

Governing Body (Public) Meeting

DATE: 28th March 2013

Title	Committee Terms of Reference
Recommended action for the Governing Body	<p>That the Governing Body:</p> <p>Agree</p> <p>(1) To rename the sub-committees of the Executive Management Committee from “working Group” to “Sub-Committee”</p> <p>(2) The terms of reference for</p> <p>(a) Executive Management Committee</p> <p>(b) Audit and Integrated Assurance Committee</p> <p>(c) Remuneration Committee</p> <p>(d) Finance Sub-Committee</p> <p>(e) Quality and Safety Sub-Committee</p> <p>(f) Medicines Management Sub-Committee</p> <p>(g) Information Governance Sub-Committee</p> <p>Note</p> <p>(1) The creation of a Joint Committee with Bromley and Greenwich CCGs to have oversight of Serious Incidents affecting the population of Bexley or providers commissioned by BCCG.</p>
Executive Summary	<p>At its meeting on 25th October 2012 the Governing Body approved terms of reference for the committees and sub-committees of the CCG and asked each committee and sub-committee to review their own terms of reference. All committees and sub-committees have now completed the review and the Governing Body are asked to endorse the changes.</p> <p>A number of typographical and stylistic changes have been made the significant additions and changes are listed below:</p> <p>Executive Management Committee</p> <ul style="list-style-type: none"> • Purpose: To take decisions in line with the Scheme of Delegation or as specifically delegated by a Committee or

the Governing Body

- Purpose: To reduce inequalities in access to and outcomes from healthcare and ensure the CCG meets best practice in relation to safeguarding
- Quorum: To include both clinical and non-clinical members

Audit and Integrated Assurance Committee

- Purpose: To take decisions in line with the Scheme of Delegation or as specifically delegated by a Committee or the Governing Body

Remuneration Committee

- Purpose: To take decisions in line with the Scheme of Delegation or as specifically delegated by a Committee or the Governing Body

Finance Sub-Committee

- Purpose: To take decisions in line with the Scheme of Delegation or as specifically delegated by a Committee or the Governing Body
- Quorum: 4 members (t include both clinical and non-clinical members)

Quality and Safety Sub-Committee

- Purpose: To take decisions in line with the Scheme of Delegation or as specifically delegated by a Committee or the Governing Body

Medicines Management Sub-Committee

- Purpose: To take decisions in line with the Scheme of Delegation or as specifically delegated by a Committee or the Governing Body
- Membership: to include 4 GPs who could be non-Governing Body Members

Information Governance Sub-Committee

- Purpose: To take decisions in line with the Scheme of Delegation or as specifically delegated by a Committee or the Governing Body

In accordance with the Constitution 6.9.10, the Executive

	<p>Management Committee is able to create sub-committees. To ensure consistency in language the Governing Body are asked to agree to the change of the names of the Sub Committees from Working Groups. This in no means changes the role of the sub-committees that will remain “doing2 groups. Assurance functions remain with the Audit and Integrated Assurance Committee.</p> <p>In order to manage and ensure learning from serious incidents BCCG had formed a joint committee with Bromley and Greenwich CCGs, this committee will report into the Quality and Safety Sub-Committee</p>	
Which objective does this paper support?	Patients: Improve the health and wellbeing of people in Bexley in partnership with our key stakeholders	✓
	People: Empower our staff to make BCCG the most successful CCG in (south) London	
	Pounds: Delivering on all of our statutory duties and become an effective, efficient and economical organisation	
	Process: Commission safe, sustainable and equitable services in line with the operating framework and which improves outcomes and patient experience	✓
Organisational implications	Key Risks (corporate and/or clinical)	None arising directly from this report, which is designed to ensure effective decision making throughout the CCG
	Equality and Diversity	None arising directly from this report
	Patient impact	None arising directly from this report
	Financial	None arising directly from this report
	Legal Issues	None arising directly from this report
	NHS constitution	None arising directly from this report
Consultation (Public, member or other)	With individual Committees and Sub-committees	
Audit (Considered / Approved by Other Committees / Groups)	Each ToR has been agreed at Committee or Sub Committee with the exception of the Remuneration Committee that has not met	
Communications Plan	None	

Author		
	Clinical Lead	Executive Sponsor Simon Evans-Evans
Date	18 th March 2013	

Summary Membership

	Membership	Clinical	Non clinical	Quorum	frequency
EMC	8	4	4	3 (1 clinical, 1 non-clinical)	monthly
AIA	5	3	2	3	quarterly
Rem	4	2	2	3	Twice-yearly
FSC	11	5	6	4 (1 clinical, 1 non-clinical)	monthly
QSSC	17	11	6	50%	2-monthly
IGSC	15	2	13	5	quarterly
MMSC	13 (4 non-voting)	12 (3 non-voting)	1 (non voting)	2 x GPs 1 x Pharmacist	monthly

NHS Bexley Clinical Commissioning Group

“Executive Management Committee”

Terms of Reference

Approved 28/03/2013

Constitution

The governing body of NHS Bexley CCG has resolved to establish a committee of the Governing Body to be known as the Executive Management Committee (EMC). The Committee is an executive committee of the Governing Body to which the Governing Body has delegated decision-making powers. These terms of reference can only be amended by the Governing Body. These will be reviewed on an annual basis and the group will provide an annual review to the Governing Body.

