changes in workload, delivery of services or resources required to achieve the plan.	Not Delegated
CO	Complete and submit to the Governing Body plans for the improvement of health and health services	Not Delegated
CFO	Submit budgets to the Governing Body for approval. Monitor performance against budget; submit to the Governing Body financial estimates and forecasts.	Not Delegated
CFO	Ensure adequate training is delivered on an ongoing basis to budget holders.	Not Delegated
CO	Delegate budget to budget holders.	Budget Holders
CO & BUDGET HOLDERS	Must not exceed the budgetary total or virement limits set by the Governing Body.	CO & BUDGET HOLDERS
CFO	Devise and maintain systems of budgetary control.	Not Delegated
BUDGET HOLDERS	Ensure that: <ul style="list-style-type: none"> • No overspend or reduction of income that cannot be met from virement is incurred without prior consent of the CO; • Approved budget is not used for any other than specified purpose subject to rules of virement; • No permanent employees are appointed without the approval of the CO other than those provided for within available resources and manpower establishment. 	Not Delegated
CO	Identify and implement QIPP plans	ALL
CO	Submit monitoring returns.	CFO
CFO	Preparation of annual accounts and reports.	CFO
CFO	Managing banking arrangements, including provision of banking services, operation of accounts, preparation of instructions and list of cheque signatories.	Head of Finance

RESPONSIBILITY OF	AUTHORITIES/DUTIES DELEGATED	DELEGATED TO
CFO	Review the banking arrangements of the CCG at regular intervals to ensure they reflect best practice and represent best value for money.	Not Delegated
CFO	Income systems, including system design, prompt banking, review and approval of fees and charges, debt recovery arrangements, design and control of receipts, provision of adequate facilities and systems for employees whose duties include collecting or holding cash.	CFO
ALL EMPLOYEES	Duty to inform CFO of money due from transactions which they initiate/deal with.	All
CO	Tendering and contracting procedure.	CFO
CO	In-house services: Decision to tender for services.	Not Delegated
CO	Formal tendering procedures to be waived.	Not Delegated
CORPORATE SECRETARY	Fees payable for the provision of legal advice / services.	Not Delegated
CO	Review of contract opportunity reported to the CO and maintenance of record of such contract opportunity.	Not Delegated
CO	Report waivers of tendering procedures to the Audit Committee.	Not Delegated
CO	Responsible for the receipt, endorsement and safe custody of tenders received.	Not Delegated
CO	Designation of senior officers/managers to open tenders.	Not Delegated
ALL EXECUTIVE DIRECTORS & MEMBERS	Opening tenders.	ALL EXECUTIVE DIRECTORS & MEMBERS
CO	Shall maintain a register to show each set of competitive tender invitations dispatched.	CORPORATE SECRETARY
CO	Admissibility of tenders.	CO / CFO
CO & CFO	Where one tender is received will assess for value for money and fair price.	CO / CFO
CO	Responsible for treatment of 'late tenders'.	CO / CFO
CO	Electronic Auctions and Dynamic Purchasing Systems.	CO / CFO

RESPONSIBILITY OF	AUTHORITIES/DUTIES DELEGATED	DELEGATED TO
CO & CCG OFFICERS	Draft specification.	Not delegated
CO & CCG OFFICERS	Draft and submit in-house tender submission.	Not Delegated
CFO & THE EVALUATION GROUP	Shortlist expressions of interest and evaluate tenders received.	Not Delegated
CO	Nomination of officer to oversee and manage the contract awarded on behalf of the CCG.	Not Delegated
CO	Quotations: Competitive and Non-Competitive; decision re requirement to obtain quotation in writing, evaluation of quotations and source of goods from alternative suppliers.	CFO/CO
CO or CFO	No quotation shall be accepted which will commit expenditure in excess of that which has been allocated by the CCG and/or which is not in accordance with these Standing Financial Instructions except with the authorisation of the Chief Officer.	Not Delegated
CO	Overriding duty to achieve best value for money.	CO
CO	Shall ensure that appropriate evaluation criteria are adopted to assess the technical and financial capability of those firms that are invited to tender or quote.	CFO
CFO	No tender shall be accepted which will commit expenditure in excess of that which has been allocated by the CCG and/or which is not in accordance with these Instructions except with the authorisation of the Chief Officer.	Not Delegated
CO OR CFO	Acceptability of tenders.	Not Delegated
DESIGNATED BUDGET HOLDER	Award of contracts up to the amount specified in the budgetary scheme of delegation	Not Delegated
CHIEF OFFICER & DIRECTORS	Award of contracts up to the amount specified in the budgetary scheme of delegation.	Not Delegated
CO	Award of contracts up to the amount specified in the budgetary scheme of delegation.	Not Delegated
GOVERNING BODY	Award of contracts over the amount specified in the budgetary scheme of delegation.	Not Delegated
CFO	Use of correct form of contract.	Not Delegated
CO	The Chief Officer shall nominate officers with delegated authority to enter into contracts of employment, regarding staff, agency staff or temporary staff service contracts.	Not Delegated

RESPONSIBILITY OF	AUTHORITIES/DUTIES DELEGATED	DELEGATED TO
CO	The Chief Officer shall nominate an officer who shall oversee and manage each contract on behalf of the CCG.	CO / CFO
CO	Use of competitive tendering or quotation procedures.	CO / CFO
CO	Must ensure the CCG enters into suitable contracts with service providers for the provision of NHS services and consider the extent to which any NHS standard contract conditions are mandatory.	CO / CFO
CO	Ensure that regular reports are provided to the Governing Body detailing actual and forecast expenditure against the contract.	n/a
CO	As the Accountable Officer, ensure services are commissioned in line with the Plan and reach the required standards.	CO / CFO
CO	The Chief Officer shall use NHS standard commissioning contracts (where applicable).	CO
CO	Ensure regular reports are provided to the Governing Body detailing actual and forecast expenditure for each contract.	Not Delegated
CO	Ensure that all agreements for provision of services with non-NHS providers achieve quality and are cost effective.	CO / CFO
CFO	Will maintain a system of control to ensure effective accounting of expenditure against each contract.	CO / CFO
CFO	Must account for Out of Area Treatments/Non Contract Activity in accordance with national guidelines.	CO / CFO
GOVERNING BODY	Establish a Remuneration, Appointments & Terms of Service Committee.	CCG
REMUNERATION, COMMITTEE	Have delegated authority on behalf of the Governing Body to approve the remuneration and terms of service of the CO, other officer members, GP members of the strategic clinical executive and senior employees to ensure they are fairly rewarded having proper regard to the CCG's circumstances and any national agreements. Monitor and evaluate the performance of individual senior employees. Approve and oversee appropriate contractual arrangements for such staff, including proper calculation and scrutiny of termination payments.	Not delegated
CO	Approval of variation to funded establishment of any department.	Not delegated
CO	Approval of appointment of staff, including agency staff, appointments and re-grading within approved	Not delegated

RESPONSIBILITY OF	AUTHORITIES/DUTIES DELEGATED	DELEGATED TO
	budget and funded establishment.	
CFO	Ensure that the chosen method for payroll processing is supported by appropriate (contracted) terms and conditions, adequate internal controls and audit review procedures and that suitable arrangements are made for the collection of payroll deductions and payment of these to appropriate bodies.	CO
CO	Submit time records in line with timetable. Complete time records and other notifications in required form. Submitting termination forms in prescribed form and on time.	Not delegated
CO	Ensure that all employees are issued with a Contract of Employment in a form approved by the Governing Body and which complies with employment legislation; Deal with variations to, or termination of, contracts of employment.	CO
GOVERNING BODY	The Governing Body will approve the level of non-pay expenditure on an annual basis.	GB
CO	Determine, and set out, level of delegation of non-pay expenditure to budget managers, including a list of managers authorised to place requisitions, the maximum level of each requisition and the system for authorisation above that level.	CCG
CO	Set out procedures on the seeking of professional advice regarding the supply of goods and services.	CFO
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.	Not Delegated
CFO	Shall be responsible for the prompt payment of accounts and claims.	Not Delegated
CFO	Advise the Governing Body regarding 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 standing orders and regularly reviewed; Prepare procedural instructions on the obtaining of goods, works and services incorporating the thresholds; Be responsible for the prompt payment of all properly authorised accounts and claims; Be responsible for designing and maintaining a system of verification, recording and payment of all amounts payable; Be responsible for ensuring that payment for goods and services is only made once the goods and services are received.	Not Delegated
OFFICER MEMBER	Make a written case to support the need for a pre-payment.	Not Delegated

RESPONSIBILITY OF	AUTHORITIES/DUTIES DELEGATED	DELEGATED TO
CFO	Approve proposed pre-payment arrangements.	Not Delegated
BUDGET HOLDER	Ensure that all items due under a prepayment contract are received (and immediately inform Chief Finance Officer if problems are encountered).	Budget holder
CO	Authorise who may use and be issued with official orders.	Budgetary Scheme of Delegation
MANAGERS AND OFFICERS	Ensure that they comply fully with the guidance and limits specified by the Chief Finance Officer	Managers and officers
CO & CFO	Ensure that the arrangements for financial control and financial audit of building and engineering contracts and property transactions comply with the guidance contained within CONCODE, ESTATECODE, Procure 21, NHS LIFT and PFI Guidance manual. The technical audit of these contracts shall be the responsibility of the relevant Director.	Not Delegated
CFO	Lay down procedures for payments to local authorities and voluntary organisations made under the powers of section 75 or 256 of the NHS ACT 2004.	Not Delegated
CFO	Ensure that Governing Body members are aware of the Financial Framework and ensure compliance	Not Delegated
CO	Capital investment programme: Ensure that there is adequate appraisal and approval process for determining capital expenditure priorities and the effect that each has on plans; Responsible for the management of capital schemes and for ensuring that they are delivered on time and within cost; Ensure that capital investment is not undertaken without availability of resources to finance all revenue consequences; Ensure that a business case is produced for each proposal.	n/a
CFO	Certify professionally the costs and revenue consequences detailed in the business case for capital investment.	Not Delegated
CO	Issue procedures for management of contracts involving stage payments.	CFO
CFO	Issue procedures for the regular reporting of expenditure and commitment against authorised capital expenditure.	Not Delegated

RESPONSIBILITY OF	AUTHORITIES/DUTIES DELEGATED	DELEGATED TO
CO	Shall issue to the manager responsible for any scheme specific authority to commit expenditure, proceed to tender and accept a successful tender.	CFO
CO	Issue a scheme of delegation for capital investment management in accordance with Estate code and Standing Orders.	CFO
CFO	Issue procedures governing financial management, including variation to contract, of capital investment projects and valuation for accounting purposes.	Not Delegated
CFO	Demonstrate that the use of private finance represents value for money and genuinely transfers significant risk to the private sector.	Not Delegated
Governing Body	Proposal to use PFI must be specifically agreed by the Governing Body.	Not Delegated
CO	Maintenance of asset registers (on advice from CFO).	CFO
CFO	Approve procedures for reconciling balances on fixed assets accounts in ledgers against balances on fixed asset registers.	Not Delegated
CFO	Calculate and pay capital charges in accordance with NHS England requirements.	Not Delegated
CO	Overall responsibility for fixed assets.	Not Delegated
CFO	Approval of fixed asset control procedures.	Not Delegated
GOVERNING BODY, EXECUTIVE MEMBERS AND ALL SENIOR STAFF	Responsibility for security of CCG assets including notifying discrepancies to CFO, and reporting losses in accordance with CCG procedure.	Not Delegated
CO	Delegate overall responsibility for control of stores (subject to CFO responsibility for systems of control). Further delegation for day-to-day responsibility subject to such delegation being recorded.	CFO
CFO	Responsible for systems of control over stores and receipt of goods.	Not Delegated
CFO	Security arrangements and custody of keys.	LSMO
CFO	Set out procedures and systems to regulate the stores including stocktaking arrangements or approve alternative arrangements where a complete system of stores control is not justified.	Not Delegated
CFO	Approve system for review of slow moving and obsolete items and for condemnation, disposal and replacement of all unserviceable items.	Not Delegated

RESPONSIBILITY OF	AUTHORITIES/DUTIES DELEGATED	DELEGATED TO
CO	Identify persons authorised to requisition goods from NHS Supply Chain.	Budgetary Scheme of Delegation
CFO	Prepare detailed procedures for disposal of assets including condemnations and ensure that these are notified to managers.	Not Delegated
CFO	Prepare procedures for recording and accounting for losses, special payments.	Not Delegated
ALL STAFF	Adhere to procedures for the discovery or suspicion of loss.	All staff
CFO	Ensure that where a criminal offence is suspected the police must be informed if theft or arson is involved. In cases of fraud and corruption the relevant Local Counter Fraud Specialist (LCFS) and NHS Counter Fraud Authority Operational Fraud Team must be informed in line with NHS England Directions.	Not Delegated
CFO	Notify NHS Counter Fraud Authority, LCFS and External Audit of all frauds.	Not Delegated
CFO	Notify the Governing Body and External Auditor of non-trivial losses through theft, arson, neglect of duty or gross carelessness.	Not Delegated
GOVERNING BODY	Approve write off of losses (within limits delegated by NHS ENGLAND).	Not Delegated
CFO	Consider whether any insurance claim can be made.	Not Delegated
CFO	Maintain losses and special payments register.	Not Delegated
CFO	Responsible for accuracy and security of computerised financial data.	Not Delegated
CFO	Provide assurance 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.	Not Delegated
CO	Shall publish and maintain a Freedom of Information Scheme.	Assistant CO
OFFICERS	Send proposals for general computer systems to Chief Finance Officer.	Not Delegated
CFO	Ensure that contracts with other bodies for the provision of computer services for financial applications clearly define responsibility of all parties for security, privacy, accuracy, completeness and timeliness of data during processing, transmission and storage, and allow for audit review. Seek periodic assurances from the provider that adequate controls are in operation.	Not Delegated

RESPONSIBILITY OF	AUTHORITIES/DUTIES DELEGATED	DELEGATED TO
CO	Ensure all staff are made aware of the CCG policy on the acceptance of gifts and other benefits in kind by staff.	Corporate Secretary
CFO	Ensure lists of all contractors are maintained up to date and systems are in place to deal with applications, resignations, inspection of premises etc. within contractors' terms of service.	Not Delegated
CFO	Ensure only contractors included on the CCG lists receive payments; maintain a system of control to ensure prompt and accurate payments and validation of same.	Not Delegated
CO	Retention of document procedures in accordance with latest guidance.	Not Delegated
CO	Assurance Framework	Deputy CO
GOVERNING BODY	Approve and monitor the Assurance Framework	Not applicable
GOVERNING BODY	Decide whether the CCG will use the risk pooling schemes administered by the NHS Litigation Authority or self-insure for some or all of the risks (where discretion is allowed). Decisions to self-insure should be reviewed annually.	Not applicable
CFO	<p>Where the Governing Body decides to use the risk pooling schemes administered by the NHS Litigation Authority the Chief Finance Officer shall ensure that the arrangements entered into are appropriate and complementary to the Assurance Framework. The Chief Finance Officer shall ensure that documented procedures cover these arrangements.</p> <p>Where the Governing Body decides not to use the risk pooling schemes administered by the NHS Litigation Authority for any one or other of the risks covered by the schemes, the Chief Finance Officer shall ensure that the Governing Body is informed of the nature and extent of the risks that are self-insured as a result of this decision. The Chief Finance Officer will draw up formal documented procedures for the management of any claims arising from third parties and payments in respect of losses that will not be reimbursed.</p>	Not Delegated

NHS Rotherham Clinical Commissioning Group - Budgetary Scheme of Reservation and Delegation

Description	CCG Governing Body	Chief Officer (CO)	Deputy CO, Chief Finance Officer, Chief Nurse	Named NHSE Officers /Assistant CO and Heads of Department	Named NHSE Officers /Senior Officers	Named NHSE and CCG Officers (service specific)	Named NHSE and CCG Officers
	LIMIT	LIMIT	LIMIT	LIMIT	LIMIT	LIMIT	LIMIT
Requisitions and invoices for goods and services	CCG budget line for specified service	CCG budget line for specified service	£500,000	£50,000	£10,000	£2,000	£0
Virements	CCG Budget	CCG Budget	£500,000	£50,000	£10,000	£0	£0
Grants to voluntary bodies	CCG budget line for specified service	£50,000	£10,000	£0	£0	£0	£0
Payments to Local Authorities-including Public Health and Grants	CCG budget line for specified service	CCG budget line for specified service	£500,000	£50,000	£0	£0	£0
Writeoffs. Compensations and /or ex-gratia payments	CCG budget line for specified service	CO and CFO jointly up to £30,000	£0	£0	£0	£0	£0
Approval of Final Business Case for capital or PFI *	CCG budget line for specified service	£500,000 *	£0	£0	£0	£0	£0
Acquisition, disposal or change of land and buildings *	CCG budget line for specified service	£500,000 *	£0	£0	£0	£0	£0
* Unlikely to be required under current Health and Social Care Act as schemes will require NHS England or NHS Property Services approval							
Agree litigation	CCG budget line for specified service	£100,000	£25,000	£0	£0	£0	£0
Sign off of annual contracts with NHS Trusts & FT's, non NHS clinical providers & non clinical contracts	CCG budget line for specified service	CCG budget line for specified service	£15,000,000	£0	£0	£0	£0
Monthly NHS Contract payments	CCG budget line for specified service	CCG budget line for specified service	£15,000,000	£50,000	£10,000	£2,000	£0
Monthly non-NHS contract variations	CCG budget line for specified service	CCG budget line for specified service	£15,000,000	£50,000	£10,000	£2,000	£0
Invoices for non clinical services from NHS Trust & FT's and non NHS providers	CCG budget line for specified service	CCG budget line for specified service	£500,000	£50,000	£10,000	£2,000	£0
Invoices for clinical services from non NHS & private organisations	CCG budget line for specified service	CCG budget line for specified service	£500,000	£50,000	£10,000	£2,000	£0
Early Retirement, redundancy and termination settlements	RATS approval and minute required			£0	£0	£0	£0
Purchase of goods or services	Verbal Quotation needed			under £15,000			
	3 competitive quotations needed			£15,000 - £49,999.99*			

	Actual tender needed	£50,000 and over
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*Note all tender opportunities of £25K and over must be advertised on the UK government website “Contracts Finder”.

STANDING FINANCIAL INSTRUCTIONS

1 INTRODUCTION

1.1 General

- 1.1.1 These Standing Financial Instructions detail the financial responsibilities, policies and procedures adopted by the CCG. They are designed to ensure that the CCG's financial transactions are carried out in accordance with the law and with Government policy in order to achieve probity, accuracy, economy, efficiency and effectiveness. They should be used in conjunction with the Schedule of Decisions Reserved to the Governing Body and the Scheme of Delegation adopted by the CCG.
- 1.1.2 These Standing Financial Instructions identify the financial responsibilities which apply to everyone working for the CCG and its constituent organisations including Trading Units. They do not provide detailed procedural advice and should be read in conjunction with the detailed departmental and financial procedure notes. All financial procedures must be approved by the Chief Finance Officer.
- 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 user of these Standing Financial Instructions should also be familiar with and comply with the provisions of the CCG's Standing Orders.
- 1.1.4 The failure to comply with Standing Financial Instructions and standing orders can in certain circumstances be regarded as a disciplinary matter that could result in dismissal.
- 1.1.5 **Overriding Standing Financial Instructions** – 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 Quality Assurance sub-Committee for referring action or ratification. All members of the Governing Body and staff have a duty to disclose any non-compliance with these Standing Financial Instructions to the Chief Finance Officer as soon as possible.

1.2 Responsibilities and delegation

1.2.1 The Governing Body

The Governing Body has delegated authority for financial supervision and control by:

- (a) Formulating the financial strategy;
- (b) Requiring the submission and approval of budgets within approved allocations/overall income;
- (c) Defining and approving essential features in respect of important procedures and financial systems (including the need to obtain value for money); and
- (d) Defining specific responsibilities placed on Clinical Commissioning Group members, Governing Body members and employees as indicated in the Scheme of Delegation document.

- 1.2.2 The CCG has resolved that certain powers and decisions may only be exercised by the CCG members and certain powers and decisions only by the Governing Body members in formal

session. These are set out in Appendix E of the constitution. All other powers have been delegated to such other committees as the CCG has established and officers.

- 1.2.3 The Clinical Commissioning Group will delegate responsibility for the performance of its functions in accordance with the Scheme of Delegation document adopted by the CCG.

1.2.4 The Chief Officer and Chief Finance Officer

The Chief Officer and Chief Finance Officer will, as far as possible, delegate their detailed responsibilities, but they remain accountable for financial control.

Within the Standing Financial Instructions, it is acknowledged that the Chief Officer is ultimately accountable to the Governing Body, and as Accountable Officer, to the Secretary of State, for ensuring that the Governing Body meets its obligation to perform its functions within the available financial resources. The Chief Officer has overall executive responsibility for the CCG's activities; is responsible to the Chair and the Governing Body for ensuring that its financial obligations and targets are met and has overall responsibility for the CCG's system of internal control.

- 1.2.5 It is a duty of the Chief Officer to ensure that Clinical Commissioning Group members, Governing Body members and employees and all new appointees are notified of, and put in a position to understand their responsibilities within these Instructions.

1.2.6 The Chief Finance Officer

The Chief Finance Officer is responsible for:

- (a) implementing the CCG's financial policies and for co-coordinating any corrective action necessary to further these policies;
- (b) maintaining an effective system of internal financial control including ensuring that detailed financial procedures and systems incorporating the principles of separation of duties and internal checks are prepared, documented and maintained to supplement these instructions;
- (c) ensuring that sufficient records are maintained to show and explain the CCG's transactions, in order to disclose, with reasonable accuracy, the financial position of the CCG at any time;

and, without prejudice to any other functions of the CCG, and employees of the CCG, the duties of the Chief Finance Officer include:

- (d) the provision of financial advice to other Clinical Commissioning Group members, Governing Body members and employees;
- (e) the design, implementation and supervision of systems of internal financial control; and
- (f) the preparation and maintenance of such accounts, certificates, estimates, records and reports as the CCG may require for the purpose of carrying out its statutory duties.

1.2.7 Governing Body Members, Clinical Commissioning Group Members and Employees

All Clinical Commissioning Group members, Governing Body members and employees, severally and collectively, are responsible for:

- (a) The security of the property of the CCG;
- (b) Avoiding loss;

- (c) Exercising economy and efficiency in the use of resources; and
- (d) Conforming with the requirements of Standing Orders, Standing Financial Instructions, Financial Procedures and the Scheme of Delegation.

1.2.8 Contractors and their employees

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 instructions. It is the responsibility of the Chief Officer to ensure that such persons are made aware of this.

- 1.2.9 For all Clinical Commissioning Group members, Governing Body members and any employees who carry out a financial function, the form in which financial records are kept and the manner in which Clinical Commissioning Group members, Governing Body members and employees discharge their duties must be to the satisfaction of the Chief Finance Officer.

2. AUDIT

2.1 Audit and Quality Assurance sub-Committee (AQuA)

- 2.1.1 In accordance with Standing Orders the Governing Body shall formally establish an Audit and Quality Assurance sub-Committee, with clearly defined terms of reference and following guidance from the NHS Audit Committee Handbook.

- 2.1.2 The Terms of Reference are set out in Appendix K of the constitution.

2.2 Chief Finance Officer

- 2.2.1 The Chief Finance Officer is responsible for:

- (a) ensuring there are arrangements to review, evaluate and report on the effectiveness of internal financial control including the establishment of an effective Internal Audit function;
- (b) ensuring that the Internal Audit function meets the NHS mandatory audit standards and provides sufficient independent and objective assurance to the Audit and Quality Assurance sub Committee and the Accountable Officer;
- (c) deciding at what stage to involve the police in cases of misappropriation and other irregularities not involving fraud or corruption.
- (d) ensuring that an annual Internal Audit report is prepared for the consideration of the Audit and Quality Assurance sub-Committee. The report must cover:
 - (i) a clear opinion on the effectiveness of internal control in accordance with current assurance framework guidance issued by the NHS England including for example compliance with control criteria and standards;
 - (ii) major internal financial control weaknesses discovered;
 - (iii) progress on the implementation of Internal Audit recommendations;
 - (iv) progress against plan over the previous year;
 - (iv) a strategic audit plan covering the coming three years;
 - (vi) a detailed plan for the coming year.

2.2.2 The Chief Finance Officer or designated internal or external auditor is entitled without necessarily giving prior notice to require and receive:

- (a) access to all records, documents and correspondence relating to any financial or other relevant transactions, including documents of a confidential nature;
- (b) access at all reasonable times to any land, premises or Clinical Commissioning Group members, Governing Body members or employees of the CCG;
- (c) the production of any cash, stores or other property of the CCG under a member of the Governing Body and Clinical Commissioning Group's or an employee's control; and
- (d) explanations concerning any matter under investigation.

2.3 **Role of Internal Audit**

2.3.1 Internal Audit is an independent and objective appraisal service within an organisation which provides:

- (1) an independent and objective opinion to the Accountable Officer, the Governing Body, and the Audit and Quality Assurance sub-Committee on the degree to which risk management, control and governance, support the achievement of the organisation's agreed objectives;
- (2) an independent and objective consultancy service specifically to help line management improve the organisation's risk management, control and governance arrangements.

2.3.2 Internal Audit will review, appraise and report upon policies, procedures and operations in place to;

- (a) establish and monitor the achievement of the organisation's objectives;
- (b) identify, assess and manage the risks to achieving the organisation's objectives;
- (c) ensure the economical, effective and efficient use of resources;
- (d) ensure compliance with established policies (including behavioral and ethical expectations), procedures, laws and Regulations;
- (e) safeguard the organisation's assets and interests from losses of all kinds, including those arising from fraud, irregularity or corruption;
- (f) ensure the integrity and reliability of information, accounts and data, including internal and external reporting and accountability processes.

2.3.3 The Head of Internal Audit will provide to the Audit and Quality Assurance sub Committee;

- (a) A risk-based plan of internal audit work, agreed with management and approved by the Audit and Quality Assurance sub-Committee, based upon the management's Assurance Framework that will enable the auditors to collect sufficient evidence to give an opinion on the adequacy and effective operation of the organisation;
- (b) Regular updates on the progress against plan;
- (c) Reports of management's progress on the implementation of action agreed as a result of Internal audit findings;

(d) An annual opinion, based upon and limited to the work performed, on the overall adequacy and effectiveness of the organisation's risk management, control and governance processes (i.e. the organisation's system of internal control). This opinion is used by the Governing Body to inform the Annual Governance Letter and by Strategic Health Authority as part of its performance management role;

e) Additional reports as requested by the Audit and Quality Assurance sub Committee.

2.3.4 Whenever any matter arises which involves, or is thought to involve, irregularities concerning cash, stores, or other property or any suspected irregularity in the exercise of any function of a pecuniary nature, the Chief Finance Officer must be notified immediately.

2.3.5 The Head of Internal Audit will normally attend Audit and Quality Assurance sub Committee meetings and has a right of access to all Audit and Quality Assurance sub Committee members, the Chair and Chief Officer of the CCG.

2.3.6 The Head of Internal Audit reports to the Audit and Quality Assurance sub Committee and is managed by the Chief Finance Officer. The reporting system for Internal Audit shall be agreed between the Chief Finance Officer, the Audit and Quality Assurance sub Committee and the Head of Internal Audit. The agreement shall be in writing and shall comply with the guidance on reporting contained in the NHS Internal Audit Standards. The reporting system shall be reviewed at least every three years.

2.3.7 The appointment and termination of the Head of Internal Audit and/or the Internal Audit Service must be approved by the Audit and Quality Assurance sub Committee.

2.4 External Audit

2.4.1 The External Auditor is appointed by the Audit Commission and paid for by the CCG. The Audit and Quality Assurance sub Committee must ensure a cost-efficient service. If there are any problems relating to the service provided by the External Auditor, then this should be raised with the External Auditor.

2.5 Fraud and Corruption

2.5.1 In line with their responsibilities, the Chief Officer and Chief Finance Officer shall monitor and ensure compliance with Directions issued by the Secretary of State for Health on fraud and corruption.

2.5.2 The AQUA shall nominate a suitable person to carry out the duties of the Local Counter Fraud Specialist (LCFS) as specified by the NHS Counter Fraud and Corruption Manual, and guidance.

2.5.3 The LCFS shall report to the Chief Finance Officer and shall work with staff in the NHS Counter Fraud Authority and the Regional NHS Counter Fraud Authority team in accordance with the NHS Counter Fraud and Corruption Manual, or with any successor body with which the LCFS or equivalent is required to report to pursuant to any subsequent guidance in future.

