NHS England

Supporting Notes to the CCG Model Constitution

Supporting Notes to the CCG Model Constitution

Gateway Reference:	08433
Version number:	1.2
First published:	7 September 2018
Prepared by:	This document has been prepared on behalf of NHS England by thiNKnow LTD with the support of Browne Jacobson LLP
Classification:	OFFICIAL

This information can be made available in alternative formats, such as easy read or large print, and may be available in alternative languages, upon request. Please contact the CCG Assessment Team at england.ccgiaf@nhs.net .

These notes are provided to support CCGs making changes to their constitutions by providing further information. The numbers are references to sections in the Model constitution published September 2018.

I CCG Name Requirements

Paragraph 2(1)(a) of Schedule 1A of the 2006 Act requires CCGs to specify the name of their CCG. Exact requirements for the naming of CCGs are set out in the National Health Service (*Clinical Commissioning Groups) Regulations 2012*[1] ("the 2012 Regulations").

The name must begin with NHS, followed by a geographical reference (which must conform to particular requirements) and end with Clinical Commissioning Group

The name must contain each of the elements set out in the 2012 Regulations and must not include anything else.

II Statutory Framework

This section is not a legal requirement but we suggest that CCGs should include it to assist with setting the legislative and operating context of the CCG by setting out the range of statutory functions of a CCG. The key references in terms of the CCG's commissioning functions include:

a) Sections 3 and 3A of the 2006 Act;
b) Part 2, Chapter A2 of the 2006 Act;
c) Schedule 1A of the 2006 Act;
d) Sections 223G-K of the 2006 Act; ….
e) the 2012 Regulations;
f) the National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012/2996.

There are also a number of additional statutory responsibilities that are not contained within the 2006 Act or regulations issued under that Act but which the CCG must comply with, including for instance those relating to equality under the Equality Act 2010.

III Status of the Constitution

It is not a legal requirement to include this section but it is necessary to be clear about the date from when the constitution is valid.

The constitution is not valid until it has been approved by NHS England. CCGs operating to revised arrangements that have not yet been approved, do so at risk. Including this in the constitution serves as a reminder of this matter when changes are being planned and negotiated, and helps practice members to understand the status of potential changes being discussed with them.

Under section 14J of the 2006 Act, a CCG must publish its constitution. If the constitution is varied, whether on the request of the CCG or under the powers of NHS England, the CCG must publish the revised constitution. This should be done as soon as is reasonably practical after the CCG receives the relevant approval or decision from NHS England. By publishing it on line, this requirement is fulfilled.

IV Amendment and Variation

Under section 14E of the 2006 Act, a CCG may apply to NHS England to vary its constitution (including varying its area or its list of members). If NHS England grants the application, the variation to the constitution will come into effect.

The procedure for making the application to NHS England is published on the NHS England website:
https://www.england.nhs.uk/wp-content/uploads/2016/11/guidance-constitution-mergers-dissolution-nov16.pdf

V Member Practice Approval of Proposed Constitution Changes

Whilst not a legal requirement, NHS England has previously encouraged CCGs to provide evidence that member practices approve requested changes by collecting signatures from practices. Some CCGs have found this to be an onerous task that has caused delays to changes. Others have expressed concern about the need to do this so frequently poses a risk that members are not properly engaged when material changes are proposed.

We therefore suggest that CCGs consider adopting an arrangement which affords greater flexibility for changes that are not material. Such an arrangement must be agreed by the members. The following clauses provide an example of how this could be operated by a CCG wishing to adopt this approach. The clause would be inserted under the heading at 1.4.2.

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

- *Changes are thought to have a material impact*
- *Changes are proposed to the reserved powers of the members;*
- *At least half (50%) of all the Governing Body Members [CCGs should consider and adapt this to fit local circumstances] formally request that the amendments be put before the membership for approval*

The original model constitution suggested all CCG members should sign the constitution. Whilst NHS England will no longer require constitutions be signed by the members, they will require a confirmation that members have been asked to approve any material changes and this should be included in the application to NHS England. It is up to CCGs to determine what is appropriate in terms of engaging with members and evidencing their support. Virtual methods can be used to engage with members.

As part of the safeguards, we would also suggest that CCGs taking this approach should ask the membership to routinely confirm the current constitution annually, perhaps at the annual general meeting.

