

NHS Greater Preston CLINICAL COMMISSIONING GROUP

GOVERNANCE HANDBOOK

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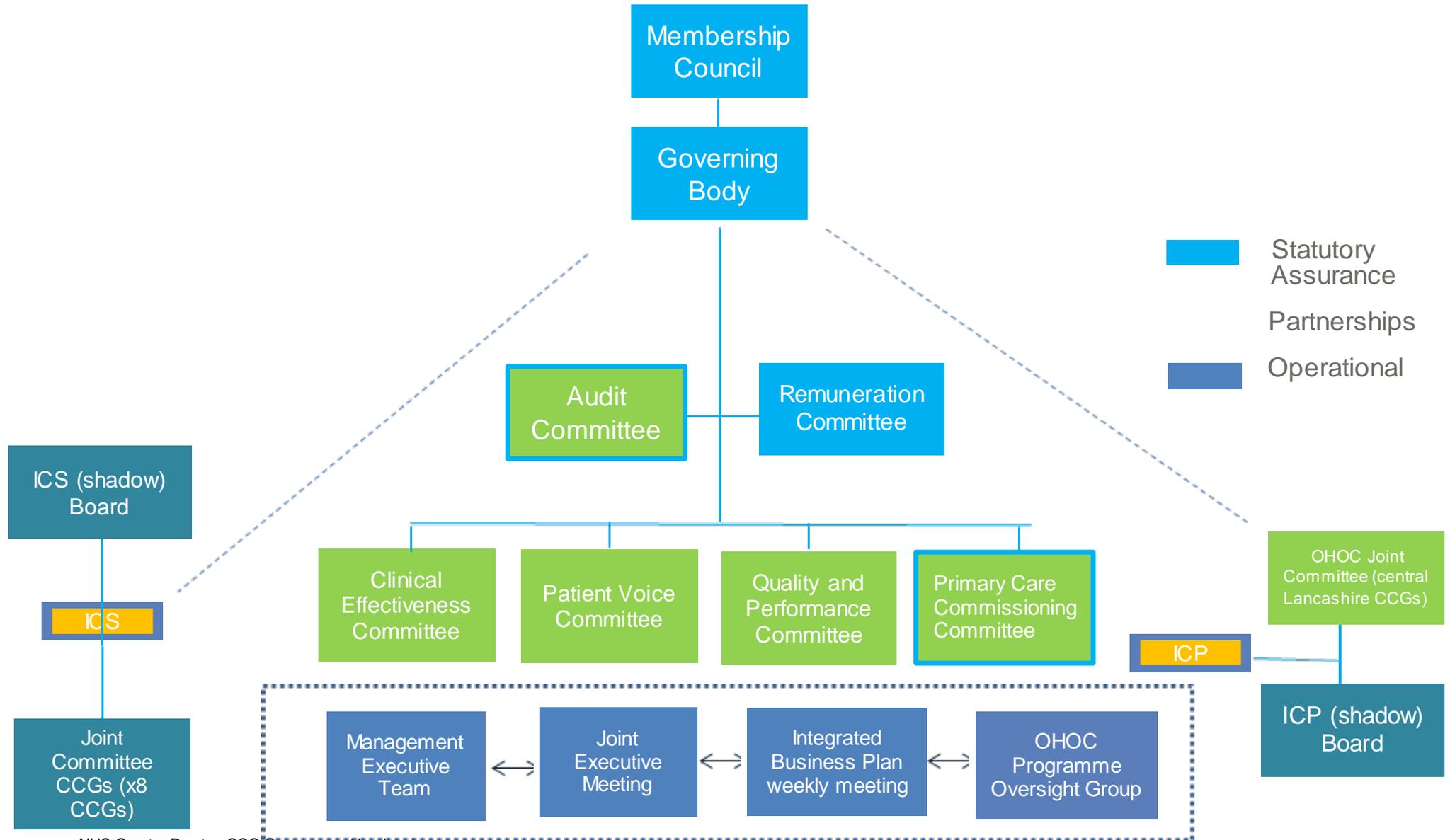
1.0 Introduction

This NHS Greater Preston CCG Clinical Commissioning Group (CCG) Governance Handbook sets out how member practices intend that the organisation is governed, and how commissioning decisions are made on their behalf. The CCG is a statutory body set up to commission health services on behalf of the patients it serves.

Greater Preston CCG's Governance Handbook brings together a range of documents which support the Constitution and good governance and should be read in conjunction with the CCG's constitution which can be found on the CCG's website <https://www.chorleysouthribbleccg.nhs.uk/plans-publications-and-policies>.

The CCG has a range of plans, publications and policies that provide information about our organisation and help to provide assurance that we are meeting our statutory duties as a public service. These can be found on the CCG's website <https://www.chorleysouthribbleccg.nhs.uk/plans-publications-and-policies>.

CCG governance structure



3.0 Membership Council

The practices that comprise the Members of NHS Greater Preston CCG can be found at 3.1.1 of its constitution.

Remit of the Membership Council:

- The CCG is a membership organisation. The Membership Council is the mechanism used to make key decisions regarding the delivery of work within the CCG and its Constitution.
- At Membership Council each Member Practice is represented and has responsibility with regard to engagement, involvement and support for the CCG. Co-operation from Member Practices provides opportunities for GPs to influence CCG plans through their wider clinical expertise.

Responsibilities and decision making authority:

- Determine the arrangements by which Members of the CCG approve those decisions that are reserved for the Membership.
- Consider and approve applications prior to NHS England ratification on any matter concerning changes to the Constitution, the overarching scheme of delegation, arrangements for taking urgent decisions, standing orders and prime financial policies.
- Approve the arrangements for identifying practice members to represent practices in matters concerning the work of the CCG and electing GP Directors to represent the Membership on the Governing Body.
- Agree the vision, values and overall strategic direction of the CCG.
- Membership Council meetings are held in private.

4.0 Governing Body

Remit of the Governing Body:

To ensure the CCG has appropriate arrangements in place to exercise its functions effectively, efficiently and economically in accordance with the CCG's principles of good governance. The Governing Body will delegate some of its functions to its sub committees as appropriate.

Responsibilities and decision making authority:

- approve any functions of the CCG that are specified in the regulations of the National Health Service Act 2006.
- making decisions which are delegated to the Governing Body as set out in the CCG's Scheme of Reservation and Delegation.
- ratify and maintain terms of reference for all committees.
- Ratify Annual Governance Statement, Annual Report and Annual Accounts.
- Governing Body meetings are held in public, however where appropriate members of the public will be excluded to allow for a meeting to take place in private where representatives of the Press and other members of the public will be excluded from the remainder of the meeting, having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest, (Section 1{2} Public Bodies (Admissions to Meetings), Act 1960).

5.0 CCG Committees: Committee Remit and Terms of Reference

5.1 Audit Committee

Remit and decision making authority of the Audit Committee:

- The Committee shall review the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the CCG's activities.
- The approval of the statement to be included in the annual report concerning internal controls and risk management prior to Governing Body ratification.
- The Committee shall ensure there is an effective internal audit function that meets mandatory NHS Internal Audit Standards and provides appropriate independent assurance to the Committee, Accountable Officer and Governing Body.
- Review the work and findings of the internal and external auditors and counter fraud services and consider the implications and management's responses to their work and make recommendations to the Governing Body on matters affecting the governance of the Group. Review policies in relation to risk management, corporate governance and emergency preparedness, resilience and response.
- Oversee the policy and process for the management of conflicts of interest throughout the CCG.
- Ensure that there is effective review of the work of the Local Counter Fraud Service as required by NHS Protect.
- Review the group's arrangements for their employees to raise concerns, in confidence, about possible wrongdoing in financial reporting, clinical or safety matters or other matters.
- Monitor the integrity of the financial statements of the CCG and any formal announcements relating to the CCGs financial performance. Seek assurance that for every interest declared, either in writing or by oral declaration, arrangements are in place and have been implemented to manage the conflict of interests or potential conflict of interests. Review the CCG's arrangements for employees to raise concerns in confidence through management of the Whistleblowing Policy.

- Audit Committee meetings are held in private.
- Both Greater Preston and Chorley and South Ribble's CCG Audit Committees may hold their meetings together as a 'Committee in Common' unless there are any agenda items which are pertinent or confidential to one particular committee.

TERMS OF REFERENCE

AUDIT COMMITTEE

Document Reference:	CSR/TOR/AC
Document Title:	Terms of reference – Audit Committee
Version:	6.0
Supersedes:	5.0
Author:	Mrs Sarah Mattocks
Authors Designation:	Corporate Affairs and Governance Manager
Consultation Group:	Audit Committee
Date Approved:	July 2019

AUDIT COMMITTEE TERMS OF REFERENCE

Introduction

The Governing Body of Greater Preston CCG has established a Committee to be known as the Audit Committee (“the Committee”) to carry out the duties set out at clause 6 of these terms of reference.

The Committee is authorised by the Governing Body to investigate any activity within its terms of reference. The Committee can request information, reports, and assurances from any employee in relation to those areas within these terms of reference and all employees are directed to cooperate with any request made by the Committee. The Committee is authorised by the Governing Body to obtain outside legal or other independent professional advice, and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary. The Committee can commission reports and/or surveys necessary to fulfil its obligations.

Both Greater Preston CCG and Chorley and South Ribble CCG Audit Committees may hold their meetings together as a ‘Committee in Common’ unless there are any agenda items which are pertinent or confidential to one particular committee, on which occasions the committees will meet separately.

