



# Governance manual

July 2017



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Author/Nominated Lead:	Hazel Buchanan, Director of Operations
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Contact Details:	Samantha Walters Chief Officer NHS Nottingham North & East Clinical Commissioning Group Arnot Hill Park Arnold Nottingham NG5 6LU
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## **Introduction**

The Governance Manual is a supporting document to NHS Nottingham North and East Clinical Commissioning Group (NNE CCG) Constitution.

The manual includes organograms and structure diagrams relative to current guidance, Nottinghamshire CCGs shared agreements and the wider infrastructure, including in response to the responsibilities of the Commissioning Support Unit and NHS Commissioning Board. The Governance and CCG structures have been implemented.

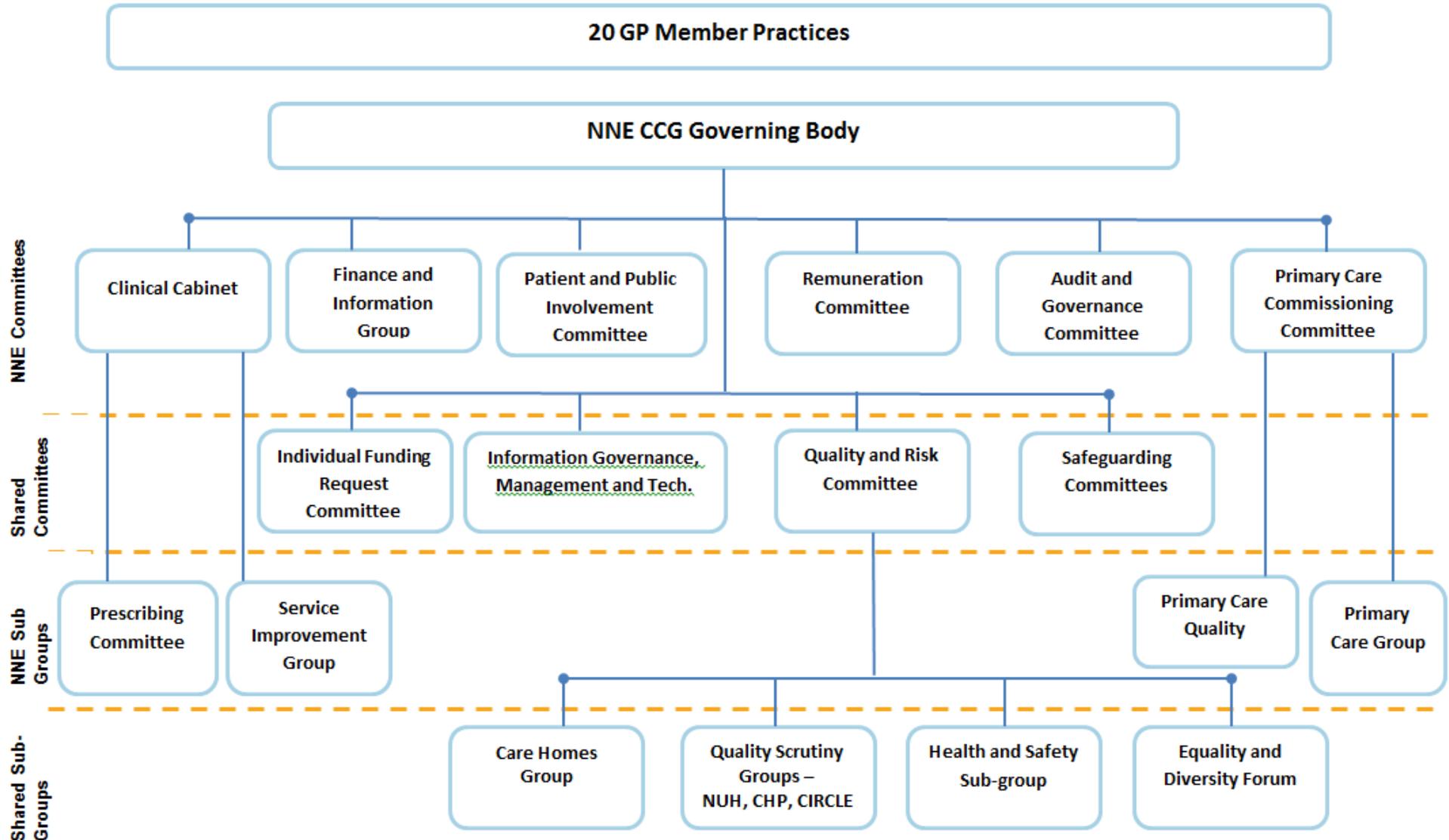
The manual provides a detailed understanding of the committee structure by including the terms of reference. The terms of reference are at various stages, relevant to sign off by the approving body and all committees and sub groups are operational.

Finally the manual includes a summary of relevant Memorandum of Understandings (MOUs) in relation to the Nottinghamshire infrastructure.

# Nottingham North and East CCG Governance Structure (Including Sub-Groups)

Nottingham North and East  
Clinical Commissioning Group

Putting good health *into practice*



## **Section 1. Terms of Reference: NNE CCG Committees**



## Nottingham North and East

Putting good health *into practice* **Clinical Commissioning Group**

### Terms of Reference

<b>Title:</b>	<b>Audit and Governance Committee</b>
<b>Approving Body:</b>	Governing Body
<b>Review date:</b>	September 2017
<b>Introduction / Purpose:</b>	<p>The Audit Committee (the committee) is established in accordance with NNE Clinical Commissioning Group's constitution. The committee is a non-executive committee of the Governing Body and has no executive powers, other than those delegated in these terms of reference. These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the committee and shall have effect as if incorporated into the constitution. These terms of reference will be available on request.</p>
<b>Membership:</b>	<p>The committee shall be appointed by the clinical commissioning group as set out in the clinical commissioning group's constitution. It will consist of all the Lay Members of the clinical commissioning group. The Lay Member on the Governing Body, with a lead role in overseeing key elements of financial management and audit, will chair the Audit Committee. The Chair will have recent relevant financial experience and other members must ensure they receive induction and training in their role including appropriate financial literacy and understanding of internal control. Lay members are appointed in accordance with the constitution of NNE clinical commissioning group.</p> <p><b>Membership</b></p> <ul style="list-style-type: none"><li>• NNE CCG Lay Members<ul style="list-style-type: none"><li>○ Financial Management and Audit</li><li>○ Patient and Public Involvement</li><li>○ Primary Care</li></ul></li><li>• Membership may be drawn from other Governing Body members.</li><li>• Attendees<ul style="list-style-type: none"><li>○ Chief Finance Officer</li><li>○ Director of Operations</li><li>○ Secretary</li></ul></li></ul>

<b>Attendance:</b>	<p>The Chief Finance Officer and appropriate internal and external audit representatives shall normally attend meetings. At least once a year the Committee will meet privately with the external and internal auditors.</p> <p>The Counter Fraud Specialist will have full and unrestricted rights of access to the committee and will normally attend one meeting per annum.</p> <p>The Chief Officer and Chair of the Clinical Commissioning Group should be invited to attend and should discuss at least annually with the committee the process for assurance that supports the Chief Officer's statement of responsibilities as the Clinical Commissioning Group's Accountable Officer.</p> <p>Other members of the Governing Body and employees of the Clinical Commissioning Group will attend the committee when invited. Such invitations will arise when the committee is discussing areas of risk or operation that relate to those members or employees.</p>
<b>Secretary:</b>	<p>Secretarial support is provided by the Operations Directorate who will be responsible for:</p> <ul style="list-style-type: none"> <li>• Providing support to the Chair</li> <li>• Agreeing the agenda with the Chair</li> <li>• Collating and circulating all necessary papers</li> <li>• Drawing the Audit and Governance Committee's attention to best practice, national guidance and other relevant documents as appropriate.</li> </ul>
<b>Chair and Deputy Chair:</b>	<p>The Chair will be the Lay Member on the Governing Body, with a lead role for audit.</p> <p>In the event of the Chair of the Audit and Governance Committee being unable to attend all or part of the meeting, he or she will nominate a replacement from within the membership to deputise for that meeting.</p>
<b>Quorum:</b>	<p>A quorum shall be two members.</p>
<b>Frequency of Meetings:</b>	<p>A minimum of five meetings per annum will be needed to allow the committee to discharge its responsibilities. Timing will be decided by reference to the reporting and audit cycle. External or internal auditors may request a meeting if they consider one is necessary.</p>
<b>Rules for Meetings and Proceedings:</b>	<p>The secretary will ensure that all meeting agendas and supporting papers are sent to attendees at least seven working days before the meeting will take place.</p>
<b>Remit and Responsibility:</b>	<p>The Committee shall critically review the Clinical Commissioning Group's financial reporting, risk and internal control principles and ensure an appropriate relationship with both internal and external auditors is maintained.</p> <p><i>Financial reporting</i></p>

The Committee will monitor the integrity of the financial statements of the CCG and any formal announcements relating to the CCGs' financial performance. It will ensure that the systems for financial reporting to the CCG Governing Body, including those of budgetary control are subject to review as to completeness and accuracy of the information provided to the CCG governing body. The committee will review the annual report and financial statements before submission to the CCG Governing Body.

*Internal control and risk*

The committee shall review the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the Clinical Commissioning Group's activities that support the achievement of the Clinical Commissioning Group's objectives.

Its work will dovetail with that of any quality Committees, which the Clinical Commissioning Group establishes to seek assurance that robust clinical quality is in place. In addition the Committee will review the work of other Committees within the Clinical Commissioning Group whose work can provide relevant assurance to the Audit Committee's own scope of work

In particular, the Committee will review the adequacy and effectiveness of:

- All risk and control related disclosure statements (in particular the governance statement), together with any appropriate independent assurances, prior to endorsement by the Clinical Commissioning Group.
- The underlying assurance processes that indicate the degree of achievement of Clinical Commissioning Group objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements.
- The policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements and related reporting and self-certification.
- All work related to fraud, bribery and corruption, to ensure compliance with NHS Protects 'Standards for Commissioners: Fraud, Bribery & Corruption'.
- Compliance with Standing Orders, the Scheme of Delegation and Standing Financial Instructions.
- Corporate and governance structures.

In carrying out this work the Committee will primarily utilise the work of internal audit, external audit and other assurance functions including any reviews by Department of Health arm's length bodies or regulators/inspectors (for example Care Quality Commission and NHS Litigation Authority), but will not be limited to these sources. It will also seek reports and assurances from directors and managers as appropriate, concentrating on the over-arching systems of integrated governance, risk management and internal control, together with indicators of their effectiveness.

This will be evidenced through the committee's use of a business assurance framework established by the governing body to guide its

	work and that of the audit and assurance functions that report to it.
<b>Relationship with Governing Body and Sub-Groups</b>	<p>The minutes of the Audit and Governance Committee shall be submitted to the Governing Body. The Chair of the Audit and Governance Committee shall draw to the attention of the Governing Body any issues that require full disclosure to that body.</p> <p>The committee will report at least annually to the Governing Body on its work in support of the statement on internal control specifically commenting on the fitness for purpose of the Governing Body's assurance framework, the completeness and embeddedness of risk management and internal control in the organisation, and the quality of financial reporting.</p> <p>The Committee will review delivery within governance and corporate arrangements.</p>
<b>Relationship with other CCGs</b>	The audit committee will seek to work with other audit committees of clinical commissioning groups in Nottinghamshire in full recognition of any shared resources and joint working arrangements. This will promote an efficient approach, enhanced results and eliminate any duplication of effort
<b>Internal Audit</b>	<p>The Committee shall ensure that there is an effective internal audit function that meets public sector Internal Audit Standards and provides appropriate independent assurance to the Audit Committee, Accountable Officer and Clinical Commissioning Group. This will be achieved by:</p> <ul style="list-style-type: none"> <li>• Control the appointment, resignation, dismissal and the cost of the internal audit service, working with other relevant CCGs.</li> <li>• Review and approval of the internal audit strategy, operational plan and more detailed programme of work, ensuring that this is consistent with the audit needs of the organisation, as identified in the assurance framework.</li> <li>• Considering the major findings of internal audit work (and management's response) and ensuring co-ordination between the internal and external auditors to optimise audit resources.</li> <li>• Ensuring that the internal audit function is adequately resourced and has appropriate standing within the clinical commissioning group.</li> <li>• An annual review of the effectiveness of internal audit.</li> </ul>
<b>Counter Fraud</b>	The Committee shall satisfy itself that the organisation has adequate arrangements in place for countering fraud, bribery and corruption and shall review the outcomes of counter fraud, bribery and corruption work. The Committee shall seek assurance regarding the organisation's compliance with NHS Protects 'Standards for Commissioners: Fraud, Bribery & Corruption', by means including: reports from the Counter Fraud Specialist, the CCG's annual Self-Assessment Review Toolkit (SRT) submissions to NHS Protect, and

	from NHS Protect inspection reports.
<b>External audit</b>	<p>The Committee shall review the work and findings of the external auditors and consider the implications and management's responses to their work. This will be achieved by:</p> <ul style="list-style-type: none"> <li>• Discussion and agreement with the external auditors, before the audit commences, on the nature and scope of the audit as set out in the annual plan, and ensuring co-ordination, as appropriate, with other external auditors in the local health economy.</li> <li>• Discussion with the external auditors of their local evaluation of audit risks and assessment of the clinical commissioning group and associated impact on the audit fee.</li> <li>• Consideration of the performance of the external auditors, as far as the rules governing the appointment permit.</li> </ul> <p>Review of all external audit reports, including the report to those charged with governance, agreement of the annual audit letter before submission to the clinical commissioning group and any work undertaken outside the annual audit plan, together with the appropriateness of management responses</p>
<b>Declarations of Interest</b>	<p>All members of the Audit and Governance Committee will be required to complete a declaration of interest form in accordance with the CCG Conflict of Interest Policy.</p> <p>At the beginning of each meeting members will be required to declare a personal interest if it relates to a particular issue under consideration. Any such declaration will be formally recorded in the minutes of the meeting. The Chair will then make a decision about the member's participation in the discussion in accordance with the CCG Conflict of Interest Policy.</p>
<b>Duties – Standing Agenda Items</b>	<p><u>Administration:</u></p> <ul style="list-style-type: none"> <li>• Welcome and Apologies for absence</li> <li>• Declaration of Interests</li> <li>• Minutes of the last meeting</li> <li>• Matters Arising Action Log</li> </ul> <p><u>General Items:</u></p> <ul style="list-style-type: none"> <li>• Any Other Business</li> <li>• Date, time and venue of next meeting</li> </ul>
<b>Accountability</b>	Governing Body
<b>Monitoring</b>	The Committee will review its own performance on an annual basis.
<b>Review of Terms of Reference</b>	<p>The terms of reference will be reviewed following confirmation of authorisation and thereafter at least annually.</p> <p>The terms of reference will be submitted to the CCG Governing Body for approval.</p>

**Terms of Reference**

<b>Title:</b>	<b>Remuneration Committee</b>
<b>Date approved: Approving Body:</b>	19th July 2016 Governing Body
<b>Review date:</b>	July 2017
<b>Introduction/Purpose:</b>	<p>The Remuneration Committee (the committee) is established in accordance with Nottingham North and East Clinical Commissioning Group's constitution, standing orders and scheme of delegation. These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the committee and shall have effect as if incorporated into the clinical commissioning group's constitution and standing orders.</p> <p>The Remuneration Committee will make recommendations to the Governing Body on determinations about remuneration. The committee will act as an arbiter, as required, for conflicted fee based decisions relevant to Nottingham North and East GPs.</p>
<b>Membership:</b>	<p><b>Membership</b></p> <p>Core membership includes:</p> <ul style="list-style-type: none"> <li>• Chair – Lay Member Financial Management and Audit</li> <li>• Lay Member Patient and Public Involvement</li> </ul> <p>Other members may be drawn from the Governing Body, relevant to agenda items and direct conflicts of interest.</p> <p>Rules governing Members' qualification, disqualification, appointment, tenure and eligibility for reappointment are detailed in the Group's Standing Orders and in Clinical Commissioning Group Governing Body Members – Role outlines, attributes and skills (NHS Commissioning Board Authority, July 2012).</p>
<b>Terms of Service</b>	Terms of service will be relevant to the Group's Standing Orders where a committee member is on the Governing Body.
<b>Attendance:</b>	<p>Members are required to attend all meetings, with appropriate notice.</p> <p>Officers with expertise in the following areas may be invited to attend meetings in an advisory capacity:</p>

	<p>Human Resources Finance</p> <p>The Director of Operations and Chief Finance Officer shall normally attend meetings.</p>
<b>Secretary:</b>	<p>Director of Operations</p> <p>The Secretary will be responsible for supporting the Chair in the management of the Remuneration Committee's business and for drawing the Remuneration Committee's attention to best practice, national guidance and other relevant documents, as appropriate.</p>
<b>Chair:</b>	Governing Body Lay Member Financial Management and Audit
<b>Deputy Chair:</b>	In the event of the Chair being unable to attend all or part of the meeting, he or she will nominate a substitute from within the membership to deputise.
<b>Quorum:</b>	A quorum will be two members.
<b>Frequency of Meetings:</b>	The Remuneration Committee will meet as required, with a minimum of one meeting per year.
<b>Responsibility/Remit:</b>	<p>The Remuneration Committee, which is accountable to the Group's Governing Body, makes recommendations to the Governing Body on determinations about the remuneration, fees and other allowances for employees and on determinations about allowances under any pension scheme that the Group may establish as an alternative to the NHS pension scheme. The Committee will act as a point of appeal for decisions against job responsibilities, job matches and the agenda for change pay scale. The Committee may be used for decisions on pay for contractors.</p> <p>The Committee will apply best practice in its decision making processes. When considering individual remuneration the Committee will:</p> <ul style="list-style-type: none"> <li>• Comply with current disclosure requirements for remuneration</li> <li>• Seek independent advice about remuneration for individuals when required</li> <li>• Ensure that decisions are based on clear and transparent criteria</li> </ul>
<b>Responsibility for Conflicts of Interest</b>	The Remuneration Committee will act as a resolution body where decisions cannot be made within a vote by the Group, the Governing Body or Committees of either.
<b>Declarations of Interest:</b>	All members of the Remuneration Committee will be required to complete a declaration of interest form in accordance with the

	<p>CCG Conflict of Interest Policy.</p> <p>At the beginning of each meeting members will be required to declare a personal interest if it relates to a particular issue under consideration. Any such declaration will be formally recorded in the minutes of the meeting. The Chair will then make a decision about the member's participation in the discussion in accordance with the CCG Conflict of Interest Policy.</p>
<b>Duties – Standing Agenda Items</b>	<p><u>Administration:</u></p> <ul style="list-style-type: none"> <li>• Welcome and Apologies for absence</li> <li>• Declaration of Interests</li> <li>• Minutes of the last meeting</li> <li>• Matters Arising Action Log</li> </ul> <p><u>General Items:</u></p> <ul style="list-style-type: none"> <li>• Any Other Business</li> <li>• Date, time and venue of next meeting</li> </ul>
<b>Accountability:</b>	The Remuneration Committee is accountable to the Governing Body.
<b>Review of Terms of Reference:</b>	July 2016

**Terms of Reference**

<b>Title:</b>	<b>Clinical Cabinet</b>																															
<b>Date approved:</b>	Clinical Cabinet approved – August 2016																															
<b>Approving body:</b>	Governing Body approved – January 2017																															
<b>Review date:</b>	July 2017																															
<b>Introduction:</b>	The Clinical Cabinet is established in accordance with Nottingham North and East Clinical Commissioning Group’s Constitution. These terms of reference set out the membership, responsibilities and reporting arrangements.																															
<b>Membership:</b>	<p>In order to provide consistency and effective management of delegated duties, certain members of the Governing Body will sit on the Clinical Cabinet.</p> <table border="1"> <thead> <tr> <th>Membership</th> <th>Nominated Deputy</th> </tr> </thead> <tbody> <tr> <td>Chair and Clinical Lead</td> <td>Lay Member Patient and Public Involvement</td> </tr> <tr> <td>Assistant Clinical Chair</td> <td></td> </tr> <tr> <td>NNE GPs- 1 per practice</td> <td></td> </tr> <tr> <td>1 Practice Manager</td> <td>Practice Manager</td> </tr> <tr> <td>1 Practice Nurse</td> <td></td> </tr> <tr> <td>Governing Body GPs</td> <td></td> </tr> <tr> <td>Governing Body Secondary Care Consultant</td> <td></td> </tr> <tr> <td>Public Health Consultant</td> <td>Public Health Manager</td> </tr> <tr> <td>2 Patient and Public Representatives</td> <td></td> </tr> <tr> <td>Upper Tier Local Authority Representative</td> <td></td> </tr> <tr> <td>Chief Officer</td> <td>Deputy Chief Officer</td> </tr> <tr> <td>Chief Finance Officer</td> <td>Deputy Finance Officer</td> </tr> <tr> <td>Deputy Chief Officer</td> <td>Director of Commissioning</td> </tr> <tr> <td>Lay Member Patient and Public Involvement</td> <td></td> </tr> </tbody> </table> <p>The Chair of the Governing Body will take on the position as Chair of the Clinical Cabinet. In the event of a conflict of interest for the Chair, the Deputy Chair will deputise for the meeting or for the relevant agenda item. In the event of the Chair of the Clinical Cabinet being unable to attend all or part of the meeting, he or she will nominate a replacement from within the membership.</p> <p>If a member of the Clinical Cabinet is not a member of the Governing Body, member’s qualification, disqualification and tenure will apply accordingly as per the Standing Orders in the Constitution relevant to type of position.</p>		Membership	Nominated Deputy	Chair and Clinical Lead	Lay Member Patient and Public Involvement	Assistant Clinical Chair		NNE GPs- 1 per practice		1 Practice Manager	Practice Manager	1 Practice Nurse		Governing Body GPs		Governing Body Secondary Care Consultant		Public Health Consultant	Public Health Manager	2 Patient and Public Representatives		Upper Tier Local Authority Representative		Chief Officer	Deputy Chief Officer	Chief Finance Officer	Deputy Finance Officer	Deputy Chief Officer	Director of Commissioning	Lay Member Patient and Public Involvement	
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Chief Finance Officer	Deputy Finance Officer																															
Deputy Chief Officer	Director of Commissioning																															
Lay Member Patient and Public Involvement																																

