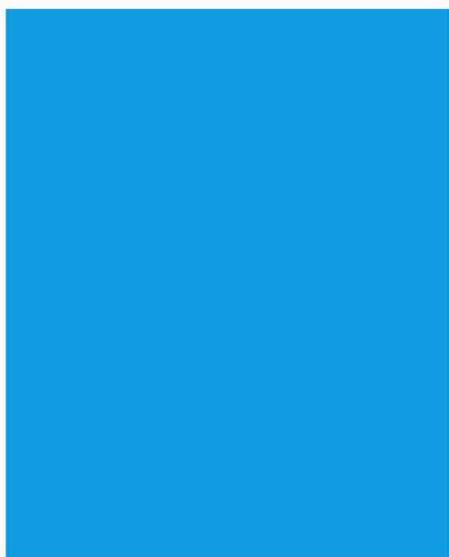


Clinical commissioning group governing body members:
Role outlines, attributes and skills

October 2012



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¹ <http://www.legislation.gov.uk/uksi/2012/1631/contents/made>

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This document presents each role in two parts: a core part which is applicable to all roles (see page 7) and a specific part that relates to the individual role. It builds on the guidance *Towards establishment: Creating responsive and accountable clinical commissioning groups* (to be found [here](#)) and is best read alongside the earlier guidance.

This document addresses specified governing body roles.

In addition **Annex 1** provides an additional, complementary, role outline, for a senior manager role developed in response to requests from emerging CCGs.

1. Introduction

Context

The Government's ambition for the NHS to deliver health outcomes among the best in the world is rooted in the three principles of giving patients more information and choice, focusing on healthcare outcomes and quality standards and empowering frontline professionals with a strong leadership role. At the heart of these proposals are clinical commissioning groups (CCGs).

CCGs will be different from any predecessor NHS organisation. Whilst statutory NHS bodies, they will be built on the GP practices that together make up the membership of a CCG. These member practices must decide, through developing their constitution and within the framework of legislation, how the CCG will operate. They will ensure that they are led and governed in an open and transparent way which enables them to serve their patients and population effectively.

CCGs, for the first time, will bring systematic and comprehensive clinical leadership across England to drive up outcomes, tackle health inequalities and improve value for every pound spent on healthcare.

The CCG's governing body

*Towards establishment: Creating responsive and accountable clinical commissioning groups*² and supporting documents set out why good governance is essential, what good governance looks like for CCGs and describes what CCGs will need to do to deliver it. It describes the role of the governing body in ensuring and assuring good governance and describes the critical link between good governance and improvements in outcomes for patients. It highlights the fact that good governance of a CCG is important:

- **to patients** because they depend on the quality of the judgements that CCGs make;
- **to the public** as it will give them confidence that the best decisions are taken for the right reasons, that the quality of healthcare services is protected and that public money is being spent wisely;
- **to clinicians** because it supports them to make the best possible decisions, reduces the likelihood of things going wrong and protects them in the event that things do go wrong; and
- **to the NHS Commissioning Board** as the body responsible for overseeing CCGs, and the body accountable to the Secretary of State and Parliament for the NHS commissioning budget and outcomes.

As described in *Towards establishment: Creating responsive and accountable clinical commissioning groups*, each CCG will determine how they will go about designing their governing body whose overarching role is to ensure that the CCG has appropriate

² <http://www.commissioningboard.nhs.uk/files/2012/09/towards-establishment.pdf>

arrangements in place to exercise their functions effectively, efficiently and economically and in accordance with generally accepted principles of good governance and the constitution of the CCG.

The Health and Social Care Act (which amends the NHS Act 2006), and the supporting regulations *The National Health Service (Clinical Commissioning Groups) Regulations 2012* set out the requirements relating to the governing body, including the specified minimum membership. Many clinical commissioning groups will wish to broaden this, for example, to include additional members to bring an added perspective. Many will wish to see a broader range of managers included; perhaps those understanding key performance, strategy and quality improvement. Much will depend on whether the CCG chooses to confer any additional functions on the governing body, above those functions accorded to it under the legislation or delegate any of the group's functions to the governing body. Where additional functions are conferred on, or delegated to, the governing body the CCG should ensure that the members are equipped to carry out those functions by building on the suggestions made in this document.

Governing body members

This document responds to the commitment made in *Towards establishment: Creating responsive and accountable clinical commissioning groups* to develop a description of the roles on the governing body and the skills and qualities which in the opinion of the NHS Commissioning Board will be needed for each.

The members of the governing body are key appointments for the CCG. These are extremely high profile positions and require outstanding individuals. The ideal candidates will be able to demonstrate that they are recognised and respected by their peers.

All members should be able to demonstrate the leadership skills necessary to fulfil the responsibilities of these key roles and be able to establish credibility with all stakeholders and partners. Especially important is that the governing body, remains in tune with its member practices and secures their confidence and engagement.

Individual members of the governing body will bring different perspectives, drawn from their different professions, roles, background and experience. These differing insights into the range of challenges and opportunities facing the CCG will, together, ensure that the CCG takes a balanced view across the whole of its business.

2. Core role outline – for all governing body members

Governing body member role descriptions need to be in line with the requirements of the legislative framework and there are certain elements that are likely to be desirable for them all.

A core role outline for all governing body members and a core set of skills competencies and attributes are described in this section. These are then supplemented (in the next sections) for each of the roles, by a set of specific attributes and competencies which may be appropriate to ensure the unique contribution of that individual member to the workings of the whole governing body.