Purpose

- To take decisions in line with the Scheme of Delegation or as specifically delegated by a Committee or the Governing Body
- To ensure that the strategic and operational business of the CCG is carried out effectively and efficiently
- To reduce inequalities in access to and outcomes from healthcare and ensure the CCG meets best practice in relation to safeguarding
- To be empowered by the Governing Body to make decisions in support of the CCG’s corporate objectives

- To ensure that appropriate matters requiring Executive decision are referred to the Governing Body with a robust recommendation
- To keep other committees and sub-groups of the CCG informed of decisions made
- To communicate with other staff and stakeholders of the CCG to ensure the effective running of the CCG
- To receive reports on progress for the Programme Management Office
- In particular, the EMC will support the Governing Body in fulfilling the following executive management functions:
 - The development and implementation of CCG strategy
 - Management of financial balance
 - Management of operational delivery
 - Management of performance
 - Management of risk
 - Management of quality
 - Ensuring delivery of health outcomes
 - Consider and review papers before presentation to the Governing Body
 - Approval of policies and procedures not requiring Governing Body, Audit and Integrated Assurance Committee or Remuneration Committee approval

Authority / Delegation

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

Membership and Attendance

The core membership of the team will be as follows:

Clinical Members	Non-Clinical Members
Chair of the Governing Body (Committee Vice-Chair_	Accountable Officer (Committee Chair)
GP member of the Governing Body	Chief Financial Officer
GP member of the Governing Body	Director of Governance and Quality
GP member of the Governing Body	Director of Commissioning

Members in attendance but without voting rights may include other members of the governing body and other employees of the CCG as required.

Members who cannot attend a meeting will be expected to arrange, and brief, a deputy. As the deputy will exercise the full powers of the member they replace for that meeting, it is essential the member briefs their deputy on the business to be transacted. Deputies must be of Assistant director grade or equivalent.

Quorum

The quorum will usually comprise 3 members, at least one of whom should be clinical and one non-clinical member. The EMC chair will have the discretion to vary the quorum should this be considered appropriate for any meeting

Decision Making

Where a vote is required to decide a matter each member may cast a single vote, in the event of a tie the Chair of the meeting may cast a second vote. A decision will be made on a simple majority

It may on occasion be necessary for EMC members to make decisions outside formal meetings. The Committee Chair or Vice Chair will decide whether this procedure should be used.

Procedure

The Committee Chair or Vice Chair will arrange for the notice of the business to be determined and any supporting paper, to be sent to members by email. The email will ask for a response to be sent to the Committee Chair or Vice Chair by a stated date. A decision made in this way will only be valid if the same minimum quorum, described in the above paragraph, express by email or signed written communication, by the stated date for response that they are in favour.

The Committee Chair or Vice Chair as appropriate will retain all correspondence pertaining to such a decision for audit purposes and report decisions so made to the next meeting for ratification.

Frequency of Meetings

Monthly

Reporting

The proceedings of each meeting of the Committee shall be reported to the next meeting of the Governing Body.

The minutes of the Committee meeting should be formally recorded by the Governing Body Secretary and submitted to the Governing Body. The Chair shall draw to the attention of the Governing Body any issues that require disclosure to the full Governing Body or require executive action.

Review of Arrangements

These Terms of Reference shall be reviewed by the Governing Body on at least an annual basis.

NHS Bexley Clinical Commissioning Group

“Audit and Integrated Assurance Committee”

Terms of Reference

Approved 28/03/2013

Constitution

The governing body of NHS Bexley CCG has resolved to establish a committee of the Governing Body to be known as the Audit and Integrated Assurance Committee (the Committee). The Committee is a non-executive committee of the Governing Body and has no executive powers, other than those specifically delegated in these terms of reference. These terms of reference can only be amended by the Governing Body.

Purpose

- To take decisions in line with the Scheme of Delegation or as specifically delegated by a Committee or the Governing Body

The overall purpose of the Committee is to provide assurance to the Governing Body on:

- the effectiveness of the CCG’s governance, corporate and clinical risk management, performance management, information governance and internal control systems;
- act as an integrated audit committee, taking an overview of finance, quality, risk, safeguarding, patient feedback and internal control to ensure that the governance system is joined up and not “siloed”;
- the integrity of the financial statements and accounts of the CCG and on the CCG’s Annual Report;

- the work of internal and external audit and any actions arising from their work; and
- compliance by the CCG with legal and regulatory requirements.

The Audit and Integrated Assurance Committee will review the findings of other assurance functions such as external regulators and scrutiny bodies and other committees and sub-committees of the Governing Body.

Duties

Governance, risk management, and Internal control

The Committee shall review the establishment and maintenance of an effective system of governance, risk management and internal control, across the whole of the organisation's activities (both clinical and non-clinical) that supports the achievement of the organisation's objectives.

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

- the assurance framework, risk management system, Statement of Internal Control together with an accompanying Head of Internal Audit Statement, external audit opinion or other appropriate independent assurances, prior to discussion by the Governing Body where possible
- the clinical governance system of the CCG, including early warning of failures in quality and safety
- the information governance system, including requirements under the NHS Information Governance Toolkit
- the research governance system relating to any research activity the CCG may be engaged with
- the CCGs system for managing conflict of interest, which will include the Committee Chair's own designated role in the conflict of interest process
- the CCG's Equality Delivery System (EDS)
- the underlying assurance processes that indicate the degree of the achievement of corporate objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statement
- the policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements and related reporting and self certification
- the policies and procedures for all work related to fraud and corruption as set out in Secretary of State Directions and as required by the NHS Counter Fraud

and Security Management Service

- the Committee shall report issues in relation to audit, risk, quality and safety or internal control to the Governing Body on an exception basis in addition to an annual report focused on the effectiveness of the Committee in exercising these duties
- The committee shall take a view about the sufficiency of audit activity in terms of those providers with which the CCG commissions, and in particular the internal audit and clinical audit of the main organisations from which the CCG commissions patient care services.
- 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 audit functions. It will also seek reports and assurances from officers as appropriate, concentrating on the overarching systems of governance, risk management and internal control, together with indicators of their effectiveness. This will be evidenced through the Committee's use of an effective assurance framework to guide its work and that of the audit and assurance functions that report to it.

