NHS
Nottingham North and East
Clinical Commissioning Group

Governance Handbook

Contents

Remuneration and Terms of Service Committee

Terms of Reference

1. Purpose

The Remuneration and Terms of Service Committee has been established to make recommendations to the Governing Body in relation to:

- The remuneration, fees and allowances payable to employees of the CCG and to other persons providing services to it; and
- Any determinations about allowances payable under pension schemes established by the CCG.

The Committee is authorised to seek such independent information as may be necessary to inform their recommendations.

In addition, the Governing Body has delegated a number of functions to the Committee relating to the Governing Body's duty to ensure that the CCG has appropriate arrangements in place to exercise its functions effectively, efficiently and economically and in accordance with the principles of good governance (as set out in section 3 below).

NOTE: The remit of the Committee excludes considerations in relation to Lay Member remuneration, fees and allowances.

2. Status

The Remuneration and Terms of Service Committee is established in accordance with the National Health Service Act 2006 (as amended) and the CCG's constitution. It is a statutory committee of, and accountable to, the Governing Body.

The Governing Body has authorised the Committee to create task and finish sub-groups in order to take forward specific programmes of work as considered necessary by the Committee's membership. The Committee shall determine the membership and terms of reference of any such task and finish sub-groups.

The Remuneration and Terms of Service Committee may meet 'in-common' with the Remuneration and Terms of Service Committees of NHS Nottingham North and East CCG, NHS Nottingham West CCG and NHS Rushcliffe CCG.

3. Duties

a) Make recommendations to the Governing Body about appropriate remuneration, fees and allowances for Governing Body members (excluding Lay Members) and all senior managers on Very Senior Managers pay. This will include all aspects of salary (including any performance-related elements and other benefits, such as lease cars).

Recommendations will be guided by national NHS policy and best practice and to ensure that Very Senior Managers are fairly motivated and rewarded for their individual contribution to the organisation, whilst ensuring proper regard to the organisation's circumstances and performance.

b) Make recommendations to the Governing Body about allowances payable under pension schemes established by the CCG.

c) Make recommendations to the Governing Body about termination payments (including redundancy and severance payments) and any special payments following scrutiny of their proper calculation and taking account of such national guidance as appropriate.

d) Make recommendations to the Governing Body about contractual terms and conditions for senior managers on Very Senior Managers pay.

e) Approve all human resources policies for CCG employees.

f) Oversee compliance with the requirements set out in the Equality Act 2010 Act (Gender Pay Gap Regulations) 2017, as necessary.

g) Oversee the identification and management of risks relating to the Committee's remit.

4. Membership

The Remuneration and Terms of Service Committee will have three members, comprised as follows:

- Lay Member (Patient and Public Involvement)
- Lay Member (Primary Care)
- Lay Member (Financial Management and Audit)

Senior Managers may be invited to attend for all or part of the meeting (providing their own remuneration is not being discussed).

5. Chair and Deputy

The Lay Member (Patient and Public Involvement) will Chair the Remuneration and Terms of Service Committee. The Lay Member (Primary Care) is nominated to deputise in the Chair's absence.

6. Quorum and Decision-making Arrangements

The Remuneration and Terms of Service Committee will be quorate with a minimum of two members.

If any Committee member has been disqualified from participating in the discussion for an item on the agenda, by reason of a declaration of a conflict of interest, then that individual shall no longer count towards the quorum.

Committee members will seek to reach decisions by consensus where possible. If a

consensus agreement cannot be reached, then the item will be escalated to the Governing Body for a decision.

7. Frequency of Meetings

The Remuneration and Terms of Service Committee will meet as required, with a minimum of one meeting per year.

8. Secretariat and Conduct of Business

Secretariat support will be provided to the Committee to ensure the day to day work of the Committee is proceeding satisfactorily.

Agendas and supporting papers will be circulated no later than three working days in advance of meetings and will be distributed by the secretary to the Remuneration and Terms of Service Committee.

Any items to be placed on the agenda are to be sent to the secretary no later than five working days in advance of the meeting. Items which miss the deadline for inclusion on the agenda may be added on receipt of permission from the Chair.

The Remuneration and Terms of Service Committee agenda will be agreed with the Chair prior to the meeting.

9. Minutes of Meetings

Minutes will be taken at all meetings, presented according the corporate style.

The minutes will be ratified following agreement by all members who attended the meeting.

10. Conflicts of Interest Management

In advance of any meeting of the Remuneration and Terms of Service Committee, consideration will be given as to whether conflicts of interest are likely to arise in relation to any agenda item and how they should be managed. This may include steps to be taken prior to the meeting, such as ensuring that supporting papers for a particular agenda item are not sent to conflicted individuals.

At the beginning of each Committee meeting, members and attendees will be required to declare any interests that relate specifically to a particular issue under consideration. If the existence of an interest becomes apparent during a meeting, then this must be declared at the point at which it arises. Any such declaration will be formally recorded in the minutes for the meeting.

The Chair of the Committee will determine how declared interests should be managed, which is likely to involve one the following actions:

a) Requiring the individual to withdraw from the meeting for that part of the discussion if the conflict could be seen as detrimental to the Committee's decision-making arrangements.

b) Allowing the individual to participate in the discussion, but not the decision-making process.

c) Allowing full participation in discussion and the decision-making process, as the potential conflict is not perceived to be material or detrimental to the Committee's decision-making arrangements.

Prior to recommendations being made to the Governing Body, arrangements (such as those set out above) must be put in place to ensure the integrity of decision-making and that no-one is involved in determinations about their own remuneration.

11. Reporting Responsibilities and Review of Committee Effectiveness

The Remuneration and Terms of Service Committee will report to the Governing Body (in confidential session) through submission of the minutes which clearly set out the Committee's recommendation(s) and the rationale for the recommendation(s).

The Committee will provide an annual report to the Governing Body to provide assurance that it is effectively discharging its delegated responsibilities, as set out in these terms of reference.

12. Review of Terms of Reference

These Terms of Reference will be formally reviewed on an annual basis, but may be amended at any time in order to adapt to any national guidance as and when issued.

Any proposed amendments to the Terms of Reference will be submitted to the Governing Body for approval.

Issue Date:	**Status:**	**Version:**	**Review Date:**
December 2018	APPROVED	1.1	January 2020

Audit and Governance Committee

Terms of Reference

1. Purpose

The Audit and Governance Committee exists to:

- Provide the Governing Body with an independent and objective view of the CCG's financial systems, financial information and compliance with the laws, regulations and directions governing the CCG in as far as they relate to finance.
- Review the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the CCG's activities that support the achievement of the organisation's objectives.
- Scrutinise every instance of non-compliance with the CCG's Standing Orders, Scheme of Reservation and Delegation and Prime Financial Policies and monitoring compliance with the CCG's Conflicts of Interest Policy and Gifts, Hospitality and Sponsorship Policy.
- Approve the CCG's Annual Report and Accounts.

The Committee is authorised by the Governing Body to investigate any activity within its 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 Committee. The Committee is authorised by the Governing Body to obtain outside legal or other independent advice and to secure the attendance of individuals with relevant experience and expertise if it considers this necessary.

The Audit and Governance Committee may meet 'in-common' with the Audit and Governance Committees of NHS Nottingham City CCG, NHS Nottingham West CCG and NHS Rushcliffe CCG.

2. Status

The Audit and Governance Committee is established in accordance with CCG's constitution and is a statutory committee of, and accountable to, the CCG's Governing Body.

The Committee is authorised to create task and finish sub-groups in order to take forward specific programmes of work as considered necessary by the Committee's membership.

3. Duties

Integrated governance, risk management and internal control

a) The Committee will review the establishment and maintenance of an effective system of integrated governance, risk management and internal control across the whole of the CCG's activities, which supports the achievement of its objectives. In particular the Committee will review the adequacy and effectiveness of:

- All risk and control related disclosure statements (in particular the annual governance statement) together with any accompanying head of internal audit opinion, external audit opinion or other appropriate independent assurances.
- The underlying assurance processes that indicate the degree of achievement of the CCG's objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements.
- Compliance with Standing Orders, Scheme of Reservation and Delegation and Prime Financial Policies, including review of all waivers.
- The policies for ensuring compliance with relevant regulatory, legal, and code of conduct requirements and any related reporting and self-certifications).
- Arrangements in place for allowing staff to raise concerns (in confidence) about possible improprieties, ensuring that any such concerns are investigated proportionately and independently.
- The policies and procedures for all work related to counter fraud, bribery and corruption as required by the NHS Counter Fraud Authority.

b) In carrying out this work the Committee will primarily utilise the work of internal audit, external audit and other assurance functions, but will not be limited to these sources. It will also seek reports and assurances from Directors and managers, as appropriate.

c) The Committee will use the Governing Body Assurance Framework to guide its work and that of the audit and assurance functions that report to it.

Internal audit

d) The Committee will ensure that there is an effective internal audit function established by management that meets the *Public Sector Internal Audit Standards 2017* and provides appropriate independent assurance to the Committee, Accountable Officer and Governing Body. This will be achieved by:

e) Considering the provision of the internal audit service and the costs involved.

f) Reviewing and approving of the annual internal audit plan and more detailed programme of work, ensuring that this is consistent with the audit needs of the CCG (as identified in the Governing Body Assurance Framework).

g) Considering the major findings of internal audit work (and management's response), and ensuring co-ordination between the internal and external auditors to optimise the use of

audit resources.

h) Ensuring that the internal audit function is adequately resourced and has appropriate standing within the organisation.

i) Monitoring the effectiveness of internal audit and completing an annual review.

External audit

j) The Committee will 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:

k) Considering the appointment and performance of the external auditors, as far as the rules governing the appointment permits (and make recommendations to the Governing Body when appropriate).

l) Discussing and agreeing with the external auditors, before the audit commences, the nature and scope of the audit as set out in the annual plan.

m) Discussing with the external auditors their local evaluation of audit risks and assessment of the organisation and the impact on the audit fee.

n) Review of all external audit reports, including the report to those charged with governance and any work undertaken outside of the audit plan, together with the appropriateness of management responses.

o) Ensuring that there is in place a clear protocol for the engagement of external auditors to supply non-audit services.

