JOINT QUALITY COMMITTEE

Terms of Reference

1. Role

The Joint Quality Committee has been established across Durham Dales, Easington and Sedgefield (DDES) CCG and North Durham CCG following a review of the corporate governance arrangements arising from the need for both CCGs to work closely together whilst remaining separate statutory organisations.

The role of the Joint Quality Committee (JQC) is to examine and make recommendations with regard to the quality standards of commissioned services, pathway developments and quality indicators of new services against the clinical priority areas of the national Improvement and Assessment Framework (IAF).

The JQC will support the delivery of the statutory duties of both DDES CCG and North Durham CCG to reduce inequalities in the health of the local population and to ensure equity of health and access to services. It will ensure that innovative ways of working are considered and tested by using safe and measured approaches.

Approve and ratify any necessary quality related documents prior to submission to the Governing Body of each CCG.

The JQC will also provide assurance to the Governing Body of each CCG, the Executive Committee of DDES CCG and the Management Executive of North Durham CCG that patients (adults and children) are being treated effectively, safely and have a positive experience, benchmarking local commissioned services against national and regional sources of information. This will include the oversight of quality improvement in primary care.

2. Objectives

The primary objectives of the JQC are to:

1. *safeguard our patients from harm,*
2. *ensure continued development of appropriate high quality provision of services to the population,*
3. *secure rapid improvements to the quality of care in failing organisations, and*
4. *drive up quality and foster a culture of safety and clinical effectiveness including across primary care.*

3. Remit of the group

The remit of the JCQ is organised into five main areas to include:

3.1 Clinical engagement

Evidence practice and broad clinical engagement, through the locality model of DDES CCG and the constituency model of North Durham CCG, in the development of the quality, research and innovation programmes of work.

3.2 Clinical quality (clinical effectiveness, patient safety and experience)

Provide expertise and assurance that the commissioning plans of both CCGs fully reflect the NHS Constitution and deliver against the clinical priority areas and domains of the IAF.

Identify and manage a programme of work that ensures robust systems and processes, and provides assurance to the Governing Body of each CCG that the services commissioned by both CCGs are being delivered to an appropriate ~~high~~ quality standard.

Contribute to the identification of clinical risk and oversee the mitigating actions, making escalation recommendations to the Executive Committee of DDES CCG and the Management Executive of North Durham CCG.

Consider the health status of the population of the two CCGs and recommend areas of commissioning development and quality improvement to the Executive Committee of DDES CCG and the Management Executive of North Durham CCG.

Seek assurance that patient experience is to the expected standard and that the public views are an integral part of the commissioning process.

Ensure systems and process are in place to listen to the clinical concerns of patients, take action and feedback to patients and the public on actions taken forward.

Receive and analyse clinical quality information and make recommendations for improvement actions across all commissioned services.

Monitor the impact of any service or pathway changes made against the quality standards within the contract, via a quarterly information report, with a clear escalation process to enable appropriate engagement of external bodies. This includes NHS England Cumbria and the North East, the Care Quality Commission, Monitor and NHS Improvement.

Determine and oversee the delivery of the programme of work that will safeguard children and adults, ensuring lessons are learnt and shared and that delivery of actions is monitored.

Receive and scrutinise independent investigation reports relating to patient safety issues, taking forward recommendations via the contractual process and CCG

improvement plans.

Develop and oversee delivery of the commissioning approach of both CCGs to quality improvement.

Continuously review and provide expert advice on the clinical effectiveness of commissioned services including National Institute for Clinical Excellence (NICE) guidance.

Ensure that robust information governance systems and processes are in to place to safeguard patient information.

Receive details of and consider Caldicott issues on behalf of both CCGs at least twice per year.

Receive regular reports outlining details of complaints received by both CCGs in relation to services commissioned by the CCGs.

3.3 Innovation and Commissioning

Develop and oversee development of innovation processes for both CCGs, through the Research and Innovation Working Group, to ensure that new ways of working are safe, effective and measurable.

Support the development of relevant clinical pathways based on the identified priorities of both CCGs.

Educate staff and practice staff on the importance of the quality outcomes and the assurance processes being built into the innovation and commissioning processes.

Monitor the impact of pathway changes and consider the evaluation reports of ‘tested pilots’, making recommendations to the Executive Committee of DDES CCG and the Management Executive of North Durham CCG about future commissioning decisions.

Disseminate good practice and new model ways of working though publication, attendance at national conferences and sharing events.

3.4 Quality in primary care

Determine and monitor delivery of the annual quality improvement scheme, making recommendations to the Executive Committee of DDES CCG and the Management Executive of North Durham CCG about the scope and value of the scheme and expected impacts against payment.

Seek assurance that effective working relationships are in place, and understood by general practices, with North of England Commissioning Support and NHS England Cumbria and the North East.

Have a programme of engagement in place with practices to help drive up quality in primary care, stimulate a positive reporting culture, understanding clinical quality variation and developing quality improvement capability.

Oversee and seek assurance that commissioned services are compliant with the safe management and storage of controlled drugs; that medicines are used to benefit patient health and that medication errors are reported and managed accordingly.

Approve and monitor the annual prescribing scheme set by the prescribing groups of each CCG. Determine and oversee the delivery of the local programmes of work to reduce the number of healthcare acquired infections.

As both CCGs have fully delegated responsibility for the commissioning of general medical services in primary care, the JQC would work collaboratively with NHS England Cumbria and the North East to ensure high quality of services are delivered.

Work collaboratively with the NHS England Cumbria and the North East to ensure that high quality services are delivered in other primary care and specialist services.

Make recommendations to each CCG with regard to clinical quality concerns that were highlighted with regard to general practice primary care.

3.5 Research (via the Research and Innovation Working Group)

Seek assurance that the programme of research for each CCG is safely governed.

Consider and recommend pieces of research.

Remain apprised of the research being undertaken across both CCGs and the research networks.

Ensure that an effective process is in place that makes best use of research evidence in the commissioning process.

4. Membership

- Medical Director, North Durham CCG (Chair) (Caldicott Guardian for North Durham CCG)
- Medical Director, DDES CCG (Vice Chair) (Caldicott Guardian for DDES CCG)
- Director of Nursing, DDES CCG and North Durham CCG
- 1 x Quality Development Manager (rotating)
- 1 x Practice Nurse Links representative
- 1 x Commissioning Team representative
- 1 x Medicines Optimisation Team representative

- 1 x North of England Commissioning Support (NECS) Clinical Quality Team representative
- 1 x Public Health representative
- 2 x Practice Manager representatives (DDES CCG and North Durham CCG)
- 1 x Safeguarding lead
- 1 x Infection Control Team lead
- 1 x DDES CCG GP Clinical lead
- 1 x North Durham CCG GP Clinical lead

In attendance

- DDES CCG Research and Innovation Lead
- North Durham CCG Research and Innovation Lead
- 1 x Governing Body Secondary Care Doctor

Open invitation to attend for:

- Clinical Chairs of both CCGs
- Clinical Chief Officers of both CCGs

Deputy arrangements

When a member cannot attend a nominated deputy should attend on behalf of that member with delegated authority, where able.

Other individuals may be co-opted to the group as required and at the request of the Chair.

5. Frequency of Meetings

The JQC will meet monthly.

6. Confidential Meetings

A separate confidential section of the meeting will be held separately with members only present.

7. Conflicts of interest

Members should complete a declaration of interest form on an annual basis which can be updated at any time but which will be formally reviewed on a six monthly basis. If a member feels compromised by any agenda item they should declare a conflict of interest as soon as they are aware of it, ideally before the meeting. The conflict will then be considered by the Chair either prior to the meeting or at the meeting. The Chair would then determine whether the person who declared the interest should leave the meeting for the discussion and decision making, take part in the discussion but not the decision making or take part in both the discussion and the decision making of that particular agenda item. A detailed record of any declarations of interest made in relation to the items on the agenda will be recorded in the minutes of the meeting and on the declaration of interest form which will be signed by the Chair.

