

# **NHS FRIMLEY**

## **CLINICAL COMMISSIONING GROUP**

### **Governance HandbookV1**

#### **Version Control**

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## **1. Purpose of the Governance Handbook**

- 1.1 This handbook sets out the NHS Frimley Clinical Commissioning Group (CCG) governance arrangements that implement the CCG's Constitution.
- 1.2 If there is any ambiguity between the Constitution and this Governance Handbook, the interpretation in the Constitution must be applied.
- 1.3 The handbook will be updated on an annual basis. Where there are any changes to Sections, which are referenced in the Constitution, an application will be made for approval to NHS England.
- 1.4 This Governance Handbook will be published on the CCG's public website [www.frimleyccg.nhs.uk](http://www.frimleyccg.nhs.uk) on the same page as the CCG's Constitution.

## **2. Overview of Clinical Commissioning Groups**

- 2.1 A Clinical Commissioning Group (CCG) is an NHS organisation and represents all local GP practices and its geographical patient population as set out in its Constitution. CCGs are responsible for planning, designing and commissioning health services for its local population, working with system partners across a range of sectors (social care, voluntary, community) to improve people's health, quality of life & wellbeing and reduce inequalities.
- 2.2 It is a member organisation made up of a group of GP Practices. Each practice that has a Primary Care Contract with the NHS in the CCG geographical area is a Member of the CCG.
- 2.3 The CCG can grant authority to the following to act on its behalf:
  - any of its Members;
  - a committee or sub-committee of its Members;
  - its Governing Body;
  - employees;
  - other public bodies, designated groups, and representatives.
- 2.4 The Constitution sets out the arrangements as to how the CCG meets its responsibilities for commissioning health services. It describes the governing principles, rules and procedures that the CCG will establish to ensure probity and accountability in the day-to-day running of the CCG. It ensures that decisions are taken in an open and transparent way and that the interests of the population remain central to all decision making.

### **3. Overview of the Integrated Care System**

- 3.1 The CCG is part of the Frimley Health and Care Integrated Care System. Representatives from health, local authority and community organisations sit on a partnership board to make decisions about shared priorities, how funding is used, and what it can do to make the biggest difference to local people. It also works very closely with local Healthwatch and voluntary sector organisations. You can find out more about the ICS here <https://www.frimleyhealthandcare.org.uk>

### **4. Description of the Governing Body**

- 4.1 The Governing Body has the overall function and duty of establishing and maintaining the strategic direction of the CCG (within the overall strategy set by NHS England, local Health and Wellbeing Board strategies and align with ICS ambitions). It agrees a forward plan with clear objectives to help deliver the organisation's purpose. It is accountable for governing the organisation and holds the executive and the CCG Membership to account for the delivery of the strategy. It must be risk- aware and receive assurance about progress against aims and targets.
- 4.2 The Governing Body provides leadership in developing a healthy culture for the organisation and ensuring this is modelled in Governing Body behaviours and decision-making. It ensures decisions are made in the best interest of patients and the public. It receives, and satisfies itself on the integrity of accurate, timely and clear financial, risk, performance and quality intelligence.
- 4.3 The CCG functions include
- a) ensuring that the CCG has appropriate arrangements in place to exercise its functions effectively, efficiently and economically and in accordance with the CCG's principles of good governance;
  - b) commissioning certain health services (where NHS England is not under a duty to do so) that meet the reasonable needs of all people registered with Member GP practices, and people who are usually resident with in the area and are not registered with a Member of any CCG;
  - c) commissioning emergency care of anyone present in the CCG's area;
  - d) paying its employees' remuneration, fees and allowances in accordance with the determinations made by its Governing Body and determining any other terms and conditions of service of the CCG's employees;
  - e) determining remuneration and travelling or other allowances of Members of its Governing Body and of other persons providing services to it;
  - f) approving any functions of the CCG that are specified in current regulations;
  - g) functions as delegated by the Membership to the Governing Body as set out in the CCG Constitution and through the Scheme of Reservation and Delegation, Standing Orders and Financial Standing Instructions;

- h) the appointment of Committees of the Governing Body;
  - i) exercising any other functions of the CCG that are not otherwise reserved to the Membership or delegated to another committee or individual.
- 4.4 The Committee structure (operating model) is designed to support the CCG in fulfilling these core functions in the context of system partnership working. The design specifically aims to minimise duplication or overlap and does not cover work that should be undertaken at executive level.
- 4.5 In addition, Committees / Working Group functions can be discharged by senior officers as outlined in both the Scheme of Reservation and Delegation and the Delegation of Financial Limits to support partnership working at a local level.

