NHS
West Leicestershire
Clinical Commissioning Group

Paper E

WEST LEICESTERSHIRE CLINICAL COMMISSIONING GROUP
BOARD MEETING

08 May 2018

Title of the report:	Governance Arrangements and Frequency of Meetings
Section:	Governance
Report by:	Ket Chudasama, Director Performance and Corporate Affairs
Presented by:	Ket Chudasama, Director Performance and Corporate Affairs

Report supports the following West Leicestershire CCG's goal(s):			
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 any issues relating to equality of service within this report are identified and addressed.

Additional Paper details:	
Please state relevant Constitution provision	4.5.3 The governing body of the Group will throughout each year have an ongoing role in reviewing the Group's governance arrangements to ensure that the Group continues to reflect the principles of good governance.
Please state relevant Scheme of Reservation and Delegation provision	Regulation and control section of SORD - Changes to terms of reference for the Group's governing body, its committees, sub-committees and sub- groups, the overarching scheme of reservation and delegated powers, arrangements for taking urgent decisions, standing orders and prime financial policies
Please state relevant Financial Scheme of Delegation provision	Not applicable
Please state reason why this paper is being presented to the WLCCG Board	For approval of the changes to the terms of reference for the Board and its Committees
Discussed by	Board – March 2018
Alignment with other strategies	CCG Constitution
Environmental Implications	None
Has this paper been discussed with members of the public and other stakeholders? If so, please provide details	Not applicable

Patients, Practices, Partners

EXECUTIVE SUMMARY:

1. At its meeting on 10 April 2018, Board considered a paper on the composition of the governing body which included a number of options to reduce expenditure on governance arrangements.

2. The Board agreed a preferred option to engage with member practices on which was to keep the number of GPs the same but reduce by one session for all roles. The discussions on this are on going but a key enabler would be to reduce the frequency of Board and committee meetings which, in turn, would release some clinical capacity to support transformation.

3. This paper sets out the changes required to implement such changes and recommends approval of the associated changes to the terms of reference for Board and Committees.

4. The paper estimates the number of sessions that could be freed up and outlines the key risks with such a change.

RECOMMENDATION:

The West Leicestershire Clinical Commissioning Group is requested to:

NOTE the contents of this report

DISCUSS the risks outlined in the report

APPROVE the changes to the Terms of Reference of:

- Board
- Primary Care Commissioning Committee,
- Finance and Planning Committee and
- Quality and Performance Committee

WEST LEICESTERSHIRE CLINICAL COMMISSIONING GROUP
BOARD MEETING

08 May 2018

Governance Arrangements and Frequency of Meetings

INTRODUCTION

1. In April 2018 the Board discussed the composition of the Governing Body and agreed a preferred option to reduce the number of clinical sessions as follows:
    - Chair (5 sessions, down 1)
    - Clinical Vice Chair (4 sessions, down 1)
    - 8 Locality Leads (2 sessions, down 1).

2. The Board agreed for engagement to commence during April with the membership and localities to seek their views to this proposed change.

3. To affect this change, it was agreed to reduce the frequency of the CCGs governance meetings to enable the change to be practically feasible release of clinical capacity to support delivery and service transformation.

4. This paper presents:

    a. A new draft schedule for CCG Board and Committee meetings by month
    b. Amendments for the terms of reference for the CCG Board and Committees
    c. An estimate of the number of sessions reduced by these changes
    d. Risks associated with such a change

FREQUENCY OF MEETINGS

5. It is proposed that Board, Finance & Planning and Primary Care Commissioning Committee meet six times a year. Quality and Performance Committee would need to meet 8 times a year in order to accommodate the number of reports, deep dives and reflect the LLR quarterly reporting cycle. Audit Committee would meet five times a year with Procurement and Investment Committee and Remuneration Committee as and when required.

