

## Governing Body (public) meeting

**DATE: 26 March 2015**

Title	Constitution Update
Recommended action for the Governing Body	<p>That the Governing Body:</p> <p><b>ENDORSE</b> the constitutional changes agreed by the Primary Care Advisory Group (PCAG) on 12<sup>th</sup> March 2015.</p> <p><b>APPROVE</b> the application to NHS England to change the constitution.</p> <p><b>APPROVE</b> Committee &amp; Sub-committee Terms of Reference</p> <ul style="list-style-type: none"> <li>• Audit and Integrated Assurance Committee</li> <li>• Executive Management Committee</li> <li>• Remuneration Committee</li> <li>• Primary Care Joint Commissioning Committee</li> <li>• Finance Sub-Committee</li> <li>• Quality and Safety Sub-Committee</li> <li>• Medicines Management Sub-Committee</li> <li>• Information Governance Sub-Committee</li> </ul>
Executive summary	<p>Following engagement with practices in 2014 the CCG put in an 'expression of interest' for the co-commissioning of Primary Care to NHS England to work collaboratively with the other five CCGs in South East London. The CCG has now been told that it has been approved to take on joint commissioning.</p> <p>This report sets out the required constitutional changes agreed by PCAG to enable the necessary governance arrangements to be put in place for joint commissioning.</p> <p>PCAG also took this opportunity to agree to streamline some of the constitution clauses in relation to committee memberships, annual accounts sign off, and conflicts of interest. These changes will allow the CCG to be more responsive to changes</p>

## Clinical Commissioning Group

	<p>demanded in our governance arrangements by NHS England.</p> <p>A new co-commissioning committee will be set up, called the Primary Care Joint Commissioning Committee, which will be a first tier committee reporting directly to the Governing Body. The terms of reference to this committee as approved by PCAG are attached.</p> <p>Committees have reviewed the substantive areas of their terms of reference. The quorum and conflicts provisions have been changed to align with the new policy.</p>	
Which objective does this paper support?	<b>Patients:</b> Improve the health and wellbeing of people in Bexley in partnership with our key stakeholders	✓
	<b>People:</b> Empower our staff to make NHS Bexley CCG the most successful CCG in (south) London	✓
	<b>Pounds:</b> Delivering on all of our statutory duties and become an effective, efficient and economical organisation	✓
	<b>Process:</b> Commission safe, sustainable and equitable services in line with the operating framework and which improves outcomes and patient experience	✓
Organisational implications	Key risks <small>(corporate and/or clinical)</small>	Co-commissioning cannot take place without the necessary governance arrangements being in place.
	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)	GPs consulted and approved the route of Primary care co-commissioning at Level 2 at the GP Engagement event in December 2014.	
Audit (considered/approved by other committees/groups)	PCAG consulted and agreed the constitutional changes and structural governance arrangements 12 March 2015.	

**Clinical Commissioning Group**

Communications plan		
Author	Simon Evans-Evans	
	Clinical lead Dr Howard Stoate	Executive sponsor Simon Evans-Evans Director of Governance and Quality
Date	17 March 2015	

# **Primary Care Co-Commissioning - governance arrangements**

## **Background**

After discussion with the member practices at the GP Engagement Event in December, the CCG put in an expression of interest for Co-commissioning of Primary Care to NHS England to work collaboratively with the other five CCGs in South East London.

Our expression of interest was reviewed by the Regional Moderation Panel on 6 February who approved it. The application then went to the National moderation panel on 13 February.

On the 5 March NHSE announced that the CCG along with another 86 CCGs in the country had been approved to take on joint commissioning.

On 17 February an email, titled Primary Care Co-Commissioning - Governance Arrangements, was sent on behalf of Simon Evans-Evans to all Primary Care Advisory Group (PCAG) members with the details of the proposed governance arrangements and the necessary constitutional changes. In addition there were some other minor changes to the constitution to iron out some inconsistencies.

Members were asked to come back with any counter proposals to the recommended changes they may have. None were received.

This report details the changes agreed at the Primary Care Advisory Group Meeting on 12th March 2015.

1) the constitutional changes necessary to enact new governance arrangements (pages 4-14).

2) the terms of reference for the Primary Care Joint Commissioning Committee

## **How will the Governance work**

The proposals put forward by the six CCGs in South East London describe a shared model or approach to primary care co-commissioning that allows appropriate focus on local commissioning with the flexibility to act at scale across south east London.

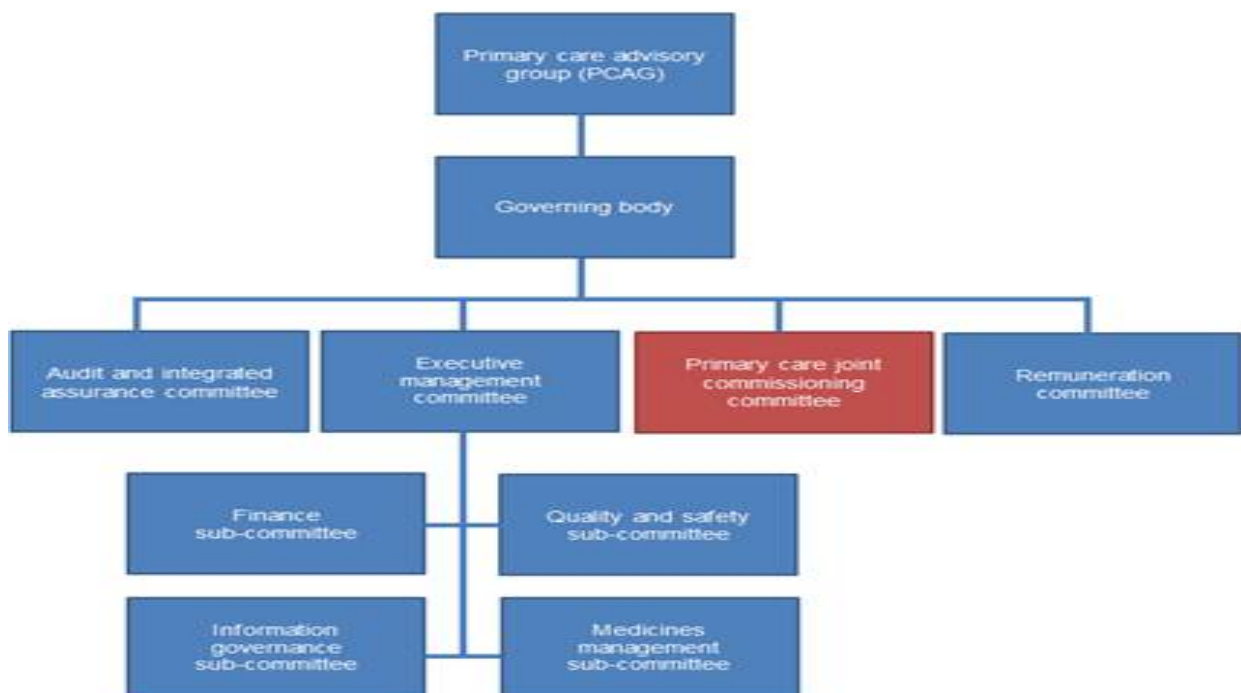
A robust but flexible mechanism of governance has been developed that allows us to share responsibility for collaborative activities while retaining responsibility for the commissioning activities for our population commissioning with NHS England. In

designing the approach set out below, the six CCGs in south east London followed these principles:

- Ensuring transparency of decision making with committee meetings held in public (in line with guidance from NHS England)
- Joint working across south east London and with NHS England by holding a single decision making meeting for south east London, or any combination of commissioners within south east London as required or appropriate
- Ensuring primacy of local decision making
- Ensuring significant clinical leadership and input to decision making through use of secondary care specialist or registered nurse as well as CCG Governing Body GP members
- Ensuring majority in decision making held by lay and executive members (in line with guidance from NHS England).