As a member of the CCG's governing body each individual will share responsibility as part of the team to ensure that the CCG exercises its functions effectively, efficiently, economically, with good governance and in accordance with the terms of the CCG constitution as agreed by its members. Each individual is there to bring their unique perspective, informed by their expertise and experience. This will support decisions made by the governing body as a whole and will help ensure that:

- a new culture is developed that ensures the voice of the member practices is heard and the interests of patients and the community remain at the heart of discussions and decisions;
- the governing body and the wider CCG act in the best interests of the health of the local population at all times;
- the CCG commissions the highest quality services with a view to securing the best possible outcomes for their patients within their resource allocation and maintains a consistent focus on quality, integration and innovation;
- decisions are taken with regard to securing the best use of public money;
- the CCG, when exercising its functions, acts with a view to securing that health services are provided in a way which promotes the NHS Constitution, that it is there to improve our health and wellbeing, supporting us to keep mentally and physically well, to get better when we are ill and when we cannot fully recover, to stay as well as we can to the end of our lives;
- the CCG is responsive to the views of local people and promotes self-care and shared decision-making in all aspects of its business; and
- good governance remains central at all times.

Core attributes and competencies

Each individual needs to:

- demonstrate commitment to continuously improving outcomes, tackling health inequalities and delivering the best value for money for the taxpayer;
- embrace effective governance, accountability and stewardship of public money and demonstrate an understanding of the principles of good scrutiny;

- demonstrate commitment to clinical commissioning, the CCG and to the wider interests of the health services;
- be committed to ensuring that the governing body remains “in tune” with the member practices;
- bring a sound understanding of, and a commitment to upholding, the NHS principles and values as set out in the NHS Constitution;
- demonstrate a commitment to upholding The Nolan Principles of Public Life along with an ability to reflect them in his/her leadership role and the culture of the CCG;
- be committed to upholding the proposed *Standards for members of NHS Boards and Governing Bodies in England* developed by the Council for Healthcare Regulatory Excellence;³
- be committed to ensuring that the organisation values diversity and promotes equality and inclusivity in all aspects of its business;
- consider social care principles and promote health and social care integration where this is in the patients’ best interest; and
- bring to the governing body, the following leadership qualities:
 - **creating the vision** - effective leadership involves contributing to the creation of a compelling vision for the future and communicating this within and across organisations;
 - **working with others** - effective leadership requires individuals to work with others in teams and networks to commission continually improving services;
 - **being close to patients** - this is about truly engaging and involving patients and communities;
 - **intellectual capacity and application** - able to think conceptually in order to plan flexibly for the longer term and being continually alert to finding ways to improve;
 - **demonstrating personal qualities** - effective leadership requires individuals to draw upon their values, strengths and abilities to commission high standards of service; and
 - **leadership essence** - can best be described as someone who demonstrates presence and engages people by the way they communicate, behave and interact with others.

³ In response to a commission from the Secretary of State for Health, the Professional Standards Authority has developed Standards for members of NHS boards and governing bodies in England. These Standards build on work already done in this area, including by the National Leadership Council, and are consistent with the Nolan Principles of Public Life and other regulatory frameworks that apply to people working in the NHS. They cover three domains: personal behaviour, technical competence, and business practices. Further details can be found at www.chre.org.uk

Core understanding and skills

Each individual will have:

- a general understanding of good governance and of the difference between governance and management;
- a general understanding of health and an appreciation of the broad social, political and economic trends influencing it;
- capability to understand and analyse complex issues, drawing on the breadth of data that needs to inform CCG deliberations and decision-making, and the wisdom to ensure that it is used ethically to balance competing priorities and make difficult decisions;
- the confidence to question information and explanations supplied by others, who may be experts in their field;
- the ability to influence and persuade others articulating a balanced, not personal, view and to engage in constructive debate without being adversarial or losing respect and goodwill;
- the ability to take an objective view, seeing issues from all perspectives, especially external and user perspectives;
- the ability to recognise key influencers and the skills in engaging and involving them;
- the ability to communicate effectively, listening to others and actively sharing information; and
- the ability to demonstrate how your skills and abilities can actively contribute to the work of the governing body and how this will enable you to participate effectively as a team member.

Core personal experience

- previous experience of working in a collective decision-making group such as a board or committee, or high-level awareness of 'board-level' working; and
- a track record in securing or supporting improvements for patients or the wider public.

3. Additional information for each specified member

In addition to the core role outline and the core skills, attributes and experience expected of all members of the governing body, supplementary information is provided below for each of the roles that will be specified in the legislation. These describe the specific attributes and competencies which illustrate the unique contribution of that individual member to the workings of the whole governing body, and are recommended as good practice.

Whilst CCGs are at liberty to use whatever naming convention they may choose to describe their leaders and senior employees, for the purposes of clarity and consistency, the NHS Commissioning Board will use the following terms to describe specific circumstances and role combinations. It is important to remember that the specified roles constitute a minimum and that CCGs, should they choose to do so, can include the other individuals on their governing body provided they are not disqualified from membership under the regulations and are of a description set out in the group's constitution.

Clinical Leader is the individual recognised by the CCG as the leading clinician who represents the clinical voice of its members. This individual will be invited to be the CCG's member of the NHS Commissioning Assembly. They will either be the *Chair of the governing body* or undertake the role of *accountable officer*. In circumstances where a CCG chooses to appoint a clinician to the Chair of the governing body and nominate a clinician for the role of the accountable officer (to be appointed by the NHS Commissioning Board), then the CCG should identify one of them to be known as the *Clinical Leader*.

Chair of the governing body may be any member of the governing body other than the *accountable officer*, *Chief Finance Officer*, secondary care specialist doctor, registered nurse or the lay member with the lead role in overseeing key elements of financial management and audit. The chair of the governing body may also be the *Clinical Leader* of the CCG.

Chief Clinical Officer will be used to describe the *Clinical Leader* when they also undertake the role of *accountable officer*.

Chief Officer will be used when the *accountable officer* role is undertaken by the CCG's most senior manager.

Chief Finance Officer should be the CCG's most senior employee with a professional qualification in accountancy, who has the experience to lead the financial management of the CCG and is a member of the governing body.

Chief Operating Officer will be the term used to describe the CCG's most senior manager in circumstances when CCG has a *Chief Clinical Officer* (ie its clinical leader undertakes the *accountable officer* role).