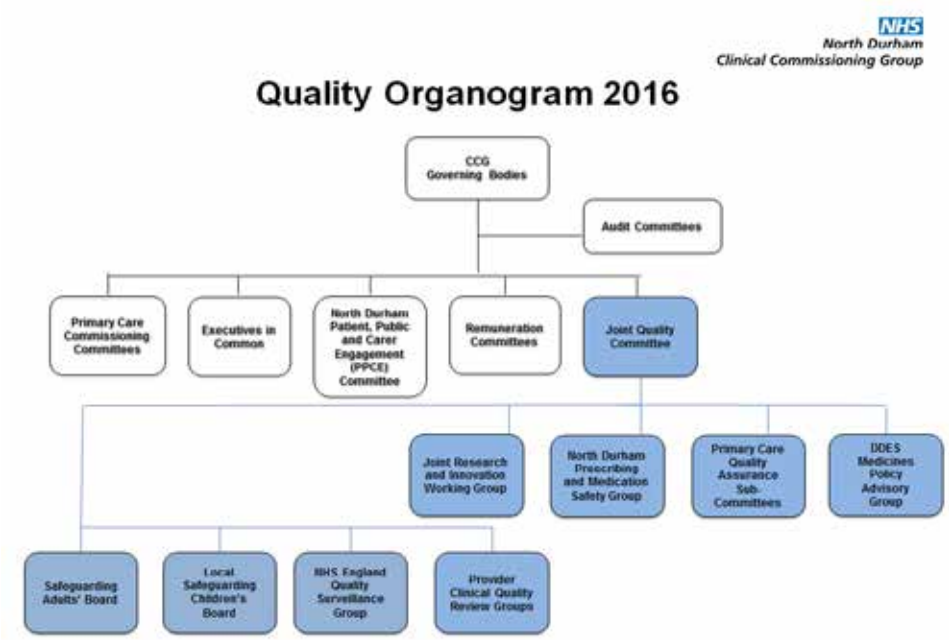
8. Delegated Authority

The Governing Body of each CCG has delegated authority to the JQC to make recommendations to the Executive Committee of DDES CCG, the Management Executive of North Durham CCG and each Governing Body on key quality and safety issues and also on the identification and systematic adoption of best practice.

9. Accountability

The JQC is accountable to the Governing Body of each CCG. Minutes of the meetings will be made available to the Governing Body members.

10. Quality Organogram



11. Quoracy

The meeting will be quorate with a minimum of:

- one of either the Chair, Vice-Chair or Director of Nursing,
- one clinician from DDES CCG and one clinician from North Durham CCG,
- a total of at least one third of the membership (six in total).

Approved by Joint Quality Committee: 6 February 2018

Signed…….
Dr Ian Davidson, Medical Director, North Durham CCG
Chair of the Joint Quality Committee

Approved by Governing bodies in Common: 15 May 2018

Review date: February 2019

Version Control

Version	Revision date	Author	Update comments
Draft V1	September 2017	CCG	
Draft V2	October 2017	Jill Matthewson Head of Corporate Services	Amended following JQC held on 03/10/17.
Final V1	November 2017	Jill Matthewson Head of Corporate Services	Amended following JQC held on 07/11/17.
Final V2	January 2018	CCG	Job titles of DDES CCG Medical Advisor and North Durham CCG Director of Quality and Safety changed to Medical Director. Job titles of DDES CCG GP Locality Leads changed to GP Clinical Leads.

NHS
North Durham
Clinical Commissioning Group

COUNCIL OF MEMBERS

Terms of Reference

1. Role

NHS North Durham Clinical Commissioning Group (CCG) is a member organisation. Within the context of the CCG Constitution the Council of Members is comprised of individuals selected by each member practice situated in the constituencies of Derwentside, Chester-le-Street and Durham. The individual selected has authority to represent the practice's views and to act on its behalf in its dealings with the practice, the constituency and the Governing Body.

The Council of Members will have three representatives that will sit on the Governing Body representing the views of member practices in each of the three constituencies.

2. Remit

1. Contribute to, change and approve the CCG Constitution and any amendments thereafter.
2. Elect relevant members of the Governing Body.
3. Review and agree the annual CCG delivery plan.
4. Contribute to and prioritise the CCG commissioning intentions.
5. Review year end performance of the Governing Body.
6. Hold an annual general meeting of the Council of Members open to the public.

These are the duties of member practice representatives as described in the Constitution.

3. Membership

The Clinical Chair of the Governing Body (as elected by the member practices) will chair the Council of Members.

Selected clinical representative from each member practice (31 members in total).

The following individuals will be in attendance as required:

Clinical Chief Officer
Chief Operating Officer
Chief Finance Officer

Medical Director
Director of Primary Care
Director of Nursing
Director of Commissioning and Development
Director of Corporate Programmes, Delivery and Operations

4. Frequency of Meetings

Meetings of the Council of Members will be held a minimum of three times per year. A separate Annual General Meeting of the Council of Members will be held once per year.

5. Conflicts of Interest

Members should complete a declaration of interest form on an annual basis which can be updated at any time but which will be formally reviewed on a six monthly basis. If a member feels compromised by any agenda item they should declare a conflict of interest as soon as they are aware of it, ideally before the meeting. The conflict will then be considered by the Chair either prior to the meeting or at the meeting. The Chair would then determine whether the person who declared the interest should leave the meeting for the discussion and decision making, take part in the discussion but not the decision making or take part in both the discussion and the decision making of that particular agenda item. A detailed record of any declarations of interest made in relation to the items on the agenda will be recorded in the minutes of the meeting and on the declaration of interest form which will be signed by the Chair.

6. Delegated Authority

The Council of Members has delegated authority from the 31 member practices to ensure effective member practice representation in the running of the CCG.

7. Accountability

The Council of Members is accountable to each member practice of the CCG.

8. Quorum

The meeting will be quorate when at least one half of the whole number of members are present, with all three constituencies represented, and the Chair, or their nominated deputy in attendance.

9. Voting Arrangements

Each member will have one vote. Members must be present at a Council of Members meeting to submit a vote. In the unlikely circumstance that a vote is required a majority of at least one vote is required to carry a particular proposal. If

there is a tied vote then the Deputy Chair will have the casting vote, as the Chair is non-voting.

Approved by Council of Members: 15 February 2018

Signed……

Dr David Smart, Chair of the Committee

Approved by Governing body: 15 May 2018

Review date: February 2019

Version Control

Version	Revision date	Author	Update comments
V1	Developed April 2013	CCG	
V2	February 2014	CCG	No amendments
V3	February 2015	CCG	No amendments
V4	February 2016	CCG	No amendments
V5	February 2018	CCG	Membership: Job titles changed for: · Chair to Clinical Chair · Director of Primary Care Development and Innovation to Director of Primary Care · Director of Quality and Safety to Medical Director · Director of Nursing, Quality and Development to director of nursing. Director of Corporate Programmes, Delivery and Operations add to the list of those invited. Reference to the need to have an Annual General Meeting added. The declarations of conflict of interest section has been expanded on to take into account the new conflicts of interest guidance '*Managing Conflicts of Interest – Revised Guidance for CCGs' published in June 2017.*

NHS
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Clinical Commissioning Group

GOVERNING BODY

Terms of Reference

1. Introduction

The Governing Body is responsible for ensuring that the CCG has appropriate arrangements in place to exercise its functions effectively, efficiently and economically, and in accordance with the principles of good governance. In the CCG, the Governing Body is responsible for the CCG's £504 million budget which is spent as efficiently as possible to provide high quality healthcare for the local population.

2. Remit and Responsibilities

NHS North Durham CCG was authorised in full and without any conditions on 22 March 2013. In accordance with the CCG's Constitution the Governing Body has been established with the principal purpose to exercise the functions that are delegated to it in relation to the organisation and operation of the CCG.

In discharging the functions of the CCG that have been delegated to them the Governing Body and its members must:

1. comply with the Group's principles of good governance,

2. operate in accordance with the Group's scheme of reservation and delegation,

3. comply with the Group's standing orders,

4. comply with the Group's arrangements for discharging its statutory duties,
5. where appropriate, ensure that member practices have had the opportunity to contribute to the Group's decision making process.

6. ensure that no decision is taken on an issue which affects a locality without representation from that locality

Where delegated responsibilities are being discharged collaboratively, the joint (collaborative) arrangements must:

1. identify the roles and responsibilities of those clinical commissioning groups who are working together;

2. identify any pooled budgets and how these will be managed and reported in annual accounts;

3. specify under which clinical commissioning group's scheme of reservation and delegation and supporting policies the collaborative working arrangements will operate;

4. specify how the risks associated with the collaborative working arrangement will be managed between the respective parties;

5. identify how disputes will be resolved and the steps required to terminate the working arrangements;

6. specify how decisions are communicated to the collaborative partners.

The Governing Body shall take into account at all times the provisions contained in the '*NHS Codes of Conduct and Accountability'* which, when applied to the Governing Body, requires its members to declare on appointment any business interests or any positions of authority in a charity or voluntary body in the field of health and social care, and any business interests in private healthcare providers or associated partner organisations. Such interests must be entered into a register which will be made available to the public.

The terms of reference, through the delegation of authority and membership of the Governing Body recognise the CCG's development and the membership nature of the organisation.

According to the Constitution the Governing Body has responsibility for:

a) leading the setting of vision and strategy,
b) approving commissioning plans,
c) monitoring operational and financial performance against plans,
d) monitoring quality, including safeguarding children and vulnerable adults, and clinical effectiveness of services,
e) providing assurance of strategic risk,
f) determining the remuneration, fees and other allowances payable to employees or other persons providing services to the Group,
g) appoint committees and sub-committees as required to discharge the duties of the Group,
h) approving any other functions of the group that are specified in regulations.

The Governing Body considers and reviews the effectiveness of the CCG's Engagement Strategy in enabling practice and clinical engagement and receives assurance.

The Governing Body has responsibility for monitoring and reviewing patient and public engagement.

