

**WEST LEICESTERSHIRE CLINICAL COMMISSIONING GROUP
BOARD MEETING**

13 October 2015

Title of the report:	Review of the Terms of Reference for the CCG Sub-Groups
Section:	Governance – How we manage our business
Report by:	Laura Rodman, Corporate Affairs Officer Ket Chudasama, Assistant Director of Corporate Affairs
Presented by:	Ket Chudasama, Assistant Director of Corporate Affairs

Report supports the following West Leicestershire CCG's goal(s) 2012 – 2015:			
Improve health outcomes	✓	Improve the quality of health-care services	✓
Use our resources wisely	✓		

Equality Act 2010 – positive general duties:
1. The CCG is committed to fulfil its obligations under the Equality Act 2010, and to ensure services commissioned by the CCG are non-discriminatory on the grounds of any protected characteristics.
2. The CCG will work with providers, service users and communities of interest to ensure if any issues relating to equality of service within this report are identified and addressed.

Additional Paper details:	
Please state relevant Constitution provision	Section 6.6.3 - Committees of the Governing Body
Please state relevant Scheme of Reservation and Delegation provision (SORD)	Reserved to the Governing Body: Changes to terms of reference for the Group's governing body, its committees, sub-committees and sub-groups
Please state relevant Financial Scheme of Delegation provision	N/A
Please state reason why this paper is being presented to the WLCCG Board	It is the Board's responsibility to undertake a review of its terms of reference and those of the sub-groups on an annual basis
Discussed by	Each of the respective sub-groups
Alignment with other strategies	WLCCG Constitution
Environmental Implications	N/A
Has this paper been discussed with members of the public and other stakeholders? If so, please provide details	Public stakeholders as part of sub-groups, for example PPG Leads.

EXECUTIVE SUMMARY:

1. The purpose of this paper is to review the Terms of Reference for the CCG's sub-groups, as per the CCG Constitution. The following Terms of Reference are presented for approval:
 - a. Audit Committee
 - b. Quality and Performance Sub-Group (formerly Quality and Clinical Governance Sub-Group)
 - c. Finance (formerly Finance and Performance Sub-Group)
 - d. Planning and Delivery (formerly Strategy and Planning Sub-Group)
 - e. Primary Care Commissioning Committee

RECOMMENDATIONS:

The West Leicestershire Clinical Commissioning Group is requested to:

APPROVE the revised Terms of Reference for the:

- Audit Committee
- Quality and Performance Sub-Group
- Finance Sub-Group
- Planning and Delivery Sub-Group
- Primary Care Commissioning Committee

WEST LEICESTERSHIRE CLINICAL COMMISSIONING GROUP

BOARD MEETING

13 October 2015

Review of the Terms of Reference for the CCG's Groups

INTRODUCTION

1. According to West Leicestershire Clinical Commissioning Group's Constitution, the Board has the responsibility to keep its Terms of Reference under review.
2. During recent months each sub-group has reviewed its Terms of Reference and the updated documents are appended for approval:
 - Audit Committee
 - Quality and Performance Sub-Group
 - Finance Sub-Group
 - Planning and Delivery Sub-Group
 - Primary Care Commissioning Committee
3. The updated Terms of Reference for the Board have been received as part of the previous item.

KEY CHANGES TO TERMS OF REFERENCE

AUDIT COMMITTEE

4. The Terms of Reference were reviewed and agreed at the Audit Committee meeting held on 9th September 2015. The main changes relate to:
 - a. Recent changes in counter fraud legislation and the additional responsibility of the Audit Committee in relation to the CCG's new conflicts of interest arrangements. For example, they would review the register of interests and have responsibility for investigating instances of concern escalating from the Procurement and Investment Committee or the Conflict of Interest (Col) screening panel.
 - b. The Col section had been added in as a responsibility of the Audit Committee in order to strengthen their responsibilities and remit in relation to oversight of the CCG's management of Col.

PLANNING AND DELIVERY SUB-GROUP, QUALITY AND PERFORMANCE SUB-GROUP AND FINANCE SUB-GROUP

5. The Terms of Reference for the above sub-groups were reviewed at their respective meetings during September 2015. The following changes have been made to all of the Terms of Reference:
 - a. Following receipt of legal advice from DAC Beachcroft, a provision for the appointment of suitably qualified and duly nominated deputies has been added
 - b. A section has been added relating to the management of conflicts of interest, including the role of the Conflict of Interest Screening Panel and the Procurement and Investment Committee in relation to the sub groups.
 - c. The section related to Declarations of Interest has been updated.
6. In respect of the Finance sub-group meeting a further duty 'Review and monitor all healthcare procurement contracts' was added following a recommendation from 360 Assurance.

PRIMARY CARE COMMISSIONING COMMITTEE

7. The Terms of Reference were reviewed and agreed at the Primary Care Commissioning Committee meeting held on 2 October 2015. The main changes relate to:

Membership:

- An amendment to reflect that the Chief Nurse and Quality Lead attends the meeting in a Board Nurse capacity, i.e. to seek assurance, with responsibility for providing assurances on primary care quality the responsibility of the Chief Operating Officer
- The Chair of the Committee has been confirmed as the lay member for Patient and Public Involvement, with the Deputy Chair confirmed as the lay member for Audit and Governance

Quorum

- The number of executives required in order for the meetings of the Committee to be quorate has been reduced from three to two. This amendment is still in line with the requirement for a lay/executive majority
- Following receipt of legal advice from DAC Beachcroft, a provision for the appointment of suitably qualified and duly nominated deputies has been added

Management of Conflicts of Interest

- A section has been added relating to the management of conflicts of interest, including the role of the Conflict of Interest Screening Panel and the Procurement and Investment Committee in relation to the sub group.
- The reference to the 'five conditions' or 'tests' has been removed
- The section related to Declarations of Interest has been updated.

REMUNERATION COMMITTEE

8. The Terms of Reference for the Remuneration Committee will be reviewed at its next meeting and then brought to the Board for approval.