2.5.4 The LCFS will provide a written report, at least annually, on counter fraud work within the CCG.

2.6 Security Management

2.6.1 In line with their responsibilities, the Chief Officer will monitor and ensure compliance with Directions issued by the Secretary of State for Health on NHS security management.

2.6.2 The Governing Body shall nominate a suitable person to carry out the duties of the Local Security Management Specialist (LSMS) or equivalent as specified by the Secretary of State for Health guidance on NHS Security Management.

- 2.6.3 The Governing Body shall nominate a Lay Member to be responsible to the Governing Body for NHS security management.
- 2.6.4 The Chief Officer has overall responsibility for controlling and coordinating security. However, key tasks are delegated to a named Officer (and the appointed LSMS).

3. RESOURCE LIMIT CONTROL

- 3.1.1 The CCG is required by statutory provisions not to exceed its Resource Limit. The Chief Officer has overall executive responsibility for the CCG's activities and is responsible to the Governing Body for ensuring that it stays within its Resource Limit.
- 3.1.2 The definition of use of resources is set out in RAB Directions on use of resources (available on the Departmental Finance Manual web-site).
- 3.1.4 The Chief Finance Officer will:
- (a) provide monthly reports in the form required by the Secretary of State;
 - (b) ensure money drawn from the Resource Limit is required for approved expenditure only, and is drawn down only at the time of need, follows best practice as set out in 'Cash Management in the NHS';
 - (c) be responsible for ensuring that an adequate system of monitoring financial performance is in place to enable the CCG to fulfill its statutory responsibility not to exceed its Annual Revenue and Capital Resource Limits.

4. ALLOCATIONS, ANNUAL PLAN, BUDGETS, BUDGETARY CONTROL AND MONITORING

4.1 Allocations

- 4.1.1 The Chief Finance Officer of the CCG will:
- (b) prior to the start of each financial year submit to the Governing Body for approval a report showing the total allocations received and their proposed distribution including any sums to be held in reserve; and
 - (c) regularly update the Governing Body on significant changes to the initial allocation and the uses of such funds.

4.2 Preparation and Approval of Annual Plan and Budgets

- 4.2.1 The Chief Officer will compile and submit to the Governing Body an Annual Plan which takes into account financial targets and forecast limits of available resources. The plan will contain:
- (a) a statement of the significant assumptions on which the plan is based;
 - (b) details of major changes in workload, delivery of services or resources required to achieve the plan.
- 4.2.2 Prior to the start of the financial year the Chief Finance Officer will, on behalf of the Chief Officer, prepare and submit budgets for approval by the Governing Body. Such budgets will:
- (a) be in accordance with the aims and objectives set out in the plan;
 - (b) accord with workload and manpower plans;

- (c) be produced following discussion with appropriate budget holders;
- (d) be prepared within the limits of available funds;
- (e) identify potential risks.

4.2.3 The Chief Finance Officer shall monitor financial performance against budget and plan, periodically review them, and report to the Governing Body.

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

4.2.5 The Chief Finance Officer has a responsibility to ensure that adequate training is delivered on an on-going basis to budget holders to help them manage successfully.

4.3 Budgetary Delegation

4.3.1 The Chief 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;
- (f) the provision of regular reports.

4.3.2 The Chief Officer and delegated budget holders must not exceed the budgetary total or virement limits set by the Governing Body.

4.3.3 Any budgeted funds not required for their designated purpose(s) revert to the immediate control of the Chief Officer, subject to any authorised use of virement.

4.3.4 Non-recurring budgets should not be used to finance recurring expenditure without the authority in writing of the Chief Officer, as advised by the Chief Finance Officer.

4.4 Budgetary Control and Reporting

4.4.1 The Chief Finance Officer will devise and maintain systems of budgetary control. These will include:

- (a) monthly financial reports to the Governing Body in a form approved by the Governing Body containing:
 - (i) income and expenditure to date showing trends and forecast year-end position;
 - (ii) risks to cash and other working capital;
 - (iii) capital project spend and projected outturn against plan;
 - (iv) explanations of any material variances from plan;
 - (v) details of any corrective action where necessary and the Chief 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, workload and manpower budgets;
- (d) monitoring of management action to correct variances;
- (e) arrangements for the authorisation of budget transfers.

4.4.2 Each Budget Holder is responsible for ensuring that:

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

4.4.3 The Chief Officer is responsible for identifying and implementing cost improvements and income generation initiatives in accordance with the requirements of the Annual Plan and a balanced budget.

4.5 Capital Expenditure

4.5.1 The general rules applying to delegation and reporting shall also apply to any capital expenditure

4.6 Monitoring Returns

4.6.1 The Chief Officer is responsible for ensuring that the appropriate monitoring forms are submitted to the requisite monitoring organisation.

5. ANNUAL ACCOUNTS AND REPORTS

5.1 The Chief Finance Officer, on behalf of the CCG, will:

- (a) prepare financial returns in accordance with the accounting policies and guidance given by the NHS England and the Treasury, the CCG's accounting policies, and generally accepted accounting practice;
- (b) prepare and submit annual financial reports to the NHS England certified in accordance with current guidelines;
- (c) submit financial returns to the NHS England for each financial year in accordance with the timetable prescribed by the NHS England.

5.2 The CCG's annual accounts must be audited by an auditor appointed by the Audit Commission (or from 1st April 2017, by the CCG's Independent Auditor Panel). The CCG's audited annual accounts must be presented to a public meeting and made available to the public.

5.3 The CCG will publish an annual report, in accordance with guidelines on local accountability, and present it at a public meeting. The document will comply with the NHS England's Manual for Accounts.

6. BANK ACCOUNTS

- 6.1 General
- 6.1.1 The Chief Finance Officer is responsible for managing the CCG's banking arrangements and for advising the Governing Body on the provision of banking services and operation of accounts. This advice will take into account guidance/directions issued from time to time by the NHS England. In line with 'Cash Management in the NHS' CCG should minimise the use of commercial bank accounts and use Government Banking Service (GBS) accounts for all banking services.
- 6.1.2 The Governing Body shall approve the banking arrangements.
- 6.2 Bank and GBS Accounts
- 6.2.1 The Chief Finance Officer is responsible for:
- (a) bank accounts and Government Banking Service (GBS) accounts;
 - (c) ensuring payments made from bank or GBS accounts do not exceed the amount credited to the account except where arrangements have been made;
 - (d) reporting to the Governing Body all arrangements made with the CCG's bankers for accounts to be overdrawn;
 - (e) monitoring compliance with NHS England guidance on the level of cleared funds.
- 6.3 Banking Procedures
- 6.3.1 The Chief Finance Officer will prepare detailed instructions on the operation of bank and GBS accounts which must include:
- (a) the conditions under which each bank and GBS account is to be operated;
 - (b) those authorised to sign cheques or other orders drawn on the CCG's accounts;
- 6.3.2 The Chief Finance Officer must advise the CCG's bankers in writing of the conditions under which each account will be operated.
- 6.4 Tendering and Review**
- 6.4.1 The Chief Finance Officer will review the banking arrangements of the CCG at regular intervals to ensure they reflect best practice and represent best value for money by periodically seeking competitive tenders for the CCG's banking business.
- 6.4.2 Competitive tenders should be sought at least every 5 years. This review is not necessary for GBS accounts. The results of the tendering exercise should be reported to the Governing Body.
- 7. INCOME, FEES AND CHARGES AND SECURITY OF CASH, CHEQUES AND OTHER NEGOTIABLE INSTRUMENTS**
- 7.1 Income Systems
- 7.1.1 The Chief Finance Officer is responsible for designing, maintaining and ensuring compliance with systems for the proper recording, invoicing, and collection and coding of all monies due.
- 7.1.2 The Chief Finance Officer is also responsible for the prompt banking of all monies received.
- 7.2 Fees and Charges

- 7.2.1 The Chief Finance Officer is responsible for approving and regularly reviewing the level of all fees and charges other than those determined by the NHS England or by Statute. Independent professional advice on matters of valuation shall be taken as necessary.
- 7.2.2 All employees must inform the Chief Finance Officer promptly of money due arising from transactions which they initiate/deal with, including all contracts, leases, tenancy agreements, private patient undertakings and other transactions.
- 7.3 Debt Recovery
- 7.3.1 The Chief Finance Officer is responsible for the appropriate recovery action on all outstanding debts.
- 7.3.2 Income not received should be dealt with in accordance with losses procedures.
- 7.3.3 Overpayments should be detected (or preferably prevented) and recovery initiated.
- 7.4 Security of Cash, Cheques and other Negotiable Instruments
- 7.4.1 The Chief Finance Officer is responsible for:
- (a) approving the form of all receipt books, agreement forms, or other means of officially acknowledging or recording monies received or receivable;
 - (b) ordering and securely controlling any such stationery;
 - (c) the provision of adequate facilities and systems for employees whose duties include collecting and holding cash, including the provision of safes or lockable cash boxes, the procedures for keys, and for coin operated machines;
 - (d) prescribing systems and procedures for handling cash and negotiable securities on behalf of the CCG.
- 7.4.2 Official money shall not under any circumstances be used for the encashment of private cheques or IOUs.
- 7.4.3 All cheques, postal orders, cash etc., shall be banked intact. Disbursements shall not be made from cash received, except under arrangements approved by the Chief Finance Officer.
- 7.4.4 The holders of safe keys shall not accept unofficial funds for depositing in their safes unless such deposits are in special sealed envelopes or locked containers. It shall be made clear to the depositors that the CCG is not to be held liable for any loss, and written indemnities must be obtained from the organisation or individuals absolving the CCG from responsibility for any loss.

8. TENDERING AND CONTRACTING PROCEDURE

8.1 Duty to comply with Standing Orders and Standing Financial Instructions

The procedures to be followed by the CCG in relation to all contract opportunities with the CCG and for awarding all contracts with the CCG shall comply with the Standing Orders and Standing Financial Instructions.

This section of SFIs is structured in the following sections:

- This section: Legislation and Policy Framework, referring to the main requirements of law and policy. This section is not definitive and other guidance may also be applicable to any decision or procurement.

- The decision to tender and exceptions to the requirements to tender.
- Tendering Procedure.
- Quotations where no tender process was undertaken.
- Evaluation of tenders and quotations.
- Award of contracts.
- Form of Contract.
- Specific Requirements.

8.2 Legislation Governing Public Procurement

- The CCG shall comply with the Public Contracts Regulations 2015 (the “Regulations”) and any EU Directives relating to EU procurement law having direct effect in England (the “Directives”) and any other duties derived from the EU Treaty (“Treaty Obligations”) and any duties derived from the UK common law (“Common Law Duties”) (the Regulations, Directives, Treaty Obligations and Common Law Duties together are referred to elsewhere in these SFIs as “Procurement Legislation”). The Procurement Legislation as from time to time amended shall have effect as if incorporated in these Standing Orders and Standing Financial Instructions.
- The CCG should consider obtaining support from the suitably qualified professional advisor (including where appropriate legal advisors to ensure compliance with Procurement Legislation when engaging in tendering procedures).
- The CCG shall consider the application of any applicable duty to consult or engage the public or any relevant Overview and Scrutiny Committee of a Local Authority prior to commencing any procurement process for a contract opportunity.

8.3 Guidance on Public Procurement and Commissioning

The CCG should have regard to all relevant guidance issued by the NHS England in relation to the conduct of procurement practice and the commissioning of health care services, including but not limited to:

- the CCG Procurement Guide for commissioners of NHS funded services (Department of Health July 2010) or any successor guide issued by the NHS England;
- the Department of Health’s “Capital Investment Manual” and “Estatecode” in respect of capital investment and estate and property transactions, save where either has been superseded by later published guidance;
- Securing best value for NHS patients (2012),
- the National Health Service (Procurement, Patient Choice and Competition) (No 2) Regulations (2013),
- Monitor’s Substantive guidance on the Procurement, Patient Choice and Competition Regulations (2014),
- managing Conflicts of Interest: Statutory Guidance for CCGs (2014),
- the Public Contracts Regulations (2015),
- Crown Commercial Services Procurement Policy Notes (PPNs),

8.5 Decision to Seek Tenders, and Exceptions

8.5.1 Presumption to Tender

Where:

- a contract opportunity that is required to be advertised under the Regulations (i.e. the contract opportunity is governed by the Regulations and the value of the contract

opportunity as calculated pursuant to the Regulations exceeds the relevant financial threshold for the requirement to run a formal tender process); or

- (b) the contract opportunity would pass the Cross Border Test. The Cross Border Test is passed (subject to any subsequent judicial precedent in the UK Courts or the European Court of Justice) if the contract opportunity under consideration would be (where the value of the contract exceeds the threshold and falls within the 'light-touch regime' of service under the Regulations, or falls outside the requirement to tender under the Regulations) of certain interest to any Body located in a member state of a European Union other than the United Kingdom;

Irrespective of the contract value, the CCG shall ensure that all providers are treated fairly and equitably, and that each decision is taken transparently and in accordance with the NHS guidance 'Managing Conflicts of Interest: Statutory Guidance for CCGs (2014)'.

The CCG shall ensure that contract opportunities with the CCG are advertised in accordance with the relevant SFIs and where more than one response is received that competitive tenders are invited in accordance with the SFIs for:

- the supply of goods, materials and manufactured articles;
- the rendering of services including all forms of management consultancy services;
- for the design, construction and maintenance of building and engineering works (including construction and maintenance of grounds and gardens); and
- subject to SFIs for disposals.

8.5.2 Commissioning Health Care Services: Decision to Advertise

Health care services are, in the main, classed as 'light-touch regime' Services under the Regulations. As such, no requirement to advertise arises by virtue of SFI 8.5.1(a) above, but may do under SFI 8.5.1(b) and each contract opportunity should be assessed against the Cross Border Test.

8.5.3 In-House Services: Decision to Procure Services

The Chief Officer shall be responsible for ensuring that best value for money can be demonstrated for all services provided on an in-house basis. The Governing Body may also determine from time to time that in-house services should be market tested by competitive tendering.

8.5.4 Exceptions and instances where formal tendering procedures need not be applied

Where a contract opportunity is required to be tendered under SFI 8.5.1, such contract opportunities need not be advertised and formal tendering procedures **need not be** applied where:

- (a) the estimated expenditure or income:
- (i) for a contract opportunity (for goods and non healthcare services) does not, or is not reasonably expected to, exceed £50,000; or
 - (ii) for any contract opportunity (for healthcare services) that does not, or is not reasonably expected to reach OJEU limits.
- (b) any disposal falls within the relevant SFI test;
- (c) the requirement can be met under an existing contract without infringing Procurement Legislation;
- (d) the CCG is entitled to call off from a Framework Agreement and the requirements of SFI 8.6 (Use of Framework Agreements) have been followed;

- (e) a consortium arrangement is in place and a lead organisation has been appointed to carry out tendering activity on behalf of the CCG; or
- (f) an exception permitting the use of the negotiated procedure without prior publication validly applies under Regulation 32 of the Public Contract Regulations.

Formal tendering procedures **may be waived** in the following circumstances:

- (g) in very exceptional circumstances where the Chief Officer or the Chief Finance Officer decides that formal tendering procedures would not be practicable or the estimated expenditure or income would not warrant formal tendering procedures, and the circumstances are detailed in an appropriate CCG record;
- (h) where the timescale genuinely precludes competitive tendering for reasons of extreme urgency brought about by events unforeseeable by the CCG and not attributable to the CCG. Failure to plan work properly is not a justification for waiving the requirement to tender;
- (i) where the works, services or supply required are available from only one source for technical or artistic reasons or for reasons connected with the protection of exclusive rights;
- (j) when the goods required by the CCG are a partial replacement for, or in addition to, existing goods and to obtain the goods from a supplier other than the supplier who supplied the existing goods would oblige the CCG to acquire goods with different technical characteristics and this would result in:
 - incompatibility with the existing goods; or
 - disproportionate technical difficulty in the operation and maintenance of the existing goods;

but no such contract may be entered in for duration of more than three years;

- (k) when works or services required by the CCG are additional to works or services already contracted for but for unforeseen circumstances such additional works or services have become necessary and that such additional works or services:
 - cannot for technical or economic reasons be carried out separately from the works or services under the original contract without major inconvenience to the CCG; or
 - can be carried out or provided separately from the works or services under the original contract but are strictly necessary to the latest stages of performance of the original contract; provided that the value of such additional works or services does not exceed 50% of the value of the original contract.
- (l) for the provision of legal advice and/or services provided that any provider of legal advice and/or services commissioned by the CCG is regulated by the Solicitors Regulation Authority for the conduct of their business (or by the Bar Council for England and Wales in relation to the obtaining of Counsel's opinion) and are generally recognised as having sufficient expertise in the area of work for which they are commissioned.
- (m) Where there is only one provider in the market who can deliver the service and the conditions for Regulation 75(2) of The National Health Service (Procurement, Patient Choice and Competition) (No 2) Regulations (2013) are met.

The Chief Finance Officer will ensure that any fees paid are reasonable and within commonly accepted rates for the costing of such work.

8.5.5 Monitoring and Audit of Decision not to seek Tenders

- (a) The waiving of competitive tendering procedures should not be used with the object of avoiding competition or solely for administrative convenience or subject to SFIs 8.5.4 (j) to (k) to award further work to a provider originally appointed through a competitive procedure.
- (b) Where it is decided that competitive tendering need not be applied or should be waived, the fact of the non application or waiver and the reasons for it should be documented and recorded in an appropriate CCG record and reported to the Audit and Quality Assurance Sub Committee at each meeting.
- (c) Where the CCG proposes not to conduct a tender process in relation to a contract opportunity for a new health care service or a significantly changed health care service then the Governing Body shall consider such a proposal at a meeting of the Governing Body as recommended by the Procurement Guide for commissioning of NHS-funded services.

8.5.6 Contracts which subsequently breach thresholds after original approval not to seek tenders

Contract opportunities estimated to be below the financial limits set in this SFI 8 or below the threshold for the application of the requirement to tender under the Regulations, for which formal tendering procedures are not used, but which subsequently prove to have a value above such limits, shall be reported to the Chief Officer, and be recorded in an appropriate CCG record.

8.5.7 Building and Engineering Construction Works

Competitive Tendering procedures cannot be waived for building and engineering construction works and maintenance (other than in accordance with Concode) without Departmental of Health approval.

8.6 Use of Framework Agreements

The CCG may utilise any available framework agreement to satisfy its requirements for works, services or goods but only if it complies with the requirements of Procurement Legislation in doing so, which include (but are not limited to) ensuring that:

- (a) the framework agreement was procured on its behalf. The CCG should satisfy itself that the original procurement process included the CCG within its scope;
- (b) the framework agreement includes the CCG's requirement within its scope. The CCG should satisfy itself that this is the case;
- (c) where the framework agreement is a multi-operator framework agreement, the process for the selection of providers to be awarded call-off contracts under the framework agreement is followed; and
- (d) the call-off contract entered into with the provider contains the contractual terms set out by the framework agreement.

8.7 Tendering Procedure

8.7.1 Equality of Treatment

The CCG shall ensure that no sector of any market (public, private, third sector/social enterprise) is given an unfair advantage in the design or conduct of any tender process.

8.7.2 Non-Discrimination

- (a) The subject matter and the scope of the contract opportunity should be described in a non-discriminatory manner. The CCG should utilise generic and/or descriptive terms, rather than the trade names of particular products or processes or their manufacturers or their suppliers.
- (b) All participants in a tender process should be treated equally and all rules governing a tender process must apply equally to all participants.

8.7.3 Advertisement of Contract Opportunities

Where a formal tender process is required under SFI 8.5.1 then:

- (a) where a contract opportunity falls within the Regulations and a process compliant with the Regulations is required, an OJEU Notice should be utilised; or
- (b) without prejudice to SFI 8.7.3(c) below where a contract opportunity does not fall within the Regulations the CCG shall utilise a form of advertising for such contract opportunity that is sufficient to enable potential providers (including providers in member states of the EU other than the UK) to access appropriate information about the contract opportunity so as to be in a position to express an interest; and
- (c) in relation to any contract opportunity for health care services the CCG shall as a minimum advertise on <https://www.contractsfinder.service.gov.uk>, the procurement portal.

8.7.4 Choice of Procedure

- (a) Where a contract opportunity falls within the Regulations and a process compliant with the Regulations is required then the CCG shall utilise an available tender procedure under the Regulations.
- (b) In all other cases the CCG shall utilise a tender procedure proportionate to the value, complexity and risk of the contract opportunity and shall ensure that invitations to tender are sent to a sufficient number of providers to provide fair and adequate competition (in any event no less than two).

8.7.5 Invitation to tender

- (a) All invitations to tender shall state the date and time that is the latest time for the receipt of tenders.
- (b) All invitations to tender shall state that no tender will be accepted unless submitted electronically through the appropriate process using the Bravosolution etendering service, as instructed within the advertisement and associated tender documentation;
- (c) Every invitation to tender must require each bidder to give a written undertaking not to engage in collusive tendering or other restrictive practice and not to engage in canvassing the CCG members, Governing Body member, its employees or officers concerning the contract opportunity tendered.

8.7.6 Receipt and safe custody of tenders

- (a) The Chief Officer or his/her nominated representative (who may not be from the department that sponsored or commissioned the relevant invitation to tender; referred to as the "Originating Department" for the remainder of this SFI 8.7) will be responsible for the receipt, endorsement and safe custody of tenders received until the time appointed for their opening.

- (b) An auditable date/time stamp of all actions is automatically created through the Bravosolution eTendering service. This audit trail is available for review in real time by all officers with appropriate access rights and cannot be edited.

8.7.7 Opening tenders and Register of tenders

- (a) The nominated registered electronic tendering user will be able to access the electronic tenders and release them once the time and date for opening has passed.

8.7.8 Admissibility of Tenders

- (i) If for any reason the designated officers are of the opinion that the tenders received are not sufficient to demonstrate competition (for example, because their numbers are insufficient or any are amended, incomplete or qualified) no contract shall be awarded without the approval of the Chief Officer.
- (ii) Where only one tender is sought and/or received, the Chief Officer and Chief Finance Officer shall, as far practicable, ensure that the price to be paid is fair and reasonable and will ensure best value for the CCG.

8.7.9 Late tenders

- (i) Tenders received after the due time and date, but prior to the opening of the other tenders, may be considered only if the Chief Officer or his/her nominated officer decides that there are exceptional circumstances i.e. the eTendering portal, or the potential provider's, systems were demonstrably inaccessible.
- (ii) Only in the most exceptional circumstances will a tender be considered which is received after the opening of the other tenders and only then if the tenders that have been duly opened have not left the custody of the Chief Officer or his/her nominated officer or if the process of evaluation and adjudication has not started.
- (iii) While decisions as to the admissibility of late, incomplete or amended tenders are under consideration, the tender documents shall be kept strictly confidential, recorded, and held in safe custody by the Chief Officer or his/her nominated officer.
- (iv) Accepted late tenders will be reported to the Governing Body.

8.7.10 Electronic Auctions and Dynamic Purchasing Systems

- (a) The CCG shall have policies and procedures in place for the control of all tendering activity carried out through dynamic purchasing systems and electronic auctions if such mechanisms are to be utilised by the CCG for tendering any contract opportunity. For further guidance on dynamic purchasing systems or electronic auction refer to www.gps.cabinetoffice.gov.uk

8.7.11 Accountability where in-house bid

- (a) In all cases where the Governing Body or the Clinical Executive determine that in-house services should be subject to competitive tendering the following groups shall be set up:
 - Specification group, comprising the Chief Officer or nominated officer/s and specialist officer whose function shall be to draw up the specification of the service to be tendered.
 - In-house tender group, comprising a nominee of the Chief Officer and technical support to draw up and submit the in-house tender submission.
 - Evaluation group, comprising normally a specialist officer, a procurement or commissioning officer and a Chief Finance Officer representative whose function is to shortlist expressions

of interest received and evaluate tenders received. For services having a likely annual expenditure exceeding £100,000, a non-officer member should be a member of the evaluation team.

- (b) No officer or employee of the CCG directly engaged or responsible for the provision of the in-house service subject to competitive tendering may be a member of any of the specification or evaluation group but the specification group may consult with and take into account information received from such officers or employees in drawing up the CCG's specification subject at all times to observing the duty of non-discrimination. No member of the in-house tender group may participate in the evaluation of tenders.
- (c) The evaluation group shall make recommendations to the Governing Body.
- (d) The Chief Officer shall nominate an officer to oversee and manage the contract awarded on behalf of the CCG.

8.8 Quotations: Competitive and Non-Competitive

8.8.1 Requirement to obtain competitive quotations

- (a) Subject to 8.8.1(b) and 8.8.1(c) competitive quotations are required for all contract opportunities where formal tendering procedures are not adopted and where the intended expenditure of income exceeds, or is reasonably expected to exceed £15,000.
- (b) Competitive quotations are not required where a contract opportunity need not be advertised and tendered.
- (c) Competitive quotations are not required where the requirement to advertise and tender a contract opportunity has been waived.

8.8.2 Competitive Quotations

Where competitive quotations are required:

- (i) quotations should be obtained from at least 3 organisations/individuals based on specifications or terms of reference prepared by, or on behalf of, the Clinical Commissioning Group.
- (ii) quotations should be obtained in writing unless the Chief Officer or his nominated officer determines that it is impractical to do so in which case quotations may be obtained by telephone. Confirmation of telephone quotations should be obtained as soon as possible and the reasons why the telephone quotation was obtained should be set out in an appropriate CCG record.
- (iii) all quotations should subject to compliance with the provisions of the Freedom of Information Act 2000 be kept as confidential and should be retained for six months from the date of receipt for inspection.
- (iv) the Chief Officer or his nominated officer should evaluate each quotation received applying evaluation criteria and select the quote which gives the best value.

8.8.3 Non-Competitive Quotations

- (a) Non-competitive quotations in writing must be obtained for any contract opportunity where formal tendering procedures are not adopted and where competitive quotations are not required.
- (b) Where competitive tendering or a competitive quotation is not required, the CCG shall use the NHS Supplychain <https://www.supplychain.nhs.uk/> for procurement of all goods unless

the Chief Officer or nominated officers deem it inappropriate. The decision to use alternative sources must be documented in an appropriate CCG record.

8.8.4 Quotations to be within Financial Limits

No quotation shall be accepted by the CCG which will commit expenditure in excess of that which has been allocated by the CCG except with the authorisation of either the Chief Officer or Chief Finance Officer.

8.9 Evaluation of Tenders and Quotations

8.9.1 Overriding duty to achieve best value

The CCG shall ensure that it seeks to obtain best value for each contract opportunity.

8.9.2 Choice of Evaluation Methodology

The CCG must for each contract opportunity which is subject to a tender or a competitive quotation choose to adopt evaluation criteria based on the most economically advantageous tender, based on criteria linked to the subject matter of the contract opportunity including but not limited to some or all of:

- quality;
- price;
- technical merit;
- aesthetic and functional characteristics;
- environmental characteristics;
- running costs;
- cost effectiveness;
- after sales service;
- technical assistance;
- delivery date;
- delivery period; and/or
- period of completion

Cost price alone can no longer be the deciding factor when awarding a contract for goods and services.

8.9.3 Each invitation to tender or invitation to supply a competitive quotation must state the evaluation criteria to be used to evaluate the tender or quotation and the relative weightings of each such criterion.

8.10 Award of Contracts

8.10.1 Acceptance of formal tenders

- (a) Any discussions with a tenderer which are deemed necessary to clarify technical aspects of his/her tender before the award of a contract will not disqualify the tender.
- (b) Incomplete tenders (i.e. those from which information necessary for the adjudication of the tender is missing) and amended tenders (i.e. those amended by the tenderer upon his own initiative either orally or in writing after the due time for receipt) should be dealt with in the same way as late tenders.

- (c) Where examination of tenders reveals errors which would affect the tender figure, the tenderer may be given details of such errors and afforded the opportunity of confirming or withdrawing his offer.
- (d) No tender shall be accepted by the CCG which will commit expenditure in excess of that which has been allocated by the CCG except with the authorisation of the Chief Officer.
- (e) No tender shall be accepted by the CCG which is obtained contrary to these SFIs except with the authorisation of the Chief Officer or Chief Finance Officer.
- (f) All tenders should, subject to compliance with the provisions of the Freedom of Information Act 2000, be kept confidential and should be retained for 12 months from the date set for the receipt of tenders for inspection.
- (g) The CCG has a responsibility to understand and question any 'abnormally low' tenders before making a contract award decision. This does not preclude offering a contract to a potential provider who is looking to undercut the current market rates but there is an obligation for commissioners to investigate low bids to ensure services are sustainable.

