



Nottingham North and East
Clinical Commissioning Group

NHS NOTTINGHAM NORTH AND EAST CLINICAL COMMISSIONING GROUP

GOVERNANCE HANDBOOK

NHS Nottingham North and East Clinical Commissioning Group Governance Handbook

Version	Effective Date	Changes
1.0	June 2019	-
2.0	August 2019	<ul style="list-style-type: none"> • Decision-making protocol added to the Remuneration and Terms of Service Committee Terms of Reference. • Memberships and quoracy updated following approval by the Governing Body at its meeting in August 2019

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Introduction

This **Governance Handbook**, which sits alongside the CCG's Constitution (see below), contains the following key documents:

- **Terms of Reference** – for all of the CCG's Committees, Sub-Committees and Joint Committees, and the terms of reference for all of the Governing Body's Committees, Sub-Committees and Joint Committees; and
- **Scheme of Reservation and Delegation** – which sets out those decisions that are reserved for the membership as a whole and those decisions that are the responsibilities of the CCG's Governing Body (and its Committees, Sub-Committees and Joint Committees) and employees.

The **CCG's Constitution** sets out the statutory framework that the CCG operates within and its arrangements for demonstrating accountability and transparency. It also provides details relating to the CCG's Membership and sets out the arrangements for exercising the CCG's functions and procedures for making decisions. Provisions for conflict of interest management and required standards of business conduct are also included.

There are two further documents that provide details on how the CCG operates. These documents form part of the CCG's Constitution and they are the CCG's:

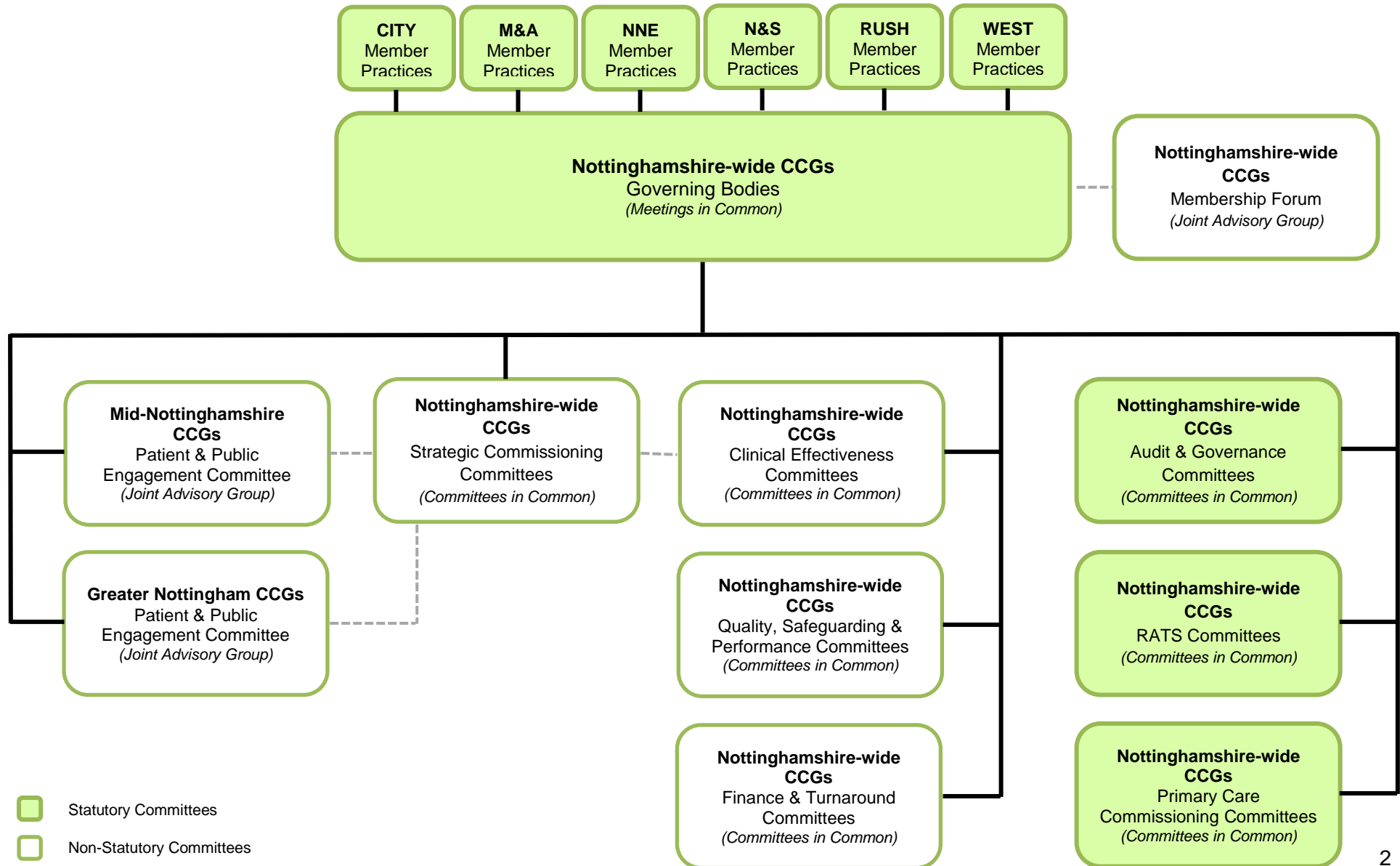
- **Standing Orders** – which set out the arrangements for the CCG's Governing Body meetings and the appointment processes for Governing Body members.
- **Standing Financial Instructions** – which set out the arrangements for managing the CCG's financial affairs and the delegated limits for financial commitments on behalf of the CCG.

The six Nottingham and Nottinghamshire CCGs (NHS Mansfield and Ashfield CCG, NHS Newark and Sherwood CCG, NHS Nottingham City CCG, NHS Nottingham North and East CCG, NHS Nottingham West CCG and NHS Rushcliffe CCG) operate an aligned governance framework. This mainly utilises a 'meetings in common' approach, which is intended to facilitate collaborative working and improved efficiencies between the separate statutory organisations.

However, it is important to note that it is only the place, time and (where appropriate) agenda items that are 'in common'. To continue to operate within the legal framework, each committee must:

- Have its own terms of reference, membership and chair – But wherever possible, the membership requirements of each committee will be fulfilled by the same individuals.
- Be able to make its own decisions – The 'meetings in common' approach will facilitate a single discussion, but there should still be the ability for each committee in the arrangement to reach a different decision (although this should be unlikely).
- Have clear accountability arrangements – Each CCG retains individual accountability for the decisions taken on behalf of their local populations.

Aligned Governance Framework across the Nottingham and Nottinghamshire CCGs



Audit and Governance Committee – Terms of Reference

<p>1. Purpose</p>	<p>The Audit and Governance Committee exists to:</p> <ul style="list-style-type: none"> a) 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. b) 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. c) 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. d) Approve the CCG’s Annual Report and Accounts.
<p>2. Status</p>	<p>The Audit and Governance 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.</p> <p>The Governing Body has authorised the Committee to:</p> <ul style="list-style-type: none"> a) Investigate any activity within its terms of reference. b) Seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee. c) Obtain outside legal or other independent advice and to secure the attendance of individuals with relevant experience and expertise if it considers this necessary. d) 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. <p>The Audit and Governance Committee may meet ‘in-common’ with the Audit and Governance Committees of NHS Mansfield and Ashfield CCG, NHS Newark and Sherwood CCG, NHS Nottingham City CCG, NHS Nottingham West CCG and NHS Rushcliffe CCG.</p>
<p>3. Duties</p>	<p><u><i>Integrated governance, risk management and internal control</i></u></p> <ul style="list-style-type: none"> 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:

- i) Review the adequacy and effectiveness of the CCG's risk management arrangements and 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.
 - ii) Review the adequacy and effectiveness of 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.
 - iii) Scrutinise all instances on non-compliance with Standing Orders, Scheme of Reservation and Delegation and Standing Financial Instructions.
 - iv) Approve and monitor compliance with standards of business conduct policies and any related reporting and self-certifications.
 - v) Approve and monitor arrangements in place for allowing staff to raise concerns (in confidence) about possible improprieties, ensuring that any such concerns are investigated proportionately and independently.
 - vi) Approve and monitor the policies and procedures for all work related to counter fraud, bribery and corruption as required by the NHS Counter Fraud Authority.
 - vii) Scrutinise compliance with legislative and regulatory requirements relating to information governance and the extent to which associated systems and processes are effective and embedded within the CCGs. This will include approval of associated policies.
 - viii) Monitor progress against the CCG's overarching Policy Work Programme.
- 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:

- i) Considering the provision of the internal audit service and the costs involved.
- ii) 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).
- iii) 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.
- iv) Ensuring that the internal audit function is adequately resourced and has appropriate standing within the organisation.
- v) Monitoring the effectiveness of internal audit and completing an annual review.

External audit

- e) 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:
 - i) 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).
 - ii) 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.
 - iii) Discussing with the external auditors their local evaluation of audit risks and assessment of the organisation and the impact on the audit fee.
 - iv) 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.
 - v) Ensuring that there is in place a clear protocol for the engagement of external auditors to supply non-audit services.

Counter Fraud

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

	<p><u>Financial reporting</u></p> <ul style="list-style-type: none"> h) The Committee will monitor the integrity of the financial statements of the CCG and any formal announcements relating to the organisation’s financial performance. i) 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. j) The Committee will review and approve the annual report and accounts, focusing particularly on: <ul style="list-style-type: none"> i) The wording in the annual governance statement and other disclosures. ii) Changes in, and compliance with, accounting policies, practices and estimation techniques. iii) Unadjusted mis-statements in the financial statements. iv) Significant judgements in preparation of the financial statements. v) Significant adjustments resulting from the audit. vi) Letters of representation. vii) Explanations for significant variances.
<p>4. Membership</p>	<p>The Audit and Governance Committee will have three members, comprised as follows:</p> <ul style="list-style-type: none"> a) Lay Member – Audit and Governance b) Lay Member – Quality and Performance c) Associate Lay Member – Audit and Governance <p><u>Attendees</u></p> <p>The following will be routine attendees at Audit and Governance Committee meetings:</p> <ul style="list-style-type: none"> d) Chief Finance Officer e) Associate Director of Governance f) Internal Audit g) External Audit <p>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:</p> <ul style="list-style-type: none"> h) The Accountable Officer being invited to attend, at least annually, to discuss with the Committee the process for assurance that supports the Governance Statement. i) The Local Counter Fraud Specialist being invited to attend at least twice per year.
<p>5. Chair and Deputy</p>	<p>The Lay Member – Audit and Governance will Chair the Audit and Governance Committee.</p>

