

Title of Meeting:	Governing Body			Agenda Item: 9.2																			
Date of Meeting:	6 December 2018			<table border="1"> <thead> <tr> <th colspan="2">Session (Tick)</th> </tr> </thead> <tbody> <tr> <td>Public</td> <td>X</td> </tr> <tr> <td>Private</td> <td></td> </tr> <tr> <td>Workshop</td> <td></td> </tr> </tbody> </table>		Session (Tick)		Public	X	Private		Workshop											
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Paper Title:	Governing Body Committees Terms of Reference																						
Responsible Governing Body Member Lead Joanne Crewe Director of Governance and Quality			Report Author and Job Title Sasha Sencier Corporate Governance Manager																				
Purpose (this paper if for)	Decision		Discussion	Assurance	Information																		
	X																						
<p>Has the report (or variation of it) been presented to another Committee / Meeting? If yes, state the Committee / Meeting: Yes. All Terms of Reference have been approved by the Committees membership and are at the Governing Body for ratification.</p>																							
<p>Executive Summary The following Committee Terms of Reference are to be ratified by the Governing Body:</p> <ul style="list-style-type: none"> • Audit Committee (Appendix B) • Primary Care Commissioning Committee (Appendix C) • Quality and Clinical Governance Committee (Appendix D) • Finance, Performance and Commissioning Committee (Appendix E) <p>A summary of the amendments can be found in Appendix A.</p>																							
<p>Recommendations The Governing Body is asked to approve the Terms of Reference for the:</p> <ul style="list-style-type: none"> • Audit Committee • Primary Care Commissioning Committee • Quality and Clinical Governance Committee • Finance, Performance and Commissioning Committee 																							
<p>Monitoring There is a requirement for Committees to review their ToR annually.</p>																							
<p>CCGs Strategic Objectives supported by this paper</p> <table border="1"> <thead> <tr> <th></th> <th>CCG Strategic Objective</th> <th>X</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Quality, Safety and Continuous Improvement</td> <td>X</td> </tr> <tr> <td>2</td> <td>Better Value Healthcare</td> <td>X</td> </tr> <tr> <td>3</td> <td>Well Governed and Adaptable Organisation</td> <td>X</td> </tr> <tr> <td>4</td> <td>Health and Wellbeing</td> <td>X</td> </tr> <tr> <td>5</td> <td>Active and Meaningful Engagement</td> <td>X</td> </tr> </tbody> </table>							CCG Strategic Objective	X	1	Quality, Safety and Continuous Improvement	X	2	Better Value Healthcare	X	3	Well Governed and Adaptable Organisation	X	4	Health and Wellbeing	X	5	Active and Meaningful Engagement	X
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3	Well Governed and Adaptable Organisation	X																					
4	Health and Wellbeing	X																					
5	Active and Meaningful Engagement	X																					

CCG Values underpinned in this paper

CCG Values		X
1	Respect and Dignity	X
2	Commitment to Quality of Care	X
3	Compassion	X
4	Improving Lives	X
5	Working Together for Patients	X
6	Everyone Counts	X

Does this paper provide evidence of assurance against the Governing Body Assurance Framework?

YES		NO	X
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If yes, please indicate which principle risk and outline

Principle Risk No	Principle Risk Outline

Any statutory / regulatory / legal / NHS Constitution implications	Terms of Reference of Committees of the Governing Body are required to be ratified by the Governing Body.
Management of Conflicts of Interest	No conflicts of interest have been identified prior to the meeting.
Communication / Public and Patient Engagement	The Terms of Reference for all Committees are published on the CCG website.
Financial / resource implications	None identified.
Outcome of Impact Assessments completed (e.g. Quality IA or Equality)	Not applicable.

Audit Committee

Section	Summary of Amendment	Reasoning
3.0 Membership	'One independent member' removed from membership.	No longer required. The new chair is a qualified accountant.
10.7 Security and Cyber Security	Inclusion of new section	Within the Audit Committee remit.
14.0 Conduct of the Committee	Inclusion of new section	To strengthen terms of reference