8.10.2 Authorisation of Tenders and Competitive Quotations

- (a) Providing all the requirements set out in these Standing Financial Instructions have been fully complied with, formal authorisation and awarding of a contract may be decided by appropriate staff in line with the Budgetary Scheme of Delegation.
- (b) These levels of authorisation may be varied or changed by the CCG and need to be read in conjunction with the Governing Body's Scheme of Delegation.
- (c) Formal authorisation must be put in writing. In the case of authorisation by the Governing Body this shall be recorded in their minutes.

8.10.3 Tender reports to the Governing Body

Reports to the Governing Body will be made on an exceptional circumstance basis only.

8.11 Form of Contract

8.11.1 Form of contract: General

Subject to the remainder of SFI 8 below the CCG shall consider the most applicable form of contract for each contract opportunity (including to the extent appropriate any NHS Standard Contract Conditions available) and should consider obtaining support from a suitably qualified professional advisor (including where appropriate legal advisors).

8.11.2 Statutory Requirements

The CCG must ensure that all contracts that are governed by mandatory statutory requirements (whether contained in Statute, Regulations or directions) comply with such requirements

8.11.3 Contracts for Building or Engineering Works

If necessary the CCG will seek expert advice before commissioning any building or engineering works.

8.11.4 Employment, Agency and Consultants Contracts

The Chief Officer shall nominate officers with delegated authority to enter into permanent and temporary contracts of employment and other contracts for agency staff or persons engaged on a consultancy basis.

8.11.5 Compliance Requirements for all Contracts

The CCG may only enter into contracts within the statutory powers delegated to it by the Secretary of State or otherwise derived from Statute and each such contract shall:

- (a) comply with the CCG's Standing Orders and Standing Financial Instructions;
- (b) comply with the requirements of all EU Directives directly enforceable in the UK and all other statutory provisions;
- (c) require (where applicable) the standards set out in the Standards for Better Health to be followed;
- (d) embody substantially the same terms and conditions of contract as were the basis on which tenders or quotations were invited;
- (e) be entered into and managed to obtain best value;
- (f) have an officer nominated by the Chief Officer to oversee and manage each contract on behalf of the CCG.

8.12 Specific Requirements

8.12.1 Disposals

Competitive Tendering or Quotation procedures shall not apply to the disposal of:

- (a) any matter in respect of which a fair price can be obtained only by negotiation or sale by auction as determined (or pre-determined in a reserve) by the Chief Officer or his nominated officer;
- (b) obsolete or condemned articles and stores, which may be disposed of in accordance with the supplies policy of the CCG;

9. CONTRACTS FOR PROVISION OF SERVICES

9.1 Contracts

- 9.1.1 The Chief Officer, as the Accountable Officer, is responsible for ensuring the CCG enters into suitable contracts and for considering the extent to which any NHS Standard Contract Conditions are mandatory for contracts for the commissioning of NHS services.

All contracts should aim to implement the agreed priorities contained within the Commissioning Plan and wherever possible, be based upon integrated care pathways to reflect expected patient experience. In discharging this responsibility, the Chief Officer should take into account:

- the standards of service quality expected;
- the relevant national service framework (if any);
- the provision of reliable information on cost and volume of services;
- the NHS National Performance Assessment Framework;
- that contracts build where appropriate on existing Joint Investment Plans;
- that contracts are based on integrated care pathways.

9.2 Reports to Governing Body on contracts

The Chief Officer, as the Accountable Officer, will need to ensure that regular reports are provided to the Governing Body detailing actual and forecast expenditure against the contract.

10. COMMISSIONING

10.1 Role of the CCG in Commissioning Services

10.1.1 The CCG has responsibilities for commissioning services on behalf of the resident population. This will require the CCG to work in partnership with NHS England, other CCG and FTs, local authority, users, carers, the voluntary sector and social enterprise to develop an Annual Plan.

10.2 Role of the Chief Officer

10.2.1 The Chief Officer as the Accountable Officer has responsibility for ensuring services are commissioned in accordance with the priorities agreed in the Single Integrated Plan. This will involve ensuring contracts are put in place with the relevant providers, based upon integrated care pathways.

10.2.2 The Chief Officer, as the Accountable Officer, will need to ensure that regular reports are provided to the Governing Body detailing actual and forecast expenditure and activity for each contract.

10.2.3 Where the CCG makes arrangements for the provision of services by non-NHS providers it is the Chief Officer, as the Accountable Officer, who is responsible for ensuring that the agreements put in place have due regard to the quality and cost-effectiveness of services provided.

10.3 Role of Chief Finance Officer

10.3.1 A system of financial monitoring must be maintained by the Chief Finance Officer to ensure the effective accounting of expenditure under the contract. This should provide a suitable audit trail for all payments made under the agreements, but maintains patient confidentiality.

10.3.2 The Chief Finance Officer must account for Non Contract Activity financial adjustments in accordance with national guidelines.

11. TERMS OF SERVICE, ALLOWANCES AND PAYMENT OF MEMBERS OF THE CCG, MEMBERS OF THE GOVERNING BODY AND EMPLOYEES

11.1 Remuneration and Terms of Service

11.1.1 In accordance with Standing Orders the Governing Body shall establish a Remuneration Committee, with clearly defined terms of reference, specifying which posts fall within its area of responsibility, its composition, and the arrangements for reporting.

11.1.2 The Terms of Reference are set out in Appendix L of the Constitution.

11.2 Funded Establishment

11.2.1 The manpower plans incorporated within the annual budget will form the funded establishment.

11.2.2 The funded establishment of any department may not be varied without the approval of the Chief Officer.

11.3 Staff Appointments

- 11.3.1 No officer or Member of the Clinical Commissioning Group, or Member of the Governing Body or employee may engage, re-engage, or re-grade employees, either on a permanent or temporary nature, or hire agency staff, or agree to changes in any aspect of remuneration:
- (a) unless authorised to do so by the Chief Officer; and
 - (b) within the limit of their approved budget and funded establishment.
- 11.4 Processing Payroll
- 11.4.1 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.
- 11.4.2 Where the service is provided in house, 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;
 - (d) agreeing method of payment.
- 11.4.3 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 and General Data Protection Regulation;
 - (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;
 - (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.

- 11.4.4 Appropriately nominated Officers and Clinical Commissioning Group members 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's or officer's resignation, termination or retirement. Where an employee fails to report for duty or to fulfill Clinical Commissioning Group obligations in circumstances that suggest they have left without notice, the Chief Finance Officer must be informed immediately.

11.5 Contracts of Employment

11.5.1 The Governing Body shall delegate responsibility to the Accountable Officer for:

- (a) ensuring that all employees are issued with a Contract of Employment in a form approved by the Governing Body and which complies with employment legislation; and
- (b) dealing with variations to, or termination of, contracts of employment.

12. NON-PAY EXPENDITURE

12.1 Delegation of Authority

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

12.1.2 The Chief Officer will set out:

- (a) the list of Officers who are authorised to place requisitions for the supply of goods and services;
- (b) the maximum level of each requisition and the system for authorisation above that level.

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

12.2 Choice, Requisitioning, Ordering, Receipt and Payment for Goods and Services

12.2.1 Requisitioning

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 Chief Officer) shall be consulted.

12.2.2 System of Payment and Payment Verification

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.

12.2.3 The Chief Finance Officer will:

- (a) advise the Governing Body regarding 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 Standing Orders and Standing Financial Instructions and regularly reviewed;
- (b) prepare procedural instructions or guidance within the Scheme of Delegation on the obtaining of goods, works and services incorporating the thresholds;
- (c) be responsible for the prompt payment of all properly authorised accounts and claims;
- (d) 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 Governing Body and Clinical Commissioning Group members/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;
 - 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.
- (e) 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 the SFIs below.

12.2.4 Prepayments

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

- (a) Prepayments are only permitted where the financial advantages outweigh the disadvantages;
- (b) The appropriate officer member of the Clinical Commissioning Group 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 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);
- (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 Senior or Chief Officer if problems are encountered.

12.2.5 Official orders

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;
- (d) only be issued to, and used by, those duly authorised by the Chief Officer.

12.2.6 Duties of Officers

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

- (a) all contracts (except as otherwise provided for in the Scheme of Delegation), 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 are advertised where required by these SFIs;
- (c) where consultancy advice is being obtained, the procurement of such advice must be in accordance with guidance issued by the NHS England;
- (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 Officers or employees, other than:
 - (i) isolated gifts of a trivial character or inexpensive seasonal gifts, such as calendars;
 - (ii) conventional hospitality, such as lunches in the course of working visits

(This provision needs to be read in conjunction with the Standing Order and the principles outlined in the national guidance contained in HSG 93(5) "Standards of Business Conduct for NHS Staff"; the Code of Conduct for NHS Managers (2002); and the ABPI Code of Practice for Professionals 2008.

- (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 Chief Officer;
- (f) all goods, services, or works are ordered on an official order except works and services executed in accordance with a contract and purchases from petty cash;
- (g) verbal orders must only be issued very exceptionally - by an employee designated by the Chief Officer and only in cases of emergency or urgent necessity. These must be confirmed by an official order and clearly marked "Confirmation Order";

- (h) orders are not split or otherwise placed in a manner devised so as to avoid the financial thresholds;
- (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 members/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;
- (l) petty cash records are maintained in a form as determined by the Chief Finance Officer.

12.2.7 The Chief Officer and Chief Finance Officer shall ensure that the arrangements for financial control and financial audit of building and engineering contracts and property transactions, where the CCG is the legally responsible organisation, comply with any current and relevant investment guidance. The technical audit of these contracts shall be the responsibility of the relevant Officer.

12.3 Joint Finance Arrangements with Local Authorities and Voluntary Bodies

12.3.1 Payments to local authorities and voluntary organisations made under the powers of section 75 or 256 of the NHS ACT 2006 shall comply with procedures laid down by the Chief Finance Officer which shall be in accordance with that Act.

13. FINANCIAL FRAMEWORK

13.3.1 The Chief Finance Officer should ensure that members of the Governing Body and the Clinical Commissioning Group are aware of the Financial Framework. This document contains directions which the CCG must follow. It also contains directions to Strategic Health Authorities regarding resource and capital allocation and funding to CCG. The Chief Finance Officer should also ensure that the direction and guidance in the framework is followed by the CCG.

14. CAPITAL INVESTMENT, PRIVATE FINANCING, FIXED ASSET REGISTERS AND SECURITY OF ASSETS

14.1 Capital Investment

14.1.1 The Chief Officer:

- (a) shall 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) is responsible for the management of all stages of capital schemes and for ensuring that schemes are delivered on time and to cost;
- (c) shall ensure that the capital investment is not undertaken without confirmation of purchaser(s) support and the availability of resources to finance all revenue consequences, including capital charges.

14.1.2 For every capital expenditure proposal the Chief Officer shall ensure:

- (a) that a business case (in line with the guidance contained within the Capital Investment Manual) is produced setting out:
 - (i) an option appraisal of potential benefits compared with known costs to determine the option with the highest ratio of benefits to costs;

(ii) appropriate project management and control arrangements;

- (b) that the Chief Finance Officer has certified professionally to the costs and revenue consequences detailed in the business case and involved appropriate CCG personnel and external agencies in the process.

14.1.3 For capital schemes where the contracts stipulate stage payments, the Chief Officer will issue procedures for their management, incorporating the recommendations of Estate code.

The Chief Finance Officer shall issue procedures for the regular reporting of expenditure and commitment against authorised expenditure.

14.1.4 The approval of a capital programme shall not constitute approval for expenditure on any scheme.

The Chief Officer shall issue to the Officer responsible for any scheme:

- (a) specific authority to commit expenditure;
- (b) authority to proceed to tender
- (c) approval to accept a successful tender

The Chief Officer will issue a scheme of delegation for capital investment management in accordance with Estate code guidance and the CCG's Standing Orders.

14.1.5 The Chief Finance Officer shall issue procedures governing the financial management, including variations to contract, of capital investment projects and valuation for accounting purposes. These procedures shall fully take into account the delegated limits for capital schemes as most recently issued by NHS England.

14.2 Private Finance

14.2.1 The CCG should normally test for PFI when considering capital procurement. When the CCG proposes to use finance which is to be provided other than through its Allocations, the following procedures shall apply:

- (a) The Chief Finance Officer shall demonstrate that the use of private finance represents value for money and genuinely transfers significant risk to the private sector.
- (b) Where the sum involved exceeds delegated limits, the business case must be referred to the NHS England or in line with any current guidelines.
- (c) The proposal must be specifically agreed by the Governing Body.

14.3 Asset Registers

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

14.3.2 Each CCG shall maintain an asset register recording fixed assets. The minimum data set to be held within these registers shall be as specified in the Manual for Accounts.

- 14.3.3 Additions to the fixed asset register must be clearly identified to an appropriate budget holder and be validated by reference to:
- (a) properly authorised and approved agreements, architect's certificates, supplier's invoices and other documentary evidence in respect of purchases from third parties;
 - (b) stores, requisitions and wages records for own materials and labour including appropriate overheads;
 - (c) lease agreements in respect of assets held under a finance lease and capitalised.
- 14.3.4 Where capital assets are sold, scrapped, lost or otherwise disposed of, their value must be removed from the accounting records and each disposal must be validated by reference to authorisation documents and invoices (where appropriate).
- 14.3.5 The Chief Finance Officer shall approve procedures for reconciling balances on fixed assets accounts in ledgers against balances on fixed asset registers.
- 14.3.6 The value of each asset shall be indexed to current values in accordance with methods specified in the *Manual for Accounts*.
- 14.3.7 The value of each asset shall be depreciated using methods as specified in the *Manual for Accounts*.
- 14.3.8 The Chief Finance Officer of the CCG shall calculate and pay capital charges as specified in the *Manual for Accounts*.
- 14.4 Security of Assets
- 14.4.1 The overall control of fixed assets is the responsibility of the Chief Officer.
- 14.4.2 Asset control procedures (including fixed assets, cash, cheques and negotiable instruments, and also including donated assets) must be approved by the Chief Finance Officer. This procedure shall make provision for:
- (a) recording Officer responsibility for each asset;
 - (b) identification of additions and disposals;
 - (c) identification of all repairs and maintenance expenses;
 - (d) physical security of assets;
 - (e) periodic verification of the existence of, condition of, and title to, assets recorded;
 - (f) identification and reporting of all costs associated with the retention of an asset;
 - (g) reporting, recording and safekeeping of cash, cheques, and negotiable instruments.
- 14.4.3 All discrepancies revealed by verification of physical assets to fixed asset register shall be notified to the Chief Finance Officer.
- 14.4.4 Whilst each employee and officer has a responsibility for the security of property of the CCG, it is the responsibility of Governing Body and Clinical Commissioning Group members and senior employees in all disciplines to apply such appropriate routine security practices in relation to NHS property as may be determined by the Governing Body. Any breach of agreed security practices must be reported in accordance with agreed procedures.

- 14.4.5 Any damage to the CCG's premises, vehicles and equipment, or any loss of equipment, stores or supplies must be reported by Governing Body and Clinical Commissioning Group members and employees in accordance with the procedure for reporting losses.
- 14.4.6 Where practical, assets should be marked as CCG property.

15. STORES AND RECEIPT OF GOODS

15.1 General position

15.1.1 Stores, defined in terms of controlled stores and departmental stores (for immediate use) should be:

- (a) kept to a minimum;
- (b) subjected to annual stock take;
- (c) valued at the lower of cost and net realisable value.

15.2 Control of Stores, Stocktaking, condemnations and disposal

- 15.2.1 Subject to the responsibility of the Chief Finance Officer for the systems of control, overall responsibility for the control of stores shall be delegated to an employee by the Chief Officer. The day-to-day responsibility may be delegated by him/her to departmental employees and stores Officers/keepers, subject to such delegation being entered in a record available to the Chief Finance Officer. The control of any Pharmaceutical stocks shall be the responsibility of a designated Pharmaceutical Officer; the control of any fuel oil and coal of a designated estates Officer.
- 15.2.2 The responsibility for security arrangements and the custody of keys for any stores and locations shall be clearly defined in writing by the designated Officer/Pharmaceutical Officer. Wherever practicable, stocks should be marked as health service property.
- 15.2.3 The Chief Finance Officer shall set out procedures and systems to regulate the stores including records for receipt of goods, issues, and returns to stores and losses.
- 15.2.4 Stocktaking arrangements shall be agreed with the Chief Finance Officer and there shall be a physical check covering all items in store at least once a year.
- 15.2.5 Where a complete system of stores control is not justified, alternative arrangements shall require the approval of the Chief Finance Officer.
- 15.2.6 The designated Officer shall be responsible for a system approved by the Chief Finance Officer for a review of slow moving and obsolete items and for condemnation, disposal, and replacement of all unserviceable articles. The designated Officer shall report to the Chief Finance Officer any evidence of significant overstocking and of any negligence or malpractice. Procedures for the disposal of obsolete stock shall follow the procedures set out for disposal of all surplus and obsolete goods.
- ### **15.3 Goods supplied by NHS Supply Chain**
- 15.3.1 For goods supplied via the NHS Supply Chain central warehouses, the Chief Officer shall identify those authorised to requisition and accept goods from the store. The authorised person shall check receipt against the delivery note before forwarding this to the Chief Finance Officer who shall satisfy himself that the goods have been received before accepting the recharge.

16. DISPOSALS AND CONDEMNATIONS, LOSSES AND SPECIAL PAYMENTS

16.1 Disposals and Condemnations

16.1.1 Procedures

The Chief Finance Officer must prepare detailed procedures for the disposal of assets including condemnations, and ensure that these are notified to Officers.

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;
- (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 himself 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

16.2.1 Procedures

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 Officer and / or Chief Financial Officer or inform an officer charged with responsibility for responding to concerns involving loss. This officer will then appropriately inform the Chief Finance Officer and/or Chief Officer. Where a criminal offence is suspected, the Chief Officer and / or Chief Financial 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 LCFS and Operational Fraud Team (OFT) in accordance with Secretary of State for Health's Directions.

16.2.3 Suspected fraud

16.2.4 The CCG has a Fraud, Bribery and Corruption Policy which sets out roles and responsibilities and which all Officers should adhere to. The policy is made publically available via the CCG's internet site <http://www.rotherhamccg.nhs.uk/>

17. INFORMATION TECHNOLOGY

17.1 Responsibilities and duties of the Chief Finance Officer

17.1.1 The Chief Finance Officer, who is responsible for the accuracy and security of the computerised financial data of the CCG, shall:

- (a) devise and implement any necessary procedures to ensure adequate (reasonable) protection of the CCG's data, programs and computer hardware for which the Officer is responsible from accidental or intentional disclosure to unauthorised persons, deletion or modification, theft or damage, having due regard for the Data Protection Act and General Data Protection Regulation;
- (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 Officer may consider necessary are being carried out.

17.1.2 The Chief Finance Officer shall need to 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.

17.2.1 Responsibilities and duties of other Officers in relation to computer systems of a general application

17.2.1 In the case of computer systems which are proposed General Applications (i.e. normally those applications which the majority of CCGs in the Region wish to sponsor jointly) all responsible officers and employees will send to the Chief Finance Officer:

- (a) details of the outline design of the system;
- (c) in the case of packages acquired either from a commercial organisation, from the NHS, or from another public sector organisation, the operational requirement.

17.3 Contracts for computer services with other health bodies or outside agencies

The Chief Finance Officer shall ensure 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.

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.

17.4 Requirements for computer systems which have an impact on corporate financial systems

Where computer systems have an impact on corporate financial systems the Chief Finance Officer shall need to be satisfied that:

- (a) systems acquisition, development and maintenance are in line with corporate policies such as an Information Technology Strategy;
- (b) data produced for use with financial systems is adequate, accurate, complete and timely, and that a management (audit) trail exists;

- (c) Chief Finance Officer staff have access to such data;
- (d) such computer audit reviews as are considered necessary are being carried out.

17.5 Information Governance

The responsibilities of CCG Officers in relation to Information Governance are set out in Section 5.4 of the constitution.

18. **ACCEPTANCE OF GIFTS BY STAFF AND LINK TO STANDARDS OF BUSINESS CONDUCT**

The Chief Finance Officer shall ensure that all staff are made aware of the CCG policy on acceptance of gifts and other benefits in kind by staff. This policy follows the guidance contained in the Department of Health circular HSG (93) 5 'Standards of Business Conduct for NHS Staff'; the Code of Conduct for NHS Managers 2002; and the ABPI code of practice for professionals (2008) relating to hospitality/gifts from pharmaceutical/external industry and is also deemed to be an integral part of these Standing Orders and Standing Financial Instructions.

19. **PAYMENTS TO INDEPENDENT CONTRACTORS**

19.1 Role of the CCG

The CCG will approve additions to, and deletions from, approved lists of contractors, taking into account the health needs of the local population, and the access to existing services. All applications and resignations received shall be dealt with equitably, within any time limits laid down in the contractors NHS terms and conditions of service.

19.2 Duties of the Chief Officer

The Chief Officer shall:

- (a) ensure that lists of all contractors, for which the CCG is responsible, are maintained in an up to date condition;
- (b) ensure that systems are in place to deal with applications, resignations, inspection of premises, etc, within the appropriate contractor's terms and conditions of service.

19.3 Duties of the Chief Finance Officer

The Chief Finance Officer shall:

- (a) ensure that contractors who are included on the CCG's approved lists receive payments;
- (b) maintain a system of payments such that all valid contractors' claims are paid promptly and correctly, and are supported by the appropriate documentation and signatures;
- (c) ensure that regular independent verification of claims is undertaken, to confirm that:
 - (i) rules have been correctly and consistently applied;
 - (ii) overpayments are detected (or preferably prevented) and recovery initiated;
 - (iii) suspicions of possible fraud are identified and subsequently dealt with in line with the Secretary of State for Health's Directions on the management of fraud and corruption.
- (d) ensure that arrangements are in place to identify contractors receiving exceptionally high, low or no payments, and highlight these for further investigation; and

- (e) ensure that a prompt response is made to any query raised by either the Prescription Pricing Division or the Dental Practice Division of the NHS Business Services Authority, regarding claims from contractors submitted directly to them.

20. RETENTION OF RECORDS

- 20.1 Authorisation for destruction of records held in accordance with NHS Code of Practice – Records Management 2006 (and any relevant updates), shall be delegated by the Chief Officer to relevant departmental heads and shall be in accordance with the NHS Records Retention Schedule. Detail shall be maintained of records so destroyed.

21. RISK MANAGEMENT AND INSURANCE

21.1 Programme of Risk Management

The Chief Officer shall ensure that the CCG has a programme of risk management, in accordance with current NHS England assurance framework requirements, which must be approved and monitored by the Governing Body.

The programme of risk management shall 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 including effective systems of internal control, cost effective insurance cover, and decisions on the acceptable level of retained risk;
- d) contingency plans to offset the impact of adverse events;
- e) audit arrangements including; internal audit, clinical audit, health and safety review;
- f) a clear indication of which risks shall be insured;
- g) arrangements to review the risk management programme.

The existence, integration and evaluation of the above elements will assist in providing a basis to make a statement on the effectiveness of internal control within the Annual Report and Accounts.

21.2 Insurance: Risk Pooling Schemes administered by NHSLA

The Governing Body shall decide if the CCG will insure through the risk pooling schemes administered by the NHS Litigation Authority or self insure for some or all of the risks covered by the risk pooling schemes. If the Governing Body decides not to use the risk pooling schemes for any of the risk areas (clinical, property and employers/third party liability) covered by the scheme this decision shall be reviewed annually.

21.3 Insurance arrangements with commercial insurers

- 21.3.1 There is a general prohibition on entering into insurance arrangements with commercial insurers. There are, however, four exceptions when CCG may enter into insurance arrangements with commercial insurers. The exceptions are:

- (1) for insuring motor vehicles owned by the CCG including insuring third party liability arising from their use;

(2) where the CCG is involved with a consortium in a Private Finance Initiative contract and the other consortium members require that commercial insurance arrangements are entered into;

(3) where income generation activities take place. Income generation activities should normally be insured against all risks using commercial insurance. If the income generation activity is also an activity normally carried out by the CCG for a NHS purpose the activity may be covered in the risk pool. Confirmation of coverage in the risk pool must be obtained from the NHS Litigation Authority.

4) where a premises landlord requires the organisation to take out insurance as condition of occupancy

21.4 Arrangements to be followed by the Governing Body in agreeing Insurance cover

(1) Where the Governing Body decides to use the risk pooling schemes administered by the NHS Litigation Authority the Chief Finance Officer shall ensure that the arrangements entered into are appropriate and complementary to the risk management programme. The Chief Finance Officer shall ensure that documented procedures cover these arrangements.

(2) Where the Governing Body decides not to use the risk pooling schemes administered by the NHS Litigation Authority for one or other of the risks covered by the schemes, the Chief Finance Officer shall ensure that the Governing Body is informed of the nature and extent of the risks that are self insured as a result of this decision. The Chief Finance Officer will draw up formal documented procedures for the management of any claims arising from third parties and payments in respect of losses which will not be reimbursed.

All the risk pooling schemes require Scheme members to make some contribution to the settlement of claims (the 'deductible'). The Chief Finance Officer should ensure documented procedures also cover the management of claims

APPENDIX F –

PRIME FINANCIAL POLICIES

1 INTRODUCTION

1.1 The prime financial policies 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 scheme of reservation and delegation.

1.2 They do not provide detailed procedural advice – procedures will be held separately to support specific activities within the organisation.

2 INTERNAL CONTROL

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

2.1 The Governing Body is required to establish an Audit and Quality Assurance Sub - Committee with terms of reference agreed by the Governing Body (see paragraph 6.7.3 of the Group's constitution for further information).

2.2 The accountable officer has overall responsibility for the Group's systems of internal control.

2.3 The chief finance officer will ensure that:

2.3.1 financial policies are considered for review and update every two years;

2.3.2 a system is in place for proper checking and reporting of all breaches of financial policies; and

2.3.3 a proper procedure is in place for regular checking of the adequacy and effectiveness of the control environment.

3 AUDIT

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

3.1 In line with the terms of reference for the Governing Body's Audit and Quality Assurance Sub-Committee, the person appointed by the Group to be responsible for internal audit and the Audit Commission appointed external auditor will have direct and unrestricted access to Audit and Quality Assurance Sub-Committee members and the chair of the Governing Body, accountable officer and chief finance officer for any significant issues arising from audit work that management cannot resolve, and for all cases of fraud or serious irregularity.

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

3.3 The Chief Finance Officer will ensure that:

3.3.1 the Group has a professional and technically competent internal audit function; and

3.3.2 the Governing Body approves any changes to the provision or delivery of assurance services to the Group.

4 FRAUD BRIBERY AND CORRUPTION

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

4.1 The Governing Body's Audit and Quality Assurance Sub-Committee will satisfy itself that the Group has adequate arrangements in place for countering fraud and shall review the outcomes of counter fraud work. It shall also approve the counter fraud work programme.

4.2 The Governing Body's Audit and Quality Assurance Sub-Committee will ensure that the Group has arrangements in place to work effectively with NHS Counter Fraud Authority.

5 EXPENDITURE CONTROL

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

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

5.3 The Chief Officer will:

- a. provide reports in the form required by NHS England;
- b. ensure money drawn from NHS England is required for approved expenditure only is drawn down only at the time of need and follows best practice;
- c. be responsible for ensuring that an adequate system of monitoring financial performance is in place to enable the Group to fulfil its statutory responsibility not to exceed its expenditure limits, as set by direction of NHS England.

6 ALLOTMENTS

The Group's Chief Finance Officer will:

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

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

6.3 regularly update the Governing Body on significant changes to the initial allocation and the uses of such funds.

7 COMMISSIONING STRATEGY, BUDGETS, BUDGETARY CONTROL AND MONITORING

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

7.1 The accountable officer will compile and submit to the Governing Body a commissioning strategy which takes into account financial targets and forecast limits of available resources.

7.2 Prior to the start of the financial year the chief finance officer will, on behalf of the accountable officer, prepare and submit budgets for approval by the Governing Body.

7.3 The chief financial officer shall monitor financial performance against budget and plan, periodically review them, and report to the Governing Body. This report should include explanations

for variances. These variances must be based on any significant departures from agreed financial plans or budgets.

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

7.5 The Governing Body will approve consultation arrangements for the Group's commissioning plan.

8 ANNUAL ACCOUNTS AND REPORTS

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

The Chief Finance Officer will ensure the Group:

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

8.2 prepares the accounts according to the timetable approved by the Governing Body;

8.3 complies with statutory requirements and relevant directions for the publication of annual report;

8.4 considers the external auditor's management letter and fully address all issues within agreed timescales; and

8.5 publishes the external auditor's management letter on the Group's website.

9 INFORMATION TECHNOLOGY

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

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

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

9.1.2 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;

9.1.3 ensure that adequate controls exist such that the computer operation is separated from development, maintenance and amendment;

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

9.2 In addition the Chief Finance Officer shall ensure that new financial systems and amendments to current financial systems are developed in a controlled manner and thoroughly tested prior to implementation. Where this is undertaken by another organisation, assurances of adequacy must be obtained from them prior to implementation.