	Individuals may be invited or co-opted to attend the meeting for relevant agenda items.
<b>Attendance:</b>	Members are expected to attend ten out of twelve meetings and can nominate a suitably qualified deputy.
<b>Secretary:</b>	The Secretary will be responsible for supporting the Chair in the management of the Clinical Cabinet's business and for drawing the Clinical Cabinet's attention to best practice, national guidance and other relevant documents, as appropriate.
<b>Deputies:</b>	Nominated deputies required. Members are responsible for sending appropriate deputy.
<b>Chair:</b>	Nottingham North and East Chair/Clinical Lead
<b>Deputy Chair:</b>	The Assistant Clinical Lead will deputise in the event of a conflict of interest for the Chair. A Clinical member, nominated by the Chair will deputise in all other circumstances.
<b>Quorum:</b>	15 members including Chair and or Deputy Chair, with at least five members who are not GP member practice representatives
<b>Frequency of Meetings:</b>	<p>The Clinical Cabinet will meet on a minimum of a bi-monthly basis.</p> <p>The Chair may call a meeting of the Clinical Cabinet at any time.</p> <p>One-third or more members of the Clinical Cabinet may requisition a meeting in writing. If the Chair refuses, or fails, to call a meeting within seven days of a requisition being presented, the members signing the requisition may forthwith call a meeting.</p>
<b>Rules for Meetings and Proceedings:</b>	<p>Agenda and supporting papers will be circulated to members at least five working days prior to any meeting.</p> <p>The minutes will be agreed by the membership at the next meeting. The Chair will approve the minutes in draft in order to report in a timely manner.</p> <p>All papers/minutes should be read prior to the meeting and the meeting will be conducted on this basis with papers being introduced concisely.</p> <p>It is expected that all actions will have been reviewed and updates sent even if individuals cannot attend the meeting.</p>
<b>Responsibility:</b>	<p>The Clinical Cabinet which is accountable to the Governing Body will be given defined delegated responsibilities (within limits and subject to appropriate scrutiny and oversight by the Governing Body) for certain clinical matters. The Governing Body has conferred or delegated the following functions to the Clinical Cabinet;</p> <ul style="list-style-type: none"> <li>• Approve new pathways and changes to pathways for all services relative to delegated limits, except those that NHS England or local authorities are responsible for commissioning.</li> <li>• Advising the Governing Body on the commissioning of healthcare</li> </ul>

	<p>services to meet the reasonable needs of the persons for whom the CCG is responsible, within limits and subject to appropriate scrutiny.</p> <ul style="list-style-type: none"> <li>• To obtain appropriate advice from people who have a broad range of professional expertise in the prevention, diagnosis or treatment of illness and in the protection or improvement of public health, to enable the CCG to discharge its functions effectively</li> <li>• To acknowledge arrangements to secure public involvement in the planning of commissioning arrangements and in developing, considering and making decisions (within limits) on any proposals for changes in commissioning arrangements that would have an impact on service delivery or the range of health services available.</li> <li>• Promote innovation in the provision of health services.</li> <li>• Act with a view to enabling patients to make choices about aspects of health services provided to them.</li> <li>• Have regard to the need to reduce inequalities between patients with respect to their ability to access health services and the outcomes achieved for them.</li> <li>• Act with a view to securing that health services are provided in an integrated way, where the CCG considers that this would improve quality of services or reduce inequalities.</li> <li>• Assist and support the Group in securing continuous improvements in primary care.</li> <li>• Promote the NHS Constitution.</li> <li>• To help plan services for carers.</li> <li>• Support delivery of the QIPP agenda.</li> </ul>
<p><b>Relationship with Governing Body and Sub-Groups</b></p>	<p>The minutes of the Clinical Cabinet meetings will be submitted to the CCG Governing Body. The Chair of the Clinical Cabinet will draw to the attention of the Governing Body any issues that require disclosure to the Governing Body, or require action.</p> <p>The Service Improvement Group will report into the Clinical Cabinet. The Prescribing Committee will report into the Clinical Cabinet.</p>
<p><b>Declarations of Interest:</b></p>	<p>All members of the Clinical Cabinet will be required to complete a declaration of interest form in accordance with the CCG Conflict of Interest Policy.</p> <p>At the beginning of each meeting members will be required to declare a personal interest if it relates to a particular issue under consideration. Any such declaration will be formally recorded in the minutes of the meeting. The Chair will then make a decision about the member's participation in the discussion in accordance with the CCG Conflict of Interest Policy.</p>
<p><b>Conduct:</b></p>	<p>The Clinical Cabinet will conduct its business in accordance with the codes of conduct set out for all Governing Body members and good governance practice as laid out in the Constitution.</p>
<p><b>Duties – Standing Agenda Items</b></p>	<p><u>Administration:</u></p> <ul style="list-style-type: none"> <li>• Welcome and Apologies for absence</li> </ul>

<ul style="list-style-type: none"> <li>• <b>Every meeting:</b></li> </ul>	<ul style="list-style-type: none"> <li>• Declaration of Interests</li> <li>• Minutes of the last meeting</li> <li>• Matters Arising Action Log</li> <li>• Chief Officer and Chairs Report</li> <li>• Any other Business</li> <li>• Date, time and venue of next meeting</li> </ul> <p><u>Items:</u></p> <ul style="list-style-type: none"> <li>• Finance Report</li> <li>• Activity Report</li> <li>• Pharmacy Update</li> </ul> <p><u>Reports and Minutes for Comment:</u></p> <ul style="list-style-type: none"> <li>• NNE Information and Performance Reports</li> <li>• Health and Wellbeing Board Summary</li> <li>• Research Activity Reports</li> <li>• Service Improvement Group Minutes</li> </ul> <ul style="list-style-type: none"> <li>• Date, time and venue of next meeting</li> </ul>
<p><b>Accountability:</b></p>	<p>NHS Nottingham North and East CCG Governing Body</p>
<p><b>Review of Terms of Reference:</b></p>	<p>The Clinical Cabinet Terms of Reference will be reviewed on an annual basis from the date that they were approved by the Governing Body, unless it is deemed necessary for them to be reviewed earlier than one year.</p> <p>Any resulting changes to these terms of reference or membership of the Clinical Cabinet must be approved by the Governing Body before they shall be deemed to take effect.</p>

**Terms of Reference**

<b>Title:</b>	<b>Patient and Public Involvement Committee</b>
<b>Date approved:</b>	January 2017
<b>Approving Body:</b>	Governing Body
<b>Review date:</b>	January 2018
<b>Introduction/Purpose:</b>	<p>The Patient and Public Involvement Committee, which is accountable to the Governing Body as a Committee with delegated responsibility, is established to provide assurance to the NNE CCG Governing Body that commissioning decisions made by NNE CCG have been informed by robust plans for patient, public and service user involvement.</p> <p>The duties that the NNE CCG Governing Body have partly delegated to the Patient and Public Involvement Committee include:-</p> <ul style="list-style-type: none"> <li>• To ensure arrangements are made to secure public involvement in the planning, development and consideration of proposals for changes and decisions affecting the operation of commissioning arrangements</li> <li>• To ensure the promotion of the involvement of individual patients and their carers about their healthcare</li> <li>• To ensure the promotion of the involvement of the public and local communities in decisions relating to the prevention or diagnosis of illness, service delivery and care pathways.</li> <li>• To support arrangements of the CCG to promote patient and public involvement having regard for the need to reduce inequalities, promote innovation, improve access and promote and protect patient choice.</li> <li>• To review patient and public involvement carried out in relation to plans</li> </ul> <p>The CCG is under a duty by virtue of section 14Z2 of the NHS Act. The Committee will assure the Governing Body that the CCG have secured/made every effort to secure that individuals to whom health services are being or may be provided are involved –</p> <ol style="list-style-type: none"> <li>a) In the planning of the commissioning arrangements by the group</li> <li>b) In the development and consideration of proposals by the group for changes in commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals or the range of health services available to them and</li> <li>c) In decisions of the group affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.</li> </ol>
<b>Membership:</b>	<ul style="list-style-type: none"> <li>• Lay Member PPI (Chair)</li> </ul>

	<ul style="list-style-type: none"> <li>• 6 x Patient/Public Representatives</li> <li>• Director of Operations (Deputy Chair)</li> <li>• Patient Experience Manager</li> <li>• Deputy Chief Officer GP Governing Body</li> </ul>
<b>Attendance:</b>	<ul style="list-style-type: none"> <li>• Comms and Engagement Manager</li> <li>• NNE CCG Executive officers</li> <li>• NNE CCG Governing Body members</li> <li>• Invited guests</li> </ul>
<b>Secretary:</b>	PA, Operations
<b>Deputies:</b>	Nominated deputies can attend for executive and Governing Body members.
<b>Chair:</b>	NNE Governing Body Lay Member, Patient and Public Involvement
<b>Deputy Chair:</b>	Director of Operations
<b>Quorum:</b>	Chair and / or Deputy Chair plus 5 members (Total 6). Representation from 3 patient/public representatives and 3 CCG representatives, including Governing Body members.
<b>Frequency of Meetings:</b>	Meetings shall be held bi-monthly.
<b>Meetings and Proceedings:</b>	<p>Agendas and supporting papers will be circulated and available no later than one week in advance of each meeting. Individuals can include items on the agenda by providing two weeks' notice prior to the meeting. Items which miss the deadline for inclusion on the agenda may be added on receipt of permission from the Chair.</p> <p>Urgent decisions may be taken virtually, applying the same quoracy criteria. Members should be provided with one week for consideration prior to the decision being made.</p>
<b>Responsibility/Remit:</b>	<ul style="list-style-type: none"> <li>• To gain assurance that the CCG has made every effort to carry out meaningful patient and public involvement in commissioning decisions</li> <li>• To inform the consultation and engagement plans and processes of the CCG in order to ensure effective public involvement (patients, public, carers, community)</li> <li>• To review on an annual basis the patient and public involvement activities of the CCG</li> <li>• To approve patient and public involvement detail for the annual report and commissioning/operational plans</li> <li>• To proactively inform and set public facing campaigns for the CCG</li> <li>• To inform stakeholder engagement ensuring that the CCG is engaging with local communities</li> </ul> <p>To support delivery of the Five Year Forward View by supporting the CCG to engage with communities and citizens in new ways, involving them directly in decisions about the future of health and care services.</p>
<b>Declarations of</b>	At the beginning of each meeting persons present will be required to

<b>Interest:</b>	declare a personal interest and any such declaration will be formally recorded in the minutes of the meeting. The Chair will then make a decision about the person's participation in the discussion in accordance with the CCG conflict of interest policy.
<b>Duties – Standing Agenda Items</b>  • <b>Every meeting:</b>	<u>Administration:</u> <ul style="list-style-type: none"> <li>• Welcome and Apologies for absence</li> <li>• Declaration of Interests</li> <li>• Minutes of the last meeting</li> <li>• Matters Arising &amp; Action Log</li> <li>• Any Other Business</li> <li>• Feedback on the meeting</li> </ul> Date, time and venue of next meeting
<b>Sub-Groups:</b>	<ul style="list-style-type: none"> <li>• Patient and Public Involvement QIPP group</li> </ul>
<b>Accountability:</b>	The Patient and Public Involvement Committee is accountable to, and its minutes will be reported to the Nottingham North and East Clinical Commissioning Group (NNE CCG) Governing Body. The Patient and Public Involvement Committee is responsible to the patients and communities within NNE by supporting the CCG to deliver against its duties.
<b>Review of Terms of Reference:</b>	The Terms of Reference will be reviewed annually or earlier if appropriate to do so.
<b>Nolan Principles</b>	<p>The Patient and Public Involvement Committee will demonstrate a commitment to, and an understanding of, the value and importance of the principles of public service. The seven principles of public life are:</p> <p><b>Selflessness</b></p> <p>Holders of public office should act solely in terms of the public interest. They should not do so in order to gain financial or other benefits for themselves, their family or their friends.</p> <p><b>Integrity</b></p> <p>Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might seek to influence them in the performance of their official duties.</p> <p><b>Objectivity</b></p> <p>In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.</p> <p><b>Accountability</b></p> <p>Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.</p> <p><b>Openness</b></p> <p>Holders of public office should be open as possible about all the decisions and actions that they take. They should give reasons for their decisions and restrict information only when the wider public interest</p>

clearly demands it.

**Honesty**

Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.

**Leadership**

Holders of public office should promote and support these principles by leadership and example.

### Terms of Reference

<b>Title:</b>	<b>Finance and Information Group</b>
<b>Date approved:</b>	19 July 2016
<b>Approving body:</b>	Governing Body
<b>Review date:</b>	June 2017
<b>Introduction:</b>	<p>The Finance and Information Group (FIG) has delegated authority from the Governing Body to monitor budgets and activity and ensure their delivery against plan, reporting all deviations and respective corrective action to the Governing Body. The FIG will be responsible for monitoring delivery against the QIPP and financial recovery plans. The FIG will also oversee the financial planning process, agreeing the financial plan assumptions and principles.</p>
<b>Membership:</b>	<p>The Lay Member of the Governing Body, with a lead role in overseeing Finance and Information, will chair the FIG. The membership shall be as follows:</p> <ul style="list-style-type: none"> <li>• Lay Member lead for Finance (Chair)</li> <li>• Clinical Lead (or designate) of the CCG</li> <li>• Chief Officer</li> <li>• Deputy Chief Finance Officer</li> <li>• NNE Information and Contract Analyst</li> <li>• Deputy Chief Officer</li> <li>• Director of Operations</li> <li>• Director of Contracting</li> </ul> <p>In addition, the FIG may wish to consider attendance by others internal or external to the CCG.</p>
<b>Attendance:</b>	<p>Members are expected to attend meetings. In the event that they cannot attend, information must be provided to a deputy.</p> <p>In the event of the Chair of the FIG being unable to attend all or part of the meeting, he or she will nominate a replacement from within the membership to deputise for that meeting.</p>
<b>Secretary:</b>	The Secretary will be responsible for supporting the Chair in the management of the Finance and Information Group's business.
<b>Deputies:</b>	Nominated deputies required. There should be no more than two nominated deputies for the meeting to be quorate.
<b>Chair:</b>	Lay Member Finance

<b>Quorum:</b>	The quorum necessary for the transaction of business will be a minimum of 5 of the above members. One or other of the Lay Member (Chair) or the Clinical Lead shall be in attendance for quoracy.
<b>Frequency of Meetings:</b>	Meetings shall be held on a monthly basis. Agenda and supporting papers will be circulated at least seven days in advance of the meetings. The Chair will agree the agenda prior to the meeting. Minutes (that may be in the form of Action Notes) will be taken at all meetings and circulated to members of the Group within 10 days of the meeting. The minutes will be agreed by the FIG at the following meeting.
<b>Rules for Meetings and Proceedings:</b>	Minutes and other appropriate reports will be provided to the NNE CCG Governing Body. These will be under the 'for information section'. Any key issues identified by the FIG will be incorporated into the current Finance Report to the Governing Body.
<b>Responsibility:</b>	<p>The FIG has delegated authority from the Governing Body to monitor budgets and activity and ensure their delivery against plan, reporting all deviations and respective corrective action to the Governing Body. The FIG will be responsible for monitoring delivery against the QIPP and financial recovery plans. The FIG will also oversee the financial planning process, agreeing the financial plan assumptions and principles.</p> <p>Specifically the FIG will:</p> <ul style="list-style-type: none"> <li>• Receive and discuss the monthly Financial Performance Report.</li> <li>• Receive and discuss monthly activity reports.</li> <li>• Consider relevant financial, activity and information issues affecting the CCG and its member practices.</li> <li>• Assess financial risk and recommend mitigating actions to Members and the Governing Body.</li> <li>• Receive updates on QIPP initiatives and monitor returns against priorities and schedule of delivery.</li> <li>• Identify risks of non-delivery in the QIPP plan and recommend mitigating actions in relation to realignment of the plan against initiatives that are delivering and schedule of delivery.</li> <li>• Agree financial plan principles and assumptions</li> <li>• Receive regular updates on the financial plan and key milestones, together with funding gaps / QIPP requirements</li> <li>• Review Service Improvement Group plans and Medicines Management Group plans for future QIPP initiatives to address the financial plan gap.</li> <li>• Agree Practice budget setting methodology</li> <li>• Consider topic specific issues as required</li> </ul>
<b>Relationship with Governing Body and Sub-Groups</b>	The minutes of the FIG meetings will be submitted to the CCG Governing Body. Time limited sub groups/committee may be established by the FIG. These will report into FIG meetings through minutes.