	<p>In the event of the Chair 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.</p>
<p>6. Quorum and Decision-making Arrangements</p>	<p>The Audit and Governance Committee will be quorate with a minimum of two members present, to include either the Chair or Deputy Chair.</p> <p>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.</p> <p>If the quorum has not been reached, then the meeting may proceed if those attending agree, but no decisions may be taken.</p> <p>For the sake of clarity, no person can act in more than one capacity when determining the quorum.</p> <p>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.</p>
<p>7. Frequency of Meetings</p>	<p>The Audit and Governance Committee will meet no less than six times per year at appropriate times in the reporting and audit cycle.</p> <p>The Head of Internal Audit and representatives 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.</p> <p>Meetings of the Committee, other than those regularly scheduled above, shall be summoned by the secretary to the Committee at the request of the Chair.</p>
<p>8. Secretariat and Conduct of Business</p>	<p>Secretariat support will be provided to the Audit and Governance Committee to ensure the day to day work of the Committee is proceeding satisfactorily.</p> <p>Agendas and supporting papers will be circulated no later than five calendar days in advance of meetings and will be distributed by the secretary to the Committee.</p> <p>Any items to be placed on the agenda are to be sent to the secretary no later than seven calendar 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.</p> <p>The Committee agenda will be agreed with the Chair prior to the meeting.</p>
<p>9. Minutes of Meetings</p>	<p>Minutes will be taken at all meetings and presented according the corporate style.</p> <p>The minutes will be ratified by agreement of the Audit and Governance Committee at the following meeting.</p>

	The Chair of the Committee will agree minutes if they are to be submitted to the Governing Body prior to formal ratification.
10. Conflicts of Interest Management	<p>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.</p> <p>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 declarations will be formally recorded in the minutes for the meeting.</p> <p>The Chair of the Committee will determine how declared interests should be managed, which is likely to involve one the following actions:</p> <ol style="list-style-type: none"> 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	<p>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.</p> <p>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 Committee will conduct an annual review of its effectiveness to inform this report.</p>
12. Review of Terms of Reference	<p>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.</p> <p>Any proposed amendments to the terms of reference will be submitted to the Governing Body for approval.</p>

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Remuneration and Terms of Service Committee – Terms of Reference

<p>1. Purpose</p>	<p>The Remuneration and Terms of Service Committee exists to make recommendations to the Governing Body in relation to:</p> <ul style="list-style-type: none"> a) The remuneration, fees and allowances payable to employees of the CCG and to other persons providing services to it; and b) Any determinations about allowances payable under pension schemes established by the CCG. <p>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).</p> <p><i>NOTE: The remit of the Committee excludes considerations in relation to Lay Member remuneration, fees and allowances.</i></p>
<p>2. Status</p>	<p>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.</p> <p>The Governing Body has authorised the Committee to:</p> <ul style="list-style-type: none"> a) Seek such independent information as may be necessary to inform their recommendations. b) 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. <p>The Remuneration and Terms of Service Committee may meet ‘in-common’ with the Remuneration and Terms of Service Committees of NHS Mansfield and Ashfield CCG, NHS Newark and Sherwood CCG, NHS Nottingham City CCG, NHS Nottingham West CCG and NHS Rushcliffe CCG.</p>
<p>3. Duties</p>	<ul style="list-style-type: none"> 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

	<p>circumstances and performance.</p> <p>b) Make recommendations to the Governing Body about allowances payable under pension schemes established by the CCG.</p> <p>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.</p> <p>d) Make recommendations to the Governing Body about contractual terms and conditions for senior managers on Very Senior Managers pay.</p> <p>e) Approve all human resources policies for CCG employees.</p> <p>f) Oversee compliance with the requirements set out in the Equality Act 2010 Act (Gender Pay Gap Regulations) 2017, as necessary.</p> <p>g) Oversee the identification and management of risks relating to the Committee's remit.</p>
<p>4. Membership</p>	<p>The Remuneration and Terms of Service Committee will have four members, comprised as follows:</p> <p>a) Lay Deputy Chair of the Governing Body</p> <p>b) Lay Member – Audit and Governance</p> <p>c) Lay Member – Patient and Public Involvement</p> <p>d) Lay Member – Quality and Performance</p> <p>Senior Managers may be invited to attend for all or part of the meeting (providing their own remuneration is not being discussed).</p>
<p>5. Chair and Deputy</p>	<p>The Lay Deputy Chair of the Governing Body will Chair the Remuneration and Terms of Service Committee, with either the Lay Member – Patient and Public Involvement or Lay Member – Quality and Performance being nominated to deputise in the Chair's absence.</p>
<p>6. Quorum and Decision-making Arrangements</p>	<p>The Remuneration and Terms of Service Committee will be quorate with a minimum of three members present.</p> <p>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.</p> <p>If the quorum has not been reached, then the meeting may proceed if those attending agree, but no decisions may be taken.</p> <p>For the sake of clarity, no person can act in more than one capacity when determining the quorum.</p> <p>Committee members will seek to reach decisions by consensus where possible. If a consensus agreement cannot be reached, then</p>

	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	<p>Secretariat support will be provided to the Remuneration and Terms of Service Committee to ensure the day to day work of the Committee is proceeding satisfactorily.</p> <p>Agendas and supporting papers will be circulated no later than five calendar days in advance of meetings and will be distributed by the secretary to the Committee.</p> <p>Any items to be placed on the agenda are to be sent to the secretary no later than seven calendar 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.</p> <p>The Committee agenda will be agreed with the Chair prior to the meeting.</p>
9. Minutes of Meetings	<p>Minutes will be taken at all meetings and presented according the corporate style.</p> <p>The minutes will be ratified by agreement of the Remuneration and Terms of Service Committee at the following meeting.</p> <p>The Chair of the Committee will agree minutes if they are to be submitted to the Governing Body prior to formal ratification.</p>
10. Conflicts of Interest Management	<p>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.</p> <p>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 declarations will be formally recorded in the minutes for the meeting.</p> <p>The Chair of the Committee will determine how declared interests should be managed, which is likely to involve one the following actions:</p> <ol style="list-style-type: none"> 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	<p>The Remuneration and Terms of Service 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, which may be presented in confidential session dependant on the nature of its content.</p> <p>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 Committee will conduct an annual review of its effectiveness to inform this report.</p>
12. Review of Terms of Reference	<p>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.</p> <p>Any proposed amendments to the terms of reference will be submitted to the Governing Body for approval.</p>

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Protocol for Decision-Making on Remuneration

1. Introduction

The Nottingham and Nottinghamshire CCGs' Remuneration and Terms of Service Committees (“**the Committees**”) have been established in accordance with the National Health Service Act 2006 (as amended) and the CCGs' Constitutions. In line with national guidance, the Committees exist to make recommendations to the Nottingham and Nottinghamshire CCGs' Governing Bodies (“**the Governing Bodies**”), in relation to:

- a) The remuneration, fees and allowances payable to employees of the CCGs (excluding Lay Members) and to other persons providing services to them; and
- b) Any determinations about allowances payable under pension schemes established by the CCGs.

The purpose of this document is to outline the principles and process that will be adopted for the decision-making process; ensuring that robust, transparent and timely decision-making is achieved whilst avoiding any unnecessary duplication.

This document only applies to decisions relating to points a) and b) as shown above. Other duties as detailed within the Committees' Terms of Reference have been fully delegated to the Committees.

2. Principles and Process

The following principles and process will be adopted to ensure robust decision-making with regard to remuneration:

- a) **The Committees will receive the appropriate level of information to inform their recommendation(s).** This will include national guidance on remuneration and (where appropriate) detailed benchmarking of comparative organisations/roles. Clear recommendations from the CCGs' senior human resource professionals will be stated within the Committees' papers, along with any necessary input from the CCGs' Executive Managers (where not conflicted).
- b) **Papers will be sent to the Committees within the timeframe stated within the Terms of Reference.** The Committees should be able to demonstrate that they have had sufficient time to inform their recommendation(s) and to request any further information needed in advance of the meeting.
- c) **The Governing Bodies will be assured that the appropriate scrutiny has been carried out.** The Governing Bodies should not need to receive the level of information reviewed by the Committees but will be advised as to the basis on which the Committees' made their recommendation(s). This will be demonstrated through the presentation of a formal paper to the Governing Bodies which clearly describes the information received by the Committees and the factors that led to the Committees' recommendation(s). The paper will be prepared by the Committees' Secretary (in conjunction with HR colleagues) and approved by the Committees' Chair. As all members of the Committees are also members of the Governing Bodies, they will be present at meetings to provide any further verbal assurances required by other Governing Body members.

The minutes of the Committees' meetings will be submitted to the Governing Bodies (once formally ratified) for information; however, this will be to provide assurance in relation to its wider role. To avoid unnecessary duplication of discussion on matters relating to remuneration, these aspects of the minutes will be redacted.

d) Decisions on remuneration should fit within the agreed cycle of business. To ensure the timeliness of decision-making, meetings of the Committees should be convened to enable the Governing Bodies to receive the recommendations at the following meeting of the Governing Bodies. This means allowing the appropriate time for the paper to be:

- Drafted by the Committees' secretary;
- Agreed by the Chair; and
- Submitted to the Governing Bodies in line with the required timeframe for receiving papers.

e) The Committees' paper will be presented in the confidential session of the Governing Bodies' meeting. An assessment of any conflicts of interest relating to Governing Body members will be undertaken prior to the meeting and any appropriate management actions put in place. This may require the exclusion of Executive Managers from the item, in which case the quoracy requirements defined in the CCGs' Standing Orders will be adhered to.

f) Decisions on remuneration are only taken by the Governing Bodies. Whilst unlikely, there may be instances where the Governing Bodies:

- Do not feel fully assured on the robustness of the Committees' recommendations; and/or
- Do not agree with the Committees' recommendation(s).

Where this may be the case, the Governing Bodies can:

- Seek further verbal information/assurance from the Committee members present; or
- Request that the Committees hold an extraordinary meeting to review the items again. If this option is selected, the Governing Bodies will clearly set out their comments/concerns about the initial recommendations and direct the Committees with regard to any specific/additional factors they would like the Committees to consider.

g) Decisions on remuneration should not be delayed due to process. If the Governing Bodies request that a recommendation is re-visited, but a deadline is in place, then:

- The Committees have the ability to review and discuss the item(s) again 'virtually' if unable to meet again within the required timeframe; and/or
- The Emergency Powers (defined in each CCGs' Constitution) can be utilised to consider the outcome of the Committees' review and to make a final decision. This will be the final decision and will be reported back to the following meeting of the Governing Bodies.

NB. 'Virtual' decisions still require evidence of scrutiny and the consideration of factors pertinent to the outcome.

- h) The principles of this approach will be reviewed on an ongoing basis.** Feedback from the Committees and the Governing Bodies on the fitness for purpose of this protocol will inform the process going forwards.