10 ACCOUNTING SYSTEMS

POLICY – the Group will ensure that there is access to an accounting system that creates

management and financial accounts

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

11 BANK ACCOUNTS

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

11.1 The Chief Finance Officer will:

- 11.1.1 review the banking arrangements of the Group at regular intervals to ensure they are in accordance with Secretary of State directions, best practice and represent best value for money;
- 11.1.2 manage the Group's banking arrangements and advise the Group on the provision of banking services and operation of accounts;
- 11.1.3 prepare detailed instructions on the operation of bank accounts.

11.2 The Audit and Quality Assurance Sub-Committee shall approve the banking arrangements.

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

POLICY – the Group will

- operate a sound system for prompt recording, invoicing and collection of all monies due
- seek to maximise its potential to raise additional income only to the extent that it does not interfere with the performance of the Group or its functions
- ensure its power to make grants and loans is used to discharge its functions effectively

The Chief Financial Officer is responsible for:

12.1 designing, maintaining and ensuring compliance with systems for the proper recording, invoicing, and collection and coding of all monies due;

12.2 establishing and maintaining systems and procedures for the secure handling of cash and other negotiable instruments;

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

12.4 for developing effective arrangements for making grants or loans.

13 TENDERING AND CONTRACTING PROCEDURE

POLICY – the Group:

- will ensure proper competition that is legally compliant within all purchasing to ensure that only budgeted, approved and necessary spending is incurred
- will seek value for money for all goods and services
- shall ensure that competitive tenders are invited in line with the latest procurement and tendering guidance.

13.1 The Group shall ensure that the firms / individuals invited to tender (and where appropriate, quote) are among those on approved lists or where necessary a framework agreement. Where in

the opinion of the Chief Finance Officer it is desirable to seek tenders from firms not on the approved lists, the reason shall be recorded in writing to the Audit and Quality Assurance sub-Committee.

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

13.2.1 the Group's standing orders;

13.2.2 the Public Contracts Regulation 2006, any successor legislation and any other applicable law; and

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

13.3 In all contracts entered into, the Group shall endeavour to obtain best value for money. The accountable officer (or Governing Body) shall nominate an individual who shall oversee and manage each contract on behalf of the Group.

14 COMMISSIONING

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

14.1 The Group will coordinate its work with the NHS England, other clinical commissioning groups, local providers of services, Rotherham Metropolitan Borough Council, including through Health & Wellbeing Boards, patients and their carers and the voluntary sector and others as appropriate to develop robust commissioning plans.

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

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

15 RISK MANAGEMENT AND INSURANCE

POLICY – the Group will put arrangements in place for evaluation and management of its risks

15.1 The Governing Body has a responsibility to ensure that the organisation is properly governed in accordance with best practice corporate, clinical and financial governance.

15.2 The Integrated Risk Management Policy enables the organisation to have a clear view of the risks affecting each area of its activity; how those risks are being managed, the likelihood of occurrence and their potential impact on the successful achievement of the Group objectives.

15.3 The Assurance Framework supports the evaluation and management of risk within the Group, it summarises the Group's principal objectives and the risks that threaten their achievement. It identifies the key controls in place to manage the risks and what assurances, both internal and external are available to demonstrate their effectiveness.

15.4 The Assurance Framework is updated regularly and reported to Audit and Quality Assurance Sub-Committee on a quarterly basis and to the GP Members Committee annually.

16 PAYROLL

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

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

16.1.1 is supported by appropriate (i.e. contracted) terms and conditions;

- 16.1.2 has adequate internal controls and audit review processes;
- 16.1.3 has suitable arrangements for the collection of payroll deductions and payment of these to appropriate bodies.

17 NON-PAY EXPENDITURE

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

- 17.1 The Governing Body will approve the level of non-pay expenditure on an annual basis and the accountable officer will determine the level of delegation to budget managers;
- 17.2 The Chief Finance Officer shall set out procedures on the seeking of professional advice regarding the supply of goods and services.
- 17.3 The Chief Finance Officer will:
 - 17.3.1 advise the Governing Body on the setting of thresholds above which quotations (competitive or otherwise) or formal tenders must be obtained; and, once approved, the thresholds should be incorporated in the scheme of reservation and delegation;
 - 17.3.2 be responsible for the prompt payment of all properly authorised accounts and claims;
 - 17.3.3 be responsible for designing and maintaining a system of verification, recording and payment of all amounts payable.

18 CAPITAL INVESTMENT, FIXED ASSET REGISTERS AND SECURITY OF ASSETS

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

- 18.1 The Chief Finance Officer will
 - 18.1.1 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;
 - 18.1.2 be responsible for the management of all stages of capital schemes and for ensuring that schemes are delivered on time and to cost;
 - 18.1.3 shall ensure that the capital investment is not undertaken without confirmation of purchaser(s) support and the availability of resources to finance all revenue consequences, including capital charges;
 - 18.1.4 be responsible for the maintenance of registers of assets, taking account of the advice of the chief finance officer concerning the form of any register and the method of updating, and arranging for a physical check of assets against the asset register to be conducted once a year.
- 18.2 The Chief Finance Officer will prepare detailed procedures for the disposals of assets.

19 RETENTION OF RECORDS

POLICY – the Group will put arrangements in place to retain all records in accordance with NHS Code of Practice Records Management 2006 and other relevant notified guidance

The Accountable Officer shall:

- 19.1 be responsible for maintaining all records required to be retained in accordance with NHS Code of Practice Records Management 2006 and other relevant notified guidance;
- 19.2 ensure that arrangements are in place for effective responses to Freedom of Information requests;
- 19.3 publish and maintain a Freedom of Information Publication Scheme.

APPENDIX G - NOLAN PRINCIPLES

The 'Nolan Principles' set out the ways in which holders of public office should behave in discharging their duties. The seven principles are:

- a) **Selflessness** – Holders of public office should act solely in terms of the public interest. They should not do so in order to gain financial or other benefits for themselves, their family or their friends.
- b) **Integrity** – Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might seek to influence them in the performance of their official duties.
- c) **Objectivity** – In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.
- d) **Accountability** – Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.
- e) **Openness** – Holders of public office should be as open as possible about all the decisions and actions they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.
- f) **Honesty** – Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.
- g) **Leadership** – Holders of public office should promote and support these principles by leadership and example.

Source: *The First Report of the Committee on Standards in Public Life* (1995)⁶⁵

APPENDIX H - NHS CONSTITUTION

The NHS Constitution sets out seven key principles that guide the NHS in all it does:

1. The NHS provides a comprehensive service, available to all - irrespective of gender, race, disability, age, sexual orientation, religion or belief. It has a duty to each and every individual that it serves and must respect their human rights. At the same time, it has a wider social duty to promote equality through the services it provides and to pay particular attention to groups or sections of society where improvements in health and life expectancy are not keeping pace with the rest of the population.
2. Access to NHS services is based on clinical need, not an individual's ability to pay - NHS services are free of charge, except in limited circumstances sanctioned by Parliament.
3. The NHS aspires to the highest standards of excellence and professionalism - in the provision of high-quality care that is safe, effective and focused on patient experience; in the planning and delivery of the clinical and other services it provides; in the people it employs and the education, training and development they receive; in the leadership and management of its organisations; and through its commitment to innovation and to the promotion and conduct of research to improve the current and future health and care of the population.
4. NHS services must reflect the needs and preferences of patients, their families and their carers - patients, with their families and carers, where appropriate, will be involved in and consulted on all decisions about their care and treatment.
5. The NHS works across organisational boundaries and in partnership with other organisations in the interest of patients, local communities and the wider population - the NHS is an integrated system of organisations and services bound together by the principles and values now reflected in the constitution. The NHS is committed to working jointly with Rotherham Metropolitan Borough Council and a wide range of other private, public and third sector organisations at national and local level to provide and deliver improvements in health and well-being.
6. The NHS is committed to providing best value for taxpayers' money and the most cost-effective, fair and sustainable use of finite resources - public funds for healthcare will be devoted solely to the benefit of the people that the NHS serves.
7. The NHS is accountable to the public, communities and patients that it serves - the NHS is a national service funded through national taxation, and it is the Government which sets the framework for the NHS and which is accountable to Parliament for its operation. However, most decisions in the NHS, especially those about the treatment of individuals and the detailed organisation of services, are rightly taken by the local NHS and by patients with their clinicians. The system of responsibility and accountability for taking decisions in the NHS should be transparent and clear to the public, patients and staff. The Government will ensure that there is always a clear and up-to-date statement of NHS accountability for this purpose.

Source: *The NHS Constitution: The NHS belongs to us all* (March 2012)⁶⁶

⁶⁶ http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_132961

Appendix I –
Conflicts of Interest Policy Including Standards of Business Conduct
and Gifts and Hospitality

Title:	Conflicts of Interest Policy Including Standards of Business Conduct and Gifts and Hospitality
Ref No.	013-CB
Owner	Accountable Officer
Author	Ruth Nutbrown
First issued on:	February 2015
Latest issue date	February 2018
Operational date	February 2018
Review Date	October 2020
Consultation process	
Ratified and approved by	AQuA January 2018 Governing Body February 2018
Distribution	All staff and GP members of the CCG.
Compliance	
Equality & Diversity Statement	In applying this policy, the Organisation will have due regard for the need to eliminate unlawful discrimination, promote equality of opportunity, and provide for good relations between people of diverse groups, in particular on the grounds of the following characteristics protected by the Equality Act (2010); age, disability, gender, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, and sexual orientation, in addition to offending background, trade union membership, or any other personal

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1. Introduction to the Conflicts of Interest Policy

"If conflicts of interest are not managed effectively by CCGs, confidence in the probity of commissioning decisions and the integrity of clinicians involved could be seriously undermined. However, with good planning and governance, CCGs should be able to avoid these risks."

Royal College of General Practitioners' (RCGP) and NHS Confederation's briefing paper on managing conflicts of interest, September 2011

1.1 A conflict of interest occurs where an individual's ability to exercise judgement, or act in a role, is or could be impaired or otherwise influenced by his or her involvement in another role or relationship.

1.2. The Clinical Commissioning Group (CCG) manages conflicts of interest as part of its day-to-day activities. Effective handling of conflicts of interest is crucial to give confidence to patients, tax payers, providers and Parliament that CCG commissioning decisions are robust, fair and transparent and offer value for money. Failure to manage conflicts of interest severely undermines public trust in the NHS and can lead to legal challenge and even criminal action in the event of fraud, bribery and corruption.

1.3 Section 14O of the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012) ("the Act") sets out the minimum requirements of what both NHS England and CCGs must do in terms of managing conflicts of interest.

1.4. NHS England Managing Conflicts of Interest in the NHS, Revised Statutory Guidance for CCGs 2017 published 16th June 2017. This guidance aims to support CCGs to identify and manage conflicts of interest. A number of minor amendments have been made to ensure it is fully aligned with "Managing Conflicts of Interest in the NHS", which was published in February 2017. This guidance is a practical toolkit, which includes templates and case studies to support CCGs with conflicts of interest management.

1.5 This Policy and Procedure aims to:

- ✓ Safeguard clinically led commissioning, whilst ensuring objective investment decisions;
- ✓ Enable commissioners to demonstrate that they are acting fairly and transparently and in the best interests of Rotherham patients and the local populations;
- ✓ Uphold confidence and trust in the NHS;
- ✓ Support commissioners to understand when conflicts (whether actual or potential) may arise and how to manage them if they do;
- ✓ Be a practical resource to help NHS Rotherham Commissioners to identify conflicts of interest and appropriately manage them; and
- ✓ Ensure that the CCG operates within the legal framework.

2. Introduction to the Standards of Business Conduct Policy

2.1 The Standards of Business Conduct Policy seeks to describe the public service values, which underpin the work of the NHS and to reflect current guidance and best practice to which all individuals within the Rotherham CCG must have regard in their work for the CCG.

2.2 The RCCG aspires to the highest standards of corporate behaviour and responsibility. All RCCG staff and representatives of the Group are required to comply with this policy.

2.3 [The Code of Conduct and Code of Accountability in the NHS](#) (second revision July 2004) sets out the following three public service values which are central to the work of RCCG:

- Accountability – everything done by those who work in the NHS must be able to stand the test of parliamentary scrutiny, public judgment on propriety and professional codes of conduct
- Probity – there should be an absolute standard of honesty in dealing with the assets of the NHS: integrity should be the hallmark of all personal conduct in decisions affecting patients, officers and members and suppliers, and in the use of information acquired in the course of NHS duties
- Openness – there should be sufficient transparency about NHS activities to promote confidence between the RCCG and its staff, patients and the public.

2.4 In addition, all individuals within the RCCG must abide by the Seven Principles of Public Life as set out by the Committee on Standards in Public Life and set out in the Constitution.

2.5 This Policy applies to:

- RCCG GPs who are on the payroll
- Executive Officers
- Lay members
- Governing Body members
- Employees (whether their remit is clinical or corporate)
- Students and trainees (including apprentices)
- Agency staff engaged by the RCCG and
- Secondees.

(Referred to collectively in this policy as RCCG staff).

3. Definition of an Interest

A conflict of interest occurs where an individual's ability to exercise judgement, or act in a role is, could be, or is seen to be impaired or otherwise influenced by his or her involvement in another role or relationship. In some circumstances, it could be reasonably considered that a conflict exists even when there is no actual conflict. In these cases it is important to still manage these perceived conflicts in order to maintain public trust.

An individual does not need to exploit his or her position or obtain an actual benefit, financial or otherwise, for a conflict of interest to occur.

Conflicts of interest can arise in many situations, environments and forms of commissioning, with an increased risk in primary care commissioning, out-of hours commissioning and involvement with integrated care organisations, as clinical commissioners may here find themselves in a position of being at once commissioner and provider of primary medical services. Conflicts of interest can arise throughout the whole commissioning cycle from needs assessment, to procurement exercises, to contract monitoring.

Interests can be captured in four different categories

3.1 Financial Interests:

This is where an individual may get direct financial benefits from the consequences of a commissioning decision. This could include being:

- A director, including a non-executive director, or senior employee in a private company or public limited company or other organisation which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations;
- A shareholder (or similar ownership interests), a partner or owner of a private or not-for-profit company, business, partnership or consultancy which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations.
- A Management consultant for a provider;

This could also include an individual being:

- In secondary employment;
- In receipt of a grant from a provider;
- In receipt of any payments (for example honoraria, one-off payments, day allowances or travel or subsistence) from a provider;
- In receipt of research funding, including grants that may be received by the individual or any organisation in which they have an interest or role; and
- Having a pension that is funded by a provider (where the value of this might be affected by the success or failure of the provider).

This is where an individual may obtain a non-financial professional benefit from the consequences of a commissioning decision, such as increasing their professional reputation or status or promoting their professional career. This may include situations where the individual is:

- An advocate for a particular group of patients;
- A GP with special interests e.g., in dermatology, acupuncture etc.
- A member of a particular specialist professional body (although routine GP membership of the RCGP, British Medical Association (BMA) or a medical defence organisation would not usually by itself amount to an interest which needed to be declared);
- An advisor for the Care Quality Commission (CQC) or the National Institute for Health and Care Excellence (NICE);
- A medical researcher.

GPs and practice managers sitting on the governing body or committees of the CCG should declare details of their roles and responsibilities held within member practices of the CCG.

3.2 Non-Financial Personal Interests:

This is where an individual may benefit personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit. This could include, for example, where the individual is:

- A voluntary sector champion for a provider;
- A volunteer for a provider;
- A member of a voluntary sector board or has any other position of authority in or connection with a voluntary sector organisation;
- Suffering from a particular condition requiring individually funded treatment;
- A member of a lobby or pressure group with an interest in health.

3.3 Indirect Interests:

This is where an individual has a close association with an individual who has a financial interest, a non-financial professional interest or a non-financial personal interest in a commissioning decision (as those categories are described above).

This should include:

- Spouse / partner
- Close relative e.g., parent, grandparent, child, grandchild or sibling;
- Close friend;
- Business partner.

Whether an interest held by another person gives rise to a conflict of interests will depend upon the nature of the relationship between that person and the individual, and the role of the individual within the CCG. Annex A, sets out a non-exhaustive list of examples illustrating possible conflicts for these categories.

The above categories and examples are not exhaustive and the CCG will exercise discretion on a case by case basis, having regard to the principles set out in the next section of this policy, in deciding whether any other role, relationship or interest which the public could perceive would impair or otherwise influence the individual's judgement or actions in their role within the CCG should be declared and appropriately managed.

4. Principles

4.1 These principles are for those who are elected to CCG governing bodies, serve on CCG committees or take decisions where they are acting on behalf the public or spending public money.

The CCG will observe the principles of good governance in the way it does business. These include:

- The Nolan Principles
- The Good Governance Standards for Public Services (2004), Office for Public Management (OPM) and Chartered Institute of Public Finance and Accountancy (CIPFA);
- The seven key principles of the NHS Constitution;
- The Equality Act 2010;
- The UK Corporate Governance Code;
- Standards for members of NHS boards and CCG governing bodies in England

4.2 All those with a position in public life should adhere to the Nolan principles which are:

- **Selflessness** – Holders of public office should act solely in terms of the public interest. They should not do so in order to gain financial or other benefits for themselves, their family or their friends;
- **Integrity** – Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might seek to influence them in the performance of their official duties;
- **Objectivity** – In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit;
- **Accountability** – Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office;
- **Openness** – Holders of public office should be as open as possible about all the decisions and actions they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands;
- **Honesty** – Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest;
- **Leadership** – Holders of public office should promote and support these principles by leadership and example.

4.3 In addition, to support the management of conflicts of interest, the CCG will:

- **Do business appropriately:** Conflicts of interest become much easier to identify, avoid and/or manage when the processes for needs assessments, consultation mechanisms, commissioning strategies and procurement procedures are right from the outset, because the rationale for all decision-making will be clear and transparent and should withstand scrutiny;
- **Be proactive, not reactive:** Commissioners should seek to identify and minimise the risk of conflicts of interest at the earliest possible opportunity;
- **Be balanced and proportionate:** Rules should be clear and robust but not overly prescriptive or restrictive. They should ensure that decision-making is transparent and fair whilst not being overly constraining, complex or cumbersome.

- **Be transparent:** Document clearly the approach and decisions taken at every stage in the commissioning cycle so that a clear audit trail is evident.
- Create an **environment and culture** where individuals feel supported and confident in declaring relevant information and raising any concerns.

4.4 In addition to the above, the CCG will bear in mind:

- A perception of wrongdoing, impaired judgement or undue influence can be as detrimental as any of them actually occurring;
- If in doubt, it is better to assume the existence of a conflict of interest and manage it appropriately rather than ignore it;
- For a conflict of interest to exist, financial gain is not necessary.

5. Declaring Conflicts of Interest

5.1 Statutory Requirements

CCGs must make arrangements to ensure individuals declare any conflict or potential conflict in relation to a decision to be made by the group as soon as they become aware of it, and in any event within 28 days.

CCGs must record the interest in the registers as soon as they become aware of it.

The CCG will ensure that, as a matter of course, declarations of interest are made and regularly confirmed or updated. This includes the following circumstances:

- **On appointment:** Applicants for any appointment to the CCG or its governing body will be asked to declare any relevant interests. When an appointment is made, a formal declaration of interests will again be made and recorded.
- **At meetings:** All attendees will be asked to declare any interest they have in any agenda item before it is discussed or as soon as it becomes apparent. Even if an interest is declared in the register of interests, it will be declared in meetings where matters relating to that interest are discussed. Declarations of interest will be recorded in minutes of meetings.
- **Six-monthly:** The CCG will have systems in place to satisfy ourselves on a six-monthly basis that our register of interests is accurate and up-to-date. Declarations of interest will be obtained from all relevant individuals every six months and where there are no interests or changes to declare, a “nil return” should be recorded.
- **On changing role, responsibility or circumstances:** Whenever an individual's role, responsibility or circumstances change in a way that affects the individual's interests (e.g., where an individual takes on a new role outside the CCG or enters into a new business or relationship), a further declaration should be made to reflect the change in circumstances as soon as possible, and in any event within 28 days. This could involve a conflict of interest ceasing to exist or a new one materialising. It should be made clear to all individuals who are required to make a declaration of interests that if their circumstances change, it is their responsibility to make a further declaration as soon as possible and in any event within 28 days, rather than waiting to be asked. It should also be clear who such individuals should formally notify, and how that team or person can be contacted.

5.2 Whenever interests are decided they should be promptly be reported to:

Ruth Nutbrown, Assistant, Chief Officer.

A declaration on interest's template can be found at Annex A it also sets out a non- exhaustive list of examples illustrating possible conflicts for these categories on the back

6. Registers of Conflicts of Interests

6.1 Statutory requirements

'CCGs must maintain one or more registers of interest of: the members of the group, members of its governing body, members of its committees or sub-committees of its governing body, and its employees. CCGs must publish, and make arrangements to ensure that members of the public have access to, these registers on request'

"Managing Conflicts of Interest: Revised Statutory Guidance for CCGs 2017"

6.2 Register(s) of interest will be maintained for:

- All full and part time staff;
- Any staff on sessional or short term contracts;
- Any students and trainees (including apprentices);
- Agency staff; and
- Seconded staff
- In addition, any self-employed consultants or other individuals working for the CCG under a contract for services should make a declaration of interest in accordance with this guidance, as if they were CCG employees.

Members of the governing body: All members of the CCG's committees, sub-committees/sub-groups, including:

- Co-opted members;
- Appointed deputies; and
- Any members of committees/groups from other organisations.

Where the CCG is participating in a joint committee alongside other CCGs, any interests which are declared by the committee members should be recorded on the register(s) of interest of each participating CCG.

All members of the CCG (i.e., each practice)

This includes each provider of primary medical services which is a member of the CCG under Section 140

(1) of the 2006 Act.

Declarations should be made by the following groups:

- GP partners (or where the practice is a company, each director);
- Any individual directly involved with the business or decision-making of the CCG.

6.3 All interests declared will be promptly transferred to the relevant CCG register(s). An interest will remain on the public register for a minimum of 6 months after the interest has expired. In addition, the CCG will retain a private record of historic interests for a minimum of 6 years after the date on which it expired.

6.1 The CCG will publish the registers on the CCGs Website for decision making staff only. The CCG's published register of interests will state that historic interests are retained by the CCG for the specified timeframe, with details of whom to contact to submit a request for this information.

6.2 Individuals will declare any conflict or potential conflict in relation to a decision to be made by the group as soon as they become aware of it, and in any event within 28 days. The CCG will record the interest in the registers as soon as the CCG becomes aware of it.

A register of interest(s) template can be found at Annex B.

7 Declarations of Gifts & Hospitality

7.1 The CCG will maintain one register of gifts and hospitality. The CCG will ensure that robust processes are in place to ensure that all CCG employees, Governing Body or Committee members and CCG members do not accept gifts or hospitality or other benefits, which might reasonably be seen to compromise their professional judgement or integrity.

7.2 All individuals need to consider the risks associated with accepting offers of gifts, hospitality and entertainment when undertaking activities for or on behalf of the CCG or their GP practice. This is especially important during procurement exercises, as the acceptance of gifts could give rise to real or perceived conflicts of interests, or accusations of unfair influence, collusion or canvassing.

7.3 Gifts

A 'gift' is defined as any item of cash or goods, or any service, which is provided for personal benefit, free of charge or at less than its commercial value.

All gifts of any nature offered to CCG staff, governing body and committee members and individuals within GP member practices by suppliers or contractors linked (currently or prospectively) to the CCG's business should be declined, whatever their value.

The person to whom the gifts were offered should also declare the offer so the offer which has been declined can be recorded on the register.

Gifts offered from other sources should also be declined if accepting them might give rise to perceptions of bias or favouritism, and a common sense approach should be adopted as to whether or not this is the case. The only exceptions to the presumption to decline gifts relates to items of little financial value (i.e., less than £6) such as diaries, calendars, stationery and other gifts acquired from meetings, events or conferences, and items such as flowers and small tokens of appreciation from members of the public to staff for work well done. Gifts of this nature do not need to be declared nor recorded on the register.

Any personal gift of cash or cash equivalents (e.g. vouchers, tokens, offers of remuneration to attend meetings whilst in a capacity working for or representing the CCG) must always be declined, whatever their value and whatever their source, and the offer which has been declined must be declared and recorded on the register.

As a general principle, permission from the CCG will need to be gained if there is any financial gain resulting from external work where use of RCGG time or title is involved (e.g. speaking at training events/conferences, writing articles etc) and/or which is connected with RCGG business. Permission needs to be granted by your appropriate Executive Officer (Chief Officer, Deputy Chief Officer or Chief Finance Officer).

The CCG will publish the registers on the CCGs Website.

8 Hospitality

A blanket ban on accepting or providing hospitality is neither practical nor desirable from a business point of view. However, individuals should be able to demonstrate that the acceptance or provision of hospitality would benefit the NHS or CCG.

Modest hospitality provided in normal and reasonable circumstances may be acceptable, although it should be on a similar scale to that which the CCG might offer in similar circumstances (e.g., tea, coffee, light refreshments at meetings). A common sense approach should be adopted as to whether hospitality offered is modest or not. Hospitality of this nature does not need to be declared nor recorded on the register, unless it is offered by suppliers or contractors linked (currently or prospectively) to the CCG's business in which case all such offers (whether or not accepted) should be declared and recorded.

There is a presumption that offers of hospitality which go beyond modest or of a type that the CCG itself might offer, should be politely refused. A non-exhaustive list of examples includes:

- Hospitality of a value of above £25; and
- Offers of foreign travel and accommodation.

There may be some limited and exceptional circumstances where accepting the types of hospitality referred to in this paragraph may be contemplated. Express prior approval should be sought from a senior member of the CCG (e.g. the CCG governance lead or equivalent) before accepting such offers, and the reasons for acceptance should be recorded in the CCGs register of gifts and hospitality.

Hospitality of this nature should be declared and recorded on the register, whether accepted or not. In addition, particular caution should be exercised where hospitality is offered by suppliers or contractors linked (currently or prospectively) to the CCG's business. Offers of this nature can be accepted if they are modest and reasonable but advice should always be sought from a senior member of the CCG as there may be particular sensitivities, for example if a contract re-tender is imminent. All offers of hospitality from actual or prospective suppliers or contractors (whether or not accepted) should be declared and recorded.

9 Commercial Sponsorship

CCG staff, governing body and committee members, and GP member practices may be offered commercial sponsorship for courses, conferences, post/project funding, meetings and publications in connection with the activities which they carry out for or on behalf of the CCG or their GP practices

All such offers (whether accepted or declined) must be declared so that they can be included on the CCG's register of interest, and the Assistant Chief Officer can provide advice on whether or not it would be appropriate to accept any such offers. If such offers are reasonably justifiable and otherwise in accordance

Notwithstanding the above, acceptance of commercial sponsorship should not in any way compromise commissioning decisions of the CCG or be dependent on the purchase or supply of goods or services. Sponsors should not have any influence over the content of an event, meeting, seminar, publication or training event. The CCG will not endorse individual companies or their products. It will be made clear that the fact of sponsorship does not mean that the CCG endorses a company's products or services. During dealings with sponsors there must be no breach of patient or individual confidentiality or data protection legislation. Furthermore, no information should be supplied to a company for their commercial gain unless there is a clear benefit to the NHS. As a general rule, information which is not in the public domain should not normally be supplied.

A template for declaration of Gifts and Hospitality can be found at Annex C.

10 Publication of Registers

The CCG will publish the register(s) of interest and register(s) of Gifts and Hospitality, referred to above, and the Register of procurement decisions described below, in a prominent place on the CCG's website.

The Register of Procurement Decisions will be updated by the Assistant Chief Officer.

In exceptional circumstances, where the public disclosure of information could give rise to a real risk of harm or is prohibited by law, an individual's name and/or other information may be redacted from the publicly available register(s). Where an individual believes that substantial damage or distress may be caused, to him/herself or somebody else by the publication of information about them, they are entitled to request that the information is not published.

Such requests must be made in writing. Decisions not to publish information must be made by the Conflicts of Interest Guardian for the CCG, who should seek appropriate legal advice where required, and the CCG should retain a confidential un-redacted version of the register(s).

All persons who are required to make a declaration of interest(s) or a declaration of gifts or hospitality should be made aware that the register(s) will be published in advance of publication. This will be done by the provision of a fair processing notice that details the identity of the data controller, the purposes for which the registers are held and published, and contact details for the data protection officer. This information should additionally be provided to individuals identified in the registers because they are in a relationship with the person making the declaration.

The register(s) of interests (including the register of gifts and hospitality) will be published as part of the CCG's Annual Report and Annual Governance Statement.