## **5. Description of Council of Members**

- 5.1 The Council of Members is made up of all Member Practice Representatives. It meets at least annually to make decisions that are reserved to the Membership and to receive reports from the Executive.
- 5.2 This is not the only GP forum for the Membership. Each of the five places – Bracknell Forest, North East Hampshire & Farnham, Royal Borough of Windsor & Maidenhead, Slough and Surrey Heath meet more regularly with member practices to conduct business at a local level and ensure regular contact and conversation regarding place based priorities.
- 5.3 In the Scheme of Reservation & Delegation (SoRD), the membership reserves a number of matters to itself. These matters cannot be delegated for decision either to the Governing Body, its Committees or the Executive team. The Executive team may make recommendations for Membership decision on these matters. The range of statutory duties reserved to the Membership includes the following:
- Determine the arrangements by which the Members of the group approve those decisions that are reserved for the Membership;
  - Consider and approve applications to NHS England on any significant matters concerning changes to the CCG Constitution; and
  - Appoint GP Clinical Representatives on to the CCG's Governing Body.
- 5.4 Members also work with the CCG to enhance the health and wellbeing of the local population, and support the CCG to fulfil its statutory duties. Member practices are invited to:
- Discuss the strategic direction of commissioning across both health and care for the local population;
  - Review performance in the delivery of the CCG's functions;
  - Approve or disapprove amendments to the Constitution where required;
  - Elect Place Based Clinical Leaders;

- Remove, by passing a removal resolution, the Place Based Clinical Leaders which sit on the Governing Body when the continuation in office is not in the interest of the body or public (as described in the Standing Orders section 5.3); and
- Participate in the development of the CCG's Corporate Governance documents, including the CCG Handbook.

## **6. Membership Matters**

### **6.1 Eligibility**

6.1.1 Providers of primary medical services to a registered list of patients during core hours under a General Medical Services, Personal Medical Services or Alternative Provider Medical Services contract that meet the requirements of the Regulations, will be eligible to apply for membership of this CCG.

### **6.2 Application for membership**

6.2.1 No practice may become a Member of the CCG unless that practice:

- a) is eligible to become a Member;
- b) has confirmed acceptance of the Constitution; and
- c) following approval of its application by the NHS England, has been entered into the Register of Members.

6.2.2 Any dispute between a practice and the CCG in respect of eligibility for membership of the CCG will be referred to the NHS England for determination.

### **6.3 Cessation of Membership**

6.3.1 A Member ceases to be a Member if they are no longer eligible for membership through non-compliance with the eligibility criteria.

6.3.2 The CCG will notify NHS England in the event that it becomes aware that any Member no longer meets the eligibility requirements or is proposing to merge with another Member or a member of another Clinical Commissioning Group and shall propose any such amendments to this Constitution to reflect the circumstances.

6.3.3 Membership of the CCG is not transferable and any proposed changes to the membership (including those arising from a merger of Members) shall be subject to the approval of the NHS England.

### **6.4 Local Medical Committee**

6.4.1 Frimley CCG recognises Local Medical Committees (LMCs) as the statutory representative body for NHS GPs and key partners on matters affecting the member practices. The CCG works closely with the LMCs across a wide range of activities, groups and committees, and consult with them on any specific issues affecting the interests of GPs.

## 7. Application of the Standing Orders

7.1 The CCG Constitution contains an Appendix “Standing Orders”. This appendix sets out:

- the statutory framework and status upon which the CCG carries out its business;
- composition of the Membership,
- key roles and appointment process;
- calling meetings of the CCG and how these are managed through clear internal control processes;
- appointments of Committees and Sub committees;
- the duty to report non-compliance with Standing Orders and Standing Financial Instructions;
- use of seal and authorisation documents.

These Standing Orders are detailed in an Appendix of the Constitution. The constitution can be found here: [www.frimleyccg.nhs.uk](http://www.frimleyccg.nhs.uk)

### 7.2 Governing Body and Committee Member Roles

7.2.1 The Governing Body is made up of clinical, lay or independent members and executive directors. This includes GP representatives from each place.

- Guidance on all the roles of members of the Governing Body is set out in national guidance: Clinical commissioning groups Governing Body Members: Role outlines, attributes and skills, NHS England, April 2012

In summary, each member of the Governing Body, whether appointed or elected, should share responsibility as part of a team to ensure that the CCG exercises its functions effectively, efficiently and economically, with good governance and in accordance with the terms of the CCG’s Constitution. Each member brings their unique perspective, informed by their expertise and experience. In the CCG this is interpreted as, but not limited to;

- Working in partnership with Local Authorities, ICS partners and local communities to reduce health and social inequalities and to promote greater integration of health and social care;
- Demonstrating commitment to continuously improving outcomes, tackling health inequalities and delivering the best value for money for the taxpayer, in line with the CCG’s vision and values;
- Demonstrating commitment to clinical commissioning and to the wider interests of the health services;
- Having a commitment to ensuring that the Governing Body is effective, including the ability to providing purposeful, constructive scrutiny and challenge;

- Bringing a sound understanding of the NHS principles and values as set out in the NHS Constitution;
- Demonstrating a commitment to upholding the Nolan principles and values as set out in the NHS Constitution;
- Demonstrating a commitment to upholding the Nolan principles of public life along with an ability to reflect them in his/her leadership role and the culture of the CCG;
- Demonstrating a commitment to ensuring that the organisation values diversity and promotes equality in all aspects of its business.