RECOMMENDATIONS:

The West Leicestershire Clinical Commissioning Group is requested to:

APPROVE the revised Terms of Reference for:

- Audit Committee
- Quality and Performance Sub-Group
- Finance Sub-Group
- Planning and Delivery Sub-Group
- Primary Care Commissioning Committee

**WEST LEICESTERSHIRE CLINICAL COMMISSIONING GROUP
Audit Committee Terms of Reference**

Version Tracking				
Version	Date	Revision Description	Editor	Approval Status
0.1	nn/nn/2014	First draft by Assistant Director of Corporate Affairs	ADCA	Draft
0.2	28/08/2015	Revisions by DAC Beachcroft	CAXH	Draft

Table of Contents

1.	CONSTITUTION	3
2.	MEMBERSHIP & ATTENDANCE	3
3.	FREQUENCY OF MEETINGS	3
4.	DUTIES	3
5.	5. AUTHORITY	5
6.	6. INTERNAL AUDIT	5
7.	EXTERNAL AUDIT.....	5
8.	CONFLICTS OF INTEREST	5
9.	OTHER ASSURANCE FUNCTIONS	6
10.	MANAGEMENT	6
11.	MINUTES AND COMMUNICATION TO BOARD	6
12.	REVIEW	6

1. CONSTITUTION

- 1.1 The audit committee (the committee) is established in accordance with CCG's constitution. These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the committee and shall have effect as if incorporated into the constitution.

2. MEMBERSHIP & ATTENDANCE

- 2.1 Membership of the Audit Committee shall comprise all Lay Members of the Board. The quorum shall be not less than two. The Chair of the Committee shall be a Member appointed by the Board.
- 2.2 The Chief Finance Officer, the Chief Nurse & Quality Lead and the Associate Director of Corporate Affairs shall normally attend meetings, or, if unavailable, deputies may attend.
- 2.3 A representative of Internal Audit, of External Audit (when required, or on request) and the Counter Fraud Specialist (as appropriate) shall normally attend meetings. Once established as attendees, at least once a year the Committee should meet privately with the Internal and External Auditors.
- 2.4 The Managing Director, Clinical Leads, and any other senior manager, may be invited to attend by exception, particularly when the Committee is discussing areas of risk, assurance or operation within those officers' area of responsibility.
- 2.5 The Managing Director, as Accountable Officer, should be invited to attend, at least annually, to discuss with the Audit Committee the process for assurance that supports the Annual Governance Statement.
- 2.6 Chairs of other committees, sub-committees, groups or sub-groups will be invited to attend at least on an annual basis to report to the Committee on their activities over the previous year.
- 2.7 Regardless of attendance, external audit, internal audit, counter fraud, and security management providers will have full and unrestricted rights of access to the Audit Committee.

3. FREQUENCY OF MEETINGS

- 3.1 Meetings shall be held not less than five times a year. The External Auditor, Head of Internal Audit, or Counter Fraud Specialist may request additional meetings if they consider it necessary.

4. DUTIES

- 4.1 The duties of the Committee can be categorised as follows:

4.2 Governance, Risk Management and Internal Control

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

- 4.4 In particular, the Committee will review:

- 4.4.1 All risk- and control-related disclosure statements (in particular the Annual Governance Statement and other formal declarations of compliance), together with any accompanying Head of Internal Audit statement, external audit opinion or other appropriate independent assurances, prior to endorsement by the Board;

- 4.4.2 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 statements;
 - 4.4.3 The policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements and related reporting and self-certification;
 - 4.4.4 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.
 - 4.4.5 The policies and procedures for all work related to fraud, bribery, and corruption to ensure compliance with NHS Protect's 'Standards for Commissioners: Fraud, Bribery & Corruption'.
- 4.5 In carrying out this work the Committee will primarily utilise the work of Internal Audit, External Audit, the Counter Fraud Specialist, NHS Protect and other assurance sources and functions, but will not be limited to these audit functions. It will also seek reports and assurances from officers and managers as appropriate, concentrating on the overarching systems of integrated governance, risk management and internal control, together with indicators of their effectiveness.
- 4.6 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.

4.7 Counter Fraud, Bribery and Corruption

- 4.8 The Committee shall satisfy itself that the organisation has adequate arrangements in place for countering fraud, bribery and corruption and shall review the outcomes of counter fraud, bribery and corruption work. The Committee shall seek assurance regarding the organisation's compliance with NHS Protect's 'Standards for Commissioners: Fraud, Bribery & Corruption', by means including: reports from the Counter Fraud Specialist, the CCG's annual Self-Assessment Review Toolkit (SRT) submissions to NHS Protect, and from NHS Protect inspection reports.

4.9 Financial reporting

- 4.10 The Committee shall monitor the integrity of the organisation's financial statements and any formal announcements relating to the Trust's financial performance.
- 4.11 The Committee should ensure that the systems for financial reporting to the Board, including those of budgetary control, are subject to review as to completeness and accuracy of the information provided to the Board.
- 4.12 The Committee shall review the annual report and financial statements before submission to the Board, focusing particularly on:
- 4.12.1 The wording in the Annual Governance Statement and other disclosures relevant to the terms of reference of the Committee
 - 4.12.2 Changes in, and compliance with, accounting policies, practices and estimation techniques
 - 4.12.3 Unadjusted misstatements in the financial statements
 - 4.12.4 Significant judgements in preparation of the financial statements
 - 4.12.5 Significant adjustments resulting from the audit
 - 4.12.6 Letter of representation

4.12.7 Qualitative aspects of financial reporting

5. AUTHORITY

- 5.1 The Committee is authorised by the Board to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee, or interim and temporary members of staff, who are directed to co-operate with any request made by the Committee. The Committee is authorised by the Board 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.

6. INTERNAL AUDIT

- 6.1 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 Audit Committee, Managing Director and Board. This will be achieved by
- 6.1.1 Consideration of the provision of the Internal Audit service, the cost of the audit and any questions of resignation and dismissal
 - 6.1.2 Review and approval of the Internal Audit strategy, operational plan and more detailed programme of work, ensuring that this is consistent with the audit needs of the organisation as identified in the Assurance Framework
 - 6.1.3 Consideration of the major findings of internal audit work (and management's response), and ensuring co-ordination between Internal and External Auditors to optimise audit resources
 - 6.1.4 Ensuring that the Internal Audit function is adequately resourced and has appropriate standing within the organisation
 - 6.1.5 Annual review of the effectiveness of internal audit

7. EXTERNAL AUDIT

- 7.1 The Committee shall review the work and findings of the External Auditor appointed by the Audit Commission and consider the implications and management's responses to their work. This will be achieved by:
- 7.1.1 Consideration of the appointment and performance of the External Auditor, as far as the Audit Commission's rules permit;
 - 7.1.2 Discussion and agreement with the External Auditor, before the audit commences, of the nature and scope of the audit as set out in the Annual Plan, and ensure coordination, as appropriate, with other External Auditors in the local health economy;
 - 7.1.3 Discussion with the External Auditors of their local evaluation of audit risks and assessment of the CCG and associated impact on the audit fee;
 - 7.1.4 Review of all External Audit reports, including agreement of the annual audit letter before submission to the Board and any work carried out outside the annual audit plan, together with the appropriateness of management responses.