A web link to the CCG's registers is acceptable.

11 Maintaining a Register of Gifts and Hospitality (cross Reference Standards of Business Conduct)

All hospitality or gifts accepted regardless of value will be recorded in the Hospitality register as soon as is reasonably practicable held by:

Ruth Nutbrown, Assistant Chief Officer, 01709 302107, ruth.nutbrown@rotherhamccg.nhs.uk.

A Template for a register of Gifts and Hospitality can be found at Annex D

12 Appointments and Roles and Responsibilities in the CCG

Everyone in a CCG has responsibility to appropriately manage conflicts of interest.

13 Secondary Employment

The CCG will take all reasonable steps to ensure that employees, committee members, contractors and others engaged under contract are aware of the requirement to inform the CCG if they are employed or engaged in, or wish to be employed or engage in, any employment or consultancy work in addition to their work with the CCG. The purpose of this is to ensure that the CCG is aware of any potential conflict of interest. Examples of work which might conflict with the business of the CCG, including part-time, temporary and fixed term contract work, include:

- Employment with another NHS body;
- Employment with another organisation which might be in a position to supply goods/services to the CCG;
- Directorship of a GP federation; and
- Self-employment, including private practice, in a capacity which might conflict with the work of

the CCG or which might be in a position to supply goods/services to the CCG.

The CCG requires that individuals obtain prior permission to engage in secondary employment, and reserve the right to refuse permission where it believes a conflict will arise which cannot be effectively managed. The CCG will ensure that they have clear and robust organisational policies in place to manage issues arising from secondary employment. In particular, it is unacceptable for pharmacy advisers or other advisers, employees or consultants to the CCG on matters of procurement to themselves be in receipt of payments from the pharmaceutical or devices sector.

14 Appointing Governing Body or Committee Members and Senior Employees

On appointing governing body, committee or sub-committee members and senior staff, The CCG will need to consider whether conflicts of interest should exclude individuals from being appointed to the relevant role.

This will need to be considered on a case-by-case basis.

The CCG will assess the materiality of the interest, in particular whether the individual (or any person with whom they have a close association) could benefit (whether financially or otherwise) from any decision the CCG might make. This will be particularly relevant for governing body, committee and sub-committee appointments, but should also be considered for all employees and especially those operating at senior level.

The CCG will determine the extent of the interest and the nature of the appointee's proposed role within the CCG. If the interest is related to an area of business significant enough that the individual would be unable to operate effectively and make a full and proper contribution in the proposed role, then that individual should not be appointed to the role.

Any individual who has a material interest in an organisation which provides, or is likely to provide, substantial services to the CCG (whether as a provider of healthcare or commissioning support services, or otherwise) should recognise the inherent conflict of interest risk that may arise and should not be a member of the governing body or of a committee or sub-committee of the CCG, in particular if the nature and extent of their interest and the nature of their proposed role is such that they are likely to need to exclude themselves from decision-making on so regular a basis that it significantly limits their ability to effectively perform that role. Specific considerations in relation to delegated or joint commissioning of primary care are set out below.

The CCG has set out in their constitution a statement of the conduct expected of individuals involved in the CCG, e.g. members of the governing body, members of committees, and employees, which reflect the safeguards in this guidance. This reflects the expectations set out in the Standards for Members of NHS Boards and Clinical Commissioning Groups.

15 CCG Lay Members

Lay members play a critical role in CCGs, providing scrutiny, challenge and an independent voice in support of robust and transparent decision-making and management of conflicts of interest. They chair a number of CCG committees, including the Audit Committees and Primary Care Committees.

By statute, CCGs must have at least two lay members (one of whom must have qualifications, expertise or experience such as to enable the person to express informed views about financial management and audit matters and serve as the chair of the audit committee; and the other, knowledge of the geographical area covered in the CCG's constitution such as to enable the person to express informed views about the discharge of the CCG's functions.

Rotherham CCG has got delegated authority to commission Primary Care services and therefore will have a third Lay member with a responsibility for Primary Care.

All 3 Lay Members will sit on the Primary Care Committee. Quorate will be 2 Lay members

16 Conflicts of Interest Guardian

The CCG has a Conflicts of Interest Guardian (akin to a Caldicott Guardian). This role is undertaken by the Chair of Audit, Quality and Assurance Sub Committee (AQuA).

The Chair will be supported by the Assistant Chief Officer, who has responsibility for the day-to-day management of conflicts of interest matters and queries. The Assistant Chief Officer will keep the Conflicts of Interest Guardian well briefed on conflicts of interest matters and issues arising.

The Conflicts of Interest Guardian should, in collaboration with the Assistant Chief Officer:

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

Whilst the Conflicts of Interest Guardian has an important role within the management of conflicts of interest, executive members of the CCG's governing body have an on-going responsibility for ensuring the robust management of conflicts of interest, and all CCG employees, governing body and committee members and member practices will continue to have individual responsibility in playing their part on an ongoing and daily basis.

17 Primary Care Committee Chair

The primary care committee has a lay chair and lay vice chair, to ensure appropriate oversight and assurance, and to ensure the CCG audit chair's position as Conflicts of Interest Guardian is not compromised, the audit chair should not hold the position of chair of the primary care committee. This is because CCG audit chairs would conceivably be conflicted in this role due to the requirement that they attest annually to the NHS England Board that the CCG has:

- Had due regard to the statutory guidance on managing conflicts of interest; and
- Implemented and maintained sufficient safeguards for the commissioning of primary care.

CCG audit chairs can however serve on the primary care commissioning committee provided appropriate safeguards are put in place to avoid compromising their role as Conflicts of Interest Guardian.

Ideally the CCG audit chair would also not serve as vice chair of the primary care commissioning committee. However, if this is required due to specific local circumstances (for example where there is a lack of other suitable lay candidates for the role), this will need to be clearly recorded and appropriate further safeguards may need to be put in place to maintain the integrity of their role as Conflicts of Interest Guardian in circumstances where they chair all or part of any meetings in the absence of the primary care commissioning committee chair.

18 Managing Conflicts of Interest at Meetings

18.1 Statutory Requirements

CCGs must make arrangements for managing conflicts of interest, and potential conflicts of interest, in such a way as to ensure that they do not, and do not appear to, affect the integrity of the group's decision making.

The CCG will review their governance structures and policies for managing conflicts of interest on a regular basis to ensure that they reflect the guidance and are appropriate. This will include consideration of the following:

- The make-up of the governing body and committee structures and processes for decision-making;
- Whether there are sufficient management and internal controls to detect breaches of the CCG's conflicts of interest policy, including appropriate external oversight and adequate provision for raising concerns under this policy;
- How non-compliance with policies and procedures relating to conflicts of interest will be managed (including how this will be addressed when it relates to contracts already entered into); and
- Identifying and implementing training or other programmes to assist with compliance.

18.2 Chairing Arrangements and Decision-Making Processes

The chair of a meeting of the CCG's governing body or any of its committees, sub-committees or groups has ultimate responsibility for deciding whether there is a conflict of interest and for taking the appropriate course of action in order to manage the conflict of interest.

In the event that the chair of a meeting has a conflict of interest, the vice chair is responsible for deciding the appropriate course of action in order to manage the conflict of interest. If the vice chair is also conflicted then the remaining non-conflicted voting members of the meeting should agree between themselves how to manage the conflict(s).

In making such decisions, the chair (or vice chair or remaining non-conflicted members as above) may wish to consult with the Conflicts of Interest Guardian or another member of the governing body.

It is good practice for the chair, with support from the Assistant Chief Officer and, if required, the Conflicts of Interest Guardian, to proactively consider ahead of meetings what conflicts are likely to arise and how they should be managed, including taking steps to ensure that supporting papers for particular agenda items of private sessions/meetings are not sent to conflicted individuals in advance of the meeting where relevant.

To support chairs in their role, they will have access to the declaration of interest register prior to meetings, which should include details of any declarations of conflicts which have already been made by members of the group.

The chair should ask at the beginning of each meeting if anyone has any conflicts of interest to declare in relation to the business to be transacted at the meeting. Each member of the group should declare any interests which are relevant to the business of the meeting whether or not those interests have previously been declared. Any new interests which are declared at a meeting must be included on the CCG's relevant register of interests to ensure it is up-to-date.

Similarly, any new offers of gifts or hospitality (whether accepted or not) which are declared at a meeting must be included on the CCG's register of gifts and hospitality to ensure it is up-to-date.

It is the responsibility of each individual member of the meeting to declare any relevant interests which they may have. However, should the chair or any other member of the meeting be aware of facts or circumstances which may give rise to a conflict of interests but which have not been declared then they should bring this to the attention of the chair who will decide whether there is a conflict of interest and the appropriate course of action to take in order to manage the conflict of interest.

When a member of the meeting (including the chair or vice chair) has a conflict of interest in relation to one or more items of business to be transacted at the meeting, the chair (or vice chair or remaining non-conflicted members where relevant) must decide how to manage the conflict. The appropriate course of action will depend on the particular circumstances, but could include one or more of the following:

- Where the chair has a conflict of interest, deciding that the vice chair (or another non-conflicted member of the meeting if the vice chair is also conflicted) should chair all or part of the meeting;
- Requiring the individual who has a conflict of interest (including the chair or vice chair if necessary) not to attend the meeting;
- Ensuring that the individual concerned does not receive the supporting papers or minutes of the meeting which relate to the matter(s) which give rise to the conflict;
- Requiring the individual to leave the discussion when the relevant matter(s) are being discussed and when any decisions are being taken in relation to those matter(s). In private meetings, this could include requiring the individual to leave the room and in public meetings to either leave the room or join the audience in the public gallery;
- Allowing the individual to participate in some or all of the discussion when the relevant matter(s) are being discussed but requiring them to leave the meeting when any decisions are being taken in relation to those matter(s). This may be appropriate where, for example, the conflicted individual has important relevant knowledge and experience of the matter(s) under discussion, which it would be of benefit for the meeting to hear, but this will depend on the nature and extent of the interest which has been declared;
- Noting the interest and ensuring that all attendees are aware of the nature and extent of the interest, but allowing the individual to remain and participate in both the discussion and in any decisions. This is only likely to be the appropriate course of action where it is decided that the interest which has been declared is either immaterial or not relevant to the matter(s) under discussion. The conflicts of interest case studies include examples of material and immaterial conflicts of interest.

18.3 Primary Care Committee and Sub-Committee

Rotherham CCG has delegated responsibility for commissioning general practice services.

The CCG must establish a primary care commissioning committee for the discharge of their primary medical services functions. This committee should be separate from the CCG governing body. The interests of all primary care commissioning committee members must be recorded on the CCG's register(s) of interests.

The primary care committee should be a committee established by the CCG.

As a general rule, meetings of the primary care committee, including the decision-making and deliberations leading up to the decision, should be held in public unless the CCG has concluded it is appropriate to exclude the public where it would be prejudicial to the public interest to hold that part of the meeting in public.

Examples of where it may be appropriate to exclude the public include:

- Information about individual patients or other individuals which includes sensitive personal data is to be discussed
- Commercially confidential information is to be discussed, for example the detailed contents of a provider's tender submission;
- Information in respect of which a claim to legal professional privilege could be maintained in legal proceedings is to be discussed
- To allow the meeting to proceed without interruption and disruption.

18.4 Membership of Primary Care Committees (for joint and delegated arrangements)

CCGs can agree the full membership of their primary care commissioning committees, within the following parameters:

- The primary care committee must be constituted to have a lay and executive majority, where lay refers to non-clinical. This ensures that the meeting will be quorate if all GPs had to withdraw from the decision-making process due to conflicts of interest.
- The primary care committee should have a lay chair and lay vice chair.
- GPs can, be members of the primary care committee to ensure sufficient clinical input, but must not be in the majority. CCGs may wish to consider appointing retired GPs or out-of-area GPs to the committee to ensure clinical input whilst minimising the risk of conflicts of interest.
- A standing invitation must be made to Health Watch representative and the local authority representative from the Health and Wellbeing Board to join the primary care committee as non-voting attendees, including, where appropriate, for items where the public is excluded for reasons of confidentiality.
- Other individuals could be invited to attend the primary care committee on an ad-hoc basis to provide expertise to support with the decision-making process.

The CCG could also consider reciprocal arrangements with other CCGs, for example exchanging GP representatives from their respective GP member practices, or sharing lay or executive members, in order to ensure a majority of lay and executive members and to support effective clinical representation within the primary care commissioning committee.

18.5 Primary Care Commissioning Committee Decision-Making Processes and Voting Arrangements

The primary care committee is a decision-making committee, which should be established to exercise the discharge of the primary medical services functions.

The quorum requirements for primary care commissioning committee meetings must include a majority of lay and executive members in attendance with eligibility to vote.

In the interest of minimising the risks of conflicts of interest, it is recommended that GPs do not have voting rights on the primary care committee. The arrangements do not preclude GP participation in strategic discussions on primary care issues, subject to appropriate management of conflicts of interest. They apply to decision-making on procurement issues and the deliberations leading up to the decision.

Whilst sub-committees or sub-groups of the primary care committee can be established e.g., to develop business cases and options appraisals, ultimate decision-making responsibility for the primary medical services functions must rest with the primary care committee. For example, whilst a sub-group could develop an options appraisal, it should take the options to the primary care

committee for their review and decision-making. CCGs should carefully consider the membership of sub-groups. The CCG should also consider appointing a lay member as the chair of the group.

It is important that conflicts of interests are managed appropriately within sub-committees and sub-groups. As an additional safeguard, it is recommended that sub-groups submit their minutes to the primary care committee, detailing any conflicts and how they have been managed. The primary care committee should be satisfied that conflicts of interest have been managed appropriately in its sub-committees and take action where there are concerns.

18.6 Minute-Taking

It is imperative that the CCG ensure complete transparency in their decision-making processes through robust record-keeping. If any conflicts of interest are declared or otherwise arise in a meeting, the chair must ensure the following information is recorded in the minutes:

- who has the interest;
- the nature of the interest and why it gives rise to a conflict, including the magnitude of any interest;
- the items on the agenda to which the interest relates;
- how the conflict was agreed to be managed; and
- evidence that the conflict was managed as intended (for example recording the points during the meeting when particular individuals left or returned to the meeting).

19 Managing Conflicts of Interest through the Commissioning Cycle

Conflicts of interest need to be managed appropriately throughout the whole commissioning cycle. At the outset of a commissioning process, the relevant interests of all individuals involved should be identified and clear arrangements put in place to manage any conflicts of interest. This includes consideration as to which stages of the process a conflicted individual should not participate in, and, in some circumstances, whether that individual should be involved in the process at all.

19.1 Designing Service Requirements

The way in which services are designed can either increase or decrease the extent of perceived or actual conflicts of interest. Particular attention should be given to public and patient involvement in service development.

Public involvement supports transparent and credible commissioning decisions.

It should happen at every stage of the commissioning cycle from needs assessment, planning and prioritisation to service design, procurement and monitoring. CCGs have legal duties under the Act to properly involve patients and the public in their respective commissioning processes and decisions.

19.2 Provider Engagement

It is good practice to engage relevant providers, especially clinicians, in confirming that the design of service specifications will meet patient needs. This may include providers from the acute, primary, community, and mental health sectors, and may include NHS, third sector and private sector providers. Such engagement, done transparently and fairly, is entirely legal. However, conflicts of interest, as well as challenges to the fairness of the procurement process, can arise if a commissioner engages selectively with only certain providers (be they incumbent or potential new providers) in developing a service specification for a contract for which they may later bid. CCGs should be particularly mindful of these issues when engaging with existing / potential providers in relation to the development of new care models and CCGs must ensure they comply with their statutory obligations including, but not limited to, their obligations under the National Health Service (Procurement, Patient Choice and Competition) (No 2) Regulations 2013 and the Public Contracts Regulations 2015.

Provider engagement should follow the three main principles of procurement law, namely equal treatment, non-discrimination and transparency. This includes ensuring that the same information is given to all at the same time and procedures are transparent. This mitigates the risk of potential legal challenge.

As the service design develops, it is good practice to engage with a range of providers on an on-going basis to seek comments on the proposed design e.g., via the commissioners website and/or via workshops with interested parties (ensuring a record is kept of all interaction).

Engagement should help to shape the requirement to meet patient need, but it is important not to gear the requirement in favour of any particular provider(s). If appropriate, the advice of an independent clinical adviser on the design of the service should be secured.

19.3 Specifications

Commissioners should seek, as far as possible, to specify the outcomes that they wish to see delivered through a new service, rather than the process by which these outcomes are to be achieved. As well as supporting innovation, this helps prevent bias towards particular providers in the specification of services. However, they also need to ensure careful consideration is given to the appropriate degree of financial risk transfer in any new contractual model.

Specifications should be clear and transparent, reflecting the depth of engagement, and set out the basis on which any contract will be awarded.

19.4 Procurement and Awarding Grants

The CCG will need to be able to recognise and manage any conflicts or potential conflicts of interest that may arise in relation to the procurement of any services or the administration of grants.

“Procurement” relates to any purchase of goods, services or works and the term “procurement decision” should be understood in a wide sense to ensure transparency of decision making on spending public funds. The decision to use a single tender action, for instance, is a procurement decision and if it results in the commissioner entering into a new contract, extending an existing contract, or materially altering the terms of an existing contract, then it is a decision that should be recorded.

The CCG must comply with two different regimes of procurement law and regulation when commissioning healthcare services: the NHS procurement regime, and the European procurement regime:

- The NHS procurement regime – the NHS (Procurement, Patient Choice and Competition (No.2)) Regulations 2013: made under S75 of the 2012 Act; apply only to NHS England and CCGs; enforced by NHS Improvement; and
- The European procurement regime – Public Contracts Regulations 2015 (PCR 2105): incorporate the European Public Contracts Directive into national law; apply to all public contracts over the threshold value (€750,000, currently £589,148); enforced through the Courts. The general principles arising under the Treaty on the Functioning of the European Union of equal treatment, transparency, mutual recognition, non-discrimination and proportionality may apply even to public contracts for healthcare services falling below the threshold value if there is likely to be interest from providers in other member states.
- Whilst the two regimes overlap in terms of some of their requirements, they are not the same – so compliance with one regime does not automatically mean compliance with the other.

The National Health Service (Procurement, Patient Choice and Competition) (No.2) Regulations 2013 state:

CCGs must not award a contract for the provision of NHS health care services where conflicts, or potential conflicts, between the interests involved in commissioning such services and the interests

involved in providing them affect, or appear to affect, the integrity of the award of that contract; and CCGs must keep a record of how it managed any such conflict in relation to NHS commissioning contracts it has entered into.

The National Health Service (Procurement, Patient Choice and Competition) (No.2) Regulations

2013

Paragraph 24 of PCR 2015 states:

“Contracting authorities shall take appropriate measures to effectively prevent, identify and remedy conflicts of interest arising in the conduct of procurement procedures so as to avoid any distortion of competition and to ensure equal treatment of all economic operators”. Conflicts of interest are described as “any situation where relevant staff members have, directly or indirectly, a financial, economic or other personal interest which might be perceived to compromise their impartiality and independence in the context of the procurement procedure”.

The Procurement, Patient Choice and Competition Regulations (PPCCR) place requirements on commissioners to ensure that they adhere to good practice in relation to procurement, run a fair, transparent process that does not discriminate against any provider, do not engage in anti-competitive behaviour that is against the interest of patients, and protect the right of patients to make choices about Patient Choice and Competition Regulations (PPCCR) place requirements on commissioners to ensure that they adhere to good practice in relation to procurement, run a fair, transparent process that does not discriminate against any provider, do not engage in anti-competitive behaviour that is against the interest of patients, and protect the right of patients to make choices about their healthcare. Furthermore the PPCCR places requirements on commissioners to secure high quality, efficient NHS healthcare services that meet the needs of the people who use those services. The PCR 2015 are focussed on ensuring a fair and open selection process for providers.

An obvious area in which conflicts could arise is where a CCG commissions (or continues to commission by contract extension) healthcare services, including GP services, in which a member of the CCG has a financial or other interest. This may most often arise in the context of co-commissioning of primary care, particularly with regard to delegated commissioning, where GPs are current or possible providers

A procurement checklist, provided in Annex G, sets out factors that the CCG should address when drawing up plans to commission general practice services. NHS England expect the use of this or a similar template to help the CCG in providing evidence of their deliberations on conflicts of interest.

The CCG will be required to make the evidence of their management of conflicts publicly available, and the relevant information from the procurement template should be used to complete the register of procurement decisions. Complete transparency around procurement will provide:

- Evidence that the CCG is seeking and encouraging scrutiny of its decision-making process;
- A record of the public involvement throughout the commissioning of the service;
- A record of how the proposed service meets local needs and priorities for partners such as the Health and Wellbeing Board, Healthwatch and local communities;
- Evidence to Audit Quality and Assurance Sub-Committee and internal and external auditors that a robust process has been followed in deciding to commission the service, in selecting the appropriate procurement route, and in addressing potential conflicts.

External services such as commissioning support services (CSSs) can play an important role in helping the CCG decide the most appropriate procurement route, undertake procurements and manage contracts in ways that manage conflicts of interest and preserve the integrity of decision-making. When using a CSS, CCGs should have systems to assure themselves that a CSS' business processes are robust and enable the CCG to meet its duties in relation to procurement (including those relating to the management of conflicts of interest). This would require the CSS to declare any conflicts of interest it may have in relation to the work commissioned by the CCG.

A CCG cannot, however, lawfully delegate commissioning decisions to an external provider of commissioning support. Although CSSs are likely to play a key role in helping to develop specifications, preparing tender documentation, inviting expressions of interest and inviting tenders, the CCG itself will need to:

- Determine and sign off the specification and evaluation criteria;
- Decide and sign off decisions on which providers to invite to tender; and
- Make final decisions on the selection of the provider.

19.5 Register of Procurement Decisions

The CCG need to maintain a register of procurement decisions taken, either for the procurement of a new service or any extension or material variation of a current contract. This must include:

- The details of the decision;
- Who was involved in making the decision (including the name of the CCG clinical lead, the CCG contract manager, the name of the decision making committee and the name of any other individuals with decision-making responsibility);
- A summary of any conflicts of interest in relation to the decision and how this was managed
- The award decision taken.

The register of procurement decisions must be updated whenever a procurement decision is taken. A draft register is included at Annex H. The Procurement, Patient Choice and Competition Regulations 9(1) place a requirement on commissioners to maintain and publish on their website a record of each contract it awards. The register of procurement decisions should be made publicly available and easily accessible to patients and the public by:

- Ensuring that the register is available in a prominent place on the CCG's website; and
- Making the register available upon request for inspection at the CCG's headquarters.

Although it is not a requirement to keep a register of services that may be procured in the future, it is good practice to ensure planned service developments and possible procurements are transparent and available for the public to see.

19.6 Declarations of Interest for Bidders / Contractors

As part of a procurement process, it is good practice to ask bidders to declare any conflicts of interest. This allows commissioners to ensure that they comply with the principles of equal treatment and transparency. When a bidder declares a conflict, the commissioners must decide how best to deal with it to ensure that no bidder is treated differently to any other. Please see Annex I for a declaration of interests for bidders/ contractors template.

It will not usually be appropriate to declare such a conflict on the register of procurement decisions, as it may compromise the anonymity of bidders during the procurement process. However, commissioners should retain an internal audit trail of how the conflict or perceived conflict was dealt with to allow them to provide information at a later date if required. Commissioners are required under regulation 84 of the Public Contract Regulations 2015 to make and retain records of contract award decisions and key decisions that are made during the procurement process (there is no obligation to publish them). Such records must include "communications with economic operators and internal deliberations" which should include decisions made in relation to actual or perceived conflicts of interest declared by bidders. These records must be retained for a period of at least three years from the date of award of the contract.

19.7 Contract Monitoring

The management of conflicts of interest applies to all aspects of the commissioning cycle, including contract management.

Any contract monitoring meeting needs to consider conflicts of interest as part of the process i.e., the chair of a contract management meeting should invite declarations of interests; record any declared interests in the minutes of the meeting; and manage any conflicts appropriately and in line with this guidance. This equally applies where a contract is held jointly with another organisation such as the Local Authority or with other CCGs under lead commissioner arrangements.

The individuals involved in the monitoring of a contract should not have any direct or indirect financial, professional or personal interest in the incumbent provider or in any other provider that could prevent them, or be perceived to prevent them, from carrying out their role in an impartial, fair and transparent manner.

The CCG should be mindful of any potential conflicts of interest when they disseminate

20 CCG Improvement and Assessment Framework

NHS England is introducing a new Improvement and Assessment Framework for CCGs from 2016/17 onwards. The management of conflicts of interest is a key indicator of the new framework. As part of the new framework, CCGs will be required on an annual basis to confirm via self-certification:

- That the CCG has a clear policy for the management of conflicts of interest in line with the statutory guidance and a robust process for the management of breaches;
- That the CCG has a minimum of three lay members;
- That the CCG audit chair has taken on the role of the Conflicts of Interest Guardian;
- The level of compliance with the mandated conflicts of interest on-line training, as of 31 January annually.

In addition, CCGs will be required to report on a quarterly basis via self-certification whether the CCG

- Has processes in place to ensure individuals declare any interests which may give rise to a conflict or potential conflict as soon as they become aware of it, and in any event within 28 days, ensuring accurate up to date registers are complete for:
- conflicts of interest,
- procurement decisions and gifts and hospitality

Has made these registers available on its website and, upon request, at the CCG's HQ.

Is aware of any breaches of its policies and procedures in relation to the management of conflicts of interest and how many:

- To include details of how they were managed;
- Confirmation that anonymised details of the breach have been published on the CCG website;
- Confirmation that they been communicated to NHS England.

Where a CCG has decided not to comply with one or more of the requirements of this statutory guidance, there is an expectation that this is discussed in advance with NHS England. CCGs must also include within their self-certification statements the reasons for deciding not to do so, on a "comply or explain" basis.

In addition, there is a requirement for the CCG to undertake an annual internal audit on the management of conflicts of interest to provide further assurance about the degree of compliance with the statutory guidance. Consideration of the indicator should form part of this audit.

21 Internal Audit

The CCG will need to undertake an audit of conflicts of interest management as part of their internal audit on an annual basis.

NHS England will be communicating further guidance on the scope and remit of this audit in the summer of 2016 on NHS England's website. To ensure consistency in approach, NHS England will provide a template for the audit.

In 2016/17 the CCG will complete the audit in quarter three of quarter four of the financial year, to enable the updates to be implemented to the audit taking place.

The results of the audit will be reflected in the CCG's annual governance statement and will be discussed in the end of year governance meeting with NHS regional teams. A template annual governance statement for 2016/17 will be published on NHS England's website soon.

21.1 Raising Concerns and Reporting Breaches

It is the duty of every CCG employee, governing body member, committee or sub-committee member and G P practice member to speak up about genuine concerns in relation to the administration of the CCG's policy on conflicts of interest management, and to report these concerns. These individuals should not ignore their suspicions or investigate themselves, but rather speak to the designated CCG point of contact for these matters.

This policy should be read in conjunction with the existing Fraud Policy and/or Whistleblowing Policy. All individuals subject to this policy and procedure are encouraged to raise concerns about any issue or suspicion of malpractice at the earliest possible stage. If you are unsure whether a particular act constitutes bribery or corruption, or if you have any other queries, these should be raised with the Chief Finance Officer or the Local Counter Fraud Specialist (LCFS). Claire Croft Anti-Crime Specialist, Oak House, Moorhead Way, Bramley, Rotherham, S66 1YY - Tel: 01709 428710, Mobile: 07920138354.

Suspensions of Bribery, Fraud or Corruption should be reported without delay to the Local Counter Fraud Specialist or as outlined in the Fraud Policy. Alternatively reports can be made confidentially to the NHS Fraud & Corruption Reporting Line (FCRL) on 0800 028 40 60 or online at www.reportnhsfraud.nhs.uk

Effective management of conflicts of interest requires an environment and culture where individuals feel supported and confident in declaring relevant information, including notifying any actual or suspected breaches of the rules. In particular, the team or Assistant chief Officer to provide advice, support, and guidance on how conflicts of interest should be managed, should ensure that organisational policies are clear about the support available for individuals who wish to come forward to notify an actual or suspected breach of the rules, and of the sanctions and consequences for any failure to declare an interest or to notify an actual or suspected breach at the earliest possible opportunity.

Any breaches or suspected breaches will be reported to the Assistant Chief Officer at the earliest opportunity. This will be recorded using the CCG incident reporting system. Any breaches that

currently exist or are found to exist for existing contracts will be reported to the Conflicts of Interest Guardian, via the Assistant Chief Officer for a decision on actions required.