6. Acknowledging the need for extraordinary meetings, agreeing annual plans and accounts, the minimum frequency and draft schedule would be as follows:

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Board	X		X		X		X		X		X	
PCCC	X		X		X		X		X		X	
F&P			X		X	X		X		X		X
Q&P	X	X		X	X		X	X		X	X	

7. It is proposed that all committees meet on a Tuesday. This would effectively be a day designated for WLCCG business. This would also mean that on the months where the Board does not meet formally ie June, Aug etc, the Board would still be expected to meet in an informal development session ie on the 2nd Tuesday of every other month..

8. The above schedule also removes the need for the monthly informal Transforming Services Forum meetings.

9. The proposed terms of reference for Board (Appendix 1) have been updated to reflect the agreed changes to the arrangements for conflicts of interest, job titles and meeting frequency. There is no change to the membership or quoracy.

10. The proposed terms of reference for Primary Care Commissioning Committee have been revised to amend the frequency of meetings from a minimum of ten to six meetings per annum (Appendix 2). There is no change to the membership or quoracy.

11. There are no proposed changes to terms of reference for Audit Committee, Remuneration Committee and Procurement and Investment Committee.

12. The Board and Committees will receive a revised workplan to accommodate the change in schedule.

CHANGES TO MEMBERSHIP AND QUORACY

13. To free up clinical time whilst retaining a balance of interests, it is proposed to change the membership and quoracy for some committees as per the following tables. These changes have been discussed with the respective chairs, deputy chair and executive leads for those meetings.

Finance and Planning Committee (Appendix 3)	
Proposed change	To reduce the membership from 4 Locality leads to 2 Locality GPs, remove 1 non-Board GP, remove Chief Operating Officer, remove Practice Manager. Reduce quorum from 7 to 3 removing requirement for 3 of the 4 localities to be represented.
Current Membership (13)	Lay Member (Finance and Procurement) Vice-Clinical Deputy Chair 4 Locality Leads 1 Non-Board GP Lay member for Patient and Public Involvement Managing Director * Chief Finance Officer * Chief Operating Officer/Deputy Managing Director* Director Performance and Corporate Affairs * Practice Manager * or qualified deputy
Current Quorum	A quorum shall be 7 of the above, inclusive of at least 3 GPs, 1 lay member and Chief Finance Officer (or qualified deputy) and 1 other member of the senior management team. 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. 3 out of 4 localities shall be represented.
Proposed Membership (8)	Lay Member (Finance and Procurement) Vice-Clinical Deputy Chair 2 Locality Leads * Lay member for Patient and Public Involvement Managing Director * Chief Finance Officer * Director Performance and Corporate Affairs * * or qualified deputy
Proposed quorum	A quorum shall be 3 of the above, inclusive of at least 1 GP (either Clinical Vice-chair or Locality Lead), 1 lay member and Chief Finance Officer (or qualified deputy). Where a management representative or locality lead is unable to attend a meeting, a suitably qualified and duly nominated deputy

	may attend in their absence and form part of the quorum

Quality and Performance Committee (Appendix 4)	
Proposed change	Reduce membership from 2 locality leads to 1 Locality lead. Reduce quorum from 4 to 3.
Current Membership (9)	Lay Member – Patient Engagement & Experience (Committee chair) Clinical Vice-Chair (Committee deputy chair) Chief Nurse & Quality Lead (CNQL) or deputy 2 Locality Leads Public Health Consultant Director of Primary Care Patient Participation Group Representative/Patient Leader Director of Performance and Corporate Affairs
Current Quorum (4)	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 Committee. 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.
Proposed Membership (8)	Lay Member – Patient Engagement & Experience (Committee chair) Clinical Vice-Chair Chief Nurse & Quality Lead (CNQL) or deputy 1 Locality Lead (or deputy) Public Health Consultant Director of Primary Care Patient Participation Group Representative/Patient Leader Director of Performance and Corporate Affairs
Proposed quorum (3)	A quorum shall be 3 of the above, inclusive of at least 1 Board GP (either the Clinical Vice-chair or Locality Lead), the CNQL (or nominated deputy), plus the chair or deputy chair of the Committee. Where a management representative or locality lead is unable to attend a meeting, a suitably qualified and duly nominated deputy may attend in their absence and form part of the quorum.