<b>Declarations of Interest:</b>	<p>All members of the FIG will be required to complete a declaration of interest form and report issues as they arise in accordance with the CCG Conflict of Interest Policy.</p> <p>At the beginning of each meeting members will be required to declare a personal interest if it relates to a particular issue under consideration. Any such declaration will be formally recorded in the minutes of the meeting. The Chair will then make a decision about the member's participation in the discussion in accordance with the CCG Conflict of Interest Policy. If the conflict is felt to be substantial then that member may be asked to leave the meeting by the chair for the duration of that item only.</p>
<b>Conduct:</b>	<p>The FIG will conduct its business in accordance with the codes of conduct set out for all Governing Body members and good governance practice as laid out in the Constitution.</p>
<b>Duties – Standing Agenda Items</b> <ul style="list-style-type: none"> <li>• <b>Every meeting:</b></li> </ul>	<p><u>Administration:</u></p> <ul style="list-style-type: none"> <li>• Welcome and Apologies for absence</li> <li>• Declaration of Interests</li> <li>• Minutes of the last meeting</li> <li>• Matters Arising Action Log</li>   <li>• Any other Business</li> </ul>
<b>Accountability:</b>	<p>NHS Nottingham North and East CCG Governing Body</p>
<b>Review of Terms of Reference:</b>	<p>The FIG Terms of Reference will be reviewed on an annual basis from the date that they were approved by the CCG Governing Body.</p>

### Terms of Reference

<b>Title:</b>	<b>Primary Care Commissioning Committee</b>				
<b>Date approved:</b>	Due to go to Governing Body 19 <sup>th</sup> September 2017				
<b>Approving Body:</b>	(Previous approval - September 2016 Governing Body)				
<b>Review date:</b>	At PCCC 4 <sup>th</sup> August 2017 (for September 2017)				
<b>Introduction/Purpose:</b>	<p>NHS England has invited CCGs to expand their role in primary care commissioning. NHS Nottingham North and East CCG (the “CCG”) has agreed with NHS England delegated commissioning arrangements for certain primary care commissioning functions.</p> <p>In accordance with its statutory powers under section 13Z of the National Health Service Act 2006 (as amended) (“NHS Act”), NHS England has delegated the exercise of the functions specified in Schedule 2 to these Terms of Reference to the CCG. The delegation is set out in Schedule 1.</p> <p>The Governing Body of the CCG has resolved to establish a committee to be known as the Primary Care Commissioning Committee in accordance with Schedule 1A of the NHS Act. The Committee will function as a corporate decision-making body for the management of the delegated functions and the exercise of the delegated powers.</p>				
<b>Membership:</b>	<p>The Committee shall consist of:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%; text-align: left;">Membership</th> <th style="width: 40%; text-align: left;">Nominated Deputy</th> </tr> </thead> <tbody> <tr> <td style="vertical-align: top;"> <ul style="list-style-type: none"> <li>• Associate Lay Member – Primary Care (Chair)</li> <li>• Lay Member - Audit</li> <li>• Lay Member - Patient and Public Involvement</li> <li>• 2 GPs</li> <li>• Deputy Chief Finance Officer</li> <li>• Head Of Quality, Patient Safety &amp; Experience</li> <li>• Deputy Chief Officer</li> </ul> </td> <td style="vertical-align: top;"> <ul style="list-style-type: none"> <li>• Chief Finance Officer</li> <li>• Director of Nursing &amp; Quality</li> <li>• Head of Primary Care/Director of Commissioning</li> </ul> </td> </tr> </tbody> </table> <p>There will be standing invitations to the following to offer representation in a non-voting capacity on the Committee:</p> <ul style="list-style-type: none"> <li>• Healthwatch</li> <li>• Health and Wellbeing Board</li> <li>• LMC</li> </ul>	Membership	Nominated Deputy	<ul style="list-style-type: none"> <li>• Associate Lay Member – Primary Care (Chair)</li> <li>• Lay Member - Audit</li> <li>• Lay Member - Patient and Public Involvement</li> <li>• 2 GPs</li> <li>• Deputy Chief Finance Officer</li> <li>• Head Of Quality, Patient Safety &amp; Experience</li> <li>• Deputy Chief Officer</li> </ul>	<ul style="list-style-type: none"> <li>• Chief Finance Officer</li> <li>• Director of Nursing &amp; Quality</li> <li>• Head of Primary Care/Director of Commissioning</li> </ul>
Membership	Nominated Deputy				
<ul style="list-style-type: none"> <li>• Associate Lay Member – Primary Care (Chair)</li> <li>• Lay Member - Audit</li> <li>• Lay Member - Patient and Public Involvement</li> <li>• 2 GPs</li> <li>• Deputy Chief Finance Officer</li> <li>• Head Of Quality, Patient Safety &amp; Experience</li> <li>• Deputy Chief Officer</li> </ul>	<ul style="list-style-type: none"> <li>• Chief Finance Officer</li> <li>• Director of Nursing &amp; Quality</li> <li>• Head of Primary Care/Director of Commissioning</li> </ul>				

	<ul style="list-style-type: none"> <li>Primary Care Contracting Team of NHS England</li> </ul> <p>The names of the members of the Committee are set out in Schedule 3</p> <p>The Committee may call additional experts or Governing Body members to attend meetings on an ad hoc basis to inform discussions.</p>
<b>Attendance:</b>	Members are expected to attend more than 50% of meetings and a suitable qualified deputy can be nominated. Attendance below this will be reviewed.
<b>Secretary:</b>	The Secretary will be responsible for supporting the Chair in the management of the Committees business and for drawing the Committee's attention to best practice, national guidance and other relevant documents, as appropriate.
<b>Chair and Deputy Chair:</b>	The Chair and Vice Chair of the Committee shall be a lay member of the CCG.
<b>Deputies:</b>	Each member of the Committee will nominate a deputy who will act on their behalf if they are unavailable and shall have the same voting rights as the appointing member and shall count towards quoracy
<b>Quorum:</b>	<p>A quorum will be at least five members of the whole number of the committee, with at least 2 lay member representatives and 2 executives being present.</p> <p>Urgent decisions may have to be voted on outside of the meeting and quoracy will be adhered to in these situations, with ratification in the next meeting.</p>
<b>Frequency of Meetings:</b>	<p>Ordinary meetings of the Committee shall be held at regular intervals at such times and places as the group may determine, but at least quarterly.</p> <p>Members of the Committee and those in attendance shall respect confidentiality requirements as set out in the CCG's Constitution.</p>
<b>Conduct of Business:</b>	<p>Meetings of the Committee shall:</p> <ol style="list-style-type: none"> <li>be held in public, subject to the application of 5(b)</li> <li>the Committee may resolve to exclude the public from a meeting that is open to the public (whether during the whole or part of the proceedings) whenever publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution and arising from the nature of that business or of the proceedings or for any other reason permitted by the Public Bodies (Admission to Meetings) Act 1960 as amended or succeeded from time to time.</li> </ol> <p>The Committee will operate in accordance with the CCGs' Constitution and Standing Orders. The Secretary to the Committee will be responsible for giving notice of meetings. This will be accompanied by an agenda and supporting papers and sent to each member representative no later than 7 days before the date of the meeting. When the Chair of the Committee deems it necessary in light of the urgent circumstances to call a meeting at short notice, the notice period shall be such as he shall specify.</p> <p>Each member of the Committee shall have one vote. The Committee shall reach decisions by a simple majority of members present at a quorate meeting, but with the Chair having a second and deciding vote, if necessary. However,</p>

	<p>the aim of the Committee will be to achieve consensus decision-making wherever possible.</p> <p>Members of the Committee have a collective responsibility for the operation of the Committee. They will participate in discussion, review evidence and provide objective expert input to the best of their knowledge and ability, and endeavour to reach a collective view.</p> <p>The Committee may delegate non decision-making tasks to such individuals, sub-committees or individual members as it shall see fit, provided that any such delegations are consistent with the parties' relevant governance arrangements, are recorded in a scheme of delegation, are governed by terms of reference as appropriate and reflect appropriate arrangements for the management of conflicts of interest.</p>
<p><b>Authority:</b></p>	<p>In accordance with its statutory powers under section 13Z of the NHS Act, NHS England has delegated the exercise of the functions specified in Schedule 2 to these Terms of Reference, to the CCG.</p> <p>Arrangements made under section 13Z may be on such terms and conditions (including terms as to payment) as may be agreed between NHS England and the CCG.</p> <p>The decision-making responsibilities of the Committee are set out in Schedule 1 and the functions set out in Schedule 2.</p> <p>The Committee is established as a committee of the Governing Body of the CCG in accordance with Schedule 1A of the NHS Act. The Committee will make decisions within the bounds of its remit and will be accountable to the Governing Body of the CCG.</p> <p>The Committee is supported by two sub-committees – Primary Care Quality and Primary Care Development Group.</p> <p>The decisions of the Committee shall be binding on NHS England and the CCG.</p>
<p><b>Responsibility:</b></p>	<p>Arrangements made under section 13Z do not affect the liability of NHS England for the exercise of any of its functions. However, the CCG acknowledges that in exercising its functions (including those delegated to it), it must comply with the statutory duties set out in Chapter A2 of the NHS Act including:</p> <ul style="list-style-type: none"> <li>a) Management of conflicts of interest (section 14O);</li> <li>b) Duty to promote the NHS Constitution (section 14P);</li> <li>c) Duty to exercise its functions effectively, efficiently and economically (section 14Q);</li> <li>d) Duty as to improvement in quality of services (section 14R);</li> <li>e) Duty in relation to quality of primary medical services (section 14S);</li> <li>f) Duties as to reducing inequalities (section 14T);</li> <li>g) Duty to promote the involvement of each patient (section 14U);</li> <li>h) Duty as to patient choice (section 14V);</li> <li>i) Duty as to promoting integration (section 14Z1);</li> <li>j) Public involvement and consultation (section 14Z2).</li> </ul> <p>The CCG will also need to specifically, in respect of the delegated functions from NHS England, exercise those set out below:</p>

	<p>a) Duty to have regard to impact on services in certain areas (section 13O);  b) Duty as respects variation in provision of health services (section 13P).</p> <p>The members acknowledge that the Committee is subject to any directions made by NHS England or by the Secretary of State.</p>
<b>Role of the Committee:</b>	<p>The Committee has been established in accordance with the above statutory provisions to enable the members to make decisions on the review, planning and procurement of primary care services in Nottingham North and East, under delegated authority from NHS England.</p> <p>In performing its role the Committee will exercise its management of the functions in accordance with the agreement entered into between NHS England and the CCG, which will sit alongside the delegation and terms of reference.</p> <p>The functions of the Committee are undertaken in the context of a desire to promote increased co-commissioning to increase quality, efficiency, productivity and value for money and to remove administrative barriers.</p> <p>The role of the Committee shall be to carry out the functions relating to the commissioning of primary medical services under section 83 of the NHS Act.</p> <p>This includes the following:</p> <ul style="list-style-type: none"> <li>• GMS, PMS and APMS contracts (including the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing branch/remedial notices, and removing a contract);</li> <li>• Newly designed enhanced services (“Local Enhanced Services” and “Directed Enhanced Services”);</li> <li>• Design of local incentive schemes as an alternative to the Quality Outcomes Framework (QOF);</li> <li>• Decision making on whether to establish new GP practices in an area;</li> <li>• Approving practice mergers;</li> <li>• Making decisions on ‘discretionary’ payment (e.g. returner/retainer schemes).</li> <li>• Making decisions based on Primary Care needs assessment</li> </ul> <p>The Committee will also ensure that the CCG carries out the following activities:</p> <ul style="list-style-type: none"> <li>• To plan, including needs assessment when required, primary care services in Nottingham North and East CCG</li> <li>• To co-ordinate a common approach to the commissioning of primary care services generally</li> <li>• To manage the budget for commissioning of primary care services in NHS Nottingham North and East CCG</li> <li>• PCCC will oversee delivery against milestones and targets, escalating issues and concerns as appropriate</li> </ul>
<b>Geographical Coverage:</b>	The Committee is responsible for the geographical coverage relevant to that of NHS Nottingham North and East CCG and the registered population.
<b>Reporting:</b>	The Chair will provide a summary in the Governing Body meetings and the

	<p>minutes will be submitted for information.</p> <p>The Committee will also comply with any reporting requirements set out in the CCG's Constitution including any information required for the register or procurement decisions.</p>
<b>Declarations of Interest:</b>	<p>All members of the Primary Care Commissioning Committee will be required to comply with the CCG's Conflict of Interest Policy.</p> <p>At the beginning of each meeting Members will be required to declare a personal interest if it relates to a particular issue under consideration. Any such declaration will be formally recorded in the minutes of the meeting.</p> <p>The Chair's decision regarding a member's participation, or that of any attendee, in any meeting will be final.</p>
<b>Rules for Meetings and Proceedings:</b>	<p>Agenda and supporting papers will be circulated to members at least five working days prior to any meeting.</p> <p>The minutes will be agreed by the membership at the next meeting. The Chair will approve the minutes in draft in order to report in a timely manner.</p> <p>All papers/minutes should be read prior to the meeting and the meeting will be conducted on this basis with papers being introduced concisely.</p> <p>It is expected that all actions will have been reviewed and updates sent even if individuals cannot attend the meeting.</p>
<p><b>Duties – Standing Agenda Items</b></p> <ul style="list-style-type: none"> <li>• <b>Every meeting:</b></li> </ul>	<p><u>Administration:</u></p> <ul style="list-style-type: none"> <li>• Welcome and Apologies for absence</li> <li>• Declaration of Interests</li> <li>• Minutes of the last meeting</li> <li>• Matters Arising Action Log</li> </ul> <p><u>Items to be received under headings:</u></p> <p><u>General Items:</u></p> <ul style="list-style-type: none"> <li>• Any Other Business</li> <li>• Date, time and venue of next meeting</li> </ul>
<b>Review of Terms of Reference:</b>	<p>The Terms of Reference will be reviewed annually or earlier if necessary, from the date they are approved by the Committee and the Governing Body.</p> <p>NHS England may also issue revised model terms of reference from time to time.</p> <p>Any resulting changes to these terms of reference or membership of the Primary Care Commissioning Committee must be approved by the Governing Body before they shall be deemed to take effect.</p>



## **Section 2. Terms of Reference: Shared Committees**

## Quality and Risk Committee Terms of Reference

<p><b>1. Introduction</b></p>	<p>The Committee is established as a joint committee of NHS Nottingham North and East (NNE), NHS Nottingham West (NW) and NHS Rushcliffe (RCCG) CCGs to support collaborative arrangements and assist in the exercise of CCG functions.</p> <p>These terms of reference set out the membership, responsibilities, and reporting arrangements of the Quality and Risk Committee and are incorporated into the individual CCG Constitutions.</p>
<p><b>2. Membership</b></p>	<p>Each CCG will be represented on the Committee by the Director of Nursing and Quality (a shared post between the three CCGs) and their respective governance or quality leads.</p> <p>Patients will be represented by CCG governing body lay members and other representatives nominated by the three CCGs party to this arrangement.</p> <p>The membership of the Quality and Risk Committee is as follows:</p> <ul style="list-style-type: none"> <li>• Director of Nursing and Quality</li> <li>• Deputy Director of Nursing and Quality</li> <li>• Head of Quality, Patient Safety and Experience</li> <li>• Head of Quality and Adult Safeguarding</li> <li>• Director of Operations (NNE)</li> <li>• Head of Quality, Governance and Engagement (NW)</li> <li>• Head of Governance and Engagement (RCCG)</li> <li>• Consultant in Public Health</li> <li>• Governing Body Lay Member/Lay Representative x 3 (one from each CCG)</li> <li>• Secondary Care Consultant</li> <li>• GPs x 2</li> <li>• Chairs or Vice-Chairs of all sub-groups</li> </ul> <p>Non-lay members are responsible for identifying appropriate deputies to represent their CCG.</p>
<p><b>3. Chair and Deputy</b></p>	<p>The Chair will be a Lay Member, nominated by the Chief Officers and endorsed by the Committee.</p> <p>When required, the Deputy Chair will be nominated from within the membership.</p>
<p><b>4. Quorum</b></p>	<p>A quorum will be six members of which one should be a practising doctor, one a lay member plus the Director of Nursing and Quality (or nominated</p>

	deputy)
<b>5. Attendees</b>	Other attendees will be invited to attend as appropriate.
<b>6. Frequency and conduct of business</b>	<p>The committee will meet quarterly. The agenda will be developed by the Director of Nursing and Quality in conjunction with the Chair.</p> <p>Agenda and supporting papers will be circulated at least five working days in advance of meetings.</p> <p>Minutes of meetings will be taken by the Quality Team Secretary and circulated, unratified, to members of the Quality and Risk Committee within 10 days of the meeting. Minutes will be ratified by the Committee at its next meeting.</p> <p>All actions from the previous meeting(s) will be reviewed. Members will send a written update if they are not able to attend the next meeting.</p> <p>The Director of Nursing and Quality will produce a Quality and Risk Committee Annual Report for approval by the Committee.</p>
<b>7. Authority</b>	The Quality and Risk Committee is authorised by the respective Governing Bodies to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any group or employee, who are directed to co-operate with any request.
<b>8. Responsibilities</b>	<p>The role of the Quality and Risk Committee is to monitor, review and provide assurance that services commissioned by the CCGs are being delivered in a high quality and safe manner, and to promote a culture of continuous improvement and innovation by focussing on the three quality domains:</p> <ul style="list-style-type: none"> <li>• Patient Safety - the safety of treatment and care provided to patients</li> <li>• Patient Experience - the experience patients and their carers have of treatment and care they receive</li> <li>• Clinical Effectiveness – measured by both clinical outcomes and patient-related outcomes</li> </ul> <p>The Committee will act on behalf of the CCGs to fulfil their obligations in respect of the following functions:</p> <ul style="list-style-type: none"> <li>• Clinical Governance</li> <li>• Risk Management</li> <li>• Infection Prevention and Control</li> <li>• Equality and Diversity and EDS</li> <li>• Patient Feedback including Complaints and PALS</li> <li>• Health and Safety</li> </ul> <p>From 1 April 2015 the three South Nottinghamshire CCGs have a statutory responsibility for commissioning primary care services having taken on delegated authority from the Area Team. During the first year transitional arrangements were in place with the Primary Care Hub based within the</p>

Area Team to monitor quality of primary care services with a view to securing continuous improvement in the quality of primary medical services. The Primary Care Commissioning Committees of each of the three CCGs and their associated sub-groups will co-ordinate activities required to ensure that each CCG is able to fulfil this duty now that the transitional year has concluded.

The Committee will have specific responsibility for:

- Assuring the quality performance of its providers
- Overseeing and being assured that effective management of risk is in place to manage and address clinical governance issues
- Oversight of the process and compliance issues concerning serious incidents requiring investigation (SIRIs); being informed of all Never Events and near misses; monitoring complaints and patient, carer and public feedback and informing the Governing Bodies of any escalation or sensitive issues in a timely way.
- Seeking assurance on the performance of provider organisations in terms of the Care Quality Commission and Monitor (and any other relevant regulatory bodies)
- Receiving any investigation reports relating to patient safety issues to seek assurance that appropriate mitigating actions have been taken in response.
- Developing, approving and reviewing relevant policies and procedures as per the scheme of delegation.
- Encouraging a culture of quality improvement within the CCGs' provider and partner organisations, including reporting any lack of assurance to CCG Governing Bodies
- Identifying opportunities for improvement through promotion of education and training and quality initiatives and through encouraging innovation
- Receiving and reviewing individual CCGs' training and development reports
- Reviewing Quality Impact Assessments (QIAs) which have high risks (8 or above) identified.
- Equality Impact Assessments will be reviewed by the Equality and Diversity Forum and reported to the Committee via the meeting minutes.
- Adults and Children's Safeguarding is considered at a separate Nottinghamshire County wide Safeguarding Committee which reports directly to the Governing Bodies.

<p><b>9. Quality Scrutiny Panels and Sub-Groups</b></p>	<p><b>Quality Scrutiny Panels</b></p> <p>Three Quality Scrutiny Panels have been established to review and routinely monitor performance against the Clinical Quality Performance Indicators stated in the quality section of the contract and quality schedules for lead contracts. The panels will provide assurance that patient safety and the quality of clinical services are acceptable for all users of those services. The panels will report to the Committee through the Director of Nursing and Quality's Quality Report and through the minutes of individual panel meetings. The three panels established by the Committee are for the following contracts:</p> <ul style="list-style-type: none"> <li>• Nottingham University Hospitals NHS Trust – acute hospital services</li> <li>• Community Health Partnership – community services</li> <li>• Circle Nottingham – treatment centre services</li> </ul> <p>Quality monitoring arrangements are also in place for the following smaller contracts:</p> <ul style="list-style-type: none"> <li>• Ramsay (Woodthorpe Hospital)</li> <li>• BMI (The Park Hospital)</li> </ul> <p>The Committee also receives quality monitoring information for services where the three CCGs are Associate Commissioners to the contract via the Lead Commissioners e.g. EMAS, Arriva, Nottinghamshire Healthcare NHS FT, out of hours providers.</p> <p><b>Sub Groups</b></p> <p><b>Health and Safety Group</b></p> <p>The Health and Safety Working Group has been established as a sub-group of the Committee to co-ordinate activities required for each CCG to comply with the Health and Safety Act 1974 and other statutory provisions; and provide a healthy and safe environment for all people who work in, use or visit their premises.</p> <p><b>Care Homes Group</b></p> <p>The Care Homes Sub-Group has been established as a sub-group of the Committee to co-ordinate activities required to provide assurance on the quality of care provided to residents; and to act as a central information sharing point for concerns identified by stakeholders, areas of good practice and review of audits.</p> <p><b>Equality and Diversity Forum</b></p> <p>The Equality and Diversity Forum has been established as a sub-group of the Committee to co-ordinate the delivery of the Equality Delivery System across the south CCGs and thereby provide assurance that the CCGs are compliant with the Equality Act 2010.</p> <p>Each sub-group will provide a brief written update to the Committee highlighting progress and any areas of concern.</p> <p>Each sub-group will review its terms of reference annually. Any changes to must be approved by the Committee.</p>
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	<p>The Committee may also establish its own task and finish or working groups for finite periods of time and for specific purpose.</p> <p>Each sub-group will produce an annual prospective work programme which must be approved by the Committee.</p>
<b>10. Reporting</b>	<p>The minutes of Quality and Risk Committee meetings will be submitted to each CCG Governing Body.</p> <p>The Director of Nursing and Quality will draw to the attention of the Governing Bodies any issue that requires disclosure or action via a highlight report and the minutes.</p> <p>Provider focus reports will be submitted to the Quality and Risk Committee operated by NHS Newark and Sherwood CCG and NHS Mansfield and Ashfield CCG and vice versa to ensure that any common issues or concerns are shared appropriately.</p>
<b>11. Declaration of Interests</b>	<p>All members of the Quality and Risk Committee will be required to complete a declaration of interest form in accordance with the CCG Conflict of Interest Policy.</p> <p>At the beginning of each meeting members will be required to declare a personal interest if it relates to a particular issue under consideration. Any such declaration will be formally recorded in the minutes of the meeting. The Chair will then make a decision about the member's participation in the discussion in accordance with the host CCG Conflict of Interest Policy.</p>
<b>12. Conduct</b>	<p>The Quality and Risk Committee will conduct its business in accordance with the codes of conduct set out for all Governing Body members and good governance practice, and any other guidance or statute.</p> <p>Attendance at meetings is mandatory by a member or nominated deputy. A minimum attendance of 75% of meetings per year is required.</p>
<b>13. Review of the Terms of Reference</b>	<p>The Quality and Risk Committee Terms of Reference will be reviewed annually.</p> <p>Any resulting changes to these terms of reference or membership of the Quality and Risk Committee must be approved by the Governing Body of participating CCGs before they shall be deemed to take effect.</p>
<b>14. Secretary</b>	<p>Secretarial support is provided by the Quality Team Secretary who will be responsible for:</p> <ul style="list-style-type: none"> <li>• Providing support to the Chair</li> <li>• Agreeing the agenda with the Chair</li> <li>• Collating and circulating all necessary papers for the Committee</li> <li>• Ensuring that all reports to CCG Governing Bodies are provided in line with the CCGs paper format and deadlines</li> <li>• Producing an action log and highlight report to provide a summary of key issues for Governing Bodies.</li> </ul>

Date Approved by Governing Body: November 2016  
Review Date: November 2017

## Information Governance, Management & Technology Committee Terms of Reference

### 1. Introduction

The Information Governance, Management and Technology (IGM&T) Committee is established on behalf of NHS Rushcliffe (RCCG), NHS Nottingham North and East (NNE), NHS Nottingham West (NW), NHS Mansfield and Ashfield (M&A) and NHS Newark and Sherwood (N&S) CCGs in accordance with the joint arrangements detailed in their respective Constitutions and referred to in these terms of reference as ‘the CCGs’.