Primary Care Commissioning Committee – Terms of Reference

1. Purpose / Status	<p>In accordance with its statutory powers under section 13Z of the National Health Service Act 2006 (as amended), a formal delegation agreement has been issued by NHS England to empower NHS Nottingham North and East CCG to commission primary care medical services for the people of Nottingham North and East.</p> <p>The Primary Care Commissioning Committee has been established in accordance with the CCG's Constitution. The Committee will function as a corporate decision-making body for the management of the delegated functions and the exercise of the delegated powers.</p> <p>Arrangements made under section 13Z do not affect the liability of NHS England for the exercise of any of its functions. However, the CCG acknowledges that in exercising its functions (including those delegated to it), it must comply with the statutory duties set out in Chapter A2 of the NHS Act and the duties shown at Annex A (section 14) of these Terms of Reference.</p> <p>The CCG will also need to specifically, in respect of the delegated functions from NHS England, exercise those in accordance with the relevant provisions of section 13 of the NHS Act.</p> <p>The Committee is subject to any directions made by NHS England or by the Secretary of State.</p> <p>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.</p> <p>The Primary Care Commissioning Committee may meet 'in-common' with the Primary Care Commissioning Committees of NHS Mansfield and Ashfield CCG, NHS Newark and Sherwood CCG, NHS Nottingham City CCG, NHS Nottingham West CCG and NHS Rushcliffe CCG.</p>
2. Duties	<p>The Committee has been established in accordance with the above statutory provisions to enable the committee to make collective decisions on the review, planning and procurement of primary care services in Nottingham North and East CCG, under delegated authority from NHS England.</p> <p>In performing its role the Committee will exercise its management of the functions in accordance with the agreement entered into between NHS England and the CCG, which will sit alongside the delegation and the Terms of Reference.</p> <p>The functions of the Committee are undertaken in the context of a desire to promote increased co-commissioning to increase quality,</p>

	<p>efficiency, productivity and value for money and to remove administrative barriers.</p> <p>The role of the Committee shall be to carry out the functions relating to the commissioning of primary medical services under section 83 of the NHS Act. This includes the following:</p> <ul style="list-style-type: none"> a) 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); b) Newly designed enhanced services (“Local Enhanced Services” and “Directed Enhanced Services”); c) Design of local incentive schemes as an alternative to the Quality Outcomes Framework (QOF); d) Decision making on whether to establish new GP practices in an area; e) Approving practice mergers and/or closures; and f) Making decisions on ‘discretionary’ payments’ (e.g. returner/retainer schemes). g) Making decisions on premises costs directions functions <p>The Committee will also:</p> <ul style="list-style-type: none"> h) Assure itself on the effective management of delegated primary care commissioning arrangements; more specifically, the planning, commissioning and procurement, and contract oversight of primary medical services, including arrangements for monitoring the quality of primary medical services. i) Assure itself that effective arrangements are in place to manage the delegated budget for primary care medical services. j) Oversee delivery of the General Practice Forward View. k) Review and approve policies specific to the Committee’s remit. l) Oversee the identification and management of risks relating to the Committee’s remit.
<p>3. Membership</p>	<p>The Primary Care Commissioning Committee will have nine members, comprised as follows:</p> <p><u>Lay Members</u></p> <ul style="list-style-type: none"> a) Lay Member – Quality and Performance b) Lay Member – Financial Management c) Associate Lay Member – Audit and Governance <p><u>Clinical Members</u></p> <ul style="list-style-type: none"> d) Independent GP Advisor e) Deputy Chief Nurse/Associate Director of Nursing and Personalised Care

	<p><u>Managerial Members</u></p> <ul style="list-style-type: none"> f) Accountable Officer g) Chief Commissioning Officer h) Operational Director of Finance i) Associate Director of Primary Care <p>There will be a standing invitation to the following to offer representation in a non-voting capacity on the Committee:</p> <ul style="list-style-type: none"> a) Member Practice GP Representative b) Nottinghamshire Local Medical Committee c) Healthwatch Nottingham and Nottinghamshire d) Nottinghamshire County Health and Wellbeing Board e) Primary Care Contracting Team of NHS England <p>Other CCG officers may be invited to attend meetings when the Committee is discussing items that fall within their areas of expertise and/or responsibility.</p>
<p>4. Chair and Deputy</p>	<p>The Lay Member – Quality and Performance will Chair the Primary Care Commissioning Committee, with either the Lay Member – Financial Management or Associate Lay Member – Audit and Governance being nominated to deputise in the Chair’s absence.</p>
<p>5. Quorum</p>	<p>The Primary Care Commissioning Committee will be quorate with a minimum of five members, to include:</p> <ul style="list-style-type: none"> a) Two Lay Members; b) One Clinical Member; and c) Either the Accountable Officer or Chief Commissioning Officer <p>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 to speak and vote on their behalf. Committee members are responsible for fully briefing their nominated deputies and for informing the secretariat so that the quorum can be maintained.</p> <p>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.</p> <p>If the quorum has not been reached, then the meeting may proceed if those attending agree, but no decisions may be taken.</p> <p>For the sake of clarity, no person can act in more than one capacity when determining the quorum.</p>
<p>6. Decision-making Arrangements</p>	<p>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 members will be required, the process for which will align to</p>

	<p>that of the Governing Body's, as set out in Standing Order 4.9.</p> <p>The Committee will make decisions within the bounds of its remit. The decisions of the Committee shall be binding on NHS England and NHS Nottingham North and East CCG.</p> <p>On occasion, the Committee 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 monthly meetings of the Committee and in relation to which a decision must be made prior to the next scheduled meeting.</p> <p>Where an urgent decision is required a supporting paper will be circulated to Committee members by the secretary to the Committee.</p> <p>The Committee members may meet either in person, via telephone conference or communicate by email to take an urgent decision. The quorum, as described in section 5, must be adhered to for urgent decisions.</p> <p>A minute of the discussion (including those performed virtually) and decision will be taken by the secretary to the Committee and will be reported to the next meeting of the Committee for formal ratification.</p>
<p>7. Frequency of Meetings</p>	<p>Meetings of the Primary Care Commissioning Committee will be scheduled on a monthly basis and the Committee will meet, as a minimum, on a bi-monthly basis.</p> <p>Meetings of the Primary Care Commissioning Committee, other than those regularly scheduled above, shall be summoned by the secretary to the Committee at the request of the Chair.</p>
<p>8. Admission of public and the press</p>	<p>Meetings of the Primary Care Commissioning Committee will normally be open to the public.</p> <p>However, 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.</p> <p>In the event the public could be excluded from a meeting of the Committee, the CCG shall consider 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.</p> <p>The Chair (or Deputy Chair) or the person presiding over the meeting shall give such directions as he/she thinks fit with regard to the arrangements for meetings and accommodation of the public</p>

	<p>and representatives of the press such as to ensure that the Committee's business shall be conducted without interruption and disruption.</p> <p>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.</p> <p>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.</p> <p>Members of the Committee and any member or employee of the CCG 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.</p>
<p>9. Secretariat and Conduct of Business</p>	<p>Secretariat support will be provided to the Primary Care Commissioning Committee to ensure the day to day work of the Committee is proceeding satisfactorily.</p> <p>Agendas and supporting papers will be circulated no later than five calendar days in advance of meetings and will be distributed by the secretary to the Committee.</p> <p>Any items to be placed on the agenda are to be sent to the secretary no later than seven calendar 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.</p> <p>The Committee agenda will be agreed with the Chair prior to the meeting.</p>
<p>10. Minutes of Meetings</p>	<p>Minutes will be taken at all meetings and presented according the corporate style.</p> <p>The minutes will be ratified by agreement of the Primary Care Commissioning Committee at the following meeting.</p> <p>The Chair of the Committee will agree minutes if they are to be submitted to the Governing Body prior to formal ratification.</p>
<p>11. Conflicts of Interest Management</p>	<p>In advance of any meeting of the Primary Care Commissioning 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.</p> <p>At the beginning of each Committee meeting, members and</p>

	<p>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 declarations will be formally recorded in the minutes for the meeting.</p> <p>The Chair of the Committee will determine how declared interests should be managed, which is likely to involve one of the following actions:</p> <ol style="list-style-type: none"> 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.
<p>12. Reporting Responsibilities and Review of Committee Effectiveness</p>	<p>The Primary Care Commissioning 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.</p> <p>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 Committee will conduct an annual review of its effectiveness to inform this report.</p>
<p>13. Review of Terms of Reference</p>	<p>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.</p> <p>Any proposed amendments to the terms of reference will be submitted to the Governing Body for approval.</p>
<p>14. Annex A</p>	<p>Arrangements made under section 13Z do not affect the liability of NHS England for the exercise of any of its functions. However, the CCG acknowledges that in exercising its functions (including those delegated to it), it must comply with the statutory duties set out in Chapter A2 of the NHS Act and including:</p> <ol style="list-style-type: none"> 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);

	<p>f) Duties as to reducing inequalities (section 14T);</p> <p>g) Duty to promote the involvement of each patient (section 14U);</p> <p>h) Duty as to patient choice (section 14V);</p> <p>i) Duty as to promoting integration (section 14Z1); and</p> <p>j) Public involvement and consultation (section 14Z2).</p> <p>The CCG will also need to specifically, in respect of the delegated functions from NHS England, exercise those set out below:</p> <p>k) Duty to have regard to impact on services in certain areas (section 13O); and</p> <p>l) Duty as respects variation in provision of health services (section 13P).</p>
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Schedule 1 - Delegated Functions

Part 1: Specific obligations regarding the carrying out of each of the delegated functions.

Delegated Function	Specific Obligations
<p>1. Primary Medical Services Contract Management</p>	<p>The CCG must:</p> <ol style="list-style-type: none"> a) Manage the Primary Medical Services Contracts on behalf of NHS England and perform all of NHS England's obligations under each of the Primary Medical Services Contracts in accordance with the terms of the Primary Medical Services Contracts as if it were named in the contract in place of NHS England; b) Actively manage the performance of the counter-party to the Primary Medical Services Contracts in order to secure the needs of people who use the services, improve the quality of services and improve efficiency in the provision of the services including by taking timely action to enforce contractual breaches and serve notice; c) Ensure that it obtains value for money under the Primary Medical Services Contracts on behalf of NHS England and avoids making any double payments under any Primary Medical Services Contracts; d) Comply with all current and future relevant national Guidance regarding PMS reviews and the management of practices receiving Minimum Practice Income Guarantee (MPIG) (including without limitation the Framework for Personal Medical Services (PMS) Contracts Review guidance published by NHS England in September 2014 (http://www.england.nhs.uk/wp-content/uploads/2014/09/pms-review-guidance-sept14.pdf)); e) Notify NHS England immediately (or in any event within two (2) Operational Days) of any breach by the CCG of its obligations to perform any of NHS England's obligations under the Primary Medical Services Contracts; f) Keep a record of all of the Primary Medical Services Contracts that the CCG manages on behalf of NHS England setting out the following details in relation to each Primary Medical Services Contract: <ul style="list-style-type: none"> • Name of counter-party; • Location of provision of services; and • Amounts payable under the contract (if a contract sum is payable) or amount payable in respect of each patient (if there is no contract sum). g) For the avoidance of doubt, all Primary Medical Services Contracts will be in the name of NHS England. h) The CCG must comply with any Guidance in relation to the issuing and signing of Primary Medical Services