**A. Chair of the Governing Body**, is responsible for:

- leading the Governing Body, ensuring it remains continuously able to discharge its duties and responsibilities as set out in the CCG Constitution;
- developing the Governing Body, agreeing individual objectives of all Members of the Governing Body and monitoring progress;
- ensuring that the group has proper Constitutional and governance arrangements in place and that high standards of governance and probity prevail across all aspects of the CCG's work;
- ensuring that, through the appropriate support, information and evidence, the CCG Governing Body is able to discharge its duties;
- securing the services of an effective management team to support the work of the CCG;
- supporting the Accountable Officer in discharging the responsibilities of the organisation;
- contributing to building and enacting a shared vision of the aims, values and culture of the organisation;
- leading and influencing to achieve clinical and organisational change to enable the group to deliver its commissioning responsibilities;
- overseeing governance and particularly ensuring that the Governing Body and the wider group behaves with the utmost transparency and responsiveness at all times;
- ensuring that public and patients' views are heard and their expectations understood and, where appropriate as far as possible met;
- Ensuring that the organisation is able to account to its local patients, stakeholders and its regulators;
- Managing and sustaining relationships and partnerships needed for effective delivery of the CCG's aims.

**B. GP Clinical Representatives:** The Governing Body has five positions for GP Clinical Representatives, who will represent the opinions of the clinical membership. In addition to the general duties as members of the Governing Body, the GP Clinical Representatives will:

- represent the views and opinions of Member practices, promoting effective communication between the Membership and the Governing Body;
- actively seek the views of Members and their patients to better inform and shape the clinical commissioning strategy and account for delivery;
- demonstrate commitment to continuously improving outcomes, tackling health inequalities and delivering the best value for money for the taxpayer;
- consider social care principles and promote health and social care integration where this is in the patients' best interest;
- work with local partners to develop local Health and Wellbeing strategy and use clinical leadership to deliver those local priorities which address health inequalities;
- be committed to ensuring that the CCG remains "in tune" with the member practices and local communities;
- be committed to ensuring that Place values diversity and promotes equality and inclusivity in all aspects of its business; and
- support the development of PCNs at Place.

**C. Lay Members:** The Governing Body has five independent Lay Members. Lay Members may have role specific responsibilities in addition to their general role as members of the Governing Body. Their focus will be strategic and impartial, providing an external view of the work of the CCG that is removed from the day-to-day running of the organisation. Each Lay Member also represents the CCG as a partner in each of the five places along with a GP Clinical Representative and the Managing Director.

Lay Members maintain positive and constructive relationships with a broad range of internal and external stakeholders, working with various types of organisations and staff. Specifically, they work closely with the Local Authority (ies) at place and other ICS partners.

They participate in relevant internal and external working groups, projects, committees and stakeholder events and initiatives to provide an independent perspective, governance oversight, amplify the voice of the patient and public in support of the CCG's executive team. This will include local place based engagement initiatives ie meeting with local communities and residents as necessary.

**There are** specific Lay Member roles that have key responsibilities, as follows:

- **Lay Member (Audit).** This role will oversee key elements of governance and probity including audit, remuneration and managing conflicts of interest. The latter being the "Conflict of Interest Guardian", a key role in supporting the rigorous application of conflict of interest principles and policies as set out in the

NHS England's statutory guidance "*Managing Conflicts of Interest: Revised Statutory Guidance for CCGs (June 2017)*". They will chair the CCG's Audit Committee. This person will have a lead role in ensuring that the Governing Body and the wider CCG acts with the utmost probity at all times including a specific role in ensuring that appropriate and effective whistleblowing and anti-fraud systems are in place. The National Health Service (Clinical Commissioning Groups) Regulations 2012 require that the appointed individual must have qualifications, expertise or experience such as to enable the person to express informed views about financial management and audit matters. As Chair of the Audit Committee, this Lay Member would be precluded from being the Chair of the Governing Body – although they could be the Deputy Chair if there are only two other appointed Lay Members. This Lay Member is also precluded from being the Chair or Deputy Chair of both the Remuneration Committee and Primary Care Commissioning Committee.