8. CONFLICTS OF INTEREST

- 8.1 The Audit Committee will review all registers of interests and the process for declaring interests on an annual basis and take any action necessary highlighted by the review;
- 8.2 Ensure compliance with policies and procedures relating to conflicts of interest, as well as monitor actions taken to address any non-compliance;

- 8.3 Where required, review the Conflicts of Interest Policy and any related procedures and comment on their appropriateness for the CCG;
- 8.4 Investigate any incidents or concerns escalated to the Audit Committee in relation to conflicts of interest. Incidents/concerns may be escalated to the Audit Committee via a number of routes, for example, the Assistant Director Corporate Affairs, Conflicts of Interest Screening Panel, or the New Committee. Where an incident has occurred, an incident review must be conducted. The Audit Committee may wish to appoint an independent arbiter to support this process;
- 8.5 An annual report on the management of Conflicts of Interest will be presented to the Audit Committee for review.

9. OTHER ASSURANCE FUNCTIONS

- 9.1 The Audit Committee shall review the findings of other significant assurance functions, both internal and external to the organisation, and consider the implications to the governance of the organisation.
- 9.2 These will include, but will not be limited to, any reviews by Department of Health Arm's Length Bodies or Regulators/Inspectors, professional bodies with responsibility for the performance of staff or functions (eg Royal Colleges, accreditation bodies).
- 9.3 In addition, the Committee will review the work of other committees, sub-committees, groups or sub-groups within the organisation, whose work can provide relevant assurance to the Audit Committee's own scope of work. This will particularly include those groups which meet to consider financial performance, risk management and clinical governance.
- 9.4 In reviewing the work of clinical governance, and issues around clinical risk management, the Audit Committee will wish to satisfy itself on the assurance that can be gained from the Quality and Clinical Governance Sub-Group.

10. MANAGEMENT

- 10.1 The Committee shall request and review reports and positive assurances from WLCCG management on the overall arrangements for governance, risk management and internal control.
- 10.2 They may also request specific reports from individual functions within the organisation (e.g. Quality and Clinical Governance) as they may be appropriate to those overall arrangements.
- 10.3 The Associate Director of Corporate Affairs shall act as Secretary to the Committee, and liaise closely with its Chair to ensure proper conduct of business, and shall be responsible for taking minutes of meetings, notes of actions to be carried and providing appropriate support to the Chair and Committee Members.
- 10.4 Agendas and papers for meetings will normally be despatched to Members and attendees 5 working days prior to each meeting; minutes will be produced and circulated in draft form within 5 working days, and finalised as soon as possible thereafter.

11. MINUTES AND COMMUNICATION TO BOARD

- 11.1 A highlight report shall be presented by the Chair of the Committee to the Board at the first available meeting. Approved minutes of meetings shall be distributed to the Members directly after the meeting at which they are approved.

12. REVIEW

- 12.1 These Terms of Reference shall be formally reviewed no later than September 2016.



September 2015

WEST LEICESTERSHIRE CLINICAL COMMISSIONING GROUP

QUALITY AND PERFORMANCE SUB-GROUP: Terms of Reference

Purpose

The primary role of the Quality & Performance sub-group (Q&P) is to monitor and review the quality of services commissioned by the CCG, and promote a culture of continuous improvement and innovation in

- the safety of treatment and care received by patients
- the effectiveness of treatment and care received by patients
- the experience patients and their carers have of treatment and care received
- continuously improving the quality of primary medical care

It shall support the objectives of the CCG and its Board, and the provision of assurance to the Board and Audit Committee.

Accountability

The Q&P is a sub-group of the Board. The sub-group will maintain an annual work programme, ensuring that all matters for which it is responsible are addressed in a planned manner, with appropriate frequency, across the year.

The effectiveness of the Q&P will be monitored by the Audit Committee on an annual basis through the 'Review of Effectiveness Survey' and 'the business of other committees and review of inter-relationships'. The Audit Committee shall undertake at least one formal review annually of the Q&PG risk areas.

Membership

- Lay Member – Patient Engagement & Experience (sub-group chair)
- Deputy Chair of the CCG (sub group deputy chair)
- Chief Nurse & Quality Lead (CNQL) or deputy
- Locality Lead
- 2 Doctors (non-Board members)
- Public Health Consultant
- Communications, Engagement and Involvement Lead
- Chief Operating Officer or deputy
- Patient Participation Group Representative/Patient Leader

A quorum shall be 4 of the above, inclusive of at least 2 Doctors, the CNQL or nominated deputy, plus the chair or deputy chair of the sub-group. Where a management representative is unable to

attend a meeting, a suitably qualified and duly nominated deputy may attend in their absence and form part of the quorum.

Other attendance at meetings will be as required, including representation from Safeguarding, Medicines Management, Infection Prevention & Control, Delivery and Contracting.

A decision put to a vote at a meeting of the Committee shall be determined by a simple majority of the voting members present. In the case of no decision, the Chair (or Deputy Chair) of the Committee shall have a second and casting vote. Where a voting member has nominated a suitably qualified deputy they will be entitled to vote.

If the quoracy of the meeting is affected by conflicts of interest then the Committee members and non-voting attendees would be asked to approve delegation of decision making authority to the Procurement and Investment Committee.

Management of Conflicts of Interest

A key responsibility of the Board is to ensure that CCG complies with its legal and Constitutional obligation to manage conflicts of interest. These obligations are set out in section 140(4) of the National Health Act 2006 and section 8 of the CCG's Constitution and our Conflicts of Interest Policy. To ensure compliance with these arrangements the following arrangements are in place for the Board and its' sub-committees.

Conflicts of Interest Screening Panel

The CoI Screening Panel is an advisory body to the Committee. The Panel (Chair or Member) will make its recommendation to the Committee regarding the management of each conflict. Such recommendations are to be approved by the Committee and such recommendations and approvals shall be recorded in the meeting minutes.