The purpose of the Committee is to support and drive the broader information governance (IG) and information management & technology (IM&T) agendas, including:

- Ensuring risks relating to information governance and health informatics are identified and managed
- Leading the development of community-wide IG and IM&T strategies
- Developing IM&T to improve communication between services for the benefit of patients.

These terms of reference set out the membership, responsibilities, and reporting arrangements of the Information Governance, Management and Technology Committee and shall have effect as if incorporated into the individual CCG Constitutions.

### 2. Membership

Membership of the Committee will reflect the CCGs’ acknowledgement of the importance of IG and IM&T, the emphasis it places on its contribution to the commissioning process and the successful implementation of projects of work.

Each CCG will be represented on the Committee by their respective leads for IGM&T.

Patients will be represented at project level.

The membership of the Information Governance, Management and Technology Committee is as follows:

- Director of Outcomes and Information (Chair and Representative for South CCGs)
- Each CCG’s SIRO,

- Each CCG's Caldicott Guardian,
- Information Governance Lead at NHS Mansfield and Ashfield CCG and NHS Newark and Sherwood CCG
- Information Governance Lead at NHS Nottingham City CCG
- Director of Health Informatics, NHIS
- GP representative

Current nominated officers at Appendix 1

Members' qualification, disqualification, appointment, tenure on the Information Governance, Management and Technology Committee and eligibility for reappointment as per Governing Body members is detailed in Section 2 of Appendix C of each CCG's constitution.

If a member of the Information Governance, Management and Technology Committee is not a member of the Governing Body, the above will apply as per the Lay Member for Patient and Public Involvement.

Members are expected to attend at a minimum of three meetings a year and are responsible for identifying appropriate deputies to represent their position if unable to attend.

- 3. Voting and Decisions** Decisions will normally be reached by consensus, but where this is not possible, then a vote of member CCGs will be required. The process is:
- One vote per CCG
  - The presiding Chair will have the casting vote
  - Members voting against a decision but in the minority may request the minutes to reflect their dissent
- 4. Chair and Deputy** The Chair will be the Director of Outcomes and Information. The General Practitioner and Senior Information Risk Owner for NHS Nottingham West CCG will be the Deputy Chair of the committee. In the event of the Chair of the Information Governance, Management and Technology Committee being unable to attend all or part of the meeting, the Deputy Chair will deputise for that meeting.
- 5. Quorum** To be deemed quorate, the meeting must include the Chair or Deputy Chair, a representative for each CCG and at least one SIRO and one Caldicott Guardian from across the CCGs.
- 6. Attendees** Other attendees will be invited to attend meetings as appropriate.
- 7. Frequency and conduct of business** Meetings will be held quarterly or more frequently should an identified need arise.
- The agenda, papers and minutes of the previous meeting will be circulated at least five working days prior to the next meeting.

Minutes will be taken at all meetings by Rushcliffe CCG and circulated

within 10 days of the meeting, unratified, to members of the Information Governance, Management and Technology Committee for approval at the following meeting. A highlight report will also be produced within 10 days of the meeting for each CCG's Governing Body.

All actions from the previous meeting(s) will be reviewed. Members will send a written update if they are not able to attend the next meeting.

## **8. Authority**

The Information Governance, Management and Technology Committee is authorised by the CCGs' Governing Bodies to investigate any activity within the terms of reference. It is authorised to seek any information it requires from any employee, and all employees are directed to co-operate with any request made by the Information Governance, Management and Technology Committee; and any employee of any provider of health services with whom the CCGs hold contracts. Appendix 2 sets out the governance structure for the Information Governance, Management & Technology Committee, its sub committees, regional networks and the CCGs' Governing Bodies.

## **9. Responsibilities**

The Information Governance, Management & Technology Committee will provide assurance to the five Clinical Commissioning Groups (CCGs) that the national and local IG and IM&T strategies are appropriate, supporting the delivery of associated improvements in health whilst facilitating the realisation of clinical and non-clinical benefits.

### ***Information Governance***

1) Ensure that an appropriate comprehensive information governance framework and systems are in place throughout the constituent organisations in line with national standards.

2) Receive regular action plans with regard to the organisations' progress on the annual Information Governance Toolkit submission.

3) Ensure that information is effectively managed, and that appropriate policies, procedures and management accountability are provided and approved in relation to confidentiality, security and records management.

4) Ensure that information risks are identified, assessed and managed in line with the Information Governance Assurance Framework and recommend actions to the Senior Information Risk Owner (SIRO) to ensure risks are mitigated.

5) Ensure that information risks for commissioned services, including GP practices are identified and managed in line with National Serious Incident Framework, NHS England, March 2015. This will include incidents that result in a serious breach in confidentiality or data loss.

6) Assure the CCGs' Governing Bodies that all person identifiable information is processed in accordance with the Data Protection Act and that all staff are aware and comply with the NHS Code of Confidentiality and other professional codes of conduct.

7) Ensure that new or proposed changes to organisational processes or information assets are identified and risk assessed, considering any impact on information quality and identifying any new security measures that may be required.

- 8) Provide oversight and monitoring of provider IG Toolkit compliance on behalf of the CCGs, advising the relevant Quality Scrutiny Panels regarding any areas of concern.
- 9) Ensure that all locally-developed clinical information systems are accredited and signed off by the IM&T Clinical Safety Officer as laid out by statute and the relevant Information Standard Notices.
- 10) Receive regular compliance reports on the processing of Freedom of Information requests; determining exemptions as appropriate.
- 11) Develop an information governance training programme and monitor the progress of the staff training and awareness in line with the National Department of Health requirements.
- 12) Support the Caldicott function, working with the Caldicott Guardian to ensure work related to confidentiality and data protection is appropriately carried out and any risks reported appropriately.
- 13) Work with independent contractors and commissioned services to ensure their compliance with the Information Governance Toolkit.

### ***Information Management and Technology***

- 1) Promote new technologies across the CCGs to ensure quality of patient services.
- 2) Develop and approve the CCG's IM&T Strategy ensuring it is congruent with both national and local strategy, and complements the business plans of individual Clinical Commissioning Groups; providing Governing Body assurance on the plan.
- 3) Ensure that the individual CCGs' components of the programme are delivered in accordance with the timescales and milestones laid out in a project plan.
- 4) Act as the Project Assurance mechanism for any significant IM&T investment within the CCGs ensuring that the appropriate rigour has been applied to the case for change, specification, procurement, implementation and mobilisation of such investment plans.
- 5) Ensure that the CCGs have mechanisms and plans in place to raise the basic competencies and skills of the commissioning organisation in order to base decisions on knowledge and information.
- 6) Agree the relative priority of IM&T investment projects where flexibility exists outside of any national programmes.
- 7) Provide assurance to the Governing Bodies that sufficient attention is being placed on data quality of both mandated and local datasets generated by the CCGs and their providers.
- 8) Ensure the CCGs are able to maximise all clinical and non-clinical benefits from planned and existing information systems and IT infrastructure.
- 9) Facilitate development and local implementation of health informatics policies ensuring they are consistent with national and local strategy.
- 10) Receive reports relating to the Nottinghamshire Health Informatics Service (NHIS), its services, the performance of the SLA between the

NHIS and CCGs and progress against specific projects.

11) Monitor and review data and hardware security arrangements.

12) Ensure appropriate business continuity arrangements are in place relating to information technology.

### **Data Management**

1) Enable data sharing across care settings for direct patient care through GP Repository for Clinical Care (GPRCC).

2) Create an electronic framework for managing and auditing Data Processing and Data Sharing Agreements/ Contracts. Including eSigning of basic agreement with Schedules that can be updated electronically (e.g. for new Read Codes to be extracted for the GP Repository for Clinical Care (GPRCC) without requiring a signature each time.

3) Ensure functions support budget monitoring and financial/ contract management. Broaden the number of contracting processes that we report on developing interactive interfaces and regular reports that reduce the amount of bespoke work that analysts need to do.

4) Remove the barrier of remembering usernames and passwords that prevents more frequent access by end users for eHealthscope. Allow CHP users (on a different domain) to access eHealthScope.

5) Enable secure access to eHealthScope across N3 sites. Creating a safe environment in which healthcare providers can contribute data in the knowledge that transfer, storage and access to the data will be secure.

6) Make it easier for practices to search for problems in eHealthScope and create a pushed report that highlighted areas where they may be performing well or that need investigation.

7) Create an assessment of available tools for benchmarking against other CCGs to compare admissions, A&E, OPD and mortality rates across UK. Compare GP performance across UK.

8) Provide a mechanism for providers to upload data into our data-warehouse with near provider data quality testing and pseudonymisation at source. Improve efficiency by reducing personnel required to manually import data.

9) Move eHealthScope onto a modern platform increasing maintainability, robustness, speed, data security.

10) Develop procedures and tests to mitigate against the potential for errors to be introduced in other modules each time changes are made.

11) Increase the range of tools for clinicians to help manage care of patients particularly where that involves data from other providers.

12) Work with County social services and then City services to establish indicators that social services can share (patients who are falling, are socially isolated) which predict patients at risk of admission.

## **10. Reporting**

The IGMT Committee will report to each CCG's Governing Body via a highlight report that will be available no later than 10 working days after each meeting and via minutes for each meeting that will be available after approval at the following Committee meeting.

The Chair of the Information Governance, Management and Technology Committee will draw to the attention of the Governing Bodies any issues that require disclosure to the Governing Body, or require action.

Specific issues of concern or matters requiring escalation to the Governing Bodies will be the subject of reports by the Committee Chair to each Governing Body.

The Director of Outcomes and Information will produce an Information Governance, Management and Technology Committee Annual Report for approval by the Committee.

#### **11. Declaration of Interests**

All members of the Information Governance, Management and Technology Committee will be required to complete a declaration of interest form in accordance with the CCG's Conflict of Interest Policy.

At the beginning of each meeting members will be required to declare a personal interest if it relates to a particular issue under consideration. Any such declaration will be formally recorded in the minutes of the meeting. The Chair will then make a decision about the member's participation in the discussion in accordance with the CCGs' Conflict of Interest Policies.

#### **12. Conduct**

The Information Governance, Management and Technology Committee will conduct its business in accordance with the codes of conduct set out for all Governing Body members and good governance practice as laid out in the CCGs' Constitutions.

The members and attendees will act in accordance with any applicable laws and guidance.

Members are expected to attend at least 75% of meetings held. Where a member is unable to attend, every effort should be made to ensure they were represented by an appropriate and suitably briefed deputy previously identified at the Committee.

#### **13. Review of the Terms of Reference**

The Information Governance, Management and Technology Committee Terms of Reference will be reviewed on an annual basis from the date that they were approved by the CCGs, unless it is deemed necessary for them to be reviewed earlier.

Any resulting changes to these terms of reference or membership of the Information Governance, Management and Technology Committee must be approved by the CCGs before they shall be deemed to take effect.

#### **14. Secretary**

Secretarial support is provided by Rushcliffe CCG who will be responsible for:

- Providing support to the Chair
- Agreeing the agenda with the Chair
- Collating and circulating all necessary papers for the Committee
- Ensuring that all reports to CCG Governing Bodies are provided in line with the CCGs paper format and deadlines

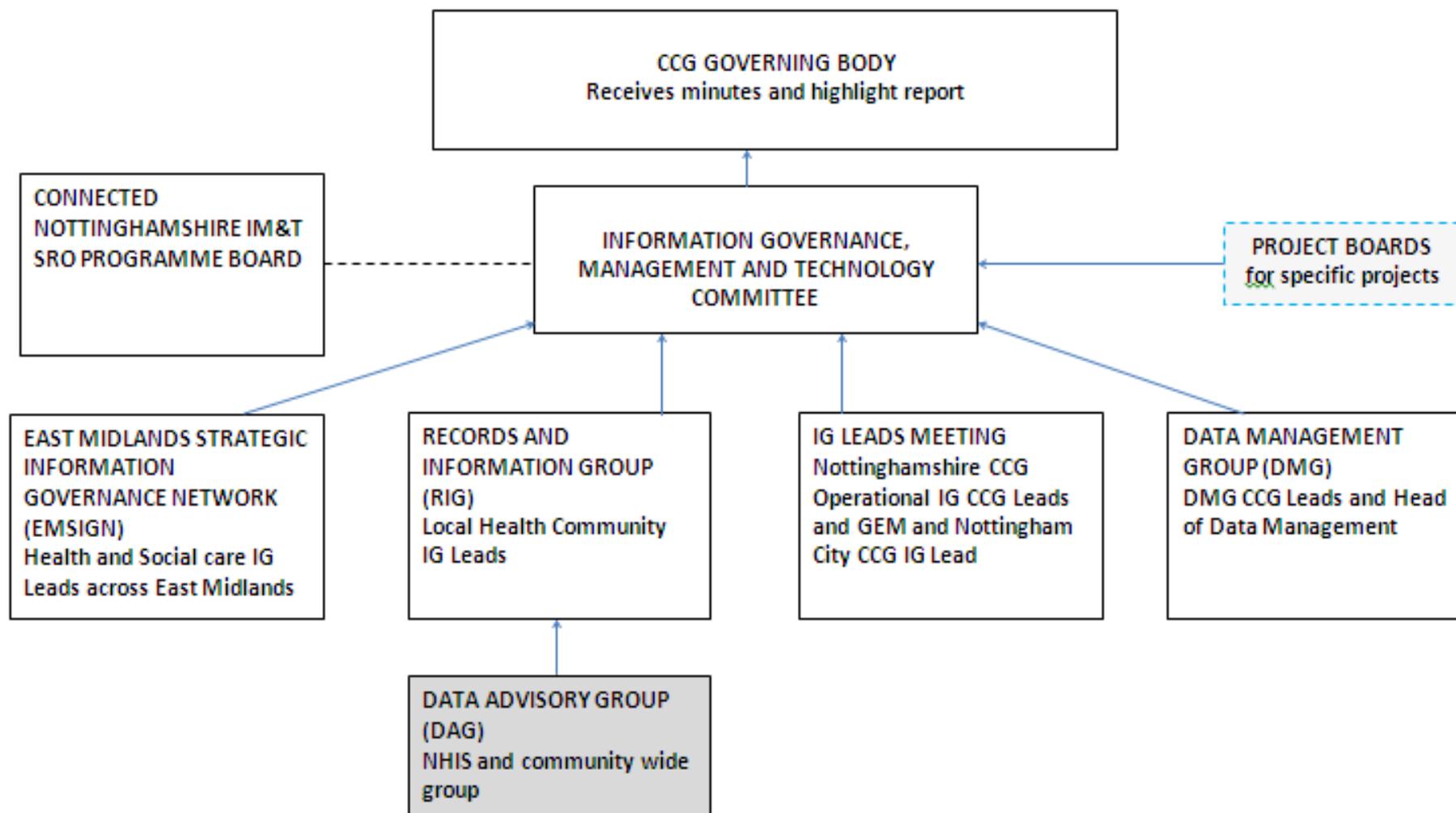
Version: 14  
Approved by: IGM&T  
Review Date: June 2018  
Date Approved: June 2017

## Appendix 1

### Membership list as of June 2017

Role	Name
<i>Permanent Membership</i>	
(Chair) Director of Outcomes and Information and Senior Information Risk Owner (SIRO) Rushcliffe CCG	Andy Hall
Information Governance Lead, Mansfield and Ashfield CCG and Newark and Sherwood CCG	Gina Holmes
Head of Information Governance, Nottingham City CCG	TBC
Caldicott Guardian South CCGs	Nichola Bramhall
General Practitioner Mid Nottinghamshire CCGs	Vacant
(Deputy Chair) General Practitioner Nottingham West CCG and Senior Information Risk Owner (SIRO) Nottingham West	Mike O'Neil
Senior Information Risk Owner (SIRO) Nottingham North and East	Hazel Buchanan
Caldicott Guardian Mansfield and Ashfield CCG and Newark and Sherwood CCG	Elaine Moss
Senior Information Risk Owner (SIRO) for Mansfield and Ashfield CCG and Newark and Sherwood CCG	Sarah Bray
General Practitioner	TBC
Director of Health Informatics at NHIS	Jaki Taylor
<i>Nominated deputies</i>	
NHIS Customer Services Manager	Jaki Taylor/ Gary Flint
Director of Health Informatics at NHIS	Eddie Olla
<i>Nominated deputies</i>	
Head of Technical Solutions, NHIS	Mike Press
Representative Mansfield and Ashfield CCG and Newark and Sherwood CCG	Di Butcher
Representative Mansfield and Ashfield CCG and Newark and Sherwood CCG	Marcus Pratt
Representative Rushcliffe CCG	Caroline Stevens
Representative Nottingham West CCG	Caroline Stevens
Representative Nottingham North and East CCG	Sergio Pappalettera

**NOTTINGHAMSHIRE CLINICAL COMMISSIONING GROUP (CCG) INFORMATION GOVERNANCE REPORTING FRAMEWORK**



# Nottinghamshire County Clinical Commissioning Groups' Individual Funding Request Panel Terms of Reference

## 1. Purpose

The purpose of the IFR panel is to consider funding requests for individuals who seek NHS commissioned services outside established commissioning policies. This may either be a request for funding treatment where there is no commissioning policy or where the medical condition is not included in a current policy or does not meet the criteria set out in the policy.

Each individual funding request will be handled by following the Nottinghamshire County CCGs\* IFR process (see the Nottinghamshire County CCGs\* IFR Policy) which will ensure the request is considered in a fair and transparent way, with decisions based on the best available evidence and the CCGs\* commissioning principles.

The IFR Panel is hosted by NHS Nottingham West CCG on behalf of NHS Mansfield & Ashfield CCG, NHS Newark & Sherwood CCG, NHS Rushcliffe CCG and NHS Nottingham North & East CCG.

## 2. Membership (Appendix 1)

The Individual Funding Request (IFR) panel will have a core membership of:

- Director of Public Health or nominated deputy
- Clinical Commissioning Group (CCG) Chief Officer or nominated deputy
- Clinical Member (Medical)
- Lay representative (Chair)

In attendance:

- IFR Manager to record the decision of the IFR Panel against each of the questions in the Decision Framework Document
- Senior Medicines Management Representative
- Health Economist

Other individuals with specific expertise and skills may also be included on the panel e.g. pharmacist, commissioning manager in order to ensure effective and robust decision making.

The panel members will determine who the chair and deputy chair for the panel is and they will each serve for a period of 3 years.

Clinical members who have had any clinical involvement with an individual case can not be part of the panel hearing for that request. This also applies to cases where the patient is registered at the clinical member's practice(s).

### Members Responsibilities

All core members are expected to have a named deputy who will attend on their behalf as necessary. It is their responsibility to ensure that the deputy is included in any training sessions as appropriate to maintain competency.

All core members/deputies are expected to attend a minimum of 75% of all IFR meetings that are held on an annual basis.

\* defined as NHS Mansfield & Ashfield CCG, NHS Newark & Sherwood CCG, NHS Nottingham North & East CCG, NHS Nottingham West CCG and NHS Rushcliffe CCG.

### **3. Frequency of meetings**

The IFR Panel will normally be held monthly.

If there are no cases to consider the meeting will be cancelled 5-10 working days ahead of the scheduled meeting. Quarterly meetings will be held regardless whether there are any cases to consider.

### **4. Extraordinary meetings**

A case may need to be considered urgently between meetings on the advice of the Director of Public Health, or nominated deputy, after consultation with the patient's clinicians.