Chief Finance and Operating Officer describes circumstances where a CCG has a *Chief Clinical Officer* (hence a clinician who undertakes the accountable officer role) and they decide to appoint a single individual to undertake the combined roles of the *Chief Operating Officer* and *Chief Finance Officer*.

Accountable officer role

The individual who takes on the accountable officer role will be proposed by the CCG and appointed to this role by the NHS Commissioning Board. In circumstances where the accountable officer role is undertaken by the *Lead Clinician* they will be known as the *Chief Clinical Officer*. When a manager undertakes the role, the individual will be known as the *Chief Officer*. In circumstances where a CCG chooses to appoint a clinician to the Chair of the governing body and nominate a clinician for the role of the accountable officer (to be appointed by the NHS Commissioning Board), then the CCG should identify one of them to be known as the *Clinical Leader*.

GP or other healthcare professionals acting on behalf of member practices

Note: each specific role outline adds to the core role outline on pages 7-9.

As set out in *Towards establishment: Creating responsive and accountable clinical commissioning groups*, it will be for the emerging CCG member practices to decide, together, how they will be represented on the governing body. Representatives can only be members of the governing body – unless they are acting in the role of accountable officer or Chief Finance Officer - if this is specified in the constitution.

Additional specific role outline

As well as sharing responsibility with the other members for all aspects of the CCG governing body business, the individuals acting on behalf of member practices will bring the unique understanding of those member practices to the discussion and decision making of the governing body as their particular contribution.

Specific attributes and competencies

- have the confidence of the member practices in the CCG, demonstrating an understanding of all of the member practices, of the issues they face and what is important to them;
- be competent, confident and willing to give an unbiased strategic clinical view on all aspects of CCG business;
- be highly regarded as a clinical leader, beyond the boundaries of a single practice or profession – demonstrably able to think beyond their own professional viewpoint;
- have an in-depth understanding of a specific locality(ies) if the CCG has decided to operate in this way;
- be able to take a balanced view of the clinical and management agenda and draw on their specialist skills to add value; and
- be able to contribute a generic view from the perspective of a member practice in the CCG, whilst putting aside specific issues relating to their own practice circumstances.

Chair of the governing body

Note: each specific role outline adds to the core role outline on pages 7-9.

Additional specific role outline

As well as sharing responsibility with the other members for all aspects of the CCG governing body business, the Chair of the governing body will have specific responsibility for:

- leading the governing body, ensuring it remains continuously able to discharge its duties and responsibilities as set out in the CCG's constitution;
- building and developing the CCG's governing body and its individual members;
- ensuring that the CCG has proper constitutional and governance arrangements in place;
- ensuring that, through the appropriate support, information and evidence, the governing body is able to discharge its duties;
- supporting the accountable officer in discharging the responsibilities of the organisation;
- contributing to the building of a shared vision of the aims, values and culture of the organisation; and
- leading and influencing clinical and organisational change to enable the CCG to deliver commissioning responsibilities.

The Chair will also have a key role in overseeing governance and particularly ensuring that the governing body and the wider CCG behaves with the utmost transparency and responsiveness at all times. They will ensure that:

- public and patients' views are heard and their expectations understood and, where appropriate, met;
- that the organisation is able to account to its local patients, stakeholders and the NHS Commissioning Board; and
- the CCG builds and maintains effective relationships, particularly with the individuals involved in overview and scrutiny from the relevant local authority/ies.

All CCGs will need to identify their senior clinical voice for interactions with stakeholders and especially the NHS Commissioning Board. This senior clinician will be referred to by the NHS Commissioning Board as The Clinical Leader and will have a place on the NHS Commissioning Assembly. The Clinical Leader will either be the Chair of the governing body or undertaking the accountable officer role. Where a CCG has clinicians undertaking both the accountable officer role and the Chair of the governing body, the CCG will need to identify which individual it wishes to put forward as its Clinical Leader.

Specific attributes and competencies

- able to engage visibly and effectively, commanding respect from a wide range of stakeholders including clinicians, patients and the public and in particular, ensuring effective two-way communication with the member practices;
- a level of political astuteness, with highly developed skills in engaging, influencing and securing shared ownership to enable commissioning intentions to be delivered;
- ability to communicate complex and challenging issues clearly and effectively in public meetings;
- have the skills and experience to plan and chair large meetings with multi-professional and/or multiple stakeholder involvement;
- able to facilitate and encourage active engagement and appropriate challenge across their governing body;
- enable the governing body to continually review established thinking to ensure long-term value and sustainability;
- able to give an unbiased view on possible internal conflicts of interest;
- able to provide leadership to the CCG, ensuring its effectiveness on all aspects of its corporate responsibility and setting its agenda;
- able to oversee all governance matters to ensure they are conducted in accordance with best practice and ensure that there is a clear structure for, and effective running of, the CCG and, where relevant, its committees;
- have the skills, knowledge and experience to assess and confirm that appropriate systems of internal control are in place for all aspects of governance, including financial and risk management;
- have an understanding of the resource allocations devolved to NHS bodies, and a general knowledge of the accounting regime within which a CCG will operate; and
- have the ability to develop and maintain an understanding of the legal environment in which the CCG operates.

Further points

The National Health Service (Clinical Commissioning Groups) Regulations 2012 specify that the Chair cannot be the accountable officer or Chief Finance Officer, the mandatory secondary care specialist or nurse, or the lay person with a lead role in overseeing key elements of governance, such as chairing the audit committee (see the next role). If the Chair is a GP or other healthcare professional, the Deputy Chair should be a lay member who should take the Chair's role for discussions and decisions involving conflict of interest for the Chair.

We recognise that for some emerging CCGs, their overall clinical leadership may have been developed to include more than one individual. Whilst it is not possible to have more than one individual in the role of Chair of governing body, a CCG may choose to have a second role of "assistant clinical chair" alongside the Deputy Chair who is a lay member. This individual could undertake a very significant role in terms of time and leadership of the organisation. If the CCG wished, the key nature of this role could be defined in the constitution.