Membership

The Committee shall be appointed by the Governing Body in accordance with the requirements of Audit Committees as set out in the National Health Service (Clinical Commissioning Group) Regulations 2012 and shall consist of not less than three members, including:

An Audit Committee Chair, who is the lay member for audit finance and conflicts of interest;

- Governing Body Vice Chair;
- Lay Member for Patient and Public Involvement

Attendance

The following will be expected to attend meetings of the Committee:

- The Chief Finance and Contracting Officer who will act as secretary to the Committee and is responsible for supporting the Chair in the management of the Committee's business and for drawing the Committee's attention to best practice, national guidance and other relevant documents as appropriate.
- Deputy Chief Finance Officer
- Appropriate internal and external audit representatives;
- Corporate Affairs and Governance Manager who will support the Chief Finance and Contracting Officer in the management of the meeting
- Other directors/managers may be invited to attend from time to time, with the agreement of the Chair of the Committee, to provide advice or present key reports in relation to risks or assurances in areas that are the responsibility of the directors/managers.
- An appropriate representative of the Counter Fraud Service will attend a minimum of two meetings a year.
- Representatives from other organisations may be invited to attend on occasion.

In addition, the Accountable Officer will be invited to attend meetings and should attend at least annually to discuss the assurances which support the Annual Governance Statement.

In addition the Committee may seek specialist advice from members with appropriate specialist expertise.

Quorum

The meeting will achieve quorum if at least two members are present.

Members should attend meetings, and it is expected that members will normally attend a minimum of 75% of meetings held per annum.

Should a member not be able to attend a Committee meeting, apologies in advance must be provided to the Chair. Deputies can attend on behalf of officers normally in attendance and any formal acting up status will be recorded in the minutes.

Deputising arrangements must be agreed by the Chair of the Committee.

Frequency

The Committee shall meet not less than four times per year; a schedule of pre-arranged meetings will be distributed to all members on an annual basis along with a proposed annual calendar of business.

The Chair of the Committee may arrange extraordinary meetings at his/her discretion or at the request of Committee members or either the Head of Internal Audit or the Lead Partner of external audit.

Duties

The duties of the Committee are categorised as follows:

Integrated governance risk management and internal control

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 Clinical Commissioning Group's activities.

In particular the Committee shall review the adequacy and effectiveness of:

All risk and control related disclosure statements (in particular the Annual Governance Statement), together with any reports from internal or external audit or other appropriate independent assurances, before making recommendations to the Governing Body.

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. This could include deep dives into specific Governing Body Assurance Framework / Corporate Risk Register risks as required.

The policies relating to governance for ensuring compliance with relevant regulatory, legal and code of conduct requirements and any related reporting and self-certifications.

The policies and procedures relating to counter-fraud and anti-corruption activities as set out in the NHS Protect Standards.

The Committee shall also oversee, through an effective work programme:-

The production of the statement to be included in the annual report concerning internal controls and risk management.

Instances where the Clinical Commissioning Group's Standing Orders and Prime Financial Policies are waived and investigate those issues that present a risk to the internal control functions of the CCG.

At least annually, a review of the register of gifts/hospitality and sponsorship, registers of declarations of interest for all committees and staff, register of losses and special payments, register of procurement, and register of tender waivers. Additionally the Committee should seek assurance that declarations of interests are being managed across the Membership Council as a whole.

The committee will ensure that the CCG remains compliant with the NHS England guidance for managing conflicts of interest which includes the management of gifts and hospitality.

Internal Audit

The Committee shall ensure there is an effective internal audit function that meets mandatory NHS Internal Audit Standards (the Handbook refers to Public Sector Internal Audit Standards 2013) and provides appropriate independent assurance to the Committee, Accountable Officer and Governing Body. This will be achieved by:

Considering and approving the remit of the internal audit function and ensuring it has adequate resources and appropriate access to information to enable it to perform its function effectively and in accordance with the relevant professional standards. The Committee shall also ensure the function has adequate standing and is free from management or other restrictions.

Reviewing and assessing the internal audit strategy, operational plan and more detailed programme and scheduling of work, ensuring these are consistent with the audit needs of the organisation as identified in the Clinical Commissioning Group's Assurance Framework.

Evaluating promptly all reports giving limited or no assurance from the internal audit along with evaluating progress reports which include progress against work plan and a summary of work completed where significant assurance is given.

Assessing and monitoring management's responses to the findings and recommendations of internal audit.

Considering the provision of the internal audit service and the costs involved and undertaking a review of the effectiveness of the internal audit service annually.

The internal auditors will be appointed by the Audit Committee with ratification by the Governing Body.

The Committee shall also meet the Head of Internal Audit at least once a year, or on request of the Chair of the Committee without management being present, to discuss their remit and any issues arising from the internal audits carried out. In addition, the Head of Internal Audit shall be given the right of direct access to the Chair of the Committee and to the Committee.

External Audit

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

consideration of the appointment and performance of the external auditor and make recommendations to the Governing Body as far as the relevant regulations permit;

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 ensuring co-ordination, as appropriate, with other external auditors in the local health economy;

discussion with the external auditor of their evaluation of audit risks and assessment of the Clinical Commissioning Group and associated impact on the audit fee;

reviewing all external audit reports, including the report to those charged with governance, agreement of the annual audit letter (before submission to the Governing Body) and any work undertaken outside the annual audit plan, together with the appropriateness of management responses;

the Audit Committee lay members will form the Auditor Panel as and when needed. The panel's functions are to advise the Governing Body on the selection and appointment of the external auditor.

The Committee shall also meet the external auditor at least once a year or on request of the Chair of the Committee, without management being present; to discuss their remit and any issues arising from the Clinical Commissioning Group's audit. In addition the Lead Partner of

the external audit shall be given the right of direct access to the Chair of the Committee and to the Committee.

Other assurance functions

The Committee shall review the findings of other significant assurance functions, both internal and external to the Clinical Commissioning Group, and make recommendations to the Governing Body on matters affecting the governance of the Group.

These will include, but will not be limited to, any reviews by Department of Health arm's length bodies or regulators/inspectors, and professional bodies with responsibility for the performance of staff or functions.

In addition, the Committee will:

- review the work of other Committees of the Governing Body, whose work can provide relevant assurance to the Committee's own areas of responsibility. In particular this will include any governance, quality and risk management Committees that are established.
- request and review reports and positive assurances from directors and managers on the overall arrangements for governance, risk management and internal control, and may request specific reports from individual functions within the Group as they may be appropriate to the overall arrangements.
- review policies in relation to risk management and corporate governance to ensure they are fit for purpose and accurately reflect best practise guidance and legislation.
- ensure that conflicts or potential conflicts of interest are managed when these are declared in the meeting by following the Managing Conflicts of Interest Policy.

Counter-fraud

The Committee shall ensure that there is effective review of the work of the Local Counter Fraud Service as required by NHS Protect. This will be achieved by:

- approval of the appointment of a Local Counter Fraud Officer either directly or through the appointment of the internal audit service.
- review and approval of the Counter Fraud Policy, operational plans and detailed programme of work ensuring this is considered with the needs of the Clinical Commissioning Group.
- ensuring that the Counter Fraud functions are adequately resourced and have appropriate standing within the Group.
- receiving assurances that the findings and outcomes of any reactive work complies with NHS Protect standards. This will be done whilst maintaining the confidentiality of any individuals involved, therefore investigation reports will not be received by the Committee, only assurances on the process and findings.
- seeking assurance that the Clinical Commissioning Group has adequate controls in place to ensure it complies with the Bribery Act 2010.
- undertake a review of the effectiveness of the counter-fraud service annually.
- The Committee shall also meet the Counter Fraud Officer at least once a year or on request of the Chair of the Committee, without management being present; to discuss their remit and any issues arising from the Clinical Commissioning Group. In addition the Lead Partner of the Counter Fraud remit shall be given the right of direct access to the Chair of the Committee and to the Committee.

Whistleblowing

The Committee shall review the Group's arrangements for their employees to raise concerns, in confidence, about possible wrongdoing in financial reporting, clinical or safety matters or other matters. The Committee shall ensure that these arrangements allow proportionate and independent investigation of such matters and appropriate follow up action.

The role of 'Freedom to Speak up Guardian' is held by the lay member for governance who is also the CCG vice-chair and a member of the Committee.

Financial reporting

The Committee shall monitor the integrity of the financial statements of the Clinical Commissioning Group and any formal announcements relating to the CCGs financial performance.

The Committee should ensure that the systems for financial reporting to the Governing Body, including those of budgetary control, are subject to review as to completeness and accuracy of the information provided to the Governing Body.

The Audit Committee shall review the annual report and financial statements before submission to the Governing Body, focusing particularly on:

- the wording in the Annual Governance Statement and other disclosures relevant to the terms of reference of the Committee;
- changes in, and compliance with, accounting policies, practices and estimation techniques;
- unadjusted mis-statements in the financial statements;
- significant judgements in preparation of the financial statements;
- significant adjustments resulting from the audit;

- letter of representation;
- qualitative aspects of financial reporting.

Conflicts of interest

The Committee will seek assurance that for every interest declared, either in writing or by oral declaration, arrangements are in place and have been implemented to manage the conflict of interests or potential conflict of interests, to ensure the integrity of the Clinical Commissioning Group's decision making processes.

The Audit Committee will periodically seek assurances on the review of declarations of interest against the register of interests and the assessment of risk relating to interests.

The Audit Committee Chair will also hold the role of the Conflicts of Interest Guardian.

The Audit Committee Chair will be responsible for the signing of quarterly assurance statements to NHS England for the management of conflicts of interest in conjunction with the Chief Officer.

Reporting

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

Monitoring compliance

Meetings of the Committee shall be conducted in accordance with the provisions of the Constitution, Standing Orders, Scheme of Reservation and Delegation and Prime Financial Policies approved by the Governing Body and reviewed from time to time.

The Committee shall submit an annual report to the Governing Body, incorporating progress, reporting arrangements, frequency of meetings and membership attendance.

The Committee will develop an annual calendar of business, and a work plan with specific objectives which will be reviewed regularly and formally on an annual basis. The Committee will also review its performance on an annual basis.

Reviewing terms of reference

The terms of reference of the Committee (including membership) shall be reviewed and approved by the Governing Body at least annually.