- **Lay Member (Patient and Public Engagement).** This person will help to ensure that, in all aspects of the CCG's business, the public voice of the local population is heard and that opportunities are created and protected for patient and public empowerment in the work of the CCG. In particular, they will ensure that:
  - public and patients' views are heard, and their expectations understood and met, as appropriate;
  - the CCG builds and maintains an effective relationship with local Healthwatch organisations and draws on existing patient and public engagement and involvement expertise; and
  - the CCG has appropriate arrangements in place to secure public and patient involvement and responds in an effective and timely way to feedback and recommendations from patients, carers and the public.

It is not intended that this role should have executive oversight of patient and public engagement. Rather, the individual ensures through the appropriate governance processes that this function is being discharged effectively. The National Health Service (Clinical Commissioning Groups) Regulations 2012 require that the appointed individual must have knowledge of the area specified in the CCG's Constitution such as to enable them to express informed views about the discharge of the CCG's functions.

- **Lay Member for Primary Care**

The Lay Member for Primary Care Commissioning will share responsibility as part of the team to ensure that the CCG exercises its functions effectively, efficiently, economically, with good governance and in accordance with the terms of each CCG constitution as agreed by its members.

This person is appointed to be chair of the Primary Care Commissioning Committee and have responsibility for ensuring appropriate arrangements are in place to ensure:

- the CCG co-commissions the highest quality primary medical services, with a view to securing the best possible outcomes for their patients within their resource allocation and maintaining a consistent focus on quality, integration and innovation;
- decisions are taken with regard to securing the best use of public money;
- proposals are developed with the involvement of all relevant stakeholders, including patients, the public and member practices; and
- good governance remains central at all times, including the appropriate management of conflicts of interest.

**D. Independent Member.** Independent Members share responsibility as part of the team to ensure that the CCG exercises its functions effectively, efficiently, economically, with good governance and in accordance with the terms of the CCG's constitution as agreed by its members. They will be aligned to a place to help to ensure the delivery of local priorities. An independent member will:

- Demonstrate how they are able to bring an independent perspective to the Governing Body whilst having an interest in the CCG area;
- Not be a partner, shareholder or employee of a Member practice or have any other contractual relationship with a Member Practice;
- Not be a healthcare professional who is employed or who has a contract to deliver services within the CCG area;
- Not be an individual who, by arrangement with the CCG, provides it with any service or facility in order to support the CCG in discharging its commissioning functions, or an employee or member (including shareholder) of, or a partner in, a body which does so (this does not include services commissioned by the CCG in the exercise of its commissioning functions ie arranging for the provision of services as part of the health service.)

**E. Secondary Care Doctor.** The Secondary Care Doctor brings to the Governing Body a broader view on health and care issues to underpin the work of the CCG. In particular, they will bring to the Governing Body an understanding of patient care in the secondary care setting and provide an understanding of how secondary care providers work within the health system to bring appropriate insight to the discussions regarding service re-design, clinical pathways and system reform. This Member is precluded from being the Chair of the Primary Care Commissioning Committee.

**F. The Accountable Officer.** The Accountable Officer is the CCG's statutory Accountable Officer/Chief Executive, who is accountable to both the Governing Body and to NHS England. Their role is:

- to take responsibility for ensuring that the CCG fulfils its duties to exercise its functions effectively, efficiently, and economically, thus ensuring improvement in the quality of services and the health of the local population whilst maintaining value for money;
- to ensure that, at all times, requirements with regard to regularity and propriety of expenditure is discharged, and that arrangements are put in place to ensure that

good practice (as identified through such agencies as the Public Sector Audit Appointments Ltd, National Audit Office, Financial Reporting Council, the Cabinet Office and the National Audit Office) is embodied and that safeguarding of funds is ensured through effective financial and management systems.

- to work closely with the Chair of the Governing Body, to ensure that proper constitutional, governance and development arrangements are put in place to assure the members (through Governing Body) of the organisation's on-going capability and capacity to meet its duties and responsibilities. This will include arrangements for the on-going developments of its members and staff.

**G. The Chief Finance Officer.** This role is fulfilled by the Director of Finance who is a member of the Governing Body and is responsible for providing financial advice to the CCG and for supervising financial control and accounting systems. Their role is:

- to provide professional expertise with regard to finance to the Governing Body and ensuring, through robust systems and processes, the regularity and propriety of expenditure is fully discharged.
- making appropriate arrangements to support and monitor the CCG's finances
- overseeing robust audit and governance arrangements leading to propriety in the use of the CCG's resources
- advising the Governing Body on the effective, efficient and economic use of the CCG's allocation to remain within that allocation and deliver required financial targets and duties;
- producing the financial statements for audit and publication in accordance with the statutory requirements to demonstrate effective stewardship of public money and accountability to NHS England.