VI CCG governance handbook

CCGs may find it useful to bring together a range of documents in one place as the CCG Governance Handbook. This is not a legal requirement, but it is an approach that is likely to assist CCGs to build a consistent approach and form part of the corporate memory. The handbook could include:

- committee terms of reference;
- the Scheme of Reservation and Delegation (SoRD);
- Standing Financial Instructions (SFIs);
- standing orders (SOs);
- arrangements for the admission and removal of member practices;
- roles and responsibilities; and
- relevant policies and procedures.

It could be published for transparency and ease of access but should be simple to keep up to date as a routine reference guide for member practices, staff and the public.

Where CCGs decide not to list their non-statutory committees within the constitution, NHS England requires them to maintain and publish a committee handbook separate to the constitution. This should include the full list of committees established and their terms of reference. It can be part of or in addition to any wider governance handbook developed. Please refer to the FAQs for further guidance on this.

VII Accountability and Transparency

Paragraph 4(2) of Schedule 1A of the 2006 Act requires CCGs to specify the arrangements they make for securing transparency in decision making.

The section also serves as a reminder of the statutory requirement to publish certain documents.

VIII Liability and indemnity

It is not a legal requirement or a requirement of NHS England to include this section but many CCGs have had conversations with their members about liability and choose to include such a section. The following wording would be suitable for those CCGs wishing to include this section:

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

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

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

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

IX Area covered by the CCG

Paragraph 2(1)(c) of Schedule 1A of the 2006 Act requires CCGs to state the area they cover in their constitutions.

CCGs can choose how they describe the area and any of the following are suitable ways to do so:

- Where this area is fully coterminous with a local authority(ies) the CCG could list the local authority(ies) using statutory name(s), for example, the City of XXX, the Borough of XXX etc
- Where the CCG partially covers one or more local authority(ies) any partial local authority(ies) areas could be defined using Lower-layer Super Output Areas (LSOAs), i.e. in [insert name] local authority the CCG covers the following LSOAs:
- Inclusion of a map showing the area covered. CCGs choosing to use a map should take care to ensure that it is accurate, complete and up to date.

CCGs may want to also make reference to their responsibility for the non-registered population.

X CCG Membership

Paragraph 2(1)(b) of Schedule 1A of the 2006 Act requires CCGs to specify, in their constitution, the members of the CCG.

S 14A(4) of the 2006 Act describes which providers of primary medical services are eligible to be members of a CCG.

NHS England requires the name of the provider of primary medical services and its address to be included in the constitution so as to be transparent and clear to members of the public.

CCGs operating locality arrangements may also choose to indicate the locality of each provider of primary medical services by adding a third column to the table.

XI Nature of Membership and Relationship with the CCG

This is not a legally required section but we believe it is helpful to make it clear that the CCG is made up of the member practices and that the Governing Body is accountable to the members.

The CCG may also include reference to local arrangements such as locality Committees.

XII Speaking on Behalf of CCGs

The original model constitution set out a section describing arrangements for expression of the views of members and the CCG views. This is not a requirement in the constitution though CCGs may wish to include something in their handbook. For those CCGs that decide to include something in their constitution, suggested wording is in the paragraph below:

Members are not restricted from giving personal views on any matter. However, Members should make it clear that personal views are not necessarily the view of the CCG.

CCGs that include this or similar wording should be mindful that nothing in the constitution or other policies and procedures agreed by the CCG should or would prevent (or give the impression of preventing) a member or member of staff from speaking out. To be clear about this, CCGs should also include the following paragraph:

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 CCG, 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 CCG or of any of its members, nor will it affect the rights of any worker (as defined in that Act) under that Act.

XIII Members' Rights

This section is not required legally but helps to set the relationship between the CCG and its member practices. Most CCGs have agreed some roles that are for the wider membership. The things that may be included are for local agreement and relevant processes should be described in the standing orders and/ or the governance handbook as appropriate. Examples include:

- Calling and attending a general meeting of the Members;
- Submitting a proposal for amendment of the Constitution.
- Putting themselves forward for election to the Governing Body
- Electing the Chair (and/ or other members) of the Governing Body.
- Removing the Chair (or other elected members) of the Governing Body
- Participating in the development of the CCG's Corporate Governance documents, including the CCG Handbook.

XIV Members' Meetings

This section itself is not a legal requirement but Paragraph 6 of Schedule 1A of the 2006 Act requires that CCGs secure effective participation by each member and this section forms one aspect through which CCGs fulfil this requirement.