5.2 Remuneration Committee

Remit of the Remuneration Committee:

Make decisions regarding remuneration, fees and other allowances for employees and people who provide services to the CCG. The Committee must assure itself and the Governing Body that the CCG is compliant with NHS England and Department of Health guidance in reference to Remuneration.

Decision making authority:

- Makes recommendations to the Governing Body.
- Reports to Governing Body through Annual Report and Annual Governance Statement through six-monthly updates.
- Both Greater Preston and Chorley and South Ribble CCG Remuneration Committees may hold their meetings together as a 'Committee in Common' unless there are any agenda items which are pertinent or confidential to one particular committee.
- Remuneration Committee meetings are held in private.

TERMS OF REFERENCE

REMUNERATION COMMITTEE

Document Reference:	CSR/TOR/RC
Document Title:	Terms of Reference – Remuneration Committee
Version:	4
Supersedes:	3.1
Author:	Mrs Sarah Mattocks
Authors Designation:	Corporate Affairs and Governance Manager
Consultation Group:	Remuneration Committee
Date Ratified:	May 2019
Review Date:	May 2020

REMUNERATION COMMITTEE TERMS OF REFERENCE

Introduction

- 1.1 The CCG's Governing Body has established a Committee to be known as the Remuneration Committee (the Committee) to carry out the duties as set out in clause 6.6.5(b) of the constitution.
- 1.2 Except as outlined in these Terms of Reference, meetings of the Committee shall be conducted in accordance with the provisions of Standing Orders, Reservation and Delegation of Powers and Prime Financial Policies approved by the Governing Body and reviewed from time to time. The Committee is authorised by the Governing Body to investigate any activity within its Terms of Reference which has delegated functions connected with the Governing Body's main function.
- 1.3 The Committee, which is accountable to the CCG's Governing Body, is responsible for making recommendation on the remuneration, fees and other allowances for employees and for other persons providing services on behalf of the Clinical Commissioning Group (CCG). All recommendations regarding remuneration will be submitted to the Governing Body for approval.
- 1.4 The Governing Body has approved and keeps under review the terms of reference for the Committee, which includes information on the membership of the Committee.
- 1.5 The Committee has responsibility to assure itself and the Governing Body that the CCG is compliant with guidance from NHS England, the Department of Health, and any other relevant public sector in reference to Remuneration.
- 1.6 Both Greater Preston CCG and Chorley and South Ribble CCG Committees may hold their meetings together as a 'Committee in Common' unless there are any agenda items which are pertinent or confidential to one particular CCG, on which occasions the committees will meet separately.

- 1.7 The Remuneration Committee will provide an opinion to the Governing Body on the adequacy of controls and assurances available with respect to those matters set out in the Remuneration Committee's Terms of Reference.
- 1.8 The Director of Quality and Performance will be responsible for ensuring that FOI requirements in relation to the Committee's minutes and reports are met. The chair of the committee will seek the advice of the Director of Quality and Performance in relation to any matters where an exemption as defined within the Freedom of Information Act 2000 is believed to apply.

2.0 Membership

- 2.1 The Committee shall be appointed by the CCG from amongst the lay members of its Governing Body Members. The Committee should not include employees.
- 2.2 The Committee shall consist of not less than 3 members from each CCG:
- Vice Chair of the Governing Body;
 - Two Lay Members of the Governing Body;
- 2.3 In addition:
- additional members should be appointed at the discretion of the Governing Body;
 - The CCG's Human Resources Business Partner should attend every meeting;

- the composition of the Committee should be recorded in the annual report.

2.4 The meeting will be Chaired by the Vice Chair of Greater Preston CCG Governing Body. Greater Preston CCG hold the contracts of employment for all staff except those staff specifically employed to work for Greater Preston CCG. All employees are seconded to Greater Preston CCG on a part time basis under joint arrangements from Greater Preston CCG, unless a contract states that they are specifically employed to work for Greater Preston CCG.

Voting

- 3.1 Where a vote is required to agree on the recommendation being made to the Governing Body which relates to a contractual/remuneration issue for a Greater Preston CCG employee, Greater Preston CCG Committee members should make a recommendation to Greater Preston CCG Committee members who will then agree the recommendation made to the Greater Preston Governing Body. Likewise where a vote is required which relates to a contractual issue for a Greater Preston CCG employee, Greater Preston CCG Committee members should make a recommendation to Greater Preston CCG Committee members who will then agree the recommendation made to the Greater Preston Governing Body.
- 3.2 Where voting decisions are taken and there is an even split in voting, the casting vote will be awarded to the Chair.
- 3.3 Recommendations will be made to the Governing Body of the respective CCG holding the contract of employment of the staff groups concerned. The CCG to which this does not pertain to will receive the outcome of the Governing Body decision for information.

3.4 No member should be involved in deciding their own remuneration.

4.0 Attendance

4.1 Only members of the Committee have the right to attend Committee meetings. However, other individuals such as the Accountable Officer, appropriate HR professional, CCG Officers or external advisers may be invited to attend for all or part of any meeting as and when appropriate.

5.0 Quorum

5.1 Quorum shall be 2 members from each CCG (4 members in total).

5.2 A duly convened meeting of the Committee at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by the Committee on behalf of the Governing Body.

6.0 Frequency and Notice

6.1 The Committee shall normally meet at least twice a year, but additional meetings may be required and the Chair will be advised of this in advance. The Chair may also ask for a meeting to be convened.

6.2 Unless otherwise agreed, notice of each meeting confirming the venue, time and date together with an agenda of items to be discussed, shall be forwarded to each member of the Committee, and other persons required to attend no later than five working days before the date of the meeting. Supporting papers shall be sent to Committee members and other attendees as appropriate, at the same time.

7.0 Purpose

- 7.1 The committee will make recommendation on determinations about allowances under any pension scheme that the group may establish as an alternative to the NHS pension scheme.
- 7.2 From June 2015, a responsibility was placed on CCG Remuneration Committees to assure themselves that CCG executive remuneration is necessary and publicly justifiable. The Committee will seek the views of NHS Improvement and NHS England before making appointments to NHS Boards with a salary threshold higher than the Prime Minister's. HMT guidance on "off-payroll" appointments must be rigorously followed, and it is the Secretary of State for Health's expectation that there should be no significant difference in the terms and conditions of senior leadership teams.
- 7.3 Any actions taken by the Committee must be publicly defensible. The Committee should bear in mind the need for properly defensible remuneration packages, which are linked to clear statements of responsibilities and with rewards linked to the measurable discharge of those responsibilities.
- 7.4 In all of their decisions and recommendations the Committee should also remain aware that the group is corporately responsible for ensuring that its pay arrangements are appropriate in terms of Equal Pay requirements and other relevant legislation.
- 7.5 The Committee and CCG Governing Body, to which they report, are public bodies. As such they must at all times:
- observe the highest standards of propriety involving impartiality, integrity and objectivity in relation to the stewardship of public funds and the management of the bodies concerned;

- maximise value for money through ensuring that services are delivered in the most efficient and economical way, within available resources, and with independent validation of performance achieved wherever practicable;
- be accountable to Parliament, to users of services, to individual citizens and to staff for the activities of the bodies concerned, for their stewardship of public funds and the extent to which key performance targets and objectives have been met;
- comply fully with the principles of the Citizen's Charter and the Code of Practice on Access to Government Information, in accordance with Government policy on openness;
- bear in mind the necessity of keeping comprehensive written records of their decisions, in line with general good practice in corporate governance;
- seek independent advice when making recommendations on the remuneration of Governing Body members. NB independent advice could be in the form of expert Human Resources advice;
- invite independent representatives to scrutinise decision-making where the removal of members with a conflict of interest would make the meeting no longer quorate;
- scrutinise systems for identifying and developing leadership and high potential; and
- scrutinise plans for orderly succession of appointments to the Governing Body and of senior management, in order to maintain an appropriate balance of skills and experience.

8.0 Duties

8.1 The Committee shall:

- make recommendations on determinations about pay and remuneration for employees of the Clinical Commissioning Group and people who provide services to the Clinical Commissioning Group. The Committee will also make recommendations on allowances under any pension scheme it might establish as an alternative to the NHS pension scheme;
- seek assurance from the CCG Chair regarding the performance of the Accountable Officer, and assurance from the Accountable Officer regarding the performance of those staff on Very Senior Manager contracts.
- make recommendations on annual salary awards, if appropriate for those staff on Very Senior Manager contracts, after having received assurance regarding performance of those staff.
- consider the severance payments of the Accountable Officer and usually of other senior staff, seeking HM Treasury approval as appropriate in accordance with the guidance 'Managing Public Money' (available on the HM Treasury website).

The Committee Chair may wish to seek external advice on any of the above matters.

8.2 All aspects of salary will be considered by the Committee, including:

- performance-related elements and bonuses;
- provisions for other benefits, including pensions and cars;
- arrangements for termination of employment and other contractual terms (decisions requiring dismissal shall be referred to the Governing Body)

- 8.3 The Committee will also consider the following issues for submission to NHS England Remuneration Committee:
- severance payments to Accountable Officers and Senior Managers;
- termination payments requiring Treasury approval;
- redundancy / early retirement payments to Very Senior Managers, or costing over £50,000.

8.4 The Committee will apply best practice in all elements of its decision making processes in the recommendations that it makes, for example, when considering individual remuneration the Committee will:

- comply with current disclosure requirements for remuneration;
- on occasion seek independent advice about remuneration for individuals; and
- ensure that decisions are based on clear and transparent criteria.

The Committee Chair will provide guidance, if required, to the Clinical Chair on matters relating to arrangements in place for GP Director absence should this be anticipated to exceed the attendance levels laid out in the terms of reference for the committees on which the GP Director is a member.

8.5 The Committee will have full authority to commission reports or surveys or seek the advice it deems necessary to fulfil its obligations.