Anonymised details of breaches should be published on the CCG's website for the purpose of learning and development

The CCG will ensure that employees, governing body members, committee or sub-committee members and GP practice members are aware of how they can report suspected or known breaches of the CCG's conflicts of interest policies, including ensuring that all such individuals are made aware that they should generally contact the CCG's Conflicts of Interest Guardian in the first instance to raise any concerns. They should also be advised of the arrangements in place to ensure that they are able to contact the Conflicts of Interest Guardian on a strictly confidential basis.

Anyone who wishes to report a suspected or known breach of the policy, who is not an employee or worker of the CCG, should also ensure that they comply with their own organisation's whistleblowing policy, since most such policies should provide protection against detriment or dismissal.

The Conflicts of Interest Guardian is in a position to cross refer to and comply with other CCG policies on raising concerns, counter fraud, or similar as and when appropriate.

All such notifications will be treated with appropriate confidentiality at all times in accordance with the CCG's policies and applicable laws, and the person making such disclosures should expect an appropriate explanation of any decisions taken as a result of any investigation.

Furthermore, providers, patients and other third parties can make a complaint to NHS Improvement in relation to a commissioner's conduct under the Procurement Patient Choice and Competition Regulations. The regulations are designed as an accessible and effective alternative to challenging decisions in the courts.

Any suspicions or concerns of acts of fraud or bribery can be reported online

via <https://www.reportnhsfraud.nhs.uk/> or via the NHS Fraud and Corruption Reporting Line on 0800 0284060. This provides an easily accessible and confidential route for the reporting of genuine suspicions of fraud within or affecting the NHS. All calls are dealt with by experienced trained staff and any caller who wishes to remain anonymous may do so.

22 Non-Compliance of Conflict of Interest Policy

22.1 Failure to comply with the CCG's policies on conflicts of interest management, pursuant to this statutory guidance, can have serious implications for the CCG and any individuals concerned

One of our key principles is that we will assume that individuals will seek to act ethically and professionally, but may not always be sensitive to all conflicts of interest. This policy and procedure assumes that people will volunteer information about conflicts and other areas covered within this document, and, where necessary, exclude themselves from decision-making, but there will also be prompts and checks to reinforce this including:

- Declarations of interest as part of the appointment process to the CCG.
- Standing agenda items on Governing Body meetings and meetings of its Committees for Declarations of Interest
- Quarterly reviews of the Probity Register by the Assistant Chief Officer.
- Regular CCG reviews with NHS England's Area Team.

If conflicts of interest are not effectively managed, the CCG could face civil challenges to decisions we make. For instance, if breaches occur during a service re-design or procurement exercise, the CCG risks a legal challenge from providers that could potentially overturn the award of a contract, lead to damages claims against the CCG, and necessitate a repeat of the procurement process. This could delay the development of better services and care for patients, waste public money and damage the CCG's reputation. In extreme cases, staff and other individuals could face personal civil liability, for example a claim for misfeasance in public office.

Failure to manage conflicts of interest could lead to criminal proceedings including for offences such as fraud, bribery and corruption. This could have implications for CCGs and linked organisations, and the individuals who are engaged by them.

The Fraud Act 2006 created a criminal offence of fraud and defines three ways of committing it:

- Fraud by false representation;
- Fraud by failing to disclose information; and,
- Fraud by abuse of position.

An essential ingredient of the offences is that, the offender's conduct must be dishonest and their intention must be to make a gain, or cause a loss (or the risk of a loss) to another. Fraud carries a maximum sentence of 10 years imprisonment and /or a fine if convicted in the Crown Court or 6 months imprisonment and/or a fine in the Magistrates' Court. The offences can be committed by a body corporate.

Bribery is generally defined as giving or offering someone a financial or other advantage to encourage that person to perform their functions or activities. The Bribery Act 2010 reformed the criminal law of bribery, making it easier to tackle this offence proactively in both the public and private sectors. It introduced a corporate offence which means that commercial organisations, including NHS bodies, will be exposed to criminal liability, punishable by an unlimited fine, for failing to prevent bribery. The offences of bribing another person, being bribed and bribery of foreign public officials can also be committed by a body corporate. The Act repealed the UK's previous anti-corruption legislation (the Public Bodies Corrupt Practices Act 1889, the Prevention of Corruption Acts of 1906 and 1916 and the common law offence of bribery) and provides an updated and extended framework of offences to cover bribery both in the UK and abroad. The offences of bribing another person, being bribed or bribery of foreign public officials in relation to an individual carries a maximum sentence of 10 years imprisonment and/or a fine if convicted in the Crown Court and 6 months imprisonment and/or a fine in the Magistrates' Court. In relation to a body corporate the penalty for these offences is a fine.

22.2 Disciplinary Implications

The CCG will ensure that individuals who fail to disclose any relevant interests or who otherwise breach the CCG's rules and policies relating to the management of conflicts of interest are subject to investigation and, where appropriate, to disciplinary action. CCG staff, governing body and committee members in particular should be aware that the outcomes of such action may, if appropriate, result in the termination of their employment or position with the CCG.

22.3 Professional Regulatory Implications

Statutorily regulated healthcare professionals who work for, or are engaged by, the CCG are under professional duties imposed by their relevant regulator to act appropriately with regard to conflicts of interest. CCGs should report statutorily regulated healthcare professionals to their regulator if they believe that they have acted improperly, so that these concerns can be investigated. Statutorily regulated healthcare professionals should be made aware that the consequences for inappropriate action could include fitness to practise proceedings being brought against them, and that they could, if appropriate, be struck off by their professional regulator as a result.

23 Conflicts of Interest Training

The CCG will ensure that training is offered to all employees, governing body members and members of CCG committees and sub-committees on the management of conflicts of interest. This is to ensure staff and others within the CCG understand what conflicts are and how to manage them effectively.

All such individuals will have training on the following:

- What is a conflict of interest;
- Why is conflict of interest management important;
- What are the responsibilities of the organisation you work for in relation to conflicts of interest
- What should you do if you have a conflict of interest relating to your role, the work you do or the organisation you work for (who to tell, where it should be recorded, what actions you may need to take and what implications it may have for your role);
- How conflicts of interest can be managed;
- What to do if you have concerns that a conflict of interest is not being declared or managed appropriately;
- What are the potential implications of a breach of the CCG's rules and policies for managing conflicts of interest.

NHS England is developing an online training package for CCG staff, governing body and committee members. This will be rolled out in the autumn of 2016. This will need to be completed on a yearly basis to raise awareness of the risks of conflicts of interest and to support staff in managing conflicts of interest. The annual training will be mandatory and will need to be completed by all staff by 31 January of each year. CCGs will be required to record their completion rates as part of their annual conflicts of interest audit.

NHS England will also continue to provide face-to-face training on conflicts of interest to key individuals within CCGs and to share good practice across CCGs and NHS England.

24 Prevention of Corruption

24.1 The RCCG has a responsibility to ensure that all RCCG staff are made aware of their duties and responsibilities arising from the UK Bribery Act 2010. Under this Act there are four offences:

- 24.1.1 Bribing, or offering to bribe, another person
- 24.1.2 Requesting, agreeing to receive, or accepting a bribe
- 24.1.3 Bribing, or offering to bribe, a foreign public official
- 24.1.4 Failing to prevent bribery.

24.2 All RCCG staff are required to be aware of the UK Bribery Act 2010 and should refer to the [Fraud, Bribery and Corruption Policy](#).

25 Raising Concerns

25.1 It is the duty of every member of staff to speak up about genuine concerns in relation to criminal activity, breach of a legal obligation (including negligence, breach of contract or breach of administrative law), miscarriage of justice, danger to health and safety or the environment, and the cover up of any of these in the workplace. The RCCG has a [whistle-blowing policy](#) that sets out the arrangement for raising and handling staff concerns. The procedure for reporting specific concerns relating to fraud are described below.

26. Counter Fraud Measures

26.1 All RCCG staff are required not to use their position to gain financial advantage. The CCG is keen to prevent fraud, bribery or corruption and encourages staff with concerns or reasonably held suspicions about potentially fraudulent activity or practice, to report these. RCCG staff should inform the Group's NHS Local Counter Fraud Specialist in accordance with the Group's Fraud Bribery and Corruption Policy or the Chief Finance Officer immediately, unless the Chief Finance Officer or the Local Counter Fraud Specialist are implicated. If that is the case, they should report it to the Chair or Chief Officer, who will decide on the action to be taken.

26.2 RCCG staff can also call the NHS Fraud and Corruption Reporting Line on Freephone 0800 028 40 60 or website <https://www.reportnhsfraud.nhs.uk/> These provide easily accessible and confidential routes for the reporting of genuine suspicions of fraud within or affecting the NHS. All calls are dealt with by experienced trained staff and any caller who wishes to remain anonymous may do so.

26.3 Anonymous letters, telephone calls, etc. are occasionally received from individuals who wish to raise matters of concern, but not through official channels. While the suspicions may be erroneous or unsubstantiated, they may also reflect a genuine cause for concern and will always be taken seriously. The Group's NHS Local Counter Fraud Specialist will make sufficient enquiries to establish whether or not there is any foundation to the suspicion that has been raised.

26.4 RCCG staff should not ignore their suspicions, investigate themselves or tell colleagues or others about their suspicions.

27. Standing Orders (SOs), Standing Financial Instructions (SFIs) and Scheme of Delegation (SD)

27.1 All RCCG staff must carry out their duties in accordance with the RCCGs [SOs SFIs and SD](#). The SOs, SFIs and SD set out the statutory and governance framework in which the RCCG operates and there is considerable overlap between the contents of this policy and the provisions of the RCCG's SOs, SFIs and SD. RCCG staff must at all times refer to and act in accordance with the SOs, SFI and SD to ensure current RCCG process is followed. In the event of doubt, RCCG staff should seek advice from their line manager. In the event of any conflict arising between the details of this policy and the SOs, SFIs and SD, the provisions of the SOs, SFIs and SD shall prevail.

28. Declaration of Interests

28.1 The RCCG needs to have in place principles and procedures for minimising, managing and registering potential conflicts of interests which could be deemed or assumed to affect the decisions made by those involved in the RCCG. These decisions could include awarding contracts, procurement, policy, employment and other decisions.

28.2 RCCG staff should not allow their judgement or integrity to be compromised. They should be, and be seen to be, honest and objective in the exercise of their duties and should understand fully their terms of appointment, duties and responsibilities.

28.3 This section describes the RCCGs procedures in relation to the identification and management of conflicts of interest for staff. Adherence to these provisions is mandatory in order to identify and manage current or potential conflicts which may arise between the interests of the RCCG and the personal interests, associations and relationships of its staff or representative family members.

28.4 Failure to adhere to these provisions relating to the declaration of interest may constitute criminal offences of fraud and/or bribery, as an individual could be gaining unfair advantages or financial rewards for themselves or a family member/friend or associate. Any suspicions that a relevant personal interest may not have been declared should be reported to the RCCG's Governing Body Secretary.

Any unwitting failure to declare a relevant and material interest or position of influence and/or to record a relevant or material interest or position of influence that has been declared will not necessarily render void any decision made by the Governing Body or its properly constituted committees or sub-committees.

However, the CCG reserve the right to declare such a contract void and the individual affected will be required to declare any benefit he or she, their spouse, civil partner, cohabitee, child or parent received under the contract in the Register of Interests maintained by the Accountable Officer of the Clinical Commissioning Group.

28.5 All RCCG staff must declare any interest, either on appointment or when the interest is acquired, which may directly or indirectly give rise to an actual or potential conflict of interest or duty. Such interests, and potential conflicts of interest, include personal and indirect interests and may come about through:

- Financial interest (for example, where someone involved has significant shareholdings or voting rights in a company or partnership)
- Decisions affecting individuals who share the interest of organisation staff – for example, family members or members of societies, clubs or other organisations
- Acceptance of hospitality from current or prospective business contracts; and
- Acceptance of gifts.

28.6 A family member may include:

- A partner (someone who is married to, a civil partner or someone with whom the RCCG staff member lives in a similar capacity)
- A parent or parent in law
- A son or daughter in law
- A son or daughter or stepson or step daughter
- The child of a partner
- A brother or sister
- A brother or sister of the staff member's partner
- A grandparent and/or a grandchild
- An uncle or aunt
- A nephew or niece and
- The partners of the above.

28.7 Further examples of relevant interests for non-Governing Body members RCCG staff are set out in Appendix B. If in doubt RCCG staff should take advice from the Governing Body Secretary.

28.8 The RCCG is required to maintain a register of interests to record formally declarations of interest of RCCG Governing Body members. The declaration form set out at Appendix C should be completed by Governing Body members and sent to the Governing Body Secretary. Further guidance on the declaration of interests by RCCG members is set out in the declaration of interest policy for Governing Body members, available from the Governing Body Secretary.

28.9 The RCCG will also maintain a register of interest declared by all other CCG staff. RCCG staff (excluding Governing Body members) should complete the form set out at Appendix D to declare any relevant interests and send it to the Governing Body Secretary.

28.10 All Declarations of Interest made by RCCG staff will be reviewed by the Governing Body Secretary on a quarterly basis.

29. Personal Conduct

29.1 Lending or Borrowing

29.1.1 The lending or borrowing of money between staff should be avoided, whether informally or as a business, particularly where the amounts are significant.

29.1.2 It is a particularly serious breach of discipline for any member of staff to use their position to place pressure on someone in a lower pay band, a business contact, or a member of the public to loan them money.

29.2 Gambling

29.2.1 No member of staff may bet or gamble when on duty or on RCCG premises, with the exception of small lottery syndicates or sweepstakes related to national events such as the World Cup or Grand National among immediate colleagues.

29.3 Trading on Official Premises

29.3.1 Trading on official premises is prohibited, whether for personal gain or on behalf of others. Canvassing within the office by, or on behalf of, outside bodies or firms (including non-CCG interests of staff or their relatives) is also prohibited. Trading does not include small tea or refreshment arrangements solely for staff.

29.4 Collection of Money

29.4.1 Charitable collections must be authorised by Corporate Services. Other Flag Day appeals are not permitted, and collection tins or boxes must not be placed in offices. With line management agreement, collections may be made among immediate colleagues and friends to support small fundraising initiatives, such as raffle tickets and sponsored events. Permission is not required for informal collections amongst immediate colleagues on an occasion like retirement, marriage or a new job.

29.5 Bankrupt or Insolvent Staff

29.5.1 Any member of staff who becomes bankrupt or insolvent must inform their line management and Human Resources as soon as possible. Staff who are bankrupt or insolvent cannot be employed in posts that involve duties which might permit the misappropriation of public funds or involve the handling of money

29.6 Criminal Investigation

29.6.1 If a member of staff becomes aware that they are subject to any criminal investigation, either by receiving a formal interview under caution appointment letter or by being placed under caution at a formal interview, or is arrested, convicted or cautioned for any offence they must inform their line management immediately. This responsibility also includes any welfare benefit or tax credit fraud investigations or sanctions.

30. Gifts and Hospitality

30.1 With the exception of items of little value (less than £25) such as diaries, calendars, flowers and small tokens of appreciation (including seasonal gifts), which may be accepted, all offers of gifts should be declined. In cases of doubt, advice should be sought from your line manager. A “gift” is defined as any item of cash or goods, or any service, which is provided for personal benefit at less than its commercial value.

30.2 Any personal gift of cash or cash equivalents (e.g. tokens) must be declined whatever its value.

30.3 RCCG staff should:

- Report immediately all offers of unreasonably generous gifts to the Governing Body Secretary and
- Return promptly any unacceptable gifts, with a letter politely explaining the terms of this policy and stating that you are not allowed to accept them.

30.4 RCCG staff should exercise discretion in accepting offers of hospitality from contractors, other organisations or individuals concerned with the supply of goods or services. Modest hospitality provided in normal and reasonable circumstances, e.g. hospitality provided at meetings, events, seminars. In cases of doubt, advice should be sought from your line manager.

30.5 All hospitality or gifts accepted regardless of value should be recorded in the Hospitality register held by the Governing Body Secretary (example attached at Appendix E) as soon as is reasonably practicable. It is not necessary to record refreshments such as tea, coffee etc. or for course participants to record meals provided during a training event or seminar.

30.6 RCCG staff should be especially cautious of accepting small items of value, or hospitality over that afforded in a normal meeting environment (i.e. beverages) during a procurement process or from bidders/potential bidders. This avoids any potential claim of unfair influence, collusion or canvassing.

30.7 Care should be taken when providing hospitality. Avoid providing hospitality at non-business locations unless there is a clear need to do so – this should be agreed in advance by the responsible senior officer. Any hospitality provided should be modest.

31. Outside Employment and Private Practice

31.1 Employees and representatives of RCCG (depending on the details of their contract as regards outside employment and private practice) are required to inform the CCG if they are engaged in or wish to engage in outside employment in addition to their work with the CCG (using the form at Appendix D).

The purpose of this is to ensure that the RCCG is aware of any potential conflict of interest with the RCCG employment. Examples of work which might conflict with the business of the RCCG include:

- Employment with another NHS body
- Employment with another organisation which might be in a position to supply goods/services to the RCCG and
- Self-employment, including private practice, in a capacity which might conflict with the work of the RCCG or which might be in a position to supply goods/services to the RCCG.

31.2 The Governing Body Secretary will send an annual reminder to all RCCG staff about this arrangement.

31.3 All allegations of non-CCG work or running any business while on paid sick leave from the CCG will be passed to the Group's NHS Local Counter Fraud Specialist for consideration of criminal investigation and prosecution, as per the Group's Fraud Bribery and Corruption Policy.

32. Political Activities

32.1 Any political activity should not identify an individual as an employee of the RCCG. Conferences or functions run by a party political organisation should not be attended in an official capacity, except with prior written permission from a senior officer.

33. Commercial Sponsorship

33.1 RCCG staff may accept commercial sponsorship for courses, conferences, post/project funding, meetings and publications if they are reasonably justified and in accordance with the principles set out in this policy. In cases of doubt advice should be sought from your line manager. Permission (with details of the proposed sponsorship) must be obtained from the relevant senior officer in writing in advance and a copy of this permission must be sent to the Governing Body Secretary. (See Appendix G "Application to seek permission to accept commercial sponsorship").

33.2 Acceptance of commercial sponsorship should not in any way compromise commissioning decisions of the RCCG or be dependent on the purchase or supply of goods or services.

33.3 Sponsors should not have any influence over the content of an event, meeting, seminar, publication or training event.

33.4 The RCCG should not endorse individual companies or their products. It should be made clear that the fact of sponsorship does not mean that the RCCG endorses a company's products or services.

33.5 During dealings with sponsors there must be no breach of patient or individual confidentiality or data protection legislation.

33.6 No information should be supplied to a company for their commercial gain unless there is a clear benefit to the NHS. As a general rule, information which is not in the public domain should not normally be supplied.

34. Suppliers and Contractors

All RCCG staff who are in contact with suppliers and contractors (including external consultants), and in particular those who are authorised to sign purchase orders or enter into contracts for goods and services are expected to adhere to professional standards in line with those set out in the Code of Ethics of the Chartered Institute of Purchasing and Supply (Appendix F).

34.1 All RCCG staff must treat prospective contractors or suppliers of services to the RCCG equally and in a non-discriminatory way and act in a transparent manner.

34.2 RCCG staff involved in the awarding of contracts and tender process must take no part in a selection process if a personal interest or conflict of interest is known. Such an interest must be

declared to the Governing Body Secretary using the form at Appendix C or D as soon as it becomes apparent. RCCG staff should not at any time seek to give undue advantage to any private business or other interests in the course of their duties.

34.3 The RCCG has duties under European and UK procurement law and RCCG staff must comply with standing financial instructions [SFI](#)s in relation to all contract opportunities with the RCCG.

34.5 RCCG staff must not seek, or accept, preferential rates or benefits in kind for private transactions carried out with companies with which they have had, or may have, official dealings on behalf of the RCCG. This does not apply to officers' and members' benefits schemes offered by the NHS or trade unions.

34.6 RCCG staff invited to visit organisations to inspect equipment (e.g. software or training aids) for the purpose of advising on its purchase will be reimbursed for their travelling expenses in accordance with usual procedures laid down by the RCCG. Such expenses should not be claimed from other organisations to avoid compromising the purchasing decisions of the RCCG.

34.7 Every invitation to tender to a prospective bidder for RCCG business must require each bidder to give a written undertaking, not to engage in collusive tendering or other restrictive practice and not to engage in canvassing the RCCG, its employees or officers concerning the contract opportunity tendered.

34.8 Offers of pro bono work from prospective bidders for RCCG business should be politely refused.

35. Initiatives

35.1 As a general principle any financial gain resulting from external work where use of RCCG time or title is involved (e.g. speaking at training events/conferences, writing articles etc.) and/or which is connected with RCCG business will be forwarded to the Governing Body Secretary.

35.2 Any patents, designs, trademarks or copyright resulting from the work (e.g. research) of an employee of the RCCG carried out as part of their employment by RCCG shall be the [Intellectual Property](#) of the RCCG.

35.3 Approval from the appropriate line manager should be sought prior to entering into an obligation to undertake external work connected with the business of the RCCG e.g. writing articles for publication, speaking at conferences.

35.4 Where the undertaking of external work, gaining patent or copyright or the involvement in innovative work benefits or enhances the RCCG's reputation or results in financial gain for the RCCG, consideration will be given to rewarding employees subject to any relevant guidance for the management of [Intellectual Property](#) in the NHS issued by the Department of Health.

36. Confidentiality

36.1 Information concerning the RCCG which is not in the public domain must not at any time be divulged to any unauthorised person. Similarly, patient data or personal data concerning staff must not be divulged, in line with the Data Protection Act, 1998. This duty of confidence remains after termination of employment and applies to all individuals working within the RCCG.

36.2 Care should be taken that confidentiality is not breached inadvertently by, for instance

discussing confidential matters in public places, such as whilst travelling by train, or by leaving [portable IT Equipment](#) containing confidential information where it might be stolen, such as on full view in a parked car. Data should only be distributed using mechanisms with an appropriate level of security,

36.3 RCCG staff must maintain confidentiality of information at all times, both commercial data and personal data, as defined by the Data Protection Act.

36.4 RCCG staff should guard against providing information on the operations of the RCCG which might provide a commercial advantage to any organisation (private or NHS) in a position to supply goods or services to the RCCG. For particularly sensitive procurements/contracts RCCG staff may be asked to sign a non-disclosure agreement, a copy of which can be found at Appendix H.

37. Management Arrangements

37.1 RCCG staff and representatives should be aware that a breach of this policy could render them liable to prosecution as well as leading to the termination of their employment or position with the RCCG.

The Rotherham CCG will view instances where this policy is not followed as extremely serious and may not only take disciplinary action against individuals as a result, which may result in dismissal, but the CCG will automatically and immediately refer all cases of potential fraud, corruption and bribery to the CCG's NHS Local Counter Fraud Specialist for consideration of criminal investigation and prosecution as required by the Group's [Fraud, Bribery and Corruption Policy](#). Where necessary the Police will be involved. Referrals will also be made where appropriate, to the pertinent professional regulatory body such as the GMC and NMC. The CCG will always seek to use the most effective means to recover any taxpayer funding lost due to fraud, corruption or bribery. Be this via the criminal courts using the Proceeds of Crime Act or using the option of civil recovery.

37.2 Fraud

The Fraud Act 2006 came into force on the 15.01.2007 and introduced the general offence of fraud. This is broken down into a number of key areas in terms of criminal offences including;

- Fraud by false representation
- Fraud by failing to disclose information
- Fraud by abuse of position
- Possession or supplying articles for use in fraud
- Obtaining Services dishonestly.

37.3 Corruption and Bribery

The UK Bribery Act 2010 has replaced previous Prevention of Corruption Acts and created two general offences of bribery:

- Offering or giving a bribe to induce someone to behave or to reward someone for behaving, improperly and;
- Requesting or accepting a bribe in exchange for acting improperly, or where the request or acceptance is itself improper
- A new corporate offence has also been introduced
- Negligent failing by a company or limited liability partnership to prevent bribery being given or offered by an employee or agent on behalf of that organisation

- All staff working for or representing the group are required to be aware of the UK Bribery Act 2010 and should also refer to the group's Fraud, Bribery and Corruption Policy for further details.

37.4 Reporting Suspicions

All cases of suspected fraud, corruption, or bribery must be investigated by an accredited NHS Local Counter Fraud Specialist appointed by the group. The CCG's appointed NHS Counter Fraud Specialist is Claire Croft, telephone 01709 428702. Email claire.croft1@nhs.net Or reports can be made directly through the Chief Finance Officer. Alternatively, you can use the NHS Protect Fraud and Corruption reporting line 0800 028 4060 or via the website <https://www.reportnhsfraud.nhs.uk/>.

37.5 RCCG staff and representatives who fail to disclose any relevant interest, outside employment or receipts of gifts, hospitality or sponsorship as required by this policy or the CCGs SOs and SFIs may be subject to disciplinary action which could, ultimately, result in the termination of their employment or position with the CCG, as well as criminal sanctions as described at section 16.1 of this policy document.

37.6 The Governing Body Secretary will be responsible for maintaining the register of interests, holding the hospitality register and reviewing the implementation of this policy.

38. Complaints

38.1 RCCG staff who wish to report suspected or known breaches of this policy should inform the Governing Body Secretary. All such notifications will be held in the strictest confidence and the person notifying the Governing Body Secretary can expect a full explanation of any decisions taken as a result of any investigation.

39. Further information

39.1 This policy is an interpretation of guidance and is based on examples of good practice. In addition to referring to the RCCGs standing orders, matters reserved to the Governing Body, standing financial instructions and financial scheme of delegation. RCCG staff should refer to the following documents by following the link:

- The National Health Service Act 2006 & The Health and Social Care Act 2008;
<http://www.legislation.gov.uk/ukpga/2008/14/contents>
- The Code of Conduct for NHS Managers the Nolan Principles of Conduct in Public Life; see appendix A
- the NHS Codes of Conduct and Accountability; (NHS Appointments Commission & Department of Health – amended July 2004):
http://www.nhsbsa.nhs.uk/Documents/Sect_1_-_D_-_Codes_of_Conduct_Acc.pdf the Code of Practice on Openness in the NHS and any additional or successor guidance published by the Department of Health.

39.2 This policy will be reviewed on an annual basis, and in accordance with the following on an as and when required basis;

- legislative changes
- good practice guidance
- case law
- significant incidents reported
- new vulnerabilities and
- changes to organisational infrastructure.

19.3.1 Template: Declaration of conflicts of interest for CCG members and employees

Name:				
Position within, or relationship with, the CCG (or NHS England in the event of joint committees):				
Detail of interests held (complete all that are applicable):				
Type of Interest* <small>*See reverse of form for details</small>	Description of Interest (including, for Indirect Interests, details of the relationship with the person who has the interest)	Date interest relates From & To		Actions to be taken to mitigate risk (to be agreed with line

The information submitted will be held by the CCG for personnel or other reasons specified on this form and to comply with the organisation's policies. This information may be held in both manual and electronic form in accordance with the Data Protection Act 1998. Information may be disclosed to third parties in accordance with the Freedom of Information Act 2000 and published in registers that the CCG holds.

I confirm that the information provided above is complete and correct. I acknowledge that any changes in these declarations must be notified to the CCG as soon as practicable as and no later than 28 days after the interest arises. I am aware that if I do not make full, accurate and timely declarations then civil, criminal, or internal disciplinary action may result.

I do / do not **[delete as applicable]** give my consent for this information to published on registers that the CCG holds. If consent is NOT given please give reasons:

--

Signed:

Date:

Signed:

Position:

Date:

(Line Manager)

Please return to Assistant Chief Officer of Rotherham CCG

Types of conflicts of interest

Type of Interest	Description
Financial Interests	<p>This is where an individual may get direct financial benefits from the consequences of a commissioning decision. This could include being:</p> <ul style="list-style-type: none"> • A director, including a non-executive director, or senior employee in a private company or public limited company or other organisation which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations; • A shareholder, partner or owner of a private or not for profit company, business, partnership or consultancy which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations. • A consultant for a provider; • In secondary employment; • In receipt of Secondary income from a provider • In receipt of a grant from a provider; • In Receipt of any payments (for example honoraria, one off payments, day allowances or travel or subsistence) from a provider • In receipt of research funding, including grants that may be received by the individual or any organisation in which they have an interest or role; and • Having a pension that is funded by a provider (where the value of this might be affected by the success or failure of the provider).
Non- Financial Professional Interests	<p>This is where an individual may obtain a non-financial professional benefit from the consequences of a commissioning decision, such as increasing their professional reputation or status or promoting their professional career. This may include situations where the individual is:</p> <ul style="list-style-type: none"> • An advocate for a particular group of patients; • A GP with special interests e.g., in dermatology, acupuncture etc. • A member of a particular specialist professional body (although routine GP membership of the RCGP, BMA or a medical defense organisation would not usually by itself amount to an interest which needed to be declared); • An advisor for CQC or NICE; • A medical researcher.
Non- Financial Personal Interests	<p>This is where an individual may benefit personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit. This could include, for example, where the individual is:</p> <ul style="list-style-type: none"> • A voluntary sector champion for a provider; • A volunteer for a provider; • A member of a voluntary sector board or has any other position of authority in or connection with a voluntary sector organisation; • A member of a political party; • Suffering from a particular condition requiring individually funded treatment; • A member of a lobby or pressure groups with an interest in health.
Indirect Interests	<p>This is where an individual has a close association with an individual who has a financial interest, a non-financial professional interest or a non-financial personal interest in a commissioning decision (as those categories are described above). This should include:</p> <ul style="list-style-type: none"> • Spouse / partner; • Close relative e.g., parent, [grandparent], child, [grandchild] or sibling; • Close friend; • Business partner.