Delegated Function	Specific Obligations
	<p>Contracts in the name of NHS England.</p> <p>i) The CCG must actively manage each of the relevant Primary Medical Services Contracts including by:</p> <ul style="list-style-type: none"> • Managing the relevant Primary Medical Services Contract, including in respect of quality standards, incentives and the QOF, observance of service specifications, and monitoring of activity and finance; • Assessing quality and outcomes (including clinical effectiveness, patient experience and patient safety); • Managing variations to the relevant Primary Medical Services Contract or services in accordance with national policy, service user needs and clinical developments; • Agreeing information and reporting requirements and managing information breaches (which will include use of the HSCIC IG Toolkit SIRI system); • Agreeing local prices, managing agreements or proposals for local variations and local modifications; • Conducting review meetings and undertaking contract management including the issuing of contract queries and agreeing any remedial action plan or related contract management processes; and • Complying with and implementing any relevant Guidance issued from time to time. <p>j) In relation to any new Primary Medical Services Contract to be entered into, the CCG must:</p> <ul style="list-style-type: none"> • Consider and use the form of Primary Medical Services Contract that will ensure compliance with NHS England's obligations under Law including the Public Contracts Regulations 2015/102 and the National Health Service (Procurement, Patient Choice and Competition) (No. 2) Regulations 2013/500 taking into account the persons to whom such Primary Medical Services Contracts may be awarded; • Provide to NHS England confirmation as required from time to time that it has considered and complied with its obligations under this Agreement and the Law; and • For the avoidance of doubt, Schedule 3 (Financial and Decision-Making Limits) deals with the sign off requirements for Primary Medical Services Contracts.
2. Enhanced Services	<p>a) The CCG must manage the design and commissioning of Enhanced Services, including re-commissioning these services annually where appropriate.</p> <p>b) The CCG must ensure that it complies with any Guidance in relation to the design and commissioning of Enhanced Services.</p> <p>c) When commissioning newly designed Enhanced Services, the CCG must:</p> <ul style="list-style-type: none"> • Consider the needs of the local population in the Area;

Delegated Function	Specific Obligations
	<ul style="list-style-type: none"> • Support Data Controllers in providing 'fair processing' information as required by the DPA; • Develop the necessary specifications and templates for the Enhanced Services, as required to meet the needs of the local population in the Area; • When developing the necessary specifications and templates for the Enhanced Services, ensure that value for money will be obtained; • Consult with Local Medical Committees, each relevant Health and Wellbeing Board and other stakeholders in accordance with the duty of public involvement and consultation under section 14Z2 of the NHS Act; • Obtain the appropriate read codes, to be maintained by the HSCIC; • Liaise with system providers and representative bodies to ensure that the system in relation to the Enhanced Services will be functional and secure; and • Support GPs in entering into data processing agreements with data processors in the terms required by the DPA.
<p>3. Design of Local Incentive Schemes</p>	<p>a) The CCG may design and offer Local Incentive Schemes for GP practices, sensitive to the needs of their particular communities, in addition to or as an alternative to the national framework (including as an alternative to QOF or directed Enhanced Services), provided that such schemes are voluntary and the CCG continues to offer the national schemes.</p> <p>b) There is no formal approvals process that the CCG must follow to develop a Local Incentive Scheme, although any proposed new Local Incentive Scheme:</p> <ul style="list-style-type: none"> • Is subject to consultation with the Local Medical Committee; • Must be able to demonstrate improved outcomes, reduced inequalities and value for money; and • Must reflect the changes agreed as part of the national PMS reviews. <p>c) The ongoing assurance of any new Local Incentive Schemes will form part of the CCG's assurance process under the CCG Assurance Framework.</p> <p>d) Any new Local Incentive Scheme must be implemented without prejudice to the right of GP practices operating under a GMS Contract to obtain their entitlements which are negotiated and set nationally.</p> <p>e) NHS England will continue to set national standing rules, to be reviewed annually, and the CCG must comply with these rules which shall for the purposes of this Agreement be Guidance.</p>

Delegated Function	Specific Obligations
4. Making Decisions on Discretionary Payments	a) The CCG must manage and make decisions in relation to the discretionary payments to be made to GP practices in a consistent, open and transparent way. b) The CCG must exercise its discretion to determine the level of payment to GP practices of discretionary payments, in accordance with the Statement of Financial Entitlements Directions.
5. Making Decisions about Commissioning Urgent Care for Out of Area Registered Patients	a) The CCG must manage the design and commissioning of urgent care services (including home visits as required) for its patients registered out of area (including re-commissioning these services annually where appropriate). b) The CCG must ensure that it complies with any Guidance in relation to the design and commissioning of these services.
6. Planning the Provider Landscape	a) The CCG must plan the primary medical services provider landscape in the Area, including considering and taking decisions in relation to: <ul style="list-style-type: none"> • Establishing new GP practices in the Area; • Managing GP practices providing inadequate standards of patient care; • The procurement of new Primary Medical Services Contracts (in accordance with any procurement protocol issued by NHS England from time to time); • Closure of practices and branch surgeries; • Dispersing the lists of GP practices; • Agreeing variations to the boundaries of GP practices; and • Coordinating and carrying out the process of list cleansing in relation to GP practices, according to any policy or Guidance issued by NHS England from time to time.
7. Approving GP Practice Mergers and Closures	a) The CCG is responsible for approving GP practice mergers and GP practice closures in the Area. b) The CCG must undertake all necessary consultation when taking any decision in relation to GP practice mergers or GP practice closures in the Area, including those set out under section 14Z2 of the NHS Act (duty for public involvement and consultation). The consultation undertaken must be appropriate and proportionate in the circumstances and should include consulting with the Local Medical Committee. c) Prior to making any decision, the CCG must be able to clearly demonstrate the grounds for such a decision and must have fully considered any impact on the GP practice's registered population and that of surrounding practices. The CCG must be able to clearly demonstrate that it has considered other options

Delegated Function	Specific Obligations
	<p>and has entered into dialogue with the GP contractor as to how any closure or merger will be managed.</p> <p>d) In making any decisions, the CCG shall also take account of its obligations as set out at 1 j) above, where applicable.</p>
<p>8. Information Sharing with NHS England in relation to the Delegated Functions</p>	<p>a) The CCG must provide NHS England with:</p> <ul style="list-style-type: none"> • Such information relating to individual GP practices in the Area as NHS England may reasonably request, to ensure that NHS England is able to continue to gather national data regarding the performances of GP practices; • Such data/data sets as required by NHS England to ensure population of the primary medical services dashboard; • Any other data/data sets as required by NHS England; and • The CCG shall procure that providers accurately record and report information so as to allow NHS England and other agencies to discharge their functions. <p>b) The CCG must use the NHS England approved primary medical services dashboard, as updated from time to time, for the collection and dissemination of information relating to GP practices.</p> <p>c) The CCG must (where appropriate) use the NHS England approved GP exception reporting service (as notified to the CCGs by NHS England from time to time).</p> <p>d) The CCG must provide any other information, and in any such form, as NHS England considers necessary and relevant.</p> <p>e) NHS England reserves the right to set national standing rules (which may be considered Guidance for the purpose of this Agreement), as needed, to be reviewed annually. NHS England will work with CCGs to agree rules for, without limitation, areas such as the collection of data for national data sets and IT intra-operability. Such national standing rules set from time to time shall be deemed to be part of this Agreement.</p>
<p>9. Making Decisions in relation to Management of Poorly Performing GP Practices</p>	<p>a) The CCG must make decisions in relation to the management of poorly performing GP practices and including, without limitation, decisions and liaison with the CQC where the CQC has reported non-compliance with standards (but excluding any decisions in relation to the performers list).</p> <p>b) The CCG must:</p> <ul style="list-style-type: none"> • Ensure regular and effective collaboration with the CQC to ensure that information on general practice

Delegated Function	Specific Obligations
	<p>is shared and discussed in an appropriate and timely manner;</p> <ul style="list-style-type: none"> • Ensure that any risks identified are managed and escalated where necessary; • Respond to CQC assessments of GP practices where improvement is required; • Where a GP practice is placed into special measures, lead a quality summit to ensure the development and monitoring of an appropriate improvement plan (including a communications plan and actions to manage primary care resilience in the locality); and • Take appropriate contractual action in response to CQC findings.
10. Premises Costs Directions Functions	<p>a) The CCG must comply with the Premises Costs Directions and will be responsible for making decisions in relation to the Premises Costs Directions Functions.</p> <p>b) In particular, the CCG shall make decisions concerning:</p> <ul style="list-style-type: none"> • Applications for new payments under the Premises Costs Directions (whether such payments are to be made by way of grants or in respect of recurring premises costs); and • Revisions to existing payments being made under the Premises Costs Directions. <p>c) The CCG must comply with any decision-making limits set out in Schedule 3 (Financial and Decision-Making Limits) when taking decisions in relation to the Premises Costs Directions Functions.</p> <p>d) The CCG will comply with any guidance issued by the Secretary of State or NHS England in relation to the Premises Costs Directions, including the Principles of Best Practice, and any other Guidance in relation to the Premises Costs Directions.</p> <p>e) The CCG must work cooperatively with other CCGs to manage premises and strategic estates planning.</p> <p>f) The CCG must liaise where appropriate with NHS Property Services Limited and Community Health Partnerships Limited in relation to the Premises Costs Directions Functions.</p>

Part 2: General obligations regarding the carrying out of the delegated functions.

Delegated Function	General Obligations
1. Planning and reviews	<p>a) The CCG is responsible for planning the commissioning of primary medical services. The role of the CCG includes:</p> <ul style="list-style-type: none"> • Carrying out primary medical health needs assessments (to be developed by the CCG) to help

Delegated Function	General Obligations
	<p>determine the needs of the local population in the Area;</p> <ul style="list-style-type: none"> • Recommending and implementing changes to meet any unmet primary medical service needs; and • Undertaking regular reviews of the primary medical health needs of the local population in the Area.
2. Procurement and new contracts	<p>a) The CCG will make procurement decisions relevant to the exercise of the Delegated Functions and in accordance with the detailed arrangements regarding procurement set out in the procurement protocol issued and updated by NHS England from time to time.</p> <p>b) In discharging its responsibilities, the CCG must comply at all times with Law including its obligations set out in the National Health Service (Procurement, Patient Choice and Competition) (No. 2) Regulations 2013/500 and any other relevant statutory provisions. The CCG must have regard to any relevant guidance, particularly Monitor’s guidance Substantive guidance on the Procurement, Patient Choice and Competition Regulations (https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/283505/SubstantiveGuidanceDec2013_0.pdf).</p> <p>c) Where the CCG wishes to develop and offer a locally designed contract, it must ensure that it has consulted with its Local Medical Committee in relation to the proposal and that it can demonstrate that the scheme will:</p> <ul style="list-style-type: none"> • Improve outcomes; • Reduce inequalities; and • Provide value for money.
3. Integrated working	<p>a) The CCG must take an integrated approach to working and co-ordinating with stakeholders including NHS England, Local Professional Networks, local authorities, Healthwatch, acute and community providers, the Local Medical Committee, Public Health England and other stakeholders.</p> <p>b) The CCG must work with NHS England and other CCGs to co-ordinate a common approach to the commissioning of primary medical services generally.</p> <p>c) The CCG and NHS England will work together to coordinate the exercise of their respective performance management functions.</p>
4. Resourcing	<p>a) NHS England may, at its discretion provide support or staff to the CCG. NHS England may, when exercising such discretion, take into account, any relevant factors (including without limitation the size of the</p>

Delegated Function	General Obligations
	CCG, the number of Primary Medical Services Contracts held and the need for the Local NHS England Team to continue to deliver the Reserved Functions).