It shall be the responsibility of the CoI Screening Panel to ensure that any actual or perceived conflicts of interest are managed effectively in an open and transparent way.

Procurement and Investment Committee

The Procurement and Investment Committee will make a decision on the matter delegated to it and communicate this decision to the Committee. The Committee would then note and adopt the decision taken, If the Committee wished to dispute this decision this would require a specific meeting of the Procurement and Investment Committee and the Chair of the CCG to consider any valid objections to the decision of the Procurement and Investment Committee.

Reasonable grounds for objection include:

- Subsequently discovered a factual error in the materials submitted for decision
- Factually inaccurate interpretations of key facts or figures by the Committee.

Meetings

Meetings shall be held monthly, ensuring that the most up to date information is available for publication and review; a schedule of meetings for the year shall be published in advance and circulated to members and interested parties.

A programme of business reflecting the annual work programme and other matters requiring attention shall be included in each meeting agenda. The CNQL will arrange the timely circulation of agenda and papers for meetings, and for those meetings to be minuted.

Declarations of Interest

Members are required to state for the record any interest relating to any matter to be considered at each meeting, in accordance with the CCG's Conflict of Interest policy. Members will be required to leave the meeting at the point a decision on such a matter is being made, after being allowed to comment at the chair's discretion. Declarations shall be recorded in the minutes.

Duties

The duties of the Q&PG include the following:

1. Develop and review quality and safety policies & procedures, including public and patient engagement and experience
2. Ensure the right quality mechanisms are in place so that standards of quality are understood, met, and effectively demonstrated
3. Ensure that provider quality schedules are informed by clinical benchmarks, clinical evidence, patient reported outcome measures and patient experience
4. Ensure, by the use of benchmarking and clinical evidence, that variations in clinical practice are identified and addressed and that clinical intervention is based upon best available evidence
5. Ensure the principles of clinical and quality governance are integral to performance monitoring and contracting arrangements for all commissioned services and within consultation, engagement and involvement with patients and public, service redesign and evaluation
6. Encourage a culture of quality improvement within the commissioning group's provider and partner organisations, including reporting any lack of assurance through to the Performance Collaborative and Board
7. Encourage a culture of quality improvement in relation to the commissioning group's statutory responsibilities in primary medical care
8. Identify opportunities for improvement and encourage innovation
9. Seek assurance and evidence that quality outcomes and benefits in commissioned services are being achieved
10. Monitor the work to drive quality improvements in primary medical care through regular reports
11. monitor themes associated with primary care quality and CQC outcomes
12. Monitoring of SI reports (themes, methods and specific incidents)
13. Approve and regularly review locally agreed quality indicators and metrics in order to demonstrate continual improvement in the safety, clinical effectiveness and patient experience of commissioned services
14. Recommend and instigate appropriate intervention where quality is compromised or below acceptable levels to limit risk and support the improvement of public trust in local services
15. Ensure oversight and monitoring of serious incidents, complaints and patient experience data, safeguarding vulnerable adults and children, national and local audit findings and infection prevention and control to identify areas of non-compliance, themes and trends and recommend changes in practice through the commissioning process
16. Monitor the WLCCG safeguarding attendance data and seek assurance from localities regarding attendance improvements
17. Oversee arrangements for managing provider performance against the Quality schedule and Commissioning for Quality and Innovation (CQUIN) scheme
18. Scrutinise and review provider quality accounts and make recommendations to the Clinical Commissioning Collaborative
19. Assimilate reports, reviews and policies from relevant external agencies (eg CQC, NICE, NHSCB, DH) to gain assurance that the appropriate actions are being undertaken and are effective

20. Review and modification of the Q&PG risk register, including ownership and delivery of action plans against defined timescales, and ensure that risks to quality of care in services are identified, managed and appropriately mitigated
21. Discussion and review of any issue likely to require inclusion on, or modification to, any risk register
22. Proper referral of any item or issue arising in Q&PG of interest to another sub-group
23. Oversee the arrangements for Information Governance within the CCG
24. Oversee the arrangements for Research Governance within the CCG
25. Monitor achievement of delegated national performance targets

The Q&P shall be proactive in agreeing the most appropriate reporting format and style to suit the particular needs of the following users and stakeholders in accordance with best practice:

- The Board (the Board may at any time request additional information, or information in a different format) and other sub-groups
- GP Practices and Localities
- Staff
- Public and patients
- Other stakeholders, eg other CCGs, the Local Authority

Authority

The Q&P may investigate, monitor and review any activity within its terms of reference. It is authorised to seek any information it requires from any clinician, employee, or interim and temporary members of staff, who are directed to co-operate with any request made by it.

The Q&P may secure the attendance at its meetings of any individual or group

- to represent an area of business under review, or
- with experience or expertise pertinent to a particular topic or review

The Q&P is delegated by the Board to exercise decision-making powers in discharging its duties, whilst recognising those matters reserved to the Board. The Q&PG shall also adopt the general principle of integrated governance, in that papers should not be recommended for Board consideration unless it is clear that the impact on all other aspects of CCG business have been risk assessed by the appropriate clinicians or officers, or other sub-groups.

The Q&P may form any working group, tasked for a specific purpose and for a fixed time, to support the delivery of any of its duties and responsibilities, or for relevant research.

Minutes and Communication to Board

Minutes of Q&P meetings shall be published and circulated within 10 working days, approved for the record at the subsequent meeting and delivered to the next meetings of the Board as a matter of routine.

Specific issues of concern, or matters requiring escalation to the Board, will be the subject of highlight reports by the sub-group chair to the Board.

Review

These Terms of Reference supersede all previously issued versions. They shall be reviewed by the QCG and approved by the Board no later than 31 May 2016

CNQL/ September 2015 (virtual review 24.09.2015)

WEST LEICESTERSHIRE CLINICAL COMMISSIONING GROUP

FINANCE sub-group: Terms of Reference

September 2015

1. Purpose

The primary role of the Finance sub-group is to monitor, review and support the finance function of the CCG.

It should challenge the timeliness, accuracy and quality of financial measures and reporting, and the systems underpinning them. It should ensure financial performance, and relevant action plans, are reviewed and managed in pursuit of CCG objectives.

