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

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This version may be updated to reflect regulations that are in the process of being drafted in respect of the National Health Service Act 2006 (the 2006 Act), as amended by the Health and Social Care Act 2012 (the 2012 Act) and any future policy development.
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This document presents each role in two parts: a core part which is applicable to all roles (see page 5) 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 an optional ‘chief operating officer’ role (or similar), 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 sets 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 emerging CCG will determine how they will go about designing their governing body whose overarching role is to ensure that the CCG has appropriate 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 Bill and supporting regulations will describe 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 lay 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 delegate any additional roles and decisions to the governing body, above those functions accorded to it under the Bill. Where additional functions are delegated to the governing body, the CCG will need to 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 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 will 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 that will be specified in the legislation, 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 with regard to 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 as currently being developed by the Council for Healthcare Regulatory Excellence;¹
• 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:

    o **creating the vision** - effective leadership involves contributing to the creation of a compelling vision for the future and communicating this within and across organisations;
    o **working with others** - effective leadership requires individuals to work with others in teams and networks to commission continually improving services;
    o **being close to patients** - this is about truly engaging and involving patients and communities;
    o **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;
    o **demonstrating personal qualities** - effective leadership requires individuals to draw upon their values, strengths and abilities to commission high standards of service; and
    o **leadership essence** - can best be described as someone who demonstrates presence and engages people by the way they communicate, behave and interact with others.

¹ The Council for Healthcare Regulatory Excellence is consulting on Standards for members of NHS boards and governing bodies in England, through to 10 April 2012. These Standards build on work already done in this area, including by the National Leadership Council, and they are consistent with the Nolan Principles of Public Life and other regulatory frameworks that apply to people working in the NHS. The proposed standards cover three domains: technical competence and ability to carry out the job, personal behaviours and accountability and business practices including financial probity. The consultation document can be found at www.chre.org.uk/_img/pics/library/Standards_for_consultation_FINAL.pdf
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.

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.

**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 have a place on the CCG assembly. In many cases, this will be the Chair of the governing body. Where a clinician is also the Accountable Officer, the CCG will need to identify which individual it wishes to put forward as the senior clinical voice.
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 governing body will select the individual that takes on this role.

Subject to the legislative framework, the role of the Chair of the governing body may be filled by any member of the governing body. If the Chair is a GP or other healthcare professional, the Deputy Chair should be a lay member who would 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.

In line with principles of good governance, we would not expect the same individual to hold both the roles of Accountable Officer and Chair of the governing body.
Lay member on the governing body – with a lead role in overseeing key elements of governance

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.

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.
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.

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 bring that perspective to the governing body; and
- be competent to chair meetings.
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

- be a doctor who is, or has been, a secondary care specialist, who 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 individual should have no conflicts of interest i.e. they should not be employed by any organisation from which the CCG secures any significant volume of provision.
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 individual should have no conflicts of interest i.e. they should not be employed by any organisation from which the CCG secures any significant volume of provision.

The individual should bring significant additional perspectives beyond primary care and should not be a general practice employee. This is especially in relation to this particular role and does not preclude practice nurses from being members of the governing body in other capacities, for instance as the health professionals acting on behalf of member practices.
Accountable Officer

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

Regulations will require the Accountable Officer to be a member of the governing body. The Accountable Officer will 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.

In addition, as emerging CCGs decide whether their Accountable Officer will be a clinician supported by an expert manager or whether the Accountable Officer will be a manager with expert clinical leadership support, there may be additional changes in emphasis, beyond this core requirement.

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.

All CCGs will need to identify their senior clinical voice for interactions with stakeholders and especially the NHS Commissioning Board. This senior clinician will have a place on the CCG assembly. In a number of cases, this will be the Accountable officer. Where a clinician is also the Chair of the governing body, the CCG will need to identify which individual it wishes to put forward as the senior clinical voice.

2 A draft role outline for an optional chief operating officer (or equivalent) role has also been developed in response to requests from emerging CCGs who wish to support a clinical Accountable Officer with a senior manager. This is included as annex 1
Additional specific role outline

Subject to the Health and Social Care Bill, 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.

- 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

The Health and Social Care Bill specifies that certain people can be an Accountable Officer. 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 as their Accountable Officer, it will not be possible for a single CCG to appoint two individuals to share this role.

