



# Newcastle Gateshead Clinical Commissioning Group

## **NHS Newcastle Gateshead Clinical Commissioning Group**

### **Executive Committee**

### **Terms of Reference**

#### **1. Introduction**

The Executive Committee of the Clinical Commissioning Group is established as a sub-committee of the Governing Body, in accordance with the clinical commissioning group's (CCG) constitution, standing orders and scheme of delegation.

These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the committee and shall have effect as if incorporated into the group's constitution and standing orders.

#### **2. Principal Function**

The committee is established to support the clinical commissioning group, its governing body and the chief officer in the discharge of their functions. It will assist the governing body in its duties to promote a comprehensive health service, reduce inequalities and promote innovation. Its remit includes development and implementation of strategy, monitoring and delivery of statutory duties, operational, financial, contractual and clinical performance. It is responsible for ensuring effective clinical engagement and promoting the involvement of all member practices in the work of the CCG in securing improvements in commissioning of care and services.

The executive committee will work closely with, and provide support to, the commissioning forum in order to ensure that practices are informed appropriately of commissioning decisions, and are engaged in the commissioning process. The clinical representation will be sought from the two units of planning with appropriate balance across the CCG.

#### **3. Membership**

The membership of the committee will consist of:

- i). CCG Chair
- ii). CCG Assistant clinical chair
- iii). Medical Director
- iv). Chief Officer
- v). Chief Finance and Operating Officer
- vi). Executive Director of Nursing, Patient Safety and Quality
- vii). Director of Strategy and Integration
- viii). Director of Operations and Delivery
- ix). Two Clinical Directors
- x). Secondary Care Doctor
- xi). Director of Quality Development

#### **4. Chair**

The committee will be chaired by the Assistant Clinical Chair (the Chair). If the Chair is absent from the meeting, the Clinical Chair shall preside.

If the Chair and Clinical Chair are absent temporarily on the grounds of a declared conflict of interest the Chief Officer (or Chief Finance and Operating Officer) shall preside for those items.

The Chair has the responsibility to ensure that the Committee obtains appropriate advice in the exercise of its functions. Officers, employees, and practice representatives of the CCGs and other appropriate individuals may be invited to attend all or part of meetings of the committee to provide advice or support particular discussion from time to time.

#### **4. Secretarial support**

Secretarial support to the committee will be provided by the CCG office.

#### **5. Frequency of meetings**

Meetings of the Executive Committee will normally be at monthly, and not less than 8 times per financial year. There will be no more than 6 weeks between meetings.

Members will be expected to attend each meeting.

In exceptional circumstances and where agreed in advance by the chair, members of the committee or others invited to attend may participate in meetings by telephone, by the use of video conferencing facilities and/or webcam where such facilities are available. Participation in a meeting in any of these manners shall be deemed to constitute presence in person at the meeting.

## **6. Agendas and papers**

The agenda for meetings of the committee will be set by the chair.

The agenda and papers for meetings of the committee will be distributed 3 working days in advance of the meeting. Items for the agenda should be notified to the chair 5 working days in advance of each meeting. Any agenda items received after the specified deadline will not be included unless specifically directed by the chair of the meeting.

The setting of agendas for, and minutes of, each meeting should identify where discussion should rightly be recorded as being of a confidential or commercially sensitive nature.

## **7. Quoracy and Decision Making**

One half of members are needed for the meeting to be quorate, and,

- At least the Chief Officer or the Chief Finance and Operating Officer must be present.
- At least two primary care clinicians.

Generally it is expected that decisions will be reached by consensus. Should this not be possible then a vote of members will be required. In the case of an equal vote, the person presiding (i.e. the Chair of the meeting) will have a second, and casting vote.

Where a conflict of interest exists for GP members present at the meeting and they are unable to take part in decision making, the quorum for transaction of that business will be a minimum of at least either the Accountable Officer or Chief Finance and Operating Officer and at least three other members of the Executive (one of which must be a clinician – either doctor or nurse).

## **8. Remit and responsibilities of the Executive Committee**

The Executive Committee will be responsible for the following core functions:

Supporting the member practices and Governing Body to determine the strategic direction of the CCG

Preparation and publication of CCG strategies and operational plans

Maintaining and developing effective contractual arrangements

Ensuring the effective management of finance, performance and quality, providing assurances and escalating issues as required

Ensuring effective relationships with member practices

Ensuring effective relationships with stakeholders across the health and social care economy

Oversight of the effective implementation of corporate strategy including:

- Service reform/transformation
- OD including leadership/staff development
- Informatics and IT

Supporting the Governing Body in ensuring there is a sound system of governance in the CCG

These core functions will be addressed through specific strategy and planning, and delivery processes:

### 8.1 Strategy and Planning

- i). Preparing and recommending the strategy and annual commissioning plan prior to approval by the member practices and the management of its delivery by the governing body.
- ii). Formulating and implementing service change and development arising out of the strategy.
- iii). Preparing and recommending to the governing body the Organisational Development Plan and enabling strategies including the Communications and Engagement Strategy, and overseeing their delivery.
- iv). Developing CCG input to the Joint Health and Wellbeing Strategy (Gateshead) and the Newcastle Future Needs Assessment (Newcastle), with a view to reducing inequalities in health.
- v). Establishing links and working arrangements with other CCGs, Provider Trusts, the Local Authority, other health care partners, the Area Team of NHS England and the clinical senate that would support the integration of both health services with other health services and health services with health-related and social care services where the group considers that this would improve the quality of services or reduce inequalities.
- vi). Ensuring that the views of patients and the public are properly reflected in the development and implementation of CCG policies and plans.

### 8.2 Delivery

- i). Delivering target outcomes and outputs set by the Secretary of State, NHS England, NICE, CQC and other national/regional authorised bodies and providing assurance to the governing body in this respect.
- ii). Ensuring the co-ordination and monitoring of the Group's clinical work programme, in delivery of the Group's annual commissioning plan.

- iii). Receiving reports on quality and patient safety and managing any associated clinical risks with appropriate mitigating action.
- iv). Managing the performance of the CCG against its financial and non-financial targets including QIPP.
- v). Ensuring the control, co-ordination and monitoring within the organisation of risk and internal controls, reviewing the corporate risk register regularly.
- vi). Approving business cases and procurement contract awards in line with the CCG's financial scheme of delegation and approved budgets.
- vii). Leading the delivery of the CCG's educational programme.
- viii). Preparing the CCG's annual report for the audit committee to consider and approve and recommend to the governing body.
- ix). Approving the CCG's operational policies and procedures.
- x). Supporting the development of the business cycle of the CCG's governing body and agenda setting for formal and informal meetings of the governing body.

## **9. Reporting arrangements**

The governing body will hold the Executive Committee to account for the delivery of its remit and responsibilities on behalf of the CCG through exercise of the functions delegated to it, including those functions delegated by the governing body to its sub-committees.

## **10. Policy and best practice**

The committee will apply best practice in its decision making, and in particular it will:

- comply with current disclosure requirements for remuneration;
- ensure that decisions are based on clear and transparent criteria

The committee will have full authority to commission any reports or surveys it deems necessary to help it fulfil its obligations.

The committee will establish such sub-groups to assist with the delivery of its delegated responsibilities and progress its work as it sees fit.

## **11. Conduct of the Executive 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 Interest which incorporates the Nolan Principles.

## **12. Date of Review**

The committee will review its performance, membership and these Terms of Reference at least once per financial year. It will make recommendations for any resulting changes to these Terms of Reference to the group for approval.

No changes to these Terms of Reference will be effective unless and until they are agreed by the CCG.

Approval Date: July 2018

Review Date: July 2019