Primary Care Commissioning Committee

Section	Summary of Amendment	Reasoning
3.0 Role of the Committee (3.5)	Include the word 'excluding' before returner/retainer.	HEE make decisions regarding returner/retainer scheme with NHSE and the CCG is only informed.
3.0 Role of the Committee (3.6)	To include a new bullet: e) To regularly review any significant risks that are aligned to the Committee, either from the Governing Body Assurance Framework or the Corporate Risk Register.	To strengthen terms of reference
5.0 Membership (5.1)	Membership updated to: <ul style="list-style-type: none"> • Remove Secondary Care Doctor • Include the Lay Member of PPI as the Chair • Include the second Lay Member of PPI as the Vice-Chair as the previous Vice-Chair is the Audit Committee Chair and is therefore deemed conflicted in this position. • 2 GPs are required in the Membership, rather than 3. 	In line with guidance and other CCGs. Also helps to manage Conflicts of Interest more effectively.
5.0 Membership (5.2 and 5.3)	Naming the position of the Chair and Vice-Chair.	To strengthen terms of reference
7.0 Quorum	Update to quorum to: <ul style="list-style-type: none"> • Exclude NHSE as a requirement • Ensure the appropriate Members are present to make decisions • In line with policy stating that GPs must be in the minority 	In line with guidance and other CCGs. Also helps to manage Conflicts of Interest more effectively.
9.0 Frequency of Meetings	Update to state that key messages will be brought from the sub-committee rather than the minutes. This is due to often confidential discussions regarding individual practices at the sub-group meeting.	For transparency and to strengthen terms of reference

10.0 Attendance	Updated attendance so that members are not to miss more than 2 meetings consecutively.	Updated as attendance at 75% is not possible.
11.0 Accountability of the Committee	To include: <ul style="list-style-type: none"> • Financial limits set out within the Operational Scheme of Delegation. • Key updates to be brought to Governing Body • Responsible for approving PCCC SG Terms of Reference 	To strengthen terms of reference
13.0 Conduct of the Committee	New section setting out responsibilities.	To strengthen terms of reference

Quality and Clinical Governance Committee

Section	Summary of Amendment	Reasoning
3.0 Membership	Updated membership	To include details of PPI Lay Member as the new Chair.
8.0 Frequency of Meetings	Updated from a minimum of 10 meetings per year to a minimum of 6 meetings per year	QCGC now meets on a bi-monthly basis.
10.0 Conduct of the Committee	Inclusion of new section	To strengthen terms of reference

Finance, Performance and Commissioning Committee

Section	Summary of Amendment	Reasoning
General (Sections 3.0 – 6.0)	Updated to remove and include old and new reporting arrangements	To strengthen terms of reference and ensure fit for purpose.
7.0 Membership	Updated membership	To include details of the Secondary Care Doctor as the new Chair. To include only executive level staff as members and other senior staff to attend either as nominated attendees or to provide advice or support.
8.0 Quorum	Change of quorum to include a minimum of 4 Members present	To strengthen terms of reference and decision making.
11.0 Conduct of the Committee	Inclusion of new section	To strengthen terms of reference

Sasha Sencier, Corporate Governance Manager
December 2018

NHS Harrogate and Rural District Clinical Commissioning Group

Audit Committee Terms of Reference

1.0 Introduction

The Audit Committee (the Committee) is established in accordance with Harrogate and Rural District Clinical Commissioning Group's constitution. These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the Committee.

2.0 Accountability and Reporting

The Committee is accountable to the Governing Body of the Harrogate and Rural District Clinical Commissioning Group.

The minutes of the Committee will be formally recorded and presented to the Governing Body at the earliest practicable meeting.

The Committee shall make whatever recommendations to the Governing Body it deems appropriate on any area within its remit where action or improvement is needed.

3.0 Membership

The Committee shall be appointed by the Clinical Commissioning Group as set out in the Clinical Commissioning Group's Constitution and may include individuals who are not on the Governing Body. Audit Committee comprises not less than three members including the following:

- Lay Member for Governance (Chair)
- One other Lay Member
- One GP member of the Governing Body

All of the above members shall have a vote.

The Vice Chair (Governance Lay Member) of the Clinical Commissioning Group will chair the Audit Committee. If this member is not available then the other lay member of the Committee shall chair the meeting.

4.0 External Auditors

The External Audits for the Group will be appointed on behalf of the Clinical Commissioning Group by the Audit Committee.

5.0 Attendance

The Committee may also extend invitations to other personnel with relevant skills, experience or expertise as necessary to deal with the business on the agenda. Such personnel will be in attendance and will have no voting rights. This will normally include:

- Chief Finance Officer / Head of Finance
- Internal auditors
- External auditors
- Information Governance Manager
- Corporate Governance Manager

On a less frequent basis, the following good practice shall be followed:

- At least once a year the Committee should meet privately with external and internal auditors.
- The Accountable Officer should normally be invited to attend and discuss, at least annually with the Committee, the process for assurance that supports the Annual Governance Statement, and when the Committee considers the draft internal audit plan and the annual accounts.

Any other members or employees may be invited to attend, particularly when the Committee is discussing areas of risk or operation that are the responsibility of that member or employee.