**H. Registered Nurse (Executive Director of Quality and Nursing).** The Registered Nurse is an appointed Member of the Governing Body, responsible for leading on all issues relating to safeguarding, quality and patient safety and has the responsibility to:

- work with clinical colleagues in the wider health and social care economy to develop quality standards for commissioning of services which are informed by the views of current and future service users, evidence-based research and value for money;
- provide professional leadership and clinical support to the CCG, including the practice nurse workforce, engaging them and acting as a conduit to the Governing Body to ensure that the voice of nurses is heard and acted on by the CCG;
- assure the Governing Body that integrated governance arrangements are robust and that services are commissioned to provide high quality responsible and efficient services for patients and communities, improving the outcomes of individuals;
- hold Governing Body level accountability for the Infection Prevention and Control

role, responsible and accountable to the Governing Body, for all matters relating to Healthcare Associated Infection Prevention and Control as a commissioner.

7.2.2 Other people may attend the Governing Body meetings in order to assist it in its decision-making and in its discharge of its functions. Additional attendees may include:

- (a) Other CCG employees such as Managing Directors, Medical Director, Executive Director of Development and Improvement;
- (b) Integrated Care System Lead;
- (c) Local Authority representatives; and
- (d) Public Health representatives.

### 7.3 CCG Governing Body Appointment Process

7.3.1 The Standing Orders sets out the terms for the appointment to all positions on Governing Body. This Governance Handbook sets out the detailed appointment process for the election / selection and recruitment of the Governing Body members.

7.3.2 NHS England has approved the CCG's Constitution including the Standing Orders. This appointment process description sets out the application of the Standing Orders and does not amend them in any way.

7.3.3 The members of the Governing Body are key appointments for the CCG. These are high profile positions and require outstanding individuals. The ideal candidates will be able to demonstrate that they are recognised and respected by their peers. All members should be able to demonstrate the leadership skills necessary to fulfil the responsibilities of these key roles and be able to establish credibility with all stakeholders and partners. Especially important is that the Governing Body remains in tune with its member practices and secures their confidence and engagement.

7.3.4 Individual members of the Governing Body will bring different perspectives, drawn from their different professions, roles, background and experience. These differing insights into the range of challenges and opportunities facing the CCG will, together, ensure that the CCG takes a balanced view across the whole of its business.

### 7.4 Appointment and selection processes

7.4.1 This Governance Handbook provides an overview of the appointment process to Governing Body positions. It is important that the Standing Orders provide the primary guidance on Board appointments and the Governance Handbook provides a summary so as to avoid confusion and.

7.4.2 **PRIOR** to elections or appointments, all candidates for the Governing Body must complete two self-declarations forms:

- Declaration of Interests
- Declaration of Eligibility

The Constitution prevents some individuals from being members of the Governing Body. These forms ensure that each candidate is eligible for Membership.

7.4.3 The CCG has a set of Governing Body Member Role Descriptions that cover all Governing Body positions. These role descriptions bring together a number of elements:

- The requirements of the legislative framework;
- The Governing Body Member Role outline found in the “Clinical Commissioning Group Governing Body members: role outlines, attributes and skills” booklet published by NHS England;
- The generic and specific description of the role set out in the CCG Constitution.
- A set of specific attributes and competencies that candidates are expected to demonstrate in order to fulfil the role.

7.4.4 The CCG adheres to NHS England guidance on recruitment to senior positions, including Accountable Officer.

7.4.5 The CCG pays due regard to equality and the benefits of diversity in the appointments process.

7.4.6 The Human Resources department administers all appointments and retains the master copy of all documents associated with the appointment.

## 8. CCG Committee Structure

8.1 The CCG Operating Model is designed to allow staff, Governing Body members and the GP Membership to comply with statutory duties whilst at the same time collaborating with health & care partner organisations across a number of different footprints – from neighbourhoods, place, ICS and wider geographies to commission health and care services at the most appropriate level.

8.2 The Committee Structure is shown in the diagram below with descriptions in the table overleaf.

### 8.3 Committee Roles

Committee/ Board	Function/ Role
<b>Council of Members</b>	The Council of Members is made up of all Member Practice Representatives. It meets at least annually to make decisions that are reserved to the Membership and to receive reports from the Executive.
<b>Governing Body</b>	The Governing Body is made up of a mix of professionals who receive delegated responsibility from the Council of Members and govern the decision-making of the executive.