8.6 The Committee will seek assurance that for every interest declared to it, either in writing or by oral declaration, arrangements are in place and have been implemented to

manage the conflict of interests or potential conflict of interests, to ensure the integrity of the Committee's decision making processes.

- 8.7 The Committee will be the ratifying body of all employment and staff related policies.
- 8.8 The committee has a responsibility to manage conflicts or potential conflicts of interest when these are declared in the meeting by following the Managing Conflicts of Interest Policy. The committee's minutes will record the steps taken to manage any identified conflicts of interest in accordance with the requirements of the CCG policy and constitution.
- 8.9 The committee has the responsibility to approve all policies within its remit. However where an item of business comes to the committee that effects terms and conditions of a staff member, such as approval of a VSM salary, the committee will make a recommendation to the Governing Body, which will approve this decision. These discussions will take place in Part 2 Governing Body meetings unless it is identified that the item should be discussed in a public domain.

9.0 Reporting

- 9.1 The minutes of Committee meetings shall be formally recorded and a summary submitted to the CCG Governing Body after each time the committee has met.
- 9.2 The Committee will also submit an annual report to the Governing Body on its work in support of the Annual Governance Statement and submit details of senior manager remuneration as required for the annual report.

10.0 Monitoring and Compliance

10.1 The Committee shall submit an annual report to the CCG Governing Body, incorporating progress, reporting arrangements, frequency of meetings and membership attendance.

11.0 Review of Terms of Reference

11.1 The Terms of Reference of the Committee shall be reviewed by the CCG Governing Body at least annually.

5.3 Clinical Effectiveness Committee

Remit of the Clinical Effectiveness Committee:

To develop clinical and effective use of resource policies and provide advice on local clinical standards, dissemination of NICE and other national guidance, monitoring of the quality improvement strategy and managing exceptionality.

Responsibilities and decision making authority:

- Setting Clinical and Effective Use of Resources policies for the CCG including prescribing policies.
- Managing exceptionality.
- Advise the Governing Body on latest clinical evidence in decision making.
- Prioritising clinical policy implementation.
- Promoting research and the use of research evidence.
- Clinical Effectiveness Committee meetings are held in private.
- Both Greater Preston and Chorley and South Ribble's CCG Clinical Effectiveness

Committees may hold their meetings together as a 'Committee in Common' unless there are any agenda items which are pertinent or confidential to one particular committee.

TERMS OF REFERENCE

JOINT CLINICAL EFFECTIVENESS COMMITTEE

Document Reference:	CSRGP/TOR/CEC
Document Title:	Terms of Reference – Joint Clinical Effectiveness Committee
Version:	3.0
Supersedes:	2.0
Author:	Mrs Helen Curtis
Authors Designation:	Head of Quality and Performance
Consultation Group:	Joint Clinical Effectiveness Committee
Date Approved:	November 2020

TERMS OF REFERENCE JOINT CLINICAL EFFECTIVENESS COMMITTEE

1.0 Constitution

- 1.1 The Clinical Effectiveness Committee (hereby referred to as The Committee) is a joint Committee between NHS Greater Preston Clinical Commissioning Group and NHS Chorley & South Ribble Clinical Commissioning Group. It has been established in accordance with the Clinical Commissioning Group's constitution.
- 1.2 These terms of reference set out the Committee's membership, its role, responsibilities and reporting arrangements and shall have effect as if incorporated into the clinical commissioning group's constitution and standing orders.

2.0 Purpose

- 2.1 The Committee will assist the CCG in the exercise of its functions relating to the provision of healthcare and related services by:
- Providing assurance that the systems in Lancashire and South Cumbria to develop clinical policies in line with the organisations strategic direction and in accordance with national / local priorities are robust and that the policies are up to date.
 - Prioritising clinical policy implementation
 - Overseeing effective use of resources for clinical purposes
 - Providing oversight of the implementation of prescribing policies
 - Providing advice on evidence and effectiveness when setting quality standards including CQUIN
 - Promoting research and innovation

3.0 Membership

- 3.1 The Committee shall consist of not less than the following core members:
- Lay member who leads on patient and public involvement from each CCG (Chair)
 - GP Director with lead responsibility for clinical effectiveness
 - Director of Quality & Performance
 - Public Health Consultant; on behalf of both CCGs;
 - Head of Medicines Optimisation; on behalf of both CCGs;
 - Secondary care consultant; on behalf of both CCGs;
 - Nurse member of the governing body; on behalf of both CCGs;
 - Associate Director of Performance and Effectiveness
- 3.2 In addition, other senior specialist managers may attend from time to time to provide specialist advice and support but will have no voting rights, including:
- Director of Transformation & Delivery; on behalf of both CCGs;
 - Other senior specialist managers

4.0 Attendance

- 4.1 Members would normally attend meetings and it is expected that members will attend a minimum of three out of every four meeting per annum barring any exceptional circumstances. Deputising arrangements must be agreed by the Chair and the Chair may invite other officers of the CCG to attend for particular items.
- 4.2 Should either the Chair or Vice Chair be unable to attend a meeting, a deputising GP Director from the corresponding Clinical Commissioning Group must be nominated.
- 4.3 Should a decision be required on behalf of a CCG that does not have representation on the Committee by a GP Director, a GP Director from that CCG will be invited to attend the Committee to be part of the decision making.

5.0 Quorum

- 5.1 The meeting will achieve quorum if at least four core members are present, including at least one GP Director and one Lay member.
- 5.2 Should a member not be able to attend a committee meeting, apologies in advance must be provided to the Chair and the status of formal representative attending in their place must be communicated. An officer in attendance for a committee member but without formal acting up status may not count towards the quorum. Deputising arrangements must be agreed by the Chair of the Committee.

6.0 Frequency & Notice

- 6.1 The Committee shall meet four times per year, and not less than three times per year. However, the Chair of the Committee may arrange extraordinary meetings at their discretion. A schedule of pre-arranged meetings will be distributed to all members on an annual basis.
- 6.2 Except as outlined in these terms of reference, meetings of the Committee shall be conducted in accordance with the provisions of Standing Orders, Reservation and Delegation of Powers and Standing Financial Instructions approved by the Council of Members/Governing Body and reviewed from time to time.

7.0 Authority

- 7.1 The Committee is authorised to:
 - investigate any activity within its terms of reference and produce an annual work programme to discharge its responsibilities;
 - take responsibility for ensuring compliance with the principles of good governance and the groups' constitution when undertaking its terms of reference;
 - establish and approve the terms of reference of such sub-reporting groups, or task and finish groups as it believes are necessary to fulfil its terms of reference.

8.0 Duties

- Provide assurance to the CCG's Governing Body that clinical policy and guidance are being developed and implemented.
- Receive assurance on the appropriateness of prescribing policies.
- To receive recommendations on investment and disinvestment in services, based on rigorous assessment of clinical effectiveness, affordability and health benefit.
- Ensure that effective evaluation systems and processes are in place to assess the appropriateness of the CCGs priorities. Measure the impact and outcomes of commissioning decisions in line with Right Care priorities.
- To be assured that best practice in relation to NICE and other clinical guidance, high level inquiries and confidential inquiries are considered and clinical decisions are made in line with resources available.
- The Committee will have full authority to commission any reports or surveys it deems necessary to help fulfil its obligations.
- To establish the necessary sub-groups / working groups to progress the duties of the Committee.
- The Committee will conduct its business in accordance with any national guidance and relevant codes of conduct/good governance practice as appropriate.
- The Committee will agree an annual programme of work.

9.0 Conflicts of interest

The Committee will seek assurance that for every interest declared, either in writing or by oral declaration, arrangements are in place and have been implemented to manage the conflict of interests or potential conflict of interests, to ensure the integrity of the Clinical Commissioning Group's decision making processes.

The Clinical Effectiveness Committee will periodically seek assurances on the review of declarations of interest against the register of interests and the assessment of risk relating to interests.

10.0 Reporting

- 10.1 The minutes of Committee meetings shall be formally recorded and submitted to the CCG Governing Body. On occasion, a more detailed report may be required.
- 10.2 The Committee shall receive highlighted reports from the following Sub-Committees.
- Individual Funding Review Panels

- Medicines Management Working Group
- Any necessary sub-groups/working groups created within the Committee's terms of reference.
- Right Care Working Group

11.0 Monitoring Compliance

- 11.1 The terms of reference of the Committee shall be reviewed by the CCG Governing Body six months after the inaugural meeting and at least annually thereafter. The Committee shall contribute to the CCG annual report, incorporating progress, reporting arrangements, frequency of meetings and membership attendance.
- 11.2 The Committee will develop a work plan with specific objectives which will be reviewed regularly and formally audited on an annual basis. The Committee will also review its performance against the "effective committee" checklist on an annual basis.

12 Reviewing terms of reference

- 12.1 The terms of reference of the Committee (including membership) shall be reviewed and approved by the Governing Body at least annually.

5.4 Primary Care Commissioning Committee

Remit of the Primary Care Commissioning Committee:

To carry out the functions relating to the commissioning of primary medical services under Section 83 of the NHS Act except those relating to individual GP performance management.

Responsibilities and decision making authority:

- GMS and PMS and APMS contracts including the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing branch/remedial notices, and removing a contract.
- Newly designed enhanced services (LES and DES).
- Design of local incentive schemes as an alternative to the Quality Outcomes Framework.
- Decision making on whether to establish new GP practices in the area.
- Approving practice mergers.
- Making decisions on discretionary payment (e.g. returner/retainer schemes).
- Estates and infrastructure investments.