6.0 Support to the Committee

The Committee will be supported by the Chief Finance Officer who will be responsible for supporting the Chair in the management of the Committee's business and for drawing the Committee's attention to best practice, national guidance and other relevant documents as appropriate.

7.0 Quorum

A quorum shall be two Members with at least one Member being a Lay Member.

8.0 Conflict of Interest

If any Member has an interest, pecuniary or otherwise, in any matter and is present at the meeting at which the matter is under discussion, he/she will declare that interest as early as possible and shall not participate in the discussions. The Chair will have the power to request that member to withdraw until the Committee's consideration has been completed.

If the Chair is absent temporarily on the grounds of a declared conflict of interest the other Lay Member, if present, shall preside.

9.0 Frequency of Meetings

Meetings shall be held not less than four times a year.

The External Auditor or Head of Internal Audit may request a meeting, to be agreed by the Chair, if they consider one to be necessary.

10.0 Remit and Responsibility of the Committee

10.1 Authority

The Committee is authorised by the Governing Body to investigate any activity within its Terms of Reference. It is authorised to seek any information it requires from any member or employee who is directed to co-operate with any request made by the Committee, and to seek external legal or other independent professional advice as it considers necessary.

10.2 Duties

The responsibility of the Committee covers all activities within the remit of the Governing Body and its overall objectives are to ensure that:

- The activities of the Harrogate and Rural District Clinical Commissioning Group are within the law and regulations governing the NHS;
- An effective system of internal control is maintained; and
- An effective system of integrated governance exists within the Clinical Commissioning Group.

10.3 Internal Control and Risk Management

The Committee shall review the establishment and maintenance of an effective system of integrated governance, internal control, and risk management that supports the achievement of the organisation's objectives. In particular, the Committee will review the adequacy of:

- All risk and control related disclosure statements, together with any accompanying Head of Internal Audit statement, prior to endorsement by the Audit Committee.
- All of the CCG's processes of corporate governance to enable the organisation to implement best practice as set out in appropriate guidance.
- The systems in place for identifying and managing key risks facing the organisation, including the Risk Assurance Framework.
- The policies for ensuring there is compliance with relevant regulatory, legal and code of conduct requirements and other relevant guidance; and
- The operational effectiveness of policies and procedures.
- Internal audit of effectiveness of organisational policies.
- Internal controls ensuring there is an effective system of integrated governance across the whole of the organisation that supports the achievements of the organisation's objectives.

10.4 Internal Audit

Ensure there is an effective internal audit function that meets mandatory NHS Internal Audit standards and provides independent assurance to the Committee.

Review and approve the internal audit programme, consider the major findings of, and management response to, internal audit investigations and ensure co-ordination between Internal and External Auditors.

Ensure the Internal Audit function is adequately resourced, reflects a risk-based approach to audit, and has appropriate standing within the organisation.

10.5 External Audit

Review external audit reports, including value for money reports and annual audit letters, together with the management response.

Receive regular reports from the external auditors on local evaluation of audit risk.

10.6 Local Counter Fraud Service

Review the adequacy and effectiveness of the policies and procedures for all work related to fraud and corruption, including approval of the annual counter fraud programme and outcomes of counter fraud work.

10.7 Security and Cyber Security

Review the adequacy and effectiveness of the policies and procedures for all work related to security and cyber security.

10.8 Financial Reporting

Review the annual financial statements on behalf of the Governing Body focussing particularly on:

- Changes in, and compliance with, accounting policies and practices'
- Major judgemental areas and
- Significant adjustments resulting from the audit.

10.9 Assurance

The Committee shall review the findings of other significant assurance functions, both internal and external, and consider implications for the governance of the Clinical Commissioning Group.

10.9 Information Governance

The Committee will implement key standards in relation to Information Governance (including the Information Governance toolkit, data exchange agreements, etc.) and ensure effective governance systems are in place for implementing and monitoring these standards.

11.0 Induction Arrangements

The Committee recognise the need to support members in understanding the role of the Audit Committee and their role on the Committee. The Internal Auditors will provide regular induction and refresher training as required. All members are expected to be aware of the NHS Audit Committee Handbook which will be provided to all new members of the Committee.

12.0 Responsibility for Audit Contracts

As of 01 April 2015, Public Sector Audit Appointments Limited (PSAA) is responsible for overseeing audit contracts and for setting fees under them. PSAA is an independent private company established by the Local Government Association to manage the audit contracts until they expire.

13.0 Terms of Reference

The Committee shall review its terms of reference at least annually.

14.0 Conduct of the Committee

- The Committee will conduct its business in accordance with any national guidance and relevant codes of conduct / good governance practice, for example, Nolan's seven principles of public life.
- The Committee shall undertake a review of its own effectiveness annually.
- The Committee shall produce an annual report that will form part of the Annual Governance Statement
- Any resulting changes to the Terms of Reference should be approved by the Governing Body.