3. Membership

The Governing Body must comprise 14 voting members and two non-voting roles. Where a single individual holds two roles, they will only be entitled to one vote:

- the CCG chair;

- Three elected general practice leads (one from each locality, one of whom must be a GP),
- Three lay members, one of the lay members will lead on audit and assurance, one on patient and public involvement matters and a third who will support the wider governance agenda at the CCG including the Management of Conflicts of Interest
- One registered nurse, the CCG's Director of Nursing;
- One secondary care doctor;
- the Clinical Chief Officer as Accountable Officer
- the Chief Finance Officer;
- the Chief Operating Officer
- the Director of Commissioning
- the Medical Director
- the Director of Primary Care
- the Director of Corporate Programmes, Delivery and Operations

In addition the following non-voting members will attend:

- The Director of Public Health for County Durham
- Local Authority representative

Where the Accountable Officer role is not undertaken by a clinician the position of Governing Body Chair must be held by a clinician

4. Frequency of meetings

Meetings of the Governing Body will be held bi-monthly as a minimum .

5. Administration

1. All meetings will be held in accordance with CCG's agreed corporate behaviours and the *Nolan Principles of Public Life*.

2. Meetings of the Governing Body will be held in public except where the Group considers that it would not be in the public interest for members of the public to attend all or part of a meeting.

3. The agenda will be issued five working days prior to the meeting. Requests for items to be included on the agenda should be sent to the chair at least 14 days before the meeting.

4. All papers for discussion must be submitted to the Chief Operating Officer for approval before the agreed deadline.

5. If an item needs to be raised on the day, this will be covered under 'any other business', subject to there being available time.

6. If separate papers require circulation, these should, wherever possible, be issued with the agenda. This is intended to enable members to have the opportunity to read information in advance.

7. All papers for the open meeting will be published on the CCG's website.

8. At the start of each meeting, members will be asked to confirm the accuracy of the declaration of interests.

9. When necessary, a separate confidential agenda of the meeting will be held only with members or their nominated deputies and individuals 'in attendance' would be required to leave the meeting.

10. All questions arising will be decided by a simple majority of those present. In the case of equality of votes, the chair will have the casting vote.

11. Minutes of each meeting will be formally recorded and submitted to the next meeting for approval.

12. The decision on whether or not a vote is to be taken and the method of voting on the issue in question shall be a matter entirely for the discretion of the person presiding as chair of the meeting to decide upon. Their decision will be final.

13. In situations where voting members are conflicted for agenda items they will be asked to leave the room and will not receive these papers.

14. In order to manage conflicts of interest for procurement decisions these terms of reference should be used in conjunction with the CCG's "Model Governance Process".

15. Where the Governing Body would benefit from working in partnership with other CCG's, they may decide to establish a joint committee with other CCG Governing Bodies. This will encourage the development of strong collaborative, integrated relationships and decision making between partners. The NHS Act 2006 was amended in 2014 to allow Clinical Commissioning Groups (CCGs) to form joint committees. This means that two or more CCGs exercising commissioning functions jointly may form a joint committee.

16. Joint committees are a statutory mechanism, which give CCGs an additional option for undertaking collective strategic decision making although individual CCGs still remain accountable for meeting their statutory duties.

6. Conflicts of interest

Members should comply with the CCG's Standards of Business Conduct and Declarations of Interest Policy and complete a declaration of interest form on an annual basis which can be updated at any time but which will be formally reviewed on a six monthly basis. If a member feels compromised by any agenda item they should declare a conflict of interest as soon as they are aware of it, ideally before the meeting. The conflict will then be considered by the Chair either prior to the meeting or at the meeting. The Chair would then determine whether the person who declared the interest should leave the meeting for the discussion and decision making, take part in the discussion but not the decision making or take part in both the discussion and the decision making of that particular agenda item. A detailed record of any declarations of interest made in relation to the items on the agenda will be recorded in the minutes of the meeting and on the declaration of interest form which will be signed by the Chair.

7. Accountability arrangements

All minutes and papers from the Governing Body will be available to the public except those marked 'in confidence' or minutes headed 'items taken in private'.

The Governing Body will formally report in writing after each meeting by publishing minutes in a format easily accessible by Member Practices.

Additional details with regard to decision making are contained in the Group's Constitution.

9. Quorum

No business shall be transacted at the meeting unless at least one-third of the whole number of the Chair and members (including at least one Lay Member and one GP Member and either the Accountable Officer or Chief Finance Officer are present).

If the quorum is lost due to a member or members being disqualified from taking part in a vote or discussion due to a declared interest the Chair of the meeting will determine the action to be taken in accordance with paragraphs 8.4.9 and 8.4.10 of the Constitution.

Approved by Governing Body: 17 July 2018

Signed……

Dr David Smart, Clinical Chair and Chair of the Governing Body

Review date: February 2019

Version Control

	Date reviewed / updated	Updated by	Record of update	Next update due
Version 1	June 2018	Amanda Million	Produced using the CCG's Constitution and DDES CCG Governing Body Terms of Reference as a template.	February 2019

NHS
North Durham
Clinical Commissioning Group

MANAGEMENT EXECUTIVE

Terms of Reference

1 Introduction

The Management Executive oversees the day to day operational management of the CCG in support of the Governing Body and its committees in:

- ensuring the continued development of the CCG,
- overseeing and accounting for delivery of the CCG's strategic objectives and their supporting plans,
- supporting the development of effective collaboration across the local health economy,
- managing and monitoring clinical quality, financial performance and activity.

2. Remit and responsibilities

1. To ensure the CCG fulfils the functions, duties and responsibilities set out in the CCG's Constitution.
2. Delivery and development of the CCG plans in accordance with national guidelines, the needs of the population of North Durham and in line with the County Durham Health and Wellbeing Strategy.
3. Implementation and delivery of strategic decisions agreed by the Governing Body.
4. Supporting the Governing Body with strategic decision making, developing and defining the overall direction of travel of the CCG, including the response and management of urgent or emerging issues.
5. Delivery of the medium term financial strategy as agreed by the Governing Body including robust day to day financial management and tactical decision making.
6. Ensuring the CCG commissioning activities are undertaken in accordance with the terms and scope of its authorisation and policy agreed by the NHS England.
7. Effective operational management of the CCG in accordance with organisational policies and procedures.
8. To be accountable for the effective use of CCG resources to support delivery including securing the day to day provision of effective commissioning support.
9. Day to day delivery of the CCG plans for commissioning and quality, innovation, productivity and prevention (QIPP).
10. Oversight of internal and external communications and responding to requests for information or a CCG position statement.

11. Oversight of significant incidents or emergency response as a category two responder in accordance with local emergency plans.
12. Provide oversight and delivery of risk management arrangements including a review of the CCGs risk register, ensuring any agreed actions are completed.
13. Provide oversight of delivery of the quality framework including an appropriate response to urgent issues or decisions.
14. Ensure effective clinical governance in embedded in the organisation.
15. Contribute to the development of CCG strategy and policy.
16. Responsibility for ensuring the CCG has an integrated approach to the management standards of health and safety and has appropriate strategy and policies in place.
17. Oversight of the development and delivery of the CCG's Organisational Development (OD) Plan.
18. To oversee the development of the CCG as an effective healthcare commissioner and local leader, building strong relationships with Local Authorities and patient and public groups.
19. To proactively manage poor local performance in accordance with the escalation process set out in the CCG's Constitution.
20. To ensure effective corporate governance in line with the CCG's Constitution, Scheme of Reservation and Delegation, including information governance.

3 Membership

Membership of the Management Executive comprises of the (following or their nominated deputies):

Member:
Clinical Chief Officer (Chair)
Chief Operating Officer
Chief Finance Officer
Director of Primary Care
Medical Director
Director of Nursing
Director of Commissioning and Development
Director of Corporate Programmes, Delivery and Operations

In attendance:
The CCG's Clinical Chair and GP Clinical Leads will be invited to be in attendance at the extended membership meetings and the informal meetings.

Director of Integration *(Joint post across North Durham CCG, Darlington CCG, Durham Dales, Easington and Sedgefield CCG, County Durham and Darlington NHS Foundation Trust, Tees, Esk and Wear Valleys NHS Foundation Trust and Durham County Council).*

North of England Commissioning Support (NECS) representative
Public Health, Durham County Council representative
Other senior CCG and NECS staff will be in attendance as required

The Committee can by agreement meet 'in common' or through a joint committee arrangement with the corresponding meeting in other CCGs if agendas have common areas that would benefit from a broader discussion.

The CCG may also co-opt non-officer members onto the Committee from other local CCGs as and when required to achieve quoracy.

Alternate meetings will focus on finance and performance and will have an extended attendance including GP clinical leads.

4 Frequency of Meetings

Formal executive meetings will be held twice a month. Each committee meeting will address CCG strategic and operational issues with one of the meetings focusing on finance and performance items.

Alternative informal and formal meetings unless otherwise agreed.

5 Administration

Arrangements for secretarial support to Management Executive is via the Corporate Offices of North Durham CCG and Durham Dales, Easington and Sedgefield (DDES) CCG.