REDUCTION ON NUMBER OF SESSIONS

14. The changes in frequency of meetings will reduce the number of sessions as follows:

WEST LEICESTERSHIRE CCG BOARD AND COMMITTEE - MINIMUM MEETING FREQUENCY

	Board		TSF		Informal Board (alternate months - 2nd Tuesday)		Finance and Planning		Quality and Performance		Primary Care Co-Commissioning		Audit		Total	
	Current	Revised	Current	Revised	Current	Revised	Current	Revised	Current	Revised	Current	Revised	Current	Revised	Current	Revised
Managing Director	12 /	6	12 /	0	0 /	6									24 /	12
CFO	12 /	6	12 /	0	0 /	6	12	/ 6			10 /	6	5 /	5	51 /	29
Chief Nurse	12 /	6	12 /	0	0 /	6			9 /	8	10 /	6	5 /	5	48 /	31
Clinical Vice-Chair	12 /	6	12 /	0	0 /	6	12	/ 6	9 /	8	10 /	6			55 /	32
Director of Performance and Corporate Affairs	12 /	6	12 /	0	0 /	6	12	/ 6	9 /	8	10 /	6	5	5	60 /	37
Director of Primary Care	12 /	6	12 /	0	0 /	6					10 /	6			34 /	18
Director of Service Redeign and Integration	12 /	6	12 /	0	0 /	6									24 /	12
Director Of Urgent Care	12 /	6	12 /	0	0 /	6									24 /	12
Chairman	12 /	6	12 /	0	0 /	6									24 /	12
Locality Leads	96 /	48	12 /	0	0 /	6	48	/ 12	18 /	8	20 /	12			194 /	86
Lay Member (Audit Lead)	12 /	6	12 /	0	0 /	6							5 /	5	29 /	17
Lay Member (Finance Lead)	12 /	6	12 /	0	0 /	6	12	/ 6			10 /	6	5 /	5	51 /	29
Lay Member (Patient Lead)	12 /	6	12 /	0	0 /	6	12	/ 6	9 /	8	10 /	6	5 /	5	60 /	37
Public Health Representative	12 /	6	12 /	0	0 /	6			9 /	8	10 /	6			43 /	26

15. There will need to be extra-ordinary meetings of Board and Committees to accommodate urgent business which may fall outside of the schedule such as procurement approval, further discussion on developing the annual QIPP plan, urgent GP practice contract decisions. This can be accommodated by meeting the following month, but the more this occurs, the less the impact of the benefit of freed up sessions that were originally intended.

16. The above schedule does not include GP and lay attendance at existing collaborative, contracting or workstream meetings that are expected to continue such as CCB, PPAG, IM&T, ILT, planned care, cancer/RTT, LDM etc.
17. By reducing the number of meetings of the Board and its Committees, focussing governance activity on Tuesdays, there is capacity realised for clinical leads to fulfil an agreed portfolio despite a proposed reduction in the number of sessions.
18. This will also require the Chair to meet with Board GPs going forwards to ensure there is an appropriate balance for individual and across all GPs between the number of corporate meetings and clinical portfolio priorities they have ie their job plan.

RISKS

19. There are a number of risks associated with such a change in our governance arrangements:
    a. Lack of continuity and frequency of meetings leading to varying levels of awareness and ownership of issues across all board members
    b. Proposed reduction in membership and quoracy at certain meetings could lead to a reduction in the quality of discussion, debate and accountability of decision making
    c. May not realise the sessional benefits as GP and lay members attend more than their fair share of collaborative, contracting or workstream related meetings across LLR.
    d. Approval of business cases, procurements or collaborative decisions do not often run to the original schedule, which may lead to generating a larger number of extra-ordinary meetings or delay decision making
    e. CCG schedule of meetings may not fit the timeline for collaborative decisions leading to further delays
    f. May struggle to achieve quoracy due to the infrequency of meetings, annual leave commitments and lack of cover leading to items being deferred, decisions delayed or meetings cancelled
    g. When neighbouring CCGs have implemented bi-monthly board meetings they have reverted back to monthly meetings

RECOMMENDATION:

The West Leicestershire Clinical Commissioning Group is requested to:

NOTE the contents of this report

DISCUSS the risks outlined in the report

APPROVE the changes to the Terms of Reference of:

- Board
- Primary Care Commissioning Committee,
- Finance and Planning Committee and
- Quality and Performance Committee

NHS
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Clinical Commissioning Group

WEST LEICESTERSHIRE CLINICAL COMMISSIONING GROUP

Board Terms of Reference

~~June 2014~~May 2018

Introduction

The West Leicestershire Clinical Commissioning Group Governing Board was formally established as a Governing Body on 1st April 2014 following formal authorisation by NHS England.