Counter Fraud

p) The Committee will satisfy itself that the organisation has adequate arrangements in place for counter fraud, bribery and corruption that meet NHS Counter Fraud Authority's standards and will review the outcomes of work in these areas. This will include approving the counter fraud work programme.

q) The Committee will refer any suspicions of fraud, bribery and corruption to the NHS Counter Fraud Authority.

Financial reporting

r) The Committee will monitor the integrity of the financial statements of the CCG and any formal announcements relating to the organisation's financial performance.

s) The Committee will ensure that the systems for financial reporting to the Governing Body, including those of budgetary control, are subject to review as to completeness and accuracy of the information provided.

t) The Committee will review and approve the annual report and financial statements, focusing particularly on:

u) The wording in the annual governance statement and other disclosures.

v) Changes in, and compliance with, accounting policies, practices and estimation

techniques.

w) Unadjusted mis-statements in the financial statements.

x) Significant judgements in preparing of the financial statements.

y) Significant adjustments resulting from the audit.

z) Letters of representation.

aa) Explanations for significant variances.

4. Membership

The Audit and Governance Committee will have three members, comprised as follows:

- Lay Member (Financial Management and Audit Lead)
- Lay Member (Patient and Public Involvement Lead)
- Lay Member

Attendees:

The following will be routine attendees at Audit and Governance Committee meetings:

- Chief Finance Officer
- Corporate Director
- Internal Audit
- External Audit

Other officers may be invited to attend meetings when the Committee is discussing areas of risk or operation that fall within their areas of responsibility. This will include:

- The CCG's Accountable Officer being invited to attend, at least annually, to discuss with the Committee the process for assurance that supports the Governance Statement.
- The Local Counter Fraud Specialist being invited to attend at least twice per year.

5. Chair and Deputy

The Lay Member (Financial Management and Audit Lead) will Chair the Audit and Governance Committee.

In the event of the Chair of the committee being unable to attend all or part of the meeting, a replacement from within the Committee's membership will be nominated to deputise for that meeting.

6. Quorum

The Audit and Governance Committee will be quorate with a minimum of two members.

If any Committee member has been disqualified from participating in the discussion and/or decision-making for an item on the agenda, by reason of a declaration of a conflict of interest, then that individual shall no longer count towards the quorum.

Committee members will seek to reach decisions by consensus where possible. If a consensus agreement cannot be reached, then the item will be escalated to the Governing Body for a decision.

7. Frequency of Meetings

The Audit Committee will meet no less than five times per year at appropriate times in the reporting and audit cycle.

The head of internal audit and representative from external audit have a right of direct access to the Chair of the Committee and may request a meeting if they consider that one is necessary. The Committee will meet privately with the internal and external auditors at least once during the year.

Meetings of the Audit and Governance Committee, other than those regularly scheduled above, shall be summoned by the secretary to the Committee at the request of the Chair.

8. Secretariat and Conduct of Business

Secretariat support will be provided to the Audit and Governance Committee to ensure the day to day work of the Committee is proceeding satisfactorily.

Agendas and supporting papers will be circulated no later than three working days in advance of meetings and will be distributed by the secretary to the Audit and Governance Committee.

Any items to be placed on the agenda are to be sent to the secretary no later than five working days in advance of the meeting. Items which miss the deadline for inclusion on the agenda may be added on receipt of permission from the Chair.

The Audit and Governance Committee agenda will be agreed with the Chair prior to the meeting.

9. Minutes of Meetings

Minutes will be taken at all meetings, presented according the corporate style.

The minutes will be ratified by agreement of the Audit and Governance Committee at the following meeting.

The Chair of the Audit and Governance Committee will agree minutes if they are to be submitted to the Governing Body prior to formal ratification.

10. Conflicts of Interest Management

In advance of any meeting of the Audit and Governance Committee, consideration will be given as to whether conflicts of interest are likely to arise in relation to any agenda item and how they should be managed. This may include steps to be taken prior to the meeting, such as ensuring that supporting papers for a particular agenda item are not sent to conflicted individuals.

At the beginning of each Committee meeting, members and attendees will be required to declare any interests that relate specifically to a particular issue under consideration. If the existence of an interest becomes apparent during a meeting, then this must be declared at the point at which it arises. Any such declaration will be formally recorded in the minutes for the meeting.

The Chair of the Committee will determine how declared interests should be managed, which is likely to involve one the following actions:

a) Requiring the individual to withdraw from the meeting for that part of the discussion if the conflict could be seen as detrimental to the Committee's decision-making arrangements.

b) Allowing the individual to participate in the discussion, but not the decision-making process.

c) Allowing full participation in discussion and the decision-making process, as the potential conflict is not perceived to be material or detrimental to the Committee's decision-making arrangements.

11. Reporting Responsibilities and Review of Committee Effectiveness

The Audit and Governance Committee will report to the Governing Body through regular submission of minutes from its meetings. Any items of specific concern, or which require Governing Body approval, will be the subject of a separate report.

The Committee will provide an annual report to the Governing Body to provide assurance that it is effectively discharging its delegated responsibilities, as set out in these terms of reference. The annual report will specifically comment on the Committee's work in support of the Governance Statement, including the fitness for purpose of the Governing Body Assurance Framework, the completeness and embedment of risk management in the organisation and the integration of governance arrangements. The Committee will also conduct an annual review of its effectiveness to inform this report.

12. Review of Terms of Reference

These Terms of Reference will be formally reviewed on an annual basis, but may be amended at any time in order to adapt to any national guidance as and when issued.

Any proposed amendments to the Terms of Reference will be submitted to the Governing Body for approval.

Issue Date:	**Status:**	**Version:**	**Review Date:**
May 2018	APPROVED	1.0	April 2019
December 2018	AMENDED (section 6 amended to reflect decision-making).	1.1	April 2019

Primary Care Commissioning Committee

Terms of Reference

<table>
<tr><td>Date approved:

Approving Body:</td><td>19th September 2017

Governing Body</td></tr>
<tr><td>Review date:</td><td>August 2018</td></tr>
<tr><td>Introduction/

Purpose:</td><td>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.

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.</td></tr>
<tr><td>Membership:</td><td>The Committee shall consist of:
<table>
<tr><th>Membership</th><th>Nominated Deputy</th></tr>
<tr><td>• Lay Member – Primary Care (Chair)
• Lay Member - Audit and Financial Management
• Lay Member - Patient and Public Involvement
• 2 GPs
• Deputy Chief Finance Officer
• Head Of Quality, Patient Safety & Experience
• Deputy Chief Officer</td><td>• Chief Finance Officer
• Director of Nursing & Quality
• Head of Primary Care/Director of Commissioning</td></tr>
</table>
There will be standing invitations to the following to offer representation in a non-voting capacity on the Committee:

• Healthwatch
• Health and Wellbeing Board
• LMC
• Primary Care Contracting Team of NHS England</td></tr>
</table>

	The Committee may call additional experts or Governing Body members to attend meetings on an ad hoc basis to inform discussions.
Attendance:	Members are expected to attend more than 50% of meetings and a suitable qualified deputy can be nominated. Attendance below this will be reviewed.
Secretary:	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.
Chair and Deputy Chair:	The Lay Member - Primary Care will chair the Committee, with the Lay Member – Patient and Public Involvement deputising in their absence.
Deputies:	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.
Quorum:	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. 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.
Frequency of Meetings:	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. Members of the Committee and those in attendance shall respect confidentiality requirements as set out in the CCG's Constitution.
Conduct of Business:	Meetings of the Committee shall: a) be held in public, subject to the application of 5(b) b) 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. 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. 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, the aim of the Committee will be to achieve consensus decision-making wherever possible. Members of the Committee and those in attendance 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. 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.
Accountability:	In accordance with its statutory powers under section 13Z of the NHS Act, NHS England has delegated the exercise of the delegated functions to these Terms of Reference, to the CCG. 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. 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. The decisions of the Committee shall be binding on NHS England and the CCG.
Responsibility:	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: a) Management of conflicts of interest (section 14O); b) Duty to promote the NHS Constitution (section 14P); c) Duty to exercise its functions effectively, efficiently and economically (section 14Q); d) Duty as to improvement in quality of services (section 14R); e) Duty in relation to quality of primary medical services (section 14S);

	f) Duties as to reducing inequalities (section 14T); g) Duty to promote the involvement of each patient (section 14U); h) Duty as to patient choice (section 14V); i) Duty as to promoting integration (section 14Z1); j) Public involvement and consultation (section 14Z2). The CCG will also need to specifically, in respect of the delegated functions from NHS England, exercise those set out below: 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). The members acknowledge that the Committee is subject to any directions made by NHS England or by the Secretary of State.
Role of the Committee:	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. 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. 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. 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. This includes the following: • 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); • Newly designed enhanced services (“Local Enhanced Services” and “Directed Enhanced Services”); • Design of local incentive schemes as an alternative to the Quality Outcomes Framework (QOF); • Decision making on whether to establish new GP practices in an area; • Approving practice mergers; • Making decisions on ‘discretionary’ payment (e.g. returner/retainer schemes). • Making decisions based on Primary Care needs assessment The Committee will also ensure that the CCG carries out the following activities:

	• To plan, including needs assessment when required, primary care services in Nottingham North and East CCG • To co-ordinate a common approach to the commissioning of primary care services generally • To manage the budget for commissioning of primary care services in NHS Nottingham North and East CCG • PCCC will oversee delivery against milestones and targets, escalating issues and concerns as appropriate
Geographical Coverage:	The Committee is responsible for the geographical coverage relevant to that of NHS Nottingham North and East CCG and the registered population.
Reporting:	The Committee will report to the Governing Body through the submission of minutes from its meetings. Any items of specific concern, or which require Governing Body approval, will be the subject of a separate report. The Committee will also comply with any reporting requirements set out in the CCG's Constitution including any information required for the Register of Procurement Decisions and the Register of Declared Interests.
Declarations of Interest:	All members of the Primary Care Commissioning Committee will be required to comply with the CCG's Management of Conflicts 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's decision regarding a member's participation, or that of any attendee, in any meeting will be final.
Rules for Meetings and Proceedings:	Agenda and supporting papers will be circulated to members at least five working days prior to any meeting. 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. All papers/minutes should be read prior to the meeting and the meeting will be conducted on this basis with papers being introduced concisely. It is expected that all actions will have been reviewed and updates sent even if individuals cannot attend the meeting.
Duties – Standing Agenda Items	<u>Administration</u>: • Welcome and apologies for absence • Declaration of Interests • Questions from the public relating to the agenda • Minutes of the last meeting • Matters arising and meeting action log

	Items to be received under headings: Quality PCQG highlight report – public session Commissioning/Contracting PCDG highlight report – public session Finance Primary Care Finance Report Risk PCCC Risk Register Minutes – Confidential Session PCQG ratified meeting minutes PCDG ratified meeting minutes General Items: • Have the public questions been answered? • Any Other Business • Date, time and venue of next meeting
Review of Terms of Reference:	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. NHS England may also issue revised model terms of reference from time to time. 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.