The Committee will:

- Hold responsibility for overseeing delivery of the GP Five Year Forward View; including approving funding applications against the investment fund (these delegations will follow the usual sign off process for approval of the financial envelope)
- Oversee the development and delivery of the out of hospital strategy
- Oversee the development and delivery of primary care initiatives
- Scrutinise the medium term investment strategy for primary care; for those over 1-3 years
- Oversee the development of the CCG estates strategy; this includes setting out the capital and revenue consequences for a three year timeline
- Approve estates bids for notional rent
- Review the efficacy of out of hospital schemes which have been delivered, in order to inform future planning

- Both Greater Preston and Chorley and South Ribble's CCG Primary Care Commissioning Committees may hold their meetings together as a 'Committee in Common' unless there are any agenda items which are pertinent or confidential to one particular committee.

TERMS OF REFERENCE

PRIMARY CARE COMMISSIONING COMMITTEE

Document reference:	CSR/TOR/PCCC
Document Title:	Terms of Reference – Primary Care Commissioning Committee
Version:	3.0
Supersedes:	2.0
Author:	Sarah Mattocks
Authors Designation:	Corporate Affairs and Governance Manager
Consultation Group:	Primary Care Commissioning Committee
Date Ratified:	28 November 2018
Review Date	November 2019

Introduction

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 Group'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.

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 primary medical care commissioning functions (as specified in Schedule 2) to these Terms of Reference to NHS Chorley & South Ribble CCG.

The Group has established the NHS Chorley & South Ribble 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.

It will operate as a committee-in-common with NHS Greater Preston CCG.

Statutory Framework

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

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 Group.

Arrangements made under section 13Z do not affect the liability of NHS England for the exercise of any of its functions. However, the Group 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:

- Management of conflicts of interest (section 14O);
- Duty to promote the NHS Constitution (section 14P);
- Duty to exercise its functions effectively, efficiently and economically (section 14Q);
- Duty as to improvement in quality of services (section 14R);
- Duty in relation to quality of primary medical services (section 14S);
- Duties as to reducing inequalities (section 14T);
- Duty to promote the involvement of each patient (section 14U);
- Duty as to patient choice (section 14V);
- Duty as to promoting integration (section 14Z1);
- Public involvement and consultation (section 14Z2).

The Group will also need to specifically, in respect of the delegated functions from NHS England, exercise those in accordance with the relevant provisions of section 13 of the NHS Act, those are set out as follows:

- Duty to have regard to impact on services in certain areas (section 13O)
- Duty as respects variation in provision of health services (section 13P)

The Committee is established as a committee of the Governing Body of NHS Chorley & South Ribble CCG in accordance with Schedule 1A of the “NHS Act”.

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

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 (medical) care services in NHS Chorley & South Ribble CCG, under delegated authority from NHS England.

In performing its role the Committee will exercise its management of the functions in accordance with the agreement entered into between NHS England and NHS Chorley & South Ribble CCG, which will sit alongside the delegation and terms of reference.

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.

The role of the Committee shall be to carry out the functions relating to the commissioning of primary medical services under section 83 of the NHS Act.

This includes the following:

- GMS, PMS and APMS contracts (including the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing breach/remedial notices, and removing a contract);
- Newly designed enhanced services (“Local Enhanced Services” and “Directed Enhanced Services”);
- Design of local incentive schemes as an alternative to the Quality Outcomes Framework (QOF);
- Decision making on whether to establish new GP practices in an area;
- Approving practice mergers; and

- Making decisions on 'discretionary' payment (e.g., returner/retainer schemes).

The Group will also carry out the following activities:

- To plan, including needs assessment, primary [medical] care services in NHS Chorley & South Ribble CCG;
- To undertake reviews of primary [medical] care services in NHS Chorley & South Ribble CCG;
- To co-ordinate a common approach to the commissioning of primary care services generally;

To manage the budget for commissioning of primary [medical] care services in NHS Chorley South Ribble CCG.

The scope of primary care decision making may include, but not restricted to:

- Infrastructure funds
- Re-allocation costs
- Extended access schemes
- Enhances contracts including the Quality Contract
- Primary care support schemes
- Boundary changes
- GPIT
- Procurements
- Saving and efficiency schemes (e.g. Prescribing)

The Committee will:

Hold responsibility for overseeing delivery of the GP Five Year Forward View; including approving funding applications against the investment fund (these delegations will follow the usual sign off process for approval of the financial envelope)

- Oversee the development and delivery of the out of hospital strategy
- Oversee the development and delivery of primary care initiatives
- Scrutinise the medium term investment strategy for primary care; for those over 1-3 years
- Oversee the development of the Group estates strategy; this includes setting out the capital and revenue consequences for a three year timeline
- Approve estates bids for notional rent
- Review the efficacy of out of hospital schemes which have been delivered, in order to inform future planning

The Committee will receive a summary of the CQC reports pertaining to GP practices commissioning services in the Greater Preston area, and receive assurance from the practice that any actions highlighted by CQC are being addressed. The Committee may also receive recommendations from the Quality & Performance Committee which may require a decision in relation to contractual decision.

Geographical Coverage

The Committee will comprise the NHS Chorley & South Ribble CCG

Membership

The Committee shall consist of:

- Lay member with responsibility for Governance
- Lay member with responsibility for Audit, Finance and Conflicts of Interest
- Lay Member for Patient and Public Involvement

- Governing Body Nurse
- Secondary Care Doctor
- Chief Officer
- Chief Finance & Contracting Officer
- Director of Quality & Performance

The Chair of the Committee shall be the Lay Member with responsibility for Governance from NHS Chorley & South Ribble CCG.

The following will also be invited to be in attendance at the Committee but will have no voting rights:

- Director of Transformation and Delivery (CCG);
- GP Director for Primary Care;
- CCG Chair;
- A representative from Lancashire Health and Wellbeing Board;
- A representative from NHS England;

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

Meetings and Voting

The Committee will operate in accordance with the Group'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 5 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.

Members would normally attend meetings and it is expected that members will attend a minimum of 75% of meetings per annum barring any exceptional circumstances

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 the deciding vote, if necessary. However, the aim of the Committee will be to achieve consensus decision-making wherever possible.

If voting members are conflicted this will be managed as part of Section 8.2 of the Constitution and the Managing Conflicts of Interest Policy. The Committee will seek assurance that conflicts of interest have been managed in papers which have been submitted to the Committee from other groups; in particular working groups for the out of hospital strategy whereby the schemes these groups develop may come to the committee for approval.

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.

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.

Members of the Committee shall respect confidentiality requirements as set out in the Group's Constitution or Standing Orders.

The Committee will present its minutes to each formal Governing Body of NHS Chorley & South Ribble CCG for information, including the minutes of any sub-committees to which responsibilities are delegated. Minutes are also shared with NHS England representatives via attendance at the meetings.

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

The Terms of Reference of the Committee (including membership) shall be reviewed on an annual basis, or earlier if changes are made to national guidance, to reflect the experience of the Committee in fulfilling its functions.

All revisions will be submitted to and approved by the Groups Governing Body

Quorum

The meeting will achieve quorum if a minimum of 4 members are present, and must include:

- The Chief Officer or the Chief Finance and Contracting Officer, or Director of Quality & Performance, AND
- Secondary Care Doctor or Governing Body Nurse

Should a member not be able to attend a Committee meeting, apologies in advance of the meeting must be provided to the Committee administrator and notified to the Committee Chair.

in ensuring an appropriate quorum, the Committee will take into account of and work in line with the Conflicts of Interest Policy and associated arrangements for managing Conflicts of Interest.

Frequency of meetings

The Committee shall meet on an ad-hoc basis and no less than quarterly. The Chair of the Committee may arrange extraordinary meetings at his/her discretion.

Meetings of the Committee shall:

be held in public, subject to the application of 23(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.

Accountability of the Committee

For the avoidance of doubt, in the event of any conflict between the terms of the Delegation and Terms of Reference and the Standing Orders of Standing Financial Instructions of any of the members, the Delegation will prevail.

The Committee will make decisions to support capital expenditure supported by full understanding of the recurrent revenue consequence over the lifetime of the investment.

The Committee will have approval and oversight on behalf of the Governing Body for the formulation and delivery of the out of hospital strategy and any associated investment into primary care services.

The Committee will comply with any reporting and escalation requirements set out in its Constitution.

The Committee will be subject to the NHS England Internal Audit Framework for Delegated CCGs.

Procurement of Agreed Services

The detailed arrangements regarding procurement will be set out in the delegation agreement.

Decisions

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

The decisions of the Committee shall be binding on NHS England and NHS Chorley & South Ribble CCG.

When considering decisions the Committee should assure itself that the decisions it makes are in line with the Groups Strategy, in line with the wider estates strategy and will deliver sustainable transformation in accordance with the Local Delivery Plan.

The Committee will review its performance on an annual basis.

Remit of the Quality and Performance Committee:

To monitor the quality and performance of service providers in line with the CCG's quality strategy and initiating performance and recovery interventions.

Responsibilities and decision making authority:

- Investigate any activity within its terms of reference and produce an annual work programme to discharge its responsibilities.
- Ensure compliance with the principles of good governance and the CCG's Constitution when undertaking its terms of reference.
- Establish and approve the terms of reference of sub reporting groups, or task and finish groups as it believes are necessary to fulfil its terms of reference.
- Develop and agree an annual work programme for the Committee.
- Quality and Performance Committee meetings are held in private.
- Both Greater Preston and Chorley and South Ribble's CCG Quality and Performance Committees may hold their meetings together as a 'Committee in Common' unless there are any agenda items which are pertinent or confidential to one particular committee.

TERMS OF REFERENCE

JOINT QUALITY AND PERFORMANCE COMMITTEE

Document Reference:	CSRGP/TOR/QP
Document Title:	Terms of Reference – Joint Quality and Performance Committee
Version:	2.0
Supersedes:	1.0
Author:	Mrs Helen Curtis
Authors Designation:	Head of Quality and Performance
Consultation Group:	Joint Quality and Performance Committee
Date Ratified:	March 2018
Review Date:	March 2019

TERMS OF REFERENCE JOINT QUALITY AND PERFORMANCE COMMITTEE

1.0 Constitution

- 1.1 The NHS Greater Preston Clinical Commissioning Group's Quality and Performance Committee (hereby referred to as The Committee) is a Joint Committee with NHS Greater Preston Clinical Commissioning Group. It has been established in accordance with the Clinical Commissioning Group's constitution.
- 1.2 These terms of reference set out the Committee's membership, its role, responsibilities and reporting arrangements and shall have effect as if incorporated into the Clinical Commissioning Group's constitution and standing orders.