Whilst there is no legal requirement for the members to meet on an annual basis we encourage CCGs to engage with their members on a regular basis and to facilitate some form of annual 'meeting' or stock-take. For instance, it is required that the annual report be presented to a meeting in public and whilst this could be done by the Governing Body, the full membership should also be invited and encouraged to participate. Such a meeting could also be used to enable members to confirm their continued support for the constitution if the members are no longer asked to approve every small change individually.

Practice varies across CCGs and many have established a Member Council or Member Forum. Others have established locality arrangements where members within each locality meet on a regular basis and the outcome of such meetings can then be filtered-up into a smaller sub-group of member

representatives and ultimately to the Governing Body. These relevant arrangements should be described in this section.

Some large CCGs have found it to be beneficial to include a provision for virtual and electronic gathering of members to ensure the need to travel and disruption to delivery of services in their practices is minimised. This too should be included in this section.

XV Practice Representatives

Paragraph 6 of Schedule 1A of the 2006 Act requires that CCGs secure effective participation by each member.

Regulation 21 of the National Health Service (General Medical Services Contracts) Regulations 2015/1862 requires the contractor (i.e. the GP) to "be a member of the CCG" and "appoint at least one individual who is a health care professional to act on the contractor's behalf in the dealings between the contractor and the CCG to which the contractor belongs".

The same provision is found in Regulation 14 of the National Health Service (Personal Medical Services Agreements) Regulations 2015/1879 and the Alternative Provider Medical Services Directions 2016.

Whilst this is a requirement on the contractor, CCGs are expected to facilitate the engagement of the individual in the arrangements of the CCG. CCGs do this in different ways and there is no requirement to use particular mechanisms. CCGs should set out their arrangements in this section.

Standing orders should detail the title of the post-holder within the CCG that has to be informed by the practice of who their practice representative is.

A CCG that has a locality structure or where the GP members of the Governing Body are elected could also make reference to these arrangements here.

XVI Good Governance

A section on good governance is not a legal requirement per se however, section 14L(2)(b) of the 2006 Act requires CCGs to act in accordance with generally accepted principles of good governance and to state how the Governing Body will operate. This section makes a contribution to that statement.

We suggest the following should be considered for inclusion:

a) Use of the governance toolkit for CCGs www.ccggovernance.org;
b) Undertaking regular governance reviews;

c) Adoption of standards and procedures that facilitate speaking out and the raising of concerns including a freedom to speak up guardian if one is appointed;
d) Adopting CCG values that include standards of propriety in relation to the stewardship of public funds, impartiality, integrity and objectivity;
e) The Good Governance Standard for Public Services;
f) the standards of behaviour published by the Committee on Standards in Public Life (1995) known as the 'Nolan Principles';
g) the seven key principles of the NHS Constitution;
h) relevant legislation including such as the Equality Act 2010; and
i) the standards set out in the Professional Standard Authority's guidance 'Standards for Members of NHS Boards and Clinical Commissioning Group Governing Bodies in England'.

XVII Scheme of Reservation and Delegation (SoRD)

Some CCGs have chosen to include their SoRD within the constitution and this may continue to happen. However, CCGs are not legally obliged to include it. CCGs should, to comply with the requirement for transparency, continue to publish their SoRD and we recommend that a hyperlink is inserted into the constitution to the relevant page on the website.

As with our suggestion about changes to the constitutions, we encourage CCGs to consider delegating smaller changes to the SoRD to the AO. If a CCG decides to operate this arrangement the following wording could be adopted or adapted.

The accountable officer may periodically propose amendments to the Scheme of Reservation and Delegation, which shall be considered and approved by the Governing Body unless:

a) Changes are proposed to the reserved powers; or

b) At least half (50%) of all the Governing Body member practice representatives (including the Chair) formally request that the amendments be put before the membership for approval.

XVIII Standing Orders

Paragraphs 1 to 8 of Schedule 1A of the 2006 Act state what CCGs are required to include in their constitution. This includes:

- how the Governing Body operates;
- arrangements for the appointment of committees, including Audit and Remuneration Committees;
- the procedures for decision-making; and
- provision to hold meetings in public.

These matters are usually all detailed in the Standing Orders (SO) and we therefore believe that the SO forms a key part of the constitution and should be appended in full. CCGs that choose not to include their SO will need to include details that address the bullet points above in the body of their constitution. In some current constitutions there is a considerable degree of overlap in terms of where this content is set out and a review of how the procedural aspects are detailed could be of benefit as part of any general constitution update.

A list of what should be included in the SO is included in section xxxiv of this document.