1. Agenda will be issued a minimum of three days prior to the meeting. Requests for items to be included on the agenda should be sent to the Corporate Administrator at least five days before the meeting.

2. All papers for discussion must be submitted to the appropriate lead officer for approval before the agreed deadline.

3. If an item needs to be raised on the day, this will be covered under 'any other business', subject to its agreed urgency, importance and there being available time. Any items of other business must be declared at the beginning of the meeting and their inclusion agreed by the group.

4. If separate papers require circulation, these should, wherever possible, be issued with the agenda. This is intended to enable members to have the opportunity to consider information in advance.

5. At the start of each meeting, members will be asked to confirm the accuracy of the declaration of interests noted on the agenda.

6. When necessary, a separate confidential section of the meeting will be held only with members of Executive Committee or their nominated deputies and individuals 'in attendance' may be required to leave the meeting.

7. Where necessary issues will be decided by a simple majority of those present. In the case of equality of votes, the Chair will have the casting vote. The decision about whether or not a vote is to be taken and the method of voting on the issue in question, shall be a matter entirely for the discretion of the chair of the meeting to decide upon.

8. Minutes of each meeting will be formally recorded and submitted to the next meeting for approval.

6 Conflicts of interest

Members should comply with the CCG's Standards of Business Conduct and Declarations of Interest Policy and complete a declaration of interest form on an annual basis which can be updated at any time but which will be formally reviewed on a six monthly basis. If a member feels compromised by any agenda item they should declare a conflict of interest as soon as they are aware of it, ideally before the meeting. The conflict will then be considered by the Chair either prior to the meeting or at the meeting. The Chair would then determine whether the person who declared the interest should leave the meeting for the discussion and decision making, take part in the discussion but not the decision making or take part in both the discussion and the decision making of that particular agenda item. A detailed record of any declarations of interest made in relation to the items on the agenda will be recorded in the minutes of the meeting and on the declaration of interest form which will be signed by the Chair.

7 Relationship with Governing Body

In accordance with the CCG's scheme of delegation and financial limits, those limits are set at the existing financial level for the Chief Operating Officer either acting individually or in partnership with other senior CCG officers.

The CCG Governing Body has delegated authority to Management Executive to provide an oversight role for managing and developing the commissioning group.

Management Executive has authority to establish sub groups in order to support the delivery of its terms of reference. Such groups will report back and be accountable to Management Executive. This is the governance route for decision making to the CCG Governing Body. Management Executive is accountable through the Chief Operating Officer to the Governing Body for delivery against its terms of reference. Confirmed minutes of the meeting will be received by the Governing Body.

8 Policy and best practice

Management Executive will apply best practice in its decision making, and in particular it will ensure that decisions are based on clear and transparent criteria.

9 Conduct of the Committee

All members of Management Executive and participants in its meetings will comply with the Standards of Business Conduct for NHS Staff, the NHS Code of Conduct,

and the CCG's Policy on Standards of Business Conduct and Declarations of Interest which incorporate the Nolan Principles.

Management Executive will review its own performance, membership and terms of reference annually and prepare an annual cycle of business. Recommendations for amendment of the Terms of Reference will be made to the Governing Body for approval.

10 Quoracy

The meeting will be quorate with at least one-third of the whole number of the Chair and members including one of either the Clinical Chief Officer, Chief Operating Officer or Chief Finance Officer present, one clinician and one other member, unless the clinicians have to leave the meeting as a result of declarations of interest.

Approved by Management Executive: 27 February 2018

Signed…….

Dr Neil O'Brien, Clinical Chief Officer (Chair)

Approved by Governing Body: 15 May 2018

Review date: February 2019

Version Control

Version	Revision date	Author	Update comments
V1	November 2013	CCG	No updates
V2	March 2015	CCG	Addition of paragraph about declarations of interest.
V3	March 2016	CCG	Addition of sentence about health and safety responsibilities
V4	April 2016	CCG	The Director of Corporate Programmes, Delivery and Operations has been added to the membership.
V5	September 2017	CCG	· Amendments to the job titles of two members. · Addition of the Director of Integration to the list of members of the meeting. · The conflicts of interest section has been made more robust. · Updated to reflect the new arrangements for meetings held 'in common'.
V6	January 2018	CCG	· Various amendments have been made to the wording and order of the terms of reference to harmonise the contents with that of the DDES CCG Executive Committee terms of reference. This reflects that the committees regularly meet 'in common'. · The title of the Director of Quality and Safety has been amended to Medical Director.

NHS
North Durham
Clinical Commissioning Group

PRIMARY CARE COMMISSIONING COMMITTEE

Terms of Reference

Introduction

1. Simon Stevens, the Chief Executive of NHS England, announced on 1 May 2014 that NHS England was inviting CCGs to expand their role in primary care commissioning and to submit expressions of interest setting out the CCG's preference for how it would like to exercise expanded primary medical care commissioning functions. One option available was that NHS England would delegate the exercise of certain specified primary care commissioning functions to a CCG.

2. In accordance with its statutory powers under section 13Z of the National Health Service Act 2006 (as amended), NHS England has delegated the exercise of the functions specified in Schedule 2 to these Terms of Reference to NHS North Durham CCG. The delegation is set out in Schedule 1.

3. The CCG has established the NHS North Durham CCG Primary Care Commissioning Committee ("Committee"). The Committee will function as a corporate decision-making body for the management of the delegated functions and the exercise of the delegated powers.

4. It is a Committee comprising representatives of the following organisations as required:

   - NHS North Durham CCG,
   - Durham Health and Wellbeing Board, and
   - County Durham Healthwatch.

   NHS England will be in attendance.

Statutory Framework

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

6. Arrangements made under section 13Z may be on such terms and conditions (including terms as to payment) as may be agreed between the Board and the CCG.

7. Arrangements made under section 13Z do not affect the liability of NHS England for the exercise of any of its functions. However, the CCG acknowledges that in exercising its functions (including those delegated to it), it must comply with the statutory duties set out in Chapter A2 of the NHS Act and including:

   a) management of conflicts of interest (section 14O);
   b) duty to promote the NHS Constitution (section 14P);
   c) duty to exercise its functions effectively, efficiently and economically (section 14Q);
   d) duty as to improvement in quality of services (section 14R);
   e) duty in relation to quality of primary medical services (section 14S);
   f) duties as to reducing inequalities (section 14T);
   g) duty to promote the involvement of each patient (section 14U);
   h) duty as to patient choice (section 14V);
   i) duty as to promoting integration (section 14Z1);
   j) public involvement and consultation (section 14Z2).

8. The CCG will also need to specifically, in respect of the delegated functions from NHS England, exercise those set out below:

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

9. The Committee is established as a committee of the NHS North Durham Governing Body in accordance with Schedule 1A of the “NHS Act”.

10. The members acknowledge that the Committee is subject to any directions made by NHS England or by the Secretary of State.

Role of the Committee

11. The Committee has been established in accordance with the above statutory provisions to enable the members to make collective decisions on the review, planning and procurement of primary care services in NHS North Durham under delegated authority from NHS England.

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

13. The functions of the Committee are undertaken in the context of a desire to promote increased co-commissioning to increase quality, efficiency, productivity and value for money and to remove administrative barriers.

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

15. This includes the following:

- GMS (general medical services), PMS (personal medical services) and APMS (alternative provider medical services) 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 ("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).

16. The CCG will also carry out the following activities:

a) to plan, including needs assessment, primary medical care services in North Durham,

b) to undertake reviews of primary medical care services in North Durham,

c) to co-ordinate a common approach to the commissioning of primary care services generally,

d) to manage the budget for commissioning of primary medical care services in North Durham,

e) To review primary care commissioning related risks and agree any appropriate mitigating actions.

Geographical Coverage

17. The Committee will comprise the NHS North Durham CCG and where relevant would be held 'in common' with NHS Durham Dales, Easington and Sedgefield CCG.

Membership

18. The Committee shall consist of the following voting members**:**

Non-conflicted members

Lay Member for Patient and Public Involvement (Chair)
Governing Body Lay Member (Vice Chair)
Chief Operating Officer
Chief Finance Officer
Director of Commissioning and Development
Director of Nursing
Director of Corporate Programmes, Delivery and Operations

*Please note the Governing Body Lay Member is an additional role to the CCG following release of national guidance to enable the robust management of conflicts of interest by ensuring the Committee has a majority of non-conflicted members.

Conflicted members

Clinical Chair
Director of Primary Care
Medical Director
GP Clinical Lead Representative x 1

In attendance (non-voting):
Healthwatch representative
Public Health representative
NHS England has the right to send representation to the Committee as appropriate
Health and Wellbeing Board representative

19. The Chair of the Committee shall be the Lay Member for Patient and Public Involvement.

20. The Vice Chair of the Committee shall be the Governing Body Lay Member. The Lay Member for Governance and Audit will be invited to attend the open meetings as an observer and will receive a copy of the papers and minutes of the meeting.