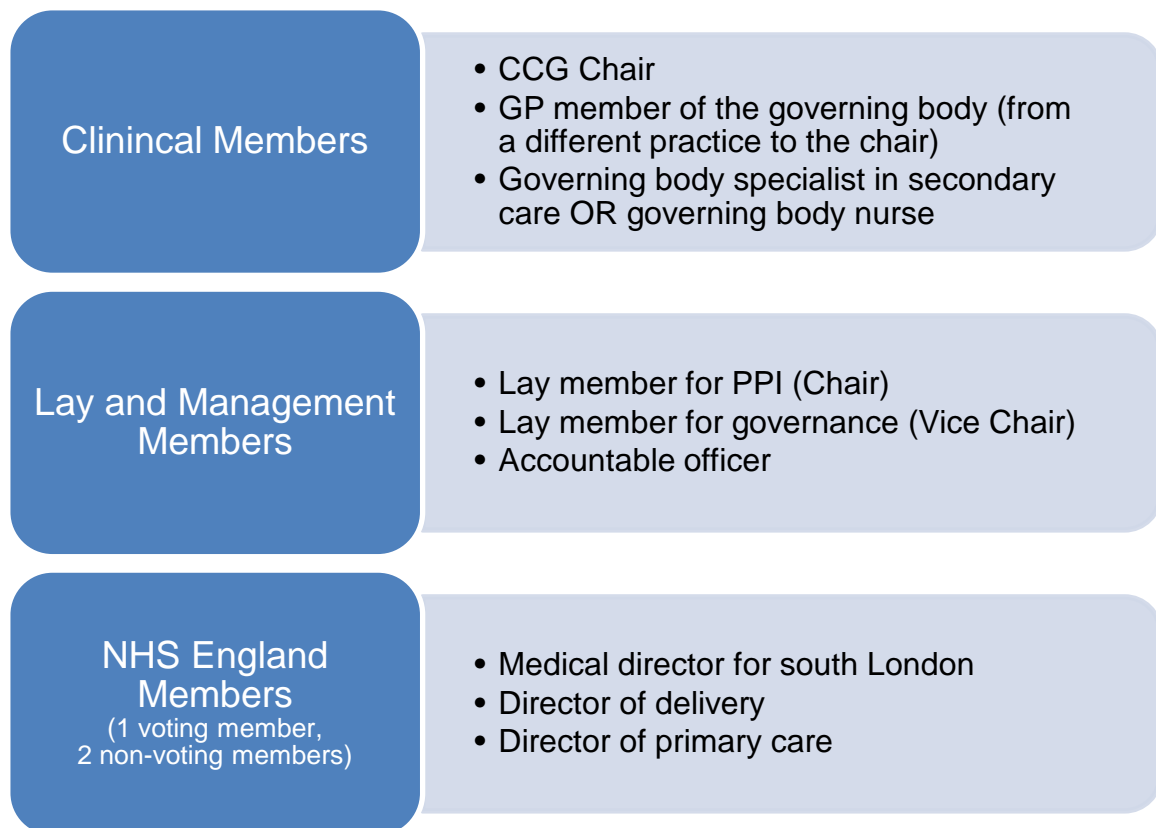
The six CCGs in south east London believe that the most appropriate governance approach to fulfil the principles above and adhere to NHS England guidance on governance and conflicts of interest is to have six individual committees that meet concurrently.

We will therefore create a “Primary Care Joint Commissioning Committee”. This committee will directly report to the Governing Body as a “first tier committee” on a par with the Executive, Audit and Remuneration Committees.



Representatives from each local Health and Wellbeing Board, Healthwatch and members of the general public will be invited to attend (in line with guidance from NHS England), we will also invite the Local Medical Committees (although when conflicted the LMC member will not be able to participate in the discussion and will observe only).

As the six individual committees will meet concurrently, and to reduce the overall number of people at the meeting we have limited the committee voting membership to 7, the members from NHS England will be common to all joint Committees in South East London, so for Bexley the committee membership will look like as follows:



Our committee would be made up of seven CCG members plus one NHS England voting member, of which they would have the following voting rights:

- Local members – 5 (out of 8) or 3 (out of 6) if GPs conflicted (plus chairs casting vote)
- Clinical members – 4 (out of 8) or 2 (out of 6) if GPs conflicted
- Non-primary care practitioners – 6 (out of 8)

NHS England will have one vote plus a weighted equal vote and right of casting vote where they would otherwise breach their statutory duties or agreed national NHS England policy

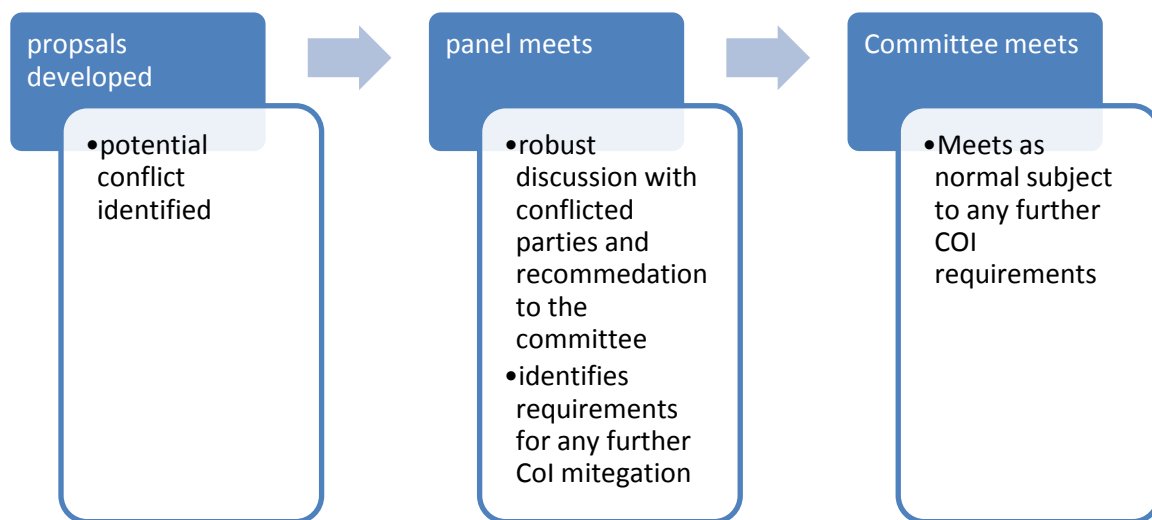
The Primary Care Joint Commissioning Committee for each CCG is a strategic body making relevant decisions and therefore may delegate certain operational matters to an operational working group.

### Member involvement in decision making

It is clearly important that members of the CCG are able to contribute to the decisions relating to primary care commissioning; however there is also a clear conflict of interest in this.

The CCG is therefore proposing to amend the conflicts of interest policy to include a conflicts panel that will be required to obtain, discuss and assess, prior to any committee making a decision the conflicted parties thoughts and concerns and regarding any proposals. The panel would make a recommendation to the committee, which would be published and read out at the meeting, the committee would make the final decision.

As a CCG we need to be open and transparent on decision making to the members and the public and therefore the proposed panel would operate along the following lines:



The proposals in relating to managing conflicts of interest are covered in a separate paper, for decision on today's agenda

### Constitutional Changes

Only the members of the CCG through the PCAG can change the constitution. To facilitate the creation of co-commissioning some changes to the constitution are required.

Note the following table details the additions and deletions to the current constitution. Please see the [current constitution](#) - which is available in the Governing Body

section on the CCG website - if you wish to see these changes in context of the full constitution text.

The proposed Changes are:

Deletions ~~are marked~~

Additions are marked

Proposed Change	Reason
<p>6.9.1. the governing body has appointed the following <del>three</del> four committees:</p>	<p>To allow the creation of a fourth committee</p>
<p>Audit and Integrated Assurance Committee  <del>6.9.4. Composition — it comprises the following people:</del>  <del>6.9.4.1. — Chair — the lay member of the governing body has qualifications, expertise or experience in financial management and audit matters;</del>  <del>6.9.4.2. — One GP Locality Lead (Vice-Chair)</del>  <del>6.9.4.3. — The lay person who has knowledge about the area specified in section 2 to enable — then to express informed views about the discharge of the CCGs functions</del>  <del>6.9.4.4. — The registered nurse;</del>  <del>6.9.4.5. — The secondary care specialist</del>  <del>6.9.5.6.9.4. — Members in attendance but without voting rights may include representatives from internal and external audit services and other employees of the CCG or support services as required.</del>                      The Terms of reference for this committee will be agreed by the governing body from time to time, however any changes to the membership of the committee will be presented to the next meeting of the Primary Care Advisory Group, where the change is not endorsed the Primary Care Advisory Group can reinstate the original membership or alter the membership</p>	<p>To allow greater flexibility in the event of staff changes – not related to Primary Care Co-commissioning</p>
<p>Remuneration Committee  <del>6.9.7.3.. — Composition — it comprises the following people:</del>  <del>6.9.7.3.1.. — Chair - the lay member of the governing body who was has qualifications, — expertise or experience in financial management and audit matters;</del>  <del>6.9.7.3.2.. — The lay member of the governing body appointed as lead on patient and public participation matters;</del>  <del>6.9.7.3.3.. — Chair of the governing body;</del>  <del>6.9.7.3.4. — One GP Locality Lead on the governing body.</del>  <del>6.9.7.4. — When GP remuneration is being discussed, the Chair and GP members will be — replaced by the secondary care and nurse members</del>                      The Terms of reference for this committee will be agreed by the governing body from time to time, however any changes to the membership of the committee will be presented to the next meeting of the Primary Care Advisory Group, where the change is</p>	<p>To allow greater flexibility in the event of staff changes – not related to Primary Care Co-commissioning</p>