Clinical Cabinet

Terms of Reference

<table>
<tr><td>Date approved:

Approving body:</td><td>Clinical Cabinet approved – 19th December 2017

Governing Body approved – 23rd January 2018</td></tr>
<tr><td>Review date:</td><td>December 2018</td></tr>
<tr><td>Introduction:</td><td>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.</td></tr>
<tr><td>Membership:</td><td>In order to provide consistency and effective management of delegated duties, certain members of the Governing Body will sit on the Clinical Cabinet.
<table>
<tr><th>Membership</th><th>Nominated Deputy</th></tr>
<tr><td>Chair and Clinical Lead</td><td></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>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>
</table>
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</td></tr>
</table>

	the membership. 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. Individuals may be invited or co-opted to attend the meeting for relevant agenda items.
Attendance:	Members are expected to attend ten out of twelve meetings and can nominate a suitably qualified deputy.
Secretary:	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.
Deputies:	Nominated deputies required. Members are responsible for sending appropriate deputy.
Chair:	Nottingham North and East Chair/Clinical Lead
Deputy Chair:	The Lay Member Patient and Public Engagement 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.
Quorum:	14 members including Chair and or Deputy Chair, with at least five members who are not GP member practice representatives
Frequency of Meetings:	The Clinical Cabinet will meet on a minimum of a bi-monthly basis. The Chair may call a meeting of the Clinical Cabinet at any time. 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.
Rules for Meetings and Proceedings:	Agenda and supporting papers will be circulated to members at least five working days prior to any meeting. 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. All papers/minutes should be read prior to the meeting and the meeting will be conducted on this basis with papers being introduced concisely. It is expected that all actions will have been reviewed and updates sent

	even if individuals cannot attend the meeting.
Responsibility:	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; • Advise the Governing Body on 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. • Advising the Governing Body on the commissioning of healthcare services to meet the reasonable needs of the persons for whom the CCG is responsible, within limits and subject to appropriate scrutiny. • 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 • 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. • Promote innovation and value for money in the provision of health services. • Act with a view to enabling patients to make choices about aspects of health services provided to them. • 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. • 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. • Assist and support the Group in securing continuous improvements in primary care. • Promote the NHS Constitution. • To help plan services for carers.

	• Support delivery of the QIPP agenda.
Relationship with Governing Body and Sub-Groups	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. The Service Improvement Group will report into the Clinical Cabinet. The Greater Nottingham Medicine Management Committee will report into the Clinical Cabinet.
Declarations of Interest:	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. 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.
Conduct:	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.
Duties – Standing Agenda Items • **Every meeting:**	Administration: • Welcome and Apologies for absence • Declaration of Interests • Minutes of the last meeting • Matters Arising Action Log • Chief Officer and Chairs Report • Any other Business • Date, time and venue of next meeting Items: • Finance Report • Financial Recovery Update • Activity Report • Medicine Management Update Reports and Minutes for Comment: • NNE Information and Performance Reports • Health and Wellbeing Board Summary • Research Activity Reports (Quarterly) • Service Improvement Group Minutes • Greater Nottingham Medicines Management Group

Accountability:	Nottingham North and East CCG Governing Body
Review of Terms of Reference:	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. 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.

Putting good health *into practice*	NHS ***Nottingham North and East Clinical Commissioning Group***
Terms of Reference	
Title:	**Patient and Public Involvement Committee**
Date approved: **Approving Body:**	Governing Body
Review date:	January 2018
Introduction/Purpose:	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. The duties that the NNE CCG Governing Body have partly delegated to the Patient and Public Involvement Committee include:- • 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 • To ensure the promotion of the involvement of individual patients and their carers about their healthcare • 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. • 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. • To review patient and public involvement carried out in relation to plans 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 – a) In the planning of the commissioning arrangements by the group 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 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
Membership:	• Lay Member PPI (Chair) • 6 x Patient/Public Representatives • Director of Operations (Deputy Chair) • Patient Experience Manager • Deputy Chief Officer • GP Governing Body
Attendance:	• Comms and Engagement Manager • NNE CCG Executive officers • NNE CCG Governing Body members • Invited guests
Secretary:	PA, Operations
Deputies:	Nominated deputies can attend for executive and Governing Body members.
Chair:	NNE Governing Body Lay Member, Patient and Public Involvement
Deputy Chair:	Director of Operations

Quorum:	Chair and / or Deputy Chair plus 5 members (Total 6). Representation from 3 patient/public representatives and 3 CCG representatives, including Governing Body members.
Frequency of Meetings:	Meetings shall be held bi-monthly.
Meetings and Proceedings:	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. 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.
Responsibility/Remit:	• To gain assurance that the CCG has made every effort to carry out meaningful patient and public involvement in commissioning decisions • To inform the consultation and engagement plans and processes of the CCG in order to ensure effective public involvement (patients, public, carers, community) • To review on an annual basis the patient and public involvement activities of the CCG • To approve patient and public involvement detail for the annual report and commissioning/operational plans • To proactively inform and set public facing campaigns for the CCG • To inform stakeholder engagement ensuring that the CCG is engaging with local communities • 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.
Declarations of Interest:	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.
Duties – Standing Agenda Items • **Every meeting:**	Administration: • Welcome and Apologies for absence • Declaration of Interests • Minutes of the last meeting • Matters Arising & Action Log • Any Other Business • Feedback on the meeting • Date, time and venue of next meeting
Sub-Groups:	• Patient and Public Involvement QIPP group
Accountability:	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.
Review of Terms of Reference:	The Terms of Reference will be reviewed annually or earlier if appropriate to do so.
Nolan Principles	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: **Selflessness** 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. **Integrity** 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. **Objectivity** 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. **Accountability** 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. **Openness** 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 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.

Greater Nottingham Joint Commissioning Committee

Terms of Reference

1. Introduction

1.1 The Greater Nottingham Joint Commissioning Committee ('**the Committee**') is a joint committee of NHS Nottingham City CCG, NHS Nottingham North and East CCG, NHS Nottingham West CCG and NHS Rushcliffe CCG ('**the Greater Nottingham CCGs'**) and is set up to exercise, to the extent permitted under s.14Z3 NHS Act 2006 (as amended), the commissioning functions of the four CCGs.

1.2 There is a well-established history of collaborative working between the Greater Nottingham CCGs. This commitment for joint working is driven by a range of factors, but the focused work to develop an Integrated Care System is a key driver for more formal collaborative working. The establishment of the Committee is a crucial aspect of this move. However, it is important to emphasise that each CCG will retain responsibility for developing and agreeing its own commissioning strategy and plans. The Committee will then exercise its delegated functions within this strategic planning framework.

2. Role and Responsibilities

2.1 The Committee will operate as a single integrated commissioning body with the purpose of commissioning health services for the populations defined within the Constitutions of the Greater Nottingham CCGs ('**the Greater Nottingham Area**').

2.2 The Greater Nottingham CCGs have delegated the functions set out at **Schedule 1** ('**the Delegated Functions**') to the Committee. However, the individual CCGs will remain accountable for meeting their statutory duties and each CCG retains liability in relation to the exercise of the Delegated Functions.

2.3 All functions are reserved for statutory organisations that are not specifically stated in the scheme of delegation ('**the Reserved Functions**'). The Committee will ensure that it is familiar with the Reserved Functions and that the reporting arrangements contained within this document are complied with.

2.4 The Committee will have responsibility for:

a) Developing an aligned vision, values and set of strategic objectives for the Greater Nottingham CCGs, recognising each CCG's specific local needs, and

recommending these for approval by the Greater Nottingham CCGs' Governing Bodies.

b) Developing the Commissioning Strategies and Operational Plans (and other associated enabling strategies and plans) of the Greater Nottingham CCGs, aligning these where relevant, and recommending them for approval by the Greater Nottingham CCGs' Governing Bodies. The enabling strategies and plans will include, but not be limited to, those relating to information technology, estates, workforce and organisational development, patient and public engagement and communications.

c) Overseeing and managing delivery of approved strategies and plans, recommending variations for approval, as required.

d) Making decisions on the services that should be commissioned for the population of the Greater Nottingham Area, in line with approved strategies and plans, and arranging for the commissioning of these services.

e) Exercising all commissioning related functions on behalf of the Greater Nottingham CCGs, including but not limited to, the requirements to improve the quality of commissioned services and to reduce inequalities.

f) Overseeing and managing the health commissioning aspects of the health and care system transformation plan in Greater Nottingham, making recommendations to the Greater Nottingham CCGs as appropriate.

g) Overseeing and managing all financial matters relating to the commissioning of services in the Greater Nottingham area, including the development and approval of the Greater Nottingham Financial Recovery Plan. At this stage, the Greater Nottingham CCGs have not decided to establish any pooled budgets. Each CCG will retain responsibility for approving budgets and signing-off accounts, including those relating to the implementation of the Greater Nottingham Financial Recovery Plan. Any proposal by the Committee to establish and maintain a pooled fund, pursuant to section 14Z3(4) must be approved by the Greater Nottingham CCGs' Governing Bodies.

h) Overseeing and managing performance against the Standards set out in the NHS Constitution and any other nationally set, or locally agreed, performance indicators.

i) Supporting the delivery of the Nottingham and Nottinghamshire Health and Wellbeing Strategies on behalf of the Greater Nottingham CCGs.

j) Overseeing and managing the existing Section 75 agreements on behalf of the Greater Nottingham CCGs. Overseeing any variations to existing Section 75 Agreements and the development of new Section 75 Agreements, should this be required, and recommending these for approval to the relevant Governing Bodies of the Greater Nottingham CCGs.

k) Working with NHS England on ensuring that commissioning is joined up and collaborative across primary and specialist care under existing arrangements. It

will support the work of each of the Greater Nottingham CCGs' Primary Care Commissioning Committees.

l) Developing equality objectives on behalf of the Greater Nottingham CCGs and recommending these for approval by the Greater Nottingham CCGs' Governing Bodies. Overseeing and managing delivery of the approved equality objectives.

m) Overseeing and managing risks in line with the Greater Nottingham CCGs' integrated risk management framework, reporting to the Greater Nottingham CCGs' Governing Bodies as appropriate.

n) Supporting the development of the Annual Reports of the Greater Nottingham CCGs and recommending these for approval by the Greater Nottingham CCGs' Audit & Governance Committees.