Internal Audit

- The Committee shall ensure that there is an effective internal audit function established by management that meets mandatory NHS Internal Audit Standards and provides appropriate independent assurance to the Committee, Accountable Officer and the Governing Body. This will be achieved by:
 - consideration of the provision of the Internal Audit Service, the cost of the audit and any questions of resignation and dismissal.
 - review and approval of the internal audit strategy, operational plan and more detailed programme of work, ensuring that it is consistent with the audit needs of the organisation as identified in the Assurance Framework.
 - review of the major findings of Internal Audit work, management's response and ensure co-ordination between the Internal and External Auditors to optimise audit resources.
 - ensuring that the internal audit function is adequately resourced and has appropriate standing within the organisation.
 - monitoring implementation of audit recommendations.
 - an annual review of the effectiveness of internal audit.

External audit

The Committee shall review the work and findings of the External Auditors and consider the implications and management's responses to their work. This will be achieved by:

- consideration of the appointment and performance of the External Auditor as far as the rules governing the appointment permit.
- discussion and agreement with the External Auditor, before the audit commences on the nature and scope of the audit as set out in the Annual Plan, and ensuring co-ordination, as appropriate with other external auditors in the local health economy.
- discussion with the External Auditors of the local evaluation of audit risks and assessment of the CCG and associated impact on the audit fee.
- review of all external audit reports and appropriateness of management responses agreement of the annual audit letter before it is submitted to the Governing Body agreement of additional work required outside the annual audit plan monitoring implementation of audit recommendations.

Other assurance functions

The Committee shall review the findings of other significant assurance functions, both internal and external to the organisation, and consider the implications for the governance of the organisation.

The Committee will need to include in their considerations reviews of provider functions that may be relevant to the CCG's role of commissioning safe, effective, quality and cost-effective healthcare services. As such these will need to include but will not be limited to reviews by:

- Department of Health
- Care Quality Commission
- NHS Litigation Authority
- Other regulators and inspectors
- Professional bodies with responsibility for performance of staff or functions including Royal Colleges and accreditation bodies

In addition, the Committee will review the work of any other Committees or task and finish groups established by the Governing Body within the organisation whose work can provide relevant assurance to the Audit and Integrated Assurance Committee's own scope of work.

Hosted arrangements

The Committee will review and provide assurance to the Governing Body in respect of any hosted arrangements or services, both any services hosted by the CCG and also those services hosted elsewhere but to which the CCG is a party.

Partnership and other inter-organisational arrangements

The Committee shall review and provide assurance to the Governing Body in respect of any formal partnership arrangements or other inter-organisational agreements where the CCG is a party.

Counter Fraud

The Committee shall satisfy itself that the organisation has adequate arrangements in place for countering fraud and shall review the outcomes of Counter Fraud work.

Management

The Committee shall request and review reports and positive assurances from directors and managers on the overall arrangements for governance, risk and internal control.

The Committee may also request specific reports from individual functions within the organisation (for example clinical audit) as they may be relevant to the overall arrangements.

Financial reporting

The Committee shall monitor the integrity of the financial systems of the CCG and systems of financial control.

The Committee shall review the Annual Report and Financial Statements before submission to the Governing Body, focusing particularly on:

- the wording in the Statement of Internal Control and other disclosures relevant to the Terms of Reference of the Committee.
- changes in and compliance with accounting policies and practices.
- unadjusted mis-statements in the financial statements.
- significant judgments in preparation of the financial statements.
- significant adjustments resulting from the audit.

The Committee should ensure that the systems for financial reporting to the Governing Body including those concerning budgetary control, are reviewed regularly to ensure completeness and accuracy of the information.

- The Committee shall review and propose changes to the standing orders and standing financial instructions as requested by the Governing Body

Authority/ Delegation

The Committee is authorised by the Governing Body to investigate any activity within its Terms of Reference and in line with the Committee's prime purpose of providing assurance to the Governing Body.

The Committee is authorised by the Governing Body to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary.

Membership and attendance

The core membership of the committee will be as follows

Clinical Members	Non-Clinical Members
1 GP Locality Lead member of the Governing Body (Vice Chair)	Lay Member (Governance) (Committee Chair)
Governing Body Nurse Member	Lay member (PPI)
Governing Body Secondary Care Specialist	

The GP Locality Lead on this committee should not have a place on any other committee of the Governing Body. At least once a year the Committee should meet privately with the internal and external auditors only if possible. The Committee chair may also ask the auditors if they would like a private conversation as an alternative. The Committee should agree and work to an annual programme that takes into account the need to contribute to the timely sign-off of statutory requirements such as the annual accounts.

The Accountable Officer and other directors shall be invited to attend particularly when the Committee is discussing areas of risk or operation that are the responsibility of that director.

The Accountable Officer shall be invited to attend, at least annually, to discuss with the Committee the process of assurance that supports the Statement of Internal Control.

Quorum

Quorum of the Committee shall be three members.

Decision Making

Where a vote is required to decide a matter each member may cast a single vote, in the event of a tie the Chair of the meeting may cast a second vote. A decision will be made on a simple majority

It may on occasion be necessary for AUDIT AND INTEGRATED ASSURANCE COMMITTEE members to make decisions outside formal meetings. The Committee Chair or Vice Chair will decide whether this procedure should be used.

Procedure

The Committee Chair or Vice Chair will arrange for the notice of the business to be determined and any supporting paper, to be sent to members by email. The email will ask for a response to be sent to the Committee Chair or Vice Chair by a stated date. A decision made in this way will only be valid if the same minimum quorum, described in the above paragraph, express by email or signed written communication, by the stated date for response that they are in favour.

The Committee Chair or Vice Chair as appropriate will retain all correspondence pertaining to such a decision for audit purposes and report decisions so made to the next meeting for ratification.

Frequency

Meetings shall be held not less than four times a year and at such other times as the Chair of the Committee shall require. The external auditor or head of internal audit may request a meeting if they consider that one is necessary.

Reporting

The proceedings of each meeting of the Committee shall be reported to the next meeting of the Governing Body.

The minutes of the Committee meeting should be formally recorded by the Governing Body Secretary and submitted to the Governing Body. The Chair shall draw to the attention of the Governing Body any issues that require disclosure to the full Governing Body or require executive action.