Reviewed by:	NHS HaRD CCG Audit Committee
Review date:	November 2019
Approved by:	NHS Harrogate and Rural District CCG Governing Body
Approval date:	6 December 2018

**NHS Harrogate and Rural District
Clinical Commissioning Group (HaRD CCG)**

Primary Care Commissioning Committee (PCCC)

Terms of Reference

1.0 Introduction

- 1.1 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.
- 1.2 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 Harrogate and Rural District CCG. The delegation is set out in Schedule 1.
- 1.3 The CCG has established the Harrogate and Rural District 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.
- 1.4 It is a committee comprising representatives of the following organisations:
- Harrogate and Rural District CCG
 - NHS England
 - Health and Wellbeing Board (non-voting attendee)
 - Healthwatch (non-voting attendee)
 - North Yorkshire Local Medical Committee - Harrogate Division representative (non-voting attendee)

2.0 Statutory Framework

- 2.1 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.
- 2.2 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.
- 2.3 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) (see para 15);
- e) Duty in relation to quality of primary medical services (section 14S) (see para 15);
- 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).

2.4 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).

2.5 The Committee is established as a committee of the Governing Body of Harrogate and Rural District CCG in accordance with Schedule 1A of the “NHS Act”.

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

3.0 Role of the Committee

3.1 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 Harrogate and Rural District under delegated authority from NHS England.

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

3.3 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. In addition there will be a focus on ensuring the longer term development and sustainability of primary care services locally, considering issues such as workforce, training and changing models of care.

3.4 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.

- 3.5 This includes the following:
- GMS, PMS and APMS contracts (including the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing 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 (excluding returner/retainer schemes)
 - The above functions to be carried out with due regard to duties in relation to quality as set out in paragraph 7d and 7e.

3.6 The CCG will also carry out the following activities:

- a) To plan, including needs assessment, primary [medical] care services in Harrogate and Rural District;
- b) To undertake reviews of primary [medical] care services in Harrogate and Rural District;
- c) To co-ordinate a common approach to the commissioning of primary care services generally;
- d) To manage and budget for commissioning primary [medical] care services in Harrogate and Rural District.
- e) To regularly review any significant risks that are aligned to the Committee, either from the Governing Body Assurance Framework or the Corporate Risk Register.

4.0 Geographical Coverage

4.1 The Committee will comprise the Harrogate and Rural District.

5.0 Membership

5.1 The Committee shall **comprise of:**

Voting Members

- Lay Member PPI HaRD CCG (Chair)
- Lay Member PPI HaRD CCG (Vice-Chair)
- Lay Member Governance HaRD CCG
- Chief Officer HaRD CCG
- Chief Finance Officer HaRD CCG *

- Director of Transformation and Delivery HaRD CCG *
- Director of Quality and Governance / Executive Nurse HaRD CCG *
- 2 GP representatives from the HaRD CCG
- NHS England Representative

*nominated deputies are permitted but only with prior agreement of the Chair

Non-Voting Members

- Health Watch representative
- North Yorkshire and York Health & Wellbeing Board
North Yorkshire Local Medical Committee - Harrogate Division
representative

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

5.3 The Vice-Chair of the Committee shall be the second Lay Member for Patient and Public Involvement.

6.0 Meetings and Voting

6.1 The Committee will operate in accordance with the CCG's Standing Orders and the Committee's Terms of Reference. The Secretary to the Committee will be responsible for giving notice of meetings. This will be accompanied by an agenda and supporting papers and sent to each member representative no later than 5 days before the date of the meeting. When the Chair of the Committee deems it necessary in light of the urgent circumstances to call a meeting at short notice, the notice period shall be such as s/he shall specify.

6.2 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.

7.0 Quorum

The Committee will be deemed to be quorate when a minimum of 5 members are present and the following criteria is met:

- The Chair or Vice-Chair must be present
- At least one Executive Director must be present (not a deputy)
- GP representatives must be in a minority therefore 3 of the 5 members must not be GPs.

A member who is present at the meeting but is conflicted out of a particular agenda item will not contribute to the quoracy of the meeting for the duration of that agenda item.

8.0 Conflict of Interest

8.1 Where a member has, or becomes aware of, an interest in relation to a matter subject to action or decision of the committee, the interest must be considered as a potential conflict and is subject to the provisions of the CCG's Constitution and the CCG's

Conflicts of Interest policy.