Schedule 2 - Reserved Functions

This Schedule sets out further provision regarding the carrying out of the reserved functions. The CCG will work collaboratively with NHS England and will support and assist NHS England to carry out the reserved functions.

Reserved function	Further provisions
<p>1. Management of the national performers list</p>	<p>a) NHS England will continue to perform its primary medical care functions under the National Health Service (Performers Lists) (England) Regulations 2013.</p> <p>b) NHS England's functions in relation to the management of the national performers list include:</p> <ul style="list-style-type: none"> • Considering applications and decision-making in relation to inclusion on the national performers list, inclusion with conditions and refusals; • Identifying, managing and supporting primary care performers where concerns arise; and • Managing suspension, imposition of conditions and removal from the national performers list. <p>c) NHS England may hold local Performance Advisory Group ("PAG") meetings to consider all complaints or concerns that are reported to NHS England in relation to a named performer and NHS England will determine whether an initial investigation is to be carried out.</p> <p>d) NHS England may notify the CCG of all relevant PAG meetings at least seven (7) days in advance of such meetings. NHS England may require a representative of the CCG to attend such meetings to discuss any performer concerns and/or quality issues that may impact on individual performer cases.</p> <p>e) The CCG must develop a mechanism to ensure that all complaints regarding any named performer are escalated to the Local NHS England Team for review. The CCG will comply with any Guidance issued by NHS England in relation to the escalation of complaints about a named performer.</p>
<p>2. Management of the revalidation and appraisal process</p>	<p>a) NHS England will continue to perform its functions under the Medical Profession (Responsible Officers) Regulations 2010 (as amended by the Medical Profession (Responsible Officers) (Amendment) Regulations 2013).</p> <p>b) All functions in relation to GP appraisal and revalidation will remain the responsibility of NHS England, including:</p> <ul style="list-style-type: none"> • The funding of GP appraisers; • Quality assurance of the GP appraisal process; and • The responsible officer network. <p>c) Funding to support the GP appraisal is incorporated within the global sum payment to GP practices.</p> <p>d) The CCG must not remove or restrict the payments made to</p>

Reserved function	Further provisions
	GP practices in respect of GP appraisal.
3. Administration of payments and related performers list management activities	<p>a) NHS England reserves its functions in relation to the administration of payments to individual performers and related performers list management activities under the National Health Service (Performers Lists) (England) Regulations 2013 and other relevant legislation.</p> <p>b) NHS England may continue to pay GPs who are suspended from the national performers list under the Secretary of State's Determination: Payments to Medical Practitioners Suspended from the Medical Performers List (1 April 2013).</p> <p>c) For the avoidance of doubt, the CCG is responsible for any ad hoc or discretionary payments to GP practices (including those under section 96 of the NHS Act), including where such payments may be considered a consequence of actions taken under the National Health Service (Performers Lists) (England) Regulations 2013.</p>
4. Section 7A Functions	<p>a) NHS England retains the Section 7A Functions and will be responsible for taking decisions in relation to the Section 7A Functions.</p> <p>b) The CCG will provide certain management and/or administrative services to NHS England in relation to the Section 7A Functions.</p>
5. Capital Expenditure Functions	<p>c) NHS England retains the Capital Expenditure Functions and will be responsible for taking decisions in relation to the Capital Expenditure Functions.</p>
6. Functions in relation to complaints management	<p>a) NHS England retains its functions in relation to complaints management and will be responsible for taking decisions in relation to the management of complaints. Such complaints include (but are not limited to):</p> <ul style="list-style-type: none"> • Complaints about GP practices and individual named performers; • Controlled drugs; and • Whistleblowing in relation to a GP practice or individual performer. <p>b) The CCG must immediately notify the Local NHS England Team of all complaints received by or notified to the CCG and must send to the Local NHS England Team copies of any relevant correspondence.</p> <p>c) The CCG must co-operate fully with NHS England in relation to any complaint and any response to such complaint.</p> <p>d) NHS England may ask the CCG to provide certain management and/or administrative services to NHS England (from a date to be notified by NHS England to the CCG) in relation to the handling and consideration of complaints.</p>

Reserved function	Further provisions
<p>7. Such other ancillary activities that are necessary in order to exercise the Reserved Functions</p>	<p>a) NHS England will carry out such other ancillary activities that are necessary in order for NHS England to exercise the Reserved Functions.</p> <p>b) NHS England will continue to comply with its obligations under the Controlled Drugs (Supervision of Management and Use) Regulations 2013.</p> <p>c) The CCG must assist NHS England’s controlled drug accountable officer (“CDAO”) to carry out its functions under the Controlled Drugs (Supervision of Management and Use) Regulations 2013.</p> <p>d) The CCG must nominate a relevant senior individual within the CCG (the “CCG CD Lead”) to liaise with and assist NHS England to carry out its functions under the Controlled Drugs (Supervision of Management and Use) Regulations 2013.</p> <p>e) The CCG CD Lead must, in relation to the Delegated Functions:</p> <ul style="list-style-type: none"> • On request provide NHS England’s CDAO with all reasonable assistance in any investigation involving primary medical care services; • Report all complaints involving controlled drugs to NHS England’s CDAO; • Report all incidents or other concerns involving the safe use and management of controlled drugs to NHS England’s CDAO; • Analyse the controlled drug prescribing data available; and • On request supply (or ensure organisations from whom the CCG commissions services involving the regular use of controlled drugs supply) periodic self–declaration and/or self-assessments to NHS England’s CDAO.

Schedule 3 – Financial and Decision-Making Limits

The CCG has certain limitations placed on it in relation to its delegated functions, which need to be kept in mind when decisions are being made. This Schedule sets out three specific categories where decisions can only be taken following the receipt of prior approval from NHS England. The individuals that need to be involved in the decision-making process are also set out below.

Decision	NHS England Approval	CCG Approval
Taking any step or action in relation to the settlement of a claim, where the value of the settlement exceeds £100,000.	NHS England Head of Legal Services and Local NHS England Team Director or Director of Finance	Accountable Officer or Chief Finance Officer or Chair
Any matter in relation to the delegated functions which is novel, contentious or repercussive.	Local NHS England Team Director or Director of Finance or NHS England Regional Director or Director of Finance or NHS England Chief Executive or Chief Financial Officer	Accountable Officer or Chief Finance Officer or Chair
The entering into any Primary Medical Services Contract, which has, or is capable of having, a term which exceeds five years.	Local NHS England Team Director or Director of Finance	Accountable Officer or Chief Finance Officer or Chair

Quality, Safeguarding and Performance Committee – Terms of Reference

<p>1. Purpose</p>	<p>The Quality, Safeguarding and Performance Committee exists to scrutinise arrangements for ensuring the quality of CCG commissioned services, scrutinise the robustness of safeguarding arrangements, and to oversee the development, implementation and monitoring of performance management arrangements.</p> <p>The Committee also monitors equality performance in relation to health outcomes, patient access and experience, and promotes a culture of continuous quality improvement.</p>
<p>2. Status</p>	<p>The Quality, Safeguarding and Performance Committee is established in accordance with the CCG's constitution. It is a committee of, and accountable to, the Governing Body.</p> <p>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.</p> <p>The Quality, Safeguarding and Performance Committee may meet 'in-common' with the Quality, Safeguarding and Performance Committees of NHS Mansfield and Ashfield CCG, NHS Newark and Sherwood CCG, NHS Nottingham City CCG, NHS Nottingham West CCG and NHS Rushcliffe CCG.</p>
<p>3. Duties</p>	<ul style="list-style-type: none"> a) Scrutinise arrangements for monitoring the quality of commissioned services. b) Seek assurance that quality outcomes and benefits in commissioned services are being achieved through a range of processes, highlighting good practice and areas of concern and recommend changes in practice through the commissioning process. c) Review the annual Quality Accounts prepared by the CCG's main providers prior to final sign off. d) Scrutinise arrangements for safeguarding vulnerable adults and children in line with the CCG's statutory requirements. e) Scrutinise arrangements for ensuring that patient feedback and engagement are embedded in the commissioning cycle and meeting legal duties. f) Monitor delivery of the CCG's equality improvement plan in relation to Goals 1 and 2 of the NHS Equality Delivery System (better health outcomes for all / improved patient access and experience) g) Oversee the performance management framework, including scrutiny of identified action plans to address shortfalls in

	<p>performance against national and local health targets and performance standards.</p> <p>h) Scrutinise the effectiveness of interventions where deteriorating provider performance could compromise health outcomes or quality of service.</p> <p>i) Oversee arrangements for data quality to ensure confidence in the performance information being used for monitoring and reporting purposes.</p> <p>j) Review and approve policies specific to the Committee's remit.</p> <p>k) Oversee the identification and management of risks relating to the Committee's remit.</p>
4. Membership	<p>The Quality, Safeguarding and Performance Committee will have 15 members, comprised as follows:</p> <p><u>Lay Members</u></p> <p>a) Lay Member – Quality and Performance</p> <p>b) Lay Member – Patient and Public Involvement</p> <p>c) Associate Lay Member – Quality and Performance</p> <p><u>Clinical Members</u></p> <p>a) Three GP Advisors</p> <p>b) Chief Nurse/Director of Quality and Governance</p> <p>c) Deputy Chief Nurse/Associate Director of Nursing and Personalised Care</p> <p>d) Associate Director of Nursing and Outcomes.</p> <p>e) Chief Pharmacist</p> <p><u>Managerial Members</u></p> <p>f) Chief Finance Officer</p> <p>g) Director of Transition Operations</p> <p>h) Associate Director of Joint Commissioning and Planned Care.</p> <p>i) Associate Director of Commissioning, Contracting and Performance – Mental Health and Community</p> <p>j) Associate Director of Performance and Information</p> <p>Other officers may be invited to attend meetings when the Committee is discussing matters that fall within their areas of responsibility.</p>
5. Chair and Deputy	<p>The Lay Member – Quality and Performance will Chair the Quality, Safeguarding and Performance Committee, with either the Lay Member – Patient and Public Involvement or Associate Lay Member – Quality and Performance being nominated to deputise in the Chair's absence.</p>
6. Quorum and Decision-making Arrangements	<p>The Quality, Safeguarding and Performance Committee will be quorate with a minimum of six members, to include two lay members, two clinical members (of which one must be the Chief</p>