21. The Committee may co-opt non-officer members onto the Committee from other local CCGs as and when required to achieve quoracy.

Meetings and Voting

22. The Committee can by agreement, can meet 'in common' with the corresponding meeting in other CCGs if agendas have common areas that would benefit from a broader discussion.

23. The Committee will operate in accordance with the CCG's Standing Orders. The Secretary to the Committee will be responsible for giving notice of meetings. This will be accompanied by an agenda and supporting papers and sent to each member representative no later than five 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.

24. Each member of the Committee shall have one vote. The Committee shall reach decisions by a simple majority of members present, but with the Chair having a second and deciding vote, if necessary. However, the aim of the Committee will be to achieve consensus decision-making wherever possible.

Quoracy

To be quorate the following must be in attendance

- the Chair or Vice Chair of the Committee,
- the Chief Operating Officer or Chief Finance Officer,
- plus one of the remaining non conflicted voting members,
- that the majority of the Committee is non-conflicted at any one time.

Frequency of meetings

25. Meetings will be held bi-monthly as a minimum.

26. Meetings of the Committee shall:

a) be held in public, subject to the application of 23(b);

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

27. 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 will endeavor to reach a collective view.

28. 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.

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

30. Members of the Committee shall respect confidentiality requirements as set out in the NHS North Durham CCG Constitution.

31. The Committee will present its minutes to NHS England Cumbria and the North East and the Governing Body of NHS North Durham CCG after each meeting for information, including the minutes of any sub-committees to which responsibilities are delegated under paragraph 26 above.

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

33. The CCG can, if necessary, have reciprocal arrangements with other CCGs in order to ensure a majority of lay and executive members to support effective clinical representation within the Committee.

34. It is envisaged that these Terms of Reference will be reviewed from time to time, reflecting experience of the Committee in fulfilling its functions. NHS England may also issue revised model terms of reference from time to time.

Accountability of the Committee

35. Responsibility of this Committee is outlined within the CCG's Constitution and specifically the Scheme of Reservation and Delegation. The CCG's Standing Financial Instructions and Financial Limits outline the budgetary delegation and approval arrangements applicable.

36. The Committee is established as a committee of the Governing Body of the CCG. Minutes of the meetings will be made available to the Governing Body members.

37. The Committee is responsible for both overseeing the management of primary care delegated budgets and ensuring decisions made do not exceed the primary care delegated budget. In addition to the management of those primary care budgets delegated by NHS England, the Governing Body may delegate the management of additional primary care budgets as deemed appropriate.

38. For the avoidance of doubt, in the event of any conflict between the terms of these Terms of Reference and the CCG's Standing Orders or Standing Financial Instructions, the latter will prevail.

39. The Committee will ensure that patient/public consultation is considered and undertaken when appropriate to aid decision making.

Conflicts of interest

40. Members should comply with the CCG's Standards of Business Conduct and Declarations of Interest Policy and complete a declaration of interest form on an annual basis which can be updated at any time but which will be formally reviewed on a six monthly basis. If a member feels compromised by any agenda item they should declare a conflict of interest as soon as they are aware of it, ideally before the meeting. The conflict will then be considered by the Chair either prior to the meeting or at the meeting. The Chair would then determine whether the person who declared the interest should leave the meeting for the discussion and decision making, take part in the discussion but not the decision making or take part in both the discussion and the decision making of that particular agenda item. A detailed record of any declarations of interest made in relation to the items on the agenda will be recorded in the minutes of the meeting and on the declaration of interest form which will be signed by the Chair.

Procurement of Agreed Services

41. The CCG will make procurement decisions relevant to the exercise of the Delegated Functions and in accordance with the detailed arrangements regarding procurement set out in the procurement protocol issued and updated by NHS England from time to time.

42. In discharging its responsibilities set out in clause 6 *(Performance of the Delegated Functions)* and paragraph 1 of Schedule 2 *(Delegated Functions)* of the Delegation Agreement, the CCG must comply at all times with Law including its obligations set out in the National Health Service (Procurement, Patient Choice and Competition) (No. 2) Regulations 2013/500 and any other relevant statutory provisions. The CCG must have regard to any relevant guidance, particularly Monitor's guidance *Substantive guidance on the Procurement, Patient Choice and Competition Regulation.*

43. Where the CCG wishes to develop and offer a locally designed contract, it must ensure that it has consulted with its Local Medical Committee in relation to the proposal and that it can demonstrate that the scheme will:

    - improve outcomes;
    - reduce inequalities;

- provide value for money.

Decisions

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

45. The decisions of the Committee shall be binding on NHS England and NHS North Durham CCG.

46. The Committee will produce an executive summary report which will be presented to Cumbria and the North East of NHS England and the Governing Body of NHS North Durham CCG after each meeting for information.

Approved by Primary Care Commissioning Committee: 17 July 2018

Signed…….

Feisal Jassat, Lay Member for Patient and Public Involvement (Chair)

Approved by Governing Body: 17 July 2018

Review date: February 2019

Version Control

Version	Revision date	Author	Update comments
V1	Developed April 2015	CCG	
V2	February 2016	CCG	Section 16 amended to include primary care risk monitoring.
V3	April 2016	CCG	Changes to members: · Director of Corporate Programmes, Delivery and Operations added as non-conflicted member. · Clinical Chief Officer removed as conflicted member. · Clinical Chair moved from 'in attendance' to a conflicted member.
V3	October 2016	CCG	Amended to take into account new conflicts of interest guidance ' *Managing Conflicts of Interest – Revised Statutory Guidance for CCGs'* published June 2016
V5	September 2017 November 2017	CCG CCG	Text added to reflect that the Committee can meet 'in common'. Section added about Conflicts of Interest. Paragraph numbers amended as a result. Constituency Lead changed to Clinical Lead
V6 (2)	January 2018 May 2018	CCG A Million	Director of Primary Care Development and Innovation job title changed to Director of Primary Care Director of Quality and Safety job title changed to Medical Director. Following discussion with internal audit, the Health and

			Wellbeing Board representative has been moved from 'non-conflicted members' to 'in attendance (non-voting)'.
V7	July 2018	A Million	The reference to the committee being able to meet as a joint committee has been removed on advice of NHS England.

NHS
North Durham
Clinical Commissioning Group

PATIENT, PUBLIC AND CARER ENGAGEMENT (PPCE) COMMITTEE

Terms of Reference

1. Role

The role of the PPCE Committee is to support the CCG in fulfilling its statutory duty on engagement processes for local patients, the public and carers.

2. Remit

2.1 To take an overview of PPCE activity to provide assurance to the Governing Body that the CCG delivers it's statutory and legal requirements with regard to engagement, as well as the objectives set out in the CCG's Communications and Engagement Strategy.

2.2 To review, challenge and evaluate CCG engagement processes, to identify gaps in engagement activity and make recommendations on how these can be improved and adapted to ensure better representation of the communities of North Durham.

2.3 To provide a forum to develop and discuss relationships between the CCG and the population of North Durham by allowing time for meaningful discussions regarding the way in which the CCG communicates and engages with individuals and organisations.

2.4 To be a two way communication channel between patients, public, carers and corporate members, and CCG management/support teams. This is intended to ensure that ideas and concerns from members can be communicated via the Committee to the Clinical Chair and Governing Body in order that these can be taken forward as appropriate. The two-way process will also allow public and corporate members more insight and understanding into the function of the CCG. This should help to ensure that strategies and initiatives are implemented effectively and enable the organisation to demonstrate that it is able to be informed from the 'bottom up'.

2.5 To inform the future communications engagement strategy and activity.

3. Legal and Statutory Duties

3.1 To monitor and review the CCG's fulfilment of its duties to inform and consult as set out in the NHS Constitution and the *Health and Social Act 2012.*

3.2 To seek assurance that the CCG is meeting the requirements for commissioners as set out in the *Equality Act 2010*.

4. Effective Engagement Activity

4.1 To monitor the CCG's progress against the objectives set out in the Communications and Engagement Strategy.

4.2 To review and scrutinise the CCG's engagement activity to ensure that it is proportionate, inclusive and covers all geographical areas of the CCG.

4.3 To hold the CCG to account to ensure that all engagement activity is transparent and that value for money for the taxpayer is achieved.

4.4 To receive information regarding CCG engagement activity in a timely manner to allow appropriate input into this work.

4.5 To ensure that systems and processes are in place to listen to the voice of patients, take action and feedback to patients and the public on actions taken forward.

4.6 To receive regular updates including the quarterly community engagement project report and to evaluate progress.

5. Development of an Active and Growing Membership

5.1 Develop and oversee the development of the North Durham CCG membership model, providing expertise and direction to ensure the development of an informed, diverse and active membership.

5.2 Seek assurance that the membership model is accessible to all members of the public and voluntary and community organisations in North Durham and that every effort is made to access and involve seldom heard groups in the model.

5.3 To monitor the effectiveness of the membership model and identify areas for development.

5.4 To monitor the attendance of members and where there is consistent non-attendance (without valid reason or notification) to review that role and consider whether an alternative representative may need to be identified.