In these Terms of Reference 'Clinical Commissioning Group (CCG)' shall refer to the member practices formed within Charnwood, North West Leicestershire and Hinckley & Bosworth and known as West Leicestershire Clinical Commissioning Group.

Purpose of Clinical Commissioning Group Board

To support the implementation of its objectives through the development of commissioning strategies, governance arrangements and ways of working.

To oversee and monitor operational delivery against key performance standards and targets.

To oversee and monitor the safety of patients and delivery of high quality of care through effective commissioning and contracting.

Responsibilities

The CCG Board will operate within the Corporate Governance Framework (ie Standing Orders, Scheme of Delegation & Reservation, and Standing Financial Instructions) of the CCG.

The functions of the CCG Board shall include:

a) Ensuring appropriate arrangements in place to exercise its functions effectively, efficiently and economically and in accordance with the Group's principles of good governance (its main function)

b) Determining the remuneration, fees and other allowances payable to employees and the allowances payable under any pension scheme it may establish under paragraph 11(4) of Schedule 1A of the 2006 Act, inserted by Schedule 2 of the 2012 Act

c) Approving any functions of the Group that are specified in regulations

d) Leading the setting of vision and strategy

e) Approving commissioning plans

f) monitoring performance against plans

The CCG Board shall have the authority to establish ~~sub-~~committees to assist with the performance of its functions and will receive minutes from these meetings.

Vision and Strategic Direction

The mission of NHS West Leicestershire Clinical Commissioning Group is: Patients, Practices and Partners working together to create the best value healthcare for West Leicestershire.

To support the development of the strategy to ensure effective commissioning of services and implementation of QIPP, integration across health and social care, and improving quality of primary medical care across the constituent localities.

To develop delivery plans to progress priority work programmes that support the annual Operational Plan.

To develop robust internal governance systems and processes.

Commissioning

To stimulate the transformation of local health services through innovative practice and changes to patient care pathways, ensuring continuous improvement in the quality of care.

To ensure effective and efficient use of resources in line with the CCG scheme of delegation.

To ensure effective financial management and reporting of our commissioning budgets.

To ensure the insights and experiences of patients and the public, inform and drive commissioning of high quality care.

Clinical Effectiveness and Clinical Governance

To take responsibility for organisational development (competency and capability assessment to determine skills needs and establish formal programme) for the CCG and the constituent localities

To develop a framework for assurance of service quality provided by constituent primary medical care practices of the CCG and the approach to ensure continuous improvement

To be responsible for the delivery of indicators contained in the annual national planning guidance that are delivered through CCG commissioned services

To meet quality indicators and CQUINs, of national targets and standards, and are relevant to those service areas delegated to the CCG's responsibility relating to commissioned services

Leading communication with stakeholders and partners

Ensuring strong and effective clinical engagement and leadership in relation to commissioned services.

To develop and implement robust stakeholder engagement in shaping the future commissioning strategy and annual Operational Plans.

Membership

The membership of the West Leicestershire Clinical Commissioning Group Board shall include:

- Eight Locality Leads (8 votes)
- Chair (1 vote)
- Deputy Chair (1 vote)
- Managing Director (1 vote)
- Chief Finance Officer (1 vote)
- Chief Nurse & Quality Lead (1 vote)
- Secondary Care specialist doctor (1 vote)
- 3 Lay Members (3 votes)

Non-voting members as follows:

- ~~Chief Operating Officer~~
- Director of Primary Care
- Director of Urgent Care
- Director of Service Redesign and Integration
- Chair of the Practice Managers' Forum
- ~~AD Corporate Affairs~~ Director of Performance and Corporate Affairs
- ~~AD Strategy & Planning~~
- Representative from Public Health Department

- Non-voting attendees as follows:

- Healthwatch

All members of the Board listed above will observe the voting rights indicated. In any future amendment to this membership, the principle that the Board is clinically led remains, and the relationship between clinical and other voting members, must be maintained.