- 8.2 The member must declare the interest as early as possible and shall not participate in the discussions.
- 8.3 The Chair will have the power to request that member to withdraw until the Committee's consideration has been completed. Because of matters of quoracy, arrangements should be made in advance to enable the alternate member to be present.
- 8.4 If the Chair is conflicted, then arrangements must be made in advance of the meeting for one of the other Committee members to Chair and for the alternate to also be present.

9.0 Frequency of meetings

- 9.1 The committee shall meet bi-monthly (minimum 4 times per year) with dates circulated to committee members. If required initially the Chair may consider more frequent meetings to be required.
- 9.2 Meetings of the Committee shall:
- be held in public, subject to the application of 23(b);
 - the Committee may resolve to exclude the public from a meeting that is open to the public (whether during the whole or part of the proceedings) whenever publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution and arising from the nature of that business or of the proceedings or for any other reason permitted by the Public Bodies (Admission to Meetings) Act 1960 as amended or succeeded from time to time.
- 9.3 Members of the Committee have a collective responsibility for the operation of the Committee. They will participate in discussion, review evidence and provide objective expert input to the best of their knowledge and ability, and endeavour to reach a collective view.
- 9.4 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.
- 9.5 The Committee may call additional experts to attend meetings on an ad hoc basis to inform discussions.
- 9.6 Members of the Committee shall respect confidentiality requirements as set out in the CCG's Constitution.
- 9.7 A report from any sub-committees will be presented at each Committee meeting.
- 9.8 The Committee will present its minutes to the Governing Body of Harrogate and Rural District CCG at the next appropriate meeting for information.
- 9.9 The CCG will also comply with any reporting requirements set out in its constitution.

9.10 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.

10.0 Attendance

10.1 Members must not miss more than 2 meetings consecutively. Frequency of attendance will be reviewed by the Committee Chair annually and documented in the Committee's Annual Report.

11.0 Accountability of the Committee

11.1 Responsibility of this Committee is outlined within the Harrogate and Rural District Clinical Commissioning Group's Constitution and specifically the Scheme of Reservation and Delegation. Approval of financial limits are set out in the Operational Scheme of Delegation.

11.2 The Committee is accountable to the Governing Body of the Harrogate and Rural District Clinical Commissioning Group. The minutes of the Committee will be formally recorded and presented to the Governing Body at the earliest practicable meeting. To ensure timeliness of key updates being relayed back to the Governing Body, a verbal report of key messages and decisions made will be formally presented to the Governing Body.

11.3 The Committee is responsible for the Primary Care Commissioning Committee Steering Group and as such will approve its terms of reference.

11.3 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.

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

12.0 Procurement of Agreed Services

12.1 The Committee will ensure that Procurement, Patient Choice and Competition (No. 2) Regulations 2013 are followed.

12.2 No contracts for NHS healthcare services will be awarded where conflicts or potential conflicts of interests affect or appear to affect the integrity of the award.

13.0 Decisions

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

13.2 The decisions of the Committee shall be binding on NHS England and Harrogate and Rural District CCG.

13.0 Conduct of the Committee

13.1 The Committee will conduct its business in accordance with any national guidance and relevant codes of conduct / good governance practice, for example, Nolan's Seven Principles of Public Life.

13.2 The Committee shall undertake a review of its own effectiveness annually.

13.3 The Committee will produce an annual report which will form part of the Annual Governance Statement.

13.3 The Committee shall be subject to any review of the CCG Committees, as required.

13.4 Any resulting changes to the Terms of Reference should be approved by the Governing Body.

Reviewed by:	NHS HaRD CCG Primary Care Commissioning Committee
On:	1 November 2018
Review date:	November 2019
Approved by:	NHS Harrogate and Rural District CCG Governing Body
Approval date:	6 December 2018

**NHS Harrogate and Rural District
Clinical Commissioning Group (HaRD CCG)**

Quality and Clinical Governance Committee (QCGC)

Terms of Reference

1.0 Introduction

The Quality and Clinical Governance Committee (the Committee) is established in accordance with Harrogate and Rural District Clinical Commissioning Group's constitution. These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the Committee.

The overall objective of the Quality and Clinical Governance Committee is to ensure that quality sits at the heart of everything the CCG does and to provide assurance to the Governing Body on the quality of services commissioned and promote a culture of continuous improvement and innovation with respect to the safety of services, clinical effectiveness and patient experience.

2.0 Accountability and Reporting

The Committee is accountable to the Governing Body of the Harrogate and Rural District Clinical Commissioning Group (CCG) and has no executive power other than those specifically delegated in these terms of reference. The CCG works to ensure services are developed and delivered in line with the context of the Five Year Forward View, accompanying planning guidance and the CCG's Sustainability and Transformation Plan.