6. Membership

- Lay Member, Patient and Public Involvement (Chair)
- Clinical Chair (Deputy Chair)
- Director of Primary Care
- Elected representative, Derwentside Patient Reference Group
- Elected representative, Chester-le-Street Patient Reference Group
- Elected representative, Durham City Patient Reference Group
- Appointed representative, public (Type 3) member
- Appointed representative, public (Type 3) member
- Appointed representative, public (Type 3) member
- Voluntary Community Sector representative
- Healthwatch County Durham representative

- Executive Director, Durham Community Action
- Area Action Partnership Representative

Other individuals may be invited to attend as the requirements of group dictate.

For all appointed members, the tenure of their post will be three years.

7. Posts

7.1 *Voluntary Community Sector (VCS) Representation:* The VCS in County Durham has an umbrella body commissioned by the County Council – Durham Community Action (DCA). This organisation has the remit to act as representative on behalf of a wide and varied Voluntary and Community Sector. One part of its role is to provide a two-way communication link between the sector and various committees, panels and bodies from the Statutory Sector. DCA will ensure a suitable representative sits on the PPCE Committee and will liaise with the relevant groups and organisations across County Durham. Should the VCS representative vacate their position then the VCS organisations will elect a replacement representative.

7.2 *Patient Reference Group (PRG) Representation:* One member from each of the three Patient Reference Group areas (Durham, Chester-le-Street and Derwentside PRGs) will be elected to the Committee with the option to elect one substitute. The election of the representative will be at the discretion of the PRG itself which must involve a democratic election process to be carried out at one of their meetings and to involve a quorate representative sample of voting members. Should the PRG representative vacate their position then the PRG organisation will elect a replacement representative through a democratic election process, involving a quorate representative sample.

7.3 *Appointed members (Type 3 – CCG's membership scheme):* This will be a formal application process including an interview and scoring system. However this will be less formal to enable people who have specific barriers to have alternative methods for communicating their skills, knowledge and experience. If the type three member representative vacates their position then the CCG PPCE Steering Group will appoint a replacement representative.

8. Frequency of Meetings

The Committee will meet on a bi-monthly basis.

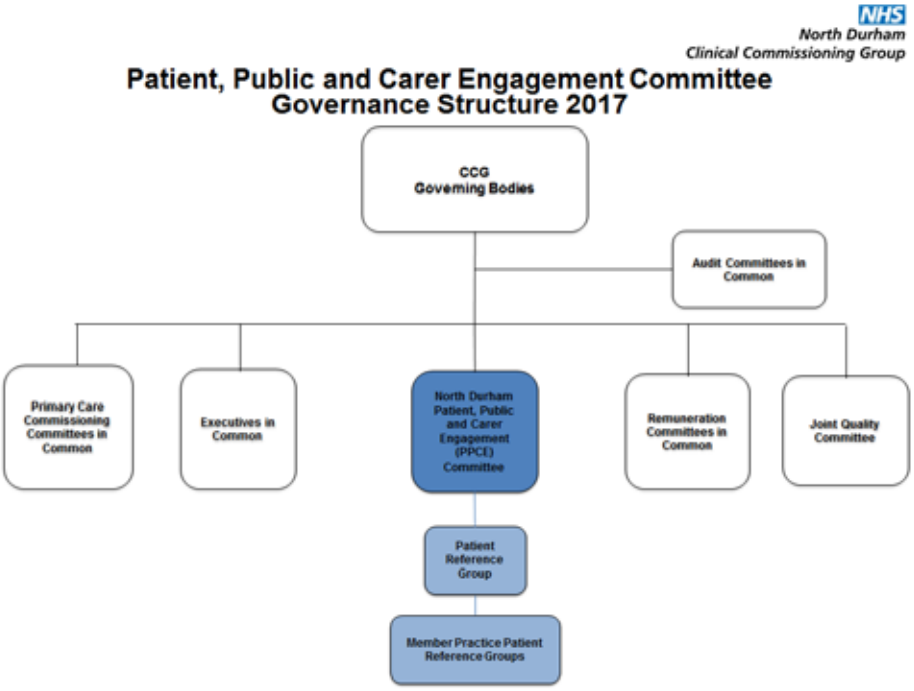
9. Delegated Authority

The Governing Body has delegated authority to the PPCE Committee to make recommendations to the Management Executive and Governing Body on key engagement issues and also on the identification and systematic adoption of best practise.

10. Accountability

The PPCE Committee is accountable to the Governing Body.

11. Governance Structure



12. Quoracy

The meeting will be quorate with a minimum of six members present, including, either;

- the Chair or Deputy Chair,
- at least one representative present from the public members,
- at least one representative present from the voluntary members,
- at least one representative present from the PRG members,
- a cross section of other members.

13. Administration

To be provided by the CCG corporate function.

14. Communication and reporting

Key actions and agreements to be captured on an action/agreement log, with the addition of formal minutes.

15. Transparency and Confidentiality and Code of Conduct

As a body representing the public, all members will be expected to abide by the Nolan Principles:

15.1 **Selflessness** Members should act solely in terms of the public interest. They should not do so in order to gain financial or other benefits for themselves, their family or their friends.

15.2 **Integrity** Members should not place themselves under any financial or other obligation to outside individuals or organisations that might seek to influence them in the performance of their official duties.

15.3 **Objectivity** In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, members should make choices on merit.

15.4 **Accountability** Members are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.

15.5 **Openness** Members should be as open as possible about all the decisions and actions that they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands it.

15.6 **Honesty** Members have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.

15.7 **Leadership** members should promote and support these principles by leadership and example.

16. Declarations Of Interest:

Members should comply with the CCG's Standards of Business Conduct and Declarations of Interest Policy and complete a declaration of interest form on an annual basis which can be updated at any time but which will be formally reviewed on a six monthly basis. If a member feels compromised by any agenda item they should declare a conflict of interest as soon as they are aware of it, ideally before the meeting. The conflict will then be considered by the Chair either prior to the meeting or at the meeting. The Chair would then determine whether the person who declared the interest should leave the meeting for the discussion and decision making, take part in the discussion but not the decision making or take part in both the discussion and the decision making of that particular agenda item. A detailed record of any declarations of interest made in relation to the items on the agenda will be recorded in the minutes of the meeting and on the declaration of interest form which will be signed by the Chair.

17. Review

The terms of reference will be reviewed on an annual basis.

Approved by PPCE Committee: 21 February 2018

Signed……

Feisal Jassat, Lay Member, Patient and Public Involvement
Chair of the PPCE Committee

Approved by Governing body: 15 May 2018

Formal review date: February 2019

Version Control

Version	Revision date	Author	Update comments
V1	Approved December 2014	CCG	
V2	April 2016	CCG	· Removal of repetition of the stated 'role' of the group, under the 'remit' section · Change posts to Patient 'Reference' Group rather than 'Representative' · Minor wording change to Declarations of Interest section. · Paragraph included in Effective Engagement Activity · Amended paragraph at 7.1 · Changes to section 6 in relation to the tenure increasing from one year to three years. · Additional bullet point to section 5.4 regarding non-attendance at meetings.
V3	October 2017	CCG	· The governance structure at section 11 has been updated. · The management of conflicts of interest requirements in section 16 have been made more robust in accordance with advice from Internal Audit. · The Director of Corporate Programmes, Operations and Delivery was replaced by the Director of Primary Care Development and Innovation in the list of members.
V4	February 2018	CCG	· The Director of Primary Care Development and Innovation's job title has been amended to the Director of Primary Care. · The PPCE committee suggested the following amendments: o The ND Community Health Alliance Member had been changed to an Area Action Partnership representative. o The quoracy had been amended to include the phrase 'a cross section of members'.

NHS
North Durham
Clinical Commissioning Group

REMUNERATION AND TERMS OF SERVICE (RATS) COMMITTEE

Terms of Reference

1. Introduction

Clinical Commissioning Groups (CCGs) are required to establish a Remuneration and Terms of Service Committee in line with the guidance contained in the report of the Cadbury Committee on the Financial Aspects of Corporate Governance, The Greenbury Report on corporate governance arrangements, and section EL(94)40 of the NHS Codes of Conduct.

The Remuneration and Terms of Service Committee (the Committee) shall make recommendations to the Governing Body on pay and remuneration for senior employees of the Clinical Commissioning Group (CCG) and people who provide services to the CCG, and allowances under any pension scheme it might establish as an alternative to the NHS pension scheme. The Committee may also determine any issues of practice reimbursement where the Management Executive feel it inappropriate or impracticable for them to determine. It will also ensure that the organisation as a whole has sound policies and procedures relating to the remuneration, terms and service and performance management of its staff.

The advice given by the Committee will have been reached following due consideration of all relevant internal and external factors, so that the decisions of the Governing Body are publicly defensible and reached with probity, discipline and objectivity. For the purposes of this Committee, 'Directors' refers to all executives who are members of the Governing Body, whether voting or non-voting.