It shall support the objectives of the CCG and its Board, and the provision of assurance to the Board and Audit Committee.

2. Accountability

The Finance Sub-Group is a sub-group of the Board. The sub-group will maintain an annual work programme, ensuring that all matters for which it is responsible are addressed in a planned manner, with appropriate frequency, across the year.

The work and effectiveness of the Finance Sub-Group shall be subject to regular monitoring by the Audit Committee, which shall undertake at least one formal review annually of the effectiveness of the sub-group as part of its assurance function.

3. Membership

- Lay Member (sub-group chair)
- Deputy Chair of the CCG (sub-group deputy chair)
- 2 Locality leads
- 1 Non Board GPs
- Managing Director
- Chief Finance Officer (CFO)
- Chief Operating Officer/Deputy Managing Director
- AD Strategy & Planning
- AD Corporate Affairs

A quorum shall be 5 of the above, inclusive of at least 2 GPs, the CFO or his nominated deputy, plus the sub-group chair or deputy chair (or 2 senior officers). Where a management representative is unable to attend a meeting, a suitably qualified and duly nominated deputy may attend in their absence and form part of the quorum.

Other attendance at meetings will be as required.

A decision put to a vote at a meeting of the Committee shall be determined by a simple majority of the voting members present. In the case of no decision, the Chair (or Deputy Chair) of the Committee shall have a second and casting vote. Where a voting member has nominated a

suitably qualified deputy they will be entitled to vote.

If the quoracy of the meeting is affected by conflicts of interest then the Committee members and non-voting attendees would be asked to approve delegation of decision making authority to the Procurement and Investment Committee.

Management of Conflicts of Interest

A key responsibility of the Board is to ensure that CCG complies with its legal and Constitutional obligation to manage conflicts of interest. These obligations are set out in section 140(4) of the National Health Act 2006 and section 8 of the CCG's Constitution and our Conflicts of Interest Policy. To ensure compliance with these arrangements the following arrangements are in place for the Board and its' sub-committees.

Conflicts of Interest Screening Panel

The Col Screening Panel is an advisory body to the Committee. The Panel (Chair or Member) will make its recommendation to the Committee regarding the management of each conflict. Such recommendations are to be approved by the Committee and such recommendations and approvals shall be recorded in the meeting minutes.

It shall be the responsibility of the Col Screening Panel to ensure that any actual or perceived conflicts of interest are managed effectively in an open and transparent way.

Procurement and Investment Committee

The Procurement and Investment Committee will make a decision on the matter delegated to it and communicate this decision to the Committee. The Committee would then note and adopt the decision taken. If the Committee wished to dispute this decision this would require a specific meeting of the Procurement and Investment Committee and the Chair of the CCG to consider any valid objections to the decision of the Procurement and Investment Committee.

Reasonable grounds for objection include:

- Subsequently discovered a factual error in the materials submitted for decision
- Factually inaccurate interpretations of key facts or figures by the Committee.

4. Meetings

Meetings shall be held monthly, ensuring that the most up to date information is available for publication and review; a schedule of meetings for the year shall be published in advance and circulated to members and interested parties.

A programme of business reflecting the annual work programme and other matters requiring attention shall be included in each meeting agenda. The CFO will arrange the timely circulation of agenda and papers for meetings, and for those meetings to be minuted.

5. Declarations of Interest

Members are required to state for the record any interest relating to any matter to be considered at each meeting, in accordance with the CCG's Conflict of Interest policy. Recommendations relating to the management of all conflicts of interest will be received from the Conflict of Interest Screening Panel at the start of each meeting. Such recommendations are to be approved by the Committee and such recommendations and approvals shall be recorded in the meeting minutes.

6. Duties

The duties of the F&P include the following

1. Approve all financial plans prior to seeking Board approval
2. Approve detailed financial policies & procedures
3. Endorse the CCG's annual financial plan for Board review and approval
4. Monitor delivery of the CCG's QIPP and financial savings programmes
5. Monitor delivery through enhanced services, and ensure value for money
6. Monitor development and application of financial contingency plans
7. Monitor the detailed monthly income and expenditure position of the CCG, and review the robustness of the risk assessments underpinning financial forecasts, and overall financial performance against budget
8. Monitor delivery of the CCG's capital & LIFT programmes (for current and future years)
9. Review and endorse the CCG's long term financial model prior to Board approval
10. Monitor effective balance sheet management
11. Business Cases and Investments – financial assessment & scrutiny
12. Identify opportunities for improvement and encourage innovation
13. Have due regard to the public sector equality duty and the CCG's equality objectives
14. Review and modification of the F&P risk register, including ownership and delivery of action plans against defined timescales
15. Discussion and review of any issue likely to require inclusion on, or modification to, any risk register
16. Review and approve as required waivers of detailed financial policies (where they are repeat waivers) prior to approval from CCG officers.
17. Review and monitor all healthcare procurement contracts.
18. Proper referral of any item or issue arising in F&P of interest to another sub-group

The Sub-Group shall be proactive in agreeing the most appropriate reporting format and style to suit the particular needs of the following users and stakeholders in accordance with best practice

- The Board (the Board may at any time request additional information, or information in a different format) and other sub-groups
- GP Practices and Localities
- Staff
- Budget Holders
- Public and patients
- Other stakeholders, eg other CCGs, the Local Authority

7. Authority

The Sub-Group may investigate, monitor and review any activity within its terms of reference.

It is authorised to seek any information it requires from any clinician, employee, or interim and temporary members of staff, who are directed to co-operate with any request made by it.

The Sub-Group may secure the attendance at its meetings of any individual or group:

- to represent an area of business under review, or
- with experience or expertise pertinent to a particular topic or review

The Sub-Group is delegated by the Board to exercise decision-making powers in discharging its duties, whilst recognising those matters reserved to the Board. The Sub-Group shall also adopt the general principle of integrated governance, in that papers should not be recommended for Board consideration unless it is clear that the impact on all other aspects of CCG business have been risk assessed by the appropriate clinicians or officers, or other sub-groups.

The Sub-Group may form any working group, tasked for a specific purpose and for a fixed time, to support the delivery of any of its duties and responsibilities, or for relevant research.