	<p>Nurse or Deputy Chief Nurse and two managerial members.</p> <p>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 to speak and vote on their behalf. Committee members are responsible for fully briefing their nominated deputies and for informing the secretariat so that the quorum can be maintained.</p> <p>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.</p> <p>If the quorum has not been reached, then the meeting may proceed if those attending agree, but no decisions may be taken.</p> <p>For the sake of clarity, no person can act in more than one capacity when determining the quorum.</p> <p>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.</p>
7. Frequency of Meetings	<p>The Quality, Safeguarding and Performance Committee will meet on a monthly basis.</p> <p>Meetings of the Committee, other than those regularly scheduled above, shall be summoned by the secretary to the Committee at the request of the Chair.</p>
8. Secretariat and Conduct of Business	<p>Secretariat support will be provided to the Quality, Safeguarding and Performance Committee to ensure the day to day work of the Committee is proceeding satisfactorily.</p> <p>Agendas and supporting papers will be circulated no later than five calendar days in advance of meetings and will be distributed by the secretary to the Committee.</p> <p>Any items to be placed on the agenda are to be sent to the secretary no later than seven calendar 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.</p> <p>The Committee agenda will be agreed with the Chair prior to the meeting.</p>
9. Minutes of Meetings	<p>Minutes will be taken at all meetings and presented according the corporate style.</p> <p>The minutes will be ratified by agreement of the Quality, Safeguarding and Performance Committee at the following meeting.</p> <p>The Chair of the Committee will agree minutes if they are to be submitted to the Governing Body prior to formal ratification.</p>
10. Conflicts of Interest	<p>In advance of any meeting of the Quality, Safeguarding and Performance Committee, consideration will be given as to whether</p>

<p>Management</p>	<p>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.</p> <p>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 declarations will be formally recorded in the minutes for the meeting.</p> <p>The Chair of the Committee will determine how declared interests should be managed, which is likely to involve one the following actions:</p> <ol style="list-style-type: none"> 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.
<p>11. Reporting Responsibilities and Review of Committee Effectiveness</p>	<p>The Quality, Safeguarding and Performance 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.</p> <p>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 Committee will conduct an annual review of its effectiveness to inform this report.</p>
<p>12. Review of Terms of Reference</p>	<p>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.</p> <p>Any proposed amendments to the terms of reference will be submitted to the Governing Body for approval.</p>

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Finance and Turnaround Committee – Terms of Reference

<p>1. Purpose</p>	<p>The Finance and Turnaround Committee exists to scrutinise arrangements for ensuring the delivery of the CCG’s statutory financial duties, including the achievement of the CCG’s Financial Recovery Plan and QIPP targets.</p> <p>The Committee will review the monthly financial performance and identify key issues and risks requiring discussion or decision by the Governing Body.</p>
<p>2. Status</p>	<p>The Finance and Turnaround Committee is established in accordance with the CCG’s constitution. It is a committee of, and accountable to, the Governing Body.</p> <p>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.</p> <p>The Finance and Turnaround Committee may meet ‘in-common’ with the Finance and Turnaround Committees of NHS Mansfield and Ashfield CCG, NHS Newark and Sherwood CCG, NHS Nottingham City CCG, NHS Nottingham West CCG and NHS Rushcliffe CCG.</p>
<p>3. Duties</p>	<ol style="list-style-type: none"> a) Oversee the development of the CCGs’ finance strategies and annual financial plans (prior to approval by the Governing Body). b) Monitor progress against financial plans and approved budgets, scrutinising the adequacy of proposed remedial action plans where plan delivery is off target. c) Scrutinise the reported position on finance, triangulating finance, QIPP and contract activity information. d) Scrutinise major shifts in spending, demand pressures and triangulation with financial recovery/turnaround plans. e) Oversee arrangements for data quality to ensure confidence in the contract activity and finance information being used for monitoring and reporting purposes. f) Review and approve policies specific to the Committee’s remit. g) Oversee the identification and management of risks relating to the Committee’s remit.
<p>4. Membership</p>	<p>The Finance and Turnaround Committee will have 14 members, comprised as follows:</p> <p><u>Lay Members</u></p> <ol style="list-style-type: none"> a) Lay Member – Financial Management b) Lay Deputy Chair of the Governing Body c) Lay Member – Audit and Governance

	<p><u>Clinical Members</u></p> <p>a) Three GP Advisors</p> <p><u>Managerial Members</u></p> <p>b) Accountable Officer</p> <p>c) Chief Finance Officer</p> <p>d) Director of Special Projects</p> <p>e) Operational Director of Finance</p> <p>f) Associate Director of Commissioning – Acute Contracts</p> <p>g) Associate Director of Commissioning, Contracting and Performance – Mental Health and Community.</p> <p>h) Associate Director of Performance and Information</p> <p>i) Associate Director of Joint Commissioning and Planned Care</p> <p>Other officers may be invited to attend meetings when the Committee is discussing matters that fall within their areas of responsibility.</p>
<p>5. Chair and Deputy</p>	<p>The Lay Member – Financial Management will Chair the Finance and Turnaround Committee, with the either the Lay Deputy Chair of the Governing Body or the Lay Member – Audit and Governance being nominated to deputise in the Chair’s absence.</p>
<p>6. Quorum and Decision-making Arrangements</p>	<p>The Finance and Turnaround Committee will be quorate with a minimum of six members, to include two lay members and one clinical member.</p> <p>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 to speak and vote on their behalf. Committee members are responsible for fully briefing their nominated deputies and for informing the secretariat so that the quorum can be maintained.</p> <p>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.</p> <p>If the quorum has not been reached, then the meeting may proceed if those attending agree, but no decisions may be taken.</p> <p>For the sake of clarity, no person can act in more than one capacity when determining the quorum.</p> <p>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.</p>
<p>7. Frequency of Meetings</p>	<p>The Finance and Turnaround Committee will meet on a monthly basis.</p> <p>Meetings of the Committee, other than those regularly scheduled above, shall be summoned by the secretary to the Committee at the</p>

	request of the Chair.
8. Secretariat and Conduct of Business	<p>Secretariat support will be provided to the Finance and Turnaround Committee to ensure the day to day work of the Committee is proceeding satisfactorily.</p> <p>Agendas and supporting papers will be circulated no later than five calendar days in advance of meetings and will be distributed by the secretary to the Committee.</p> <p>Any items to be placed on the agenda are to be sent to the secretary no later than seven calendar 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.</p> <p>The Committee agenda will be agreed with the Chair prior to the meeting.</p>
9. Minutes of Meetings	<p>Minutes will be taken at all meetings and presented according the corporate style.</p> <p>The minutes will be ratified by agreement of the Finance and Turnaround Committee at the following meeting.</p> <p>The Chair of the Committee will agree minutes if they are to be submitted to the Governing Body prior to formal ratification.</p>
10. Conflicts of Interest Management	<p>In advance of any meeting of the Finance and Turnaround 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.</p> <p>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 declarations will be formally recorded in the minutes for the meeting.</p> <p>The Chair of the Committee will determine how declared interests should be managed, which is likely to involve one the following actions:</p> <ol style="list-style-type: none"> 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	The Finance and Turnaround Committee will report to the

<p>Responsibilities and Review of Committee Effectiveness</p>	<p>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.</p> <p>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 Committee will conduct an annual review of its effectiveness to inform this report.</p>
<p>12. Review of Terms of Reference</p>	<p>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.</p> <p>Any proposed amendments to the terms of reference will be submitted to the Governing Body for approval.</p>

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Strategic Commissioning Committee – Terms of Reference

<p>1. Purpose</p>	<p>The Strategic Commissioning Committee exists to evaluate, scrutinise and quality assure the clinical and cost effectiveness of business case proposals for new investments, recurrent funding allocations and decommissioning and disinvestment of services. This will include assessment of any associated equality and quality impacts arising from proposals and feedback from patient and public engagement/consultation activities where necessary.</p> <p>The Committee will also ensure that the CCG’s procurement responsibilities are appropriately discharged, including oversight of annual procurement plans.</p>
<p>2. Status</p>	<p>The Strategic Commissioning Committee is established in accordance with the CCG’s constitution. It is a committee of, and accountable to, the Governing Body.</p> <p>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.</p> <p>The Strategic Commissioning Committee may meet ‘in-common’ with the Strategic Commissioning Committees of NHS Mansfield and Ashfield CCG, NHS Newark and Sherwood CCG, NHS Nottingham City CCG, NHS Nottingham West CCG and NHS Rushcliffe CCG.</p>
<p>3. Duties</p>	<p>a) Oversee the development and ongoing review of the CCG’s ethical decision-making framework, established to promote fairness and consistency in decision making and ensure that the reasons behind commissioning decisions are clear and comprehensive. The ethical decision-making framework will be Governing Body approved following recommendation by the Committee.</p> <p>b) Make commissioning decisions in line with the financial limits delegated by the Governing Body (as set out within the Standing Financial Instructions), or make recommendations to the Governing Body for decisions that exceed the delegated financial limits, or where proposals are considered to set precedent, are novel, contentious or repercussive.</p> <p>When making decisions, the Committee will ensure that:</p> <ul style="list-style-type: none"> i) Appropriate evidence is available to demonstrate clinical and cost effectiveness, including consideration of benchmarking information where available. ii) Appropriate Quality, Equality and Data Protection Impact Assessments are completed and their findings considered. This will include consideration of the collective impact of

	<p>previous decisions and current and future proposals.</p> <p>iii) Appropriate stakeholder engagement and consultation takes place and is considered.</p> <p>iv) Appropriate information on wider commissioning decisions and services across the health and social care system is considered.</p> <p>c) Periodically review decisions taken to ensure the consistency of decision making and to consider potential improvements to the prioritisation process.</p> <p>d) Evaluate the return on investment of funded healthcare services in terms of reduced health inequalities and improved health outcomes.</p> <p>e) Review and approve annual procurement plans and monitor their implementation, making decisions on procurement approach and contract awards, in line with the financial limits delegated by the Governing Body (as set out within the Standing Financial Instructions).</p> <p>f) Review and approve policies specific to the Committee's remit.</p> <p>g) Oversee the identification and management of risks relating to the Committee's remit.</p>
<p>4. Membership</p>	<p>The Strategic Commissioning Committee will have 12 members, comprised as follows:</p> <p><u>Lay Members</u></p> <p>a) Lay Deputy Chair of the Governing Body</p> <p>b) Lay Member – Audit and Governance</p> <p>c) Associate Lay Member – Quality and Performance</p> <p><u>Clinical Members</u></p> <p>d) Three GP Advisors</p> <p>e) Chief Nurse/Director of Quality and Governance</p> <p><u>Managerial Members</u></p> <p>f) Accountable Officer</p> <p>g) Chief Finance Officer</p> <p>h) Chief Commissioning Officer</p> <p>i) Director of Special Projects</p> <p>j) Associate Director of Procurement and Commercial Development</p> <p>Other officers may be invited to attend meetings when the Committee is discussing matters that fall within their areas of responsibility.</p>
<p>5. Chair and Deputy</p>	<p>The Lay Deputy Chair of the Governing Body will Chair the Strategic Commissioning Committee, with either the Lay Member – Audit and Governance or Associate Lay Member – Quality and Performance</p>

	being nominated to deputise in the Chair's absence.
6. Quorum	<p>The Strategic Commissioning Committee will be quorate with a minimum of six members, to include two Lay Members, two clinical members and two managerial members.</p> <p>To ensure that the quorum can be maintained, Committee members are able to nominate a suitable deputy to attend a meeting of the Committee that they are unable to attend to speak and vote on their behalf. Committee members are responsible for fully briefing their nominated deputies and for informing the secretariat so that the quorum can be maintained.</p> <p>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. For agenda items where all three GP Advisors are not permitted to take part in the Committee's discussions/decision-making, then the Committee will be quorate with one clinical member (or their nominated deputy) present.</p> <p>If the quorum has not been reached, then the meeting may proceed if those attending agree, but no decisions may be taken.</p> <p>For the sake of clarity, no person can act in more than one capacity when determining the quorum.</p>
7. Decision-making Arrangements	<p>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.</p> <p>On occasion, the Committee 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 monthly meetings of the Committee and in relation to which a decision must be made prior to the next scheduled meeting.</p> <p>Where an urgent decision is required a supporting paper will be circulated to Committee members by the secretary to the Committee.</p> <p>The Committee 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.</p> <p>A minute of the discussion (including those performed virtually) and decision will be taken by the secretary to the Committee and will be reported to the next meeting of the Committee for formal ratification.</p>
8. Frequency of Meetings	<p>Meetings of the Strategic Commissioning Committee will be scheduled on a monthly basis and the Committee will meet, as a minimum, on a bi-monthly basis.</p> <p>Meetings of the Committee, other than those regularly scheduled</p>