2. Remit and responsibilities

1. Determining the remuneration, fees, pensions, allowances and conditions of service of the senior employees, having proper regard to the CCG's circumstances and to the provision of any national agreements where appropriate including:
    - all aspects of salary (including any performance-related elements/bonuses);
    - provisions for other benefits including pensions and lease cars, arrangements for termination of employment and other contractual terms.

2. Reviewing the performance of the Accountable Officer and other senior team members and determining annual salary awards, if appropriate.

3. Advise and ensure appropriate contractual arrangements for such staff including the proper calculation and scrutiny of any termination payments, including severance packages, seeking HM Treasury/Ministers approval where necessary and having proper regard to the organisation's circumstances, performance and to the provisions of any national agreements where appropriate.

4. The Committee will apply best practice in the decision making processes, 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.

5. 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.

6. 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.

7. The Committee has full authority to commission any reports or surveys it deems necessary to help it fulfil the remit outlined above.

8. Advise on any other matter that the Secretary of State for Health deems necessary or appropriate.

3. Membership

Governing Body Clinical Chair (Chair)
Lay Member, Governance and Audit (Vice Chair)
Lay Member, Patient and Public Involvement
Third Lay Member on the Governing Body

In attendance:

The following individuals may be invited to attend for all or part of the meeting, providing their own remuneration or terms of service are not being discussed:

Accountable Officer
Chief Operating Officer
Chief Finance Officer
Clinical Chief Officer
HR Lead from North of England Commissioning Support (NECS)
External advisors
Other members of staff may attend to present reports

The Committee can by agreement meet ‘in common’ with the corresponding meeting in other CCGs if agendas have common areas that would benefit from a broader discussion.

The CCG may also co-opt non-officer members onto the Committee from other local CCGs as and when required to achieve quoracy.

4. Frequency of Meetings

The Committee would normally meet on an ‘as required’ basis.

5. Administration

Arrangements for secretarial support to the Committee will be provided by the corporate office. Agendas will be issued seven days prior to the meeting. Requests for items to be included on the agenda should be sent to the Chief Operating Officer who will consult with the Chair at least ten days before the meeting.

All papers for discussion must be submitted to the Chief Operating Officer for approval before the agreed deadline.

If an item needs to be raised on the day, this will be covered under ‘any other business’, subject to there being available time.

If separate papers require circulation, these should, wherever possible, be issued with the agenda. This is intended to enable members to have the opportunity to read information in advance.

At the start of each meeting, members will be asked to confirm the accuracy of the declaration of interests.

All questions arising will be decided by a simple majority of those present. In the case of equality of votes, the Chair will have the casting vote.

Minutes of each meeting will be formally recorded and submitted to the next meeting.

The Committee will endeavour to make decisions by consensus. Where there is no consensus on a particular matter, that matter may be put to a vote. Voting members of the Committee are the Chair and Lay Members. Any senior employees in attendance shall not vote. In the event of a tied vote, the Chair of the Committee shall have the casting vote.

Members of the Committee can by agreement, meet ‘in common’ with the corresponding meeting in other CCGs if agendas have common areas that would benefit from a broader discussion.

6. Conflicts of interest

Members should comply with the CCG's Standards of Business Conduct and Declarations of Interest Policy and complete a declaration of interest form on an annual basis which can be updated at any time but which will be formally reviewed on a six monthly basis. If a member feels compromised by any agenda item they should declare a conflict of interest as soon as they are aware of it, ideally before the meeting. The conflict will then be considered by the Chair either prior to the meeting or at the meeting. The Chair would then determine whether the person who declared the interest should leave the meeting for the discussion and decision making, take part in the discussion but not the decision making or take part in both the discussion and the decision making of that particular agenda item. A detailed record of any declarations of interest made in relation to the items on the agenda will be recorded in the minutes of the meeting and on the declaration of interest form which will be signed by the Chair.

7. Relationship with Governing Body

The Governing Body has delegated authority to the Committee to make recommendations on pay and remuneration for senior employees of the CCG and people who provide service to the group as well as matters of practice reimbursement where the Management Executive feel it inappropriate or impracticable for them to determine.

The Committee is authorised by the Governing Body to obtain independent legal or other independent professional advice, within reasonable limits, as and when the Committee considers this necessary.

The Committee will report in writing to the Governing Body the basis for its recommendations. The Governing Body will use that report as the basis for their decisions but remains accountable for taking decisions on the remuneration, allowances and terms of service of other officer members. Minutes of the Governing Body meetings shall record such decisions.

The full minutes of the Committee will advise the Governing Body in the form of a report to be submitted to the private part of Governing Body meetings. A synopsis of the minutes will be presented to the public during the public meetings of the Governing Body.

8. Policy and best practice

The Remuneration Committee will apply best practice in its decision making, and in particular it will ensure that decisions are based on clear and transparent criteria.

9. Conduct of the Committee

All members of the Committee and participants in its meetings will comply with the Standards of Business Conduct for NHS Staff, the NHS Code of Conduct, and the CCG's Policy on Standards of Business Conduct and Declarations of Interest

which incorporate the Nolan Principles.

The terms of reference will be reviewed at least once per financial year to ensure they meet all legislative requirements required and best practice and any changes will be approved by the remuneration members and then approved by the Governing Body. These terms of reference are subject to amendment at a national level.

10. Quoracy

A meeting of the Committee will be quorate when:

- the Chair and one Lay Member were present, and if required, one other non-conflicted Lay Member or,
- the Chair and one other non-conflicted member of the Committee.

Approved by Remuneration and Terms of Service Committee: 19 June 2018

Signed: ……

Dr David Smart, Clinical Chair (Chair)

Ratified by Governing Body: 17 July 2018
Review date: February 2019

Version Control

Version	Revision date	Author	Update comments
V1	November 2013	CCG	No updates
V2	27/4/15	CCG	Membership amended to allow one Constituency GP Lead to be a representative of the Constituency Leads on the Committee.
V3	22/1/16	CCG	Updated to take into account Minister's approval, outlined in the NHS guidance on Senior Appointments – October 2015. The Lay Member, Governance and Audit would be the Vice Chair.
V4	September 2017 November 2017	Head of Corporate Services "	Updated to reflect the agreement that the Committee can meet 'in common' or through a joint committee arrangement and can co-opt non-officer members from neighbouring CCGs to ensure quoracy. Section of conflicts of interest strengthened. Constituency Lead changed to Clinical Lead
V5	February 2018	Corporate Administrator	Amended to ensure consistency with the Remuneration Committee of Durham Dales, Easington and Sedgefield CCG. The committee requested a change in the quoracy during the discussion of the revised terms of reference.
V6	June 2018	Corporate Administrator	The reference to the committee being able to meet as a joint committee has been removed on advice of NHS England.

NHS
North Durham
Clinical Commissioning Group

RISK AND AUDIT COMMITTEE
Terms of Reference

1. Introduction

The Risk and Audit Committee (the Committee) supports the Governing Body in ensuring that the Clinical Commissioning Group (CCG) has made appropriate arrangements to exercise its functions effectively, efficiently and economically in accordance with the principles of good governance.

2. Remit and responsibilities

1. The Committee shall review the establishment and maintenance of an effective system of integrated governance, risk management and internal control to ensure delivery of the CCG's annual objectives.

2. The Committee's work will align with that of the Joint Quality Committee to seek assurance that robust clinical quality systems are in place and operating effectively.

   In particular, the Committee will review the adequacy and effectiveness of:
   - all risk and control related disclosure statements (in particular the governance statement), together with any appropriate independent assurances, prior to endorsement by the CCG,
   - the underlying assurance processes that indicate the degree of achievement of CCG objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements,
   - the policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements and related reporting and self-certification,
   - the policies and procedures for all work related to fraud and corruption as set out in Secretary of State Directions and as required by the NHS Counter Fraud Authority.

3. In carrying out this work the Committee will utilise the work of internal audit, external audit and other assurance functions, but will not be limited to these sources. It will also seek reports and assurances from senior officers as appropriate, concentrating on the over-arching systems of integrated governance, risk management and internal control, together with indicators of their effectiveness. This will be evidenced through the Committee's use of an effective assurance framework to guide its work and that of the audit and assurance functions that report to it.

4. The Committee shall ensure that there is an effective internal audit function that meets mandatory Public Sector Internal Audit Standards and provides appropriate independent assurance to the Committee, the Accountable Officer and the CCG.

   This will be achieved by:
   - consideration of the provision of the internal audit service, the cost of the audit and any questions of resignation and dismissal,
   - review and approval of the internal audit strategy, operational plan and more detailed programme of work, ensuring that this is consistent with the audit needs of the organisation, as identified in the assurance framework,
   - considering the major findings of internal audit work (and management's response) and ensuring co-ordination between the internal and external auditors to optimise audit resources,
   - ensuring that the internal audit function is adequately resourced and has appropriate standing within the CCG,
   - an annual review of the effectiveness of internal audit.