19.3.2 Template: Register of Conflicts of interest

[illegible]

Template: Declarations of gifts and hospitality

Recipient Name	Position	Date of Offer	Date of Receipt (if applicable)	Details of Gift / Hospitality	Estimated Value	Supplier / Offer or Name and Nature of Business	Details of Previous Offers or Acceptance by this	Details of the reviewing and approving the declaration made	Declined or Accepted?	Reason for Accepting or Declining	Other Comments

The information submitted will be held by the CCG for personnel or other reasons specified on this form and to comply with the organisation's policies. This information may be held in both manual and electronic form in accordance with the Data Protection Act 1998. Information may be disclosed to third parties in accordance with the Freedom of Information Act 2000 and published in registers that the CCG holds.

I confirm that the information provided above is complete and correct. I acknowledge that any changes in these declarations must be notified to the CCG as soon as practicable and no later than 28 days after the interest arises. I am aware that if I do not make full, accurate and timely declarations then civil, criminal, professional regulatory or internal disciplinary action may result.

I **do / do not (delete as applicable)** give my consent for this information to published on registers that the CCG holds. If consent is NOT given please give reasons:

Signed:**Date:****Signed: (Line Manager)****Position:****Date:**

Please return to **Assistant chief Officer of Rotherham CCG**

Template: Register of gifts and hospitality

Name	Position	Date of Offer	Date of Receipt (if applicable)	Details of Gift /Hospitality	Estimated Value	Supplier / Offer or Name and Nature of business	Declined or Accepted ?	Reason for Accepting or Declining

Declarations of interest checklist <the Chair's guide>

Under the Health and Social Care Act 2012, there is a legal obligation to manage conflicts of interest appropriately. It is essential that declarations of interest and actions arising from the declarations are recorded formally and consistently across all CCG governing body, committee and sub-committee meetings. This checklist has been developed with the intention of providing support in conflicts of interest management to the Chair of the meeting- prior to, during and following the meeting. It does not cover the requirements for declaring interests outside of the committee process.

Timing	Checklist for Chairs	Responsibility
In advance of the meeting	The agenda to include a standing item on declaration of interests to enable individuals to raise any issues and/or make a declaration at the meeting;	Meeting Chair and secretariat.
	2. A definition of conflicts of interest should also be accompanied with each agenda to provide clarity for all recipients;	Meeting Chair and secretariat.
	3. Agenda to be circulated to enable attendees (including visitors) to identify any interests relating specifically to the agenda items being considered;	Meeting Chair and secretariat.
	4. Members should contact the Chair as soon as an actual or potential conflict is identified;	
	5. Chair to review a summary report from preceding meetings i.e. sub-committee, working group, etc. detailing any conflicts of interest declared and how this was managed;	Meeting members
	A template for summary report to present discussions at preceding meetings is detailed below. 6. A copy of the members' declared interests is checked to establish any actual or potential conflicts of interest that may occur during the meeting.	Meeting Chair

<p>During the meeting</p>	<p>7. Check and declare the meeting is quorate and ensure that this is noted in the minutes of the meeting;</p> <p>8. Chair requests members to declare any interests in agenda items- which have not already been declared, including the nature of the conflict;</p> <p>9. Chair makes a decision as to how to manage each interest which has been declared, including whether / to what extent the individual member should continue to participate in the meeting, on a case by case basis, and this decision is recorded.</p> <p>10. As minimum requirement, the following should be recorded in the minutes of the meeting:</p> <ul style="list-style-type: none"> • Individual declaring the interest; • At what point the interest was declared; • The nature of the interest; • The Chair's decision and resulting action taken; • The point during the meeting at which any individuals retired from and returned to the meeting - even if an interest has not been declared; • Visitors in attendance who participate in the meeting must also follow the meeting protocol and declare any interests in a timely manner. <p>A template for recording any interests during meetings is detailed below.</p>	<p>Meeting Chair</p> <p>Meeting Chair</p> <p>Meeting Chair</p> <p>Secretariat</p>
<p>Following the meeting</p>	<p>11. All new interests declared at the meeting should be promptly updated onto the declaration of interest form;</p> <p>12. All new completed declarations of interest should be transferred onto the register of interests.</p>	<p>Individual(s) declaring interest(s)</p> <p>Designated person</p>

Report from <insert details of sub-committee/ work group>	
Title of paper	<insert full title of the paper>
Meeting details	<insert date, time and location of the meeting>
Report author and job title	<insert full name and job title/ position of the person who has written this report>
Executive summary	<include summary of discussions held, options developed, commissioning rationale, etc.>
Recommendations	<include details of any recommendations made including full rationale> <include details of finance and resource implications>
Outcome of Impact Assessments completed (e.g. Quality IA or	<Provide details of the QIA/EIA. If this section is not relevant to the paper state 'not applicable'>
Outline public engagement – clinical, stakeholder and public/patient:	<Insert details of any patient, public or stakeholder engagement activity. If this section is not relevant to the paper state 'not applicable'>
Management of Conflicts of Interest	<Include details of any conflicts of interest declared> <Where declarations are made, include details of conflicted individual(s) name, position; the conflict(s) details, and how these have been managed in the meeting> <Confirm whether the interest is recorded on the register of interests- if not agreed course of action>
Assurance departments/ organisations who will be affected have been consulted:	<Insert details of the people you have worked with or consulted during the process : Finance (insert job title) Commissioning (insert job title) Contracting (insert job title) Medicines Optimisation (insert job title) Clinical leads (insert job title) Quality (insert job title) Safeguarding (insert job title) Other (insert job title)
Report previously	<Insert details (including the date) of any other meeting where this paper has been presented; or state 'not
Risk Assessments	<insert details of how this paper mitigates risks- including conflicts of interest>

19.3.4 Template to record interests during the meeting.

[illegible]

Template for recording minutes of the meeting

**Rotherham Clinical Commissioning Group Primary
 Care Commissioning Committee Meeting**

Date:
Time:
Location:

Attendees:

Name	Initials	Role

In attendance from <insert time>

Item	Agenda Item	Actions
1	Chairs welcome	
2	Apologies for absence <apologies to be noted>	

3	<p>Declarations of interest</p> <p>[insert name] reminded committee members of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of Rotherham clinical commissioning group.</p> <p>Declarations declared by members of the Primary Care Commissioning Committee are listed in the CCG's Register of Interests. The Register is available either via the secretary to the governing body or the CCG website</p> <p>Declarations of interest from sub committees. None declared</p>	
	<p>Declarations of interest from today's meeting</p> <p>The following update was received at the meeting:</p> <ul style="list-style-type: none"> • With reference to business to be discussed at this meeting, ?? [insert initials] declared that he/she is a shareholder in XXX • [insert who] declared that the meeting is quorate and that [insert initials] would not be included in any discussions on agenda item X due to a direct conflict of interest which could potentially lead to financial gain for [insert initials] <p>[who] and [who] discussed the conflict of interest, which is recorded on the register of interest, before the meeting and around agenda item X. [who] agreed to remove him/herself from the table and not be involved in the discussion around the agenda item X.</p>	
4	<p>Minutes of the last meeting <date to be inserted> and matters arising</p>	
5	<p>Agenda Item <Note the agenda item></p> <p>[who] removed himself from the meeting and sat in the public gallery, excluding him/herself from the discussion regarding xx.</p> <p><conclude decision has been made></p> <p><Note the agenda item xx></p> <p>[who] resumed his/her place at the PCCC meeting.</p>	

6	Any other business	
7	Date and time of the next meeting	

19.3.5 Annex G:

Template: Procurement checklist

Service:	
Question	Comment/ Evidence
1. How does the proposal deliver good or improved outcomes and value for money – what are the estimated costs and the estimated benefits? How does it reflect the CCG's proposed commissioning priorities? How does it comply with the CCG's commissioning obligations?	
2. How have you involved the public in the decision to commission this service?	
3. What range of health professionals have been involved in designing the proposed service?	
4. What range of potential providers have been involved in considering the proposals?	
5. How have you involved your Health and Wellbeing Board(s)? How does the proposal support the priorities in the relevant joint health and wellbeing strategy (or strategies)?	
6. What are the proposals for monitoring the quality of the service?	
7. What systems will there be to monitor and publish data on referral patterns?	
8. Have all conflicts and potential conflicts of interests been appropriately declared and entered in registers?	

9. In respect of every conflict or potential conflict you must record how you have managed that conflict or potential conflict. Has the management of all conflicts been recorded with a brief explanation of how they have been managed?	
10. Why have you chosen this procurement route? (single action tender)	
11. What additional external involvement will there be in scrutinising the proposed decisions?	
12. How will the CCG make its final commissioning decision in ways that preserve the integrity of the decision-making process and award of any contract?	
Additional question when qualifying a provider on a list or framework or pre selection for tender (including but not limited to any qualified provider) or direct award (for services where national tariffs do not apply)	
13. How have you determined a fair price for the service?	
Additional questions when qualifying a provider on a list or framework or pre selection for tender (including but not limited to any qualified provider) where GP practices are likely to be qualified providers	
14. How will you ensure that patients are aware of the full range of qualified providers from whom they can choose?	
Additional questions for proposed direct awards to GP providers	
15. What steps have been taken to demonstrate that the services to which the contract relates are capable of being provided by only one provider?	
16. In what ways does the proposed service go above and beyond what GP practices should be expected to provide under the GP contract?	
17. What assurances will there be that a GP practice is providing high-quality services under the GP contract before it has the opportunity to provide any new services?	

Template: Procurement decisions and contracts awarded - Appendix H

Ref NO	Contract /Service Title	Procurement description	Existing contract or new Procurement (if existing include details)	Procurement type – C C G procurement, collaborative procurement with partner	CCG clinical lead (Name)	CCG contract manager (Name)	Decision making process and name of decision making commissioner	Summary of conflicts of interest noted	Actions to mitigate conflicts of interest	Justification for actions to mitigate conflicts of interest	Contract awarded (supplier name & registered address)	Contract value (£) (Total) and value to CCG	Comments to note

To the best of my knowledge and belief, the above information is complete and correct. I undertake to update as necessary the information. Signed:

On behalf of:

Date:

Please return to **Assistant Chief Officer**

19.3.6 Template: Declaration of conflict of interest for bidders/contractors Annex I:

Name of Organisation:		
Details of interests held:		
Type of Interest	Details	
Provision of services or other work for the CCG or NHS England		
Provision of services or other work for any other potential bidder in respect of this project or		
Any other connection with the CCG or NHS England, whether personal or professional, which the public could perceive may impair or otherwise influence the CCG's or any of its members' or employees' judgments, decisions or actions		

Name of Relevant Person	<i>[complete for all Relevant Persons]</i>	
Details of interests held:		
Type of Interest	Details	Personal interest or that of a family member, close friend or other
Provision of services or other work for the CCG or NHS England		
Provision of services or other work for any other potential bidder in respect of this project or procurement process		
Any other connection with the CCG or NHS England, whether personal or professional, which the public could perceive may impair or otherwise influence the CCG's or any of its members' or employees' judgements decisions		

To the best of my knowledge and belief, the above information is complete and correct. I undertake to update as necessary the information.

Signed:

On behalf of:

Date:

19.3.7 Annex J

Template: Conflicts of interest policy checklist

In accordance with the Health and Social Care Act 2012, there is a legal requirement for Clinical Commissioning Groups (CCGs) to manage the process of conflicts of interest, both actual and perceived. The aim of the conflicts of interest policy checklist is to support CCGs to develop their conflict of interest policy. It is recommended that the CCG makes a commitment to reviewing their conflicts of interest policy (subject to changes) annually to ensure all material is up to date. CCGs should refer to **Managing Conflicts of Interest: Revised Statutory Guidance for CCGs** when developing the conflicts of interest policy.

Conflicts of interest policy-checklist	Key areas for consideration
Introduction to the policy	<ul style="list-style-type: none"> • Introduction; • Aims and objectives of the policy; • Consider the CCG's constitution and specified requirements in terms of conducting business appropriately; • Consider the legal requirements in terms of managing conflicts of interest; • Consider any other appropriate regulations; • Scope of the policy <whom the policy applies to> • Commitment to review <include frequency>
Definition of an interest	<ul style="list-style-type: none"> • Definition of an interest: • Types of an interest, including: <ul style="list-style-type: none"> ○ Financial interests; ○ Non-financial professional interests ○ Non-financial personal interests; or ○ Indirect interests where an individual has a close association with an individual who has a financial interest, a non-financial professional interest or a non-financial personal interest in a commissioning decision
Principles	<ul style="list-style-type: none"> • Principles of good governance for consideration, include those set out in the following: <ul style="list-style-type: none"> ○ The Seven Principles of Public Life (commonly known as the Nolan Principles); ○ The Good Governance Standards of Public Services; ○ The Seven Key Principles of the NHS Constitution; ○ The Equality Act 2010.
Declaring conflicts of interest	<ul style="list-style-type: none"> • Consideration should be given to the statutory requirements;

	<ul style="list-style-type: none"> • Detail the types of interests to be declared – as outlined in the <i>definition of an interest</i> section; • Details of when a conflict of interest should be declared; • State the contact details of the nominated person to whom declarations of interest should be reported to; • Consider visual formats including a flowchart detailing the process of declaring conflicts of interest in various settings i.e. meetings, the transfer of information onto registers of interest, etc. <p>A declaration on interests template should be appended to the policy</p>
Register(s) of conflicts of interest	<ul style="list-style-type: none"> • Consideration should be given to the statutory requirements; • One or more registers of interest should be maintained for the following: <ul style="list-style-type: none"> ○ All CCG employees; ○ All members of the CCG; ○ Members of the governing body; ○ Members of the CCG's committees and sub-committees; ○ Any self-employed consultants or other individuals working for the CCG under a contract for services. • Stipulate the period of time within which registers of interest have to be updated- upon receiving a declaration of interest in line with the guidance; • Stipulate publication arrangements for registers of interests in line with the guidance. <p>A register of interests template should be appended</p>
Declaration of gifts and hospitality	<ul style="list-style-type: none"> • Consideration should be given to the statutory requirements; • Consideration of risks when accepting gifts and hospitality; • Define acceptable types of gifts and hospitality; • Define the process for reporting gifts and hospitality; • State the contact details of the nominated person to whom declarations of gifts and hospitality should be reported to; <p>A declaration of gifts and hospitality form template should be appended to the policy.</p>

<p>Maintaining a register of gifts and hospitality</p>	<ul style="list-style-type: none"> • Consideration should be given to the statutory requirements; • Consideration should be given to the time period for updating the registers of gifts and hospitality upon receiving a declaration of gifts and hospitality in line with the guidance; • Stipulate publication arrangements for registers of gifts and hospitality in line with the guidance. <p>A register of gifts and hospitality template should be appended to the policy</p>
<p>Roles and responsibilities</p>	<ul style="list-style-type: none"> • Key considerations when appointing governing body or committee members including the following: <ul style="list-style-type: none"> ○ Whether conflicts of interest should exclude individuals from appointment; ○ Assessing materiality of interest; ○ Determining the extent of the interest. • The role of CCG lay members in managing organisational conflicts of interest, including the following: <ul style="list-style-type: none"> ○ Conflicts of interest guardian; ○ Primary Care Commissioning Committee Chair.

Governance
arrangements and
decision making

- Consider the **CCG's policy of secondary employment** and procedure for declaring details- how will this impact on appointing governing board members;
- **Define the procedure** to be followed in governing body, committee and sub-committee meetings, including:
 - Declarations of interest checklist
(a template should be appended to the policy);
 - **Register of interests declared** to be available for the **Chair** in advance of the meeting;
 - **Process for declaring interests** during the meeting;
 - **Recording minutes of the meeting** including interests declared
- **Procedures to be followed** for managing conflicts of interest which arise during a governing body, committee or sub-committee meeting, including, where appropriate:
- **Excluding the conflicted individual(s)** from any associated discussions and decisions;
 - **Actions to be taken** if the exclusion affects the quorum of the meeting- including postponing the agenda item until a quorum can be achieved without conflict;
 - **Clearly recording** the agenda item for which the interest has been declared.
- Consider **openness and transparency in decision making processes** through:
 - Effective record keeping in the form of clear minutes of the meeting.
 - All minutes should clearly record the context of discussions, any decisions and how any conflicts of interest were raised and managed.

A template for recording minutes of the meeting should be appended to the policy.

Managing conflicts of interest throughout the commissioning cycle

- Key areas for consideration include the following:
- **Service design**, this can either increase or reduce the level of perceived or actual conflicts of interest;
 - Consider **public and patient involvement** and **provider engagement** in service design;
 - Consider how you **involve PPI** in needs assessment, planning and prioritisation to service design, procurement and monitoring;
 - Consider how you will **engage relevant providers, especially clinicians**, in confirming the design of service specifications- ensuring an audit trail/ evidence base is maintained;
 - Consider how you ensure provider engagement is in accordance with the three main principles of procurement law, namely **equal treatment, non-discrimination and transparency**
 - Are specifications clear and transparent?
- **Procurement**, is there clear processes to recognise and manage any conflicts or potential conflicts of interest that may arise in relation to procurement.
 - Consideration should be given to **statutory regulations and guidance when procuring** and contracting clinical services;
- Consideration should be given to how you ensure **transparency and scrutiny of decisions** i.e. keeping records of any conflicts and how these were managed;
 - Maintaining **register of procurement decisions** detailing decisions taken, either for the procurement of a new service or any extension or material variation of a current contract.

A procurement template and register of procurement decisions should be appended to the policy.

- Contract monitoring, consider conflicts of interest as part of the process i.e., the Chair of a contract management meeting should invite declarations of interests;
 - **Process for recording** any declared interests in the minutes of the meeting; and how these are managed;
 - Consider **commercial sensitivity of information** i.e. which information should be disseminated.

A template for recording minutes of the contract meeting should be appended to the policy.

<p>Raising concerns</p>	<ul style="list-style-type: none"> • Key areas for consideration: <ul style="list-style-type: none"> ○ When should a concern regarding conflicts of interest be reported ○ What is the process for reporting concerns; ○ Who should concerns be raised with; <ul style="list-style-type: none"> ○ How will concerns be investigated; ○ Who is responsible for making the decision; ○ How do you ensure confidentiality; ○ Reporting requirements.
<p>Breach of conflicts of interest policy</p>	<ul style="list-style-type: none"> • Consider and agree a clear, defined process for managing breaches of the CCG's conflicts of interest policy, including: <ul style="list-style-type: none"> ○ How the breach is recorded ○ How it is investigated; • the governance arrangements and reporting mechanisms <ul style="list-style-type: none"> ○ Clear links to whistleblowing and HR policies; ○ Communications and management of any media interest; ○ When and who to notify NHS England; ○ Process for publishing the breach on the CCG website.

The seven principles of public life set out by the Committee on standards in public life (The Nolan principles)

Selflessness - Holders of public office should take decisions solely in terms of the public interest. They should not do so in order to gain financial or other material benefits for themselves, their family, or their friends.

Integrity - Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might influence them in the performance of their official duties.

Objectivity - In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for awards or benefits, holders of public office should make choices on merit.

Accountability – Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office

Openness - Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.

Honesty - Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.

Leadership - Holders of public office should promote and support these principles by leadership and example.

Source: The first report of the Committee on Standards in Public Life (1995)

Examples of conflicts of interest for RCCG staff (excluding Governing Body members)¹

Scenario	Declaration of Interest required Yes/No	Is disqualification from involvement in the matter of interest appropriate?
RCCG staff member is a senior manager, shareholder, employee or partner of an entity which has an interest in bidding for a contract for services which is being put out to tender by the RCCG.	Yes	Yes, depending on circumstances this should be considered.
RGGC staff member is an existing senior manager or partner in one or more potential providers of services to the RCCG or NHS England whom the CCG will have sight of.	Yes On appointment	Yes
RCCG staff member holds a contract with or is a senior manager / shareholder / employee of a company or party to a partnership which holds a contract with the CCG or with NHS England over whom the CCG will have oversight.	Yes On appointment	Yes

¹ Governing Body members should refer to the Declaration of Interest Procedure for examples of potential conflicts of interest and further guidance

19.4 S specimen



Declaration of interests for staff and GP member practices of RCCG

Member / employee / governing body member / committee or sub-committee member [delete as appropriate] declaration form: financial and other interests

This form is required to be completed in accordance with the CCG's Constitution and section 14O of *The National Health Service Act 2006, the NHS (Procurement, Patient Choice and Competition) regulations 2013 and the Substantive guidance on the Procurement, Patient Choice and Competition Regulations*

Notes:

- NHS Rotherham Clinical Commissioning Group has made arrangements to ensure that the persons mentioned above declare any interest which may lead to a conflict with the interests of the CCG and the public for whom we commission services in relation to a decision to be made by the CCG which may affect or appear to affect the integrity of the award of any contract by the CCG.
- A declaration must be made of any interest likely to lead to a conflict or potential conflict as soon as the individual becomes aware of it, and within 28 days.
- Speak with your line manager in the first instance if you are unsure whether to register an interest. If further assistance is required in order to complete this form, the individual should contact The Board Secretary (Assistant Chief Officer) of the CCG.
- The completed form should be sent by both email and signed hard copy to the Governance officer of the CCG sue.hart@rotherhamccg.nhs.uk.
- Any changes to interests declared must also be registered within 28 days by completing and submitting a new declaration form.
- The register will be published on the Groups website.
- Any individual – and in particular members and employees of the CCG must provide sufficient detail of the interest, and the potential for conflict with the interests of the CCG and the public for whom they commission services, to enable a lay person to understand the implications and why the interest needs to be registered.

Interests that must be declared (whether such interests are those of the individual themselves or of a family member, close friend or other acquaintance of the individual) include:

- roles and responsibilities held within member practices;
- directorships, including non-executive directorships, held in private companies or PLCs;
- ownership or part-ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the CCG;
- shareholdings (more than 5%) of companies in the field of health and social care;
- a position of authority in an organisation (e.g. charity or voluntary organisation) in the field of health and social care;
- any connection with a voluntary or other organisation (public or private) contracting for NHS services;
- research funding/grants that may be received by the individual or any organisation in which they have an interest or role;
- any other role or relationship which the public could perceive would impair or otherwise influence the individual's judgment or actions in their role within the CCG

If there is any doubt as to whether or not an interest is relevant, a declaration of the interest must be made.

Please tick this box to confirm that you have read and understood the above guidelines

☐

19.5 Declaration of interests for employees and GP member practices 20XX/20XX

Complete for **all** persons

Name: Position within or relationship with, the CCG:	Please print	For GP practices, please insert name of practice and address:
Type of Interest	Details	Personal interest or that of a family member, close friend or other acquaintance? Please specify
Roles and responsibilities held within member practices		
Directorships, including non-executive directorships, held in private companies or PLCs		
Ownership or part-ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the CCG		
Shareholdings (more than 5%) of companies in the field of health and social care		
Positions of authority in an organisation (e.g. charity or voluntary organisation (e.g. charity or voluntary		

organisation) in the field of health and social care		
Any connection with a voluntary or other organisation contracting for NHS services		
Research funding/grants that may be received by the individual or any organisation they have an interest or role in		
Other specific interests		
Any other role or relationship which the public could perceive would impair or otherwise influence the individual's judgment or actions in their role within the CCG.		

To the best of my knowledge and belief, the above information is complete and correct. I undertake to update as necessary the information provided and to review the accuracy of the information provided regularly and no longer than annually.

I give my consent for the information to be used for the purposes described in the CCG's Constitution and published accordingly.

Signed:

Date:

**SPECIMEN
ONLY****NOTES**

Declaring interests helps to avoid public concern that external links and relationships might unduly influence the work of the NHS Rotherham CCG. It ensures that such interests are openly and publicly declared.

Declaring an interest would not necessarily preclude an individual from undertaking an external activity, whether personal or non-personal, but might mean that they would not be able to take part in certain parts of a process where there could be a conflict of interest. As a result, for example, an individual may be asked to leave the room during certain parts of a meeting.

Examples of particular interest that should be regarded as relevant are:

- Directorships, including non-executive directorships held in private or PLCs
- Ownership or part-ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS
- Majority or controlling share holdings in organisations likely or possibly seeking to do business with the NHS
- A position of authority in a charity or voluntary organisation in the field of health and social care or contracting for NHS services; and
- Research funding/grants that may be received by an individual or his/her department.

SPECIMEN ONLY

Annex O



SCHEDULE OF GIFTS/HOSPITALITY/SPONSORSHIP

NAME	POSITION/ DEPARTMENT	MANAGER	DATE RECEIVED	SPECIFIC DETAILS	ESTIMATED VALUE	PROVIDED BY AND REASON FOR THE GIFT/ HOSPITALITY/ SPONSORSHIP	REVIEWED BY

The chartered institute of purchasing and supply (CIPS) code of ethics Use of the code

Members of CIPS are required to uphold this code and to seek commitment to it by all those with whom they engage in their professional practice. Members are expected to encourage their organisation to adopt an ethical purchasing policy based on the principles of this code and to raise any matter of concern relating to business ethics at an appropriate level. The Institute's Royal Charter sets out a disciplinary procedure which enables the CIPS Council to investigate complaints against any of our members and, if it is found that they have breached the code, to take appropriate action. Advice on any aspect of the code is available from the CIPS.

This code was approved by the CIPS Council on 11 March 2009.

As a member of The Chartered Institute of Purchasing & Supply, I will:

- maintain the highest standard of integrity in all my business relationships
- reject any business practice which might reasonably be deemed improper
- never use my authority or position for my own personal gain
- enhance the proficiency and stature of the profession by acquiring and applying knowledge in the most appropriate way
- foster the highest standards of professional competence amongst those for whom I am responsible
- optimise the use of resources which I have influence over for the benefit of my organisation and
- comply with both the letter and the intent of:
 - the law of countries in which I practice
 - agreed contractual obligations and
 - CIPS guidance on professional practice.

SPECIMEN ONLY**Application to seek permission to accept commercial sponsorship**

Please complete the form below and then pass to the relevant senior manager for approval. If approval is given, send a copy of the form, once signed by the senior manager to the Governing Body Secretary.

1 Detail of staff

Name

Title

Email

Tel no

2 Details of proposed sponsorship, including details of proposed sponsor**Approval by relevant Senior Manager**

Name

Title

Signature

Date

Any comments

Please return this form to Ruth Nutbrown, Governing Body Secretary, NHS Rotherham Clinical Commissioning Group.

Annex R SPECIMEN ONLY

Non-disclosure agreement

Express requirement for confidentiality

You have been requested to be involved in <insert details> (the “Project”).

NHS Rotherham CCG or other parties participating in the Project may provide you with, as part of your role in respect of the Project, access to certain confidential information relating to the Project (whether before or after the date of this letter), in writing, by email, orally or by other means (including from or pursuant to discussions with any other party or which is obtained through attendance at meetings related to the Project, including in particular (by way of illustration only and without limitation)

<examples> and including but not limited to, information that you may create, develop, receive or obtain in connection with your engagement on the Project, whether or not such information (if in anything other than oral form) is marked “confidential information”.

Accordingly we draw to your attention that as part of your role for the NHS Rotherham CCG you are required to:

- 1 maintain the Confidential Information in the strictest confidence and not divulge any of the Confidential Information to any third party without the prior written permission of NHS Rotherham CCG.
- 2 not make use of, reproduce, copy, discuss, disclose or distribute the Confidential Information other than for use as part of your role in the Project.

The above obligations in respect of this Confidential Information are supplemented to any prior representation, understanding and commitment (whether oral or written) between us. The terms of this Letter can only be changed by a written document, agreed upon by both of us and signed by duly authorised persons. These provisions shall be governed and construed by English law.