8. Financial Training & Briefing

The Sub-Group shall specifically consider the level of financial awareness of stakeholders and promote a culture in which:

- Financial awareness is valued and encouraged amongst all stakeholders
- Training is made available to Board and sub-group members, including developing skills to ensure regular and wide consideration of financial issues
- Budget holders receive appropriate guidance and training
- Financial information is shared openly and honestly throughout the organisation
- Financial consideration is integral to the development of all aspects of CCG business
- The local health economy develops a shared financial vision and strategy
- There is regular and open dialogue with other NHS and non-NHS organisations

9. Minutes & Communication to Board, etc

Minutes of Sub-Group meetings shall be published and circulated within 10 working days, approved for the record at the subsequent meeting, and delivered to the next meetings of the Board as a matter of routine.

Specific issues of concern, or matters requiring escalation to the Board, will be the subject of highlight reports by the sub-group chair or CFO to the Board.

10. Review

These Terms of Reference supersede all previously issued versions; they shall be subject to self review prior to approval by the Board. The Audit Committee shall confirm that due process has been followed. These terms shall be reviewed no later than 31 May 2016.



PLANNING AND DELIVERY Sub-Group: Terms of Reference

Purpose

The primary role of the Planning and Delivery Sub-group is to coordinate the development of the CCG's commissioning plans and intentions, and monitor the delivery and effectiveness of the programmes in our Operational Plan.

It shall support the objectives of the CCG and its Board, and the provision of assurance to the Board and Audit Committee.

Accountability

Planning and Delivery is a Sub-group of the Board.

The sub-group will maintain an annual work programme, ensuring that all matters for which it is responsible are addressed in a planned manner, with appropriate frequency, across the year.

The work and effectiveness of the Planning and Delivery Sub-group shall be subject to regular monitoring by the Audit Committee, which shall undertake at least one formal review annually of the effectiveness of the sub-group as part of its assurance function.

Membership

- CCG Chair (Sub-group chair)
- Lay Member Patient Engagement and Experience (Sub-group deputy chair)
- Managing Director
- Operational Plan Senior Responsible Officer (up to 8)
- Operational Plan Senior Responsible Clinician (up to 8)

Co-opted Members

- Child Health lead
- Contracting ADs
- Local authority lead
- Public Health representative
- Secondary Care clinician

A quorum shall be 4 of the Standing Members above, inclusive of at least two GPs, and two management representatives. Where a management representative is unable to attend a meeting, a suitably qualified and duly nominated deputy may attend in their absence and form part of the quorum.

Other attendance at meetings will be as required.

A decision put to a vote at a meeting of the Committee shall be determined by a simple majority of the voting members present. In the case of no decision, the Chair (or Deputy Chair) of the Committee shall have a second and casting vote. Where a voting member has nominated a suitably qualified deputy they will be entitled to vote.

If the quoracy of the meeting is affected by conflicts of interest then the Committee members and non-voting attends would be asked to approve delegation of decision making authority to the Procurement and Investment Committee.

Management of Conflicts of Interest

A key responsibility of the Board is to ensure that CCG complies with its legal and Constitutional obligation to manage conflicts of interest. These obligations are set out in section 140(4) of the National Health Act 2006 and section 8 of the CCG's Constitution and our Conflicts of Interest Policy. To ensure compliance with these arrangements the following arrangements are in place for the Board and its' sub-committees.

Conflicts of Interest Screening Panel

The CoI Screening Panel is an advisory body to the Committee. The Panel (Chair or Member) will make its recommendation to the Committee regarding the management of each conflict. Such recommendations are to be approved by the Committee and such recommendations and approvals shall be recorded in the meeting minutes.

It shall be the responsibility of the CoI Screening Panel to ensure that any actual or perceived conflicts of interest are managed effectively in an open and transparent way.

Procurement and Investment Committee

The Procurement and Investment Committee will make a decision on the matter delegated to it and communicate this decision to the Committee. The Committee would then note and adopt the decision taken, If the Committee wished to dispute this decision this would require a specific meeting of the Procurement and Investment Committee and the Chair of the CCG to consider any valid objections to the decision of the Procurement and Investment Committee.

Reasonable grounds for objection include:

- Subsequently discovered a factual error in the materials submitted for decision
- Factually inaccurate interpretations of key facts or figures by the Committee.

Meetings

Meetings shall be held monthly, ensuring that the most up to date information is available for publication and review.

A schedule of meetings for the year shall be published in advance and circulated to members and interested parties.

A programme of business reflecting the annual work programme and other matters requiring attention shall be included in each meeting agenda. The ADCA will arrange the timely circulation of agenda and papers for meetings, and for those meetings to be minuted.

Declarations of Interest

Members are required to state for the record any interest relating to any matter to be considered at each meeting, in accordance with the CCG's Conflict of Interest policy. Recommendations relating to the management of all conflicts of interest will be received from the Conflict of Interest Screening Panel at the start of each meeting. Such recommendations are to be approved by the Committee and such recommendations and approvals shall be recorded in the meeting minutes.

Duties

The duties of the Planning and Delivery Sub-group include the following:

Delivery:

1. Ensuring a structured and uniform approach to project management and reporting is established within the CCG through the Programme Management Office (PMO)
2. Monitor progress of delivery against each Programme in the Operational Plan and highlight and escalate key risks to delivery
3. Ensure appropriate governance arrangements are in place to support the effective delivery of Programmes in the Operational Plan
4. Ensuring that corporate programmes are having a positive effect on operational performance, and monitoring any unintended consequences of transformation projects
5. Monitor the expenditure and costs against delivered and realised benefits as Programme's progress and further projects are identified on an ongoing basis.
6. Ensure that QIPP Programmes are on track to deliver savings as planned
7. Oversee progress against timetabled healthcare procurements through appropriate programmes in the Operational Plan
8. Review of the Planning and Delivery Sub-group risk register, including ownership and delivery of action plans against defined timescales

Planning:

9. Devise and lead processes to develop and refresh the CCG's commissioning strategies and intentions in relation to the annual Operational Plan, Integration with the Local Authorities (Better Care Fund) and Better Care Together 5 Year Strategic Plan
10. Leading the evaluation of proposed corporate programmes and ensuring that they are line with the strategic vision of the CCG