<p>not endorsed the Primary Care Advisory Group can reinstate the original membership or alter the membership</p>	
<p><b>The Executive Management Committee</b>  <del>6.9.8.3. Composition – it comprises the following people:</del>  <del>6.9.8.3.1 The Accountable Officer (chair);</del>  <del>6.9.8.3.2. The Chair of the governing body;</del>  <del>6.9.8.3.3.. The Chief Financial Officer (vice-chair);</del>  <del>6.9.8.3.4. The Director of Commissioning</del>  <del>6.9.8.3.5.. The Director of Governance and Quality</del>  <del>6.9.8.3.6. Three GP Members of the Governing Body</del>  <del>6.9.9.. Members in attendance but without voting rights may include other members of the governing body and other employees of the CCG as required</del></p> <p>The Terms of reference for this committee will be agreed by the governing body from time to time, however any changes to the membership of the committee will be presented to the next meeting of the Primary Care Advisory Group, where the change is not endorsed the Primary Care Advisory Group can reinstate the original membership or alter the membership</p>	<p>To allow greater flexibility in the event of staff changes – not related to Primary Care Co-commissioning</p>
<p>6.9.10. Primary Care Joint Commissioning Committee (PCJCC) – which is accountable to the governing body</p> <p>Function – The role of the PCJCC shall be to work jointly with NHS England and collaboratively with Clinical Commissioning Groups in South East London, as detailed in section 6.10 – Joint arrangements</p> <p>6.9.10.1. to carry out the functions relating to the commissioning of primary medical services under section 83 of the NHS Act except those relating to individual GP performance management, which have been reserved to NHS England and those functions relating to primary Care, (including the duty to support NHS England improve the quality of primary care) within the Act within the London Borough of Bexley.</p> <p>6.9.10.2. Terms of Reference appear at Appendix F.</p> <p>6.9.10.3 The Terms of reference for this committee will be agreed by the governing body from time to time, however any changes to the membership of the committee will be presented to the next meeting of the Primary Care Advisory Group, where the change is not endorsed the Primary Care Advisory Group can reinstate the original membership or alter the membership</p>	<p>Details of the new committee in line with the other three first tier committees</p>
<p><b>6.10 Joint Arrangements</b>  <b>6.10.5. Joint commissioning arrangements with other Clinical Commissioning Groups</b>  6.10.5.1. The clinical commissioning group (CCG) may wish to work together with other CCGs in the exercise of its commissioning functions.  6.10.5.2. The CCG may make arrangements with one or more</p>	<p>Model wording to allow for the creation of Joint Committees or committees in common with</p>

<p>CCG in respect of:</p> <p>6.10.5.2.1. delegating any of the CCG's commissioning functions to another CCG;</p> <p>6.10.5.2.2. exercising any of the commissioning functions of another CCG; or</p> <p>6.10.5.2.3. exercising jointly the commissioning functions of the CCG and another CCG</p> <p>6.10.5.3. For the purposes of the arrangements described at paragraph [6.10.5.2], the CCG may:</p> <p>6.10.5.3.1. make payments to another CCG;</p> <p>6.10.5.3.2. receive payments from another CCG;</p> <p>6.10.5.3.3. make the services of its employees or any other resources available to another CCG; or</p> <p>6.10.5.3.4. receive the services of the employees or the resources available to another CCG.</p> <p>6.10.5.4. Where the CCG makes arrangements which involve all the CCGs exercising any of their commissioning functions jointly, a joint committee or a committee in common may be established to exercise those functions.</p> <p>6.10.6. For the purposes of the arrangements described at paragraph [6.10.5.2] above, the CCG may establish and maintain a pooled fund made up of contributions by any of the CCGs working together pursuant to paragraph 1.2.3 above. Any such pooled fund may be used to make payments towards expenditure incurred in the discharge of any of the commissioning functions in respect of which the arrangements are made.</p> <p>6.10.6.1. Where the CCG makes arrangements with another CCG as described at paragraph [6.10.5.2] above, the CCG shall develop and agree with that CCG an agreement setting out the arrangements for joint working, including details of:</p> <p>6.10.6.1.1. How the parties will work together to carry out their commissioning functions;</p> <p>6.10.6.1.2. The duties and responsibilities of the parties;</p> <p>6.10.6.1.3. How risk will be managed and apportioned between the parties;</p> <p>6.10.6.1.4. Financial arrangements, including, if applicable, payments towards a pooled fund and management of that fund;</p> <p>6.10.6.1.5. Contributions from the parties, including details around assets, employees and equipment to be used under the joint working arrangements.</p> <p>6.10.6.2. The liability of the CCG to carry out its functions will not be affected where the CCG enters into arrangements pursuant to paragraph [6.10.5.2] above.</p> <p>6.10.6.3. The CCG will act in accordance with any further guidance issued by NHS England on co-commissioning.</p> <p>6.10.6.4. Only arrangements that are safe and in the interests of patients registered with member practices will be approved by the governing body.</p> <p>6.10.6.5. The governing body of the CCG shall require, in all joint commissioning arrangements, that the lead clinician and lead</p>	<p>NHS England and other CCGs</p>
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manager of the lead CCG make a quarterly written report to the governing body and hold at least annual engagement events to review aims, objectives, strategy and progress and publish an annual report on progress made against objectives.

6.10.6.6. Should a joint commissioning arrangement prove to be unsatisfactory the governing body of the CCG can decide to withdraw from the arrangement, but has to give six months' notice to partners, with new arrangements starting from the beginning of the next new financial year.

6.10.7. **Joint commissioning arrangements with NHS England for the exercise of CCG functions**

6.10.7.1. The CCG may wish to work together with NHS England in the exercise of its commissioning functions.

6.10.7.2. The CCG and NHS England may make arrangements to exercise any of the CCG's commissioning functions jointly.

6.10.7.3. The arrangements referred to in paragraph [6.10.7.2] above may include other CCGs.

6.10.7.4. Where joint commissioning arrangements pursuant to [6.10.7.2] above are entered into, the parties may establish a joint committee or committee in common to exercise the commissioning functions in question.

6.10.7.5. Arrangements made pursuant to [6.10.7.2] above may be on such terms and conditions (including terms as to payment) as may be agreed between NHS England and the CCG.

6.10.8. Where the CCG makes arrangements with NHS England (and another CCG if relevant) as described at paragraph [6.10.7.2] above, the CCG shall develop and agree with NHS England a framework setting out the arrangements for joint working, including details of:

6.10.8.1.1. How the parties will work together to carry out their commissioning functions;

6.10.8.1.2. The duties and responsibilities of the parties;

6.10.8.1.3. How risk will be managed and apportioned between the parties;

6.10.8.1.4. Financial arrangements, including, if applicable, payments towards a pooled fund and management of that fund;

6.10.8.1.5. Contributions from the parties, including details around assets, employees and equipment to be used under the joint working arrangements; and

6.10.8.2. The liability of the CCG to carry out its functions will not be affected where the CCG enters into arrangements pursuant to paragraph [6.10.7.2] above.

6.10.8.3. The CCG will act in accordance with any further guidance issued by NHS England on co-commissioning.

6.10.8.4. Only arrangements that are safe and in the interests of patients registered with member practices will be approved by the governing body.

6.10.8.5. The governing body of the CCG shall require, in all joint commissioning arrangements that the Chief Officer of the

CCG make a quarterly written report to the governing body and hold at least annual engagement events to review aims, objectives, strategy and progress and publish an annual report on progress made against objectives.

6.10.8.6. Should a joint commissioning arrangement prove to be unsatisfactory the governing body of the CCG can decide to withdraw from the arrangement, but has to give six months' notice to partners, with new arrangements starting from the beginning of the next new financial year after the expiration of the six months' notice period.

**6.10.9. Joint commissioning arrangements with NHS England for the exercise of NHS England's functions**

6.10.9.1. The CCG may wish to work with NHS England and, where applicable, other CCGs, to exercise specified NHS England functions.

6.10.9.2. The CCG may enter into arrangements with NHS England and, where applicable, other CCGs to:

6.10.9.2.1. Exercise such functions as specified by NHS England under delegated arrangements;

6.10.9.2.2. Jointly exercise such functions as specified with NHS England.

6.10.9.2.3. Where arrangements are made for the CCG and, where applicable, other CCGs to exercise functions jointly with NHS England a joint committee or committee in common may be established to exercise the functions in question.

6.10.9.3. Arrangements made between NHS England and the CCG may be on such terms and conditions (including terms as to payment) as may be agreed between the parties.

6.10.9.4. For the purposes of the arrangements described at paragraph [6.10.9.2] above, NHS England and the CCG may establish and maintain a pooled fund made up of contributions by the parties working together. Any such pooled fund may be used to make payments towards expenditure incurred in the discharge of any of the commissioning functions in respect of which the arrangements are made.

6.10.9.5. Where the CCG enters into arrangements with NHS England as described at paragraph [6.10.9.2] above, the parties will develop and agree a framework setting up the arrangements for joint working, including details of:

6.10.9.5.1. How the parties will work together to carry out their commissioning functions;

6.10.9.5.2. The duties and responsibilities of the parties;

6.10.9.5.3. How risk will be managed and apportioned between the parties;

6.10.9.5.4. Financial arrangements, including payments towards a pooled fund and management of that fund;

6.10.9.5.5. Contributions from the parties, including details around assets, employees and equipment to be used under the joint working arrangements.