XIX Standing Financial Instructions (SFI)

The constitution should include the delegated authority limits for financial commitment. This is usually set out in the SFIs and the CCG should include the relevant document to provide this information as an appendix to the constitution.

XX The Governing Body: Its Role and Functions

Sections 14L(2) and (3) of the 2006 Act set out the Governing Body's role.

Additional functions may be conferred on the Governing Body, as follows:

1) where a clinical commissioning group specifies in its constitution that it wants its Governing Body to undertake additional functions connected with the two main functions (as permitted by section 14L(3)(c) of the 2006 Act)
2) where a clinical commissioning group specifies in its constitution that it wants to delegate to its Governing Body functions of the CCG (as permitted by paragraph 3(3)(b) of Schedule 1A to the 2006 Act)

Where a CCG chooses to confer additional functions or delegate a function of the CCG to its Governing Body - as outlined in 2) and 3) above - then each additional function must be described and listed in the constitution.

CCGs need to create their own list of additional functions which should be cross referenced with the SoRD and standing orders where appropriate. The following examples may be useful:

a) leading the development of vision and strategy for the CCG;
b) overseeing and monitoring quality improvement;
c) approving the CCG's Commissioning Plans and its consultation arrangements;
d) stimulating innovation and modernisation;

e) overseeing and monitoring performance;
f) overseeing risk assessment and securing assurance actions to mitigate identified strategic risks;
g) promoting a culture of strong engagement with patients, their carers, Members, the public and other stakeholders about the activity and progress of the CCG;
h) ensuring good governance and leading a culture of good governance throughout the CCG.

XIX Composition of the Governing Body

The 2012 Regulations set out the required statutory roles on the Governing Body (resulting in a minimum of six members) and, in addition, NHS England's statutory guidance *Managing Conflicts of Interest: Revised Statutory Guidance for CCGs 2017* strongly recommends that CCGs appoint a third lay member.

A CCG may choose to have additional members on the Governing Body. Ordinarily, this would as a minimum include a number of GPs from member practices. Other examples might include additional CCG directors or senior managers, such as a Director of Commissioning or Director of Nursing, additional GP members, allied health professionals etc.

If a CCG chooses to add further roles to its Governing Body, they must provide a short description for each category of member (rather than name the individual person) in the CCG's constitution in accordance with section 14L(4)(c) of the 2006 Act. In addition, they should ensure that the categories (and the individuals they appoint to the roles) are not disqualified by Schedule 5 of the NHS Clinical Commissioning Groups Regulations 2012 (see FAQ for further details on disqualification criteria).

NHS England's guidance from authorisation was that CCGs should identify a Clinical Leader who is the individual recognised by the CCG as the leading clinician who represents the clinical voice of its members. It was also a requirement that the Clinical Leader was to be either the chair of the Governing Body or take on the accountable officer (AO) role.

The Clinical Leader is not a role required by legislation, nor is it a legal requirement that either the chair or the AO must be a clinician. However, CCGs are clinically-led organisations and NHS England continues to expect CCGs to identify an individual, recognised by the CCG as the leading clinician who represents the voice of its members.

There will be circumstances, often time-limited, where the member practices conclude that the clinical leader fulfilling the role of Chair or AO is no longer the best solution for the CCG or for ensuring senior clinical input into the governance and decision making of the CCG overall. Whilst a combination of a lay chair and a managerial AO is permissible under the legislation, NHS England would expect the CCG to identify a third individual as the Clinical

Leader and to be clear how that role is reflected in the constitution and the governance of the CCG.

In all instances where a CCG is proposing to move away from the model of the Clinical Leader occupying either of the chair or AO roles then this should be preceded by a discussion with NHS England to discuss the background. Assurance will be sought that:

a) the members practices have agreed the approach to be their preferred option; and
b) alternative arrangements have been put in place to retain senior clinical input into its governance and commissioning.

XII Attendees at the Governing Body

Some CCGs wish to invite specified people to work with the Governing Body but without them having a vote. These individuals should **not** be referred to as non-voting members. This is because it is expected that all members of the Governing Body are entitled to actively participate in the actual decision-making process, including voting if necessary.

CCGs wishing to extend a standing invitation to a person without formally adding them as a member are advised to refer to them as attendees.

CCGs are advised to identify the individuals by their roles rather than their names (e.g. Director of Public Health).