The Committee shall be supported administratively by the Corporate Office Manager whose duties in this respect will include:

- agreement of agenda with Chairman and attendees and collation of papers.
- taking the minutes and keeping a record of matters arising and issues to be carried forward.
- enabling the development and training of Committee members.

Review of Arrangements

The Committee shall undertake a self-assessment of its effectiveness on at least an annual basis. This may be facilitated by independent advisors if the Committee considers this appropriate or necessary.

These Terms of Reference shall be reviewed by the Governing Body on at least an annual basis.

NHS Bexley Clinical Commissioning Group

“Remuneration Committee”

Terms of Reference

Approved 28/03/2013

Constitution

The Governing Body of NHS Bexley Clinical Commission Group hereby resolves to establish a committee of the Governing Body to be known as the Remuneration Committee (“the Committee”). The Committee is a non-executive committee of the Governing Body and has no executive powers other than those specifically delegated in these terms of reference.

Purpose

The overall purpose of the Committee is to:

- take decisions in line with the Scheme of Delegation or as specifically delegated by a Committee or the Governing Body
- ensure that the process of appointing, and if necessary dismissing, the directors are robust, fit for purpose and have been followed
- oversee and coordinate, through delegation, any elections which may be part of the process of appointment to the governing body
- oversee the system for all director appointments and agree the parameters for the senior appointments process. The process of all senior executive appointments will be reported back to the Committee in order that the Committee can provide the governing body with assurance
- agree and review the CCG’s policies on the reward, performance, retention and pension matters for the directors

- support the board understand and apply Lord Nolan's 'Principles of Public Life' and generally promote transparency and probity

Duties

The Committee shall:

- provide assurance to the Governing Body around the process for appointing and dismissing all directors of the governing body, including the Chair and Accountable Officer
- agree, where there is scope, for recommendation to the Governing Body on the remuneration package, including performance related pay and other terms of service of the Chair, Accountable Officer, GP members of the Governing Body, the appointed nursing, consultant and lay members of the Governing Body, including any scheme for performance related pay and any other benefits
- with the Chair and Accountable Officer, agree, where there is scope, the remuneration packages, including the scheme for performance related pay and other terms of service (including severance terms if applicable) of all other executive directors and senior employees
- where there is scope, to review and agree the grading and remuneration package of any director post that falls vacant, prior to the vacancy being advertised
- to monitor the system to evaluate the performance of the Accountable Officer, the directors and other senior employees as appropriate
- as requested by the governing body, carry out any benchmarking enquiries or other studies to help establish the appropriate terms and conditions for members of the governing body
- ensure that at all times the Governing Body conducts its dealings around appointment, remuneration and reward with due regard to probity, transparency, the stewardship of public funds and confidentiality due to all employees and officers of the CCG
- ensure that the appraisal and talent management processes within the CCG are robust and fair
- ensure that access to training and development resources are appropriate and in line with business requirements
- support the board apply Lord Nolan's 'Principles of Public Life'

When setting any recommended pay and benefits packages, the guiding principle is that no individual should be involved in the setting of their own remuneration. For this reason, agreeing any pay and benefits packages of the non-executive and GP members without portfolio shall be undertaken by the independent members of the committee in camera. They shall base their recommendations on reasonable benchmark data, market rates and general fairness to both the

individuals concerned and the CCG and its membership as a whole. The intention of this mechanism is to preserve the standing of all remunerated members of the CCG from any suggestion of involvement with agreement around their own pay and benefits.

Authority / Delegation

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

Membership and attendance

Members of the Committee will be appointed by the CCG Governing Body, who shall identify which member of the Committee shall be the Committee Chair.

Core membership of the Committee will include

Clinical Members	Non-Clinical Members
CCG Chair	Lay Member (Governance) (Committee Chair)
1 GP Locality Lead member of the Governing Body	Lay member (PPI)

The Accountable Officer and any other member of the Governing Body may be invited to attend as required.

The Committee may require the following staff to attend:

- CCG HR Business Manager or equivalent will be responsible for supporting the Chair in the management of Remuneration Committee business and for drawing the Committee's attention to best practice, national guidance and other relevant documents, as appropriate.
- Chief Finance Officer to advise on any matters that have significant financial implications.
- Other parties may only attend at the request of the Committee and only to provide advice and information.
- The Corporate Office manager shall be secretary to the Committee and shall attend to take minutes of the meeting and provide appropriate support and advice to the Chair and Committee members.

When GP remuneration is being discussed, the CCG Chair and GP member will be replaced by the secondary care and nurse members, or lay members from other South East London CCGs. Staff will

not be present for the discussion of matters relating to their own remuneration, performance or terms of service.

Quorum

Quorum shall be three members of the Committee, of which at least one must be one of the independent members.

Decision Making

Where a vote is required to decide a matter each member may cast a single vote, in the event of a tie the Chair of the meeting may cast a second vote. A decision will be made on a simple majority

It may on occasion be necessary for EMC members to make decisions outside formal meetings. The Committee Chair or Vice Chair will decide whether this procedure should be used.

Procedure

The Committee Chair or Vice Chair will arrange for the notice of the business to be determined and any supporting paper, to be sent to members by email. The email will ask for a response to be sent to the Committee Chair or Vice Chair by a stated date. A decision made in this way will only be valid if the same minimum quorum, described in the above paragraph, express by email or signed written communication, by the stated date for response that they are in favour.

The Committee Chair or Vice Chair as appropriate will retain all correspondence pertaining to such a decision for audit purposes and report decisions so made to the next meeting for ratification.

Frequency

Meetings shall be held not less than twice a year and it is at the Governing Body's discretion as to when they may be called.

Reporting

The proceedings of each meeting of the Committee shall be reported to the next meeting of the governing body unless the business relates to specific individuals. The Chair shall provide a remuneration report for publication with the Annual Report.

The minutes of the Committee meeting should be formally recorded by the Accountable Officer and submitted to the Governing Body. The Chair shall draw to the attention of the governing body any issues that require disclosure to the full Governing Body or require executive action.