2.5 The following principles will be used to guide the work of the Committee:

a) To ensure that effective GP membership engagement and involvement is maintained.

b) To ensure that the differences in financial position between the CCGs are managed in an equitable way, whilst ensuring that respective challenges are appropriately prioritised.

c) To ensure that the existing strategic priorities of the Greater Nottingham CCGs are retained and that the new models of care in development are safeguarded.

d) To ensure that specific consideration is given to the impact of commissioning decisions on deprived and diverse communities within Greater Nottingham.

e) To maintain a culture that ensures the interests of patients, citizens and communities remain at the heart of discussions and decisions.

f) To ensure that good governance remains central at all times.

3. Membership

3.1 The Committee will have 13 voting members, comprised of:

Lay Members:

a) An Independent Chair

b) Three lay members, selected from the existing appointees of the Greater Nottingham CCGs; one of whom will have a lead oversight role for financial management and audit; and one of whom will have a lead oversight role for patient and public involvement

Clinical Members:

c) The Clinical Chair of NHS Nottingham City CCG

d) The Clinical Chair of NHS Nottingham North and East CCG

e) The Clinical Chair of NHS Nottingham West CCG

f) The Clinical Chair of NHS Rushcliffe CCG

g) A secondary care doctor, selected from the existing appointees of the Greater Nottingham CCGs

h) The Chief Nurse and Director of Quality for the Greater Nottingham CCGs

i) A practicing GP with experience of treating patients from deprived communities, selected from a member practice of the Greater Nottingham CCGs

Executive Members:

j) The Accountable Officer for the Greater Nottingham CCGs

k) The Chief Finance Officer for the Greater Nottingham CCGs

3.2 The Committee may also co-opt advisors with speaking rights to attend meetings, as required, to ensure it has sufficient expertise to enable it to deal with its agenda. Co-opted advisors will include, but not be limited to:

a) The Chief Operating Officer for the Greater Nottingham CCGs

b) The Chief Commissioning Officer for the Greater Nottingham CCGs

c) The Director of Policy and Insight of Nottingham City Council

d) The Service Director (Adult Health and Social Care) of Nottinghamshire County Council

e) A Director of Public Health from either Nottingham City Council or Nottinghamshire County Council

3.3 The initial members and co-opted advisors of the Committee are set out at **Schedule 2**.

4. Chair of the Committee

4.1 The Independent Chair will Chair meetings of the Committee ('**the Chair of the Committee**').

4.2 In the event of the Chair of the Committee being unable to attend all or part of the meeting, a replacement from within the Committee's lay membership will be nominated by the Chair of the Committee to deputise for that meeting.

5. Frequency of meetings

5.1 The Committee will meet no less than ten times per year, but the Chair of the Committee may call additional meetings, as and when required.

6. Secretariat provisions

6.1 The Greater Nottingham CCGs will provide secretariat support to the Committee to ensure the day to day work of the Committee is proceeding satisfactorily.

7. Standing Orders

7.1 The Standing Orders for the Committee are set out at **Schedule 3** and form part of these terms of reference. The Standing Orders describe:

a) Arrangements regarding meetings of the Committee, including notice of meetings, circulation of agendas and papers and arrangements for managing conflicts of interests;

b) The Committee's quoracy requirements, including arrangements for nominating deputies, where permitted;

c) The Committee's arrangements for making decisions, including urgent decision-making; and

d) The appointment/selection processes for Committee members.

8. Reporting Arrangements

8.1 The Committee will make quarterly written reports to the Governing Bodies of the Greater Nottingham CCGs to provide assurance that it is effectively discharging its delegated responsibilities, as set out in these terms of reference.

8.2 The Committee will hold at least annual engagement events to review aims, objectives, strategy and progress and publish an annual report on progress made against objectives.

9. Review of Terms of Reference

9.1 These Terms of Reference may be amended by mutual agreement between the GN CCGs at any time to reflect changes in circumstances as they may arise.

9.2 These terms of reference will be formally reviewed by the Greater Nottingham CCGs annually in March of each year following the establishment of the Committee.

10. Dispute Resolution

10.1 Where any dispute arises in relation to the joint arrangements established by the Greater Nottingham CCGs, the relevant CCG(s) must use their best endeavours to resolve that dispute on an informal basis.

10.2 Where any dispute is not resolved on an informal basis, the relevant CCG Clinical Chair(s) may convene a special meeting of the Committee to attempt to resolve the dispute.

10.3 Where the dispute is still not able to be resolved, the Committee shall agree the next steps to resolve the dispute. This may include referring the matter to NHS England for mediation.

11. Withdrawal from the Committee

11.1 Should this joint commissioning arrangement prove to be unsatisfactory, the Governing Body of any of the Greater Nottingham CCGs can decide to withdraw from the arrangement, but has to give six months' notice to partners, with new arrangements starting from the beginning of the next new financial year.

12. Signatures

Dr Hugh Porter	**Dr James Hopkinson**
Clinical Chair, NHS Nottingham City CCG	**Clinical Chair, NHS Nottingham North and East CCG**

Dr Nicole Atkinson	**Dr Stephen Shortt**
Clinical Chair, NHS Nottingham West CCG	**Clinical Chair, NHS Rushcliffe CCG**

Schedule 1 - Delegation by CCGs to Joint Commissioning Committee

A. The functions set out below are delegated to the Greater Nottingham Joint Commissioning Committee ('**the Committee**') by NHS Nottingham City CCG, NHS Nottingham North and East CCG, NHS Nottingham West CCG and NHS Rushcliffe CCG ('**the Greater Nottingham CCGs'**) in accordance with their statutory powers under Section 14Z3 of the NHS Act 2006 (as amended). These functions ('**the delegated functions**') relate to the populations defined within the Constitutions of the Greater Nottingham CCGs ('**the Greater Nottingham Area**'). All other functions are retained as reserved functions by the individual CCGs.

B. The expectation is that the Greater Nottingham CCGs will ensure that clear governance arrangements are put in place so that they can assure themselves that the exercise by the Committee of the functions is compliant with statute.

1. To arrange for the provision of certain specified health services as set out in Section 3 and 3a of the NHS Act 2006 (as amended) to secure improvement in: the physical and mental health of the population; and the prevention, diagnosis and treatment of illness. The following health services are included:

    i) Urgent and emergency care service (including, but not limited to, accident and emergency services, ambulance services and NHS 111)

    ii) Out-of-hours primary medical services (except where this responsibility has been retained by practices under the GP contract)

    iii) Planned hospital care

    iv) Community health services

    v) Other community-based services, including (where appropriate) services provided by GP practices that go beyond the scope of the GP contract

    vi) Rehabilitation services

    vii) Maternity and newborn services

    viii) Children's healthcare services (mental and physical health)

    ix) Services for people with learning disabilities

    x) Mental health services (including psychological therapies)

    xi) NHS continuing healthcare

    xii) Infertility services

2. To exercise the following commissioning related functions on behalf of the Greater Nottingham CCGs:

    i) Duty as to the improvement in quality of services, including the duty to have regard to any relevant guidance issued by NHS England in relation to this (section 14R)

ii) Duty as to reducing inequalities (section 14T)

iii) Duty to promote involvement of each patient including the duty to have regard to any relevant guidance issued by NHS England in relation to this (section 14U)

iv) Duty as to patient choice (section 14V)

v) Duty to obtain appropriate advice including the duty to have regard to any relevant guidance issued by NHS England in relation to this (section 14W)

vi) Duty to promote innovation (section 14X)

vii) Duty in respect of research (section 14Y)

viii) Duty as to promoting education and training (section 14Z)

ix) Duty as to promoting integration (section 14Z1)

x) Duty as to public involvement and consultation (section 14Z2)

3. To arrange for the provision of after-care under section 117 of the Mental Health Act 1983 (as amended).
4. The power to conduct, commission or assist the conduct of research into: any matters relating to the causation, prevention, diagnosis or treatment of illness; and any such other matters connected with any service provided under the NHS Act 2006, as considered appropriate.

C. In order to effectively discharge the delegated functions set out in Part B above, the Committee is required to have regard to the statutory obligations of the Greater Nottingham CCGs, including but not limited to:

1. The financial duties imposed on CCGs under the NHS Act 2006 (as amended) and as set out in:
   - 223G – Means of meeting expenditure of CCGs out of public funds
   - 223H – Financial duties of CCGs: expenditure
   - 223I – Financial duties of CCGs: use of resources
   - 223J – Financial duties of CCGs: additional controls on resource use
2. Duty to promote the NHS Constitution (section 14P)
3. Duty as to effectiveness and efficiency (section 14Q)
4. Duty in relation to quality of primary medical services (section 14S)
5. Duty to comply with the registers of interests and management of conflicts of interest requirements, including the duty to have regard to guidance issued by NHS England in relation to this (section 14O)
6. Duties to co-operate with local authorities as set out in the Health and Social Care Act 2012 and other primary and secondary legislation, including but not limited to:

- Section 192 – Joint strategic needs assessment
- Section 193 – Joint health and wellbeing strategies

7. The requirement to comply with the statutory duty under section 149 of the Equality Act 2010 i.e. the public sector equality duty.
8. The requirement to comply with the duty on public authorities under section 6 of the Human Rights Act 1998.
9. The requirement to comply with the National Health Service (Procurement, Patient Choice and Competition) Regulations 2013 and the Public Sector (Social Value) Act 2012.
10. The requirement to comply with the duties on public authorities under Freedom of Information Act 2000.
11. The requirement to comply with all legal obligations that apply in relation to data protection including, but not limited to, the Data Protection Act 1998, as amended or superseded from time to time, and all applicable EU Data Protection legislation including, but not limited to, the General Data Protection Regulation. The CCGs will enter into a data sharing agreement to govern data sharing in the context of these collaborative arrangements.
12. The requirement to comply with the Information Standards as set out in sections 250, 251, 251A, 251B and 251C of the Health & Social Care Act 2012 (as amended).
13. The requirement to comply with the obligation to consult the relevant local authorities under section 244 of the NHS Act and the associated Regulations.