The Lay Member appointed to chair the Audit Committee is the designated ~~Vice~~Deputy-Chair, to sit in those instances where a conflict, or potential conflict, of interest precludes the Chair or ~~Deputy~~ Vice Clinical Chair from presiding.

A key responsibility of each CCG Board is to ensure that the CCG develops a formal Constitution. This will define the relationship between individual GP practices, Locality groups and the CCG in terms of responsibilities, communication, engagement and accountability.

Quoracy and Voting

In order for meetings of the WLCCG Board to be quorate, there must be present at least the GP Chair or ~~Deputy~~ Vice Clinical Chair and at least one GP representative from at least three of the Localities within the CCG, plus at least one Lay Member and one management representative member.

A decision put to a vote at a meeting of the WLCCG Board shall be determined by simple majority of the voting members present. In the case of no decision, the Chair (or Deputy Chair, or Vice-Clinical Chair) of the Board shall have a second and casting vote.

~~If a decision is required to approve a 'bidder' for a contract or other similar issue and the quoracy of the meeting is affected by conflicts of interest, the full Board would be asked to delegate decision making authority to a sub-set of non-conflicted Board Members.~~

~~In practice, this sub-set would be likely to mainly comprise lay members and voting officers together with any non-conflicted GPs. In order to ensure that decisions taken through such arrangements remained clinically led and locally sensitive, the governing body would be required to satisfy itself that the following five conditions or 'tests' had been met:~~

- ~~i) The decision to delegate to a sub-set of non-conflicted Board members can only be taken when the Chair or Deputy Chair and at least one GP from each locality are present together with the normal requirements in terms of lay and officer presence~~
- ~~ii) The governing body are satisfied that the sub-set to whom delegated authority would be granted has been provided with sufficient clinical opinion and evidence to enable a well informed decision to be reached~~
- ~~iii) The governing body are satisfied that the sub-set to whom delegated would be granted has a sufficient understanding of the views of localities in respect of the issue to enable a decision to be taken that is sensitive to the perspective of our member practices~~
- ~~iv) The majority of conflicted Board GPs are satisfied that they have had sufficient time to understand and consider the issue and to seek the views of their locality GP colleagues~~
- ~~v) The majority of conflicted Board GPs are satisfied that the sub-set, to whom delegated authority would be granted, has fully considered and understood their views in order to reach a sufficiently informed, balanced and clinically led decision.~~

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.

NHS
West Leicestershire
Clinical Commissioning Group

Administration

Administration and taking of minutes for the WLCCG Board is the responsibility of the AD Director of Performance and Corporate Affairs.

Frequency of Meetings

The WLCCG Board shall meet on a bi-monthly basis, or more frequently (as required) on an exceptional basis.

Reporting Arrangements

Receive minutes from CCG Sub-GroupsCommittees and Commissioning Collaborative Meetings.

The WLCCG Board will be accountable to NHS England through quarterly assurance Checkpoint meetings.

Review

These Terms of Reference, which apply for 2014/15 will be reviewed on an annual basis by West Leicestershire CCG and no later than 31 May 2015.May 2019.

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 Committee will also provide oversight to the CCG's work on the sustainability of General Practice within West Leicester and of the implementation of work undertaken to support this, including the GP Forward View. In doing so it will ensure alignment with wider LLR plans, including the STP.

17. 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;

   e) To maintain a risk register for Primary Care Commissioning

Geographical Coverage

18. The Committee will comprise the West Leicestershire CCG.

Membership

19. The Committee shall consist of:

Members – With voting rights	**Non-voting attendees (without voting rights)**
• Chair (Deputy-Chair in Chair's absence) – Lay Member (1) • Lay member (1) • Executive Roles: Primary Care , Finance and Planning, Clinical Quality Team (Board Nurse), and Performance and Assurance (4) • Board GPs (3)	With a right to be there: • Local Authority, HealthWatch and NHS England (3) • LMC representing its members (1) – public meeting only

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

21. The Deputy Chair of the Committee shall be the appointed lay member for

Finance and Procurement.