The Committee shall be supported administratively by the Accountable Officer whose duties in this respect will include:

- agreement of agenda with Chairman and attendees and collation of papers.
- taking the minutes and keeping a record of matters arising and issues to be carried forward.

- enabling the development and training of Committee members.

Review of Arrangements

The Committee shall undertake a self-assessment of its effectiveness on at least an annual basis. This may be facilitated by independent advisors if the Committee considers this appropriate or necessary.

These Terms of Reference shall be reviewed by the Governing Body on at least an annual basis.

NHS Bexley Clinical Commissioning Group

“Finance Sub-Committee”

Terms of Reference

Approved 28/03/2013

Constitution

The Governing Body of NHS Bexley Clinical Commission Group hereby resolves to establish a sub-committee of the Executive Management Committee to be known as the Finance sub-committee (“the sub-committee”). The Sub-committee has no executive powers other than those specifically delegated in these terms of reference.

Purpose

To oversee delivery of the annual plan and report progress to the Executive Management Committee.

- To take decisions in line with the Scheme of Delegation or as specifically delegated by a Committee or the Governing Body
- Seek assurance that the Commissioning Plan and strategy for the Clinical Commissioning Group is sustainable and affordable, keeping in mind that the strategy and response may need to adapt and change.
- Provide assurance that commissioned services are being delivered in an efficient and effective manner, ensuring that quality sits at the heart of everything the Clinical Commissioning Group does. This includes jointly commissioned services.
- To agree new schemes or modifications of current schemes as identified, including schemes for investment.
- To sign off on the closure of schemes, as appropriate.

- To monitor and manage progress within schemes, ensuring leads are supported to deliver the savings and benefits identified.
- To identify slippage/bottlenecks in the progress of schemes and agree plans to bring back into line with projected timescales.
- To agree proposed mitigating schemes to address such slippage, and to provide leadership for contingency planning.
- To ensure accountability and responsibility for delivering savings and investment plans are clear within the organisation, particularly in the light of national and local changes within the NHS.
- To ensure that the actions and outputs from FWG meetings are communicated and cascaded appropriately, both within the organisation and externally.

Outcomes

- To ensure that the delivery of savings and investment schemes are undertaken in a timely and effective way.
- To ensure that all schemes are supported by a detailed, evidence-based Project Initiation Document (PID) and progress is monitored and any slippage addressed.
- To ensure that all schemes are appropriately assessed for the potential impact on quality, safety, and public health.
- To facilitate the effective communication of the impact of schemes, including public consultation (where appropriate) and consultation with stakeholders.
- To ensure that any issues arising are included in the CCG Risk Register, as appropriate.
- To ensure commissioned services are being delivered in an efficient and effective manner, ensuring that quality sits at the heart of everything the Clinical Commissioning Group does. This includes jointly commissioned services

Methods

Provide support for the generation of new schemes and ideas for quality and cost improvements.

Assess and validate the schemes/ideas and ensure they are supported by detailed cost/benefit case and risk assessment, acknowledging the risk appetite for each individual proposal. Monitor and measure the plan's success.

Meeting on a monthly basis to assess progress and review action plans for delivery.

Invite project leaders to attend, to update the FWG on progress, as necessary, setting out the challenges and opportunities within the scheme. (This would predominantly apply where material schemes were slipping or not delivering to plan).

Escalate any QIPP schemes where members have concerns regarding delivery to the Star Chamber.

Authority / Delegation

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

Membership and Attendance

The core membership of the group will be as follows:

Clinical Members	Non-Clinical Members
Governing Body GP (Chair)	Chief Financial Officer (Vice Chair)
Chair of CCG	Director of Commissioning
	Director of Governance and Quality
Nurse lead on the governing body (link to Quality Meeting)	Lay member of the governing body appointed as lead on patient and public participation matters
Locality Lead/Representative *	AD of Programme Management and Business Performance
Locality Lead/Representative *	AD Transformation & Redesign

*may be non-clinical

Members in attendance but without voting rights may include other members of the governing body and other employees of the CCG as required.

Other Assistant Directors and Senior Managers will be invited to present papers as and when required.

If any member of the group has a paper on the agenda they should ensure that they are able to attend the meeting or send a representative to present the paper.

Quorum

The group will require the attendance of the following as a minimum to be quorate:

4 members (of which 1 non-clinician and 1 clinician)

Decision Making

Where a vote is required to decide a matter each member may cast a single vote, in the event of a tie the Chair of the meeting may cast a second vote. A decision will be made on a simple majority.

It may on occasion be necessary for sub-committee to make decisions outside of formal meetings. The Committee Chair or Vice Chair will decide whether this procedure should be used.

Procedure

The sub-Committee Chair or Vice Chair will arrange for the notice of the business to be determined and any supporting paper, to be sent to members by email. The email will ask for a response to be sent to the Committee Chair or Vice Chair by a stated date. A decision made in this way will only be valid if the same minimum quorum, described in the above paragraph, express by email or signed written communication, by the stated date for response, that they are in favour.

The sub-Committee Chair or Vice Chair as appropriate will retain all correspondence pertaining to such a decision for audit purposes and report decisions so made to the next meeting for information.

Frequency of Meetings

The meeting will take place monthly.

Reporting

The proceedings of each meeting of the Committee shall be reported to the next meeting of the Executive Management Committee. The Chair shall draw to the attention of the Executive Management Committee any issues that require disclosure to the full Governing Body or require executive action. A summary of proceedings will be provided to the Governing Body.

Review of Arrangements

The arrangements for this group will be reviewed annually, or when necessary, to ensure that the membership is appropriate and the desired outcomes are being achieved.