A written assurance report on key topics discussed at the Quality and Clinical Governance Committee meetings will be brought to each Governing Body meeting.

3.0 Membership

The Committee shall be appointed by Governing Body and will comprise:

- Governing Body Lay Member for Patient and Public Involvement, –Chair
- GP Member of the Governing Body – Vice-Chair
- CCG GP for Planned Care
- Two GPs (registered on the primary performance list and working predominantly within Harrogate and Rural District)
- CCG Director of Quality and Governance / Executive Nurse
- CCG Head of Quality and Performance
- CCG Head of Nursing and Quality
- All of the above members shall have a vote. If the Chair of the Committee is not available then the Vice Chair of the Committee shall chair the meeting.
- Membership will be reviewed regularly to adjust for changes as required by the purpose of the Committee.

4.0 Attendance

The Committee may extend invitations to other personnel with relevant skills, experience or expertise as necessary to deal with the business on the agenda. Such personnel will be in attendance and will have no voting rights.

The Senior Management Team (SMT) members with responsibility for:

- primary care
- medicines management
- safeguarding

will attend the Committee and If they are unable to attend, a nominated deputy with requisite knowledge and expertise to advance the agenda will attend.

Where there are functions or areas addressed by outsourcing, contractual arrangements or memorandums of understanding (i.e. use of neighbouring CCGs or parties) those officers working within the contracted agency may be asked to attend.

Other staff may request or be requested to attend where matters concerned are being discussed or presented as a paper to the Committee.

5.0 Support to the Committee

The Committee will be supported by the Director of Quality and Governance / Executive Nurse who will be responsible for supporting the Chair in the management of the Committee's business and for drawing the Committee's attention to best practice, national guidance and other relevant documents, as appropriate.

6.0 Quorum

A minimum of three members will constitute a quorum, so long as this includes at least two clinical members of whom at least one is a GP.

7.0 Declarations of Interest

Please refer to the Conflict of Interest Policy.

If any member has an interest, pecuniary or otherwise, in any matter and is present at the meeting at which the matter is under discussion, he/she will declare that interest as early as possible and shall not participate in the discussion. The Chair will have the power to request that member to withdraw until the Committee's consideration has been completed.

8.0 Frequency of Meetings

The Quality and Clinical Governance Committee will meet bi-monthly and at least a minimum of five times per year.

9.0 Remit and responsibilities

9.1 Assurance

The focus of the Committee is to seek reasonable assurance relating to the quality of commissioned services. The Committee defines reasonable assurance as evidence that quality is in line with agreed targets and trajectories or where it is not, there is reasonable mitigation and an action plan is developed to rectify any issues.

Seek assurance on the performance of NHS organisations, including primary care, in terms of the Care Quality Commission, Monitor and any other relevant regulatory bodies.

Where the Committee receives insufficient assurance they should assess the risk and escalate it to Governing Body.

The committee is responsible for:

- Approval of policies of the CCG, with the exception of those reserved for the Governing Body or delegated through the Scheme of Reservation and Delegation to an individual or committee.
- Overseeing the development and implementation of the CCG Quality Strategy and Quality Assurance Framework.
- Establishing and maintaining procedures and systems of internal control designed to give reasonable assurance that all aspects of quality and clinical governance are in place.
- Ensuring effective management of risk is in place to manage and address clinical governance issues.
- Ensuring quality is driven through the Quality, Innovation, Productivity and Prevention programme (QIPP).
- Ensuring the principles of quality assurance and governance are integral to performance monitoring arrangements for all CCG commissioned services and are embedded within consultation, service development and redesign, evaluation and decommissioning of services.
- Seeking assurance that the CCG is fulfilling its statutory duties for equality and diversity, particularly the Equality Act 2010, through the implementation of the Equality Delivery System.
- Ensuring that all decisions taken, or recommendations made, have been through a planning assurance process that includes the outcome of:
 - Quality impact assessment
 - Equality impact assessment
 - Patient and public involvement
 - Privacy impact assessment

by receiving integrated impact assessments for all projects, policies or services being commissioned by the CCG and gaining assurance that any potential negative impacts are appropriately mitigated.

9.2 Monitoring and Review

The committee will:

- Ensure effective processes are in place for safeguarding children and vulnerable adults and individuals' needs are met.
- Advise on and develop locally sensitive quality indicators in order to continually improve the quality of services.
- Receive regular patient safety, patient experience and complaints reports to review themes and trends and identify areas for recommending change in practice.
- Monitor the implementation of recommendations and actions relevant to quality and clinical governance following national inquiries and national and local reviews undertaken by external agencies and local strategic partnerships (e.g. Care Quality Commission, Internal Audit).