Lay member on the governing body – with a lead role in overseeing key elements of financial management and audit

Note: each specific role outline adds to the core role outline on pages 7-9.

Additional specific role outline

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.

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.

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.

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.

The National Health Service (Clinical Commissioning Groups) Regulations 2012 require that the appointed individual must have qualifications, expertise or experience such as to enable the person to express informed views about financial management and audit matters. The following cannot be lay members of CCG governing bodies:

- employees of local authorities in England and Wales (or equivalent bodies in Scotland and Northern Ireland) and PCTs;
- an officer or employee of the Department of Health;
- a member or employee of the Care Quality Commission or Monitor;
- a chairman, director, member or employee of an NHS body (other than a CCG, PCT or FT);
- a chairman, director, governor, member or employee of an NHS foundation trust;
- providers of health services commissioned by CCGs or the NHS Commissioning Board, or their employees, partners, or shareholders;
- providers of social services, or their employees who contract with a local authority; and
- persons employed by parties to arrangements to provide primary medical services, ophthalmic services, dental services or pharmaceutical services in Scotland or Wales who are employed for purposes connected with the provision of those services.

Specific attributes and competencies

- have the skills, knowledge and experience to assess and confirm that appropriate systems of internal control and assurance are in place for all aspects of governance, including financial and risk management;
- have an understanding of the role of audit in wider accountability frameworks;
- have an understanding of the resource allocations devolved to NHS bodies and a general knowledge of the accounting regime within which a CCG will operate;
- have the ability to chair meetings effectively;
- be able to give an independent view on possible internal conflicts of interest; and
- recent and relevant financial and audit experience is essential – sufficient to enable them to competently engage with financial management and reporting in the organisation and associated assurances.

The CCG may appoint other lay persons who qualify under the regulations and may also make provision for the appointment of other individuals in its constitution. However, any additional roles on the governing body would not technically be considered as a lay member roles as defined by the regulations.

Lay member on the governing body – with a lead role in championing patient and public involvement

Note: each specific role outline adds to the core role outline on pages 7-9.

Additional specific role outline

As well as sharing responsibility with the other members for all aspects of the CCG governing body business, as a lay member on the CCG's 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. As one of the lay members, they may be asked to fulfil the role of Deputy Chair or Chair of the governing body, if appropriate.

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:

- public and patients' views are heard and their expectations understood and met as appropriate;
- the CCG builds and maintains an effective relationship with Local Healthwatch and draws on existing patient and public engagement and involvement expertise; and
- the CCG 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.

It is not intended that this role should have executive oversight of patient and public engagement, rather that the individual ensures, through the appropriate governance processes, that this function is being discharged effectively.

The National Health Service (Clinical Commissioning Groups) Regulations 2012 require that the appointed individual must have knowledge of the area specified in the CCG's constitution such as to enable them to express informed views about the discharge of the CCG's functions.

Specific attributes and competencies

- able to give an independent view on possible internal conflicts of interest;
- demonstrable understanding of the local arrangements for listening and responding to the voices of patients, carers and patient organisations;
- have a track record of successfully involving patients carers and the public in the work of a public sector organisation;
- have an understanding of effective involvement and engagement techniques, and how these can be applied in practice;
- live within the local community or be able to demonstrate how they are otherwise able to have sufficient knowledge of the area specified in the CCG's constitution such as to enable them to express informed views about the discharge of the CCG's functions so that they are able to act as a champion for patient and public involvement; and
- be competent to chair meetings.

The CCG may appoint other lay persons who qualify under the regulations and may also make provision for the appointment of other individuals in its constitution. However, any additional roles on the governing body would not technically be considered as a lay member roles as defined by the regulations.

Clinical member on the governing body – secondary care doctor

Note: each specific role outline adds to the core role outline on pages 7-9.

Additional specific role outline

As well as sharing responsibility with the other members for all aspects of the CCG 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.

Specific attributes and competencies

- must be a consultant – either currently employed, or in employment at some time in the period of 10 years ending with the date of the individual's appointment to the governing body;
- has a high level of understanding of how care is delivered in a secondary care setting;
- be competent, confident and willing to give an independent strategic clinical view on all aspects of CCG business;
- 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;
- 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;
- 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
- be able to provide an understanding of how secondary care providers work within the health system to bring appropriate insight to discussions regarding service re-design, clinical pathways and system reform.

Further points

Whilst the individual may well no longer practise medicine, they will need to demonstrate that they still have a relevant understanding of care in the secondary setting.

The secondary care specialist cannot be an employee or member (including shareholder) of, or a partner in, a provider of primary medical services, or a provider with whom the CCG has made commissioning arrangements. The exceptions are where the CCG has made an arrangement with a provider, subsequent to a patient exercising choice, and where the CCG has made an arrangement with a provider in special circumstances to meet the specific needs of a patient (for example, where there is a very limited choice of provider for a highly specialised service).

Clinical member on the governing body – registered nurse

Note: each specific role outline adds to the core role outline on pages 7-9.

Additional specific role outline

As well as sharing responsibility with the other members for all aspects of the CCG governing body 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.

Specific attributes and competencies

- be a registered nurse who has developed a high level of professional expertise and knowledge;
- be competent, confident and willing to give an independent strategic clinical view on all aspects of CCG business;
- 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;
- 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.

Further points

The nurse cannot be an employee or member (including shareholder) of, or a partner in, a provider of primary medical services, or a provider with whom the CCG has made commissioning arrangements. The exceptions are where the CCG has made an arrangement with a provider, subsequent to a patient exercising choice, and where the CCG has made an arrangement with a provider in special circumstances to meet the specific needs of a patient (for example, where there is a very limited choice of provider for a highly specialised service).

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.