<b>Place Based Committees</b>	There are five Place Based Committees, which are accountable to the Governing Body. These Committees include in their membership the Place Based Clinical Leader, a Lay Member or an Independent Member and the Place Based Executive Managing Director.
<b>Audit Committee (Statutory)</b>	This Committee is accountable to the Governing Body and provides the Governing Body with an independent and objective view of the CCG's compliance with its statutory responsibilities. The Committee is responsible for arranging appropriate internal and external audit. The Audit Committee is chaired by the Lay Member (Audit) who has qualifications, expertise or experience to enable them to lead on finance and audit matters. Members of the Audit Committee may include people who are not Governing Body Members.
<b>Committee/ Board</b>	<b>Function/ Role</b>
<b>Remuneration Committee (Statutory)</b>	This Committee is accountable to the Governing Body and makes recommendations to the Governing Body about the remuneration, fees and other allowances (including pension schemes) for employees and other individuals who provide services to the CCG. The Remuneration Committee will be chaired by a Lay Member other than the Audit Committee Chair.
<b>Primary Care Commissioning Committee (inc NHSE Delegation)</b>	<p>This committee is accountable to the Governing Body and reports to NHS England. It makes decisions regarding:</p> <ul style="list-style-type: none"> <li>• commissioning of primary care services using the CCG allocation;</li> <li>• commissioning of primary care services using the NHSE delegated budget.</li> </ul> <p>This committee is required by the terms of the delegation from NHS England in relation to the delegated primary care commissioning functions.</p> <p>Membership of the Committee is determined in accordance with the requirements of <i>Managing Conflicts of Interest: Revised statutory Guidance for CCGs 2017</i>. This includes the requirement for a Lay Member Chair and a Lay Member Deputy Chair.</p>
<b>Quality, Performance and Finance Committee</b>	The Governing Body has established a Quality, Performance and Finance Committee to provide assurance all areas of quality and safety, in particular that the performance of all services, including any place-based models of care commissioning by the CCG meet the needs of the population and are safe, effective and provided in accordance with CCG strategy and local and national standards. The Committee is accountable to Governing Body for the delegated CCG Statutory Duties.

8.4 This CCG Governance Handbook focuses on CCG Governance and readers are directed to the ICS documentation to fully understand the governance arrangements for the ICS <https://www.frimleyhealthandcare.org.uk/>

## 9. Committee Terms of Reference

9.1 The formal governance committees of the CCG are grouped into three classes as required by NHS England. Their Terms of Reference are set out in different places within the Constitution and Governance Handbook.

- **Class 1: Council of Members and Governing Body** – The Terms of Reference are recorded within the Standing Orders of the Constitution.
- **Class 2: Audit, Remuneration, Primary Care Commissioning** – The Terms of Reference are recorded as appendices in the Constitution.

Class 1 and Class 2 Terms of Reference are subject to approval by NHS England. This can result in an updated version being approved by the Membership or Governing Body but awaiting approval by NHS England. Since the delay can be up to 9 months, the Governing Body may choose to apply the updated version prematurely.

- **Class 3:** Place based Committees; and the Quality, Performance and Finance Committee are recorded in this section of the CCG Governance Handbook. As shown overleaf:

## **9.2. PLACE BASED COMMITTEES (STANDARD) TERMS OF REFERENCE**

These terms of reference provide a framework for each place with some variation. Core aims and principles remain the same.

### **1. INTRODUCTION**

The Place Committee (the Committee) is authorised by the Frimley CCG to ensure that effective arrangements are in place to work with staff, members and local partners to improve the health of, and the quality of healthcare for, the local population; the delivery of the quality, operational and financial performance of the place; and the design of services in the place to meet the needs of people, families and communities.

The Committee is established in accordance with NHS Frimley CCGs constitution, standing orders and scheme of delegation. These terms of reference set out the membership, remit and responsibilities and reporting arrangements of the committee. The Committee will work to the remit of the current scheme of delegation until such time as a new scheme of delegation is agreed by the Governing Body.

### **2. DELEGATED AUTHORITY**

The Committee acts under the delegated authority of Frimley CCG.

### **3. PURPOSE**

The purpose of the Committee is to:

- Reduce health inequalities, and improve health outcomes for the local population;
- Work with partners including primary care networks, community providers and local authority colleagues to develop integrated models of care, providing leadership and direction where required;
- Actively engage with the local population, community groups, and their representatives in ensuring that the voice of local people is heard and informs place-based decision making;
- Seek opportunities to jointly commission services with the local authority taking collective action to prevent ill health, reduce inequalities and create healthier communities;
- Shape and influence the design and development of the local partnership strategies, including the Health and Wellbeing Strategy and ICS strategy and priorities on behalf of the local population;
- Ensure the implementation of place-based and CCG/ICS plans and strategies;
- Effectively manage local resources, and ensure best value when making commissioning decisions on behalf of local people.

### **4. REMIT AND RESPONSIBILITIES**

The main responsibilities of the Committee will be to:

- Develop an agreed and detailed understanding of the needs of the local population, and the priorities for health within this, ensuring system plans reflect local needs
- Oversee the preparation and implementation of a local delivery plan to ensure delivery of system plans, tailored to meet local needs, that deliver operational, quality and financial performance standards;
- Fulfil the assurance function in relation to quality, operational and financial

performance for those areas it has control/remit/influence over;

- Understand performance, finance and quality, taking proactive action to prevent deterioration, and taking action to restore performance, financial control and quality should it fall below acceptable levels;
- Allocate resources in line with the agreed budgetary plan as delegated by the Governing Body.