6.10.9.6. The liability of NHS England to carry out its functions

<p>will not be affected where it and the CCG enter into arrangements pursuant to paragraph [6.10.9.2] above.</p> <p>6.10.9.7. The CCG will act in accordance with any further guidance issued by NHS England on co-commissioning.</p> <p>6.10.9.8. Only arrangements that are safe and in the interests of patients registered with member practices will be approved by the governing body.</p> <p>6.10.9.9. The governing body of the CCG shall require, in all joint commissioning arrangements that the Chief Officer of the CCG make a quarterly written report to the governing body and hold at least annual engagement events to review aims, objectives, strategy and progress and publish an annual report on progress made against objectives.</p> <p>6.10.9.10. Should a joint commissioning arrangement prove to be unsatisfactory the governing body of the CCG can decide to withdraw from the arrangement, but has to give six months' notice to partners, with new arrangements starting from the beginning of the next new financial year after the expiration of the six months' notice period.</p>	
<p>8.2. Conflicts of Interest</p> <p>8.2.2. Arrangements for managing conflicts of interest will comply with statute and guidance from NHS England (as amended from time to time) and will be set out in Policy approved by the Governing Body and available on the CCG website</p> <p><del>Where an individual, i.e. an employee, CCG member, member of the governing body, or a member of a committee or a sub-committee of the CCG or its governing body has an interest, or becomes aware of an interest which could lead to a conflict of interest in the event of the CCG considering an action or decision in relation to that interest, that must be considered as a potential conflict, and is subject to the provisions of this constitution.</del></p> <p><del>8.2.3. A conflict of interest will include:</del></p> <p><del>8.2.3.1. a direct pecuniary interest: where an individual may financially benefit from the</del></p> <p><del>8.2.3.2. consequences of a commissioning decision (for example, as</del></p> <p><del>services);</del></p> <p><del>8.2.3.4.8.2.9. an indirect pecuniary interest: for example, where an individual is a partner, member or shareholder in an organisation that will benefit financially from the consequences of a commissioning decision;</del></p> <p><del>8.2.3.5.8.2.10. a non-pecuniary interest: where an individual holds a non-remunerative or not-for-profit interest in an organisation, that will benefit from the consequences of a commissioning decision (for example, where an individual is a trustee of a voluntary provider that is bidding for a contract);</del></p> <p><del>8.2.3.6.8.2.11. a non-pecuniary personal benefit: where an individual may enjoy a qualitative benefit from the consequence of a commissioning decision which cannot be given a monetary value (for example, a reconfiguration of hospital services which might</del></p>	<p>Simplifying the provisions in the constitution to allow for more flexibility (for instance to respond to new statutory guidance published in December 2014)</p>

result in the closure of a busy clinic next door to an individual's house);

~~8.2.3.7.8.2.12. — where an individual is closely related to, or in a significant relationship, including a close friendship, with an individual in the above categories.~~

~~8.2.13. —~~

~~8.2.4.8.2.14. If in doubt, the individual concerned should assume that a potential conflict of interest exists and must declare it.~~

~~8.2.15. —~~

~~8.3.8.2.16. — Declaring and Registering Interests~~

~~8.3.1.8.2.17. The CCG will maintain one or more registers of the interests of:~~

~~8.2.18. —~~

~~8.3.1.1.8.2.19. — the members of the CCG;~~

~~8.3.1.2.8.2.20. — the members of its governing body;~~

~~8.3.1.3.8.2.21. — the members of its committees or sub-committees and the committees or sub-committees of its governing body; and~~

~~8.3.1.4.8.2.22. — its employees.~~

~~8.2.23. —~~

~~8.3.2.8.2.24. The registers will be published on the CCG's website at [www.bexley.nhs.uk](http://www.bexley.nhs.uk). Other ways of accessing the document include:~~

~~8.3.2.1.8.2.25. — by email at [ContactUs@bexley.nhs.uk](mailto:ContactUs@bexley.nhs.uk)~~

~~8.3.2.2.8.2.26. — by post to 221 Erith Road, Bexleyheath, Kent, DA7 6HZ~~

~~8.2.27. —~~

~~8.2.28. —~~

~~8.3.3.8.2.29. Individuals will declare any interest that they have, in relation to a decision to be made in the exercise of the commissioning functions of the CCG, in writing to the governing body, as soon as they are aware of it and in any event no later than 28 days after becoming aware.~~

~~8.2.30. —~~

~~8.3.4.8.2.31. Where an individual is unable to provide a declaration in writing, for example, if a conflict becomes apparent in the course of a meeting, they will make an oral declaration before witnesses, and provide a written declaration as soon as possible thereafter.~~

~~8.2.32. —~~

~~8.3.5.8.2.33. The governing body will ensure that the register of interest is reviewed regularly, and updated as necessary.~~

~~8.2.34. —~~

~~8.3.6.8.2.35. The lay member of the governing body, with particular responsibility for governance, will make themselves available to provide advice to any individual who believes they have, or may have, a conflict of interest.~~

~~8.2.36. —~~

~~8.3.7.8.2.37. The governing body will take such steps as it deems appropriate, and request information it deems appropriate from~~



individuals, to ensure that all conflicts of interest and potential conflicts of interest are declared.

~~8.2.38. \_\_\_\_\_~~

~~8.4.8.2.39. Managing Conflicts of Interest: general~~

~~8.4.1.8.2.40. Individual members of the CCG, the governing body, committees or sub-committees, the committees or sub-committees of its governing body and employees will comply with the arrangements determined by the CCG for managing conflicts or potential conflicts of interest.~~

~~8.2.41. \_\_\_\_\_~~

~~8.4.2.8.2.42. The governing body will ensure that for every interest declared, either in writing or by oral declaration, arrangements are in place to manage the conflicts of interest or potential conflicts of interest, to ensure the integrity of the CCG's decision making processes.~~

~~8.2.43. \_\_\_\_\_~~

~~8.4.3.8.2.44. Arrangements for the management of conflicts of interest are to be determined by the governing body and will include the requirement to put in writing to the relevant individual arrangements for managing the conflicts of interest or potential conflicts of interest, within a week of declaration. The arrangements will confirm the following:~~

~~8.2.45. \_\_\_\_\_~~

~~8.4.3.1.8.2.46. \_\_\_\_\_ when an individual should withdraw from a specified activity, on a temporary or \_\_\_\_\_ permanent basis;~~

~~8.4.3.2.8.2.47. \_\_\_\_\_ monitoring of the specified activity undertaken by the individual, either by a line manager, colleague or other designated individual.~~

~~8.2.48. \_\_\_\_\_~~

~~8.4.4.8.2.49. Where an interest has been declared, either in writing or by oral declaration, the declarer will ensure that before participating in any activity connected with the CCG's exercise of its commissioning functions, they have received confirmation of the arrangements to manage the conflicts of interest or potential conflicts of interest from the governing body.~~

~~8.2.50. \_\_\_\_\_~~

~~8.4.5.8.2.51. Where an individual member, employee or person providing services to the CCG is aware of an interest which:~~

~~8.2.52. \_\_\_\_\_~~

~~8.4.5.1.8.2.53. \_\_\_\_\_ has not been declared, either in the register or orally, they will declare this at the start of the meeting;~~

~~8.4.5.2.8.2.54. \_\_\_\_\_ has previously been declared, in relation to the scheduled or likely business of the \_\_\_\_\_ meeting, the individual concerned will bring this to the attention of the chair of the \_\_\_\_\_ meeting, together with details of arrangements which have been confirmed for the \_\_\_\_\_ management of the conflicts of interest or potential conflicts of interest.~~

~~8.4.5.3.8.2.55. \_\_\_\_\_ The chair of the meeting will then determine how this should be managed and inform the member of their decision. Where no arrangements have been confirmed, \_\_\_\_\_ the~~

~~chair of the meeting may require the individual to withdraw from the meeting or part of it. The individual will then comply with these arrangements, which must be recorded in the minutes of the meeting.~~

~~8.2.56.~~

~~8.4.6.8.2.57. Where the chair of any meeting of the CCG, including committees, sub-committees, or the governing body and the governing body's committees and sub-committees, has a personal interest, previously declared or otherwise, in relation to the scheduled or likely business of the meeting, they must make a declaration and the clinical vice-chair, deputy chair or committee vice-chair, or other committee member who is not conflicted will act as chair for the relevant part of the meeting.~~

~~8.2.58.~~

~~8.4.7.8.2.59. Where arrangements have been confirmed for the management of the conflicts of interest or potential conflicts of interest in relation to the chair, the meeting must ensure these are followed. Where no arrangements have been confirmed, the clinical vice-chair or deputy chair may require the chair to withdraw from the meeting or part of it. Where there is no clinical vice-chair or deputy chair, the members of the meeting will select one.~~

~~8.2.60.~~

~~8.4.8.8.2.61. Any declarations of interests, and arrangements agreed in any meeting of the clinical commissioning CCG, committees or sub-committees, or the governing body, the governing body's committees or sub-committees, will be recorded in the minutes.~~