Meetings and Voting

22. 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.

23. 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

24. 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.

25. 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.

26. 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

27. 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

28. 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.

29. 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

30. 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.

31. 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

32. The frequency of the meetings will be a minimum of ~~ten~~ six meetings per year.

33. 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.

34. 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.

35. 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.

36. 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..

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

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

39. 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.

40. The CCG will also comply with any reporting requirements set out in its constitution.

41. 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

42. The Committee is a committee of the Board.

43. 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

44. 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

45. The Committee will make decisions within the bounds of its remit as per the CCGs Scheme of Reservation and Delegation.

46. The decisions of the Committee shall be binding on NHS England and West Leicestershire CCG.

47. The Committee will produce an executive summary report which will be presented to the Local Area Team of NHS England. The Minutes of The Committee will be presented to the Board of West Leicestershire CCG each month for information.

NHS
West Leicestershire
Clinical Commissioning Group

WEST LEICESTERSHIRE CLINICAL COMMISSIONING GROUP

FINANCE AND PLANNING COMMITTEE

Terms of Reference

~~November 2017~~May 2018

Purpose

1. The Finance and Planning Committee has three roles:

- to monitor, review and support the finance function of the CCG;
- to coordinate the development of the CCG's commissioning plans and intentions; and
- to monitor the delivery and effectiveness of planned programmes of work.

2. 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 will monitor the delivery of all corporate plans, in particular QIPP schemes.

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

Accountability

4. The Finance and Planning Committee is a Committee of the Board. The Committee 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.

5. The work and effectiveness of the Finance and Planning 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.

Membership

- Lay Member Finance and Procurement (Committee chair)
- Vice Clinical Chair of the CCG (Committee deputy chair)
- ~~4~~ 2 Locality Leads
- ~~1 Non-Board GP~~
- Managing Director (or qualified deputy)
- Chief Finance Officer (CFO) (or qualified deputy)
- ~~Director of Service Redesign and Integration~~
- Director of Performance and Corporate Affairs (or qualified deputy)
- ~~Practice Manager~~

Attendees:

- Director Urgent Care
- Head of Planning
- Representative of the Local Authority
- Public Health Representative

~~6.~~ A quorum shall be ~~7~~ 3 of the above, inclusive of at least ~~3~~ 1 Board GP (either Clincial Vice-chair or locality lead)~~s~~, 1 lay member and CFO (or qualified deputy) ~~and 1 other member of the senior management team~~. Where a management representative or locality lead is unable to attend a meeting, a suitably qualified and duly nominated deputy may attend in their absence and form part of the quorum. ~~3 out of 4 localities will be represented.~~

~~7.~~6. Other attendance at meetings will be as required.

~~8.~~7. 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.

~~9.~~8. 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

~~10.~~9. 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

~~11.~~10. 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.

~~12.~~11. 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

~~13.~~12. 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.

~~14.~~13. 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

~~15.~~14. A minimum fo six meetings a year will be convened ~~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.

~~16.~~15. A programme of business reflecting the annual work programme and other matters requiring attention shall be included in each meeting agenda. The meeting should consider as standing items on the agenda, the Finance and Planning Risk Register and matters to be escalated to the Board. The Director of Performance and Corporate Affairs will arrange the timely circulation of agenda and papers for meetings, and for those meetings to be minuted.