Accountable Officer

[Note: each specific role outline adds to the core role outline on pages 7-9.](#)

Each CCG needs to decide which individual it will nominate to undertake the accountable officer role. It will be up to the NHS Commissioning Board to determine the individual's suitability and to make the appointment to this role.

CCGs could decide that their accountable officer role will be held by a clinician supported by an expert manager⁴ or be undertaken by a manager with expert clinical leadership support.

For the purposes of this document, we use the term *Chief Officer* to identify senior managers who undertake the *accountable officer role*, *Chief Clinical Officer* for senior clinicians who undertake this role and *Chief Operating Officer* for the senior manager who is not the accountable officer as the role is held by a clinician (*Chief Clinical Officer*). CCGs may choose to use this terminology in their local job and role descriptions. (see page 10 for further details)

The individual who undertakes the accountable officer role is required to be a member of the governing body and they will therefore need to meet the core requirements as described for governing body members. There are, however, very specific responsibilities associated with this role which are highlighted below.

The following section describes the broad knowledge and understanding across a number of key areas. None of these is about an in-depth knowledge, for which accountable officers will be able to ensure they place the right people around them who have expertise in these areas. It is simply that the accountable officer will need to put him/herself in the position of understanding the fundamentals in order to take on the responsibility of setting strategic direction and making key decisions which will come with this role.

Candidates will not be expected to have all of this knowledge and understanding at the start of the diagnostic and assessment process but will need to demonstrate the insight and ability to develop this in the period up to April 2013.

To support GPs and other clinical leaders who wish to take on the accountable officer role, we will provide convenient and accessible ways for individuals who wish to develop their skills and knowledge further.

⁴ A draft role outline for the most senior manager role has been developed in response to requests from emerging CCGs who wish to support a Chief Clinical Officer with a senior manager. This role description, when combined with the responsibilities of the accountable officer role could also be used by CCGs wishing to appoint a Chief Officer (see annex 1)

All CCGs will need to identify their senior clinical voice for interactions with stakeholders and especially the NHS Commissioning Board. This senior clinician be referred to by the NHS Commissioning Board as *the Clinical Leader* and will have a place on the NHS Commissioning Assembly. The *Clinical Leader* will either be the *Chair of the governing body* or undertaking the *accountable officer* role. Where a CCG has clinicians undertaking both the accountable officer role and the Chair of the governing body, the CCG will need to identify which individual it wishes to put forward as its Clinical Leader.

Additional specific role outline

The accountable officer of a CCG is charged with ensuring that their CCG:

- complies with its:
 - duty to exercise its functions effectively, efficiently and economically;
 - duty to exercise its functions with a view to securing continuous improvement in the quality of services provided to individuals for, or in connection with, the prevention, diagnosis or treatment of illness;
 - financial obligations, including information requests;
 - obligations relating to accounting and auditing; and
 - duty to provide information to the NHS Commissioning Board, following requests from Secretary of State;
 - obligations under any other provision of the NHS Act 2006 Act specified by the Board for these purposes.

- performs its functions in a way which provides good value for money.

The accountable officer is responsible for ensuring that the CCG 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.

The accountable officer will, at all times, ensure that the regularity and propriety of expenditure is discharged, and that arrangements are put in place to ensure that good practice (as identified through such agencies as the Audit Commission and the National Audit Office) is embodied and that safeguarding of funds is ensured through effective financial and management systems.

The accountable officer, working closely with the Chair of the governing body, 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 ongoing capability and capacity to meet its duties and responsibilities. This will include arrangements for the ongoing development of its members and staff.

Specific attributes and competencies

- demonstrable ability to exercise sound judgement;
- the ability to understand the limits of his or her management competencies and the wisdom to seek advice when these are reached;
- an understanding of corporate governance as a key element of integrated governance and of the responsibilities that the accountable officer role needs to ensure these are discharged to a high standard;
- the capability to secure the full range of management expertise, through their senior team, to ensure that the day-to-day management of all aspects of the CCG's business can be discharged.
- an understanding of the role of the accountable officer in setting and developing the culture of the organisation and leading the wider organisational development in the context of engagement with key stakeholders;
- the ability to oversee the development of an organisational vision and values for the organisation;
- a working knowledge of general employment law good employment practices;
- a basic understanding of current legal requirements and good practice in equality and discrimination;
- financially literate with the ability to review critically, challenge and effectively utilise financial information, including financial statements for decision-making;
- an understanding of the principles of value for money and an ability to challenge performance on this basis;
- an understanding of the requirements of effective financial governance and probity;
- a broad understanding of the NHS financial regime and an ability to develop capability within the CCG to enable interpretation of relevant legislation and accountability frameworks;
- an ability to understand the CCG's risk environment including knowledge and understanding of the strategies that have been adopted by the CCG and the risks inherent in any transformation strategies;
- good understanding of the role of effective communications and engagement with patients, public, workforce and stakeholders in achieving/delivering CCG objectives and maintaining the reputation of the NHS and CCG;
- ability to develop a clear and compelling organisational narrative that describes the future strategy of the CCG, and to communicate this narrative and progress to a wide range of audiences; and
- ability to communicate complex clinical issues in laypersons language at public meetings and through media interviews.

Specific further leadership quality

- **Setting direction** - effective leadership requires individuals to contribute to the strategy and aspirations of the organisation and act in a manner consistent with its values.

Specific understanding and skills

- sound understanding of good governance;
- in-depth understanding of health and care, and an appreciation of the broad social, political and economic trends influencing them;
- capability to understand and analyse complex issues, drawing on the breadth of data that needs to inform CCG deliberations and decision-making; and the wisdom to ensure that it is used ethically to balance competing priorities and make difficult decisions;
- has the confidence to question information and explanations supplied by others, who may be experts in their field;
- has the ability to influence and persuade others articulating a balanced, not personal, view and to engage in constructive debate without being adversarial or losing respect and goodwill;
- has the ability to take an objective view, seeing issues from all perspectives and especially external and user perspectives;
- strong skills in recognising key influencers and the capability to engage them effectively in the CCG's business;
- excellent interpersonal and communication skills, and experience in engaging GPs and other health and care professionals, alongside patients in commissioning that improves quality and secures value for money; and
- sufficient understanding of NHS finance and other key organisational issues, such as HR and risk management, to discharge the overall responsibilities of accountable officer.