Membership

- 2.1 The Committee shall consist of not less than the following core members:
- the GP Director with lead responsibility for quality from each CCG;
 - the lay member who leads on governance from each CCG (Chair and Vice Chair);
 - the lay member who leads on Audit and Conflicts of Interest for each of the Groups;
 - the secondary care consultant; on behalf of both CCGs;
 - the governing body nurse; on behalf of both CCGs;
 - the chief finance and contracting officer; on behalf of both CCGs;
 - the head of quality and performance ; on behalf of both CCGs;
 - the head of planning and delivery; on behalf of both CCGs.
- 2.2 The following officers will be in regular attendance at the meeting but will have no voting rights:-
- Head of Performance
 - Lead Nurse
 - Evidence and Effectiveness Lead

2.2 In addition, other senior specialist managers may attend from time to time to provide specialist advice and support :-

- Head of Contracts and Procurement
- Deputy Chief Finance Officer
- Designated Safeguarding Leads;
- Engagement and Patient Experience Lead
- Quality Specialists

3.0 Attendance

3.1 Members would normally attend meetings and it is expected that members will attend a minimum of 75% of meetings per annum barring any exceptional circumstances.

Deputising arrangements must be agreed by the Chair and the Chair may invite other officers of the Group to attend for particular items.

3.2 Should either the Chair or Vice Chair be unable to attend a meeting, a deputising GP Director from the corresponding Clinical Commissioning Group must be nominated.

4.0 Quorum

4.1 The meeting will achieve quorum if at least six members are present including 2 clinicians and one lay member. All members specified have full voting rights.

4.2 Should a member not be able to attend a committee meeting, apologies in advance must be provided to the Chair and the status of formal acting up status of any representative attending in their place must be communicated. An officer in attendance for a committee member but without formal acting up status may not count towards the quorum.

5.0 Frequency and Notice

5.1 Meetings shall be held on a monthly basis. However, the Chair of the Committee may arrange extraordinary meetings at their discretion. A schedule of pre-arranged meetings will be distributed to all members on an annual basis.

5.2 Except as outlined in these terms of reference, meetings of the Committee shall be conducted in accordance with the provisions of Standing Orders, Reservation and

Delegation of Powers and Standing Financial Instructions approved by the Membership Council and reviewed from time to time.

6.0 Authority

6.1 The Committee is authorised to:

- investigate any activity within its terms of reference and produce an annual work programme to discharge its responsibilities;
- take responsibility for ensuring compliance with the principles of good governance and the groups' constitution when undertaking its terms of reference;
- establish and approve the terms of reference of such sub-reporting groups, or task and finish groups as it believes are necessary to fulfil its terms of reference;
- develop and agree an annual work programme for the Committee.

7.0 Duties

7.1 The scope of the quality aspects of the Committee includes gaining assurance that:

- the quality governance assurance framework, including clinical governance arrangements, whereby providers are held to account is effective and in line with national guidance;
- the quality of all commissioned care is monitored and continuously improved, with recommendations being made for corrective action where concerns have been identified;
- exception reports are received and reviewed relating to the quality of commissioned services including performance against CQUINs, patient experience (including complaints and compliments) and clinical performance and outcome indicators;
- effective quality surveillance systems and processes are in place for all commissioned services including quality assurance visits ;
- that the findings of regulatory inspections of commissioned services primarily, but not exclusively, by the Care Quality Commission are reviewed by the Committee and resulting action plans monitored;

- the Groups are assisting and supporting NHS England in their duty to improve the quality of primary care ;
- there are robust systems and processes in place to safeguard adults and children and with specific regard to the application of the Mental Capacity Act and the Deprivation of Liberty;
- the process for the review of serious incidents (SIs) and Never Events is in line with national guidance and includes analysis of themes and trends in commissioned services along with robust action plans and assurance processes to prevent re-occurrence;
- the SI Review Group process for the consideration and approval of recommendations for closure of SIs is robust.

7.2 The scope of the performance aspects of the Committee includes gaining assurance that:

- the Operational Plan is being delivered and remedial action taken as necessary;
- financial performance is monitored in relation to key national targets and the NHS CCG Assurance Framework;
- progress is being maintained against key national, regional and local targets for service improvement, with a particular focus on external regulatory requirements;
- provider contract performance, productivity and efficiency programmes and overall use of resources are adequately monitored;
- annual budgets and financial plans are being delivered NB at the present this function has been delegated by the Governing Body to the Financial Delivery Group:
- the levers for driving cost improvements are being identified and managed;
- ambitious targets are being set for service improvement and improvement opportunities and initiatives embedded.

7.3 The committee has a responsibility to manage conflicts or potential conflicts of interest when these are declared in the meeting by following the Managing Conflicts of Interest Policy.

8.0 Reporting

8.1 The Committee will have the following reporting responsibilities:

- to ensure that the minutes of its meetings are formally recorded and submitted to the respective CCG Governing Body;
- to ensure that conflicts of interest are managed in accordance with the Groups' policies and procedures;
- to bring to the attention of the respective Governing Body in a separate report, any items of specific concern which require the respective Governing Body's approval to act, will be subject to a separate report;
- to provide exception reports to each Governing Body, highlighting any key developments /achievements or potential risks/ issues.

9.0 Monitoring Compliance

9.1 The Quality and Performance Committee shall submit an annual report to the Group Governing Body, incorporating progress, reporting arrangements, frequency of meetings and membership attendance.

9.2 The Committee will develop a work plan with specific objectives which will be reviewed regularly and formally on an annual basis. The committee will also review its performance against the "effective committee" checklist on an annual basis.

5.6 Joint Patient Voice Committee

Remit of the Patient Voice Committee:

To provide the Governing Body with strategic leadership, assurance and scrutiny in relation to its duties to involve patients and the public in shaping NHS services.

Responsibilities and decision making authority:

- Provide assurance to the Governing Body on all matters concerning duties, obligations and responsibilities relating to the use of the patient voice in shaping local health services.
- Review and advise on the effectiveness and influence of systems and processes in place that enable patients and the public to be involved in CCG business.
- Identify and share good practice in involving and empowering patients, and also to challenge poor engagement practice.
- Ensure compliance with Section 242 (1b) of the NHS Act 2006, the Equality Act 2010 and other relevant legislation.
- Promote the views and voices of patients and the public in the work of the CCGs.
- Review, scrutinise and evaluate CCG and Stakeholder engagement processes to ensure they are fit for purpose and allow patients and the public to have real influence in decision making.
- Patient Voice Committee meetings are held in private, but with representation on the committee from patients and members of the public.
- Both Greater Preston and Chorley and South Ribble's CCG Patient Voice Committees may hold their meetings together as a 'Committee in Common' unless there are any agenda items which are pertinent or confidential to one particular committee.

TERMS OF REFERENCE

PATIENT VOICE COMMITTEE

Document Reference:	CSRGP/PVC/TOR
Document Title:	Terms of Reference - Patient Voice Committee
Version:	6.0
Supersedes:	5.0
Author:	Erin Portsmouth
Author's Designation:	Head of Communications and Engagement
Consultation Group:	Patient Voice Committee
Date Ratified:	March 2018
Review Date:	March 2019

PATIENT VOICE COMMITTEE TERMS OF REFERENCE

Introduction

1.1 The Joint Patient Voice Committee (hereby referred to as The Committee) is a Joint Committee between NHS Greater Preston Clinical Commissioning Group and NHS Greater Preston Clinical Commissioning Group. It has been established in accordance with the Clinical Commissioning Groups constitution.

These Terms of Reference set out the Committee's membership, its role, responsibilities and reporting arrangements and shall have effect as if incorporated into the Clinical Commissioning Group's constitution and standing orders.

The purpose of the Patient Voice Committee is to provide the Group Governing Body with strategic leadership, assurance and scrutiny in relation to its duties to involve patients and the public in shaping NHS services (as outlined in section 242 (1b) of the National Health Service Act 2006, the Equality Act 2010 and other relevant legislation).

Membership

2.1 The Patient Voice Committee shall consist of the following members:

Members:

- Lay Member responsible for Patient and Public Involvement, NHS Greater Preston CCG (Chair)
- Lay Member responsible for Patient and Public Involvement, NHS Greater Preston CCG (Vice Chair)
- Head of Quality and Performance, CCGs
- Head of Communications and Engagement, CCGs
- Engagement and Patient Experience Lead, CCGs
- Equality and Diversity Lead, CCGs
- Evidence and effectiveness team representative, CCGs

- Planning and delivery team representative, CCGs
- Medicines optimisation team representative, CCGs
- CCG Patient Advisory Group Chair(s)

Attendees (as agreed by the Committee Chair):

- Committee secretary / minute taker
- Healthwatch Lancashire representative
- Additional Patient Advisory Group representatives
- Representatives from other relevant partner organisations

Quorum and attendance

- 3.1 The meeting will achieve quorum if at least the Chair or Vice Chair and four members are present.
- 3.2 Members should attend meetings, and it is expected that members will normally attend a minimum of 75% of meetings held per annum.
- 3.3 With the agreement of the Chair, guests may be invited to meetings to present to the Committee, or to be involved in specific discussions. These invitees will not have voting rights.

Frequency

- 4.1 The Committee will meet no less frequent than bi-monthly. With agreement of the Committee, informal 'development' sessions may take place in addition to the main Committee meetings.