11. Engage with all stakeholders to assure commissioning intentions, plans and strategies meet the CCG's statutory engagement responsibilities, and respond to health needs as per the JSNA
12. Oversee the development of CCG agreed commissioning intentions, based on commissioning plans and strategies
13. Oversee the development of CCG strategic operating plans
14. Oversee development of policies etc. to progress commissioning prioritisation
15. Establish and maintain effective communication between CCG and Localities to ensure coherence of priorities and plans and the timely resolution of commissioning issues raised by either party
16. Establish and maintain effective communication between CCG and Practices to ensure timely resolution of commissioning issues, problems and concerns raised by either party
17. Approve detailed commissioning policies and procedures
18. Identify opportunities for improvement and encourage innovation
19. Ensure alignment of QIPP plans and transformational funding with strategic commissioning strategies and plans
20. Support service redesign
21. Have due regard to the public sector equality duty and the CCG's equality objectives

The Planning and Delivery sub-group shall be proactive in agreeing the most appropriate reporting format and style to suit the particular needs of the following users and stakeholders in accordance with best practice:

- The Board (the Board may at any time request additional information, or information in a different format) and other sub-groups
- GP Practices and Localities
- Staff
- Budget Holders
- Public and patients
- Other stakeholders, e.g. other CCGs, the Local Authority

Authority

The Planning and Delivery sub-group may investigate, monitor and review any activity within its terms of reference. It is authorised to seek any information it requires from any clinician, employee, or interim and temporary members of staff, who are directed to co-operate with any request made by it.

The Planning and Delivery sub-group may secure the attendance at its meetings of any individual or group

- to represent an area of business under review, or
- with experience or expertise pertinent to a particular topic or review

The Planning and Delivery sub-group is delegated by the Board to exercise decision-making powers in discharging its duties, whilst recognising those matters reserved to the Board. The Planning and Delivery Sub-group shall also adopt the general principle of integrated governance, in that papers should not be recommended for Board consideration unless it is clear that the impact on all other aspects of CCG business have been risk assessed by the appropriate clinicians or officers, or other sub-groups.

The Planning and Delivery Sub-group may form any working group, tasked for a specific purpose and for a fixed time, to support the delivery of any of its duties and responsibilities, or for relevant research.

Minutes & Communication to Board etc.

Minutes of the Planning and Delivery sub-group meetings shall be published and circulated within 10 working days, approved for the record at the subsequent meeting, placed on the Intranet and delivered to the next meetings of the Board and the Audit Committee as a matter of routine.

Specific issues of concern, or matters requiring escalation to the Board, will be the subject of reports by the sub-group chair to the Board.

Review

These Terms of Reference supersede all previously issued versions; they shall be reviewed by the Audit Committee, who shall confirm that the Board's direction of 8 May 2012 to update all sub-group terms of reference has been met.

These terms shall be reviewed no later than 31 May 2016.



PRIMARY CARE COMMISSIONING COMMITTEE: Terms of Reference

Introduction

1. Simon Stevens, the Chief Executive of NHS England, announced on 1 May 2014 that NHS England was inviting CCGs to expand their role in primary care commissioning and to submit expressions of interest setting out the CCG's preference for how it would like to exercise expanded primary medical care commissioning functions. One option available was that NHS England would delegate the exercise of certain specified primary care commissioning functions to a CCG.
2. In accordance with its statutory powers under section 13Z of the National Health Service Act 2006 (as amended), NHS England has delegated the exercise of the functions specified in Schedule 2 to these Terms of Reference to West Leicestershire CCG. The delegation is set out in Schedule 1.
3. The CCG has established the West Leicestershire CCG Primary Care Commissioning Committee ("Committee"). The Committee will function as a corporate decision-making body for the management of the delegated functions and the exercise of the delegated powers.
4. It is a committee comprising representatives of the following organisations:
 - West Leicestershire CCG;
 - NHS England;
 - Local Authority;
 - HealthWatch;
 - LMC representing its members.

Statutory Framework

5. NHS England has delegated to the CCG authority to exercise the primary care commissioning functions set out in Schedule 2 in accordance with section 13Z

of the NHS Act.

6. Arrangements made under section 13Z may be on such terms and conditions (including terms as to payment) as may be agreed between the Board and the CCG.
7. Arrangements made under section 13Z do not affect the liability of NHS England for the exercise of any of its functions. However, the CCG acknowledges that in exercising its functions (including those delegated to it), it must comply with the statutory duties set out in Chapter A2 of the NHS Act and including:
 - a) Management of conflicts of interest (section 14O);
 - b) Duty to promote the NHS Constitution (section 14P);
 - c) Duty to exercise its functions effectively, efficiently and economically (section 14Q);
 - d) Duty as to improvement in quality of services (section 14R);
 - e) Duty in relation to quality of primary medical services (section 14S);
 - f) Duties as to reducing inequalities (section 14T);
 - g) Duty to promote the involvement of each patient (section 14U);
 - h) Duty as to patient choice (section 14V);
 - i) Duty as to promoting integration (section 14Z1);
 - j) Public involvement and consultation (section 14Z2).
8. The CCG will also need to specifically, in respect of the delegated functions from NHS England, exercise those set out below:
 - Duty to have regard to impact on services in certain areas (section 13O);
 - Duty as respects variation in provision of health services (section 13P).
9. The Committee is established as a committee of the Board in accordance with the CCG's constitution.
10. The members acknowledge that the Committee is subject to any directions

made by NHS England or by the Secretary of State.

Role of the Committee

11. The Committee has been established in accordance with the above statutory provisions to enable the members to make collective decisions on the review, planning and procurement of primary care services in West Leicestershire CCG, under delegated authority from NHS England.
12. In performing its role the Committee will exercise its management of the functions in accordance with the agreement entered into between NHS England and West Leicestershire CCG, which will sit alongside the delegation and terms of reference.
13. The functions of the Committee are undertaken in the context of a desire to promote increased co-commissioning to increase quality, efficiency, productivity and value for money and to remove administrative barriers.
14. The role of the Committee shall be to carry out the functions relating to the commissioning of primary medical services under section 83 of the NHS Act.
15. This includes the following:
 1. 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);
 2. Newly designed enhanced services (“Local Enhanced Services” and “Directed Enhanced Services”);
 3. Design of local incentive schemes as an alternative to the Quality Outcomes Framework (QOF);
 4. Decision making on whether to establish new GP practices in an area;
 5. Approving practice mergers; and
 6. Making decisions on ‘discretionary’ payment (e.g., returner/retainer schemes).
16. The CCG will also carry out the following activities

- a) To plan, including needs assessment, primary medical care services in West Leicestershire CCG;
- b) To undertake reviews of primary medical care services in West Leicestershire CCG;
- c) To co-ordinate a common approach to the commissioning of primary care services generally;
- d) To manage the budget for commissioning of primary medical care services in West Leicestershire CCG.