5. 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 performance of the external auditors, to the extent that the rules governing the appointment allow,
   - discussion and agreement with the external auditors, before the audit commences, on the nature and scope of the audit as set out in the annual plan, and ensuring co-ordination, as appropriate, with other external auditors in the local health economy,
   - discussion with the external auditors of their local evaluation of audit risks and assessment of the CCG and associated impact on the audit fee,
   - review of all external audit reports, including the report to those charged with governance, agreement of the annual audit letter before submission to the CCG and any work undertaken outside the annual audit plan, together with the appropriateness of management responses.

6. The Committee shall review the findings of other significant assurance functions, both internal and external, and consider the implications for the governance of the CCG. These will include, but will not be limited to, any reviews by Department of Health, arms' length bodies or regulators/inspectors (for example, NHS England or NHS Litigation Authority) and professional bodies with responsibility for the performance of staff or functions (for example Royal Colleges and accreditation bodies).

7. The Committee shall seek assurances and undertake more detailed scrutiny of the implementation of work programmes associated with delivery of the CCG's Quality, Innovation, Productivity and Prevention (QIPP) targets.

8. The Committee shall seek assurances relevant to any decisions made where member representatives have declared an interest but have been agreed to continue to be engaged in the discussion and decision.

9. The Committee shall satisfy itself that the CCG has adequate arrangements in place for countering fraud and shall review the outcomes of counter fraud work. It shall also approve the counter fraud work programme.

10. The Committee shall request and review reports and positive assurances from relevant senior officers on the overall arrangements for governance, risk management and internal control.

11. The Committee may also request specific reports from individual functions within the CCG as they may be appropriate to the overall arrangements.

12. The Committee shall monitor the integrity of the CCG's financial statements and any formal announcements relating to the CCG's financial performance, and ensure that the systems for financial reporting to the CCG, including those of budgetary control, are subject to review as to completeness and accuracy of the information provided to the CCG.

11. The Committee shall review the annual report and financial statements before submission to the Governing Body, focusing particularly on:
    - the wording in the 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 preparing of the financial statements,
    - significant adjustments resulting from the audit,
    - the letter of representation; and
    - qualitative aspects of financial reporting.

13. In order to meet the requirements of the *Local Audit and Accountability Act 2014*, the Committee shall also perform the role of the Auditor Panel for the CCG. The Chair and members of the Committee will also be the Chair and members of the Auditor Panel.

    The Auditor Panel shall:
    - advise the CCG on the maintenance of an independent relationship with external auditors;
    - advise the CCG on the selection and appointment of external auditors;
    - if asked advise the CCG on any proposal to enter into a limited liability agreement.

    To ensure the activities of the Auditor Panel are distinctive to the other activities of the Committee, the Chair of the Auditor Panel shall arrange separate Auditor Panel meetings as required, ensure minutes of meetings are formally recorded and submitted to the Governing Body and provide a separate annual report to the Governing Body of the panel's activities and decisions.

3. Membership

Members:
Lay Member (Governance and Audit) (Chair)
Lay Member (Patient and Public Involvement)
Third Lay Member on the Governing Body (Vice Chair)

In attendance:
Chief Finance Officer
Chief Operating Officer
CCG Clinical Chair
Finance and Performance Manager
Internal Audit representative
Local Counter Fraud Specialist
External Audit representative
Senior Governance Manager (North of England Commissioning Support)

The Accountable Officer would normally be invited to attend and discuss, at least annually with the Committee, the process for assurance that supports the statement on internal control. They would also normally be invited to attend when the Committee considers the draft internal audit plan and the annual accounts.

The Committee can by agreement meet 'in common' with the corresponding meeting in other CCGs if agendas have common areas that would benefit from a broader discussion.

4. Frequency of Meetings

Unless agreed otherwise the Committee will meet on a quarterly basis with provision for extra meetings as required. The external auditors or head of internal audit may request a meeting if they consider that one is necessary.

At least once a year the Committee will offer to meet privately with the external and internal auditors. External and internal auditors will also have full and unrestricted rights of access to the Committee.

5. Administration

Agendas will be issued seven days prior to the meeting. Requests for items to be included on the agenda should be sent to the Chair at least ten days before the meeting.

All papers for discussion must be submitted to the Chief Finance Officer for approval before the agreed deadline.

If an item needs to be raised on the day, this will be covered under 'any other business', subject to there being available time.

If separate papers require circulation, these should, wherever possible, be issued with the agenda. This is intended to enable members to have the opportunity to read information in advance.

At the start of each meeting, members will be asked to consider any declarations of conflict of interest.

When necessary, a separate confidential section of the meeting will be held only with members of the Committee or their nominated deputies. Individuals 'in attendance' would be required to leave the meeting.

All questions arising will be agreed by a simple majority of those present. In the case of equality of votes, the Chair will have the casting vote.

Minutes of each meeting will be formally recorded and submitted to the next meeting for approval.

The Committee will endeavour to make decisions by consensus.

Where there is no consensus on a particular matter, that matter may be put to a vote. All members of the Committee are voting members. Any senior employees in attendance shall not vote. In the event of a tied vote, the Chair of the Committee shall have the casting vote.

The agenda should be agreed 14 days before the meeting and circulated seven days before.

6. Conduct of the Committee

All members of the Committee and participants in its meetings will comply with the Standards of Business Conduct for NHS Staff, the NHS Code of Conduct, and the CCG's Policy on Standards of Business Conduct and Declarations of Interest which incorporate the Nolan Principles.

The Terms of Reference will be reviewed at least once per financial year to ensure they meet all legislative requirements required and best practice and any changes will be approved by the Committee Members and then ratified by Governing Body. These terms of reference are subject to amendment at a National level. The Committee will produce an annual cycle of business.

Any changes to the Terms of Reference must be ratified by the Governing Body.

7. Conflicts of interest

Members should comply with the CCG's Standards of Business Conduct and Decalarations of Interest Policy and complete a declaration of interest form on an annual basis which can be updated at any time but which will be formally reviewed on a six monthly basis. If a member feels compromised by any agenda item they should declare a conflict of interest as soon as they are aware of it, ideally before the meeting. The conflict will then be considered by the Chair either prior to the meeting

or at the meeting. The Chair would then determine whether the person who declared the interest should leave the meeting for the discussion and decision making, take part in the discussion but not the decision making or take part in both the discussion and the decision making of that particular agenda item. A detailed record of any declarations of interest made in relation to the items on the agenda will be recorded in the minutes of the meeting and on the declaration of interest form which will be signed by the Chair.

8. Relationship with Governing Body

The Governing Body has delegated authority to the Committee to provide independent oversight, strategic risk assurance and assurance on financial propriety.

The Committee is authorised by the Governing Body to obtain independent legal or other independent professional advice, within reasonable limits, as and when the Committee considers this necessary.

The Committee is accountable to the Governing Body.

The Chair shall provide the Governing Body with a regular report on the Committee's activities and any significant matters. Minutes of the Committee will be submitted to the Governing Body.

The Committee will review the draft annual accounts and annual report and make recommendations to the Governing Body.

9. Policy and best practice

The Committee will apply best practice in its decision making and in particular it will ensure that decisions are based on clear and transparent criteria.

10. Quoracy

The meeting will be quorate with at least two of the three members being present including either the Chair or the Vice Chair.

The CCG may also co-opt non-officer members onto the Committee from other local CCGs as and when required to achieve quoracy.

Approved by Risk and Audit Committee: 10 October 2018 (retrospectively)

Signed……

John Whitehouse, Lay Member Governance and Audit (Chair)

Approved by Governing Body: 17 July 2018

Review date: February 2019

Version Control

Version	Revision date	Author	Update comments
V1	November 2013	CCG	No updates
V2	March 2015	CCG	No changes.
V3	March 2016	CCG	Remit of the Committee expanded to reflect the role of Auditor Panel for the CCG (para. 12 within remit section). Membership updated to remove practice manager constituency representative. Minor changes made following a review against the template NHS England published terms of reference for CCG audit committees.
V4	September 2017 November 2017	Head of Corporate Services CCG	Sentence added to reflect that the CCG may also co-opt non-officer members onto the Committee from other local CCGs as and when required to achieve quoracy. Text added to reflect that the Committee can meet 'in common'. Section on conflicts of interest has been strengthened. Constituency Lead changed to Clinical Lead.
V5	February 2018	Amanda Coates	General amendments to layout made in terms of the order of the sections. Some small amendments have been made to the wording and some sections of wording have been added (Administration, Policy and Best Practice) to enable uniformity with the Durham Dales, Easington and Sedgefield CCG Audit and Assurance Committee Terms of Reference. The membership has been amended to remove the GP Clinical Lead representative and replace it with the Clinical Chair being in attendance to provide clinical input.
V5 (updated)	March 2018	Amanda Coates	Following discussion at the Audit and Assurance Committee held on 8 February 2018. It was agreed that the terms of reference would be harmonised with those of the Audit and Assurance Committee of Durham Dales, Easington and Sedgefield CCG.
V6	July 2018	Amanda Million	The reference to the committee being able to meet as a joint committee has been removed on advice of NHS England