~~8.2.62.~~

~~8.4.9.8.2.63. Where more than 50% of the members of a meeting are required to withdraw from a meeting or part of it, owing to the arrangements agreed for the management of conflicts of interest or potential conflicts of interest, the chair (clinical vice-chair or deputy) will determine whether or not the discussion can proceed.~~

~~8.2.64.~~

~~8.4.9.1.8.2.65. In making this decision the chair will consider whether the meeting is quorate, in accordance with the number and balance of membership set out in the CCG's standing orders. Where the meeting is not quorate, owing to the absence of certain members, the discussion will be deferred until such time as a quorum can be convened. Where a quorum cannot be convened from the membership of the meeting, owing to the arrangements for managing conflicts of interest or potential conflicts of interest, the chair of the meeting shall consult with the governing body on the action to be taken. This may include (Such a position shall be recorded in the minutes of the meeting):~~

~~8.2.66.~~

~~8.4.9.1.1.8.2.67. Deferring the discussion and/or the passing of a resolution. The meeting must then proceed to the next business~~

~~8.2.68.~~



~~8.4.9.2.8.2.69. requiring another of the CCG's committees or sub-committees, the CCG's governing body or the governing body's committees or sub-committees (as appropriate) which can be quorate to progress the item of business, or if this is not possible;~~

~~8.4.9.3.8.2.70. inviting on a temporary basis one or more of the following to make up the quorum (where these are permitted members of the governing body or committee / sub-committee in question) so that the CCG can progress the item of business:~~

~~8.2.71. a member of the clinical commissioning group who is an individual;~~

~~8.4.9.3.1.8.2.72. an individual appointed by a member to act on their behalf in the dealings between it and the clinical commissioning group;~~

~~8.4.9.3.2.8.2.73. a member of a relevant Health and Wellbeing Board;~~

~~8.4.9.3.3.8.2.74. a member of a governing body of another clinical commissioning group.~~

~~8.4.9.3.4.8.2.75. Reducing the quorum to 40% to include one clinical member~~

~~8.2.76. These arrangements must be recorded in the minutes.~~

~~8.2.77. In any transaction undertaken in support of the clinical commissioning group's exercise of its commissioning functions (including conversations between two or more individuals, e-mails, correspondence and other communications), individuals must ensure, where they are aware of an interest, that they conform to the arrangements confirmed for the management of that interest. Where an individual has not had confirmation of arrangements for managing the interest, they must declare their interest at the earliest possible opportunity in the course of that transaction, and declare that interest as soon as possible thereafter. The individual must also inform either their line manager (in the case of employees), or the governing body of the transaction.~~

~~8.2.78. The governing body will take such steps as deemed appropriate, and request information deemed appropriate from individuals, to ensure that all conflicts of interest and potential conflicts of interest are declared~~

~~8.2.79. Managing Conflicts of Interest: contractors and people who provide services to the CCG~~

~~8.4.12.8.2.82. Anyone seeking information in relation to procurement, or participating in a procurement, or otherwise engaging with the clinical commissioning group in relation to the~~

<p><del>potential provision of services or facilities to the CCG, will be required to make a declaration of any relevant conflicts / potential conflicts of interest.</del></p> <p><del>8.2.86. ———</del></p> <p><del>8.5.2.8.2.87. Anyone contracted to provide services or facilities directly to the clinical commissioning group will be subject to the same provisions of this constitution in relation to managing conflicts of interest. This requirement will be set out in the contract for their services.</del></p>	
<p>Scheme of Delegation</p> <p>20: ANNUAL REPORTS AND ACCOUNTS, Approval of the CCG's annual report and annual accounts. Move to <a href="#">Audit and Integrated Assurance Committee</a></p>	To clarify roles
<p>52: Primary Care Commissioning - Approve primary care commissioning arrangements in Bexley and in common with other local CCGs. – Governing Body</p> <p>53 Primary Care Commissioning - Approval of the arrangements for discharging the CCG's responsibilities and duties associated with its primary care commissioning functions, including but not limited to promoting the involvement of each patient, patient choice, reducing inequalities, improvement in the quality of services, obtaining appropriate advice and public engagement and consultation. – Governing Body</p>	

# **NHS Bexley Clinical Commissioning Group**

## **Audit and Integrated Assurance Committee**

### **Terms of Reference**

*Approved:*

#### **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**

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

- The approval of the CCG's operational scheme of delegation that underpins the CCG's 'overarching scheme of reservation and delegation' as set out in its constitution.
- 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 of 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 arrangements ; 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 policies and procedures related to whistleblowing and arrangements for special investigations;
- 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' patients facing 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 Public Sector 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 and agreement of the annual audit letter before it is submitted to the Governing Body.
- Agreement of additional work required outside the annual audit plan and monitoring of 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.

### **Tendering and Contracting**

The committee will review and approve all changes to the provision or delivery of assurance services to the CCG including internal audit and counter fraud.

### **Hosted arrangements**

The committee will review and provide assurance to the Governing Body on all arrangements regarding services hosted by the CCG and those hosted jointly by the CCG and third parties.

### **Partnership and other inter-organisational arrangements**

The committee will 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 should satisfy itself that the organisation has adequate arrangements in place for countering fraud and shall review and approve the CCG's counter fraud and security arrangements. .

### **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 Annual Governance Statement 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 Prime Financial Policies 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 (*Current Post-holders*)**

<b>Clinical Members</b>	<b>Independent Members</b>
Clinical Vice-Chair and Clocktower Locality Representative <i>(Nikki Kanani)</i>	GB Lay Member for Financial Management and Audit – Chair <i>(Keith Wood)</i>
Secondary Care Specialist Doctor <i>(Graham Rehling)</i>	Governing Body North Bexley Locality Representative. <i>(Tina Khanna)</i>
Governing Body Registered Nurse <i>(Mary Currie)</i>	

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 & Conflicts of Interest**



The quorum required for any business to be transacted at a meeting is at least 50% of the members of the committee rounded up to the next whole number present at the meeting.

The committee chair is responsible for managing conflicts of interest that arise in a meeting, with advice from the executive member of the committee.

Where members are required to withdraw from a meeting due to a conflict of interest or any other reason that does not affect the meeting quoracy then a decision or vote can proceed as normal.

Where more than 50% of the members of a meeting are required to withdraw from a meeting or part of it, or are absent for any other reason the chair may:

- Defer the matter to another meeting of the committee, which may be quorate
- Refer the matter to the a conflicts of interest panel in line with the conflicts of interest policy
- Use the decision making procedure outlined below provided that quoracy can be obtained for any urgent decisions

Where a conflict is identified the conflict and the action will be recorded in the minutes of the meeting and the register of interests updated accordingly.

## **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 will decide whether this procedure should be used.

## **Procedure**

The Committee 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 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 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 the attention of the Governing Body to 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 paper.
- 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**

### **Executive Management Committee**

#### **Terms of Reference**

*Approved:*

#### **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 ensure that the strategic and operational business of the CCG is carried out effectively and efficiently by taking decisions on behalf of the Governing Body 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 management functions;
  - The development and implementation of the 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.
  
- To approve proposal for action on litigation and claims handling against or on behalf of the CCG.
  
- To approve the CCG's contracts for any commissioning support,
  
- To approve the CCG's contracts for corporate support (i.e., finance provision)
  
- To approve arrangement for discharging the CCG's statutory duties associated with its commissioning functions, including but not limited to promoting the involvement of each patient, patient choice, reducing inequalities, improvement in the quality of services, obtaining appropriate advice and public engagement and consultation.
  
- To approve arrangements for co-ordinating the commissioning of services with other CCGs and or with the local authority (ies) where appropriate.

### **Authority / Delegation**

The Committee is authorised by the Governing Body to:

- Investigate any activity within its Terms of Reference.
  
- 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 EMC may create sub-committees to enable it to carry out its function of Joint Arrangements on behalf of the Governing Body:

### **Membership and Attendance (*Current Post-holder*)**

<b>Non-Clinical Members</b>	<b>Clinical Members</b>
The Accountable Officer – Chair	CCG Governing Body Chair

<i>(Sarah Blow)</i>	<i>(Howard Stoate)</i>
Chief Finance Officer – Vice-Chair <i>(Theresa Osborne)</i>	CCG Clinical Vice-Chair <i>(Nikki Kanani)</i>
Director of Commissioning <i>(Sarah Valentine)</i>	GP Locality Lead, Clocktower <i>(Peter Fish)</i>
Director of Governance and Quality <i>(Simon Evans-Evans)</i>	GP Locality Lead, Frognaal <i>(Sid Deshmukh)</i>
	GP Locality Lead, North Bexley <i>(Varun Bhalla)</i>

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

A member who cannot attend a meeting will be expected to arrange and brief a deputy to attend and exercise the full powers of the member they represent at the meeting. It is essential that members brief their deputies on the business to be transacted. Deputies must be of Assistant Director Grade of equivalent.

## **Quorum & Conflicts of Interest**

The quorum required for any business to be transacted at a meeting is at least 50% of the members of the committee rounded up to the next whole number present at the meeting.