Duties

- 5.1 The duties of the Patient Voice Committee will be:

- To provide assurance to the Governing Body on all matters concerning duties, obligations and responsibilities relating to the use of the patient voice in shaping local health services.
- To review and advise on the effectiveness and influence of systems and processes in place that enable patients and the public to be involved in CCG business.
- To identify and share good practice in involving and empowering patients, and also to challenge poor engagement practice.
- To ensure compliance with section 242 (1b) of the National Health Service Act 2006, the Equality Act 2010 and other relevant legislation.
- To promote the views and voices of patients and the public in the work of the Groups.

5.2 The committee has a responsibility to manage conflicts or potential conflicts of interest when these are declared in the meeting by following the Managing Conflicts of Interest Policy.

Roles and responsibilities

6.1 The specific roles and responsibilities of the Patient Voice Committee are to:

Oversee and support the development and embedding of strategies, systems and processes in relation to using the patient voice and involving patients and the public in the work of the Groups.

Explore and agree criteria for best practice 'effective engagement'.

Promote the Groups as learning organisations in terms of patient and public involvement and patient empowerment.

Promote patient empowerment in the review and redesign of NHS services.

Review, scrutinise and evaluate stakeholder engagement and consultation plans associated with CCG commissioning programmes and provide advice and support to ensure they are fit for purpose and allow patients and the public to have real influence in decision making.

Review stakeholder engagement plans associated with CCG commissioned providers, and provide advice and support to ensure they are fit for purpose.

Review and scrutinise formal consultation and pre-consultation engagement plans associated with service change at CCG commissioned providers.

Support GP practices with patient engagement activity, including their mandatory involvement in running patient participation groups.

Review, scrutinise and evaluate engagement processes for involving seldom heard groups and those in 'protected characteristic' groups as defined by the Equality Act 2010 to ensure that the Groups are meeting their legal duties in this respect.

Monitor arrangements relating to equality and diversity issues to ensure compliance with statutory obligations, including the production of an equality annual report and an equality delivery system process.

Review, scrutinise and evaluate the policy and processes for dealing with customer care services, including complaints and Freedom of Information, and the collection of patient experience data to inform commissioning activity and service improvements.

Provide advice and support for patient voice activity shared jointly with the local Healthwatch and the local Health and Wellbeing Board.

Promote cross-system engagement by maintaining relationships with local authorities, provider organisations and the community, voluntary and faith sector.

Provide advice and support to other CCG Committees in meeting their patient voice and involvement requirements.

Accountability

The Committee is accountable to the Governing Body.

Decision making

8.1 Decisions will be made by consensus or by simple majority vote by members. If member votes are tied the Chair will have a casting vote.

Reporting

9.1 The Committee reports to the Group Governing Body.

9.2 The Committee will produce a report demonstrating evidence of its activity and effectiveness at the end of each financial year.

Administration and support

10.1 Agendas for meetings (with accompanying documentation) shall be circulated before each meeting.

10.2 Minutes will be taken and submitted to the Governing Body.

10.3 Administrative services to the Committee will be provided by the secretariat under the direction of the senior manager responsible for patient and public involvement, who will also ensure the necessary advice and information is available, including independent external advice where required.

Reviewing Terms of Reference

11.1 These Terms of Reference will be reviewed annually.

5.7 Our Health Our Care Joint Committee

Remit of the Our Health Our Care Joint Committee:

The Our Health Our Care Joint Committee Accountable to each respective Governing Body. The Committee is established as a Committee of the NHS Greater Preston CCG and NHS Greater Preston CCG's with delegated responsibility for joint decision making in relation to the OHOC Programme. The Committee will provide a structure through which the group can exercise its leadership role for the programme. The Chair of the Committee shall be the Accountable Officer of the group.

Responsibilities and decision making authority:

- Approve the pre-consultation business case, option identification and evaluation criteria.
- Liaise with relevant local authorities about the process.
- Take or arrange for all necessary steps to be taken to enable the Groups to comply with their public sector equality duties in relation to the consultation.
- Following the completion of the consultation process, consider the service changes that will be made that takes into account all of the representations received in response to the consultation and specifically any recommendations made by the health service bodies involved in the consultation, including:
 - the public
 - Overview and Scrutiny Committees
 - Council executives
 - local Healthwatch organisations
 - any other relevant organisations
- Approve the formal report on the outcome of the consultation that incorporates all of the representations received in response to the consultation document in order to reach a decision.
- Make decisions to satisfy any legal requirements associated with consulting the public.

TERMS OF REFERENCE

OUR HEALTH OUR CARE (OHOC) JOINT COMMITTEE

Document Reference:	CSRGP/TOR/YHYH
Document Title:	Terms of Reference – OHOC Joint Committee
Version:	0.16
Supersedes:	N/A
Authors:	Sarah Mattocks and Erin Portsmouth
Authors' Designation:	Corporate Affairs and Governance Manager and Head of Communications and Engagement
Consultation Group:	Governing Body
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Version	Date	Author	Status	Comment / Details of Amendments
0.1		Mrs S Mattocks	Draft	Document drafted
0.2	14.01.16	Ms K Sharrocks	Draft	Discussed at Joint Programme Board
0.3	15.01.16	Ms K Sharrocks	Draft	Discussion for Governing Bodies
0.4	09.04.18	Ms K Sharrocks	Draft	Discussion for Governing Bodies
0.5	11.07.18	Ms E Portsmouth	Draft	Review by legal team and discussion and approval by Governing Bodies
0.6	30.07.18	Hempsons	Draft	Legal review
0.7	22.08.18	Mrs S Mattocks	Draft	Governance and constitution review
0.8	29.08.18	Hempsons	Draft	Legal review
0.9	31.08.18	Ms E Portsmouth	Draft	Governance review
0.10	28.09.18	Mrs S Mattocks	Draft	Amends following Governing Body comments
0.11	04.10.18	Ms E Portsmouth	Draft	Amends following Governing Body comments
0.12	07.11.18	Mrs S Mattocks	Draft	Amends following Governing Body comments
0.13	14.11.18	Mrs S Mattocks	Draft	Amends following Chairs comments
0.14	15.11.18	Mrs S Mattocks	Draft	Amends following Chairs comments
0.15	16.11.18	Mrs S Mattocks	Draft	Membership amendment following legal advice
0.16	30.11.18	Mrs S Mattocks	Final	Amends following approval at Governing Body

Circulation list

Prior to approval, the Terms of Reference are circulated to the following for consultation:

- CCG Management Executive Team
- CCG Governing Body members

Following approval these Terms of Reference will be circulated to:

- CCG Governing Body members
- Integrated Care Partnership (shadow) Board members

1.0 Introduction

- 1.1 The Constitutions for NHS Greater Preston Clinical Commissioning Group (CCG) and NHS Greater Preston Clinical Commissioning Group (CCG) state in section 6.5.5 that:
“Where the Group makes arrangements which involve all the Groups exercising any of their commissioning functions jointly, a joint committee may be established to exercise those functions”.
- 1.2 NHS Greater Preston CCG and NHS Greater Preston CCG (hereafter referred to as “the Groups”) have, in conjunction with Lancashire Teaching Hospitals (LTHTR) and NHS England, established a programme entitled ‘*Our Health Our Care (OHOC)*’. This is a programme through which any future public consultation on the Lancashire Teaching Hospitals NHS Foundation Trust service is re-designed and encompasses all local health and care transformation.
- 1.3 To this end, the Groups have agreed to establish an ‘OHOC Joint Committee’. The Joint Committee is established as a committee of the Groups, with delegated responsibility for joint decision making in relation to the OHOC programme. This will provide a structure through which the Groups can exercise their leadership role for the programme.

Membership

- 2.1 The Joint Committee will be chaired by the Accountable Officer for both CCGs.
- 2.2 Membership of the Joint Committee will be made up of members and attendees from both CCG Governing Bodies.
- 2.3 The Joint Committee shall consist of:
- Chief Accountable Officer (Chair of Committee)
 - Chief Finance and Contracting Officer (Vice Chair of Committee)
 - Chair and Clinical Leader of NHS Chorley South Ribble CCG
 - Chair and Clinical Leader of NHS Greater Preston CCG

- Vice Chair (Lay Member) of NHS Chorley South Ribble CCG
- Vice Chair (Lay Member) of NHS Greater Preston CCG
- GP Directors of both CCGs
- Lay Members for Finance, Audit and Conflicts of Interest of both CCGs
- Lay Members for Patient and Public Involvement of both CCGs
- Governing Body Nurse
- Secondary Care Doctor
- Director of Quality and Performance
- Director of Transformation and Delivery

2.4 The Chief Officer of the Groups is the Senior Responsible Officer for OHOC acute reconfiguration.

2.5 A decision can only be made by the Committee on the principle of approval by 75% of the voting membership. Where 25% or more of members do not approve a decision, the item will not be approved. Each member will have a single vote exercisable by their representatives.

2.6 Other parties may be represented at the Joint Committee as non-voting attendees to represent other functions/parties/organisations or stakeholders who are involved in the programme, at the request of the Committee Chair, to provide support and advise the voting members on any proposals. Examples of such representatives are:

- NHS England
- Integrated Care System representative
- Greater Manchester Health and Social Care Partnership representative

Attendance

3.1 Members would normally attend all meetings and it is expected that members will attend a minimum of 75% of meetings per annum barring any exceptional circumstances.

Quorum

4.1 Quorum shall be 10 voting members, and must include a minimum representation of members from the categories listed below.

Category	Minimum number to attend to achieve quorum	Details
Chief Accountable Officer / Chief Finance and Contracting Officer	1	Chair and Vice Chair of the Committee, respectively
Chair and Clinical Leader of CCG / Vice Chair (Lay Member) of CCG	2	Must be a minimum of 1 representative per CCG
GP Directors	4	Must be a minimum of 2 representatives per CCG
Lay Members	2	Must be a minimum of 1 representative per CCG
Secondary Care Doctor / Governing Body Nurse	1	

4.2 The Chair of the Joint Committee shall reserve the right to reconvene and rearrange a meeting should they feel this necessary.