An 'extraordinary' IFR meeting can be convened by the Director of Public Health or nominated deputy where quoracy of the extraordinary meeting will be four (different) core members, including the Director of Public Health (or nominated deputy) and the Clinical Member (Medical). Other panel members may attend if available.

Ideally, all urgent cases will be considered by a face-to-face meeting, but, exceptionally, where the clinical urgency makes this impossible, communication by phone or e-mail will be deemed appropriate.

### **5. Voting Rights**

IFR Panel members will seek to reach decisions by consensus where possible, but if a consensus cannot be achieved, decisions will be taken by a majority vote with each panel member present having an equal vote. If the panel is equally split then the chair of the panel will have the casting vote.

### **6. Quorum**

The panel will only be quorate if four (different) core members are present, including the Director of Public Health (or nominated deputy) and the Clinical Member (Medical).

### **7. Documentation**

Individual Funding Requests will be date stamped and logged onto the Nottinghamshire County CCGs\* IFR database by the IFR Manager. It is the responsibility of the IFR Manager to manage all requests received and correspondence relating to each case.

All cases will be anonymised before consideration by the IFR panel. The IFR Manager will produce a summary of the key information using the Decision Framework Document which will be considered by the IFR Panel. All other documentation that has been received regarding the case will also be available to the panel.

Patients will be encouraged to set out their views in writing to the Panel. Save to the extent that is required to ensure anonymity is preserved, the IFR Manager shall not be entitled to redact any written material provided by the patient. However the IFR Manager shall be entitled to put any observations in writing before the IFR Panel that the IFR Manager may have concerning material submitted by a patient including:

- Observations on any areas where issues are raised which do not appear to be supported by the clinical evidence

Advice to the panel concerning any social, caring or other personal factors raised by the patient which the IFR Panel are not entitled to consider under the terms of the Nottinghamshire County CCGs\* Policy.

\* defined as NHS Mansfield & Ashfield CCG, NHS Newark & Sherwood CCG. NHS Nottingham North & East CCG, NHS Nottingham West CCG and NHS Rushcliffe CCG.

The patient shall be entitled on request to a copy of any observations by the IFR Manager. Patients will not be permitted to attend panel meetings in person or be represented by any person at the meeting.

## **8. Authority**

The IFR Panel is a sub-committee of NHS Nottingham West CCG Governing Body.

It has delegated authority to make financial decisions in respect of funding of individual cases on behalf of the Nottinghamshire County CCGs\*. It is not the role of the IFR Panel to make commissioning policy on behalf of the Nottinghamshire County CCGs\*.

## **9. Accountability**

The minutes of the IFR Panel will be approved by the Chair of the Panel. The IFR Panel is accountable to NHS Nottingham West CCG Governing Body who is also responsible for the performance management of the Panel.

## **10. Reporting and Monitoring**

The IFR Manager will record the decision of the IFR Panel against each of the questions in the Decision Framework Document. The completed Decision Making Document, together with the record of attendance, will form the minutes of an individual case. Decisions that are made urgently outside a formal IFR Panel meeting will be taken to the next routine meeting of the IFR Panel.

The IFR Panel will agree monitoring parameters for each of the individual cases that are approved where the IFR Manager will ensure that progress reports are obtained from the requesting clinician to update the IFR Panel as to the patient's response.

The IFR Panel will meet on a quarterly basis to review the IFR database with the IFR Manager in order to evaluate the process, including the consistency of panel decision making, and to consider any improvements that could be made.

The IFR Manager will produce an annual report which will be considered by Governing Bodies of NHS Mansfield and Ashfield CCG, NHS Newark and Sherwood CCG, NHS Nottingham North and East CCG, NHS Nottingham West CCG and NHS Rushcliffe CCG

The Terms of Reference of the IFR Panel will be reviewed annually by NHS Nottingham West CCG Governing Body.

## **11. Training**

All members of the IFR Panel must undergo mandatory induction training organised by the Shared Medicines Management team on behalf of the Nottinghamshire County CCGs\*. This will cover both the legal and ethical framework for IFR decision making, the CCGs commissioning processes and structures, and the technical aspects of interpretation of clinical evidence and research. This training will be regularly refreshed to ensure that all panel members maintain the appropriate skills and expertise to function effectively.

## **Review Date October 2017**

\* defined as NHS Mansfield & Ashfield CCG, NHS Newark & Sherwood CCG. NHS Nottingham North & East CCG, NHS Nottingham West CCG and NHS Rushcliffe CCG.

**Appendix 1 - Nottinghamshire County Clinical Commissioning Groups\* Individual Funding Request Panel**

<p><b>Director of Public Health or nominated deputy</b></p> <p>Jonathan Gribbin, Consultant in Public Health, Public Health Nottinghamshire County</p> <p>Dr Kate Allen, Consultant in Public Health (1<sup>st</sup> deputy), Public Health Nottinghamshire County</p> <p>Cathy Quinn, Associate Director of Public Health (2<sup>nd</sup> deputy), Public Health Nottinghamshire County</p>	<p><b>CCG Chief Officer or nominated deputy</b></p> <p>Vicky Bailey, Chief Operating Officer, NHS Rushcliffe CCG</p> <p>Sharon Pickett, Deputy Chief Officer (deputy), NHS Nottingham North &amp; East CCG</p>
<p><b>Clinical Member (Medical)</b></p> <p>Dr Simon Brenchley, GP, NHS Newark &amp; Sherwood CCG</p> <p>Dr James Read, GP, NHS Nottingham West CCG</p> <p>Dr Sean Ottey, GP, NHS Rushcliffe CCG</p>	<p><b>Lay Representative</b></p> <p>Peter Robinson (Chair)</p> <p>Usha Gadhia (deputy Chair)</p>
<p><b>In Attendance - Individuals with specialist expertise</b></p> <p>Laura Catt, Prescribing Advisor, Shared Medicines Management Team, NHS Mansfield &amp; Ashfield CCG</p> <p>Prescribing Interface Advisor (deputy), Shared Medicines Management Team, NHS Mansfield &amp; Ashfield CCG</p> <p>Jane Urquhart, IFR Manager, Shared Medicines Management Team, NHS Mansfield &amp; Ashfield CCG</p> <p>Marilyn James, Health Economist, Nottingham University</p>	

\* defined as NHS Mansfield & Ashfield CCG, NHS Newark & Sherwood CCG. NHS Nottingham North & East CCG, NHS Nottingham West CCG and NHS Rushcliffe CCG.



## Joint Adult & Children’s Safeguarding Committee Terms of Reference

### 1 Aim

To ensure that systems and process are in place to safeguard vulnerable adults and children as a core component of the services provided and commissioned by the following Nottinghamshire Clinical Commissioning Groups (CCGs):

- NHS Newark and Sherwood (N&S) CCG ] collectively known as
- NHS Mansfield and Ashfield (M&A) CCG ] Mid Nottinghamshire CCGs
- NHS Nottingham North & East (NNE) CCG ] collectively known as
- NHS Nottingham West (NW) CCG ] South Nottinghamshire
- NHS Rushcliffe CCG ] CCGs
- NHS Bassetlaw CCG ]

### 2 Constitution

Nottinghamshire and Bassetlaw CCGs hereby resolve to constitute a committee of the Newark & Sherwood Clinical Commissioning Governing Body to be known as the Nottinghamshire County Safeguarding Committee as outlined in the “Memorandum of Understanding in Relation to Collaborative Governance Arrangements 2012”.

### 3 Membership

- Chief Nurse and Director of Quality for Newark and Sherwood and Mansfield and Ashfield CCGs (Chair)
- Director of Nursing and Quality for Nottingham North & East, Nottingham West and Rushcliffe CCGs (Vice Chair)
- Head of Quality and Adult Safeguarding for Nottingham North & East, Nottingham West and Rushcliffe CCGs
- Deputy Chief Nurse, for Newark and Sherwood and Mansfield and Ashfield CCGs
- Nurse Consultant Safeguarding (Designated Professional Adults, Children and Looked After Children) for Bassetlaw CCG
- Deputy Chief Nurse, Bassetlaw CCG
- General Practitioners
- Designated Nurse Safeguarding Children Mid Notts and South Notts CCGs
- Associate Designated Nurse Safeguarding Mid Notts and south Notts CCGs
- Designated Doctors Safeguarding Children (1 each from South and Mid Nottinghamshire CCGs)
- Designated Nurse Children in Care for Mid Notts and South Notts CCGs
- Designated Doctors Children in Care (1 each from South and Mid Nottinghamshire CCGs)
- Public Health Manager (children lead representing the Nottinghamshire Children and Young People’s Health and Wellbeing Commissioners Forum) nominated by the Director of Public Health, Nottinghamshire County Council
- Head of Quality and Patient Safety for Newark and Sherwood and Mansfield and Ashfield CCGs

It is an expectation that if any member is unable to attend the meeting a representative is nominated to act on their behalf. It should be noted that for some individuals, deputisation is provided by an

existing member of the committee e.g. the Head of Quality and Adult Safeguarding is the deputy for the Director of Nursing and Quality for the South Nottinghamshire CCGs

The Committee, or its Chair on its behalf, may co-opt such other Directors and officers of the CCGs as may be required.

#### **4 Frequency**

The sub-committee shall meet bi-monthly. Extraordinary meetings may be convened as necessary.

#### **5 Authority**

The committee will receive its powers from the following CCGs: -

- NHS Newark and Sherwood CCG
- NHS Mansfield and Ashfield CCG
- NHS Nottingham North & East CCG
- NHS Nottingham West CCG
- NHS Rushcliffe CCG
- NHS Bassetlaw CCG

The Committee will be directly accountable to the N&S CCG Governing Body and the Chief Operating Officer N&S CCG.

The committee will respond to matters referred to it by the Nottinghamshire and Bassetlaw CCG Governing Bodies, Nottinghamshire Safeguarding Children and Adult Boards. It will seek independent advice as it considers necessary. Wider clinical consultation will take place as necessary with the Nottingham Health Community, the Care Quality Commission, Local Authority Police and other statutory agencies as appropriate.

#### **6 Duties**

The duties of the committee are:

- To ensure Nottinghamshire CCGs fulfill statutory responsibilities as outlined in the Care Act 2014 and promote the safety and welfare of adults with care and support needs within the CCGs and across all commissioned and contracted services.
- To monitor CCG and contracted and commissioned services compliance with statutory guidance relating to safeguarding adults including the Mental Capacity Act (2005).
- To monitor CCG and contracted and commissioned services compliance with statutory guidance relating to safeguarding children and children in care, including the Children Act 2004, Working Together to Safeguard Children 2013 and Promoting the health and wellbeing of looked after children - revised statutory guidance 2015.
- To promote the safety and welfare of children within the Nottinghamshire CCGs and across all commissioned and contracted services.
- To maintain clear lines of accountability and reporting for safeguarding vulnerable adults to the Nottinghamshire CCGs and the Member Governing bodies.
- To maintain links to Nottinghamshire Safeguarding Children Board (NSCB), Nottinghamshire Safeguarding Adults Board (NSAB), the Local Area Teams of the NHS Commissioning Board (LAT) and other relevant committees
- To monitor resulting actions following serious case reviews, independent management reviews and other relevant safeguarding incidents and to promote the dissemination of learning.
- To develop, review and approve policies and procedures relating to safeguarding practice.
- To approve annual reports for the CCGs relating to safeguarding.
- To monitor key performance indicators relating to safeguarding adults and children as required by the Care Quality Commission, the LSAB/LSCB or any other statutory regulating authority.
- To produce regular reports to the Nottinghamshire CCGs via Chief Nurses on any significant developments, exceptions and risks, relating to safeguarding adults and the public in general to inform the risk register

- To act as a monitoring, dissemination and advisory group for new national or local guidance (including feedback from NSAB/NSCB) and to promote effective communication of key messages across provider organisations.
- Review audit, evaluation and quality assurance of safeguarding processes and practice across the CCGs and provider organisations.
- To oversee a process for implementing, monitoring, and embedding safeguarding principles in all service level agreements
- The identification of challenges and risks to the safeguarding aims and objectives, so that actions to mitigate them can be planned and implemented.

## 8 Reporting

Reporting and individual accountability arrangements are outlined in *Appendices 1 & 2*

The committee shall report to the CCG Governing Bodies of:

- Newark and Sherwood (N&S) CCG
- Mansfield and Ashfield (M&A) CCG
- Nottingham North & East (NNE) CCG
- Nottingham West (NW) CCG
- Rushcliffe CCG
- Bassetlaw CCG

It shall also report through the Chief Nurse and Director of Quality to the Nottinghamshire Safeguarding Adult and Children Boards.

Copies of the minutes of the meeting will be submitted to each of the Nottinghamshire CCG Governance Leads to inform their Governing Bodies.

The Safeguarding Operational Working Group reports into the Committee and progresses matters assigned to it by the Committee.

## 9 Attendance

Regular attendance is required by all members, with a minimum of 66% of meeting attendance required. On the occasions when nominated members cannot attend, they will submit a brief written report on all actions. This will be presented by their named deputy. The forum may also request the attendance of other members of staff as required.

## 10 Quorum

The meeting will be held in three sections an adult section, a joint adults and children section and a children's section. Each individual member contributes to the quorum of different roles and sections of the meeting as shown in the table below.

Individual member's contribution to quorum						
Member	Chair or Vice Chair	Adult Clinician	Adult Safeguarding Lead/ Rep	Children's Clinician	Children's Designated Professional	Children's Safeguarding Lead/ Rep
Chief Nurse and Director of Quality for Newark and Sherwood and Mansfield and Ashfield CCGs						
Director of Nursing and Quality for Nottingham North & East, Nottingham West and Rushcliffe CCGs						
Nurse Consultant Safeguarding (Designated Professional Adults, Children & Children in						

Care) for Bassetlaw CCG-						
Designated Doctors Safeguarding Children (1 each from South and Mid Nottinghamshire CCGs)-						
Designated Nurse Children in Care for 5 Nottinghamshire CCGs-						
Designated Doctors Children in Care (1 each from South and Mid Nottinghamshire CCGs)						
Designated Nurse or Associate Designated Nurse Safeguarding Children for 5 Nottinghamshire CCGs						
Deputy Chief Nurse, for Newark and Sherwood and Mansfield and Ashfield CCGs						
Deputy Chief Nurse, Bassetlaw CCG						
Head of Quality and Adult Safeguarding for Nottingham North & East, Nottingham West and Rushcliffe CCGs						
Head of Quality and Patient Safety for Newark and Sherwood and Mansfield and Ashfield CCGs						
Public Health Manager (representing the Children and Young People's commissioning hub)						
People's Health and Wellbeing Commissioners Forum) nominated by the Director of Public Health, Nottinghamshire County Council						
General Practitioners						

To be considered quorate for each section of the meeting the following must be in attendance:

**Adults Section:** Chair or Deputy Chair, 2 adult safeguarding leads and 1 adult clinician (at least 1 representative from each CCG area i.e. South Nottinghamshire, Mid Nottinghamshire and Bassetlaw)

**Childrens Section:** Chair or Deputy Chair, 2 children's designated professionals (can be Doctor or Nurse at least 1 must represent children in care) and 1 children's clinician (at least 1 representative from each CCG area i.e. South Nottinghamshire, Mid Nottinghamshire and Bassetlaw)

**Joint Adults and Children Section:** Chair or Deputy Chair, 2 adult safeguarding leads and 1 adult clinician, 2 children's designated professionals (can be Doctor or Nurse at least 1 must represent children in care) and 1 children's clinician (at least 1 representative from each CCG area i.e. South Nottinghamshire, Mid Nottinghamshire and Bassetlaw)

### 11 Charing arrangements

Chair – Chief Nurse and Director of Quality for N&S & M&A CCG

Vice Chair - Director of Nursing and Quality for NNE, NW & Rushcliffe CCGs

**12 Confidential Session**

Each of the three sections of the meeting will include a confidential section which will consider cases subject to serious case reviews which are patient identifiable and by their nature are exempt from the Freedom of Information Act.

**13 Review**

Terms of Reference to be reviewed annually, one year following approval by the CCG Governing Bodies and Local Adult and Children Safeguarding Boards