NHS Bexley Clinical Commissioning Group

“Quality and Safety Sub-Committee”

Terms of Reference

Approved 28/03/2013

Constitution

The Governing Body of NHS Bexley Clinical Commission Group hereby resolves to establish a sub-committee of the Executive Management Committee (EMC) to be known as the Quality and Safety Sub-Committee (“Committee”). The Committee has no executive powers other than those specifically delegated in these terms of reference. It will provide the NHS Bexley Clinical Commissioning Group (CCG) with the assurance that:

- the 'service specification' and any recommended 'revised service specifications' have been reviewed and approved.
- the quality of the activity supplied by the various contracted service providers is of a standard as set out in the 'service specification'.

The assessment of quality is based on the national guidance and will assess compliance with published standards for service specifications and service delivery in the three key domains:

- Clinical effectiveness
- Patient safety
- Patient experience

Plus, the consideration of equality and fair access.

Operational - The committee will either seek assurance itself using a variety of techniques and tools to complete its work or link into other groups in order to provide assurance to NHS Bexley CCG Governing Body. These include:

- Provider performance reports
- Reports from provider Clinical Quality Review Groups
- Patient engagement reports and feedback
- Infection prevention and control reports
- Audit (including clinical) and Research
- Public health outcomes reports

This would involve the preparation of Clinical Quality reports for the NHS Bexley CCG Governing Body or in urgent situations direct to the EMC or NHS Bexley CCG Chair.

Purpose:

- To take decisions in line with the Scheme of Delegation or as specifically delegated by a Committee or the Governing Body
- Assurance to the Governing Body that there are clear and robust structures, processes, lines of accountability through Quality reports to ensure the safety and continuous quality improvement of clinical services.
- To review and ratify reports from a number of 'core' quality monitoring groups informing the development of a regular clinical quality report to the Governing Body.
- To consider and advise on the quality and clinical governance aspects of service specifications
- To ensure that patient experience is kept central to quality monitoring.
- To ensure a whole system approach to understanding clinical quality, equality and fair access in relation to commissioned providers.
- To ensure that prevention interventions are recognised and incorporated into new service specifications.

Overarching aims

- To provide a core organisational focus for clinical quality reporting to the Governing Body.
- To link with Patient Council to ensure that patients/ local population are kept central to all activity related to clinical quality.
- To ensure that the domains for quality are made explicit throughout the reporting process:

- To identify issues that require action and report to the Governing Body when concerns are identified, and to hold reporting groups to account in taking action when needed.
- To identify and act upon potential risks to patients and shortfalls in the clinical quality of locally commissioned services.
- To identify potential cost effective opportunities to incorporate prevention interventions and consider equality and fair access issues as part of clinical quality
- To raise any concerns identified about quality or patient safety to the Governing Body.

Local Aims:

- Quality monitoring of acute, community and mental health services commissioned by NHS Bexley CCG.
- Coordination and management of quality reporting for commissioned services to the Governing Body.
- Assurance monitoring of CAS, NPSA alerts and NICE Guidance for community and mental health services commissioned by NHS Bexley CCG.
- Review of CQC monitoring of compliance for community and mental health services commissioned by NHS Bexley CCG.
- Ensure internal robust processes for clinical and corporate assurance to the Governing Body.
- Management of trends and themes analysis data related to quality – i.e. complaints, SI's and incidents for services commissioned by NHS Bexley CCG.
- Management of any national returns related to services commissioned by NHS Bexley CCG.
- Safeguarding assurance in locally commissioned services.
- Management and assurance of local infection prevention and control.
- To approve clinically related policies and make recommendations about their ratification to the Governing Body.

Authority / Delegation

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

Membership and Attendance:

Clinical Members	Non-Clinical Members
GP Quality Lead on the Governing Body (Chair)	Director of Governance and Quality – (Vice-Chair)
Secondary care clinician on the governing body	Lay member (lead on patient and public participation)
Nurse lead on the Governing Body	AD Commissioning and Contracting
Designated Nurse Safeguarding Children	AD Community and Primary Care Commissioning
Designated Nurse Safeguarding Adults	Head of Patient Experience and Stakeholder Engagement
Primary care clinician, who may be but is not necessarily one of the three GP locality members on the governing body	Clinical Governance and Corporate Risk Manager
Primary care clinician, who may be but is not necessarily one of the three GP locality members on the governing body	
Primary care clinician, who may be but is not necessarily one of the three GP locality members on the governing body	
Head of Quality	
AD Medicines Management	
Clinical Continuing Healthcare manager	

Members in attendance but without voting rights may include representatives other governing body members and employees of NHS Bexley CCG or commissioning support services as required.

Ex-officio Director of Commissioning

Attendance as required by:

Finance representatives

Service Redesign representatives

External Secondary Care representatives

It is acknowledged that there may be occasions when there might be a conflict of interest and these will be managed through the NHS Bexley CCG conflict of interest policy. Other Clinicians may be selected on a sessional basis or for a time limited piece of work.

Quorum:

50% of core membership

Decision Making

Where a vote is required to decide a matter each member may cast a single vote, in the event of a tie the Chair of the meeting may cast a second vote. A decision will be made on a simple majority

It may on occasion be necessary for Q&SWG members to make decisions outside formal meetings. The Committee Chair or Vice Chair will decide whether this procedure should be used.

Procedure

The committee Chair or Vice Chair will arrange for the notice of the business to be determined and any supporting paper, to be sent to members by email. The email will ask for a response to be sent to the Committee Chair or Vice Chair by a stated date. A decision made in this way will only be valid if the same minimum quorum, described in the above paragraph, express by email or signed written communication, by the stated date for response that they are in favour.

The committee Chair or Vice Chair as appropriate will retain all correspondence pertaining to such a decision for audit purposes and report decisions so made to the next meeting for ratification.

Frequency of Meetings:

Every 2 months or the Chair may call a meeting.

Reporting to:

The proceedings of each meeting of the committee shall be reported to the next meeting of the EMC. The Chair shall draw to the attention of the EMC any issues that require disclosure to the full Governing Body or require executive action.

Review of Arrangements

The arrangements for this group will be reviewed annually, or when necessary, to ensure that the membership is appropriate and the desired outcomes are being achieved.