	<p>above, shall be summoned by the secretary to the Committee at the request of the Chair.</p>
<p>9. Secretariat and Conduct of Business</p>	<p>Secretariat support will be provided to the Strategic Commissioning Committee to ensure the day to day work of the Committee is proceeding satisfactorily.</p> <p>Agendas and supporting papers will be circulated no later than five calendar days in advance of meetings and will be distributed by the secretary to the Committee.</p> <p>Any items to be placed on the agenda are to be sent to the secretary no later than seven calendar 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.</p> <p>The Committee agenda will be agreed with the Chair prior to the meeting.</p>
<p>10. Minutes of Meetings</p>	<p>Minutes will be taken at all meetings and presented according to the corporate style.</p> <p>The minutes will be ratified by agreement of the Strategic Commissioning Committee at the following meeting.</p> <p>The Chair of the Committee will agree minutes if they are to be submitted to the Governing Body prior to formal ratification.</p>
<p>11. Conflicts of Interest Management</p>	<p>In advance of any meeting of the Strategic Commissioning 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.</p> <p>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 declarations will be formally recorded in the minutes for the meeting.</p> <p>The Chair of the Committee will determine how declared interests should be managed, which is likely to involve one of the following actions:</p> <ol style="list-style-type: none"> 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.

<p>12. Reporting Responsibilities and Review of Committee Effectiveness</p>	<p>The Strategic Commissioning 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.</p> <p>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 Committee will conduct an annual review of its effectiveness to inform this report.</p>
<p>13. Review of Terms of Reference</p>	<p>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.</p> <p>Any proposed amendments to the terms of reference will be submitted to the Governing Body for approval.</p>

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Clinical Effectiveness Committee – Terms of Reference

<p>1. Purpose</p>	<p>The Clinical Effectiveness Committee exists to provide advice in relation to clinical policies, clinical pathways and referral guidelines, with the aim of meeting the health needs of the CCG’s population within defined resources, whilst reducing unwarranted clinical variation and improving consistency of pathways.</p>
<p>2. Status</p>	<p>The Clinical Effectiveness Committee is established in accordance with the CCG’s constitution. It is a committee of, and accountable to, the Governing Body.</p> <p>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.</p> <p>The Clinical Effectiveness Committee may meet ‘in-common’ with the Clinical Effectiveness Committees of NHS Mansfield and Ashfield CCG, NHS Newark and Sherwood CCG, NHS Nottingham City CCG, NHS Nottingham West CCG and NHS Rushcliffe CCG.</p>
<p>3. Duties</p>	<ul style="list-style-type: none"> a) Provide clinical oversight of commissioning plans, including significant service changes. b) Facilitate and support collaboration and integrated care pathways with partner organisations. c) Oversee development of supportive clinical networks. d) Development of clinical policies, clinical pathways and referral guidelines. This will include consideration of: <ul style="list-style-type: none"> i) Currently provided services that have limited effectiveness ii) Clinical thresholds for treatments iii) Clinical effectiveness and relative priority of new treatments/services iv) Current evidence base and known best practice v) Decommissioning decisions where this could be re-provided in a better/more cost effective way vi) Reductions in repetition of investigations and pathway duplications vii) Patient choice and shared decision-making e) Consider the implications of new/revised NICE guidance, including all proposals for non/partial implementation of NICE guidance and standards. f) Oversee and scrutinise the CCG’s arrangements for identifying and addressing variations in clinical practice, ensuring that clinical intervention is based upon best available evidence.
<p>4. Membership</p>	<p>The Clinical Effectiveness Committee will have 15 members,</p>

	<p>comprised as follows:</p> <p><u>Clinical Members</u></p> <ul style="list-style-type: none"> a) Eight GP Advisors b) One Independent GP Advisor c) Secondary Care Doctor d) Director of Public Health e) Deputy Chief Nurse/Associate Director Nursing and Personalised Care f) Chief Pharmacist <p><u>Managerial Members</u></p> <ul style="list-style-type: none"> g) Director of Special Projects h) Associate Director of Financial Recovery (Operations) <p>Meetings of the Committee will be routinely attended by representatives from the Research and Evidence .</p> <p>Other clinical and managerial leads will be invited to attend meetings when the Committee is discussing matters that fall within their areas of responsibility.</p>
<p>5. Chair and Deputy</p>	<p>The Committee will be Chaired by one of the GP Advisors, as nominated by the remaining members of the Committee. One of the other GP Advisors will be nominated to deputise in the Chair's absence.</p>
<p>6. Quorum and Decision-making Arrangements</p>	<p>The Clinical Effectiveness Committee will be quorate with a minimum of seven members present, to include four GP Advisors.</p> <p>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.</p> <p>If the quorum has not been reached, then the meeting may proceed if those attending agree, but no decisions may be taken.</p> <p>For the sake of clarity, no person can act in more than one capacity when determining the quorum.</p>
<p>7. Frequency of Meetings</p>	<p>The Clinical Effectiveness Committee will meet on a monthly basis.</p> <p>Meetings of the Committee, other than those regularly scheduled above, shall be summoned by the secretary to the Committee at the request of the Chair.</p>
<p>8. Secretariat and Conduct of Business</p>	<p>Secretariat support will be provided to the Clinical Effectiveness Committee to ensure the day to day work of the Committee is proceeding satisfactorily.</p> <p>Agendas and supporting papers will be circulated no later than five calendar days in advance of meetings and will be distributed by the secretary to the Committee.</p> <p>Any items to be placed on the agenda are to be sent to the secretary no later than seven calendar days in advance of the</p>

	<p>meeting. Items which miss the deadline for inclusion on the agenda may be added on receipt of permission from the Chair.</p> <p>The Committee agenda will be agreed with the Chair prior to the meeting.</p>
9. Minutes of Meetings	<p>Minutes will be taken at all meetings and presented according the corporate style.</p> <p>The minutes will be ratified by agreement of the Clinical Effectiveness Committee at the following meeting.</p> <p>The Chair of the Committee will agree minutes if they are to be submitted to the Governing Body prior to formal ratification.</p>
10. Conflicts of Interest Management	<p>In advance of any meeting of the Clinical Effectiveness 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.</p> <p>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 declarations will be formally recorded in the minutes for the meeting.</p> <p>The Chair of the Committee will determine how declared interests should be managed, which is likely to involve one the following actions:</p> <ol style="list-style-type: none"> 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	<p>The Clinical Effectiveness 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.</p> <p>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 Committee will conduct an annual review of its effectiveness to inform this report.</p>
12. Review of Terms	<p>These terms of reference will be formally reviewed on an annual</p>

of Reference	<p>basis, but may be amended at any time in order to adapt to any national guidance as and when issued.</p> <p>Any proposed amendments to the terms of reference will be submitted to the Governing Body for approval.</p>
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Patient and Public Engagement Committee – Terms of Reference

<p>1. Purpose</p>	<p>The Patient and Public Engagement Committee (PPEC) has been established as a strategic group to ensure the patient voice informs the decision making of the four Clinical Commissioning Groups (CCGs) in Greater Nottingham. These are: NHS Nottingham City CCG, NHS Rushcliffe CCG, NHS Nottingham North and East CCG and NHS Nottingham West CCG.</p> <p>The PPEC is an advisory group to the Nottinghamshire-wide CCGs' Committees in Common. The PPEC replaces the CCG's individual patient groups.</p> <p>The PPEC will act a representative patient committee for the four CCGs, bringing together individuals that represent the area's geography, its population and its health priorities.</p>
<p>2. Status</p>	<p>The PPEC is established in accordance with the CCG's Constitution. It is an advisory group in common of NHS Nottingham City CCG, NHS Rushcliffe CCG, NHS Nottingham North and East CCG and NHS Nottingham West CCG.</p>
<p>3. Objectives</p>	<p>The objectives of the PPEC are:</p> <ul style="list-style-type: none"> a) To provide an interface between communities and networks across Greater Nottingham and the CCGs' Governing Bodies for the purposes of providing the patient and public perspective in the planning and commissioning of health and care services for the area. b) To provide advice and guidance on the CCGs' approaches to patient and public involvement to inform commissioning decisions, drawing on their knowledge and expertise as representatives of communities; networks and health interests. c) To use the interface between communities and networks as a mechanism to communicate outputs/outcomes of engagement and involvement. d) To provide the CCGs with an overarching group that will enable sharing of suggestions and decisions on issues relevant to the CCGs. e) To ensure patient and public involvement is embedded across the work of the CCGs. f) To provide constructive challenge to the CCGs in terms of its patient and public involvement activities. g) To be assured that the CCGs are complying with their statutory duties, and the NHS' guiding principles, for patient and public involvement.