Principal duties include:

#### **Quality Improvement and Assurance**

- Provide assurance that the anticipated health outcomes are being delivered at place, and escalate any specific issues to the Governing Body or Quality, Finance and Performance Committee as required;
- Oversee and be assured regarding effective management of risk to manage and address clinical governance issues.

#### **Finance, Contract Monitoring and Performance**

- To ensure that the financial allocation is optimised and offers value for money (i.e. being used effectively, efficiently and economically);
- Maintain an overview of all relevant place-based KPIs and quality standards;
- Monitor the delivery of agreed improvement programmes.

### **5. MEMBERSHIP AND PROBITY**

#### **Voting Members:**

- Clinical Lead
- Lay Member
- Managing Director
- Council Representative
- Public Health representative
- Nominated Finance lead
- Nominated Quality lead
- Nominated Operations lead

#### **Non-voting members**

- Primary Care Network Clinical Directors (GP provider representatives)
- Patient Participation Group Lay Member
- Provider representatives

Other representatives may be invited by the Chair to attend the meetings on an ad hoc basis.

If the meeting is not quorate, the Chair will circulate the proposed decision or action and seek email confirmation from the members who were not present at the meeting.

The Committee shall identify a person to act as secretary to the Committee, who will attend to take minutes of the meeting and provide appropriate support to the chair and Committee members.

#### **Conflicts of Interest**

The committee will make arrangements to manage conflicts and potential conflicts of interest to ensure that decisions made will be taken and seen to be taken, without any possibility of the influence of external or private interest.

All individuals attending a meeting, whether as a member or in attendance, must declare any potential conflicts of interest. It will be for the chair of the meeting to decide how potential conflicts of interest are managed, including asking the individual to withdraw from the meeting in some cases where issues are discussed or decisions taken.

## **6. FREQUENCY AND QUORACY**

Meetings shall be held at least 10 times per year with extraordinary meetings called by the Chair, if required.

The Committee will be considered quorate when: There are 2 executive place based voting members.

It is anticipated and expected that all decisions would be made by consensus, but should this not be possible in exceptional circumstances or such that a vote is required, all of the members of the Committee identified above shall be allowed to vote. This does not include supporting members. In the event of a tied vote, the Chair shall have a second and casting vote.

## **7. ACCOUNTABILITY AND DEPENDENCIES**

Each Place Committee is accountable to the Governing Body.

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

## **8. MONITORING EFFECTIVENESS**

The Committee will review its own performance, membership and terms of reference annually.

The Committee will submit a regular report to the Governing Body against its agreed work plan, and making proposals for any changes.

## **9.3. QUALITY PERFORMANCE AND FINANCE COMMITTEE TERMS OF REFERENCE**

### **1. PURPOSE**

- 1.1. The Quality Performance and Finance (QPF) is a committee of the Frimley CCG Governing Body and its aim is to ensure that (i) effective, Integrated arrangements are established for monitoring, assurance and continuous improvement of quality, performance and finance of the CCG, and (ii) there is consistent delivery of services in each of the five Places (Surrey Heath; North East Hampshire and Farnham; Slough; Bracknell Forest and Windsor, Maidenhead and Ascot) designed to meet the needs of individuals/patients and in line with the priorities agreed by the Governing Body to reduce health inequalities for its population
- 1.1. The committee is established in accordance with Frimley CCG ways of working supported by the Scheme of reservation and Delegation and the Standing Financial Instructions (SFIs). The terms of reference set out the membership, remit and responsibilities and reporting arrangements of the committee.

### **2. REMIT AND DELEGATED RESPONSIBILITIES**

- 2.1. The main responsibilities of the committee will be to:
  - 2.1.1. Oversee the preparation and implementation of a delivery plan that encompasses the elements of place-based plans that are required a system level, that deliver quality and finance standards for the CCG.
  - 2.1.2. Fulfil the assurance function in relation to quality, performance, and finance for those areas it has control/remit/influence over.
  - 2.1.3. Monitor performance and quality, for the areas in has responsibility for, taking proactive action to prevent deterioration, and taking action to restore performance and quality should it fall below acceptable levels for the CCG.
  - 2.1.4. Ensure the Patient voice is listened to in order to understand the diversity of the patient experience
  - 2.1.5. Monitoring compliance of Statutory duties in relation to safeguarding, Equality, including the public-sector equality duty; and Information laws (GDPR, FOI, SARs and Complaints) and approving relevant policies.
  - 2.1.6. To ensure risk is identified and appropriate mitigation and control is in place in relation to quality, performance, and finance.