Links to:

External Quality Monitoring Groups:

South London Healthcare NHS Trust,

Oxleas NHS Foundation Trust (Mental Health)

Darent Valley Hospital, Dartford & Gravesham NHS Trust

Joint Bexley & Greenwich Community Health Service (Oxleas Foundation Trust)

Local Safeguarding Children Board (LSCB)

Safeguarding Adult Board (SAB)

NHS Bexley Clinical Commissioning Group

“Information Governance Sub-Committee”

Terms of Reference

Approved 28/03/2013

Constitution

The Governing Body of NHS Bexley Clinical Commission Group hereby resolves to establish a sub-committee of the Executive Management Committee to be known as the Information Governance Sub-committee (“the sub-committee”). The sub-committee has no executive powers other than those specifically delegated in these terms of reference.

Purpose

Information is a vital asset, both in terms of the clinical management of individual patients and the efficient management of the CCG’s services and resources. It plays a key part in both clinical and information governance, as well as service planning and performance management. It is therefore of paramount importance to ensure that information is efficiently managed, and that appropriate policies, procedures and management accountability provide a robust governance framework for information management.

Information Governance incorporates:

- Confidentiality and Consent
- Data Protection
- Data Quality
- Information Management
- Information Disclosure and Sharing
- Information Security
- Records Management
- Registration Authority

- To take decisions in line with the Scheme of Delegation or as specifically delegated by a Committee or the Governing Body
- To ensure that patient confidentiality and the security of personal or sensitive information remains uncompromised.
- To ensure there is clear management accountability within the CCG that provides a robust governance framework for information management.

To provide the leadership and management of Information Governance across the organisation.

- To ensure that the CCG's policies and procedures are compliant with appropriate national guidance and best practice advice for Information Governance.
- The Information Governance Sub-committee reports into the Executive Management Committee and when appropriate to the Clinical Commissioning Group Governing Body to provide assurance on matters relating to Information Governance and to highlight any risks associated with it.

To ensure that the annual submission of the Information Governance Toolkit on the 31st March shows an annually improving trend in the CCG's RAG scores.

Objectives

- To ensure appropriate arrangements are in place for the confidentiality and management of patient records
- To ensure appropriate arrangements are in place for the confidentiality of employee records
- To oversee arrangements for the handling of Freedom of Information (FOI) requests
- To support the work of the Caldicott Guardian in relation to the above
- To ensure that the CCG has robust policies in place for all core components of the Information Governance framework
- To develop regular highlight reports for the EMC meeting providing assurances as necessary with respect to Information Governance
- To highlight to the EMC and Clinical Commissioning Group Governing Body any areas of high risk relating to the CCG with respect to Information Governance

- To work collaboratively with the NHS CB Local Area Team, the CSU and other CCGs and providers on the Information Governance Assurance Programme
- To ensure all Trust staff have the necessary knowledge and training to ensure that they can fulfil their obligations with respect to Information Governance
- To work closely to the Information Governance annual work plan in order to ensure the Trust meets its obligations with respect to Information Governance.
- To establish an active and integrated approach to information governance, records management and RA through developing and maintaining robust and effective procedures, policies, systems and processes that ensure Information Governance is embedded across the organization
- To co-ordinate the organisation's response to the Information Governance Toolkit, or equivalent assurance model, to meet the relevant deadlines
- Review the flows of information to ensure they are appropriate and supported by relevant documentation, especially those involving any transfer of personal data overseas
- Set out mandatory and non-mandatory IG training requirements, and ensures that they are implemented and adhered to
- Ensure that the CCG as a statutory body complies with law, statute and other information governance requirements, such as those identified and set by the NHS CB /Department of Health
- Co-ordinate and support the work of the SIRO and Caldicott Guardian, Information Asset Owners and Information Asset Administrators
- Review information incidents and information security incidents and report output to the sub-committee. These include information and data quality, as well as records management and recordkeeping.
- Support Records Management and Records standards within the organisation.
- To ensure that periodic vulnerability testing of the IG Framework is carried out in the organisation and the outcomes reported to the Information Governance Committee.

Authority / Delegation

The Chief Officer has overall accountability for ensuring that the organisation operates in accordance with the law as outlined in the Information Governance Framework.

The group is authorised by the governing body to investigate any activity within its Terms of Reference. It is authorised by the Governing Body to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary.

The Chair/Vice Chair of the Information Governance Sub-committee will report to the Executive Management Committee on a routine basis, this being not less than quarterly. A report for the Clinical Commissioning Group will be provided to the Executive Management Committee alongside the annual submission of the Information Governance Toolkit if required.

Membership and Attendance:

In order to meet the required standard for the committee, the four core functions of the IG framework need to be represented. Where a post holder is listed, they are required to represent the interests of those work streams.

Core Components of the Information Governance Framework		
	Sponsor	Owner
Information Governance Management	Chief Financial Officer/SIRO	Assistant Director of ICT and Information Governance
Confidentiality and Data Protection Assurance	Head of Quality Lead / Caldicott Guardian	Head of ICT
Information Security Assurance	Chief Financial Officer / SIRO	Head of ICT
Clinical Information Assurance	Clinical Quality Lead / Caldicott Guardian	Clinical Governance and Risk Manager

The Information Governance Toolkit is assessed on the four components detailed above each of which present a wider framework of responsibility than purely those mentioned above. In recognition of this, and to ensure that the Information Governance Sub-committee is able to advise on all aspects of Information Governance, the group membership is extended to include those leads responsible not only for the core components of the Information Governance framework but to extend it to those leads from the CCG whose areas of work impact on staff and patients alike if either patient identifiable data, personal data or sensitive data were compromised.