- Ensure a clear escalation process, including appropriate trigger points, is in place to enable engagement of relevant external bodies on areas of concern.

10.0 Conduct of the Committee

- 10.1 The Committee will conduct its business in accordance with any national guidance and relevant codes of conduct / good governance practice, for example, Nolan's Seven Principles of Public Life.
- 10.2 The Committee shall undertake a review of its own effectiveness annually.
- 10.3 The Committee will produce an annual report which will form part of the Annual Governance Statement.
- 10.4 The Committee shall be subject to any review of the CCG Committees, as required.
- 10.5 Any resulting changes to the Terms of Reference should be approved by the Governing Body.

Reviewed by:	NHS HaRD CCG Quality and Clinical Governance Committee
On:	13 November 2018
Review date:	November 2019
Approved by:	NHS Harrogate and Rural District CCG Governing Body
Approval date:	December 2018

HARROGATE & RURAL DISTRICT CLINICAL COMMISSIONING GROUP

FINANCE, PERFORMANCE AND COMMISSIONING COMMITTEE

Terms of Reference

1. Role of the Committee

The Finance, Performance & Commissioning Committee (FPCC) will act as a formal committee of the Harrogate and Rural District Clinical Commissioning Group (the CCG) Governing Body. The purpose of the FPCC is three-fold:

- To formally review the financial position of the CCG, incorporating activity levels, provider contract positions and issues, deliverability of QIPP, and risks in achieving its forecast out-turn at the end of the year. It will provide committee members with greater clarity on the CCG's financial and contracts position. It will also provide assurance to the Governing Body on the CCG's financial position, flagging concerns and issues for further discussion as and when deemed necessary;
- To formally review performance and discuss by exception where performance is not acceptable or has an impact on safety and quality, agreeing service performance actions and timescales to mitigate and recover the position to an acceptable levels. It will provide committee members with greater clarity on the underlying performance (in terms of cost, activity, quality and safety) on commissioned services and on delivery of the annual plan as set out in the CCG's operational plan. It will also provide assurance to the Governing Body on the CCG's performance position, flagging concerns and issues for further discussion as and when deemed necessary;
- To receive investment opportunities and business cases, advise committee members on their implications and to approve in line with the CCG's scheme of delegation. If the investment or business case exceeds the committees approval limit the committee should make recommendations and highlight key factors to the Governing Body to assist them to make a decision.

2. Accountability

- The Finance, Performance and Commissioning Committee is accountable to the Governing Body.
- The Finance, Performance and Commissioning Committee is accountable to the Transformation and Delivery Board.

3. Key Relationships:

The Committee will receive reports on the following:

- Monthly report on financial performance (Programme & Running Costs)
- Reports covering activity, finances and performance for all Lead Commissioner & Associate Commissioner contracts
- Monthly reports on QIPP progress & delivery
- Action Tracker and Key Messages from the Transformation & Delivery Board
- Business case and investment proposals
- SMT/Clinical Executive financial and performance commitments
- Proposals for new drugs and to conform with NICE guidance and technology appraisals
- Business cases for discount schemes for prescribing drugs
- Area Prescribing Committee financial commitments
- Key messages from the A&E Delivery Board
- Monthly reports from the Contract Management Board with HDFT
- Monthly report on the eMBED contract performance
- Operational Performance Dashboard
- IAF Dashboard
- Procurement proposals and steering group tracker
- Approval of detailed financial policies and procedures (Prime Financial Policies must be approved by the Governing Body).
- New/revised commissioning policies and procedures
- New Care Models expenditure reports
- Reports from Medicines Management Board
- Reports from CHC Programme Board
- Review significant risks assigned to FPCC

4. Priorities

The FPCC will:

- Provide assurance reports to the Governing Body on finance, contracting, QIPP, commissioning and performance;
- Ensure the CCG operates within its Standing Financial Instructions and statutory requirements in respect of financial and performance management;
- Challenge the financial position of the CCG and ensure financial management achieves economy, effectiveness, efficiency, probity and accountability in the use of resources;
- Oversee the delivery of services provided to the CCG through the eMBED contract
- Monitor implementation of the relevant corporate objectives relating to the role of the Committee.

This will be achieved through:

- Overseeing the development of the Medium Term Financial Plan & operational plan
- Reviewing annual budgets/short-term financial plans for agreement by the Governing Body;
- Monitoring the CCGs' financial standing in-year and recommend corrective action to the Governing Body should the year-end forecasts suggest that financial balance will not be achieved;
- Monitoring expenditure against indicative budgets, including the running costs allowance;
- Receiving regular contract performance reports (covering activity, cost and quality) for each of the CCGs' main areas of commissioning expenditure;
- Receiving reports from eMBED (with commentary from CCG officers in respect of delivery of these services).;
- Reviewing performance in implementing the CCG's commissioning and financial plans and providing assurance to the Governing Body on the delivery of the annual commissioning programme.
- Review operational performance update.