Frequency and notice

5.1 The Committee shall meet on a frequent basis, and not less than quarterly. All meetings shall be held in public unless the Chair agreed that it would not be in the public interest to permit members of the public to attend a meeting or part of a meeting due to the

confidential nature of the discussion. The Chair of the Committee may arrange extraordinary meetings at their discretion.

5.2 Unless otherwise agreed, not less than 1 months' notice shall be given for a meeting.

5.3 Extraordinary meetings may be agreed by the Chair.

Meeting papers

6.1 The agenda shall be developed by the Chair. Administration of meetings will be provided by the Groups, and papers will be circulated a minimum of five working days in advance of the meeting.

Purpose

7.1 The Joint Committee has been established to:

- Formally consider the proposals (including alignment with their commissioning intentions, any other strategic programmes e.g. Healthier Lancashire) and approve them pre-consultation.
- Seek assurance that any proposal for consultation is in line with the Groups' strategic intentions.
- Lead on discussions around the engagement or consultation approach for OHOC
- Ensure compliance with the 5 tests for service change and the NHS England assurance process:
 - Strong public and patient engagement
 - Consistency with current and prospective need for patient choice
 - A clear clinical evidence base
 - Support for proposals from clinical commissioners
 - Patient care test for hospital bed closures
- Ensure plans align to analysis around workforce and capital funding.

- Be co-signatories to the consultation document, taking an appropriate role in leading the consultation.
- Receive the outcome from the consultation.
- Receive recommendations for post-consultation decision making.
- Make decisions on appropriate on the above.

Duties

8.1 The Joint Committee shall take responsibility to:

Approve the pre-consultation business case, option identification and evaluation criteria.

- Liaise with relevant local authorities about the process.
- Take or arrange for all necessary steps to be taken to enable the Groups to comply with their public sector equality duties in relation to the consultation.
- Following the completion of the consultation process, consider the service changes that will be made that takes into account all of the representations received in response to the consultation and specifically any recommendations made by the health service bodies involved in the consultation, including:
 - the public
 - Overview and Scrutiny Committees
 - Council executives
 - local Healthwatch organisations
 - any other relevant organisations
- Approve the formal report on the outcome of the consultation that incorporates all of the representations received in response to the consultation document in order to reach a decision.
- Make decisions to satisfy any legal requirements associated with consulting the public.

- 8.2 For clarity, the Joint Committee will not make decisions on the following areas (which will remain the exclusive preserve of the Group's Governing Bodies), including, but not limited to, each CCG:
- Financial planning
 - Commissioning, contracting and performance management.

Reporting

- 9.1 The minutes of the Joint Committee meetings shall be formally recorded and a summary submitted to the Governing Body of each of the Groups.
- 9.2 The Joint Committee will report to the Governing Body of each of the Groups annually on its work in support of the Annual Governance Statement.

10.0 Conflicts of interest

- 10.1 All potential or perceived conflicts of interest must be declared. Where there are conflicts of interest these will be managed by the Chair in line with the Group Policy (Managing Conflicts of Interest GOV07) and recorded in the minutes.

11.0 Review of Terms of Reference

- 11.1 The Terms of Reference of the Committee shall be reviewed by the Governing Body of each of the Groups at least annually, or as needed. Any amendments must be approved by each CCG Governing Body.

TERMS OF REFERENCE

COMMITTEE IN COMMON OF THE GOVERNING BODIES

Document Reference:	CSRGP/TOR/CICGB
Document Title:	Terms of Reference – Committee in common of the Governing Bodies
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Supersedes:	N/A
Authors:	Sarah Mattocks
Authors' Designation:	Corporate Affairs and Governance Manager
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Version	Date	Author	Status	Comment / Details of Amendments
0.1	29.08.19	Mrs S Mattocks	Draft	Document drafted
0.1	06.09.19	Mrs S Mattocks	Draft	Circulated to executive lead for governance, chief officer and chairs for feedback
0.1	25.09.19 26.09.19	Mrs S Mattocks	Draft	Submitted to the Governing Body for approval
0.2	11.10.19	Mrs S Mattocks	Draft	2.4 Current Governing Body attendees added to TOR: Healthwatch, LMC, and public health. 3.3 Submitted to the Governing Body Development Session for both CCGs to agree the process for discussion of items which only pertain to one CCG.
Final	23.10.19	Mrs S Mattocks	Final	3.3 Both Governing Bodies in support of both CCGs discussing items which only pertain to one CCG 7.1 Removal of separate reports being provided by each Chair.

Circulation list

Prior to approval, the Terms of Reference are circulated to the following for consultation:

- CCG Governing Body members

Following approval these Terms of Reference will be circulated to:

- CCG Governing Body members

1.0 Introduction

- 1.1 The Constitutions for NHS Greater Preston Clinical Commissioning Group (CCG) and NHS Chorley and South Ribble Clinical Commissioning Group (CCG) state in section 5.13.1 that:

“The Group may wish to work together with one or more Clinical Commissioning Groups, as it considers appropriate, in the exercise of its commissioning functions. The Group will describe and publish on its website any such arrangements in a ‘Statement of Collaborative Commissioning Arrangements’”

this includes at 5.13.2:

“exercising jointly the commissioning functions of the Group and another CCG”

And at 5.13.4:

“Where the Group makes arrangements which involve all the Groups exercising any of their commissioning functions jointly, a joint committee may be established to exercise those functions”.

- 1.2 Such a committee allows the two central Lancashire CCGs to work more collaboratively and enables the views of both CCGs to be heard together before decisions are taken in order to streamline decision making across the patch and enrich the debate for each CCG.
- 1.3 To this end, the CCGs have agreed to establish a ‘Committee in common of the Governing Bodies’. The Committee is established as a committee in common of the two central Lancashire CCGs, which will receive items which were previously taken to individual Governing Body meetings but which are equally relevant to both CCGs. The meeting will hereafter be referred to as “the committee”.

2.0 Membership

- 2.1 The Committee will be chaired by the Clinical Chair and this will rotate between CCGs each meeting.
- 2.2 Membership of the Committee will be made up of all current members and attendees from both CCG Governing Bodies.
- 2.3 The Committee shall consist of:
- Chair and Clinical Leader of NHS Chorley South Ribble CCG (rotating Chair)
 - Chair and Clinical Leader of NHS Greater Preston CCG (rotating Chair)
 - Vice Chair (Lay Member Governance) of NHS Chorley South Ribble CCG and NHS Greater Preston CCG (Vice Chair)
 - Accountable Officer
 - Chief Finance and Contracting Officer
 - Director of Quality and Performance

- GP Directors of both CCGs
- Lay Members for Finance, Audit and Conflicts of Interest of both CCGs
- Lay Members for Patient and Public Involvement of both CCGs
- Governing Body Nurse
- Secondary Care Doctor
- Director of Transformation and Delivery (non-voting)

2.4 The following will also be invited to attend each meeting:

- Healthwatch representative
- LMC representative
- Public Health representative

3.0 Decision making

3.1 Voting will take place separately between each CCG in succession. The CCG to vote first will be the CCG belonging to the Clinical Chair who is Chairing the given meeting.

3.2 Where possible decisions will be taken by consensus. Where there is a divide in opinion a vote will be taken and decisions made by simple majority.

3.3 Where items are only relevant to one CCG, the other CCG will be involved in the discussion, but will not take part in the voting.

4.0 Attendance

4.1 Members would normally attend all meetings and it is expected that members will attend a minimum of 75% of meetings per annum barring any exceptional circumstances.

5.0 Quorum

5.1 A quorum shall comprise the following voting membership of each Governing Body:

- i. the Chair or Vice-Chair;
- ii. either the Accountable Officer or the Chief Finance & Contracting Officer;
- iii. at least two GP Directors;
- iv. a Lay Member (not including the Vice Chair); and
- v. either the Secondary Care Doctor or the Governing Body Nurse.

6.0 Frequency and notice

6.1 The Committee shall meet on a bi-monthly basis. All meetings shall be held in public unless the Chair agreed that it would not be in the public interest to permit members of the public to attend a meeting or part of a meeting due to the confidential nature of the discussion. The Chair of the Committee may arrange extraordinary meetings at their discretion.

- 6.2 Unless otherwise agreed, not less than 1 months' notice shall be given for a meeting.
- 6.3 The Chair of the Committee shall reserve the right to reconvene and rearrange a meeting should they feel this necessary.
- 6.4 In addition to public meetings, the Governing Bodies will meet at an informal development session approximately six times annually held jointly. The purpose for the development session is strategic development updates, facilitated training, education and the opportunity for open discussions between both Governing Bodies.

7.0 Meeting papers

- 7.1 The agenda shall be developed by the Chair. Administration of meetings will be provided by the governance team, and papers will be circulated a minimum of five working days in advance of the meeting. The Chair of the meeting will present the Chairs' update, followed by any additional updates by the other CCG Chair.

8.0 Purpose and duties

- 8.1 The Committee has been established to bring together the business of both CCG Governing Body meetings. For further detail on the business of the Governing Body the constitution should be referred to at section 5.7.

9.0 Reporting

- 9.1 The minutes of the Committee meetings shall be formally recorded.
- 9.2 The business of the Committee will be reported in the Annual Governance Statement.

10.0 Conflicts of interest

- 10.1 All potential or perceived conflicts of interest must be declared. Where there are conflicts of interest these will be managed by the Chair in line with the CCG Policy (Managing Conflicts of Interest GOV07) and recorded in the minutes.

11.0 Review of Terms of Reference

- 11.1 The Terms of Reference of the Committee shall be reviewed by the Governing Body of each of the CCGs at least annually, or as needed. Any amendments must be approved by each CCG Governing Body.