Yours faithfully

For and on behalf of the
NHS Rotherham Clinical Commissioning Group

By signing this letter you agree to comply with these terms. Signed:

Print name: Date:

APPENDIX J-
DISPUTE RESOLUTION PROTOCOL
Management of Disputes Protocol

1. INTRODUCTION

- 1.1 This protocol is to enable the Members of the Group ("Members" for the purposes of this protocol) to resolve any disputes that may arise between them promptly, efficiently and in line with the relevant regulatory frameworks.
- 1.2 The parties in dispute shall continue to comply with, observe and perform all their obligations under the constitution and to the Group regardless of the nature of the dispute and notwithstanding the referral of the dispute for resolution under this protocol and shall give effect forthwith to every decision delivered under this protocol.
- 1.3 Prior to the resolution of any disputes the affected Members will still be required to comply with any relevant obligations to the Group.

2. PRINCIPLES

- 2.1 In seeking to resolve any dispute that arises, the relevant Members will undertake to adopt the principles of:
 - 2.1.1 Transparency - including clear communication, engagement of relevant stakeholders, enforcing declarations of interest;
 - 2.1.2 Objectivity – including analysis and decision making on objective information and criteria and the maintenance of an audit trail and clear accountability;
 - 2.1.3 Proportionality – only using the formal disputes process on matters of material importance to the Group and only requesting resources proportionate to the significance of the dispute; and
 - 2.1.4 Non-discriminatory – adopting a fair and respectful approach throughout.
- 2.2 Before considering whether it is appropriate to refer to the disputes escalation procedure set out at paragraph 3 below, the Members should make every reasonable effort to communicate and cooperate with each other in good faith to attempt to come to an agreement in relation to the disputed matter without the need for formal intervention.

3. DISPUTE ESCALATION PROCEDURE

3.1 Step 1 – Locality Level

- 3.1.1 The disputed issue is clearly identified and formally raised to be discussed with the appropriate GP Members Committee Member for the locality (unless conflicted). Every effort is made to resolve the issue in good faith.
- 3.1.2 Timescale for resolution: five (5) Business Days.

3.2 Step 2 – Petition Level

3.2.1 If the issue is not resolved at step 1, a joint statement of the disputed issue and the precise matter(s) of dispute should be prepared and signed by the Members in dispute (and the Member reviewing the dispute at Step 1). Either party to the dispute shall then be entitled to submit a petition for the consideration of the issue to the GP Members Committee. The GP Members Committee will consider the petition and recommend a response (which may include referring the issue to stage 3 if appropriate).

3.2.2 Timescale for resolution: five (5) Business Days following consideration by the GP Members Committee.

3.3 Step 3 – Chair or Senior Officer Level

3.3.1 If the issue is not resolved through the consideration of the GP Members Committee at step 2, the joint statement of the disputed issue and the precise matter(s) of dispute may be formally raised to be discussed with an appropriate senior officer of the Group (which will be the Chair of the Group in the first instance unless they are conflicted) .If the senior officer is able to find a way to resolve the dispute with the parties through discussion (which is agreed by the parties in dispute) then their decision will be communicated to the Governing Body and where appropriate implemented.

3.1.2 Timescale for resolution: five (5) Business Days.

3.4 Step 4 – NHSE

3.4.1 If the issue is not resolved at Step 3, a joint statement of the disputed issue and the precise matter(s) of dispute should be prepared and signed by the Members in dispute (and the officer reviewing the dispute at Step 3) and sent jointly to the lead officer at the local office of the NHS England within five (5) working days.

If the lead officer of the local office of the NHS England is able to find a way to resolve the dispute with the parties through discussion (which is agreed by the parties in dispute) then their decision will be communicated to the Governing Body and where appropriate implemented.

Timescale for resolution: to be determined by the NHS England dependent on the nature of the issues in dispute.

4. CONCLUSION

4.1 A summary report outlining the nature of the dispute, the steps followed to reach resolution and the final outcome should be prepared by the Group and reported to the next meeting of the Governing Body. Any key learning points should be identified in this report.

Appendix K - Audit & Quality Assurance Sub-Committee (AQuA)
TERMS OF REFERENCE

NHS Rotherham Clinical Commissioning Group

Operational Executive – Date Strategic

Clinical Executive – Date

GP Members Committee (GPMC) – Date

Clinical Commissioning Group Governing Body - Date

Lead Executive:	Keely Firth – Chief Finance Officer
Lead Officer:	Ruth Nutbrown – Assistant Chief Officer
Lead GP:	Dr Richard Cullen

Purpose:
To review the AQuA terms of reference in line with suggestions from Internal Audit.
Background:
Following on from the previous head of internal audit statement, a suggestion was made that all principal risk owners attend AQuA for presentation of the risk register. This required an alteration to the Terms of Reference.
Analysis of key issues and of risks
The Deputy Chief Officer was not represented on the Terms of Reference for AQuA, as a principal risk owner this needed amending to allow the Deputy Chief Officer to attend.
Patient, Public and Stakeholder Involvement:
N/A
Equality Impact:
N/A
Financial Implications:
N/A
Human Resource Implications:
The time of the Deputy Chief Officer to attend.
Procurement:
N/A
Approval history:
N/A
Recommendations:
<ul style="list-style-type: none"> AQuA is asked to adopt the amended Terms of Reference and recommend to Governing Body for approval.

Contact Details:			
Lay Member:	John Barber	Lead Officer:	Keely Firth
Title:	Lay Member – Finance & Governance	Title:	Chief Finance Officer

The Governing Body of the Clinical Commissioning Group has established a committee to support its work. Known as the Audit & Quality Assurance Committee (AQuA), it has no powers other than as specifically delegated in these terms of reference.

The Committee is authorised by the Governing Body to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee.

The Committee shall provide assurance and advice to the Governing Body on the proper stewardship of resources and assets, including value for money; financial reporting; the effectiveness of audit arrangements (internal and external); compliance with NHS Protect's Standards for Commissioners: fraud, bribery and corruption; risk management, and on control and integrated governance arrangements within the Clinical Commissioning Group.

The Committee is authorised to create Sub Committees or task and finish groups as are necessary to fulfil its responsibilities within its terms of reference. It may not delegate responsibilities from these terms of reference (unless expressly authorised by the Governing Body) and thus remains accountable for the work of any such Sub-committee or task and finish group

There are 3 main elements to the committee: Audit & Finance, Quality & Safety and Corporate Governance.

Purpose:
<p>To obtain assurance that:-</p> <ul style="list-style-type: none"> • There is an effective and consistent process in commissioning for quality and safety across the Clinical Commissioning Group • High standards of care and treatment are delivered. This will include areas regarding patient safety, effectiveness of care and patient experience. • An effective system of integrated governance, risk management and assurance across the Governing Body activities is established and maintained. • Reasonable steps are taken to prevent and detect fraud, bribery and corruption and other irregularities, in line with NHS Protect's Standards for Commissioners; fraud, bribery and corruption. • Risks to the achievement of Governing Body objectives are identified and assurances obtained that appropriate mitigating action is being taken <p>And to make recommendations to Governing Body within delegated responsibilities</p>
Responsibilities:

Audit & Finance

In regard to Financial Reporting, the Committee will:-

- Monitor the integrity of the financial statements of the Group and any formal announcements relating to the Group's financial performance.
- Ensure that the systems for financial reporting to the Group, including those of budgetary control are subject to review as to completeness and accuracy of the information provided.
- Inform the committee quarterly (by way of a paper) of any changes in guidance around financial reporting and the impact this may have on the accounts / monthly financial reporting. e.g. accounting for BCF / Gross to Net. Capital accounting in CCG's / Off payroll sign off

In regard to Annual Accounts and disclosure statements, the Committee will:-

- Receive and review the Annual Accounts.
- Receive and review the Annual Report.
- Receive and review the Annual Governance Statement.
- Receive and review the external auditors "Audit Highlights Memorandum" (ISA260)
- Receive and review the Head of Internal Audit Opinion.
- Receive and review the "Letter of Representation"

The AQUA chair will recommend to the Governing Body that they approve the documents prior to the national submission deadlines.

In regard to External Audit, the Committee will:-

- Consider the findings of external audit work - national and local.
- Receive the Auditor's Annual Letter.
- Discuss problems arising in the work of External Audit.
- Monitor progress with delivery of the audit plan.
- Review and challenge the delivery of external audit services

In regard to Counter-Fraud:-

- The Committee shall satisfy itself that the organisation has adequate arrangements in place for countering fraud, bribery and corruption and shall review the outcomes of counter fraud, bribery and corruption work. The Committee will seek assurance regarding the organisation's compliance with NHS Protect's Standards for Commissioners: fraud, bribery and corruption by means including reports from the Counter Fraud Specialist, the CCG's annual self-assessment (Self Review Tool) submissions to NHS Protect and from NHS Protect inspection reports.

Quality & Safety

In regard to Quality & Safety, the Committee will:-

- Undertake an overview of provider achievement against actions in response to inspections by regulatory agencies e.g. Care Quality Commission, Monitor. Making recommendations to Governing Body as to the level of assurance.
- Oversee "deep dives" into areas where the Governing Body requests additional or more detailed assurance e.g. infection control, Continuing Health Care, patient experience, etc, this may be undertaken by a specific task and finish group authorised by AQUA.
- Receive exception reports in relation to directly commissioned and contracted services regarding quality, safety and experience, legislative and contractual requirements, including any significant concerns, via contract quality and other arrangements
- Receive annual reports from other Committees of the Governing Body.
- Ensure significant clinical risks are identified and reported on the risk register,

<p>escalating to the Assurance Framework where necessary</p> <ul style="list-style-type: none"> • Review quality accounts from main providers
<p>Corporate Governance</p> <p>In regard to Governance, Risk Management and Assurance, the Committee will review the adequacy and effectiveness of:-</p> <ul style="list-style-type: none"> • All risk and assurance-related disclosure statements together with any appropriate assurances from Internal Audit or other independent sources. • Underlying assurance processes that indicate the degree of the achievement of Group objectives; the effectiveness of the management of principal risks, and the appropriateness of the above disclosure statements. • The policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements and related reporting and self-certification. e.g. Compliance with Information Governance and IT Security or requirements and compliance with Health & Safety • Policies for HR, Corporate Governance, Quality & Safety and Finance. • The plans, policies and procedures for all work related to fraud, bribery and corruption to ensure compliance with NHS Protect's Standards for Commissioners: fraud, bribery and corruption including ratification as part of the governance process • In reviewing these, the Committee will primarily utilise the work of Internal Audit, External Audit, the Local Counter Fraud Specialist, NHS Protect and other assurance functions, but will not be limited to these sources. It will also seek reports and assurances from staff of the Group (and its agencies), concentrating on the over-arching systems of integrated governance, risk management and assurance, together with indicators of their effectiveness. <p>This will be evidenced through the Committee's use of an effective Assurance Framework to guide its work and that of the audit and assurance functions that report to it.</p> <p>In regard to Internal Audit, the Committee will:-</p> <ul style="list-style-type: none"> • Review the Internal Audit programme of work, ensuring that this is consistent with the audit needs of the Group as identified in the Group's Assurance Framework. • Consider the findings of internal audit work, including the opinion given on the Annual Governance Statement. • Monitor the responsiveness to the findings and recommendations of Internal Audit. • Discuss problems and reservations arising from the work of Internal Audit. <p>In regard to Other Assurance Functions, the Committee will:-</p> <ul style="list-style-type: none"> • Review the findings of other significant assurance functions, both internal and external to the Group, and consider the implications for the governance of the Group. • These will include, but will not be limited to, any reviews by Department of Health Arm's Length Bodies or Regulators/Inspectors (e.g. Care Quality Commission, NHS Litigation Authority, etc.) and professional bodies with responsibility for the performance of staff or functions (e.g. Royal Colleges, accreditation bodies, etc.) • Review the work of any other Committees under the Governing Body, whose work can provide relevant assurance to the Committee's own scope of work.
<p>Management of the Group</p>
<p>Chair:</p>
<p>Lay member – Finance & Governance of the Clinical Commissioning Group</p>
<p>Composition of group:</p>
<p>The Committee shall consist of the following members:</p>

- GP member of the GP Members Committee
- GP lead on Governance and Finance
- Minimum two Lay Members (Governance, PPE or Primary Care) on the Governing Body one of whom will act as Chair and one as Deputy Chair.

Appropriate deputies are acceptable, however, for GP's this may not be possible.

In Attendance: (Appropriate deputies are acceptable)

- Deputy Chief Officer
- Chief Finance Officer
- Chief Nurse
- Assistant Chief Officer.
- The Accountable Officer (Chief Officer) shall attend at least once a year – ideally when the Annual Audit Letter is considered.
- Representatives from Internal Audit, External Audit and the local Counter Fraud Specialist (CFS) shall normally attend. (periodic attendance by the CFS is agreed by the Committee)
- Other Governing Body or commissioning staff shall also attend by request of the Chair.
- Others will be invited to attend as appropriate for topics under discussion.

Regardless of attendance, external audit, internal audit, local counter fraud and security management providers will have full and unrestricted rights of access to the audit committee.

Quorum:

Shall be at least two Governing Body Members.

Attendance is set at 80% for members.

Accountability:

The minutes of Committee meetings shall be formally recorded and submitted to the next confidential section of the Governing Body. The Chair of the Committee shall draw the attention of the Governing Body to key issues. Once the Minutes have been approved by the following AQuA those minutes would then be sent for information to the 'public' agenda of the Governing Body.

Frequency of meetings:

Meetings shall be held at least five times a year.

Order of business:

Each of the leads for the 3 elements will meet together, two weeks prior to the meeting to set the agenda and ensure each element is given the appropriate time. Final sign off will be by the Chair.

The agenda will cover Finance first so that attendees have the choice to leave the meeting once their area has been discussed. The next element will be Quality & Safety followed by Corporate Governance.

The meeting will commence at 9.00am on the agreed date and will have 10 minute breaks between each element of the meeting.

Agenda deadlines:

The papers will go out 1 week prior to the meeting.

Minutes:

The minutes of Committee meetings shall be formally recorded and submitted to the next confidential section of the Governing Body. The Chair of the Committee shall draw the

attention of the Governing Body to key issues. Once the Minutes have been approved by the following AQuA those minutes would then be sent for information to the 'public' agenda of the Governing Body.

Minutes will be distributed within 1 month of the meeting date.

Minutes will be stored on the R drive – Rotherham CCG drive.

Administration:

The Committee shall be supported by an administrator whose duties will include:

- The Organisation of the 'Agenda setting meeting'
- Agree the draft agenda with the Chair.
- Collate papers for the meeting. Each report will have an accompanying 'cover sheet' to summarise the content of the report.
- Organise meetings and invite members and attendees
- Taking the minutes & keeping a record of matters arising and issues to be carried forward in the actions log.
- Advising the Committee on pertinent areas.

Sub-committees of Audit & Quality Assurance Committee

- Serious Incident Committee
- Equality Steering Group
- Contract Quality - RFT
- Contract Quality – STH & SCH
- Information Governance Group (to be developed)
- Health & Safety Group (to be developed)

Review Date: September 2016

The effectiveness of the Committee will be monitored on an annual basis via:

- Review of the terms of reference
- Review of attendance rate of members
- Review of the work plan.
- Self-assessment review of effectiveness document

The Committee will produce an annual report summarising its work and the above review will be incorporated. In addition, these terms of reference shall be reviewed at least annually and sooner if changing circumstances dictate.

Primary Care Committee

TERMS OF REFERENCE

Contact Details:			
Lead O.E./Clinician:	Chris Edwards	Lead Officer:	Jacqui Tuffnell
Title:	Chief Officer	Title:	Head of Commissioning

Introduction

NHS England (NHSE) has delegated to the Clinical Commissioning Group (CCG) authority to exercise the primary care commissioning functions set out in Schedule 2 in accordance with section 13Z of the NHS Act.

Arrangements made under section 13Z may be on such terms and conditions (including terms as to payment) as may be agreed between the Board 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:

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

The CCG will also need to specifically, in respect of the delegated functions from NHS England, exercise those set out below:

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

The Committee is established as a committee of the **NHS Rotherham CCG Governing Body** in accordance with Schedule 1A of the “NHS Act”.

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

Role of the committee

Simon Stevens, the Chief Executive of NHS England, announced on 1 May 2014 that NHS England was inviting CCGs to expand their role in primary care commissioning and to submit expressions of interest setting out the CCG's preference for how it would like to exercise expanded primary medical care commissioning functions. One option available was that NHS England would delegate the exercise of certain specified primary care commissioning functions to a CCG.

In accordance with its statutory powers under section 13Z of the National Health Service Act 2006 (as amended), NHS England has delegated the exercise of the functions specified in Schedule 2 to NHS Rotherham CCG. These are outlined in the accountability section of this document.

The CCG has established the Rotherham CCG Primary Care Committee ("Committee"). The Committee will function as a corporate decision-making body for the management of the delegated functions and the exercise of the delegated powers.

It is a committee comprising representatives of the following organisations:

- Rotherham CCG
- NHS England.

Statutory framework

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

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

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

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

This includes the following:

- General Medical Services (GMS), Personal Medical Services (PMS) and Alternative Provider Medical Services (APMS) contracts (including the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing branch/remedial notices, and removing a contract);
- Newly designed enhanced services ("Local Enhanced Services" and "Directed Enhanced Services");
- Design of local incentive schemes as an alternative to the Quality Outcomes Framework (QOF);
- Decision making on whether to establish new GP practices in an area;

- Approving practice mergers; and
- Making decisions on 'discretionary' payment (e.g., returner/retainer schemes).

The CCG will also carry out the following activities:

- To plan, including needs assessment, primary medical care services in Rotherham;
- To undertake reviews of primary medical care services in Rotherham;
- To co-ordinate a common approach to the commissioning of primary care services generally;
- To manage the budget for commissioning of primary medical care services in Rotherham.

Geographical area

The Committee will comprise the Rotherham CCG area.

Responsibilities:

Strategic direction

- To oversee the part of the commissioning plan that relates to Primary Care, including needs assessment for safe and sustainable Primary Care Commissioning
- To oversee the development and agreement of primary care contracts
- To oversee the development of the Primary care workforce
- To identify priorities for consideration by the Local Professional Networks
- To identify priorities for consideration by the Patient and Public Engagement (PPE) & Communications committee
- To consider implications and oversee implementation of issues arising from the national, regional and local reviews
- To make recommendation to the Governing Body on all issues relating to Primary Care Development.

Quality & Performance Management

- To oversee the management of the annual budget for the commissioning of Primary Care services in the relevant area
- To oversee individual contract performance on a regular basis – activity, finance and quality
- To Oversee the Quality Outcome framework (QOF) or local incentive scheme (LIS)
- To agree contract variations and to undertake reviews of primary care services where appropriate, within delegated limits
- To consider contract breaches and appropriate enforcement actions, offering support where appropriate and make recommendation to the Governing Body, on all issues to do with Primary Care Development
- To oversee programme management and delivery of the Quality, Innovation, Productivity and Prevention (QIPP) programme relevant to primary care
- To oversee the financial management of GP contracts for Core and enhanced services.
- Will recommended the primary care elements of the Commissioning plan
- In partnership with Audit, Quality and Assurance (AQuA) monitor delivery against range of KPIs relating to quality
- To consider independent reports e.g. Care Quality Commission (CQC), Professional alerts, domestic homicide reviews etc., relating to services commissioned
- In partnership with AQuA consider trends relating to Serious Incidents (SI's), complaints and MP enquiries relating to services commissioned
- To report to the Governing Body as appropriate on issues that need escalation.
- To produce an annual report summarising quality issues in GP practices in Rotherham

General Issues

- To agree key risks for inclusion in Risk Register for primary care commissioning
- To coordinate issues for/and oversee negotiations with the Representative Body
- The Governing body will receive regular summaries of the work of the ctte through the Corporate Governance report.
- To consider and act on the 'conflict of interest' of General Practitioners with reference to Primary care Commissioning.

Membership:

The membership shall consist of:

- Lay Member (Primary Care)
- Deputy Lay Member (Governance)
Lay member Patient and Public Engagement
- The Chief Officer
- The Chief Finance Officer
- The Chief Nurse
- The Head of Commissioning

Non-voting members

- The lead SCE-GP with the portfolio for Primary Care
- A second lead SCE-GP
- A member of the GP Members Committee

Chair:

Lay member – Primary Care

Vice chair:

Lay member – Patient & Public Engagement

In Attendance:

- HealthWatch representative
- Health & Wellbeing Board representative
- NHS England
- Senior Contracting & Service Improvement Manager (Primary Care)
- Deputy Chief Finance Officer
- Connect Healthcare Rotherham (Federation)
- LMC Representative

Meetings and Voting

The Committee will operate in accordance with the CCG's Standing Orders. The Secretary to the Committee will be responsible for giving notice of meetings. The agenda deadline is 14 days prior to the meeting date. This enables an agenda and supporting papers to be sent to each member representative no later than **7** days before the date of the meeting. When the Chair of the Committee deems it necessary in light of the urgent circumstances to call a meeting at short notice, the notice period shall be such as s/he shall specify.

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.

Quorum

- Two Lay Members
- 2 Senior Officers
- 1 GP non-voting Member or appropriate Deputy

Members or appropriate deputies to attend at least 80% of all meetings throughout the year.

Minutes of the meeting are approved at the following meeting and stored on the CCG R:drive in a secure folder under CCG meetings. Minutes of the meeting are distributed to the GP members Committee and Governing Body for information and placed on the CCG website.

The meeting is administered by the Primary Care Contracts Officer or a member of the CCG administrative support team in their absence.

Deputising:

Chief Officer, Chief Finance Officer, Chief Nurse - Any appropriate nominated deputy. Lay Members, Lay Member for Public and patient engagement.
Non-voting GP's – nominated deputy

Frequency of meetings

Monthly and otherwise when required.

Meetings of the Committee shall:

- be held in public, subject to the application of 23(b);
- the Committee may resolve to exclude the public from a meeting that is open to the public (whether during the whole or part of the proceedings) whenever publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution and arising from the nature of that business or of the proceedings or for any other reason permitted by the Public Bodies (Admission to Meetings) Act 1960 as amended or succeeded from time to time.

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.

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.

The Committee may call additional experts to attend meetings on an ad hoc basis to inform discussions.

Members of the Committee shall respect confidentiality requirements as set out in the CCG's Constitution.

The Committee will present its minutes to the governing body of Rotherham CCG each

month for information, including the minutes of any sub-committees to which responsibilities are delegated under paragraph 27 above.

The CCG will also comply with any reporting requirements set out in its constitution.

It is envisaged that these Terms of Reference will be reviewed from time to time, reflecting experience of the Committee in fulfilling its functions. NHS England may also issue revised model terms of reference from time to time.

Accountability of the Committee

For the avoidance of doubt, in the event of any conflict between the terms of this Scheme of Delegation and Terms of Reference and the Standing Orders of Standing Financial Instructions of any of the members, the latter will prevail.

Procurement of Agreed Services

Rotherham CCG will abide by our statutory responsibilities for all contractual relationships that fall under the Public Procurement Regulations (2006) and any subsequent legislation. This will include any clinical (healthcare) services defined as Part B under the regulations, of which primary care services are included. Rotherham CCG will consider the benefits of introducing choice and competition when re-commissioning any of these clinical services and will, at all times, follow Monitor's substantive guidance around the Procurement, Patient Choice and Competition Regulations for NHS funded services.

Decisions

The Committee will make decisions within the bounds of its remit and decisions will be aligned with the CCGs Commissioning plan.

The decisions of the Committee shall be binding on NHS England and Rotherham CCG. The Committee will produce an annual quality and performance report which will be presented to Audit, Quality and Assurance Committee, NHS England (North) area team of NHS England and Rotherham CCGs Governing body.

Minutes of the meeting will be issued within 3 working days of the meeting and will be supported by a live action log.

A verbal update from the Chair of the Primary Care Committee will be given at the Rotherham CCG Governing Body supported by the minutes each month.

Delegated functions

NHS England has delegated to NHS Rotherham CCG the following functions relating to the commissioning of primary medical services under section 83 of the NHS Act:

- a) decisions in relation to the commissioning, procurement and management of Primary Medical Services Contracts, including but not limited to the following activities:
 - i) decisions in relation to Enhanced Services;
 - ii) decisions in relation to Local Incentive Schemes (including the design of such schemes);
 - iii) decisions in relation to the establishment of new GP practices (including branch surgeries) and closure of GP practices;
 - iv) decisions about 'discretionary' payments;
 - v) decisions about commissioning urgent care (including home visits as required) for out of area registered patients;
- b) the approval of practice mergers;
- c) planning primary medical care services in the Area, including carrying out needs assessments;
- d) undertaking reviews of primary medical care services in the Area;
- e) decisions in relation to the management of poorly performing GP practices and including, without limitation, decisions and liaison with the CQC where the CQC has reported non-

compliance with standards (but excluding any decisions in relation to the performers list);

f) management of the Delegated Funds in the Area;

g) Premises Costs Directions functions;

h) co-ordinating a common approach to the commissioning of primary care services with other commissioners in the Area where appropriate; and

i) such other ancillary activities as are necessary in order to exercise the Delegated Functions.

Reserved Functions

a) management of the national performers list;

b) management of the revalidation and appraisal process;

c) administration of payments in circumstances where a performer is suspended and related performers list management activities;

d) Capital Expenditure functions;

e) section 7A functions under the NHS Act;

f) functions in relation to complaints management;

g) decisions in relation to the Prime Minister's Challenge Fund; and

h) such other ancillary activities that are necessary in order to exercise the Reserved Functions.

Review Date:

Last reviewed: January 2018

Next review: January 2019



REMUNERATION COMMITTEE

TERMS OF REFERENCE

Contact Details:			
Lead Clinician:	Dr Richard Cullen	Lead Officer:	Ruth Nutbrown
Title:	CCG Chair	Title:	Assistant Chief Officer

Purpose:
<p>The Committee will have delegated authority on behalf of the Governing Body to propose appropriate terms of service for the Chief Officer and others including Lay Members and GP's. On behalf of the Governing Body, it will propose all aspects of salary - including any performance related payments, pensionable pay and car entitlements, as applicable.</p> <p>It will also propose arrangements for termination of employment and other contractual terms for those staff.</p> <p>It will also propose allowances payable to members of the Governing Body the Strategic Clinical Executive and GP Members Committee.</p> <p>The Committee will report recommendations to the Clinical Commissioning Group Governing Body for approval.</p> <p>In undertaking these responsibilities it will operate within the provisions of the relevant contractual provisions for these staff groups and taking due account of relevant national guidance, directions & legislation and the conflict of interest policy.</p>

Responsibilities:
<ul style="list-style-type: none"> - To ensure that its recommendations on the remuneration and terms of service of those within its remit fairly reward the individuals for their contribution to the organisation's circumstances and performance - subject to the provisions of any national arrangements for such staff. - For those within its remit, to oversee appropriate contractual arrangements including the proper calculation and scrutiny of termination payments taking into account the relevant national guidance, in line with the Group's Scheme of Delegation (for the recommendation of early retirement, redundancy, or termination settlements). - To recommend the cost of living rise for those within its remit. This will normally take place either at a meeting in February if the level of pay awards for other similar staff can be readily predicted or around September if this is not the case. - Review the base salaries of posts within the remit of the Committee at the request of the Chief Officer. - Review the salaries for new appointments to posts within the remit of the Committee. - The committee has delegated authority to re-appoint non GP governing body members as appropriate. - The Chair of the CCG will report annually to the remuneration committee on the

performance of the Accountable Officer based on the appraisal process.

Chair:

CCG Lay Member - Governance

Composition of group:

The committee will comprise the:

- CCG Lay Member – Governance
- CCG Lay Member – Primary Care
- CCG Lay Member – Patient & Public Engagement
- The GP Chair of the CCG
- The GP for finance and governance
- A GP from the GP Members Committee
- The Chief Officer of the CCG
- The Chief Finance Officer of the CCG

In Attendance:

The CCGs Assistant Chief Officer (to manage the meeting) and HR Manager/Business Partner (for specialist advice) will be in attendance.

Deputising:

Deputising is not required.

Quorum:

Any 3 members of the committee including 1 lay member – taking into account Conflict of Interest agenda items

Accountability:

The Committee will update the Governing Body on its recommendations in public - except where this would involve a breach of confidentiality concerning an individual.

The Committee has the delegated authority, and is accountable to the Governing Body as a whole, for its recommendations on the remuneration and terms of service for those within its remit

Frequency of meetings:

As and when business directs.

Order of business:

To be determined by the Chair/Assistant Chief Officer

Agenda deadlines:

Not Applicable

Minutes:

All actions from the meetings are stored on the CCG R: drive in a restricted folder under CCG meetings.

Administration:

The CCGs Assistant Chief Officer will be responsible for recording actions from the meetings.

Attendance:

Not Applicable.

Last Review Date:

July 18

Next Review Date:

July 19