**14 Date of Approval**

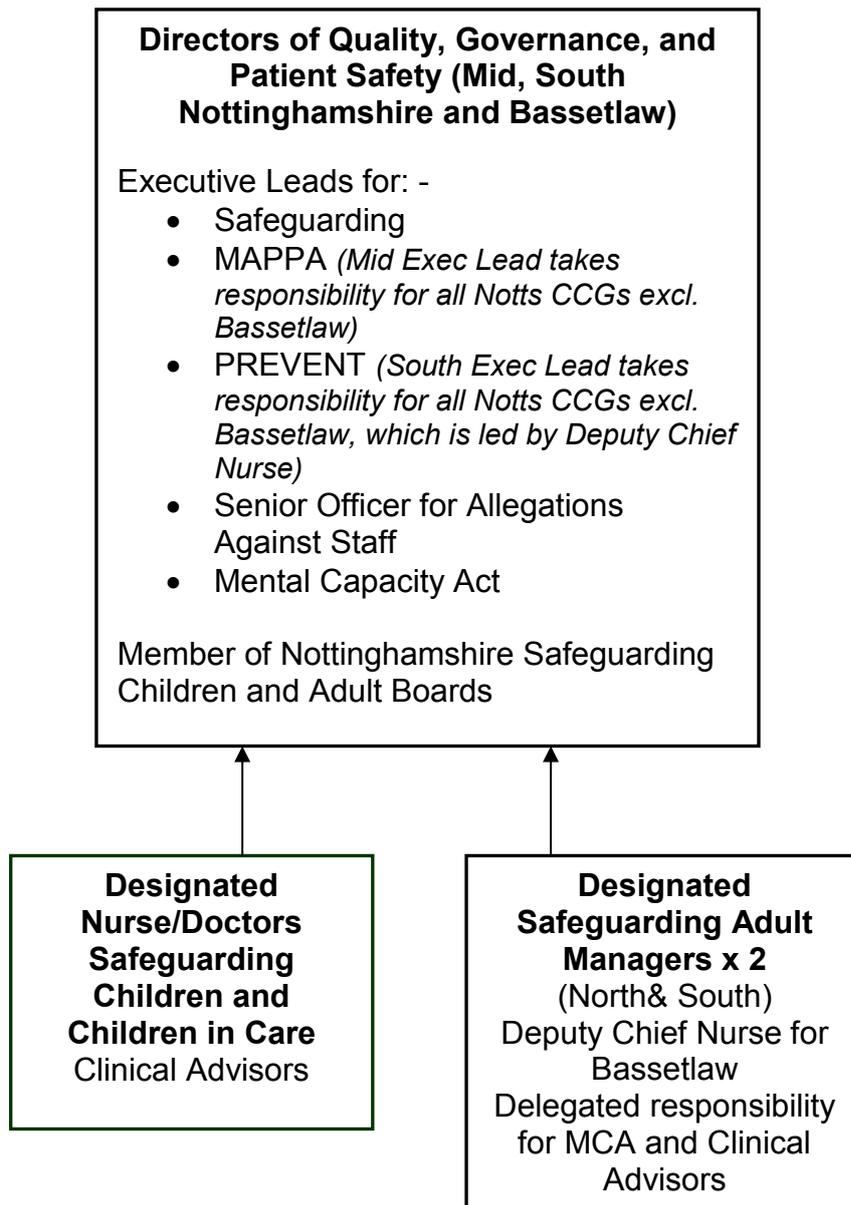
July 2016

**15 Review Date**

July 2017

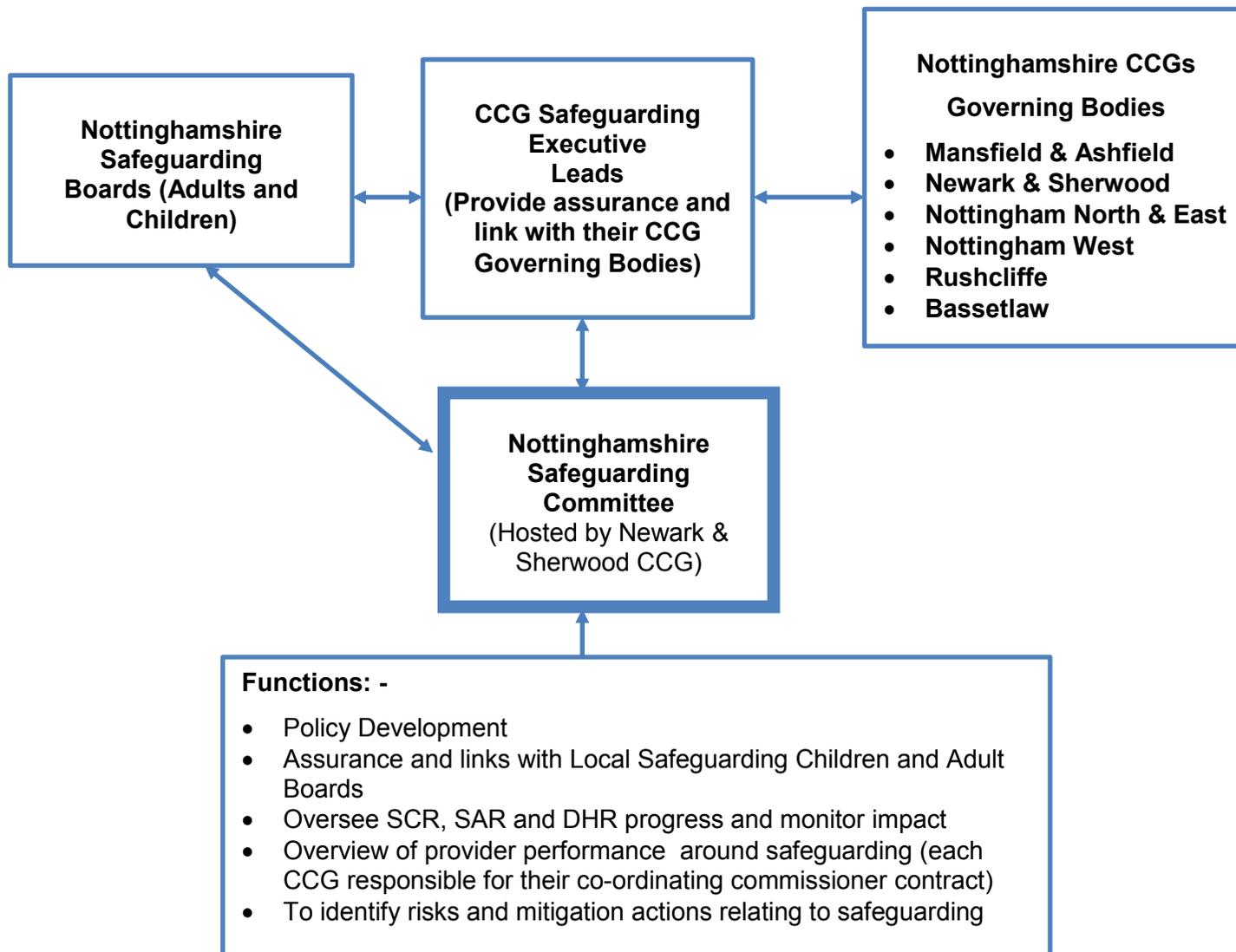
APPENDIX 1

INDIVIDUAL SAFEGUARDING REPORTING & ACCOUNTABILITY  
NOTTINGHAMSHIRE CLINICAL COMMISSIONING GROUPS



## Appendix 2

### ORGANISATIONAL EXTERNAL SAFEGUARDING REPORTING ARRANGEMENTS NOTTINGHAMSHIRE CLINICAL COMMISSIONING GROUPS





## **Section 3: Terms of Reference: NNE CCG Sub-Groups and Shared Sub-Groups**

**Terms of Reference**

<b>Title:</b>	<b>Local Authorities Partnership Sub-Group</b>
<b>Date approved:</b>	16 December 2016
<b>Review date:</b>	December 2017
<b>Introduction/Purpose:</b>	The Local Authorities Partnership Sub-group has been established to inform and support the partnership arrangements between Nottingham North and East Clinical Commissioning Group and the local authorities which serve our patient population.
<b>Membership:</b>	<p><b>Membership</b></p> <ul style="list-style-type: none"> <li>• Ashfield District Council Representative/s</li> <li>• Broxtowe Borough Council Representative/s</li> <li>• Gedling Borough Council Representative/s</li> <li>• Newark and Sherwood District Council Representative/s</li> <li>• Nottinghamshire County Council Representative/s</li> <li>• Public Health Representative/s</li> <li>• Healthwatch Representative/s</li> <li>• Nottingham North and East CCG Chief Officer</li> <li>• Nottingham North and East Clinical Lead/Chair</li> <li>• Nottingham North and East Lay Member- PPI</li> </ul> <p>The group, or Chair on its behalf, may invite other stakeholders as appropriate to the topics for discussion.</p>
<b>Attendance:</b>	District/Borough Councils will nominate a representative accordingly for each meeting. Nottingham North & East Governing Body member to attend if pertinent to an agenda item.
<b>Secretary:</b>	Assurance Officer - Nottingham North and East CCG
<b>Deputies:</b>	Nominated deputies required. Members are responsible for sending appropriate deputy.
<b>Chair:</b>	The Chair of Nottingham North and East shall act as the Chair of the Sub-group.
<b>Deputy Chair:</b>	Chief Officer - Nottingham North and East CCG
<b>Quorum:</b>	Chair and/or Deputy Chair plus 50% of membership to include minimum 2x Borough/District Council representatives.
<b>Frequency of</b>	Meetings shall be held quarterly, with a minimum of four meetings per

<b>Meetings:</b>	annum.
<b>Rules for Meetings and Proceedings:</b>	<p>Agendas and supporting papers will be circulated no later than five working days in advance of each meeting.</p> <p>Items which miss the deadline for inclusion on the agenda may be added on receipt of permission from the Chair.</p> <p>Minutes will be taken at all meetings and will be circulated to all members. The minutes will be ratified by the membership at the next meeting. The Chair will approve the minutes in draft in order to report in a timely manner.</p>
<b>Responsibility/Duties:</b>	<p>The Local Authorities Partnership Sub-group will:</p> <ul style="list-style-type: none"> <li>• Facilitate alignment in goals and agendas across the organisations</li> <li>• Identify joint opportunities/ solutions</li> <li>• Build and develop organisational relationships</li> <li>• Enable information flows between Nottingham North and East and the Local Authorities</li> <li>• Enable opportunities for collaboration</li> <li>• Focus on improving the health of the population</li> <li>• Facilitate collaboration to maximise public and patient engagement</li> <li>• Review and support the delivery of commissioning plans</li> <li>• Review requirements as per Health and Wellbeing Board and progress against the Health and Wellbeing strategy</li> <li>• Build relationships between organisations</li> </ul>
<p><b>Duties – Standing Agenda Items</b></p> <ul style="list-style-type: none"> <li>• <b>Every meeting:</b></li> </ul>	<p><u>Administration:</u></p> <ul style="list-style-type: none"> <li>• Welcome and Apologies for absence</li> <li>• Declaration of Interests</li> <li>• Minutes and Actions of the last meeting</li> </ul> <p><u>Agenda items to be received under headings:</u></p> <ul style="list-style-type: none"> <li>• Updates from each area</li> </ul> <p><u>Closing items:</u></p> <ul style="list-style-type: none"> <li>• Any Other Business</li> <li>• Date, time and venue of next meeting</li> </ul>
<b>Accountability:</b>	The minutes of the Local Authorities Partnership Sub-Group will be provided to each of the constituent organisations to be reported via their governance structures as appropriate in each case.
<b>Monitoring</b>	Annually
<b>Review of Terms of Reference:</b>	The Terms of Reference will be reviewed annually or earlier if appropriate to do so.

<b>Terms of Reference</b>					
<b>Title:</b>	<b>Service Improvement Group</b>				
<b>Date approved:</b>	<b>22<sup>nd</sup> March 2017</b>				
<b>Approving Body:</b>	<b>Clinical Cabinet</b>				
<b>Review date:</b>	<b>August 2017</b>				
<b>Introduction/Purpose:</b>	<p>The purpose of the NNE CCG Service Improvement Group</p> <ul style="list-style-type: none"> <li>• To act as an umbrella forum to all commissioned activity</li> <li>• To lead the planning, discussion, implementation, development and support of commissioned activity</li> <li>• To ratify CCG pathways</li> <li>• To ensure services are developed in line with the CCG's approach to Transformation and QIPP</li> <li>• To provide a forum to ensure that Nottingham North and East Clinical Commissioning Group (NNE CCG) delivers on-going improvements to services for patients in line with the requirements of the Quality, Innovation, Productivity and Prevention (QIPP) agenda.</li> <li>• Discuss decommissioning proposals</li> <li>• Review and management of the Transformation Exception Report</li> </ul>				
<b>Membership:</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"><b>Membership</b></th> <th><b>Nominated Deputy</b></th> </tr> </thead> <tbody> <tr> <td> <ul style="list-style-type: none"> <li>• Deputy Chief Officer (chair)</li> <li>• Director of Commissioning</li> <li>• Clinical reps x 3</li> <li>• Head of Primary Care</li> <li>• Senior Service Improvement Managers</li> <li>• Service Improvement Managers</li> <li>• Finance lead</li> <li>• Information Manager</li> <li>• Stakeholder Engagement Manager</li> <li>• Patient Representative</li> <li>• Medicine Management Representative</li> </ul> </td> <td> <ul style="list-style-type: none"> <li>• Director of Commissioning</li> </ul> </td> </tr> </tbody> </table>	<b>Membership</b>	<b>Nominated Deputy</b>	<ul style="list-style-type: none"> <li>• Deputy Chief Officer (chair)</li> <li>• Director of Commissioning</li> <li>• Clinical reps x 3</li> <li>• Head of Primary Care</li> <li>• Senior Service Improvement Managers</li> <li>• Service Improvement Managers</li> <li>• Finance lead</li> <li>• Information Manager</li> <li>• Stakeholder Engagement Manager</li> <li>• Patient Representative</li> <li>• Medicine Management Representative</li> </ul>	<ul style="list-style-type: none"> <li>• Director of Commissioning</li> </ul>
<b>Membership</b>	<b>Nominated Deputy</b>				
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<b>Attendance:</b>	<p>Others will be invited to attend meetings when the Group is discussing items that fall within their areas of responsibility.</p> <p>Members are expected to attend meetings. In the event that they cannot attend, information must be provided to a deputy.</p> <p>In the event of the Chair of the Group being unable to attend all or part of the meeting, he/she will nominate a replacement from within the membership to deputise.</p>				
<b>Secretary:</b>	Service Improvement Support Officer				
<b>Chairing</b>	Deputy Chief Officer or the Director of Commissioning will chair the meeting.				
<b>Quorum:</b>	The group will be quorate with 6 members, including the Chair or Deputy Chair, 1 Finance representative and 2 Clinician representatives (eg, GP, Pharmacist or				

	Nurse)
<b>Frequency of Meetings:</b>	Meetings will be held monthly
<b>Rules for Meetings and Proceedings:</b>	<ul style="list-style-type: none"> <li>• Agenda items to be submitted at least 8 working days before each meeting.</li> <li>• Papers for each meeting will be distributed to members at least 7 working days prior to each meeting.</li> <li>• Minutes will be produced and circulated to all group members no longer than 7 working days following the meeting.</li> <li>• Each member will be expected to participate in actions.</li> </ul>
<b>Responsibility/Remit:</b>	<p><b>Key Objectives</b></p> <ul style="list-style-type: none"> <li>• The group has delegated authority to authorise a financial allocation of up to £50,000 per annum for an individual project. The group may authorise allocations to a maximum of £100,000 per annum at a single meeting.</li> <li>• Decisions will be reported to the Clinical Cabinet</li> <li>• To develop new transformation ideas and initiatives for commissioned activity across NNE CCG</li> <li>• To receive exception reporting against NNE CCG Transformational Plan</li> <li>• To review commissioned activity and finance data to monitor and review the delivery of agreed service changes, and to implement actions/offer solutions to ensure that service changes deliver the intended benefits for patients and the wider health community</li> <li>• To undertake horizon scanning to support planned/unplanned care developments</li> <li>• To actively promote the engagement of patients, carers, staff and the wider public in the planning and implementation processes of commissioned activity</li> <li>• To provide the governance of pathway development for Map of Medicine</li> </ul>
<b>Declarations of Interest:</b>	At the beginning of each meeting persons present will be required to declare a personal interest and any such declaration will be formally recorded in the minutes of the meeting. The Chair will then make a decision about the person's participation in the discussion in accordance with the CCG conflict of interest policy.
<b>Decision Making:</b>	<p>The Service Improvement Group can make recommendations for Clinical Cabinet.</p> <p>The group has delegated authority to authorise a financial allocation of up to £50,000 per annum for an individual project. The group may authorise allocations to a maximum of £100,000 per annum at a single meeting.</p>
<b>Conduct:</b>	The Service Improvement Group will conduct its business in accordance with the codes of conduct as laid out in the Constitution.
<p><b>Duties – Standing Agenda Items</b></p> <ul style="list-style-type: none"> <li>• Every meeting:</li> </ul>	<p><b>Administration:</b></p> <ul style="list-style-type: none"> <li>• Welcome and Apologies for absence</li> <li>• Declaration of Interests</li> <li>• Minutes of the last meeting</li> <li>• Matters Arising</li> </ul> <p><b>General Items:</b></p> <ul style="list-style-type: none"> <li>• Exception reporting of the Transformation Plan</li> <li>• Any Other Business</li> <li>• Date, time and venue of next meeting</li> <li>• Review of forward plan – revisited December each year</li> </ul>

<b>Sub-Groups:</b>	Task and Finish sub-groups to be established as required
<b>Reporting:</b>	The group will report progress to the <ul style="list-style-type: none"> <li>• Patient Participation &amp; Involvement Committee</li> <li>• NNE CCG Clinical Cabinet, as required.</li> </ul>
<b>Accountability:</b>	The Service Improvement Group directly reports to the NNE CCG Clinical Cabinet
<b>Monitoring:</b>	
<b>Review of Terms of Reference:</b>	The Terms of Reference and membership will be reviewed six monthly (February and August)

## Quality Scrutiny Panel Nottingham University Hospitals (NUH) Contract Terms of Reference

<p><b>1. Introduction</b></p>	<p>The Quality and Risk Committee (QRC) resolves to establish a sub-group called the Quality Scrutiny Panel (NUH) to review the services provided by Nottingham University Hospitals NHS Trust in relation to clinical quality and patient safety for the provision of acute hospital services on behalf of the lead commissioner, NHS Nottingham West CCG, associate commissioners and the Leicestershire and Lincolnshire Area Team of NHS England for Specialised Commissioning.</p> <p>These terms of reference set out the membership, responsibilities, and reporting arrangements of the Quality Scrutiny Panel (NUH).</p>
<p><b>2. Membership</b></p>	<p>The core membership of the Quality Scrutiny Panel is as follows:</p> <p>Director of Nursing and Quality, South CCGs Deputy Director of Nursing and Quality, South CCGs Deputy Medical Director, Nottingham University Hospitals Deputy Chief Nurse, Nottingham University Hospitals Head of Clinical Quality, Risk &amp; Safety, Nottingham University Hospitals Associate Director of Assurance, Nottingham University Hospitals Director of Quality and Personalisation, Nottingham City CCG Erewash Clinical Commissioning Group Member Representative from Specialised Commissioning, Leicestershire and Lincolnshire AT, NHS England Head of Patient Safety and Experience, Mid Notts CCGs CCG Lay Representatives x2</p> <p>The Lay Representative term of office will be for two years.</p>
<p><b>3. Chair and Deputy</b></p>	<ul style="list-style-type: none"> <li>• The Chair of the Quality Scrutiny Panel will be the Deputy Director of Nursing and Quality, South CCGs. The Vice-Chair will be the Director of Nursing and Quality, South CCGs.</li> </ul> <p>In the event of the Chair being unable to attend all or part of the meeting, the Vice-Chair will deputise.</p>
<p><b>4. Quorum</b></p>	<p>The Quality Scrutiny Panel will be quorate with a minimum of four of its members, one of which should include the Chair or Vice-Chair and a minimum of two NUH members.</p>
<p><b>5. Attendees</b></p>	<p>Representatives will be invited to attend for specific topic items. Associate commissioner representatives have an open invitation to attend the meetings.</p>
<p><b>6. Frequency and conduct of business</b></p>	<p>The Quality Scrutiny Panel will meet quarterly. Meetings of the Group, other than those regularly scheduled above, will be called by the Chair.</p> <p>Secretarial support will be provided by the Quality Team Personal Assistant, South CCGs.</p>

	<p>Where possible, meetings will be arranged in the intervening month to the Quality and Risk Committee.</p> <p>An agenda and supporting papers, will be forwarded to Members not less than five days before the date of the meeting using a forward planner approach</p>
<b>7. Authority</b>	<p>The Quality Scrutiny Panel is authorised by the Quality and Risk Committee to consider any matter within its term of reference. It is authorised to seek any information it requires from any source, and all employees are directed to co-operate with any request made by it.</p>
<b>8. Responsibilities</b>	<p>The principal duties of the Quality Scrutiny Panel are:</p> <ul style="list-style-type: none"> <li>• Undertaking scrutiny and providing objective assurance to the South QRC that services provided by NUH are acceptable in terms of safety and quality for all users of those services. In so doing, endeavouring to take account of all stakeholder views, including the expectations and aspirations of patients.</li> <li>• Monitoring responsibilities across a number of areas including: patient safety, infection control, safeguarding vulnerable adults and children, complaints, management of risk, effectiveness of care including implementation of national guidance and commissioning policies and the dissemination of any feedback and learning across the health community from these areas for the purposes of quality improvement.</li> <li>• Monitoring progress and compliance against the quality schedule, CQUINs and the contract, confirming achievement and making recommendations for payments to the contracts team through a summary report to the NUH Quality and Performance (Q&amp;P) meeting which will act as the core content for reporting and escalation of quality issues to Contract Executive Board (CEB).</li> <li>• Routinely review performance against Clinical Quality Performance Indicators as stated in the quality section of the contract and quality schedule including but not limited to: <ul style="list-style-type: none"> <li>- Clinical concerns and complaints based on risk scoring received from any stakeholder</li> <li>- Themes and trends for complaint and incident data</li> <li>- Progress against an agreed programme of clinical audit</li> <li>- All reportable clinical incidents and reports</li> <li>- All Serious Incidents and reports</li> <li>- Existing clinical policies, procedures and protocols and advise on new documentation</li> <li>- Proposals to vary the contract – inclusion of new procedures or exclusions and suspensions from the clinical pathway</li> <li>- In depth monitoring of any non-compliance or area at risk of being non-compliant and development of action plans and work programmes</li> <li>- Progress against remedial action plans</li> </ul> </li> <li>• Advising the South QRC on issues concerning the clinical requirements of the contract and other clinical issues that may arise, also providing assurance and exceptions to the NUH Q&amp;P and/or the NUH CEB, advising of any further action to mitigate risk</li> <li>• Monitoring the NUH safety and governance arrangements, including but not</li> </ul>

	<p>limited to patient experience, clinical audit, complaints, incidents and clinical effectiveness.</p> <ul style="list-style-type: none"> <li>• Ensuring that all of the requirements of the Data Protection Act, Information Governance and all relevant issues relating to confidentiality are appropriately managed, requesting input from the Caldicott Guardian and Governance team when necessary.</li> <li>• Being satisfied that review systems, using all tools available which support patient safety and governance processes, for example, the Assurance Framework, CQC Provider Registration, PMETB and National Health Service Litigation Authority (NHSLA) Risk Management standards, are in place.</li> <li>• Monitoring progress in the implementation of all nationally available guidance (including NICE, and National Confidential Enquires) to ensure a systematic approach to clinical effectiveness and that clinical interventions are based upon best available evidence.</li> <li>• Receive regular reports from NUH, as agreed in the contract and quality schedule and any other ad hoc reports as required.</li> </ul>
<b>9. Reporting</b>	<p>The Quality Scrutiny Panel (NUH) will report to the following meetings at their next available meeting through a highlight summary report and a copy of the meeting minutes:</p> <ul style="list-style-type: none"> <li>• Quality and Risk Committee (QRC)</li> <li>• NUH Quality and Performance Group (Q&amp;P)</li> </ul> <p>In order that the NUH Q&amp;P meeting is provided with timely quality assurance information between quarterly QSP meetings a copy of the monthly quality dashboard and a brief highlight report will be submitted to Q&amp;P. This will act as the core content for reporting and escalation of quality issues to CEB by the Q&amp;P.</p> <p>Any quality issues deemed to be of sufficient significance or magnitude (as determined by the NUH QSP) can be reported directly to the NUH CEB.</p>
<b>10. Declaration of Interests</b>	<p>At the beginning of each meeting Members will be required to declare a personal interest if it relates to a particular issue under consideration. Any such declaration will be formally recorded in the minutes of the meeting.</p> <p>The Chair's decision regarding a Member's participation, or that of any attendee, in any meeting will be final.</p>
<b>11. Conduct</b>	<p>The members and attendees will act in accordance with any applicable laws and guidance, and observe the CCGs' Conflict of Interest Policy.</p>
<b>12. Review of the Terms of Reference</b>	<p>The Quality Scrutiny Panel (NUH) Terms of Reference will be reviewed on an annual basis from the date that they were approved by the Quality and Risk Committee.</p> <p>Any resulting changes to these terms of reference or membership of the Quality Scrutiny Panel (NUH) must be approved by the Quality and Risk Committee before they shall be deemed to take effect.</p>

