

**Proposed Changes to NHS Sheffield CCG Constitution**

**Governing Body meeting**

**21 May 2015**

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<b>Author(s)</b>	Sue Laing, Senior Associate Risk and Governance Yorkshire and Humber Commissioning Support
<b>Sponsor</b>	Tim Furness, Director of Business Planning and Partnerships
<b>Is your report for Approval / Consideration / Noting</b>	
Approval	
<b>Audit Requirement</b>	
<p><b><u>CCG Objective:</u></b></p> <p>5. Organisational development to ensure CCG meets organisational health and capability requirements set out in the 6 domains (Annex C NHS England CCG Assurance Framework)</p> <p><b>Principal Risk</b>          5.3 Inadequate adherence to CCG Constitution and other governance arrangements to support Nolan Principles and e.g. protect against conflicts of interests (Domain 4) (This paper provides assurance that risks facing delivery of the organisation's objectives are being managed, and that they are discussed, appropriately actioned and/or challenged by the Governance Sub Committee and Audit and Integrated Governance Committee).</p>	
<p><b><u>Equality impact assessment</u></b></p> <p><b><i>Have you carried out an Equality Impact Assessment YES and is it attached? NO</i></b></p> <p><b><i>If not, why not? Not Applicable</i></b></p>	
<p><b><u>PPE Activity</u></b></p> <p><b><i>How does your paper support involving patients, carers and the public?</i></b>          Not Applicable</p>	
<b>Recommendations</b>	
The Governing Body is asked to approve the proposed changes to NHS Sheffield CCG Constitution	

## **Proposed Changes to NHS Sheffield CCG Constitution**

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#### **1. Introduction**

The NHS Sheffield Constitution may only be varied in two circumstances, either by:

- a) where, following the passing of a Special Resolution by the Members agreeing to propose the variation (or where the change is approved by the Governing Body it having been delegated the approval by the Members under the Scheme of Reservation and Delegation) the CCG applies to NHS England and that application to vary the Constitution is granted.
- b) where in the circumstances set out in legislation NHS England varies the CCG's Constitution other than on application by the CCG.

#### **2. Revisions to the NHS Sheffield CCG Constitution**

The proposed revisions to the Constitution are set out in the attachment at Appendix 1. Whilst the majority of changes are cosmetic or relate to name changes of member practices for example, the following are worth a more specific mention:

##### **2.1 Changes to Standing Orders**

The Standing Orders have been reviewed and recommendations made by the CCG's lawyers in order to strengthen this section. These amendments have been reviewed and approved by the Audit and Integrated Governance Committee. The following proposed changes were recommended:

- Reference to Chief Officer to be replaced with Accountable Officer throughout
- Section 2 – Composition of Membership, Tenure and Role of Members. This section has been updated to clarify and make more robust the process for eligibility, nomination, selection, the appointments process, term of office and removal from office.
- Reference to the Clinical Director replaced with Medical Director
- Improved clarity with document referencing
- Removal of reference to Section 1(2), Public Bodies (Admission to Meetings) Act 1960
- Included reference to the Governing Body with regard to appointment of committees and sub-committees.

##### **2.2 Conflicts of Interest Protocol**

Very few amendments were required to the existing Conflicts of Interest (COI) protocol to bring it in line with the latest NHS England guidance as the CCG's

existing protocol is extremely robust and sets out a clear and proactive approach to the management of conflicts.

The latest document from NHS England published on 14 December 2014 is issued as statutory guidance and therefore CCGs must have regard to such guidance with the onus being to “comply or explain”.

When a CCG is seeking to take on delegated or joint commissioning responsibilities, their Audit Committee Chair and Accountable Officer will be required to provide direct formal attestation to NHS England that the CCG has complied with the 2015 guidance. This attestation will form part of an annual certification and CCG approaches to the management of COI will also be considered on an ongoing basis as part of CCG assurance.

The latest statutory guidance sets out the following key considerations:

- Principles and General Safeguards for the effective management of conflicts: these general safeguards (which include but are not limited to “doing business appropriately”, “being proactive and not reactive”, “openness” and “being balanced and proportionate” are reflected in the current protocol. As the business of the CCG has expanded following the delegation from NHS England to the CCG of commissioning of primary medical services the definition of CCGs business has been adjusted to reflect thus ensuring that the safeguards contained within the protocol apply to this extended scope of “business”.
- Record Keeping: The 2014 guidance requires the CCG to report back to NHS England on compliance from a co-commissioning perspective. We have inserted a new provision to account for this additional reporting responsibility. In order for the information to be available to report back to NHS England the CCG will need to maintain clear records of all conflicts declared, decisions made and how the conflicts were managed in respect of those decisions. The guidance requires CCGs to maintain registers of these matters which is something that is already reflected in the CCGs current policy.
- Governance and Decision-making processes: The CCGs current policy sets out a clear methodology for the management of conflicts during the decision-making process.