C. The Committee is required to comply with all reporting and assurance arrangements and to maintain appropriate governance arrangements to ensure that it is exercising the Delegated Functions in a manner that is consistent with the terms of this delegation and is compliant with statute and the relevant policies of the Greater Nottingham CCGs.

D. The Committee is required to ensure that effective system partnership working arrangements are maintained.

Schedule 2 - List of Members

Voting Members

The voting members of the Greater Nottingham Joint Commissioning Committee are, as follows:

Name	Member
Terry Allen	Lay Member, Financial Management and Audit
Dr Nicole Atkinson	Clinical Chair, NHS Nottingham West CCG
Jonathan Bemrose	Chief Finance Officer, Greater Nottingham CCGs
Nichola Bramhall	Chief Nurse and Director of Quality, Greater Nottingham CCGs
Janet Champion	Lay Member
Sue Clague	Lay Member, Patient and Public Involvement
Dr James Hopkinson	Clinical Chair, NHS Nottingham North and East CCG
Dr Sonali Kinra	GP Advisor
Jenny Myers	Independent Chair
Dr Hugh Porter	Clinical Chair, NHS Nottingham City CCG
Dr Stephen Shortt	Clinical Chair, NHS Rushcliffe CCG
Dr Ben Teasdale	Secondary Care Doctor
Samantha Walters	Accountable Officer, Greater Nottingham CCGs

Co-opted Advisors

The co-opted advisors to the Greater Nottingham Joint Commissioning Committee are, as follows:

Name	Member
Alison Challenger	Director of Public Health, Nottingham City Council
Penny Harris	Chief Commissioning Officer, Greater Nottingham CCGs
Paul McKay	Service Director (Adult Health and Social Care), Nottinghamshire County Council
Colin Monckton	Director of Policy and Insight, Nottingham City Council
Gary Thompson	Chief Operating Officer, Greater Nottingham CCGs

Schedule 3 – Standing Orders for the Greater Nottingham Joint Commissioning Committee

1 Introduction

1.1 These Standing Orders apply to the Greater Nottingham Joint Commissioning Committee ('**the Committee**').

1.2 The Committee is a joint committee between the following organisations:

a) NHS Nottingham City CCG

b) NHS Nottingham North and East CCG

c) NHS Nottingham West CCG

d) NHS Rushcliffe CCG

The above CCGs are collectively referred to as '**the Greater Nottingham CCGs**'.

1.3 The Committee's purpose is to jointly commission health services for the Greater Nottingham population, as defined within the Constitutions of the Greater Nottingham CCGs.

2 Terms of Reference

2.1 These Standing Orders form part of the Committee's terms of reference and should be read in conjunction with the Committee's terms of reference.

3 Committee Membership and Appointment Processes

3.1 The Committee's terms of reference sets out the composition of the Committee's membership.

3.2 For the following roles within the Committee's membership, there is only one individual who is able to fulfil the role, due to it being defined in line with their substantive appointed/employed position:

a) The Clinical Chair of NHS Nottingham City CCG

b) The Clinical Chair of NHS Nottingham North and East CCG

c) The Clinical Chair of NHS Nottingham West CCG

d) The Clinical Chair of NHS Rushcliffe CCG

e) The Accountable Officer for the Greater Nottingham CCGs

f) The Chief Finance Officer for the Greater Nottingham CCGs

g) The Chief Nurse and Director of Quality for the Greater Nottingham CCGs

h) The Chief Executive of Nottingham City Council

i) The Chief Executive of Nottinghamshire County Council

3.3 Individuals will be selected from the existing Governing Body memberships of the Greater Nottingham CCGs to fill the three Lay Member roles and the Secondary Care Doctor role on the Committee. The terms of office for the selected individuals will run for the same duration as their terms of office for their Governing Body roles.

3.4 The Independent Chair, who is also the Chair of the Committee, is subject to the following appointment process:

a) **Nominations and Eligibility** – Any individual with the expertise and experience to provide constructive challenge to Committee discussions can apply for this role when advertised, other than those that meet the descriptions set out within Schedules 4 and 5 of The National Health Service (Clinical Commissioning Groups) Regulations 2012 S.I. 2012/1631, who are disqualified from applying.

b) **Appointment process** – This appointment will be made in line with NHS England's best practice toolkit for the appointment of lay members. Individuals' interests will be considered as part of this process to determine whether there are any conflicts that warrant individuals being excluded from appointment to the role. The following general principles will be applied:

i) An assessment of the materiality of the interests, in particular whether the individual (or a family member or business partner) could benefit from any decision the Committee might make;

ii) An assessment of the extent of the interests and whether they are related to a business area significant enough that the individual would be unable to make a full and proper contribution to the Committee.

c) **Term of office** – The normal term of office for this role is three years. However, based on the Committee's requirements at the time of appointment, normal terms of office may be varied.

d) **Eligibility for reappointment** – At the end of each term of office, this role will be subject to the appointment process set out at 3.4 b). The incumbent post holder is free to submit an application for re-appointment at the time the role is advertised, but they have no right to be re-appointed. They will be expected to have upheld the Nolan Principles and their professional Codes of Conduct, demonstrated through a satisfactory annual performance appraisal.

A person cannot be appointed to the role of Independent Chair for more than nine consecutive years in office, which will include any years served in equivalent roles for the Greater Nottingham CCGs.

e) **Grounds for removal from office** – The following are grounds for removal from office for this role:

i) Gross misconduct;

ii) Ceasing to fulfil the eligibility criteria for the role as set out at standing order 3.4 a) above;

iii) Not attending Committee meetings for three consecutive months (except under extenuating circumstances, such as illness);

iv) Failing to disclose a pecuniary interest regarding matters under discussion within the organisation or the introduction of a conflict of interests that would warrant an individual being excluded from appointment to the Committee in line with standing order 3.4 b);

v) Following the passing of a vote of no confidence by the Committee;

vi) Following the passing of a vote of no confidence by any of the Greater Nottingham CCGs' Governing Bodies.

f) **Notice period** – The Independent Chair may resign from this role by giving not less than six months' written notice to the Committee at any time.

4 Standards of Business Conduct

4.1 Committee members and attendees are required to maintain the highest standards of personal conduct and in this regard must comply with:

a) The statutory duties set out in Chapter A2 of the NHS Act 2006, including those relating to the management of conflicts of interest as set out in section 14O of the Act.

b) NHS England's guidance *Managing Conflicts of Interest in the NHS: Guidance for staff and organisations* (https://www.england.nhs.uk/publication/managing-conflicts-of-interest-revised-statutory-guidance-for-ccgs-2017/) and all relevant guidance and policies of their appointing body in relation to conflicts of interest.

c) The NHS Constitution.

d) The Nolan Principles.

e) Any additional regulations or codes of practice relevant to the Committee.

f) The law of England and Wales.

4.2 In addition, the Committee shall operate a register of interests. Members of the Committee shall disclose any potential conflict; where there is any doubt, the member should always err on the side of disclosure of any potential conflict. Any breach of these requirements or of relevant policies or guidance will be reported to the member CCGs promptly and in any event within 5 days of the breach having come to light.

4.3 Specific provisions relating to the management of conflicts of interest in relation to meetings of the Committee are set out below.

5 Training and Information

5.1 It is the responsibility of the organisations referred to in paragraph 1.2 above to ensure that the Committee's members are provided with appropriate training and information to allow them to exercise their responsibilities effectively.

6 Meetings of the Committee

6.1 Subject to standing order 6.2 below, meetings of the Committee will be open to the public.

6.2 The Committee may, by resolution, exclude the public from a meeting that is open to the public (whether during the whole or part of the proceedings) wherever 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.

6.3 In the event the public could be excluded from a meeting of the Committee, consideration will be given to whether the subject matter of the meeting would in any event be subject to disclosure under the Freedom of Information Act 2000, and if so, whether the public should be excluded in such circumstances.

6.4 The Chair of the Committee shall give such directions as they think fits with regard to the arrangements for meetings and accommodation of the public and representatives of the press such as to ensure that the Committee's business shall be conducted without interruption and disruption.

6.5 The Committee may resolve (as permitted by Section 1(8) Public Bodies (Admissions to Meetings) Act 1960 as amended from time to time) to exclude the public from a meeting (whether during whole or part of the proceedings) to suppress or prevent disorderly conduct or behaviour.

6.6 Matters to be dealt with by the Committee following the exclusion of representatives of the press, and other members of the public shall be confidential to the members of the Committee.

6.7 Members of the Committee and any member or employee of the Greater Nottingham CCGs in attendance or who receives any such minutes or papers in advance of or following a meeting shall not reveal or disclose the contents of papers marked 'In Confidence' or minutes headed 'Items Taken in Private' outside of the Committee, without the express permission of the Committee. This will apply equally to the content of any discussion during the Committee meeting, which may take place on such reports or papers.

7 Calling meetings

7.1 In normal circumstances, each member of the Committee will be given not less than twenty working days' notice in writing of any meeting of the Committee to be held.

7.2 However, the Chair of the Committee may call a meeting at any time by giving not less than ten working days' notice in writing.

8 Agenda, supporting papers and business to be transacted

8.1 Before each Committee meeting, an agenda will be produced that sets out the business of the meeting.

8.2 If a Committee member wishes to include an item on the agenda, they must notify the Chair of the Committee via the secretariat no later than seven days prior to the meeting. The decision as to whether to include the agenda item is at the absolute discretion of the Chair of the Committee, but any request to add an item to the agenda must not be unreasonably refused.