	<p>The PPEC will develop an annual work plan aligned to the work of the CCGs.</p>
<p>4. Membership</p>	<p>The membership of the Committee will comprise:</p> <ul style="list-style-type: none"> a) The Greater Nottingham CCGs' Lay Member for Patient and Public Involvement (Chair) b) Local representatives covering the geography of the Greater Nottingham area. For geographic coverage this will include two representatives from each CCG footprint (8 in total). These members can be drawn from PPGs or other local-based groups or networks e.g. Tenants Groups. c) Local representatives will be members of a wider group or network and able to feed in the views of that group or network, and disseminate information out from the CCGs d) Representative from Healthwatch Nottinghamshire. e) Voluntary and Community Sector (VCS), or other sector, representatives who are able to represent the interests of the populations and communities in Greater Nottingham experiencing health inequalities or challenges to access. We are interested in representatives of the following communities: <ul style="list-style-type: none"> i) Carers ii) BME communities (considering the largest BME populations across Greater Nottingham) iii) Older people iv) Younger people/students v) People who identify as LGBT vi) People with a Learning Disability and/or autism vii) People with sensory impairment or physical disability. viii) Other populations or communities experiencing poor health outcomes or barriers to accessing health services. f) We acknowledge that this is not an exhaustive list, and that it may not be possible to recruit members from each of the communities listed above. As far as is practicable we will seek up to 8 representatives from VCS organisations. VCS organisations include self-help groups and health interest groups. g) VCS representatives are included to represent communities or populations in Greater Nottingham and not the organisation they represent. PPEC does not include organisations' interests as part of its business. h) Representatives of the following health communities. Representatives may be individuals who can evidence a connection to a wider network related to the relevant health community or representatives from organisations working in these areas:

	<ul style="list-style-type: none"> i) Cancer ii) Mental health iii) Long term conditions (including diabetes; MSK and COPD) <ul style="list-style-type: none"> i) Representative from the ICS Communications and Engagement Team. j) Other members may also be co-opted for a specific purpose and for a limited period of time. <p>Terms of membership for the PPEC will be seen as necessary and appropriate to the relevant issues at hand.</p>
5. Chair and Vice Chair	<p>The CCGs Lay Member for Patient and Public Involvement will Chair the PPEC.</p> <p>The Vice Chair has been selected from the membership as the other CCG Lay Member in attendance.</p>
6. Quorum and Decision-making Arrangements	<p>As the PPEC is not a decision making body, quoracy does not impact on its business. The Chair will determine if a meeting should be reconvened in the event of a high number of apologies.</p>
7. Frequency of Meetings	<p>The PPEC will meet monthly and meetings will be scheduled in advance at a time that will enable PPEC members to contribute in a timely manner to Governing Body meetings.</p> <p>Meetings will take place at venues which are within easy travelling distance of PPEC members, rotating between, and spread evenly (when possible) over the locality. Until March 2020 the meetings will initially take place at County Hall.</p> <p>Extraordinary meetings will be arranged as required. The PPEC Members will also attend Development Sessions to enhance their skills, knowledge and expertise.</p> <p>Virtual working through email links and telephone conference calls will be used where appropriate.</p>
8. Mode of Working	<p>The PPEC will develop a work plan that reflects the CCGs' priorities and supports the membership to have a better awareness of issues effecting health and care in Greater Nottingham.</p> <p>The agenda for PPEC meetings will reflect the agenda and business of the CCG Governing Body and its committees. Minutes of PPEC meetings will be provided to the Governing Body.</p> <p>Meeting papers will be provided at least five working days in advance of meetings.</p> <p>The work plan of the PPEC will be aligned to the CCGs' Commissioning Intentions, Health and Wellbeing Strategies and system plans.</p> <p>The CCGs commit to working in a way that is conducive to effective</p>

	patient and public involvement.
9. Requirements of PPEC and its membership	<p>PPEC members will be expected to:</p> <ul style="list-style-type: none"> i) Represent the views of the communities and networks they represent. ii) Consider issues from across the Greater Nottingham area and be well informed about the health issues effecting the population. iii) Undertake preparation for meetings. iv) Share learning experiences and feedback from PPEC meetings to the groups/networks they represent. v) Participate in with training and development opportunities. vi) Be a role model and ambassador with a positive, collegiate approach. vii) Bring challenge to the CCGs in the role of 'critical friend'. viii) Contribute to a work plan to ensure that the PPEC have clear aims and objectives to support the work of the CCGs and their priorities. ix) Adhere to the PPEC Code of Conduct by being respectful, courteous and valuing contributions. <p>If any member is not in a position to attend a meeting then apologies must be sent in order that they can be noted and recorded within the minutes of the meeting. If a member fails to send their apologies for absence to a meeting and does not attend on several occasions they may be asked to resign from the PPEC. Members not able to attend a meeting should submit any feedback requested prior to the meeting.</p>
10. Administration of Meetings	<p>The ICS Director of Communications and Engagement is responsible for strategic oversight of the PPEC and will delegate day to day administration of the PPEC to the ICS Communications and Engagement Team.</p> <p>Agendas and supporting papers will be circulated no later than seven working days in advance of meetings.</p> <p>Minutes will be taken at all meetings and circulated to the members of the PPEC. The minutes will be approved by agreement of the PPEC at the next meeting. The Chair of the PPEC will approve draft minutes prior to them being submitted to the meeting of the Governing Body.</p> <p>The PPEC will also comply with any reporting requirements set out by the CCGs.</p> <p>Members of the PPEC will adhere to the confidentiality requirements of the CCGs.</p>
11. Conflicts of	At the beginning of each meeting, PPEC members will be required

Interest Management	to declare any personal interest if it relates specifically to a particular issue under consideration. Any such declaration shall be formally recorded in the minutes for the meeting in accordance with the provisions set out in the CCGs' policy.
12. Reporting Responsibilities	<p>The PPEC will report items for consideration to the Governing Body through submission of minutes and integrated reports. In addition, PPEC members will report back to their respective groups and networks.</p> <p>The PPEC will provide an annual report to the Governing Body setting out progress made and future developments in line with the work plan produced by the members. This report will then be published on the CCGs' websites and shared with PPEC members' groups and networks.</p> <p>The PPEC will take an active role in supporting and assuring the CCG's in regard to their statutory duties for patient and public involvement. The PPEC will provide oversight of the CCGs' submissions to NHS England under the Integrated Assurance Framework.</p>
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.

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Membership Forum – Terms of Reference

These terms of reference are currently still under development.

Scheme of Reservation and Delegation

Policy Area	Decision	Reserved to the Membership	Delegated to / Reserved by Governing Body	Chair / Clinical Leader	Accountable Officer	Audit and Governance Committee	Primary Care Commissioning Committee
Practice Member Representatives and Members of the Governing Body	Approve the arrangements for electing/appointing the CCG's Chair and Clinical Leader.	✓					
Practice Member Representatives and Members of the Governing Body	Approve arrangements for securing effective participation by each Member of the CCG in exercising its functions		✓				
Practice Member Representatives and Members of the Governing Body	Approve arrangements for identifying the CCG's proposed Accountable Officer.			✓			
Practice Member Representatives and Members of the Governing Body	Approve the process for recruiting non-elected members to the Governing Body (subject to any regulatory requirements) and succession planning.				✓		

Policy Area	Decision	Reserved to the Membership	Delegated to / Reserved by Governing Body	Chair / Clinical Leader	Accountable Officer	Audit and Governance Committee	Primary Care Commissioning Committee
Regulation and Control	Ensuring that the CCG has appropriate arrangements in place to exercise its functions effectively, efficiently and economically and in accordance with the CCG's principles of good governance		✓				
Regulation and Control	Approval of proposed amendments to the CCG's Constitution (including its Standing Orders and Standing Financial Instructions).	✓ ¹	✓ ²				
Regulation and Control	Approval of proposed amendment to the Scheme of Reservation and Delegation.	✓ ³	✓ ⁴				
Regulation and Control	Approval of the establishment of Committees, Sub-Committees and Joint Committees of the Governing		✓				

¹ When proposed amendments are thought to have a material impact, or relate to the reserved powers of the Membership, or if at least half of all Governing Body Members request that the proposed amendments are put before the Membership for approval.

² For all other proposed amendments.

³ When proposed amendments relate to the reserved powers of the Membership or if at least half of all Governing Body Members request that the proposed amendments are put before the Membership for approval.

⁴ For all other proposed amendments.

Policy Area	Decision	Reserved to the Membership	Delegated to / Reserved by Governing Body	Chair / Clinical Leader	Accountable Officer	Audit and Governance Committee	Primary Care Commissioning Committee
	Body (including agreement of associated terms of reference)						
Regulation and Control	Approval of the arrangements for discharging the CCG's commissioning functions and the statutory duties associated with its commissioning functions.		✓				
Regulation and Control	Approval of arrangements for meeting the public sector equality duty.		✓				
Regulation and Control	Approve arrangements for ratification of the CCG's internal policies and procedures.		✓				
Regulation and Control	Exercise or delegation of those functions of the CCG which have not been retained as reserved by the Membership, delegated to the Governing Body, delegated to a Committee, Sub-Committee or Joint Committee, or to one of its Members or employees.				✓		

Policy Area	Decision	Reserved to the Membership	Delegated to / Reserved by Governing Body	Chair / Clinical Leader	Accountable Officer	Audit and Governance Committee	Primary Care Commissioning Committee
Strategy and Planning	Agreeing the vision, values and strategic objectives of the CCG.		✓				
Strategy and Planning	Approval of the CCG's staffing structure.				✓		
Strategy and Planning	Approval of the CCG's commissioning strategies and plans.		✓				
Strategy and Planning	Approval of the CCG's finance strategy and annual financial budgets to meet its statutory financial duties.		✓				
Strategy and Planning	Approval of variations to the approved budget where variation would have a significant impact on the overall approved levels of income and expenditure or the CCG's ability to achieve its agreed strategic objectives.		✓				
Annual Reports and Accounts	Approval of the CCG's annual report and annual accounts.					✓	
Human	Approval of the arrangements		✓				

Policy Area	Decision	Reserved to the Membership	Delegated to / Reserved by Governing Body	Chair / Clinical Leader	Accountable Officer	Audit and Governance Committee	Primary Care Commissioning Committee
Resources	for discharging the CCG's statutory duties as an employer.						
Human Resources	Determining the remuneration, fees and other allowances payable to employees or other persons providing services to the CCG and the allowances payable under any pension scheme established.		✓				
Operational and Risk Management	Approval of the CCG's risk management arrangements.		✓				
Operational and Risk Management	Approve the CCG's internal audit plan.					✓	
Operational and Risk Management	Approve the CCG's counter fraud and security management plans.					✓	
Operational and Risk Management	Approve proposals for action on litigation against or on behalf of the CCG.				✓		
Operational and	Approve the CCG's				✓		

Policy Area	Decision	Reserved to the Membership	Delegated to / Reserved by Governing Body	Chair / Clinical Leader	Accountable Officer	Audit and Governance Committee	Primary Care Commissioning Committee
Risk Management	arrangements for business continuity and for supporting emergency planning.						
Partnership Working	Approval of decisions that individual members, employees or appointees of the CCG can make when participating in joint arrangements on behalf of the CCG.		✓				
Partnership Working	Approval of decisions delegated to Joint Committees established under sections 14Z3 and 75 of the NHS 2006 Act (as amended).		✓				
Partnership Working	Approval of arrangements for financial risk sharing and/or risk pooling with other organisations (for example arrangements for pooled funds with other CCGs or pooled budget arrangements under section 75 of the NHS Act 2006).		✓				
Primary Care	Approve arrangements for the						✓

Policy Area	Decision	Reserved to the Membership	Delegated to / Reserved by Governing Body	Chair / Clinical Leader	Accountable Officer	Audit and Governance Committee	Primary Care Commissioning Committee
Commissioning	management of 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)						
Primary Care Commissioning	Approve all newly designed enhanced services (“Local Enhanced Services” and “Directed Enhanced Services”)						✓
Primary Care Commissioning	Approve the design of local incentive schemes as an alternative to the Quality Outcomes Framework (QOF)						✓
Primary Care Commissioning	Approve the establishment of new GP practices in the area.						✓
Primary Care Commissioning	Approve GP practice mergers and/or closures.						✓
Primary Care Commissioning	Approve arrangements for the authorisation of ‘discretionary’ payments (e.g. returner/retainer schemes).						✓

Policy Area	Decision	Reserved to the Membership	Delegated to / Reserved by Governing Body	Chair / Clinical Leader	Accountable Officer	Audit and Governance Committee	Primary Care Commissioning Committee
Primary Care Commissioning	Making decisions on premises costs directions functions						✓