### **2.3 Description of Strong Localities**

As set out in Appendix 1, it was proposed to remove the word “strong” from section 7.2.1 “The CCG is supported by four strong localities”. Following representation from practices, via the localities, it was agreed by the CCG Chair that this proposal be withdrawn.

Member practices were notified of this via the City-wide Localities Group and by email to all practices, and offered the opportunity to submit a revised vote if this changed their view.

### **3 Process for approval to amendments**

In line with the CCG's Constitution, all member practice representatives were invited to vote on the proposals with voting slips sent to all 87 practice representatives, the result of which was:

49 of 87 practices (56%) returned their voting slips, 97.96% of which voted yes to the proposed changes.

The proposed changes have no significant impact on the CCG's ability to discharge its functions or those of its Governing Body.

### **6. Recommendations**

The Governing Body is asked to approve the proposed revisions to the NHS Sheffield CCG Constitution

Paper prepared by Sue Laing, Senior Associate: Risk and Governance, Yorkshire & Humber Commissioning Support

On behalf of Tim Furness, Director of Business Planning and Partnerships

May 2015

**NHS SHEFFIELD CLINICAL COMMISSIONING GROUP**  
**PROPOSED CHANGES TO CONSTITUTION TO BE SUBMITTED TO NHS ENGLAND FOR CONSIDERATION JUNE 2015**

Page No	Reference	Summary of Proposed Change	To read
All	Footer throughout document	Version: 3.0 NHS Commissioning Board Effective Date: 6 January 2015	Version: 4.0   NHS England Effective Date: June 2015
All	Throughout the document	References to Chief Officer	Amended to Accountable Officer throughout
All	Throughout the document	References to Clinical Director	Amended to Medical Director throughout
All		General formatting throughout	
4	Foreword	Updated the foreword to reflect the current organisational status	
8	4.2.2 b) i)	Include reference to Professional Standards Authority with footnote link to standards	... and the Professional Standards Authority - Standards for members of NHS Boards and Clinical Commissioning Group Governing Bodies
21	6.3.2	Include additional clarity regarding delegation of functions by Governing Body	Where the CCG has delegated a function of the group to the Governing Body, the Governing Body may make arrangements for the following to exercise the function on the Governing Body's behalf: <ul style="list-style-type: none"> <li>a) a committee or sub-committee of the Governing Body (including the audit committee or the remuneration committee)</li> <li>b) a member of the Governing Body</li> <li>c) a member of the CCG who is an individual and not a member of the Governing Body</li> <li>d) an individual of a description described in the constitution or in accordance with the relevant terms of reference.</li> </ul>
21	6.3.3	remove 'joint'	the (collaborative) arrangements
21	6.4.1	the following committees are established	the following committees have been established
21	6.4.2	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 CCG or Committee they are accountable to the Governing Body	Committees will only be able to establish their own sub-committees, to assist them in discharging their respective responsibilities, if this if this is permitted by their Terms of Reference.
28	6.6.2	The Governing Body shall have the power to co-opt other non-voting <b>members</b> as it sees fit from time to time.	The Governing Body shall have the power to co-opt other non-voting <b>attendees</b> as it sees fit from time to time.
28	6.6.4 b)	act within the powers set out in this Constitution	act within the powers <b>and requirements</b> set out in this Constitution
30	7.2.1	The CCG is supported by four <b>strong</b> localities	The CCG is supported by four localities

See para 2.3 of the paper

<b>APPENDIX B - LIST OF MEMBERS</b>			
46-49	List of Members	References to HASC	Amended to HAS throughout
47, 49	List of Members	Change of name - Valley Medical Centre	Amended to Stocksbridge Medical Group
<b>APPENDIX C - STANDING ORDERS</b>			
Pages 51 to 67		General formatting throughout	Improved clarity with regard to paragraph references
58	2 Composition of Membership, Tenure and Role of Members	Composition of Membership, Tenure and Role of Members updated to clarify and make more robust the process for eligibility, nomination, selection, appointments process, term of office and removal from office.	
60	2 Composition of Membership, Tenure and Role of Members	Clinical Director	References amended to Medical Director
64	3.12 (1)	Removal of reference to Section 1(2) Public Bodies (Admission to Meetings) Act 1960	
65	4.1 (1) Appointment of Committees and Sub-committees	The CCG may appoint Committees and Sub-committees	The CCG <b>and the Governing Body</b> may appoint Committees and Sub-committees
<b>APPENDIX H - MAP OF THE AREA</b>			
96		Map updated to reflect changes to member practices	Revised map included
<b>APPENDIX I - CONFLICTS OF INTEREST PROTOCOL</b>			
97-102	1.3 2.1 4.5 5.2		General amendments to bring the protocol in line with NHS guidance:

A copy of the current constitution can be found at:

<http://www.sheffieldccg.nhs.uk/Downloads/CCG%20Corporate/NHS%20Sheffield%20CCG%20Constitution%20Revised%20January%202015.pdf>