Date Approved by Quality and Risk Committee: 03 February 2016

Review Date: December 2017

## Quality Scrutiny Panel Local Partnerships (General Health) Contract Terms of Reference

<p><b>1. Introduction</b></p>	<p>The Quality and Risk Committee (QRC) resolves to establish a sub-group called the Quality Scrutiny Panel Local Partnerships (General Health) - (LP) to review the services provided by Local Partnerships in relation to clinical quality and patient safety for the provision of community services on behalf of the lead commissioner, NHS Nottingham West CCG and associate commissioner CCGs.</p> <p>These terms of reference set out the membership, responsibilities, and reporting arrangements of the Quality Scrutiny Panel (LP)</p>
<p><b>2. Membership</b></p>	<p>The core membership of the Quality Scrutiny Panel is as follows:</p> <ul style="list-style-type: none"> <li>• Deputy Director of Nursing and Quality, South Nottinghamshire CCGs</li> <li>• Director of Nursing and Quality, South Nottinghamshire CCGs (to attend as required)</li> <li>• Head of Community Contracting, South Nottinghamshire CCGs</li> <li>• Associate Director Nursing, Quality and Patient Experience, Local Partnerships,</li> <li>• Deputy Associate Director Nursing, Quality and Patient Experience, Local Partnerships</li> <li>• Deputy Chief Operating Executive, Local Partnerships</li> <li>• Clinical Director, Local Partnerships</li> <li>• Head of Quality, Risk and Patient Safety, Local Partnerships</li> <li>• Quality Improvement Matron, Local Partnerships</li> <li>• CCG Patient Representative x2</li> <li>• General Manager, Local Partnerships</li> <li>• Deputy Chief Nurse, Mid Nottinghamshire CCGs</li> <li>• Senior Public Health &amp; Commissioning Manager, Nottinghamshire County Council</li> </ul> <p>The Patient Representatives term of office will be for two years.</p>
<p><b>3. Chair and Deputy</b></p>	<p>The Chair of the Quality Scrutiny Panel will be the Deputy Director of Nursing and Quality, South Nottinghamshire CCGs. The Vice-Chair will be the Director of Nursing and Quality, South CCGs.</p> <p>In the event of the Chair being unable to attend all or part of the meeting, the Vice-Chair will deputise.</p>
<p><b>4. Quorum</b></p>	<p>The Quality Scrutiny Panel will be quorate with a minimum of five of its members, one of which should include the Chair or Vice-Chair and a minimum of two Local Partnership members.</p>
<p><b>5. Attendees</b></p>	<p>Representatives will be invited to attend for specific topic items. Associate commissioner representatives have an open invitation to attend the meetings.</p>

<p><b>6. Frequency and conduct of business</b></p>	<p>The Quality Scrutiny Panel will meet quarterly. Meetings of the Group, other than those regularly scheduled above, will be called by the Chair. Secretarial support will be provided by the Quality Team PA, South Nottinghamshire CCGs.</p> <p>Where possible, meetings will be arranged in the intervening month to the Quality and Risk Committee.</p> <p>An agenda and supporting papers, will be forwarded to Members not less than five days before the date of the meeting using a forward planner approach</p>
<p><b>7. Authority</b></p>	<p>The Quality Scrutiny Panel is authorised by the Quality and Risk Committee to consider any matter within its term of reference. It is authorised to seek any information it requires from any source, and all employees are directed to co-operate with any request made by it.</p>
<p><b>8. Responsibilities</b></p>	<p>The principal duties of the Quality Scrutiny Panel are:</p> <ul style="list-style-type: none"> <li>• Seeking and receiving assurance of the safety and quality of clinical care provided within the Local Partnership contracts</li> <li>• Undertaking scrutiny and providing objective assurance to the QRC that services provided within these contracts are acceptable in terms of safety and quality for all users of those services. In so doing, endeavouring to take account of all stakeholder views, including the expectations and aspirations of patients.</li> <li>• Monitoring responsibilities across a number of areas including: patient safety, infection control, safeguarding vulnerable adults and children, complaints, management of risk, effectiveness of care including implementation of national guidance and commissioning policies and the dissemination of any feedback and learning across the health community from these areas for the purposes of quality improvement.</li> <li>• Raise any issues around children to the Children’s Integrated Commissioning Hub.</li> <li>• Routinely review performance against Clinical Quality Performance Indicators as stated in the quality section of the contract and quality schedule: <ul style="list-style-type: none"> <li>– Clinical concerns and complaints based on risk scoring received from any stakeholder</li> <li>– Themes and trends for complaint and incident data</li> <li>– Progress against an agreed programme of clinical audit</li> <li>– All reportable clinical incidents and reports</li> <li>– All Serious Incidents and reports</li> <li>– Existing clinical policies, procedures and protocols and advise on new documentation</li> <li>– Proposals to vary the contract – inclusion of new procedures or exclusions and suspensions from the clinical pathway</li> <li>– In depth monitoring of any non-compliance or area at risk of being non-compliant and development of action plans and work programmes</li> <li>– Progress against remedial action plans</li> </ul> </li> <li>• Advising the QRC on issues concerning the clinical requirements of the contract and other clinical issues that may arise, also providing assurance and exceptions to the Contract Review Meeting and/or Contract Executive Board, advising of any</li> </ul>

	<p>further action to mitigate risk.</p> <ul style="list-style-type: none"> <li>Monitoring the Local Partnerships safety and governance arrangements, including but not limited to patient experience, clinical audit, complaints, incidents and clinical effectiveness.</li> <li>Ensuring that all of the requirements of the Data Protection Act, Information Governance and all relevant issues relating to confidentiality are appropriately managed, requesting input from the Caldicott Guardian and Governance team when necessary.</li> <li>Being satisfied that review systems, using all tools available which support patient safety and governance processes, for example, the Assurance Framework, CQC Provider Registration, PMETB and National Health Service Litigation Authority (NHSLA) Risk Management standards, are in place.</li> <li>Monitoring progress in the implementation of all nationally available guidance (including NICE, and National Confidential Enquires) to ensure a systematic approach to clinical effectiveness and that clinical interventions are based upon best available evidence.</li> <li>Receiving regular reports from Local Partnerships, as agreed in the contract and quality schedule and any other ad hoc reports as required.</li> </ul>
<b>9. Reporting</b>	<p>The Quality Scrutiny Panel (LP) will report to the Quality and Risk Committee at the next available meeting through the Director of Quality and Patient Safety's Quality Report and the minutes of its meetings.</p> <p>The Quality Scrutiny Panel (LP) will also report to the LP Contract Executive Board (CEB) at the next available meeting through a highlight summary report.</p> <p>The minutes of the Quality Scrutiny Panel will also be reported to:</p> <ul style="list-style-type: none"> <li>Health Partnership Quality and Risk Group</li> <li>North Nottinghamshire CCGs Quality and Risk Committee</li> </ul>
<b>10. Declaration of Interests</b>	<p>At the beginning of each meeting Members will be required to declare a personal interest if it relates to a particular issue under consideration. Any such declaration will be formally recorded in the minutes of the meeting.</p> <p>The Chair's decision regarding a Member's participation, or that of any attendee, in any meeting will be final.</p>
<b>11. Conduct</b>	<p>The members and attendees will act in accordance with any applicable laws and guidance, and observe the CCGs' Conflict of Interest Policy.</p>
<b>12. Review of the Terms of Reference</b>	<p>The Quality Scrutiny Panel (CHP) Terms of Reference will be reviewed on an annual basis from the date that they were approved by the Quality and Risk Committee.</p> <p>Any resulting changes to these terms of reference or membership of the Quality Scrutiny Panel (CHP) must be approved by the Quality and Risk Committee before they shall be deemed to take effect.</p>

Date Approved by Quality and Risk Committee: July 2017

Review Date: February 2018

## Quality Scrutiny Panel Circle Nottingham (CN) Contract

### Terms of Reference

<b>1. Introduction</b>	<p>The Quality and Risk Committee (QRC) resolves to establish a sub-group called the Quality Scrutiny Panel (CN) to review the services provided by Circle Nottingham in relation to clinical quality and patient safety on behalf of the lead commissioner, NHS Rushcliffe CCG and associate commissioner CCGs.</p> <p>These terms of reference set out the membership, responsibilities, and reporting arrangements of the Quality Scrutiny Panel (CN)</p>
<b>2. Membership</b>	<p>The core membership of the Quality Scrutiny Panel is as follows:</p> <ul style="list-style-type: none"> <li>• Director of Nursing and Quality, South Notts CCGs</li> <li>• Head of Quality, Patient Safety and Experience, South Notts CCGs</li> <li>• Contract Support Manager, South Notts CCGs</li> <li>• Quality Governance Manager (Infection Prevention Control), Nottingham City CCG</li> <li>• Deputy Chief Nurse, Erewash CCG</li> <li>• Lead Nurse/Head of Healthcare Governance, Circle Nottingham</li> <li>• Lead/Deputy Head of Healthcare Governance, Circle Nottingham</li> <li>• CCG Lay Representative</li> </ul> <p>The Lay Representative term of office will be for three years.</p>
<b>3. Chair and Deputy</b>	<p>The Chair of the Quality Scrutiny Panel will be the Head of Quality, Patient Safety and Experience, South Notts CCGs. The Vice-Chair will be the Director of Nursing and Quality, South Notts CCGs.</p> <p>In the event of the Chair being unable to attend all or part of the meeting, the Vice-Chair will deputise.</p>
<b>4. Quorum</b>	<p>The Quality Scrutiny Panel will be quorate with a minimum of four of its members, one of which should include the Chair or Vice-Chair and a minimum of one other CCG and one Circle Nottingham member.</p>
<b>5. Attendees</b>	<p>Representatives will be invited to attend for specific topic items. Associate commissioner representatives have an open invitation to attend the meetings.</p>
<b>6. Frequency and conduct of business</b>	<p>The Quality Scrutiny Panel will meet quarterly. Meetings of the Group, other than those regularly scheduled above, will be called by the Chair. Secretarial support will be provided by the Quality Team Secretary, South CCGs.</p> <p>An agenda and supporting papers, will be forwarded to Members not less than five days before the date of the meeting using a forward planner approach</p>
<b>7. Authority</b>	<p>The Quality Scrutiny Panel is authorised by the Quality and Risk Committee to consider any matter within its term of reference. It is authorised to seek any information it requires from any source, and all employees are directed to co-operate with any request made by it.</p>
<b>8. Responsibilities</b>	<p>The principal duties of the Quality Scrutiny Panel are:</p> <ul style="list-style-type: none"> <li>• Undertaking scrutiny and providing objective assurance to the QRC that services</li> </ul>

	<p>provided by CN are acceptable in terms of safety and quality for all users of those services. In so doing, endeavouring to take account of all stakeholder views, including the expectations, aspirations and concerns of patients.</p> <ul style="list-style-type: none"> <li>• Monitoring responsibilities across a number of areas including: patient safety, infection control, safeguarding vulnerable adults and children, complaints, management of risk, effectiveness of care including implementation of national guidance and commissioning policies and the dissemination of any feedback and learning across the health community from these areas for the purposes of quality improvement.</li> <li>• Routinely review performance against Clinical Quality Performance Indicators as stated in the quality section of the contract and quality schedule: <ul style="list-style-type: none"> <li>– Clinical concerns and complaints based on risk scoring received from any stakeholder</li> <li>– Themes and trends for complaint and incident data</li> <li>– Progress against an agreed programme of clinical audit</li> <li>– All reportable clinical incidents and reports</li> <li>– All Serious Incidents and reports</li> <li>– Existing clinical policies, procedures and protocols and advise on new documentation</li> <li>– Proposals to vary the contract – inclusion of new procedures or exclusions and suspensions from the clinical pathway</li> <li>– In depth monitoring of any non-compliance or area at risk of being non-compliant and development of action plans and work programmes</li> <li>– Progress against remedial action plans</li> </ul> </li> <li>• Monitoring the CN safety and governance arrangements, including but not limited to patient experience, clinical audit, complaints, incidents and clinical effectiveness.</li> <li>• Ensuring that all of the requirements of the Data Protection Act, Information Governance and all relevant issues relating to confidentiality are appropriately managed, requesting input from the Caldicott Guardian and Governance team when necessary.</li> <li>• Being satisfied that review systems, using all tools available which support patient safety and governance processes, for example, the Assurance Framework, CQC Provider Registration, are in place.</li> <li>• Monitoring progress in the implementation of all nationally available guidance (including NICE, and National Confidential Enquires) to ensure a systematic approach to clinical effectiveness and that clinical interventions are based upon best available evidence.</li> <li>• Receiving regular reports from CN, as agreed in the contract and quality schedule and any other ad hoc reports as required.</li> </ul>
<p><b>9. Reporting</b></p>	<p>The Quality Scrutiny Panel (CN) will report to the Quality and Risk Committee at the next available meeting through the Director of Quality and Patient Safety's Quality Report and the minutes of its meetings.</p> <p>The Quality Scrutiny Panel (CN) will also report to the CN Contract Executive Board (CEB) at the next available meeting through a highlight summary report.</p>

	<p>The minutes of the Quality Scrutiny Panel will also be shared with associate commissioners and submitted for information to:</p> <ul style="list-style-type: none"> <li>• CGRM, Circle Nottingham</li> </ul>
<b>10. Declaration of Interests</b>	<p>At the beginning of each meeting Members will be required to declare a personal interest if it relates to a particular issue under consideration. Any such declaration will be formally recorded in the minutes of the meeting.</p> <p>The Chair's decision regarding a Member's participation, or that of any attendee, in any meeting will be final.</p>
<b>11. Conduct</b>	<p>The members and attendees will act in accordance with any applicable laws and guidance, and observe the CCGs' Conflict of Interest Policy.</p>
<b>12. Review of the Terms of Reference</b>	<p>The Quality Scrutiny Panel (CN) Terms of Reference will be reviewed on an annual basis from the date that they were approved by the Quality and Risk Committee.</p> <p>Any resulting changes to these terms of reference or membership of the Quality Scrutiny Panel (CN) must be approved by the Quality and Risk Committee before they shall be deemed to take effect.</p>

Date Approved by Quality and Risk Committee: 03.08.16

Review Date: July 2017

## Equality and Diversity Forum

### Terms of Reference

<p><b>1. Introduction</b></p>	<p>The Quality and Risk Committee resolves to establish a sub-group called the Equality and Diversity Forum to co-ordinate the Equality agenda, including delivery of the Equality Delivery System and relevant equality standards across the south CCGs and thereby provide assurance that the CCGs are compliant with the Equality Act 2010.</p> <p>These terms of reference set out the membership, responsibilities, and reporting arrangements of the Equality and Diversity Forum.</p>
<p><b>2. Membership</b></p>	<p>The membership of the Equality and Diversity Forum is as follows:</p> <ul style="list-style-type: none"> <li>• South CCG Equality and Diversity Leads – NNE, NW and Rushcliffe</li> <li>• South CCG PPI Managers</li> <li>• Patient Experience Manager</li> <li>• Patient representative (NW)</li> <li>• Giles Matsell (NUH/South CCGs)</li> </ul> <p>If members are unable to attend it is requested a deputy is sent where possible</p>
<p><b>3. Chair and Deputy</b></p>	<p>The Chair of the Equality and Diversity Forum will be the Lay Representative (NW). The Vice Chair will be the NW Equality and Diversity Lead.</p> <p>In the event of the Chair being unable to attend all or part of the meeting, the Vice Chair will deputise.</p>
<p><b>4. Quorum</b></p>	<p>A quorum will be one representative from each CCG.</p>
<p><b>5. Attendees</b></p>	<p>Representatives from the following areas will be invited to attend for specific topic items:</p> <ul style="list-style-type: none"> <li>• Nottinghamshire Healthcare NHS Trust</li> <li>• Nottinghamshire HealthWatch</li> <li>• HR</li> <li>• NHS Nottingham City CCG</li> <li>• NHS England Area Team</li> <li>• Nottinghamshire County Council</li> <li>• Public Health</li> <li>• Local Borough Councils</li> <li>• Groups representing individuals from Protected Characteristics Regional representative</li> <li>• Local Health Providers</li> <li>• Communications colleagues to progress information sharing in between meetings.</li> </ul>

<p><b>6. Frequency and conduct of business</b></p>	<p>The Equality and Diversity Forum will meet quarterly or more frequently if necessary as dictated by the agenda and cycle of events. Secretarial support will be provided by NWCCG.</p> <p>An agenda and supporting papers, will be forwarded to Members not less than five working days before the date of the meeting using a forward planner approach</p> <p>Where possible, meetings will be arranged in the intervening month to the Quality and Risk Committee.</p>
<p><b>7. Authority</b></p>	<p>The Equality and Diversity Forum is authorised by the Quality and Risk Committee to consider any matter within its terms of reference. It is authorised to seek any information it requires from any source, and all employees are directed to co-operate with any request made by it.</p>
<p><b>8. Responsibilities</b></p>	<p>The principal duties of the Equality and Diversity Forum are:</p> <ul style="list-style-type: none"> <li>• Ensure activities are taking place to achieve compliance with Equality Act 2010 through the Equality Diversity System</li> <li>• Monitor progress against individual EDS Project Plans providing reports to the Quality and Risk Committee</li> <li>• Monitor progress against Equality Objectives and outcomes of EDS grading demonstrating year on year improvements</li> <li>• Ensure compliance with relevant Equality standards, including the Accessible Information Standard and the Workforce Race Equality Standard.</li> <li>• Develop a local Equality Policy for the CCGs</li> <li>• Advise on community wide events and share leading on projects on behalf of other CCGs</li> <li>• Share best practice across CCGs</li> <li>• Develop a joint approach to consulting seldom heard/hard to reach groups, developing a genuine partnership working approach including City and provider trusts</li> <li>• Develop the joint sections of individual CCG Strategies for Equality and Diversity</li> <li>• Approve and report Equality Assessments and indicate areas of concern or high risk</li> <li>• Through provisions of the standard NHS Contract ensure that all providers are compliant with the Equality Act by reviewing provider reports including their EDS2, WRES and Accessible Information Standards. A summary of the position of providers will be discussed at the Equality and Diversity Forum and reported to the Quality and Risk Committee as soon as year-end reports are compiled by the providers</li> <li>• Monitor provider Annual Reports, Quality Accounts, CQC reports and any other documentation for further assurance, raising any questions or issues through the quality monitoring process</li> </ul>
<p><b>9. Reporting</b></p>	<p>The Equality and Diversity Forum will report to the Quality and Risk Committee at the next available meeting. The Vice-Chair will provide a brief written update to the Committee highlighting any areas of concern. The Forum will also produce an annual report detailing activities and progress for the Quality and Risk Committee and CCGs annual reports.</p>
<p><b>10. Declaration of Interests</b></p>	<p>At the beginning of each meeting Members will be required to declare a personal interest if it relates to a particular issue under consideration. Any such declaration will be formally recorded in the minutes of the meeting.</p>

	The Chair's decision regarding a Member's participation, or that of any attendee, in any meeting will be final.
<b>11. Conduct</b>	The members and attendees will act in accordance with any applicable laws and guidance, and observe the CCGs' Conflict of Interest Policy.
<b>12. Review of the Terms of Reference</b>	<p>The Equality and Diversity Forum Terms of Reference will be reviewed on an annual basis from the date that they were approved by the Quality and Risk Committee.</p> <p>Any resulting changes to these terms of reference or membership of the Equality and Diversity Forum must be approved by the Quality and Risk Committee before they shall be deemed to take effect.</p>

Date Approved by Quality and Risk Committee: October 2017

Review Date: October 2018

## Health and Safety Sub-Group – South CCGs

### Terms of Reference

<p><b>1. Introduction</b></p>	<p>The Quality and Risk Committee resolves to establish a sub-group called the Health and Safety Sub-Group to co-ordinate activities required for each CCG to comply with the Health and Safety Act 1974 and other statutory provisions - this enables each Accountable Officer to discharge their functions for Health and Safety; and provide a healthy and safe environment for all people who work in, use or visit their premises.</p> <p>These terms of reference set out the membership, responsibilities, and reporting arrangements of the Health and Safety Sub-Group.</p>
<p><b>2. Membership</b></p>	<p>The membership of the Health and Safety Sub-Group is as follows:</p> <ul style="list-style-type: none"> <li>• 3 CCG Health and Safety Leads: <ul style="list-style-type: none"> <li>– Governance Officer (NW)</li> <li>– Head of Governance and Integration (RCCG)</li> <li>– Assurance Officer (NNE)</li> </ul> </li> <li>• Quality Support Officer, Quality and Patient Safety (NNE, NW and RCCG)</li> <li>• Team Secretary, Quality and Patient Safety (NNE, NW, RCCG)</li> </ul>
<p><b>3. Chair and Deputy</b></p>	<p>The Chair of the Health and Safety Sub-Group will be the Head of Governance and Engagement (RCCG). The Deputy Chair will be the one of the other Health and Safety Leads.</p>
<p><b>4. Quorum</b></p>	<p>A quorum will be three members including two Health and Safety Leads.</p>
<p><b>5. Attendees</b></p>	<p>Representatives from the following areas will be invited to attend for specific topic items:</p> <ul style="list-style-type: none"> <li>• Quality Support Officer, Quality and Patient Safety (NNE, NW and RCCG)</li> <li>• NHS Property Services</li> <li>• Site management representatives</li> <li>• Counter Fraud and Security Management Specialist</li> <li>• Staff Side representatives</li> <li>• Occupational Health Advisor</li> <li>• Specialist Advisors as required</li> </ul>
<p><b>6. Frequency and conduct of business</b></p>	<p>The Health and Safety Sub-Group will meet a minimum of three times per year. Secretarial support will be provided by the Quality and Patient Safety Team</p> <p>An agenda and supporting papers will be forwarded to Members not less than five working days before the date of the meeting using a forward planner approach.</p> <p>Where possible, meetings will be arranged in the intervening months to the</p>