XXIII Appointment to the Governing Body

Standing orders should set out how the individuals are appointed to the roles. CCGs have used a range of methods including selection and election. The standing orders should also set out the terms of office, whether the CCG will permit re-appointment after completion of a term and how many terms may be completed. The procedures for resignations and removals should also be set out in the standing orders.

XXIV Committees and Sub Committees: Locality Committees

Where locality Committees are established, it is usually understood that these are established as Committees of the CCG, as their remit will primarily relate to membership matters.

XXV Committees of the Governing Body

CCG Governing Bodies are required by statute to have 2 committees both of which should be chaired by lay members:

- Audit Committee and
- The Remuneration Committee

In addition, CCGs that have taken on delegated responsibility for primary care commissioning are required to establish a Primary Care Commissioning Committee. Because the functions being exercised by the Primary Care Commissioning Committee are actually NHS England functions, exercised on behalf of NHS England by the CCG, these functions cannot be further delegated. This means that they cannot be delegated to a Joint Committee.

Because these committees are mandated, either by statute or because of the terms of the delegation by NHS England, their terms of reference should be included in the constitution as an appendix.

The CCG may establish other optional committees and the constitution should make reference to the authority to establish these.

Where CCGs decide not to list their non-statutory committees within the constitution, NHS England requires them to maintain and publish a committees' handbook. This should include the full list of committees established and their terms of reference. It can be part of or in addition to any wider governance handbook developed. Please refer to the FAQs for further guidance on this. In addition, CCGs have a duty to be transparent and as part of this, the constitution should state where the terms of reference are published, and we recommend a hyperlink should be embedded in the constitution.

CCGs have a duty to be transparent and as part of this, CCGs should publish the terms of reference to all committees that have a decision-making responsibility or that undertake a delegated function of the CCG. The constitution should state where the terms of reference are published, and we recommend a hyperlink should be embedded in the constitution to a prominent place on the website or the CCG handbook if the CCG has one.

XXVI Primary Care Commissioning Committee (PCCC)

Where a CCG has joint primary care co-commissioning rather than delegated commissioning, then the following text should be used:

> ***Primary Care Joint Commissioning Committee***
> *This Committee has been established by the CCG and NHS England to enable decisions to be made jointly on the commissioning of primary medical care. It reports to both NHS England and the Governing Body. It*

is chaired by a lay member, has a lay vice chair and GP members are in the minority.

XXVII Joint Commissioning Arrangements

Not all CCGs have current joint arrangements in place for their commissioning functions, but many are planning to do so. A Legislative Reform Order (LRO) was issued in 2014 that permitted CCGs to form Joint Committees with other CCGs or with NHS England. If CCGs have not already done so, we recommend that they include a section on joint arrangements in the constitution at the next review in order that the constitution permits the CCG to form such arrangements if required. Having this section in the constitution does not require the CCG to operate a joint arrangement, but merely permits it should the CCG wish to do so in future.

The joint working parts of the constitution cover the different types of joint commissioning that the CCG can participate in. By including the suggested wording, CCGs allow for rapid implementation, without delay pending changes to the constitution.

A standard sentence is included in the sections on joint working which should be removed by CCGs that have not delegated relevant authority to its Governing Body.

XXVIII Joint Working with Local Authorities

CCGs working in a combined authority setting with local authorities will need to include additional wording to cover this situation (although section 75 arrangements may apply in addition to any formal joint wording). Where this is the case, the following wording should be used (the numbering should be updated to ensure consistency with the specific constitution in question):

1.1.2 The CCG may work together with a Combined Authority in the exercise of its Commissioning Functions.

1.1.3 The CCG delegates its powers and duties under [X] to the Governing Body and all references in this part to the CCG should be read as the Governing Body, except to the extent that they relate to the continuing liability of the CCG under any joint arrangements. [CCGs that have not delegated to their Governing Body should remove this paragraph].

1.1.4 The CCG may make arrangements with [insert Combined Authority] in respect of:

a) Exercising any of its Commissioning Functions jointly with the Combined Authority; and/or

b) Exercising jointly with the Combined Authority any Commissioning Functions that the CCG is exercising on behalf

of another CCG, pursuant to arrangements made under section 14Z3 of the NHS Act 2006, as amended; and/or;

c) *Entering into arrangements with other CCGs and the combined authority to exercise functions jointly.*

1.1.5 Where arrangements are made as outlined above in 1.1.4:

a) *A Joint Committee may be established with the Combined Authority and other CCGs, as relevant; and*
b) *Terms and conditions, including as to payment, may be agreed.*

1.1.6 Where two or more CCGs enter into arrangements with the Combined Authority to establish a Joint Committee, a pooled fund may be established. A pooled fund is a fund that is made up of contributions by each of the CCGs and the Combined Authority, working together jointly pursuant to paragraph 1.1.4 above. Any such pooled fund may be used to make payments towards expenditure incurred in the discharge of any of the commissioning functions in respect of which the arrangements are made. [Where this applies, the text should be adapted to state that a pooled fund has been established].