The list below sets out the core membership of the Information Governance Sub-committee:

Clinical Members	Non-Clinical Members
Caldicott Guardian – Chair	Chief Financial Officer / SIRO
AD Medicines Management	Assistant Director of ICT and Information Governance Lead – Vice Chair
	Director of Governance and Quality

	Clinical Governance and Risk Manager
	Head of ICT
	Corporate Office Manager
	Information / Performance Analyst
	Primary Care Systems Manager
	IT Project Manager
	AD Clinical Redesign and Governance
	Communications Manager
	Head of Finance - CSU
	Information Governance Support Officer

Where a member is unable to attend, a deputy or nominated representative must attend in their place wherever possible.

Those delegated to attend are given authority to represent their area in agreeing priorities, strategy, policy and protocol.

The membership may invite other persons to attend according to agenda items

Delegates must have delegated responsibility for decision making and sign off

The Chair shall advise on all aspects of confidentiality with respect to the information presented to and discussed by the membership.

All person-identifiable information shall be subject to Confidentiality Code of Conduct

Quorum

The minimum requirements for the Information Governance Group to be quorate will be at least 5 members, including the Chair or Vice Chair.

Decision Making

Where a vote is required to decide a matter each member may cast a single vote, in the event of a tie the Chair of the meeting may cast a second vote. A decision will be made on a simple majority

It may on occasion be necessary for the Information Governance Sub-committee members to make decisions outside of formal meetings. The Committee Chair or Vice Chair will decide whether this procedure should be used.

Procedure

The Committee Chair or Vice Chair will arrange for the notice of the business to be determined and any supporting paper, to be sent to members by email. The email will ask for a response to be sent to the Committee Chair or Vice Chair by a stated date. A decision made in this way will only be valid if the same minimum quorum, described in the above paragraph, express by email or signed written communication, by the stated date for response that they are in favour.

The Committee Chair or Vice Chair as appropriate will retain all correspondence pertaining to such a decision for audit purposes and report decisions so made to the next meeting for ratification.

Reporting

The Information Governance Sub-committee reports to the EMC and will raise key issues and risks to this committee and the Governing Body.

Frequency of Meetings

Quarterly or as called by the Chair

Reporting to:

The proceedings of each meeting of the Committee shall be reported to the next meeting of the Executive Management Committee. The Chair shall draw to the attention of the Executive Management Committee any issues that require disclosure to the full Governing Body or require executive action.

Review of Arrangements

The arrangements for this group will be reviewed annually, or when necessary, to ensure that the membership is appropriate and the desired outcomes are being achieved.

NHS Bexley Clinical Commissioning Group

“Medicines Management Sub-Committee”

Terms of Reference

Approved 28/03/2013

Constitution

The Governing Body of NHS Bexley Clinical Commission Group hereby resolves to establish a sub-committee of the Executive Management Committee to be known as the Medicines Management Sub-committee (“sub-committee”). The Sub-committee has no executive powers other than those specifically delegated in these terms of reference.

Purpose:

- To take decisions in line with the Scheme of Delegation or as specifically delegated by a Committee or the Governing Body
- Provide input to the development of local treatment guidelines
- Advise on the management of new drugs into primary care
- Facilitate implementation of NICE guidance, NPSA alerts and any other guidance related to primary care prescribing
- Advise on the prescribing budget setting and spend and explore the cause of overspending, identify solutions and implement action to resolve issues of concern related to prescribing budget.
- To assess necessity of and ratify patient group directions on behalf of the CCG once developed by the expert groups
- Monitor the impact of independent and supplementary prescribing

- Facilitate implementation of learning from clinical incidents relating to prescribing
- Promote collaboration with local secondary care providers
- Approve and oversee implementation of medicines policies
- Provide annual summary report to governing body
- Ratify and review associate policies, procedure and guidance pertaining to Medicines Management
- Ensure safe systems are in place for the management of controlled drugs – this includes ensuring that standard operating procedures are in place and that effective management and auditing of controlled drugs.
- To provide recommendation as to the prescribing budget setting methodology and monitor GP practices against their prescribing budget
- To monitor GP practices against the prescribing element of QIPP and provide recommendations to practices via localities as to areas of improvement against QIPP targets
- To review and approve primary care rebate schemes for CCG using the principles of good practice guide

Authority / Delegation

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

Membership and Attendance:

Clinical Members	Non-Clinical Members
GP Locality lead on the Governing Body	Finance Representative (as required) (non voting)
Bexley Local GPs x 4	
Practice Nurse (working in a BCCG Member's practice)	
Local Pharmaceutical Committee	

representative	
SLHT Pharmacist	
Head of Medicines Management (Vice Chair)	
Prescribing Advisors x 2 (non voting)	
Community Health Services Pharmacist (Oxleas representative)(non voting)	
A GP member will chair this committee	

Quorum:

Meetings to be quorate when a minimum of two GPs and one Pharmacist are present.

Decision Making

Where a vote is required to decide a matter each member may cast a single vote, in the event of a tie the Chair of the meeting may cast a second vote. A decision will be made on a simple majority

It may on occasion be necessary for MMWG members to make decisions outside formal meetings. The Committee Chair or Vice Chair will decide whether this procedure should be used.

Procedure

The sub-Committee Chair or Vice Chair will arrange for the notice of the business to be determined and any supporting paper, to be sent to members by email. The email will ask for a response to be sent to the sub-Committee Chair or Vice Chair by a stated date. A decision made in this way will only be valid if the same minimum quorum, described in the above paragraph, express by email or signed written communication, by the stated date for response that they are in favour.

The sub-Committee Chair or Vice Chair as appropriate will retain all correspondence pertaining to such a decision for audit purposes and report decisions so made to the next meeting for ratification.

Frequency of Meetings:

Every month or Chair may call a meeting.

Reporting to:

The proceedings of each meeting of the sub-Committee shall be reported to the next meeting of the Executive Management Committee. The Chair shall draw to the attention

of the Executive Management Committee any issues that require disclosure to the full Governing Body or require executive action.

Review of Arrangements

The arrangements for this group will be reviewed annually, or when necessary, to ensure that the membership is appropriate and the desired outcomes are being achieved.