The committee chair is responsible for managing conflicts of interest that arise in a meeting, with advice from the executive member of the committee.

Where members are required to withdraw from a meeting due to a conflict of interest or any other reason that does not affect the meeting quoracy then a decision or vote can proceed as normal.

Where more than 50% of the members of a meeting are required to withdraw from a meeting or part of it, or are absent for any other reason the chair may:

- Defer the matter to another meeting of the committee, which may be quorate
- Refer the matter to the to the a conflicts of interest panel in line with the conflicts of interest policy
- Use the decision making procedure outlined below provided that quoracy can be obtained for any urgent decisions

Where a conflict is identified the conflict and the action will be recorded in the minutes of the meeting and the register of interests updated accordingly.

## **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**

Meetings will be held 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**

## **Remuneration Committee**

### **Terms of Reference**

*Approved:*

#### **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 Remuneration Committee is to make recommendations to the Governing Body on determinations about the remuneration, fees and other allowances for employees and for people who provide services to the CCG. Determinations about allowances under any pension scheme that the CCG may establish as an alternative to the NHS Pension Scheme.

The Governing Body has approved and keeps under review the terms of reference for the remunerations committee which includes information on the membership of the remuneration committee:

- 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, 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 appointments 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 Governing Body 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 Officer, Secondary Care Specialist Doctor 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 Governing Body 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.

Membership of the Committee will include

- Chair – The CCG Lay Member of the Governing Body with qualification and expertise or experience in financial management and audit matters.
- The CCG Lay Member of the Governing Body appointed as lead on patient and public participation matters.
- Chair of the Governing Body.
- One GP Locality Lead on the Governing Body.

When GP remuneration is being discussed by the committee, the Governing Body Chair and GP Locality Lead member of the committee should be replaced by the Secondary Care Specialist and the Registered Nurse.

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

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 the 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.

## **Quorum & Conflicts of Interest**

The quorum required for any business to be transacted at a meeting is at least 50% of the members of the committee rounded up to the next whole number present at the meeting.

The committee chair is responsible for managing conflicts of interest that arise in a meeting, with advice from the executive member of the committee.

Where members are required to withdraw from a meeting due to a conflict of interest or any other reason that does not affect the meeting quoracy then a decision or vote can proceed as normal.

Where more than 50% of the members of a meeting are required to withdraw from a meeting or part of it, or are absent for any other reason the chair may:

- Defer the matter to another meeting of the committee, which may be quorate
- Refer the matter to the a conflicts of interest panel in line with the conflicts of interest policy
- Use the decision making procedure outlined below provided that quoracy can be obtained for any urgent decisions

Where a conflict is identified the conflict and the action will be recorded in the minutes of the meeting and the register of interests updated accordingly.

## **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 Remuneration 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 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**

### **“The CCG”**

## **Primary Care Joint Commissioning Committee**

### **Terms of Reference**

#### **Introduction**

In May 2014 NHS England invited Clinical Commissioning Groups (CCGs) to expand their role in primary care commissioning and to submit expressions of interest setting out their preference for how they would like to exercise expanded primary medical care commissioning functions. One option available was that NHS England and CCGs would co-commission primary medical services.

One of the aims of co-commissioning is to help align the commissioning system and to develop better integrated out of hospital services based around the diverse needs of local populations.

The governing body of the CCG (“the Governing Body”) have resolved to establish a committee to be known as the Primary Care Joint Commissioning Committee (“Joint Committee”). The Joint Committee is a co commissioning committee of the Governing Body with full representation from NHS England.

#### **Statutory Framework**

The National Health Service Act 2006 (as amended) (“**NHS Act**”) provides, at section 13Z, that NHS England’s functions may be exercised jointly with a CCG, and that

functions exercised jointly in accordance with that section may be exercised by a joint committee of NHS England and the CCG. Section 13Z of the NHS Act further provides that arrangements made under that section may be on such terms and conditions as may be agreed between NHS England and the CCG.

## **Purpose**

The role of the Joint Committee shall be to work jointly with NHS England and in association with Clinical Commissioning Groups in South East London, namely:

- NHS Bexley Clinical Commissioning Group;
- NHS Bromley Clinical Commissioning Group;
- NHS Greenwich Clinical Commissioning Group;
- NHS Lambeth Clinical Commissioning Group;
- NHS Lewisham Clinical Commissioning Group; and
- NHS Southwark Clinical Commissioning Group.

to carry out the functions relating to the commissioning of primary medical services under section 83 of the NHS Act except those relating to individual GP performance management, which have been reserved to NHS England and those functions relating to primary Care, (including the duty to support NHS England improve the quality of primary care) within the Act within the London Borough of Bexley.

In order to facilitate joint learning and for the system to be as effective and efficient as possible the joint committees of the six CCGs in south east London will usually meet together

The Joint Committee remit includes areas such as:

- planning (including carrying out needs assessments) primary medical care services for the geographical area in question;
- undertaking reviews as appropriate;
- co-ordinating a common approach to primary care commissioning as appropriate;
- managing relevant budgets.

Specifically this includes the following activities:

- GMS, PMS and APMS contracts (including the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing breach/remedial notices, and removing a contract);
- Newly designed enhanced services (“Local Enhanced Services” and “Directed Enhanced Services”);
- Design of local incentive schemes as an alternative to the Quality Outcomes Framework (QOF);
- Decision making on whether to establish new GP practices in an area;
- Approving practice mergers, and making decisions in relation to retirements, dispersals and terminations;
- Making decisions on ‘discretionary’ payment (e.g., returner/retainer schemes); and
- Awarding contracts in relation to primary care following a procurement

In particular the Joint Committee will support the Governing Body in fulfilling the following functions and duties, to:

- Act, when exercising its functions to commission health services, consistently with the discharge by the Secretary of State and NHS England of their duty to promote a comprehensive health service and with the objectives and requirements placed on NHS England through the mandate published by the Secretary of State before the start of each financial year and in line with the JSNA and direction of the local Health and Wellbeing Board strategy;
- Meet the public sector equality duty ;
- Act effectively, efficiently and economically;
- Act with a view to securing continuous improvement to the quality of services;
- Have regard to the need to reduce inequalities;
- Promote the involvement of patients, their carers and representatives in decisions about their healthcare;
- Act with a view to enabling patients to make choices;
- Promote innovation; and
- Act with a view to promoting integration of both health services with other health services and health services with health-related and social care services where the CCG considers that this would improve the quality of services or reduce inequalities.

In performing its role the Joint Committee will exercise its management of the functions in accordance with the agreement entered into between NHS England and

the CCG (“the Agreement”), which will sit alongside the delegation and these terms of reference. The Agreement will support information sharing, resource sharing, contractual mechanisms for service delivery (and ownership) and interplay between contractual and performers list management.

### **Authority / Delegation**

The Joint Committee is authorised by the Governing Body to:

- Carry out its functions within the financial limits set by the Governing Body in relation to CCG funds as agreed from time to time
- Investigate any activity within its Terms of Reference.
- 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.
- Meet in common with the primary care commissioning committees of the other Clinical Commissioning Groups in South East London listed above

### **Membership**

The membership of Joint Committee shall consist of:

- The Lay Member for PPI of the CCG
- The lay member who has qualifications, expertise or experience such as to enable the person to express informed views about Governance;
- The secondary care specialist OR the Registered Nurse who is also a member of the Governing Body of the CCG.
- The Accountable Officer of the CCG
- The Chair of the CCG
- Another GP who sits on the governing body from a member practice of the CCG (this should be a different practice to the CCG Chair)
- Three members from NHS England (two of whom will be non voting members) comprising
  - The Medical Director for South London or a named deputy of appropriate seniority;
  - The Director of Commissioning Operations or a named deputy of appropriate seniority;
  - The Director of Primary Care or a named deputy of appropriate seniority.



The Chair of the Joint Committee shall be the Lay Member for PPI of the CCG.

The Vice Chair of the Joint Committee shall be the lay member who has qualifications, expertise or experience such as to enable the person to express informed views about Governance of the CCG. When meeting in common with other Joint Committees a single meeting chair will be agreed between the individual Committee chairs by agreement or simple majority vote, in the event of a tie the NHS England member will cast a vote for one of the tied candidates.

A member who cannot attend a meeting will be expected to arrange and brief a nominated deputy to attend and exercise the full powers of the member they represent at the meeting. It is essential that members brief their deputies on the business to be transacted.

Persons in attendance but without voting rights may include other Governing Body members and employees of the CCG as required.

A standing invitation will be issued to the local Healthwatch, Local Medical Committee and Health and Wellbeing Board, who may attend but not vote.

## **Quorum & Conflicts of Interest**

The quorum required for any business to be transacted at a meeting is at least 50% of the members of the committee rounded up to the next whole number present at the meeting.

The committee chair is responsible for managing conflicts of interest that arise in a meeting, with advice from the executive member of the committee.

Where members are required to withdraw from a meeting due to a conflict of interest or any other reason that does not affect the meeting quoracy then a decision or vote can proceed as normal.