Declarations of Interest

~~17.~~16. 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

~~18.~~17. The duties of the F&P Committee shall be the following

Finance

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 through enhanced services, and ensure value for money
5. Monitor development and application of financial contingency plans
6. 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
7. Monitor delivery of the CCG's capital & LIFT programmes (for current and future years)
8. Review and endorse the CCG's long term financial model prior to Board approval
9. Monitor effective balance sheet management
10. Approve Business Cases (for both commissioning and decommissioning) and Investments and/or disinvestments (under £500k)
11. Business Cases (for both commissioning and decommissioning) and Investments and/or disinvestments (over £500k) - provide financial assessment & scrutiny prior to consideration by Board
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 approve as required waivers of detailed financial policies (where they are repeat waivers) prior to approval from CCG officers.
15. Review and monitor all healthcare procurement contracts.
16. Proper referral of any item or issue arising in F&P of interest to another sub- group

QIPP:

17. Monitor delivery of the CCG's QIPP and financial savings programmes.
18. Ensure that QIPP programmes are on track to deliver savings as planned

19. Ensure alignment of QIPP plans and transformational funding with strategic commissioning strategies and plans

Planning:

20. 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), Sustainability and Transformation Plan and Better Care Together 5 Year Strategic Plan
21. Leading the evaluation of proposed corporate programmes and ensuring that they are line with the strategic vision of the CCG
22. 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
23. Oversee the development of CCG agreed commissioning intentions, based on commissioning plans and strategies
24. Oversee the development of CCG strategic operating plans
25. Oversee development of policies etc. to progress commissioning prioritization
26. Approve detailed commissioning policies and procedures and escalate for approval by Board in line with Financial Scheme of Delegation.
27. Identify opportunities for improvement and encourage innovation

Delivery:

28. Monitor progress of delivery against each Programme in the Operational Plan and highlight and escalate key risks to delivery
29. Ensure appropriate governance arrangements are in place to support the effective delivery of Programmes in the Operational Plan
30. Monitor the expenditure and costs against delivered and realised benefits as Programme's progress and further projects are identified on an ongoing basis.
31. Oversee progress against timetabled healthcare procurements through appropriate programmes in the Operational Plan
32. Monitor the on-going viability and sustainability of services

Risk Management:

33. Review and modification of the F&P risk register, including ownership and delivery of action plans against defined timescales
34. Discussion and review of any issue likely to require inclusion on, or modification to, any risk register

19. The Committee 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 Committees
- GP Practices and Localities
- Staff
- Budget Holders
- Public and patients
- Other stakeholders, eg other CCGs, the Local Authority

Authority

20. The Committee 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.

21. The Committee 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

22. The Committee 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 Committees.

23. The Committee 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.

Financial Training & Briefing

24. The Committee 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 Committee 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

Minutes & Communication to Board, etc

25. Minutes of Committee 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.

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

Review

27. 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 30 May 2019.~~November 2018.~~

Last Review: ~~November 2017~~May 2018

Next Review: ~~By November 2018~~By May 2019

NHS
West Leicestershire
Clinical Commissioning Group

WEST LEICESTERSHIRE CLINICAL COMMISSIONING GROUP QUALITY AND PERFORMANCE COMMITTEE: Terms of Reference

Purpose

The primary role of the Quality & Performance Committee (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 Committee of the Board. The Committee 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 (Committee chair)
- Clinical Vice-Chair of the CCG (Committee deputy chair)
- Chief Nurse & Quality Lead (CNQL) or deputy
- ~~2~~ 1 Locality Lead~~s~~
- Public Health Consultant
- Director of Primary Care
- Patient Participation Group Representative/Patient Leader
- Director of Performance and Corporate Affairs

Attendance - Include
- Finance lead
- Head of Patient Safety
- Head of Medicines Management
- Infection Control Lead
- Safeguarding Lead
- Communications, Engagement and Involvement Lead
- Senior Performance Manager, Midlands and Lancashire CSU

A quorum shall be ~~4~~ 3 of the above, inclusive of at least ~~2~~ 1 ~~Doctors~~Board GP (either Clinical Vice-chair or Locality Lead), the CNQL or nominated deputy, plus the chair or deputy chair of the Committee. Where a management representative or locality lead 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.

Patients, Practices, Partners

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

A minimum of ~~eight~~ six meetings will be held in the year, 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 Committee
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
26 Equality and Diversity
27 Medicines Management.

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 Committees
- ☐ 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 Committees.

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 Committee 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 30 November 2018.