# AGENDA
## PUBLIC SESSION

### ADMINISTRATION
- **RCCG/GB/17/037** Welcome
  - Sheila Hyde
  - Lay Vice-Chair
- **RCCG/GB/17/038** Apologies for Absence
  - Lynne Sharp
  - Head of Governance and Engagement
- **RCCG/GB/17/039** Declaration of Interest
  - i) Register of interests
  - ii) Declarations of interest from sub-committees
  - iii) Declarations of interest for this agenda
  - All
- **RCCG/GB/17/040** Minutes of the Governing Body Meeting held on 19 January 2017 and the extraordinary meetings held on 10 February 2017 and 16 February 2017.
  - Sheila Hyde
  - Paper
- **RCCG/GB/17/041** i) Action List
  - ii) Matters Arising not elsewhere on the Agenda
  - Sheila Hyde
  - Paper

### REPORTS
- **RCCG/GB/17/042** Lay Vice-Chair and Lay Members’ Report
  - Verbal
- **RCCG/GB/17/043** Chief Officer’s Report
  - Vicky Bailey
  - Chief Officer
  - Paper

### FINANCE
- **RCCG/GB/17/044** Finance Report
  - Jonathan Bemrose
  - Director of Finance
  - To Follow
- **RCCG/GB/17/045** Detailed Financial Policies and Operational Scheme of Delegation
  - Jonathan Bemrose
  - Paper
- **RCCG/GB/17/046** Latest Financial Plan and Opening budgets 2017/18
  - Jonathan Bemrose
  - To Follow
- **RCCG/GB/17/047** 2017/18 Better Care Fund Plan and Pooled Fund Agreement
  - Jonathan Bemrose
  - Paper

### QUALITY
- **RCCG/GB/17/048** Quarter 3 2016/17 Quality Report
  - Nichola Bramhall
  - Director of Nursing & Quality
  - Paper

### PERFORMANCE AND INFORMATION
- **RCCG/GB/17/049** Quality and Performance Report
  - Andy Hall
  - Director of Outcomes and Information
  - Paper

### FOR APPROVAL
- **RCCG/GB/17/050** Public Health Memorandum of understanding – Clinical Commissioning Groups and Nottinghamshire County Council.
  - Vicky Bailey
  - Paper
**RCCG/GB/17**

**PLANNING AND STRATEGIES**

- **RCCG/GB/17/051** Leaver’s Policy including exit interview procedure and leaver’s questionnaire.
  - Lynne Sharp
  - Paper

- **RCCG/GB/17/052**
  - i) Business Continuity Plan
  - ii) Business Continuity Plan Exercise & Review
  - Lynne Sharp
  - Paper

**GOVERNANCE AND ASSURANCE**

- **RCCG/GB/17/053** Multi-Specialty Community Provider Update January and February 2017.
  - Fiona Callaghan
  - Head of Strategy
  - Paper

**FOR INFORMATION**

- **RCCG/GB/17/056** Primary care Commissioning Committee Minutes 15 December 2017
  - Vicky Bailey
  - Paper

- **RCCG/GB/17/057**
  - i) Clinical Cabinet Minutes 1 December 2016
  - ii) Clinical Cabinet Minutes 5 January 2017
  - iii) Clinical Cabinet Minutes 2 February 2017
  - Stephen Shortt
  - GP Clinical Lead
  - Paper

- **RCCG/GB/17/058** Audit Committee Minutes 18 January 2018
  - Ann Greenwood
  - Lay Member for Audit
  - Paper

**ANY OTHER BUSINESS**

- **RCCG/GB/17/064** Any Other Business

**CONFIDENTIAL MEETING**

**RCCG/GB/17/065** **CONFIDENTIAL MOTION:**

The Governing Body will resolve that representatives of the press and other members of the public be excluded from the remainder of this meeting, having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest (Section 1 [2] Public Bodies [Admission of Meetings] Act 1960)

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**Date and Time of Next Meeting:**
Closed Development Session Thursday 20 April 2017 - 1.30 pm
Clumber Room Easthorpe House, Loughborough Road, Ruddington NG11 6LQ
A conflict of interest occurs where an individual’s ability to exercise judgement, or act in a role, is, could be, or is seen to be impaired or otherwise influenced by his or her involvement in another role or relationship. In some circumstances, it could be reasonably considered that a conflict exists even when there is no actual conflict. In these cases it is important to still manage these perceived conflicts in order to maintain public trust.

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

Interests can be captured in four different categories:

i) **Financial interests** - this is where an individual may get direct financial benefits from the consequences of a commissioning decision. This could, for example, include being:

- A director, including a non-executive director, or senior employee in a private company or public limited company or other organisation which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations.
- A shareholder (or similar ownership interests), a partner or owner of a private or not-for-profit company, business, partnership or consultancy which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations.
- A management consultant for a provider. This could also include an individual being:
  - In secondary employment
  - In receipt of secondary income from a provider;
  - In receipt of a grant from a provider;
  - In receipt of any payments (for example honoraria, one-off payments, day allowances or travel or subsistence) from a provider;
  - In receipt of research funding, including grants that may be received by the individual or any organisation in which they have an interest or role; and
  - Having a pension that is funded by a provider (where the value of this might be affected by the success or failure of the provider).

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

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

GPs and practice managers, who are members of the governing body or committees of the CCG, should declare details of their roles and responsibilities held within their GP practices.
iii) **Non-financial personal interests** - this is where an individual may benefit personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit. This could include, for example, where the individual is:

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

iv) **Indirect interests** - this is where an individual has a close association with an individual who has a financial interest, a non-financial professional interest or a non-financial personal interest in a commissioning decision (as those categories are described above) for example, a:

- Spouse / partner
- Close relative - parent, grandparent, child, grandchild or sibling
- Close friend
- Business partner - a declaration of interest for a “business partner” in a GP partnership should include all relevant collective interests of the partnership, and all interests of their fellow GP partners

Whether an interest held by another person gives rise to a conflict of interests will depend upon the nature of the relationship between that person and the individual, and the role of the individual within the CCG.

The above categories and examples are not exhaustive and the CCG will exercise discretion on a case by case basis, having regard to the principles set out in the CCG’s Conflicts of Interest.