Where more than 50% of the members of a meeting are required to withdraw from a meeting or part of it, or are absent for any other reason the chair may:

- Defer the matter to another meeting of the committee, which may be quorate
- Refer the matter to the a conflicts of interest panel in line with the conflicts of interest policy

- Use the decision making procedure outlined below provided that quoracy can be obtained for any urgent decisions

Where a conflict is identified the conflict and the action will be recorded in the minutes of the meeting and the register of interests updated accordingly.

### **Decision Making**

The Joint Committee will make decisions within the bounds of its remit.

Each voting member of the Joint Committee shall have one vote, except where a decision relates to a statutory function of either NHS England or the CCG as provided for below. The Joint Committee will always strive for consensus in decision making and will reach decisions by a simple majority of members present, but with the committee Chair having a second and deciding vote if necessary.

NHS England will have one vote.

Decisions will be published by both NHS England and the CCG.

### **Decisions relating to Statutory Functions**

A nominated CCG member of the Joint Committee will have a casting vote on any decision pertaining to one of the CCG's statutory functions that has been included within the scope of the Joint Committee.

The NHS England vote will be weighted to equal the total number of votes held by the CCG at any meeting where decisions pertaining to NHS England Statutory Functions are taken.

NHS England members will have the casting vote for any decision pertaining to one of the NHS England's statutory functions that has been included within the scope of the Joint Committee

### **Procedure**

The Joint Committee shall adopt the Standing Orders set out in Schedule 1 to these Terms of Reference. The Standing Orders will include provision for the following:

- Notice of meetings;
- Handling of meetings;
- Agendas;

- Circulation of papers; and
- Conflicts of interest.

Meetings of the Joint Committee shall normally be held in public. However, the Joint Committee may resolve to exclude the public from a meeting that is open to the public (whether during the whole or part of the proceedings) whenever publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution and arising from the nature of that business or of the proceedings or for any other reason permitted by the Public Bodies (Admission to Meetings) Act 1960 as amended or succeeded from time to time.

Members of the Joint Committee have a collective responsibility for the operation of the Joint Committee. They will participate in discussion, review evidence and provide objective expert input to the best of their knowledge and ability, and endeavour to reach a collective view.

The Joint Committee may call additional experts to attend meetings on an ad hoc basis to inform discussions.

Members of the Joint Committee shall respect confidentiality requirements as set out in the Standing Orders in Schedule 1.

### **Frequency of Meetings**

Meetings will be held as necessary, but not less than twice in a year.

### **Reporting**

The CCG will ensure a person shall act as Secretary to the Joint Committee and will:

- Circulate the minutes and action notes of the Joint Committee to all members within five working days of any meeting of the Joint Committee;
- Report the proceedings of each meeting of the Joint Committee (which will include a presentation of the minutes and action notes of the Joint Committee) to the next meeting of the Governing Body and to NHS England
- Produce an executive summary report which sets out the decisions made by the Joint Committee which will be presented to NHS England and the Governing Body every two months for information.

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, reflecting the experience of the Joint Committee in fulfilling its functions and the wider experience of NHS England and the CCG in primary medical services co-commissioning. These Terms of Reference may be amended by mutual agreement between NHS England and the Governing Body at any time to reflect changes in circumstances which may arise.

### **Withdrawal from the Joint Committee**

The CCG may withdraw from the Joint Committee in accordance with a decision made under its constitution.

## **Schedule 1 – Standing Orders**

### **1. Calling meetings**

Ordinary meetings of the Joint Committee shall be held at regular intervals at such times and places as the Joint Committee may determine.

### **2. Agenda, supporting papers and business to be transacted**

All Agenda items and relevant papers will be circulated to members and published on the website of the CCG at least 5 working days in advance of the meeting.

The Agenda will be prepared by the Secretary and approved by the Chair of the Joint Committee (or, if they are not available, the Vice Chair) at least seven working days before the meeting.

### **3. Chair of Meeting**

At any meeting of the Joint Committee the Chair of the Joint Committee shall preside. If the Chair is absent from the meeting, the Vice Chair, if any and if present, shall preside.

If the Chair is absent temporarily on the grounds of a declared conflict of interest the Vice Chair, if present, shall preside.

If both the Chair and Vice Chair are absent, or are disqualified from participating, or there is neither a Chair nor Vice Chair of the Joint Committee a Chair shall be chosen by the members present, or by a majority of them, and shall preside.

When the joint committee meets together with any or all of the other joint committees of CCGs in south east London one of the chairs shall be appointed to administratively chair the meeting

### **4. Suspension of Standing Orders**

Except where it would contravene any statutory provision or any direction made by the Secretary of State for Health or NHS England, any part of these Standing Orders may be suspended at any meeting, provided at least two-thirds of the members are in agreement.

A decision to suspend Standing Orders together with the reasons for doing so shall be recorded in the minutes of the meeting.

A separate record of matters discussed during the suspension shall be kept. These records shall be made available to the Governing Body's audit committee for review of the reasonableness of the decision to suspend the Standing Orders.

## **5. Record of Attendance**

The names of all members of the meeting present at the meeting shall be recorded in the minutes of the Joint Committee's meetings. The names of all members of the Joint Committee and all non-voting attendees present shall be recorded in the minutes of the Joint Committee meetings.

## **6. Minutes**

The minutes of the proceedings of a meeting shall be drawn up by the Secretary and submitted for agreement within 5 business days of the meeting and they will be confirmed as a true record of the meeting by the Chair and others present at the next meeting of the Joint Committee

The minutes of the Joint Committee will be made available to the public on the CCG's website. Minutes of meetings or parts of meetings from which members of the public are excluded shall not be made public.

## **7. Conflicts of Interest**

Conflicts of interest shall be dealt with in accordance with the CCG's conflict of interest policy, which shall be applied mutatis mutandis to the Joint Committee.

## **8. Confidentiality**

Meetings of the Joint Committee shall be held in public save where the Joint Committee resolves to exclude the public from a meeting in accordance with the Terms of Reference.

# **NHS Bexley Clinical Commissioning Group**

## **Finance Sub-Committee**

### **Terms of Reference**

#### ***Approved:***

#### **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**

The purpose of the Sub-Committee is to oversee delivery of the annual plan and report progress to the Executive Management Committee and:

- 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.
- To approve detailed financial policies of the CCG.
- To approve arrangements for managing exceptional funding requests.



## **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 (*Current Post-holder*)**

<b>Clinical Members</b>	<b>Non-Clinical Members</b>
GP Locality Lead, Frognal ( <i>Sid Deshmukh</i> ) - <i>Chair</i>	Chief Finance Officer – Vice-Chair ( <i>Theresa Osborne</i> )
CCG Governing Body Chair ( <i>Howard Stoate</i> )	Director of Commissioning ( <i>Sarah Valentine</i> )
GP Locality Lead, Clocktower ( <i>Peter Fish</i> )	Director of Governance and Quality ( <i>Simon Evans-Evans</i> )
GP Locality Lead, North Bexley ( <i>Varun Bhalla</i> )	Lay Member for PPI ( <i>Sandra Wakeford</i> )
	AD Financial management ( <i>Julie Witherall</i> )
	AD Health Commissioning and Contracting ( <i>Jonathan Manuelpillai</i> )
	AD Programme management and

	<i>Financial information (Michael Boyce)</i>
	<i>AD Transformation and Redesign (Charles O'Hanlon)</i>

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.

### **Chair of meeting**

At any meeting of the Sub-Committee, the Chair if present shall preside. If the Chair is absent, the Vice-Chair shall preside or a person chosen by the Sub-Committee members shall preside. If the Chair is temporarily absent on the grounds of conflict of interest, the Vice-Chair shall preside, or a person chosen by the Sub-Committee members shall preside.

### **Quorum & Conflicts of Interest**

The quorum required for any business to be transacted at a meeting is at least 50% of the members of the committee rounded up to the next whole number present at the meeting.

The committee chair is responsible for managing conflicts of interest that arise in a meeting, with advice from the executive member of the committee.

Where members are required to withdraw from a meeting due to a conflict of interest or any other reason that does not affect the meeting quoracy then a decision or vote can proceed as normal.

Where more than 50% of the members of a meeting are required to withdraw from a meeting or part of it, or are absent for any other reason the chair may:

- Defer the matter to another meeting of the committee, which may be quorate
- Refer the matter to the a conflicts of interest panel in line with the conflicts of interest policy
- Use the decision making procedure outlined below provided that quoracy can be obtained for any urgent decisions

Where a conflict is identified the conflict and the action will be recorded in the minutes of the meeting and the register of interests updated accordingly.

## **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, expressed 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:***

**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 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 and
- 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:**

The purpose of the Quality and Safety Sub-Committee is:

- To take decisions in line with the Scheme of Delegation or as specifically delegated by a Committee or the Governing Body.
- To provide 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.
- To approve arrangements for supporting NHS England in discharging its responsibilities in relation to securing continuous improvements in the quality of general medical services.