8.3 The agenda and supporting papers for each meeting will be circulated to all Committee members and co-opted advisors at least five working days before the date the meeting will take place.

8.4 Agendas and papers for meetings open to the public, including details about meeting dates, times and venues, will be published on the Greater Nottingham CCGs' websites.

9 Managing Conflicts of Interest at Meetings

9.1 The provisions of NHS England's guidance Managing Conflicts of Interest in the NHS: Guidance for staff and organisations, or any successor document, will apply at all times.

9.2 In advance of any meeting of the Committee, consideration will be given as to whether conflicts of interest are likely to arise in relation to any agenda item and how they should be managed. This may include steps to be taken prior to the meeting, such as ensuring that supporting papers for a particular agenda item are not sent to conflicted individuals.

9.3 At the beginning of each formal meeting, Committee members and co-opted advisors will be required to declare any interests that relate specifically to a particular issue under consideration. If the existence of an interest becomes apparent during a meeting, then this must be declared at the point at which it arises. Any such declaration will be formally recorded in the minutes for the meeting.

9.4 The Chair of the Committee (or Deputy Chair in their absence, or where the Chair of the Committee is conflicted) will determine how declared interests should be managed, which is likely to involve one the following actions:

a) Requiring the individual to withdraw from the meeting for that part of the discussion if the conflict could be seen as detrimental to the Committee's decision-making arrangements.

b) Allowing the individual to participate in the discussion, but not the decision-making process.

c) Allowing full participation in discussion and the decision-making process, as the potential conflict is not perceived to be material or detrimental to the Committee's decision-making arrangements.

10 Quorum

10.1 Meetings will be quorate with seven members present, including:

a) Three clinical members, of which two will be Clinical Chairs

b) Two lay members, of which one will be the Chair of the Committee (in accordance with section 4 of the Committee's terms of reference)

c) Two executive members, of which one will be either the Accountable Officer or the Chief Finance Officer

10.2 To ensure that the quorum can be maintained, the following Committee members are able nominate a suitable deputy to attend a meeting of the Committee that they are unable to attend, to speak and vote on their behalf:

a) The Clinical Chair of NHS Nottingham City CCG

b) The Clinical Chair of NHS Nottingham North and East CCG

c) The Clinical Chair of NHS Nottingham West CCG

d) The Clinical Chair of NHS Rushcliffe CCG

e) The Accountable Officer for the Greater Nottingham CCGs

f) The Chief Finance Officer for the Greater Nottingham CCGs

g) The Chief Nurse and Director of Quality for the Greater Nottingham CCGs

10.3 No person can act in more than one role on the Committee, meaning that any nominated deputy must be an additional person from outside the Committee's membership.

10.4 Deputies are required to be identified and approved by the Chair in advance of the meeting.

10.5 Committee members are responsible for fully briefing their nominated deputies and for informing the secretariat so that the quorum can be maintained.

10.6 If any Committee member has been disqualified from participating in the discussion and/or decision-making for an item on the agenda, by reason of a declaration of a conflict of interest, then that individual shall no longer count towards the quorum.

10.7 If a meeting or part of a meeting is not quorate, the Chair of the Committee may adjourn the meeting to allow a suitable deputy to be nominated (in line with standing orders 10.2 and 10.3 above) or to temporarily co-opt a non-conflicted individual to satisfy the quorum requirements. If the conflicted individual is a clinical member, then the individual temporarily co-opted onto the Committee must be a clinician. The final

decision as to the suitability of any individual who is temporarily co-opted onto the Committee shall be made by the Chair of the Committee.

11 Decision making

11.1 The decisions made by the Committee will be limited to the responsibilities set out within its terms of reference.

11.2 Generally it is expected that at the Committee's meetings, decisions will be reached by consensus. Should this not be possible, then a vote of the Committee members will be required, the process for which will be, as follows:

a) All members of the Committee (including authorised deputies) who are present at the meeting will be eligible to cast one vote each. In no circumstances may an absent member vote by proxy. Absence is defined as being absent at the time of the vote.

b) For the sake of clarity, any co-opted advisors do not have voting rights.

c) A decision will be passed if more votes are cast for it than against it.

d) Casting vote – If an equal number of votes are cast for and against a resolution, then the Chair of the Committee will have a casting vote.

11.3 Should a vote be taken, the outcome of the vote, and any dissenting views, will be recorded in the minutes of the meeting.

11.4 The decisions of the Committee will be binding on the Greater Nottingham CCGs.

12 Urgent decisions

12.1 Decisions may in an emergency, or for an urgent decision, be exercised by the Chair of the Committee and Accountable Officer after having consulted at least two of the Clinical Chairs and one Lay Member.

12.2 Any such decision taken by the Chair of the Committee and Accountable Officer will be reported to the next formal meeting of the Committee for ratification.

13 Minutes

13.1 The names of all members of the Committee present at each meeting shall be recorded in the minutes of the Committee meetings.

13.2 The minutes of the proceedings of a meeting will be drawn up and submitted for agreement at the next meeting where they will be signed by the person presiding at it. No discussion shall take place upon the minutes except upon their accuracy or where the Chair of the Committee considers discussion appropriate.

13.3 Where providing a record of a public meeting the minutes shall be made available to the public as required by the Code of Practice on Openness in the NHS.

14 Sub-Committees

14.1 The Committee may appoint sub-committees for any agreed purpose which, in the opinion of the Committee, would be more effectively undertaken by a sub-committee.

14.2 The membership of any such sub-committee may be comprised of employees and appointees of the Greater Nottingham CCGs, or other relevant external partners, who are not required to be members of the Committee, provided that due regard is given to ensuring that the proposed membership arrangements are appropriate in terms of managing conflicts of interest.

14.3 When developing the terms of reference for any sub-committee, the Committee must ensure that:

a) Appropriate clinical representation is maintained;

b) Reporting and assurance arrangements are sufficiently robust and reflect the requirements within each of the Greater Nottingham CCGs' Constitutions;

c) The role and purpose of the sub-committee is clear.

14.4 Minutes/reports of sub-committees will be promptly submitted to the Committee, in accordance with the requirements of the sub-committee's terms of reference.

15 Review of Standing Orders

15.1 These Standing Orders form part of the Committee's terms of reference. They must be reviewed in accordance with the provisions for review of the terms of reference contained in the Committee's terms of reference.

Quality and Performance Committee

Terms of Reference

13. Purpose

The Quality and Performance Committee exists to scrutinise arrangements for ensuring the quality of CCG commissioned services and to oversee the development, implementation and monitoring of performance management arrangements. The Committee also monitors equality performance in relation to health outcomes, patient access and experience, and promotes a culture of continuous improvement and innovation with respect to:

- The safety of the treatment and care provided to patients.
- The clinical effectiveness of the treatment and care provided to patients.
- The experience patients have of the treatment and care they receive.

14. Status

The Quality and Performance Committee is established in accordance with the Greater Nottingham Joint Commissioning Committee's Delegation Agreement and Standing Orders, and as such, it is a sub-committee of, and accountable to, the Greater Nottingham Joint Commissioning Committee.

The Committee is authorised to create task and finish sub-groups in order to take forward specific programmes of work as considered necessary by the Committee's membership.

15. Duties

a) Scrutinise arrangements for ensuring the quality of CCG commissioned services, including scrutiny of systems to identify early warning signs of provider quality issues or failing services. This will include monitoring serious incidents, complaints and patient experience data, national and local audit findings and infection prevention and control in order to identify areas of non-compliance, themes and trends.

b) Oversee systems regarding the development of local CQUIN targets and local Quality

Premium targets, including scrutiny of all such proposed targets in terms of their potential to deliver improvements in the safety, clinical effectiveness and patient experience of commissioned services and the extent to which the targets are challenging and realistic.

c) Review the annual Quality Accounts of providers prior to final sign off.

d) Oversee and scrutinise arrangements for identifying and addressing variations in clinical practice, ensuring that clinical intervention is based upon best available evidence.

e) Scrutinise the robustness of arrangements for clinical effectiveness and clinical audit.

f) Seek assurance s, through the CCGs' internal processes, that local healthcare services are being delivered by staff with the appropriate level of skills and training in order to continuously improve and promote high standards of quality and care and in line with contractual requirements.

g) Oversee arrangements for ensuring that patient feedback and patient and public engagement and consultation are integral in commissioning decisions.

h) Monitor performance in relation to Goals 1 and 2 of the NHS Equality Delivery System (better health outcomes for all / improved patient access and experience), including progress against equality objectives and associated action plans.

i) Oversee the development, implementation and monitoring of performance management arrangements, including scrutiny of identified action plans to address shortfalls in performance. This will include performance against NHS Constitutional Standards, CCG Improvement and Assessment Framework Clinical Indicators, and other national and locally agreed indicators.

j) Consider specific areas of performance, focussing in detail on specific issues where provider performance is showing deterioration, or where there are quality concerns.

k) Oversee arrangements for data quality to ensure confidence in the performance information being used for monitoring and reporting purposes.

l) Oversee and scrutinise the Greater Nottingham CCGs' organisational responses to all relevant Directives, Regulations, policies, reports, reviews and approved codes of practice as issued by the Department of Health and Social Care, NHS England and other regulatory bodies / external agencies to gain assurance that the appropriate actions are being undertaken and are effective.

m) Review Equality and Quality Impact Assessments (EQIAs) and feedback from patient and public engagement and consultation activities, as referred by the Clinical Commissioning Executive Group. This is likely to be where business cases relating to new investments, recurrent funding allocations or decommissioning and disinvestment proposals are considered to set precedent, be novel, contentious or repercussive.

n) Oversee the identification and management of risks relating to the Committee's remit.

o) Approval and monitoring of policies within the Committee's remit.

16. Membership

The Quality and Performance Committee will have 13 members, comprised as follows:

Lay Members

a) Four Lay Members, including at least one Lay Member of the Greater Nottingham Joint Commissioning Committee.