Further points

Under the legislation only certain people can undertake the accountable officer role. These are:

- an individual who is a member of the CCG (e.g. a GP), or a member of any body which is a member of the CCG (such as a partner in a GP practice);
- an employee of the CCG, or of any member of the CCG; or
- in the case of a joint appointment, an employee or member of any of the CCGs in question or an employee or member of any of the bodies which are members of the CCGs in question.

Whilst two or more CCGs may choose to share a single person to undertake their accountable officer roles, it will not be possible for a single CCG to appoint two individuals to share this role.

The accountable officer may not be the Chair of the governing body.

The NHS Commissioning Board will formally appoint the individual nominated by the CCG to undertake the accountable officer role as part of the CCG's application to the NHS Commissioning Board to be established.

Chief Finance Officer

Note: each specific role outline adds to the core role outline on pages 7-9.

Regulations require that the membership of the governing body must also include, an employee of the CCG who has a professional qualification in accountancy and the expertise or experience to lead the financial management of the CCG and who is to be known as the CCG's Chief Finance Officer; if the governing body's membership includes two or more individuals of that description, the CCG must designate one of them as the Chief Finance Officer.

They will be a member of the governing body and will need to meet the core requirements as described for governing body members.

He or she should be an individual with a recognised professional accounting qualification, as well as significant experience and skills.

The exact remit of this person's responsibilities will be a matter for each emerging CCG, and will depend on the terms of their appointment and on any functions that may be delegated by the CCG either to them and/or to the governing body. In addition, their role will be subject to the overall responsibility for the CCG's compliance with its financial, accounting and auditing obligations and related duties resting with the accountable officer. However, subject to that, it is anticipated that an emerging CCG may wish to accord the day-to-day responsibility for the financial strategy and financial governance of the CCG, and possibly its financial management, to this person. It is likely that this would include being responsible for ensuring the discharge of obligations under relevant financial directions.

There are therefore certain very specific responsibilities and attributes which may be associated with this role which are highlighted below.

Additional specific role outline

- be the governing body's professional expert on finance and ensure through robust systems and processes the regularity and propriety of expenditure is fully discharged;
- make appropriate arrangements to support, monitor and report on the CCG's finances;
- oversee robust audit and governance arrangements leading to propriety in the use of CCG resources;
- be able to advise the governing body on the effective, efficient and economic use of its allocation to remain within that allocation and deliver required financial targets and duties; and
- produce the financial statements for audit and publication in accordance with statutory requirements to demonstrate effective stewardship of public money and accountability to tax payers.

Specific attributes and competencies

- hold a qualification of one of the individual CCAB bodies or CIMA;
- demonstrate considerable communication, negotiation and relationship building skills;
- demonstrate effective leadership qualities;
- demonstrate a working understanding of integrated governance and assurance; and
- sound understanding of the NHS principles and values, as set out in the NHS Constitution, and an ability to reflect them in his/her leadership role and in the operation of the CCG governing body.

Specific further leadership quality

- **Setting direction** - effective leadership requires individuals to contribute to the strategy and aspirations of the organisation and act in a manner consistent with its values.

Further points

The Chief Finance Officer cannot be the Chair of the governing body nor may they undertake the accountable officer role.

The role may however, be combined with that of Chief Operating Officer in circumstances where a CCG has a Chief Clinical Officer (i.e. where the Clinical Leader is also the accountable officer). In these circumstances, it will be known as the Chief Finance and Operating Officer.

4. Appointment to governing body roles – disqualification criteria

Regulations will provide that some individuals will not be eligible to be appointed to CCG governing bodies. Full details are included in schedule 5 of *The National Health Service (Clinical Commissioning Groups) Regulations 2012*.

The regulations state that the following are disqualified from membership of CCG governing bodies:

- MPs, MEPs, members of the London Assembly, and local councillors (and their equivalents in Scotland and Northern Ireland);
- members including shareholders of, or partners in, or employees of commissioning support organisations;
- A person who, within the period of five years immediately preceding the date of the proposed appointment, has been convicted—
 - (a) in the United Kingdom of any offence,
 - (b) outside the United Kingdom of an offence which, if committed in any part of the United Kingdom, would constitute a criminal offence in that part,and, in either case, the final outcome of the proceedings was a sentence of imprisonment (whether suspended or not) for a period of not less than three months without the option of a fine;
- a person subject to a bankruptcy restrictions order or interim order;
- a person who within the period of five years immediately preceding the date of the proposed appointment has been dismissed (other than because of redundancy), from paid employment by any of the following: the Board, a CCG, SHA, PCT, NHS Trust or Foundation Trust, a Special Health Authority, a Local Health Board, a Health Board, or Special Health Board, a Scottish NHS Trust, a Health and Social Services Board, the Care Quality Commission, the Health Protection Agency, Monitor, the Wales Centre for Health, the Common Services Agency for the Scottish Health Service, Healthcare Improvement Scotland, the Scottish Dental Practice Board, the Northern Ireland Central Services Agency for the Health and Social Services, a Regional Health and Social Care Board, the Regional Agency for Public Health and Wellbeing, the Regional Business Services Organisation, Health and Social Care trusts, Special health and social care agencies, the Patient and Client Council, and the Health and Social Care Regulation and Quality Improvement Authority.
- A healthcare professional who has been subject to an investigation or proceedings, by any regulatory body, in connection with the person's fitness to practise or any alleged fraud, the final outcome of which was suspension or erasure from the register (where this still stands), or a decision by the regulatory body which had the effect of preventing the person from practising the profession in question or imposing conditions, where these have not been superseded or lifted;
- a person disqualified from being a company director;
- a person who has been removed from the office of charity trustee, or removed or suspended from the control or management of a charity, on the grounds of misconduct or mismanagement.