	Quality and Risk Committee.
<b>7. Authority</b>	The Health and Safety Sub-Group is authorised by the Quality and Risk Committee to consider any matter within its terms of reference. It is authorised to seek any information it requires from any source, and all employees are directed to co-operate with any request made by it.
<b>8. Responsibilities</b>	<p>The principal duties and responsibilities of the Health and Safety Sub-Group are:</p> <p><b>Policies and Procedures</b></p> <ul style="list-style-type: none"> <li>• To develop Health and Safety policies and procedures relevant to the responsibilities, functions and duties of the CCGs</li> <li>• To ensure that systems are in place to provide a safe and healthy environment for all staff, contractors, visitors and members of the public.</li> <li>• To review the Health and Safety Policy on a regular basis to ensure its continued compliance with statutory requirements and good practice guidance and that it accurately reflects current management structures and responsibilities.</li> </ul> <p><b>Reporting</b></p> <ul style="list-style-type: none"> <li>• To encourage reporting and review of health and safety incidents and near misses involving any employees, contractors, visitors and members of the public</li> <li>• To promote active co-operation between managers and employees in developing and monitoring safe working conditions for staff.</li> <li>• To escalate any significant concern to the risk register.</li> <li>• To produce a Health and Safety Annual Report.</li> </ul> <p><b>Compliance</b></p> <ul style="list-style-type: none"> <li>• To provide a forum to consider and discuss staff side issues, concerns and proposals as they relate to health and safety, fire and security.</li> <li>• To consider Directives, Regulations and approved codes of practice as issued by the Health &amp; Safety Executive, the Department of Health and other regulatory bodies and determine local implementation of processes / action to ensure compliance therewith.</li> <li>• To undertake on-going assessment of the organisational compliance with national standards such as NHS Litigation Authority.</li> <li>• Review the outcome of health and safety risk assessments, audits, inspections of premises and services and provide appropriate reports and recommendations</li> </ul> <p><b>Communication</b></p> <ul style="list-style-type: none"> <li>• To establish a robust working relationship with NHS Property Services and premises landlords to ensure the responsibilities for buildings and users are clearly articulated and understood by all parties.</li> <li>• To ensure effective two-way communication with all staff, other tenants and service providers on health and safety issues.</li> <li>• To monitor health and safety communications and publicity, assessing their appropriateness and adequacy in ensuring staff awareness and understanding of health and safety issues and responsibilities.</li> </ul> <p><b>Training</b></p> <ul style="list-style-type: none"> <li>• To ensure that mandatory/statutory training requirements are met for all staff and including Governing Body Members as per the individual CCG training policies.</li> <li>• To identify any specific Health and Safety Training requirements as</li> </ul>

	<p>appropriate.</p> <ul style="list-style-type: none"> <li>To monitor the effectiveness of health and safety training provision ensuring appropriate records are maintained.</li> </ul>
<b>9. Reporting</b>	The Health and Safety Sub-Group will report to the Quality and Risk Committee at the next available meeting providing a brief written update to the Committee and highlighting any areas of concern.
<b>10. Declaration of Interests</b>	<p>At the beginning of each meeting Members will be required to declare a personal interest if it relates to a particular issue under consideration. Any such declaration will be formally recorded in the minutes of the meeting.</p> <p>The Chair's decision regarding a Member's participation, or that of any attendee, in any meeting will be final.</p>
<b>11. Conduct</b>	The members and attendees will act in accordance with any applicable laws and guidance, and observe the CCGs' Conflict of Interest Policy.
<b>12. Review of the Terms of Reference</b>	<p>The Health and Safety Sub-Group Terms of Reference will be reviewed in April 2014 and thereafter on an annual basis from the date that they were approved by the Quality and Risk Committee.</p> <p>Any resulting changes to these terms of reference or membership of the Health and Safety Sub-Group must be approved by the Quality and Risk Committee before they shall be deemed to take effect.</p>

Date Approved by Quality and Risk Committee: 3 August 2016  
Review Date: 1 August 2017

## SOUTH CCGS' Care Home Sub-Group

### Terms of Reference

<b>1. Introduction</b>	<p>The South Nottinghamshire CCGs' Quality and Risk Committee resolves to establish a sub-group to be known as the South CCGs' Care Homes Sub-group to ensure robust assurance processes are in place on the quality of care delivered to patients registered with GP Practices of the three CCGs who are residents in care homes located within or outside the CCGs' geographical boundaries.</p> <p>These terms of reference set out the membership, responsibilities, and reporting arrangements of the South CCGs' Care Homes Sub-Group.</p>
<b>2. Membership</b>	<p>The membership of the South CCGs' Care Homes Sub-Group is as follows:</p> <p>Head of Quality and Adult Safeguarding, Rushcliffe, Nottingham West, Nottingham North East CCGs (Chair)          Joint Team Manager, Quality and Market Management Team, Adult Social Care, Nottinghamshire County Council          Infection Prevention and Control Matron, Infection Prevention and Control Team, Nottinghamshire County CCGs          Senior Prescribing and Governance Advisor, Nottinghamshire County CCGs and Nottinghamshire County Council          Representation from Head of Adult Community Services, Local Partnerships          Clinical Lead for Continuing Health Care, Nottingham CityCare          CHC Relationship Manager or Commissioning Manager, Nottinghamshire CCGs          Clinical Specialist, County Dementia Outreach Service, Nottinghamshire Healthcare Trust          Strategy and Development Manager, Nottingham West CCG          Senior Service Improvement Manager, Rushcliffe CCG          Senior Service Improvement Manager, NNE CCG          Adult Safeguarding Lead, Rushcliffe, Nottingham West, Nottingham North East CCGs (Joint Deputy Chair)          Care Home Quality Lead, Rushcliffe, Nottingham West, Nottingham North East CCGS (Joint Deputy Chair)          Care Home Quality and Safety Manager, Mid Nottinghamshire CCGs          Quality Improvement Matron, Local Partnerships          Community Matron, LTC, Local Partnerships          Continence Specialist, Local Partnerships          Commissioning Manager – Care Homes and Domiciliary Care, City CCG          Falls Lead, Rushcliffe – Local Partnerships          Falls Lead, NNE – Local Partnerships          Tissue Viability Nurse – Local Partnerships          Service Improvement Support Officer, Rushcliffe CCG          Patient Safety Collaborative representative          Quality Support Officer, Rushcliffe, Nottingham West, Nottingham North East CCGs (minute taker)</p> <p>For circulation of minutes only:          GP Nottingham West CCG, GP Rushcliffe CCG          Director of Quality and Personalisation, Nottingham City CCG          Clinical Associate Professor in Medicine of Older People, NUH</p>
<b>3. Chair and Deputy</b>	<ul style="list-style-type: none"> <li>• The Chair of the South CCGs' Care Homes Sub-Group will be the Head of Quality and Adult Safeguarding, Rushcliffe, Nottingham West, Nottingham</li> </ul>

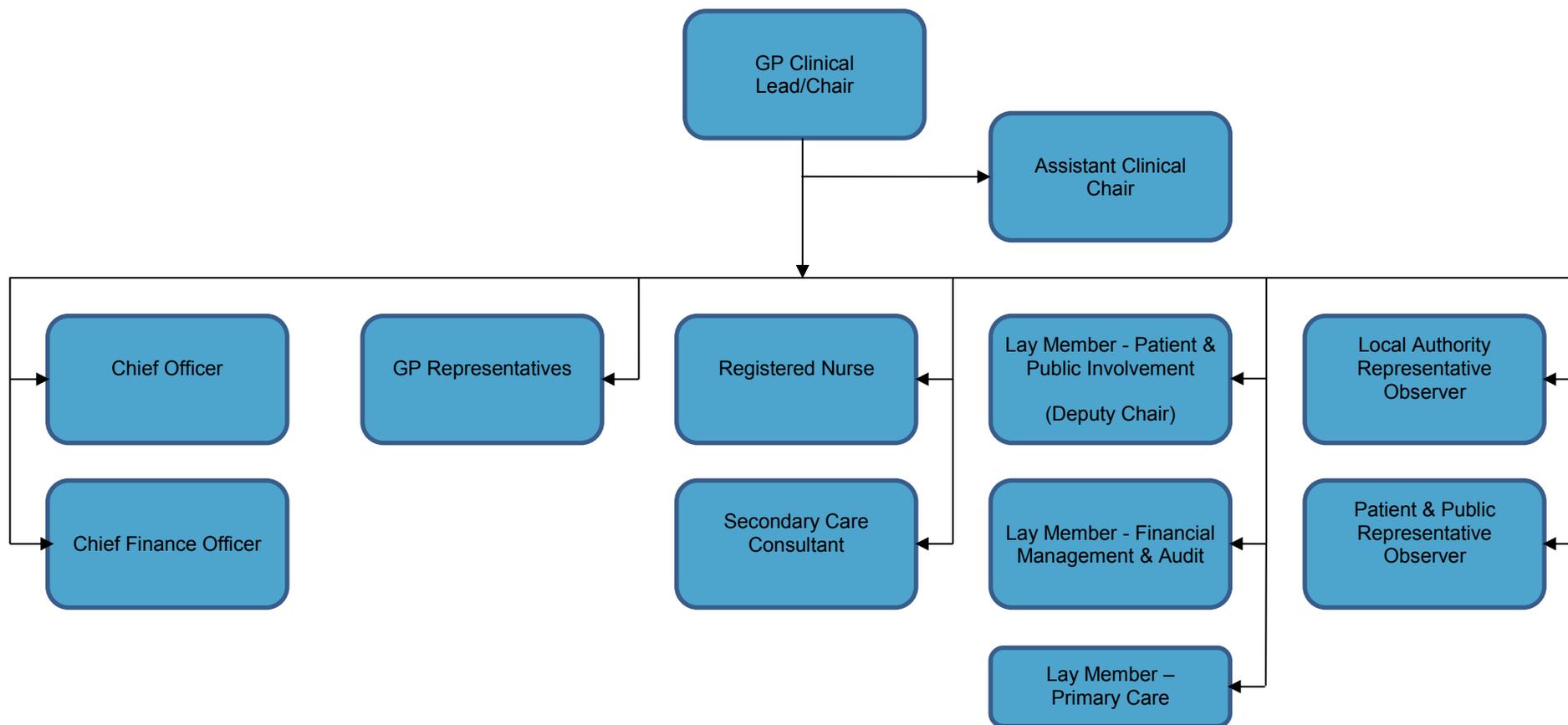
	<p>North East CCGs</p> <ul style="list-style-type: none"> <li>In the event of the Chair being unable to attend all or part of the meeting, the Deputy -Chair will deputise.</li> <li>The Deputy Chair will be either the Adult Safeguarding Lead or Care Homes Quality Lead – Rushcliffe, Nottingham West, and Nottingham North East CCGs.</li> </ul>
<b>4. Quorum</b>	<p>A quorum will be three members consisting of one representative from the following: South Nottinghamshire CCGs, Local Partnerships and the south CCG Quality and Patient Safety Team.</p>
<b>5. Attendees</b>	<ul style="list-style-type: none"> <li>Minimum attendance of 75% of meetings is required annually.</li> <li>Apologies should be sent to the South CCGs Quality Support Officer prior to meetings - with a statement to be fed back to the group</li> <li>Attendance will be monitored by the South Nottinghamshire CCGs Quality &amp; Risk Committee.</li> </ul>
<b>6. Frequency and conduct of business</b>	<p>The South CCGs' Care Homes Sub-Group will meet quarterly. Administrative support will be provided by the Quality Support Officer, South CCGs.</p> <p>Agenda and supporting papers will be circulated to members not less than five working days prior to any meeting using a forward planner approach.</p>
<b>7. Authority</b>	<p>The South CCGs' Care Homes sub-group is authorised by the South Nottinghamshire CCGs' Quality and Risk Committee to consider any matter in its terms of reference. It is authorised to seek any information it requires from any source, and all employees are directed to co-operate with any request made by it.</p>
<b>8. Responsibilities</b>	<p>The principal duties of the South CCGs' Care Homes sub-group are to:</p> <ul style="list-style-type: none"> <li>Act as a central information sharing point for concerns about the quality of care identified by stakeholders and areas of good practice.</li> <li>Escalate concerns about processes and resources related to monitoring quality in care homes</li> <li>Make recommendations regarding monitoring processes and operational requirements which will be approved by the South Nottinghamshire CCGs' Quality and Risk Committee.</li> <li>Develop and maintain working relationships across health and Social Care with regard to supporting Care homes providers</li> </ul>
<b>9. Reporting</b>	<p>The South CCGs' Care Homes Sub-Group will report to the South Nottinghamshire CCGs' Quality and Risk Committee at the next available meeting providing a brief written update to the Committee and highlighting any areas of concern.</p> <p>A summary report of the work of the committee will be submitted annually to each of the Governing Bodies and to the South Nottinghamshire CCGs' Director of Nursing and Quality.</p>
<b>10. Declaration of Interest</b>	<p>At the beginning of each meeting Members will be required to declare a personal interest if it relates to a particular issue under consideration. Any such declaration will be formally recorded in the minutes of the meeting.</p> <p>The Chair's decision regarding a Member's participation, or that of any</p>

	attendee, in any meeting will be final.
<b>11. Conduct</b>	The members and attendees will act in accordance with any applicable laws and guidance, and observe the CCGs' Conflict of Interest Policy.
<b>12. Review of the Terms of Reference</b>	<p>The South CCGs' Care Homes Sub-Group Terms of Reference will be reviewed on an annual basis from the date that they were approved by the South Nottinghamshire CCGs' Quality and Risk Committee.</p> <p>Any resulting changes to these terms of reference or membership of the South CCGs' Care Homes Sub-Group must be approved by the South Nottinghamshire CCGs' Quality and Risk Committee before they shall be deemed to take effect.</p>

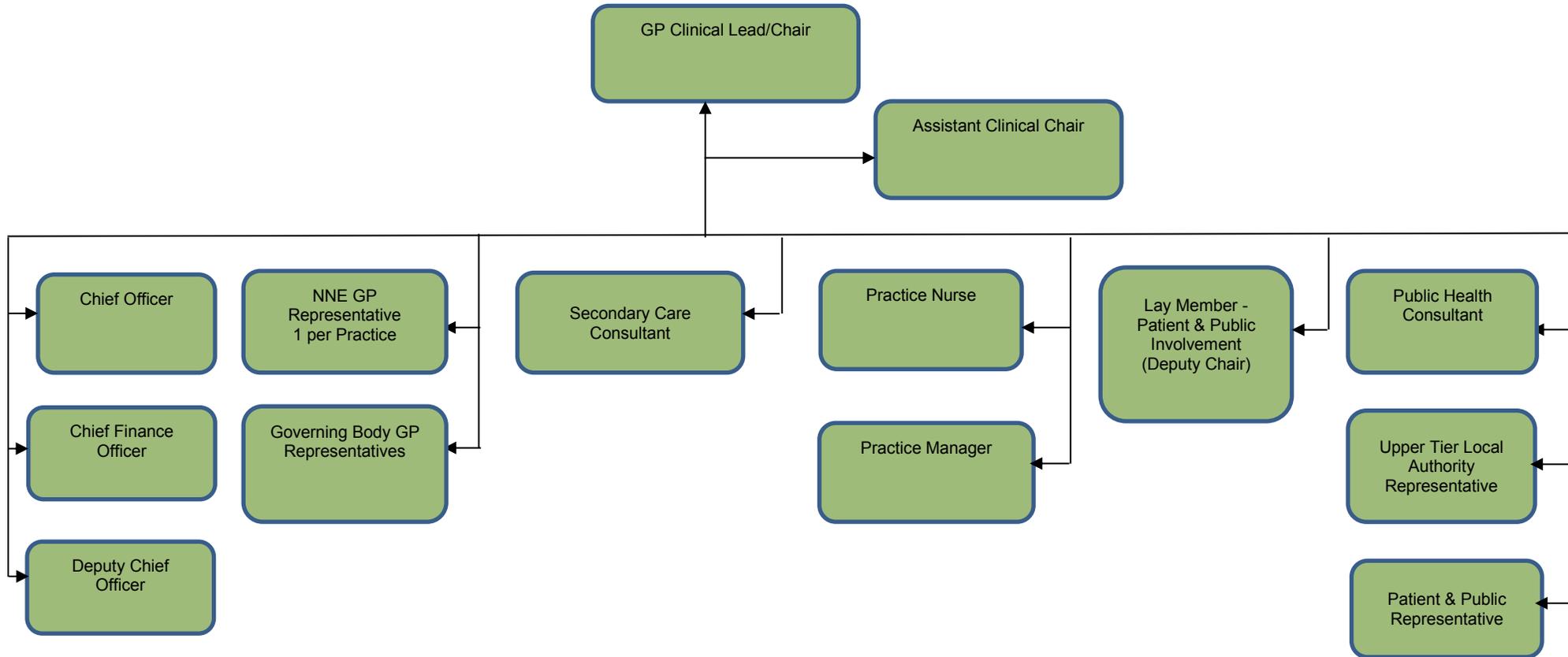
Reviewed by the South CCG Care Homes Subgroup on 6.6.2017.  
Next Review Date: April 2018

## **Section 3. NNE CCG Organogram and Structure Diagrams**

### Nottingham North and East CCG Governing Body Members Structure



**Nottingham North and East CCG Clinical Cabinet Members Structure**



## **Section 4. Summary of Memorandums of Understanding Relative to Governance Structure**

MOU in Relation to:	CCGs	Description
Collaborative Governance Arrangements	Nottingham North and East Nottingham West Rushcliffe Newark & Sherwood Mansfield and Ashfield Bassetlaw	This Memorandum of Understanding establishes a framework for co-operation between NHS Nottingham North and East Clinical Commissioning Group, NHS Nottingham West Clinical Commissioning Group, NHS Newark and Sherwood Clinical Commissioning Group, NHS Rushcliffe Clinical Commissioning Group, NHS Mansfield and Ashfield Clinical Commissioning Group and NHS Bassetlaw Clinical Commissioning Group. . It sets out how the organisations will work together to maintain and strengthen collaborative governance working arrangements.
Collaborative Commissioning Arrangements within the Nottingham and Nottinghamshire Health Economy	Nottingham City Nottingham North and East Nottingham West Rushcliffe Newark & Sherwood Mansfield and Ashfield	<p>The primary objective of this MOU is to describe the framework for collaborative commissioning activity in Nottinghamshire. This framework will be applied to the collaborative commissioning of five key contracts that exist for the provision of clinical services in Nottinghamshire. It is also intended to provide a basis that may be extended to further commissioning activities or CCG partners where appropriate in the future as agreed between the parties. The five key contracts referred to are as follows:</p> <ul style="list-style-type: none"> <li>• Nottingham University Hospital Trust;</li> <li>• Sherwood Forest Hospitals NHS Foundation Trust;</li> <li>• Nottinghamshire Healthcare NHS Trust;</li> <li>• County Health Partnership; and</li> <li>• Nottingham CityCare Partnerships CIC</li> </ul> <p>The MOU will describe the process for the CCGs to present and align their commissioning strategies and it also describes the forums through which information on commissioning best practice can be shared and resources quality assured and co-ordinated. The MOU will establish and formalise the key lines of accountability, reporting</p>

		and assurance between the CCGs. The MOU will describe the process through which the CCGs can obtain clarity and common purpose in their commissioning activities to best serve their communities.
Clinical Commissioning Group MOU with Public Health	NHS Nottingham City NHS Nottinghamshire County NHS Bassetlaw	The purpose of this Memorandum of Understanding is to establish a framework for relationships between NHS Nottingham City and NHS Nottinghamshire County (NHS NC) Public Health Directorates and the Clinical Commissioning Groups (CCG) for 2011/12 and beyond subject to further national and regional guidance.