Clinical Members

b) Independent Nurse

c) Independent Secondary Care Doctor

d) Two GP Leads

e) Chief Nurse and Director of Quality

f) Deputy Director of Nursing and Quality

g) Chief Pharmacist

Managerial Members

h) Director of Information and Performance

i) Director of Contracting and Procurement

Other officers may be invited to attend meetings when the Committee is discussing matters that fall within their areas of responsibility.

The Committee's members and attendees will be drawn from employees and appointees of the four Greater Nottingham CCGs.

17. Chair and Deputy

A Lay Member of the Greater Nottingham Joint Commissioning Committee will Chair the Quality and Performance Committee, with one of the other Lay Members being nominated to deputise in the Chair's absence.

18. Quorum

The Quality and Performance Committee will be quorate with a minimum of six members, to include two lay members and three clinical members.

To ensure that the quorum can be maintained, Committee members are able nominate a suitable deputy to attend a meeting of the Committee that they are unable to attend. Committee members are responsible for fully briefing their nominated deputies and for informing the secretariat so that the quorum can be maintained.

If any Committee member has been disqualified from participating in the discussion and/or decision-making for an item on the agenda, by reason of a declaration of a conflict of interest, then that individual shall no longer count towards the quorum.

If the quorum has not been reached, then the meeting may proceed if those attending agree, but no decisions may be taken.

For the sake of clarity, no person can act in more than one capacity when determining the quorum.

19. Frequency of Meetings

The Quality and Performance Committee will meet on a monthly basis.

Meetings of the Quality and Performance Committee, other than those regularly scheduled above, shall be summoned by the secretary to the Committee at the request of the Chair.

20. Secretariat and Conduct of Business

Secretariat support will be provided to the Committee to ensure the day to day work of the Committee is proceeding satisfactorily.

Agendas and supporting papers will be circulated no later than three working days in advance of meetings and will be distributed by the secretary to the Quality and Performance Committee.

Any items to be placed on the agenda are to be sent to the secretary no later than five working days in advance of the meeting. Items which miss the deadline for inclusion on the agenda may be added on receipt of permission from the Chair.

The Quality and Performance Committee agenda will be agreed with the Chair prior to the meeting.

21. Minutes of Meetings

Minutes will be taken at all meetings, presented according the corporate style.

The minutes will be ratified by agreement of the Quality and Performance Committee at the following meeting.

The Chair of the Quality and Performance Committee will agree minutes if they are to be submitted to the Greater Nottingham Joint Commissioning Committee prior to formal ratification.

22. Conflicts of Interest Management

In advance of any meeting of the Quality and Performance Committee, consideration will be given as to whether conflicts of interest are likely to arise in relation to any agenda item and how they should be managed. This may include steps to be taken prior to the meeting, such as ensuring that supporting papers for a particular agenda item are not sent to conflicted individuals.

At the beginning of each Committee meeting, members and attendees will be required to declare any interests that relate specifically to a particular issue under consideration. If the existence of an interest becomes apparent during a meeting, then this must be declared at the point at which it arises. Any such declaration will be formally recorded in the minutes for the meeting.

The Chair of the Committee will determine how declared interests should be managed, which is likely to involve one the following actions:

d) Requiring the individual to withdraw from the meeting for that part of the discussion if the conflict could be seen as detrimental to the Committee's decision-making arrangements.

e) Allowing the individual to participate in the discussion, but not the decision-making process.

f) Allowing full participation in discussion and the decision-making process, as the potential conflict is not perceived to be material or detrimental to the Committee's decision-making arrangements.

23. Reporting Responsibilities and Review of Committee Effectiveness

The Quality and Performance Committee will report to the Greater Nottingham Joint Commissioning Committee through regular submission of minutes from its meetings. Any items of specific concern, or which require Greater Nottingham Joint Commissioning Committee approval, will be the subject of a separate report.

The Committee will provide an annual report to the Greater Nottingham Joint Commissioning

Committee to provide assurance that it is effectively discharging its delegated responsibilities, as set out in these terms of reference. The Committee will conduct an annual review of its effectiveness to inform this report.

24. Review of Terms of Reference

These Terms of Reference will be formally reviewed on an annual basis, but may be amended at any time in order to adapt to any national guidance as and when issued.

Any proposed amendments to the Terms of Reference will be submitted to the Greater Nottingham Joint Commissioning Committee for approval.

Issue Date:	**Status:**	**Version:**	**Review Date:**
October 2018	APPROVED	02	March 2019

Finance Committee

Terms of Reference

1. Purpose

The Finance Committee exists to scrutinise arrangements for ensuring the delivery of the Greater Nottingham CCGs' statutory financial duties, including the achievement of the Greater Nottingham Financial Recovery Programme (FRP). The Committee will review the monthly financial performance and identify key issues and risks requiring discussion or decision by the Greater Nottingham Joint Commissioning Committee. The Committee will also ensure that procurement responsibilities are appropriately discharged, including oversight of annual procurement plans.

2. Status

The Finance Committee is established in accordance with the Greater Nottingham Joint Commissioning Committee's Delegation Agreement and Standing Orders, and as such, it is a sub-committee of, and accountable to, the Greater Nottingham Joint Commissioning Committee.

The Committee is authorised to create task and finish sub-groups in order to take forward specific programmes of work as considered necessary by the Committee's membership.

3. Duties

a) Oversee the development of the CCGs' financial plans and budgets and recommend these for approval by the Greater Nottingham CCGs' Governing Bodies.

b) Monitor progress against the CCGs' financial plans and approved budgets, ensuring that corrective actions are in place where plan delivery is off target.

c) Oversee the development, implementation and monitoring of the CCGs' Financial Recovery Plan. This will include consideration of the differing financial positions of the

CCGs.

d) Triangulate finance, activity and contractual information across the four Greater Nottingham CCGs and for each individual CCG.

e) Review of expenditure across the four Greater Nottingham CCGs with an understanding of the impact of activity movements on the financial position for each CCG.

f) Scrutinise major shifts in spending, demand pressures and triangulation with the Financial Recovery Plan.

g) To scrutinise infrastructure, running cost and programme spend. This will include reviewing significant spend in areas that contribute to productivity and efficiency, including IT and estates.

h) Ensure risks of exceeding expenditure limits are assessed and mitigating actions are in place.

i) Oversee arrangements for ensuring the timeliness, accuracy, validity, reliability, relevance and completeness of finance, activity and contractual information being used for monitoring and reporting purposes (in line with data quality standards).

j) Review and oversight of annual procurement plans.

k) Review the cost effectiveness of business cases relating to new investments, recurrent funding allocations or decommissioning and disinvestment proposals, as referred by the Clinical Commissioning Executive Group. This is likely to be where proposals are considered to set precedent, be novel, contentious or repercussive.

l) Oversee the identification and management of risks relating to the Committee's remit.

m) Approval and monitoring of policies within the Committee's remit.

4. Membership

The Finance Committee will have 12 members, comprised as follows:

Lay Members

- Four Lay Members, including at least one Lay Member of the Greater Nottingham Joint Commissioning Committee.

Clinical Members

- Two GP Leads

Managerial Members

- Chief Finance Officer
- Director of Contracting and Procurement
- Director of Acute Contracting

- Director of Information and Performance
- Director of Financial Recovery
- Deputy Chief Finance Officer

Other officers may be invited to attend meetings when the Committee is discussing matters that fall within their areas of responsibility.

The Committee's members and attendees will be drawn from employees and appointees of the four Greater Nottingham CCGs.

5. Chair and Deputy

A Lay Member of the Greater Nottingham Joint Commissioning Committee will Chair the Finance Committee, with one of the other Lay Members being nominated to deputise in the Chair's absence.

6. Quorum

The Finance Committee will be quorate with a minimum of six members, to include at least two lay members.

To ensure that the quorum can be maintained, Committee members are able nominate a suitable deputy to attend a meeting of the Committee that they are unable to attend. Committee members are responsible for fully briefing their nominated deputies and for informing the secretariat so that the quorum can be maintained.

If any Committee member has been disqualified from participating in the discussion and/or decision-making for an item on the agenda, by reason of a declaration of a conflict of interest, then that individual shall no longer count towards the quorum.

If the quorum has not been reached, then the meeting may proceed if those attending agree, but no decisions may be taken.

For the sake of clarity, no person can act in more than one capacity when determining the quorum.

7. Frequency of Meetings

The Finance Committee will meet on a monthly basis.

Meetings of the Finance Committee, other than those regularly scheduled above, shall be summoned by the secretary to the Committee at the request of the Chair.

8. Secretariat and Conduct of Business

Secretariat support will be provided to the Committee to ensure the day to day work of the Committee is proceeding satisfactorily.

Agendas and supporting papers will be circulated no later than three working days in advance of meetings and will be distributed by the secretary to the Finance Committee.

Any items to be placed on the agenda are to be sent to the secretary no later than five working days in advance of the meeting. Items which miss the deadline for inclusion on the agenda may be added on receipt of permission from the Chair.

The Finance Committee agenda will be agreed with the Chair prior to the meeting.

9. Minutes of Meetings

Minutes will be taken at all meetings, presented according the corporate style.

The minutes will be ratified by agreement of the Finance Committee at the following meeting.

The Chair of the Finance Committee will agree minutes if they are to be submitted to the Greater Nottingham Joint Commissioning Committee prior to formal ratification.

10. Conflicts of Interest Management

In advance of any meeting of the Finance Committee, consideration will be given as to whether conflicts of interest are likely to arise in relation to any agenda item and how they should be managed. This may include steps to be taken prior to the meeting, such as ensuring that supporting papers for a particular agenda item are not sent to conflicted individuals.

At the beginning of each Committee meeting, members and attendees will be required to declare any interests that relate specifically to a particular issue under consideration. If the existence of an interest becomes apparent during a meeting, then this must be declared at the point at which it arises. Any such declaration will be formally recorded in the minutes for

the meeting.

The Chair of the Committee will determine how declared interests should be managed, which is likely to involve one the following actions:

a) Requiring the individual to withdraw from the meeting for that part of the discussion if the conflict could be seen as detrimental to the Committee's decision-making arrangements.

b) Allowing the individual to participate in the discussion, but not the decision-making process.

c) Allowing full participation in discussion and the decision-making process, as the potential conflict is not perceived to be material or detrimental to the Committee's decision-making arrangements.