5. Other considerations when preparing final CCG role descriptions

Other potential functions of the governing body

The role descriptions shared in this document are intended to be a base from which CCGs may build. In particular, CCGs will want to consider any additional responsibilities of the governing body and its committees as described by the constitution and to ensure that the members of the governing body are suitably equipped to undertake these functions.

Other information CCGs may wish to provide to potential applicants

CCGs may wish to set out in any recruitment information pack the anticipated arrangements (subject to final determination by the CCG) for:

- length of tenure and re-appointment arrangements;
- appraisal and development arrangements;
- time commitment expectations; and
- remuneration, travelling and other allowances arrangements and rates.

Annex 1. Draft role content for the CCG's most senior manager (Chief Officer, Chief Operating Officer or Chief Finance and Operating Officer)

Introduction

This further role outline has been prepared in response to requests from emerging CCGs to provide a full role description for a senior manager role. This might be used:

- where the CCG has decided that the accountable officer role will be undertaken by a clinician (Chief Clinical Officer) and they wish to support them with a senior manager (i.e. Chief Operating Officer)
- to describe the additional (managerial) aspects of the role where the accountable officer role is combined with the most senior manager (i.e. Chief Officer).
- to describe the additional managerial aspects of the role where a CCG chooses that its most senior manager will also be the Chief Finance Officer (i.e. Chief Finance and Operating Officer)

For further information on the possible role combinations please see pages 10-11.

It has been developed as an annex of *Clinical commissioning group governing body members: Role outlines, attributes and skills*, to complement those published in the main document. It would be best read alongside both that, and the published governance guidance: *Towards establishment: Creating responsive and accountable clinical commissioning groups*.

The content of this annex has been developed with proposed CCG clinical leads and with NHS managers who are currently working in similar roles.

CCGs will want to select a manager who is fully competent to support them across the full breadth of its duties, functions and responsibilities. Suitable managers are most likely to have developed their capability and insight through operating at 'board level' or equivalent.

Suggested Role Summary (needs to be considered in the context of the broader leadership arrangements)

The most senior manager will be responsible for ensuring that arrangements are put in place so that the CCG successfully delivers its strategic business objectives. They will have specific duties for ensuring effective management systems are in place, and will be required to direct the operation of the CCG according to the strategic commissioning priorities set by the clinical commissioning group. S/he will bring high-level strategic leadership and management skills and experience, to support and empower the clinical leadership at the heart of clinical commissioning.

They will both build respectful relationships, and put in place effective working arrangements, to enable other clinical leaders together with the wider membership to deliver the CCGs' objectives as set out in the annual commissioning plan. Working

closely with the Chief Finance Officer (if a separate post) and other members of the management team, they will take managerial responsibility for the safe and effective running of the CCG.

They might share responsibility with the accountable officer (if held by another individual) and other management team members for the continuous development of the CCG, including enabling increased involvement of the member practices and the professional development of employees.

A managerial Chief Operating Officer role could then enable a Chief Clinical Officer to focus on the development of strong and effective clinical relationships and the ongoing accountability relationship within the governing body and the NHS Commissioning Board.

Key relationships

Internal relationships and other key relationships will depend on the local arrangements for the management and leadership of the CCG.

The most senior manager would manage the business relationship between the internal CCG management system and any external commissioning support service/s, as agreed locally.

Proposed key responsibilities

The following section details the range of management functions that a CCG may wish to ensure are covered. Depending on the design of the internal management structure some of these responsibilities may more closely align with another role in the CCG.

Contribute to the senior leadership of the CCG

- contribute to the development of the vision, aims and business objectives of the CCG;
- advise the CCG on strategic commissioning business development and key corporate planning issues;
- support the clinical leaders of the CCG to develop and maintain a systematic approach to ensuring the CCG remains clinically led and clinically accountable.

Provide effective operational management across the organisation

- assist the Chief Finance Officer, if a different individual, to ensure that the CCG has a financial framework in place, which will enable it to operate within its resource limit to meet its financial obligations, continue to improve the “value for money” (economy, efficiency and effectiveness) and ensure an integrated governance approach;
- oversee the successful delivery of the CCG annual commissioning plan and develop a culture of continual quality improvement;
- maintain general oversight of all operational, commissioning and business functions: including service design; commissioning cycle coherence; research and development; and regulatory affairs administration and operations;

- take responsibility for ensuring that the CCG complies with all legal requirements (including equalities and human rights legislation);
- put in place effective systems to monitor and review, where appropriate the implementation of decisions made by the CCG; and institute processes that facilitate effective and efficient work flow;
- keep the accountable officer, the Chair and the wider governing body informed about potential risks and opportunities; and recommend appropriate courses of action;
- take charge in high-priority crises of an operational nature and ensure that suitable arrangements are in place to ensure business continuity at all times;
- support the practice managers in each of the member practices, enabling their appropriate contribution to the wider management capacity and capability of the CCG;
- ensure that systems are implemented that maintain high standards of public service, public accountability and probity, subject to the role of the governing body and the audit committee.

Support the Chair of the governing body and other governing body members to ensure that the governing body remains properly constituted and delivers its functions as required by the NHS Act 2006 as amended by the Health and Social Care Act 2012

- deliver appropriate management, operational, administrative and developmental support for committees that the governing body decides to establish;
- ensure that the governing body has access to timely skills, advice and information to undertake the full range of its functions effectively;
- support the Chair of the governing body to implement a system of regular evaluation of the governing body and ensure that a development programme is in place;

Ensure that services commissioned by the CCG are effectively performance managed and quality assured

- ensure that appropriate management processes are in place for commissioned services such that the CCG can be assured that quality standards are met and that there is full compliance with contractual expectations, statutory requirements and economic regulation and that where necessary, effective remedial action is taken swiftly.