1.1.7 Where the CCG enters into arrangements as described at paragraph 1.1.4 above, the CCG shall enter into an agreement setting out the arrangements for joint working including details of:

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

b) *The duties and responsibilities of the parties, and the legal basis for such arrangements;*

c) *How risk will be managed and apportioned between the parties;*

d) *Financial arrangements, including payments towards a pooled fund and management of that fund;*

e) *Contributions from the parties, including details around assets, employees and equipment to be used under the joint working arrangements.*

[The above list should be adapted as appropriate to fit the circumstances]

1.1.8 The liability of the CCG to carry out its functions will not be affected where the CCG enters into arrangements pursuant to paragraph 1.1.4 above. [This statement should be included].

XXIX Joint Commissioning with Other CCGs

CCGs are permitted by section 14Z3 of the 2006 Act to form a Joint Committee with other CCGs *for the exercise of its commissioning functions*.

CCGs should be clear that functions delegated or directed to CCGs by NHS England (such as primary care or out of hours commissioning) are not CCG functions and therefore may not be delegated to Joint Committees with other CCGs.

Similarly, CCGs are not able to form Joint Committees for Remuneration and Audit Committees as these are non-delegable functions.

To work in close alignment when Joint Committees are not permitted, there are other options available. Please refer to the FAQ document.

XXX Conflicts of Interest

CCGs are required by *Managing Conflicts of Interest: Statutory Guidance for CCGs 2017* to appoint a guardian for the management of conflicts of interest. The guidance suggests this should be the chair of the Audit Committee unless they have a provider interest, as they already have a key role in conflicts of interest management. If the CCG selects an alternative guardian, the constitution should be adjusted to reflect this.

XXXI Declarations and Registers of Interest

Registers of interest and notifications of breaches in policy must be published. Most CCGs also publish their policy and procedures in relation to managing conflicts of interest.

XXXII Training in Relation to Conflicts of Interest

NHS England's statutory guidance *Managing Conflicts of Interest: Revised Statutory Guidance for CCGs 2017* requires that training in conflicts of interest is offered to all employees, members of the Governing Body and Committees. NHS England provides online training for CCGs which aims to raise awareness of the risks of conflicts of interest, how to identify and manage them. Module one of the training is mandatory for key staff and decision makers and a list is provided in the guidance.

XXXIII Appendix 2: Committee Terms of Reference

CCGs must append ToR for Remuneration Committee, Audit Committee and Primary Care Commissioning Committee (if relevant)] which form part of the constitution. ToR for other committees may be included if CCGs wish.

XXXIV Appendix 3 Standing Orders

CCGs should include a copy of their standing orders as an appendix in the constitution.

Standing orders should include, as a minimum the following information:

- In relation to all key roles including membership of the Governing Body and Committees:
  - Eligibility and disqualification criteria
  - the processes used for selection
  - process used for removal from office
  - tenure and rules around re-appointment
  - notice periods

- Procedures associated with meetings of the members, Governing Body and Committees:
  - Arrangements for calling meetings including their routine frequency and the process for urgent meetings and chairs action
  - Arrangements for the preparation of the agenda and distribution of supporting papers
  - Arrangements for public attendance where appropriate
  - Selection of the chair for meetings
  - Responsibilities and limitation of the chair role
  - Quorum arrangements
  - Procedures for voting or other ways of taking decisions, including deputising arrangements, if permitted
  - Arrangements for the records of meeting to be taken, affirmed and distributed
  - The process for appointing Committees, Sub-Committees and Joint Committees

- Authorisations:
  - Use of the seal
  - Authorised signatories

XXXV Appendix 4 Standing Financial Instructions

CCGs need to include details in their constitutions relating to the delegated financial authority limits. Whilst the SFIs are not required per se, given that the required information is usually within them, we recommend that CCGs include them. CCGs that choose not to include the SFIs should ensure they include details of the financial limits for delegated authority. Together with the SOs, this provides the procedural framework within which decisions, including those relating to delegated functions, are made.