The NHS Commissioning Board will formally confirm the appointment of the nominated Accountable Officer 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

Although not required by the Bill, CCGs will need to have a senior individual who is responsible for providing financial advice to the CCG and for supervising financial control and accounting systems. This role - which we refer to as ‘Chief Finance Officer’ - will be a key leadership role in the organisation. 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 (if they are a CCG employee) 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 taxpayers.
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.
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. The indications are, at this stage, that these may include people in categories such as:

- those not eligible to work in the UK;
- a person who is subject to a bankruptcy restrictions order or an interim bankruptcy restrictions order;
- a person who has in the last five years been dismissed from employment by a health service body otherwise than because of redundancy;
- a person who has received a prison sentence or suspended sentence of three months or more in the last five years;
- a person who has been dismissed by a former employer (within or outside the NHS) on the grounds of misconduct within the last 5 years;
- a health care professional whose registration is subject to conditions, or who is subject to proceedings before a fitness to practise committee of the relevant regulatory body, or who is the subject of an allegation or investigation which could lead to such proceedings;
- a person who is under a disqualification order under the Company Directors Disqualification Act 1986 or the Company Directors Disqualification (Northern Ireland) Order 2002, or an order made under section 429(2) of the Insolvency Act 1986 (disabilities on revocation of administration order against an individual);
- a person who has at any time been removed from the management or control of a charity.

It is also likely that the regulations will require that only one partner or spouse can be on the governing body.

In addition, people will not be eligible for the lay roles if they are:

- a serving civil servant within the Department of Health, or members /employees of the Care Quality Commission; or
- intending to serve as a Chair or non-executive of another NHS body beyond the formal establishment of the relevant CCG
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 (subject to requirements in regulations);
- appraisal and development arrangements;
- time commitment expectations; and
- remuneration, travelling and other allowances arrangements and rates.
Annex 1. Draft role outline for chief operating officer or similar manager role

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, either where the CCG has decided that the Accountable Officer will be a clinician or to describe the additional aspects of the role where the Accountable Officer is a senior manager. 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 emerging CCG clinical leads and with NHS managers who are currently working in similar roles.

For the purpose of this document and for clarity, we have termed this example role outline ‘chief operating officer’, but would emphasise that if an emerging CCG wishes to use this model the precise nature and title of the role will depend on the internal structure determined by the CCG.

It is intended that the content of this additional annex provides information to support local discussions about the make-up of the leadership team, depending on each emerging CCG’s preferred internal structure. It could be used where, for example:

- the Accountable Officer is likely to be a clinician, and the emerging CCG is considering appointing another individual to a full-time senior manager role (sometimes referred to as a chief operating officer or a managing director);
- the emerging CCG intends to combine further management responsibilities with those of the Chief Finance Officer. In other words where CCGs determine they will have one senior individual who is both the CFO and the COO;
- the emerging CCG intends to share management responsibilities across more than one managerial roles;
- the individual is also the Accountable Officer and these specific managerial duties constitute the complementary part of this full time role.

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.

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3 It has been included as an annex because the legislative framework does not require such a role and it is therefore a matter for individual CCGs to determine. Equally, if an emerging CCG decides that this or a similar role should be a member of the CCG’s governing body then this would need to be provided for in the constitution.
Suggested Role Summary (needs to be considered in the context of the broader leadership arrangements)

The chief operating officer 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.

The chief operating officer 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 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 clinical Accountable 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 chief operating officer 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 Health and Social Care bill*

- 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 chief operating officer 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 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 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. Many will continue in their clinical roles. It is not intended for service managers such as the Chief Finance Officer (or equivalent role), or the Accountable Officer if also the service manager in the CCG, who are likely to be full time employees, even if across more than one CCG.

The principles should apply irrespective of the contractual status of the individual. For example, individuals may be directly employed by the CCG, they may be self-employed or they may provide services to the CCG in the course of their employment elsewhere in which case the payment may be made to the individual’s employer or their practice.

Where individuals on the governing body are not full time employees of the CCG, CCGs may wish to take into account the following set of principles:

All payments should be:

• payable to either the individual or their employer on a sessional basis;
• evidently in line with the individual’s current earnings; or
• commensurate with the average rate for their current employment or the specific role.

For individuals this would mean:

**GPs on the governing body**

Remuneration should be paid either:

• To the practice and at a reasonable rate to that practice, in line with practice earnings;
• At a rate which allows the practice to provide 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;
• To the individual in line with any sessional rate they already receive from local practices per session; or
• To the individual in line with local average sessional rates per session.
Other practice staff on the governing body

Remuneration should be paid either:

- to the practice and at a rate which reimburses the practice for the individual’s time or the reasonable cost of backfilling the individual; or
- to the individual 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:

- to the individual’s employer at a rate commensurate with their salary or as needed for replacement costs; or
- to the individual 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.

Governing body members who are CCG employees

Where governing body members are employees of the CCG (such as may be the case, for instance, in relation to the Accountable Officer or the Chief Finance Officer, their remuneration, fees and allowances will be determined by the governing body, subject to recommendations of its remuneration committee (as will be the case for all CCG employees). The NHS Commissioning Board may publish further guidance for governing bodies in this respect.