### **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.
- Review medication error incidents, local and national trends and lessons learned from the National Reporting and Learning Systems (NRLS).
- Support, approve and discuss work undertaken by Medicines/Medical Devices Safety Officer (MSO/MSDO) to ensure risks to patients and healthcare workers are minimised and appropriate learning is gained from incidents.

- 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 (*Current Post-holder*):

Clinical Members	Non-Clinical Members
GP Quality Lead on the Governing Body – Chair ( <i>Nikki Kanani</i> )	Director of Governance and Quality – Vice-Chair ( <i>Simon Evans-Evans</i> )
Primary Care Clinician. ( <i>Sonia Khanna-Deshmukh</i> )	Lay Member (lead on patient and public participation) ( <i>Sandra Wakeford</i> )
Secondary care clinician on the governing body ( <i>Graham Rehling</i> )	AD Commissioning and Contracting ( <i>Jonathan Manuepillai</i> )
Nurse lead on the Governing Body ( <i>Kate King</i> )	AD Community and Primary Care Commissioning ( <i>Charles O’Hanlon</i> )
AD Quality ( <i>Zoe Hicks-John / David Parkins</i> )	Head of Patient Experience and Stakeholder Engagement ( <i>Annie Gardner</i> )
AD Medicines Management ( <i>Clare Fernee</i> )	Clinical Governance and Performance Manager ( <i>Eva Delves</i> )
Designated Nurse Safeguarding Children	Healthwatch Bexley Representative ( <i>Ann Hinds-Murray</i> )

(Jill May)	
Lead Nurse Safeguarding Adults (Evonne Harding)	
Clinical Continuing Healthcare Manager (Maggie Williams)	
Governance Pharmacist / Medication Safety Officer (Yvonne Sulola)	

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.

### **Chair of meeting.**

At any meeting of the Sub-Committee, the Chair if present shall preside. If the Chair is absent, the Vice-Chair shall preside or a person chosen by the Sub-Committee members shall preside. If the Chair is temporarily absent on the grounds of conflict of interest, the Vice-Chair shall preside, or a person chosen by the Sub-Committee members shall preside.

### **Quorum & Conflicts of Interest**

The quorum required for any business to be transacted at a meeting is at least 50% of the members of the committee rounded up to the next whole number present at the meeting.

The committee chair is responsible for managing conflicts of interest that arise in a meeting, with advice from the executive member of the committee.



Where members are required to withdraw from a meeting due to a conflict of interest or any other reason that does not affect the meeting quoracy then a decision or vote can proceed as normal.

Where more than 50% of the members of a meeting are required to withdraw from a meeting or part of it, or are absent for any other reason the chair may:

- Defer the matter to another meeting of the committee, which may be quorate
- Refer the matter to the to the a conflicts of interest panel in line with the conflicts of interest policy
- Use the decision making procedure outlined below provided that quoracy can be obtained for any urgent decisions

Where a conflict is identified the conflict and the action will be recorded in the minutes of the meeting and the register of interests updated accordingly.

## **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 if required.

## **Reporting to:**

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

## **Review Arrangements**

The arrangements for the Quality and Safety Sub-Committee 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 FT),  
Local Safeguarding Children Board (LSCB)  
Safeguarding Adult Board (SAB)

## **NHS Bexley Clinical Commissioning Group**

### **Medicines Management Sub-Committee**

#### **Terms of Reference**

*Approved:*

#### **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 non-medical 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 (*Current Post-holder*):**

<b>Voting Members</b>	<b>Non-Voting Members</b>
Frognal Locality Medicines Management Lead ( <i>Richard Money</i> ) Chair	CCG Prescribing Advisor ( <i>Cath Rhodes</i> )
CCG Governing Body Member ( <i>Tina Khanna</i> )	Formulary Pharmacist - LGT ( <i>Martin Bradley</i> )
CCG Governing Body Member ( <i>Sonia Khanna-Deshmukh</i> )	Chief Pharmacist - LGT * ( <i>Roger Fernandes</i> )
Medicines Management Nurse Representative ( <i>Julia McKeon</i> )	GP Liaison Consultant - LGT * ( <i>Tacim Karadag</i> )

Community Services Pharmacist - Oxleas ( <i>Kim Causer</i> )	
* North Bexley Locality Representative ( <i>Rashmi Dave / Clive Anggiansah</i> )	
Local Pharmacists Council Representative - LPC ( <i>Bipin Patel</i> )	
Assistant Director, Medicines Management – <u>Vice-Chair</u> ( <i>Clare Fernee</i> )	
Clocktower Locality Medicines Management Lead ( <i>Karen Upton</i> )	
King's College Hospital NHS Foundation Trust Representative ( <i>Bethan Warner</i> )	
* LGT has one vote * North Bexley Locality Rep has one vote	

### **Chair of meetings**

At any meeting of the Sub-Committee, the Chair if present shall preside. If the Chair is absent, the Vice-Chair shall preside or a person chosen by the Sub-Committee members shall preside. If the Chair is temporarily absent on the grounds of conflict of interest, the Vice-Chair shall preside, or a person chosen by the Sub-Committee members shall preside.

### **Quorum & Conflicts of Interest**

The quorum required for any business to be transacted at a meeting is at least 50% of the members of the committee rounded up to the next whole number present at the meeting.

The committee chair is responsible for managing conflicts of interest that arise in a meeting, with advice from the executive member of the committee.

Where members are required to withdraw from a meeting due to a conflict of interest or any other reason that does not affect the meeting quoracy then a decision or vote can proceed as normal.

Where more than 50% of the members of a meeting are required to withdraw from a meeting or part of it, or are absent for any other reason the chair may:

- Defer the matter to another meeting of the committee, which may be quorate
- Refer the matter to the a conflicts of interest panel in line with the conflicts of interest policy
- Use the decision making procedure outlined below provided that quoracy can be obtained for any urgent decisions

Where a conflict is identified the conflict and the action will be recorded in the minutes of the meeting and the register of interests updated accordingly.

### **Decision Making**

Where a vote is required to decide a matter each voting 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 MMSC 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 the attention of the Executive Management Committee to any issues that require disclosure to the full Governing Body or require executive action.

### **Review of Arrangements**

The arrangements for the Medicines management Sub-Committee 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**

### **Information Governance Sub-Committee**

#### **Terms of Reference**

***Approved:***

#### **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 is the discipline that incorporates;

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

The Information Governance Steering Group is authorised by the Bexley Clinical Commissioning Group Governing Body to:

- 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 31<sup>st</sup> March shows an annually improving trend in the CCG's IG toolkit scores.
- To oversee the ICT and Informatics Steering Group programme of work.

### ***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 England, Health and Social Care Information Centre (HSCIC), 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 ensure 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 NHS England and the HSCIC.
- 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 incidents relating to 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.
- To approve arrangements for ensuring appropriate and safekeeping and confidentiality of records and for the storage, management and transfer of information and data.

### **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.

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

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:

<b><i>Clinical Members</i></b>	<b><i>Non-Clinical Members</i></b>
Caldicott Guardian/Assistant Director of Quality – Chair <i>(David Parkins)</i>	Chief Financial Officer / SIRO <i>(Theresa Osborne)</i>
Assistant Director of Medicines Management <i>(Clare Fernee)</i>	Assistant Director of ICT and Information Governance Lead – Vice Chair <i>(Nisha Wheeler)</i>
Governing Body GP <i>(Dr Sid Deshmukh)</i>	Assistant Director of Communications and Corporate Services <i>(Jon Winter)</i>
Clinical Continuing Health Care Manager <i>(Maggie Williams)</i>	Head of ICT <i>(Pin Bhandal)</i>
	Project and Primary Care Systems Manager <i>(Sukhbir Singh)</i>
	Assistant Director of Clinical Redesign And Governance <i>(Charles O'Hanlon)</i>
	Information Analyst <i>(Sue Sitch)</i>
	Board Secretary <i>(Mary Stoneham) (Non-Voting)</i>
	Corporate Governance & Risk Manager <i>(Elinam Attipoe) (Non-Voting)</i>
	ICT Administrator and Information Governance Support Officer <i>(Alison Pryor)(Non-Voting)</i>

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 & Conflicts of Interest**

The quorum required for any business to be transacted at a meeting is at least 50% of the members of the committee rounded up to the next whole number present at the meeting.

The committee chair is responsible for managing conflicts of interest that arise in a meeting, with advice from the executive member of the committee.

Where members are required to withdraw from a meeting due to a conflict of interest or any other reason that does not affect the meeting quoracy then a decision or vote can proceed as normal.

Where more than 50% of the members of a meeting are required to withdraw from a meeting or part of it, or are absent for any other reason the chair may:

- Defer the matter to another meeting of the committee, which may be quorate
- Refer the matter to the to the a conflicts of interest panel in line with the conflicts of interest policy
- Use the decision making procedure outlined below provided that quoracy can be obtained for any urgent decisions

Where a conflict is identified the conflict and the action will be recorded in the minutes of the meeting and the register of interests updated accordingly.

## **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**

Bi-monthly 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.