5. Decision Making

The Committee acts as a co-ordination group and provides the opportunity for discussions about financial issue plus performance and any impact on quality to enable policies to be shaped for approval by the CCG Governing Body. The Committee has specific delegated authority to:

- Develop the annual financial strategy for approval by the Governing Body;
- Approve non-primary care business cases for investment & disinvestment decisions to a value of £1 million
- Approve non-primary care quotes and tenders to a value of £1 million
- Approve non-primary care capital investments and disinvestments to a value of £1 million
- Approve GP rent reviews to a value of £50,000
- Approve QIPP schemes and amendments to the value of £10 million
- Approve new drug prescribing to a value of £1 million
- Approval of disposals, condemnations, bad debts, losses and special payments to the value of £50,000 (then taken to Audit Committee to note and review)
- Review the delivery of the eMBED services and make recommendations to the Governing Body in respect of service delivery, quality, value for money and cost.

6. Monitoring and Reporting

Monitoring Arrangements:

The Committee will develop a work plan with specific objectives which will be reviewed regularly and formally on an annual basis. In order to discharge its duties effectively the Committee will require the following information:

- Monthly finance reports;
- Briefing on developments in NHS finance;
- Monthly contract performance reports;
- Monthly QIPP updates;
- Monthly performance reports;
- Performance reports for the eMBED contract;
- Reports from Medicines Management Board
- Reports from CHC Board
- Reports from CHildrens Commissioning Team regarding investment commitment.
- Minutes of Acute, Community and Mental Health contract monitoring groups; and other such information as it considers necessary from time to time.

Reporting arrangements:

Key messages of each Committee meeting will be formally recorded and submitted to the CCG Governing Body. The Committee will provide a verbal assurance statement from its meeting to the Governing Body as and when required.

The Committee will submit an annual report to the CCG Governing Body at the end of each financial year summarising achievement against its agreed work plan.

7. Membership

Core Membership:

- Secondary Care Doctor (Chair)
- Clinical Chair (Deputy Chair)
- GP Governing Body Member
- Lay Member for Governance
- Chief Officer
- Chief Finance Officer*
- Director of Transformation & Delivery*
- Director of Quality and Governance*

*Nominated deputies may attend where core members are not able to attend, subject to prior approval from the Chair.

Other employees of the CCG may be invited to attend all or part of the committee to provide advice or support particular discussion from time to time as required.

8. Quorum

A minimum of 4 Members will constitute a quorum, and must include either:

- The Chair or Vice-Chair

And

- The Chief Officer or Chief Finance Officer

9. Conflicts of Interest

Where a member has, or becomes aware of, an interest in relation to a matter subject to action or decision of the committee, the interest must be considered as a potential conflict and is subject to the provisions of the CCGs Constitution and the CCGs Conflicts of Interest policy.

The member must declare the interest as early as possible and shall not participate in the discussions.

The Chair will take the decision to request that member to withdraw until the Committee's consideration has been completed. Because of matters of quoracy, arrangements should be made in advance to enable the alternate member to be present.

If the Chair is conflicted, then arrangements must be made in advance of the meeting for one of the other Committee members to Chair and for the alternate to also be present.

All members of the committee are expected to have completed their Conflict of Interest training

The chair may consider any papers for the meeting which would potentially present a conflict to member (s) and withhold those papers from them.

10. Meeting Frequency

The Committee will meet on a monthly basis (minimum of 10 times per year), with meetings planned to occur the week prior to the CCG Governing Body meetings.

If, for any reason, decisions are required as a matter of urgency and it is not considered necessary to call a full meeting, the committee may choose to convene a telephone conference or other virtual meeting or to review and take decisions via e-mail. These will be recorded by the FPCC secretary and confirmed at the next available committee meeting.

11.0 Conduct of the Committee

- The Committee will conduct its business in accordance with any national guidance and relevant codes of conduct / good governance practice, for example, Nolan's seven principles of public life.
- The Committee shall undertake a review of its own effectiveness annually.
- The Committee will produce an annual report which will form part of the annual governance statement.
- The Committee shall be subject to any review of the CCG Committees, as required.
- The Committee will approve the terms of reference of any of its sub committees.
- Any resulting changes to the Terms of Reference should be approved by the Governing Body.

Reviewed by:	Finance, Performance and Commissioning Committee
Review date:	23 November 2018
Approved by:	NHS Harrogate and Rural District CCG Governing Body
Approval date:	6 December 2018