Facilitate constructive relationships with and between member practices

- ensure the smooth operation of agreed systems and processes to sustain engagement of constituent practices;
- ensure that arrangements that underpin relationships between the member practices of the CCG are sensitive to the members' needs, fully implemented and effective;
- take steps to ensure that relationships within the CCG are strong and that the CCG, (including the governing body and CCG managers) remains responsive to its member practices.

Ensure that high quality, effective commissioning support services are in place (whether provided internally or externally)

- ensure that comprehensive commissioning support services are in place;
- engineer robust contractual and working relationships with any external commissioning support services in order that operating costs are controlled and

- annual corporate assessments demonstrate delivery;
- facilitate resolution of issues between the CCG management system and any externally procured support.

Develop and maintain collaborative and partnering relationships that will further the objectives of the CCG

- to enable the CCG to work collaboratively with other CCGs and other partners to achieve shared outcomes, where appropriate;
- develop and maintain partnership working with other local agencies;
- pursue opportunities to develop partnerships at all levels within the community that will promote the health and well-being of the people within the area;

Ensure the CCG implements appropriate mechanisms to communicate effectively with its external stakeholders

- put arrangements in place to secure the support and commitment of all stakeholders, including patients, the public and staff, in the strategic direction of the CCG;
- ensure that effective arrangements are in place for the involvement of patients, carers and local people in the commissioning of health services;
- ensure that the CCG has appropriate corporate affairs arrangements in place to uphold its reputation and the wider reputation of the NHS

Develop a capable and confident workforce with a positive culture that continually develops

- ensure that a continuous programme of organisational development is in place to build organisational capabilities;
- develop a positive culture where staff involvement and partnership in the decision making process of the CCG is the accepted norm;
- ensure that clear objectives are agreed with all staff and performance is regularly reviewed.

Suggested characteristics

A traditional person specification has not been prepared as this will be wholly contingent on the final content of this role and the other roles within the CCG. However, there are certain things that would be common to all senior manager roles.

Leadership

The most senior manager would need to demonstrate a high level of competency across the whole leadership framework, the single overarching leadership framework for all NHS staff. The website <http://www.nhsleadership.org.uk/framework.asp> provides further information relating to the seven domains of the framework.

Attributes and skills

As a manager operating within a clinical commissioning environment the following attributes and skills have been identified as important to consider:

Vision: with the Clinical Leader and accountable officer, lead strategic, long-term planning, vision and goal setting using the ability to “look around corners” to anticipate

future opportunities or problems.

Managing the business: design and maintain internal business processes.

Develop strong relationships: possess exceptional relationship-building and interpersonal skills, with high emotional and social intelligence. Have a clear track record of enabling good 'clinician – management relationships'.

Communication: communicate passionately, effectively, and persuasively across a diverse set of stakeholders; and able to create processes and structures to facilitate effective communication both internally and externally. Must also be able to form coherent and effective relationships with external suppliers, including commissioning support services, as appropriate.

Building and managing teams: inspires, motivates, coaches, and develops others. Listens well and continuously learns and seeks advice and feedback from others. Has the ability and capability to be self-critical and continuously develop.

Results oriented: relentlessly pursues improvement and results. Flexible, with a strong work ethic and an entrepreneurial spirit to accommodate high level of responsibility and multiple priorities. Creates a culture of mutual accountability.

Analytical skill: analyses and problem solves at highly developed level. Outstanding organisational skills and high attention to detail are critical to success.

Management style: demonstrates an ability to manage conflict, build consensus, and facilitate problem solving and collaboration among various parties.

Annex 2. Principles relating to reimbursement and remuneration for clinical governing body members

This section builds on best practice and proposes principles that CCGs may wish to take into account as they determine the reimbursement or remuneration rates for individuals on the governing body who undertake this role on a part-time or sessional basis, since many governing body members will continue in their clinical roles.

CCGs will want to ensure that HMRC are content with the final arrangements they put in place and that all payments are made in accordance with tax and national insurance regulations and with any guidance or advice issued by the NHS Commissioning Board. CCGs will need to take advice from HMRC on whether any individual is considered employed and hence make the appropriate arrangements for tax and national insurance contributions. Irrespective of the employment status, individuals can choose whether their remuneration is paid directly to them or to their practice.

So, for those individuals on the governing body continuing with a clinical role and hence not full time employees of the CCG, CCGs may wish to take into account the following set of principles:

All payments should be:

- evidently in line with the individual's current earnings;
- commensurate with the average rate for their current employment or the specific role; or
- demonstrably required to provide backfill.

For individuals this would mean:

GPs on the governing body

Remuneration should be either:

- at a reasonable rate, in line with practice earnings;
- at a rate commensurate with allowing backfill, recognising that a locum cannot replace an experienced partner on a like for like basis, and that some additional locum time would be necessary;
- in line with any local sessional rate .

Other practice staff on the governing body

Remuneration should be paid either:

- at a rate which is equivalent to payment for the individual's time or the reasonable cost of backfilling the individual; or
- in line with local average sessional rates for their practice role.

Lay members on the governing body, including the Audit Committee Chair

Remuneration should be in line with non-executive director payments in other NHS organisations.

Nurse and secondary care clinician on the governing body

Remuneration should be either:

- at a rate commensurate with their salary or as needed for replacement costs; or
- at a rate commensurate with the average rate for their profession and level of seniority.

The CCG should also take into account the issue of value for money. Where any individual's reimbursement would be considerably more (because of their very high personal earnings) than others who might undertake the same role, the CCG should be assured that this cost could be justified in the specific added value that individual would bring.

This advice is not intended for managers such as the Chief Finance Officer, or Chief Officer who are likely to be full time employees, even if across more than one CCG.

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