11. Reporting Responsibilities and Review of Committee Effectiveness

The Finance Committee will report to the Greater Nottingham Joint Commissioning Committee through regular submission of minutes from its meetings. Any items of specific concern, or which require Greater Nottingham Joint Commissioning Committee approval, will be the subject of a separate report.

The Committee will provide an annual report to the Greater Nottingham Joint Commissioning Committee to provide assurance that it is effectively discharging its delegated responsibilities, as set out in these terms of reference. The Committee will conduct an annual review of its effectiveness to inform this report.

12. Review of Terms of Reference

These Terms of Reference will be formally reviewed on an annual basis, but may be amended at any time in order to adapt to any national guidance as and when issued.

Any proposed amendments to the Terms of Reference will be submitted to the Greater Nottingham Joint Commissioning Committee for approval.

Clinical Commissioning Executive Group

Terms of Reference

1. Purpose

The Clinical Commissioning Executive Group will make recommendations to the Greater Nottingham Joint Commissioning Committee on commissioning strategies and plans and is the day-to-day decision-making body regarding quality, performance, risk and financial management, capacity and capability and organisational development in order to provide robust assurance to the Greater Nottingham Joint Commissioning Committee (GNJCC).

The Group will evaluate, scrutinise and quality assure the clinical and cost effectiveness of new investments, recurrent funding allocations and all decommissioning and disinvestment proposals. This will include assessment of any associated equality and quality impacts arising from proposals, along with consideration of feedback from patient and public engagement and consultation activities.

The Group has delegated authority to make decisions in accordance with the Greater Nottingham CCGs' Schedule of Delegated Authority.

2. Status

The Clinical Commissioning Executive Group is established in accordance with the Greater Nottingham Joint Commissioning Committee's Delegation Agreement and Standing Orders, and as such, it is a sub-committee of, and accountable to, the Greater Nottingham Joint Commissioning Committee.

The Group is authorised to create sub-groups in order to take forward specific programmes of work as considered necessary by the Group's membership.

3. Duties

a) Development of the Commissioning Strategies and Operational Plans (and other associated enabling strategies and plans) of the Greater Nottingham CCGs and recommendation to the Greater Nottingham Joint Commissioning Committee (for subsequent approval by the CCGs' Governing Bodies). The enabling strategies and

plans will include, but not be limited to, those relating to information technology, estates, workforce and organisational development, patient and public engagement and communications.

b) Consider business cases for new investments, recurrent funding allocations and all decommissioning and disinvestment proposals, ensuring their clinical and cost effectiveness, whilst assessing any associated equality and quality impacts and feedback from patient and public engagement and consultation activities. The Group will make decisions in line with the financial limits set out within the Greater Nottingham CCGs' Schedule of Delegated Authority, or make recommendations to the GNJCC for decisions that exceed the Group's delegated financial limits, or where proposals are considered to set precedent, are novel, contentious or repercussive. The Group may recommend proposals for further scrutiny by the Quality and Performance and/or Finance Committees in line with agreed thresholds for referral.

c) Review business case activity on a bi-annual basis to ensure the consistency of decision making and to consider potential improvements to the decision-making process.

d) Agree annual commissioning intentions and make day-to-day decisions regarding the CCGs' annual procurement strategy and the quality and performance of commissioned services, ensuring the robustness of contract management arrangements.

e) Approve commissioning policies, pathway and referral guidelines and non/partial implementation of NICE guidance and standards in line with recommendations from the Clinical Policy Group.

f) Review and make funding decisions on applications for excess treatment costs for non-commercially funded research, which relate to the commissioning responsibilities of the Greater Nottingham CCGs. All such decisions will be made in line with the financial limits set out within the Greater Nottingham CCGs' Schedule of Delegated Authority.

g) Oversee the identification and management of risks relating to the Group's remit.

4. Membership

The Clinical Commissioning Executive Group will have 10 members, comprised as follows:

Clinical Members

a) The Clinical Chair of NHS Nottingham City CCG

b) The Clinical Chair of NHS Nottingham North and East CCG

c) The Clinical Chair of NHS Nottingham West CCG

d) The Clinical Chair of NHS Rushcliffe CCG

e) Chief Nurse and Director of Quality

f) A practicing GP with experience of treating patients from deprived communities, selected from a member practice of the Greater Nottingham CCGs

Managerial Members

g) Accountable Officer

h) Chief Finance Officer

i) Chief Operating Officer

j) Chief Commissioning Officer

Other clinical and managerial leads will be invited to attend meetings when the Group is discussing matters that fall within their areas of responsibility.

The Group's members and attendees will be drawn from employees and appointees of the four Greater Nottingham CCGs.

5. Chair and Deputy

The Clinical Chairs of the four Greater Nottingham CCGs will Chair the Group on a rotational basis, acting as deputies for each other in the absence of the scheduled Chair.

In the event of all Clinical Chairs being unable to attend all or part of the meeting, by reason of declared conflicts of interests, then a replacement from within the Group's membership will be nominated to deputise for that meeting (or part of the meeting).

6. Quorum and Voting Arrangements

The Clinical Commissioning Executive Group will be quorate with a minimum of five members, to include at least two Clinical Chairs and either the Accountable Officer or Chief Finance Officer.

To ensure that the quorum can be maintained, members of the Group are able nominate a suitable deputy to attend a meeting of the Group that they are unable to attend, to speak and vote on their behalf. Members of the Group are responsible for fully briefing their nominated deputies and for informing the secretariat so that the quorum can be maintained.

If any member of the Group has been disqualified from participating in the discussion and/or decision-making for an item on the agenda, by reason of a declaration of a conflict of interest, then that individual shall no longer count towards the quorum. For agenda items where all four Clinical Chairs are not be permitted to take part in the Group's discussions/decision-making, then the Group will be quorate if the remaining five members (or their nominated deputies) are present.

If the quorum has not been reached, then the meeting may proceed if those attending agree, but no decisions may be taken.

For the sake of clarity, no person can act in more than one capacity when determining the

quorum.

Clinical Commissioning Executive Group members will seek to reach decisions by consensus where possible. Should this not be possible then a vote of the Group's members will be required, the process for which is required to be aligned with that set out within the Greater Nottingham Joint Commissioning Committee's Standing Orders (Standing Order 11, Decision Making).

7. Frequency of Meetings

The Clinical Commissioning Executive Group will meet on a fortnightly basis.

Meetings of the Clinical Commissioning Executive Group, other than those regularly scheduled above, shall be summoned by the secretary to the Group at the request of the Chair.

8. Urgent Decisions

The Clinical Commissioning Executive Group may be required to take urgent decisions. An urgent decision is one where the requirement for the decision to be made arises between the scheduled fortnightly meetings of the Clinical Commissioning Executive Group and in relation to which a decision must be made prior to the next scheduled meeting.

Where an urgent decision is required a supporting paper will be circulated to members by the secretary to the Clinical Commissioning Executive Group.

The Clinical Commissioning Executive Group members may meet either in person, via telephone conference or communicate by email to take an urgent decision. The quorum, as described in section 6, must be adhered to for urgent decisions.

A minute of the discussion (including those performed virtually) and decision will be taken by the secretary to the Clinical Commissioning Executive Group and will be reported to the next meeting of the Clinical Commissioning Executive Group for formal ratification.

9. Secretariat and Conduct of Business

Secretariat support will be provided to the Group to ensure the day to day work of the Group is proceeding satisfactorily.

Agendas and supporting papers will be circulated no later than three working days in advance of meetings and will be distributed by the secretary to the Clinical Commissioning

Executive Group.

Any items to be placed on the agenda are to be sent to the secretary no later than five working days in advance of the meeting. Items which miss the deadline for inclusion on the agenda may be added on receipt of permission from the Chair.

The Clinical Commissioning Executive Group agenda will be agreed with the Chair prior to the meeting.

10. Minutes of Meetings

Minutes will be taken at all meetings, presented according the corporate style. The minutes will be ratified by agreement of the Clinical Commissioning Executive Group at the following meeting.

The Chair of the Clinical Commissioning Executive Group will agree minutes if they are to be submitted to the Greater Nottingham Joint Commissioning Committee prior to formal ratification.

11. Conflicts of Interest Management

In advance of any meeting of the Clinical Commissioning Executive Group, consideration will be given as to whether conflicts of interest are likely to arise in relation to any agenda item and how they should be managed. This may include steps to be taken prior to the meeting, such as ensuring that supporting papers for a particular agenda item are not sent to conflicted individuals.

At the beginning of each meeting of the Group, members and attendees will be required to declare any interests that relate specifically to a particular issue under consideration. If the existence of an interest becomes apparent during a meeting, then this must be declared at the point at which it arises. Any such declaration will be formally recorded in the minutes for the meeting.

The Chair of the Group will determine how declared interests should be managed, which is likely to involve one the following actions:

a) Requiring the individual to withdraw from the meeting for that part of the discussion if the conflict could be seen as detrimental to the Group's decision-making arrangements.

b) Allowing the individual to participate in the discussion, but not the decision-making process.

c) Allowing full participation in discussion and the decision-making process, as the potential conflict is not perceived to be material or detrimental to the Group's decision-making arrangements.

12. Reporting Responsibilities and Review of Group Effectiveness

The Clinical Commissioning Executive Group will report to the Greater Nottingham Joint Commissioning Committee through regular submission of minutes from its meetings. Any items of specific concern, or which require Greater Nottingham Joint Commissioning Committee approval, will be the subject of a separate report.

The Group will provide an annual report to the Greater Nottingham Joint Commissioning Committee to provide assurance that it is effectively discharging its delegated responsibilities, as set out in these terms of reference. The Group will conduct an annual review of its effectiveness to inform this report.

13. Review of Terms of Reference

These Terms of Reference will be formally reviewed on an annual basis, but may be amended at any time in order to adapt to any national guidance as and when issued.

Any proposed amendments to the Terms of Reference will be submitted to the Greater Nottingham Joint Commissioning Committee for approval.

Issue Date:	**Status:**	**Version:**	**Review Date:**
October 2018	APPROVED	2.1	May 2019