Principal duties include:

- 2.2. Quality Improvement and Assurance
  - 2.2.1. Provide assurance that commissioned services are being delivered in a high quality and safe manner;
  - 2.2.2. Oversee and be assured regarding effective and management of risk to manage and address clinical governance issues;
  - 2.2.3. Seek assurance on the performance and quality of organisations and their compliance with relevant bodies such as NHSE/I, CQC etc.
  - 2.2.4. Ensure a clear escalation process, internally and externally including appropriate trigger points, is in place to enable appropriate engagement of external bodies on areas of concern.

### 2.3. Finance, Contract Monitoring and Performance

- 2.3.1. To provide assurance that the CCG is managing within financial plans;
- 2.3.2. To ensure that the allocation for the CCG is optimised and offers value for money (i.e. being used effectively, efficiently and economically);
- 2.3.3. Oversee and be assured that effective management of risk in relation to finance, contracts and performance is in place
- 2.3.4. Ensure that contract performance is monitored as appropriate
- 2.3.5. Maintain an overview of all KPIs and quality standards as appropriate
- 2.3.6. Agree which of the contracts need to be brought to the attention of the Frimley Governing Body for further discussion; and
- 2.3.7. Monitor the delivery of agreed improvement programmes

### 3. MEMBERSHIP AND QUORACY

- 3.1. Each Place is able to determine its own membership with the expectation that unless otherwise agreed by the Chair, must include the Clinical Leader, Managing Director and Place Based Lay Member.

Membership	Bracknell	NEHF	Royal Borough	Slough	Surrey Heath
<b>Place representatives can be from one of the following:</b>					
Clinical Leader	✓	✓	✓	✓	✓
Managing Director	✓	✓	✓	✓	✓
Lay Member	✓	✓	✓	✓	✓

Chair	Nominated from amongst one of the Lay Members including the Secondary Care Consultant
Executive Director of Finance	Single Director representing all 5 places
Medical Director	Single Director representing all 5 places
Executive Director of Nursing and Quality	Single Director representing all 5 places

For the Committee to be quorate each of the Places must have **one** representative present (5); plus, **one** Executive Director - to provide an overall quoracy requirement of **six** members.

Alternative representatives from place can be nominated in the event that none of the three members can attend a meeting. These persons will be suitably briefed, have delegated authority and count towards the quoracy. Any alternative representative must have prior approval to attend a meeting by the Chair.

#### 3.2. In Attendance

In line with our strategy to move towards partnership working in systems at every opportunity, each place shall invite representation from Local Authority, and providers as appropriate. Other representatives may be invited by the Chair to attend the meetings on an ad hoc basis.

Persons in attendance will not count towards the quoracy.

The committee shall identify a person to act as secretary to the Committee, who will attend to take minutes of the meeting and provide appropriate support to the chair and committee members.

### 3.3. Conflicts of Interest

As required by section 14O of the National Health Service Act 2006, as inserted by section 25 of the Health and Social Care Act 2012 and set out in the CCG's Constitution it will make arrangements to manage conflicts and potential conflicts of interest to ensure that decisions made will be taken and seen to be taken, without any possibility of the influence of external or private interest.

All individuals attending a meeting, whether as a member or in attendance, must declare any potential conflicts of interest. It will be for the chair of the meeting to decide how potential conflicts of interest are managed, including asking the individual to withdraw from the meeting in some cases where issues are discussed, or decisions taken.

### 4. FREQUENCY

The committee will meet as a minimum 5 times per year.

### 5. ACCOUNTABILITY

The Committee is accountable to NHS Frimley CCG Governing Body.

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

### 6. MONITORING EFFECTIVENESS

The Committee will review its own performance, membership and terms of reference annually.

The Committee will submit an annual report to the Governing Body at the end of each financial year summarising achievement against its agreed work plan and making proposals for any changes.

## Statutory Committee Review Log

Each the CCG Statutory / Mandatory Committees undertake a review of their Terms of Reference. A log of the reviews undertaken is maintained in this section.

### Audit Committee

Date	Version	Review	Status	Comments

### Remuneration Committee

Date	Version	Review	Status	Comments

### Primary Care Commissioning Committee

Date	Version	Review	Status	Comments

## **10. Scheme of Reservation & Delegation**

- 10.1 The arrangements made by the CCG as set out in this Scheme of Reservation and Delegation (SoRD) of decisions shall have effect as if incorporated in the CCG's Constitution. The document can be viewed on the CCG's Website [www.frimleyccg.nhs.uk](http://www.frimleyccg.nhs.uk)
- 10.2 The CCG remains accountable for all of its functions, including those that it has delegated.
- 10.3 The SoRD sets out the lowest level of responsibility to which a decision is delegated. A committee or individual, which has received the delegated responsibility, may seek advice and support in making a decision. The committee or individual may decide to refer a specific delegated decision to a higher level e.g. Governing Body or the Membership.

END OF DOCUMENT