Geographical Coverage

17. The Committee will comprise the West Leicestershire CCG.

Membership

18. The Committee shall consist of:

Members – With voting rights	Non-voting attendees (without voting rights)
<ul style="list-style-type: none"> • Chair (Deputy-Chair in Chair’s absence) – Lay Member (1) • Executive Roles: Service Improvement and Delivery Team (primary care quality), Finance and Planning, Clinical Quality Team (Board Nurse), and Performance and Assurance (4) • Board GPs (2) 	<ul style="list-style-type: none"> • Non-Board GP (1) <p>With a right to be there:</p> <ul style="list-style-type: none"> • Local Authority, HealthWatch and NHS England (3) • LMC representing its members (1) – public meeting only

19. The Chair of the Committee shall be the appointed lay member for Patient and Public Involvement.

20. The Deputy Chair of the Committee shall be the appointed lay member for Audit and Governance.

Meetings and Voting

21. The Committee will operate in accordance with the CCG's Standing Orders. The Secretary to the Committee will be responsible for giving notice of meetings. This will be accompanied by an agenda and supporting papers and sent to each member representative no later than 7 days before the date of the meeting. When the Chair of the Committee deems it necessary in light of the urgent circumstances to call a meeting at short notice, the notice period shall be such as s/he shall specify.
22. Each member of the Committee shall have one vote. The Committee shall reach decisions by a simple majority of members present, but with the Chair having a second and deciding vote, if necessary. However, the aim of the Committee will be to achieve consensus decision-making wherever possible.

Quorum

23. In order for meetings of the Committee to be quorate, there must be present the Chair or Deputy Chair, at least two executives and at least one Board GP. Where a management representative is unable to attend a meeting, a suitably qualified and duly nominated deputy may attend in their absence and form part of the quorum.
24. A decision put to a vote at a meeting of the Committee shall be determined by simple majority of the voting members present. In the case of no decision, the Chair (or Deputy Chair) of the Committee shall have a second and casting vote. Where a voting member has nominated a suitably qualified deputy, they will be entitled to vote.
25. If the quoracy of the meeting is affected by conflicts of interest e.g. both GPs are conflicted or only one Board GP is present and is conflicted, then the Committee members and non-voting attendees would be asked to approve delegation of decision making authority to the Procurement and Investment Committee.

Management of Conflicts of Interest

26. A key responsibility of the Board is to ensure that CCG complies with its legal and Constitutional obligation to manage conflicts of interest. These obligations are set out in section 140(4) of the National Health Act 2006 and section 8 of the CCG's Constitution and our Conflicts of Interest Policy. To ensure

compliance with these arrangements the following arrangements are in place for the Board and its' sub-committees.

Conflicts of Interest Screening Panel

27. The Col Screening Panel is an advisory body to the Committee. The Panel (Chair or Member) will make its recommendation to the Committee regarding the management of each conflict. Such recommendations are to be approved by the Committee and such recommendations and approvals shall be recorded in the meeting minutes.
28. It shall be the responsibility of the Col Screening Panel to ensure that any actual or perceived conflicts of interest are managed effectively in an open and transparent way.

Procurement and Investment Committee

29. The Procurement and Investment Committee will make a decision on the matter delegated to it and communicate this decision to the Committee. The Committee would then note and adopt the decision taken, If the Committee wished to dispute this decision this would require a specific meeting of the Procurement and Investment Committee and the Chair of the CCG to consider any valid objections to the decision of the Procurement and Investment Committee.
30. Reasonable grounds for objection include:
 - Subsequently discovered a factual error in the materials submitted for decision
 - Factually inaccurate interpretations of key facts or figures by the Committee.

Frequency of meetings

31. The frequency of the meetings will be monthly.
32. Members are required to state for the record any interest relating to any matter to be considered at each meeting, in accordance with the CCG's Conflict of Interest policy. Recommendations relating to the management of all conflicts of interest will be received from the Conflict of Interest Screening Panel at the start

of each meeting. Such recommendations are to be approved by the Committee and such recommendations and approvals shall be recorded in the meeting minutes.

33. Meetings of the Committee shall:

- a) be held in public, subject to the application of 28(b);
- b) the Committee may resolve to exclude the public from a meeting that is open to the public (whether during the whole or part of the proceedings) whenever publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution and arising from the nature of that business or of the proceedings or for any other reason permitted by the Public Bodies (Admission to Meetings) Act 1960 as amended or succeeded from time to time.

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

35. The Committee may delegate tasks to such individuals, sub-committees or individual members as it shall see fit, provided that any such delegations are consistent with the parties' relevant governance arrangements, are recorded in a scheme of delegation, are governed by terms of reference as appropriate and reflect appropriate arrangements for the management of conflicts of interest..

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

37. Members and non-voting attendees of the Committee shall respect confidentiality requirements and principles as outlined in the Data Protection Act 1998.

38. The Committee will present its minutes to the Local Area Team of NHS England and the Board of West Leicestershire CCG each month for information, including the minutes of any sub-committees to which responsibilities are delegated under paragraph 27 above.

39. The CCG will also comply with any reporting requirements set out in its constitution.
40. It is envisaged that these Terms of Reference will be reviewed from time to time, reflecting experience of the Committee in fulfilling its functions. NHS England may also issue revised model terms of reference from time to time.

Accountability of the Committee

41. The Committee is a committee of the Board.
42. The work and effectiveness of the Committee shall be subject to regular monitoring by the Audit Committee, which shall undertake at least one formal review annually of the effectiveness of the Committee as part of its assurance function.

Procurement of Agreed Services

43. The CCG will make procurement decisions as relevant to the exercise of its delegated authority and in accordance with the detailed arrangements regarding procurement set out in the delegation agreement.

Decisions and Reporting

44. The Committee will make decisions within the bounds of its remit as per the CCGs Scheme of Reservation and Delegation.
45. The decisions of the Committee shall be binding on NHS England and West Leicestershire CCG.
46. The Committee will produce an executive summary report which will be presented to the Local Area Team of NHS England and the Board of West Leicestershire CCG each month for information.