

**REPORT TO MERTON CLINICAL COMMISSIONING GROUP
GOVERNING BODY**

Date of Meeting: 26th January 2016

Agenda No: 6.4

Attachment: 08

Title of Document: Governing Body Committees' Terms of Reference – Annual Reviews	Purpose of Report: For Approval
Report Author: Adam Doyle – Chief Officer	Lead Director: Adam Doyle – Chief Officer
<p>Executive Summary:</p> <p>The current terms of reference (ToR) of all Governing Body committees were agreed by the Governing Body on 03 November 2015 as part of the refresh of the NHS Merton CCG Constitution. It was agreed that each Committee would take an early opportunity to review its ToR as presented in the Constitution and make recommendations to the Governing Body for further amendments. These reviews also fulfil the need for each Committee to review its ToR on an annual basis.</p> <p>To date three Committees have had the opportunity to review their ToR:</p> <ul style="list-style-type: none"> • Clinical Quality Committee <i>App 1</i> • Finance Committee <i>App 2</i> • Clinical Transformation Committee <i>App3</i> <p>Details of the changes are attached.</p> <p>The Audit & Governance Committee are due to review their ToR on 20 January 2016 and the Remuneration Committee at its next meeting (date to be confirmed).</p>	
<p>Key sections for particular note (paragraph/page), areas of concern etc: Report needs to be considered in its entirety.</p>	
<p>Recommendation(s): The Governing Body is asked to APPROVE the changes to the Terms of Reference.</p>	
<p>Committees which have previously discussed/agreed the report: None – however the proposed changes have been agreed by the relevant Governing Body Committee.</p>	
<p>Financial Implications: None</p>	
<p>Implications for CCG Governing Body: Changes to the terms of reference of the specified Governing Body committees.</p>	
<p>How has the Patient voice been considered in development of this paper: Not applicable</p>	
<p>Other Implications: (including patient and public involvement/Legal/Governance/Risk/Diversity/Staffing) to be considered: Enhances and clarifies governance arrangements in the CCG</p>	

Equality Assessment:

The proposed changes are considered to have either positive or neutral impact.

Information Privacy Issues: NA**Communication Plan: (including any implications under the Freedom of Information Act or NHS Constitution)**

The approved changes will be reflected in the appendices of the NHS Merton CCG Constitution which is available on the public website. Committee members are already aware.

Proposed Amendments to NHS Merton CCG Governing Body Committees' Terms of Reference

Clinical Quality Committee – see table below

Section	Current Wording	Proposed Amendments (in bold)
Members	"Lay member (Patient and Public Engagement)"	"Lay member (Patient and Public Involvement)"
Members	"Director of Commissioning"	"Director of Commissioning & Planning "
Members	"Director of Quality"	"Director of Quality & Performance "
Members	"Clinical Locality Leads (both to attend)"	"Clinical Locality Leads (both to attend) or nominated Deputy "
Members	Blank	" Head of Quality "
Staff asked to attend	Blank	" Secondary Care Consultant "
Staff asked to attend	"Members of Governing Body, and/or staff and executives may be invited to attend..."	"Members of Governing Body, and/or staff and executives will be required to attend..."
Quorum	The meeting will be quorate when five members are present, with at least two of those present to be clinical members, one being a member of the CCG Executive Management Team."	The meeting will be quorate when five members are present, with at least two of those present to be clinical members or nominated deputy . One being a member of the Executive Leadership Team. "
Remit & Responsibilities of the Committee	7.6 "To receive and review reports relating to Safeguarding Adults and Children including Serious Case Reviews to provide assurance."	7.6 "To receive and review reports relating to Safeguarding Adults and Children including Serious Case Reviews to provide assurance. All Statutory Safeguarding Reports to be formally approved by the CCG Governing Body "
Remit & Responsibilities of the Committee	7.9 Provide Assurance that Merton CCG commissioned services, and jointly commissioned services, are being delivered in a high quality and safe manner, ensuring that quality sits at the heart of everything the Clinical Commissioning Group does"	7.9 Provide Assurance that Merton CCG commissioned services, and jointly commissioned services, are being delivered in a high quality and safe manner, ensuring that quality sits at the heart of everything the Clinical Commissioning Group does. To receive the annual Emergency Planning, Resilience & Response (EPRR) self-assessment prior to Governing Body approval. "
Remit & Responsibilities of the Committee	7.14 To receive and review quarterly and annual Equality & Diversity reports to provide assurance to the Governing Body."	7.14 To receive and review quarterly and annual Equality & Diversity reports to provide assurance to the Governing Body. Statutory Reports to be approved by the CCG's Governing Body. "

Finance Committee – see table below

Section	Current	Amended (in bold)
Membership	“Lay Member patient and Public Engagement”	Removed – agreed between Lay Member and Chief Officer and signed off by NHS England.
Quorum	“The meeting will be quorate when two members are present, together with the Committee Chair and Chief Finance Officer, or representative, present.”	“The meeting will be quorate when two members (one of whom must be a GP) are present, together with the Committee Chair and Chief Finance Officer, or representative, present.”
Declarations of Interest	“If any person attending (member or otherwise) has an interest, pecuniary or otherwise, in may matter...”	“If any person attending (member or otherwise) has an interest, pecuniary or otherwise, in any matter...”

Clinical Transformation Committee – see table below

Section	Current	Amended (in bold)
Frequency & Notice of Meetings	“The Committee will meet bi-monthly”	“The Committee will meet every other month. ”
Principles by which the Committee will work	“The Committee will commission work that results in comprehensive services that are available to all the residents in Merton”	“The Committee will request a programme of work that results in comprehensive services that are available to all the residents in Merton”
Principles by which the Committee will work	“The Committee will actively promote the highest standards of excellence and professionalism in the provision of high quality care that is safe, effective and focussed on excellent patient experience and outcomes”	“The Committee will actively promote the highest standards of excellence and professionalism in the provision of high quality care that is safe, effective and focussed on excellent patient and people’s experience and outcomes”
Principles by which the Committee will work	“The Committee will ensure that appropriate consultation is carried out with all stakeholders”	“The Committee will ensure that appropriate consultation is carried out with all relevant stakeholders”

Merton Clinical Commissioning Group

Clinical Quality Committee

1. Introduction

The Clinical Quality Committee (the Committee) is established in accordance with the Clinical Commissioning Group's Constitution, Standing Orders and Scheme of Reservation and Delegation. The Committee has no executive powers, other than those specifically delegated in these Terms of Reference. These terms of reference set out the membership, remit responsibilities and reporting arrangements of the committee and shall have effect as if incorporated into the Clinical Commissioning Group's Constitution and Standing Orders.

2. Authority

The Committee is directly accountable to the Governing Body and is authorised to investigate any activity within its Terms of Reference.

The Committee is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the committee.

The Committee is authorised to request funding from the Chief Finance Officer for outside legal advice or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary.

The Committee is authorised to approve all clinical policies.

3. Membership

The Committee shall be appointed by the Clinical Commissioning Group from amongst its Governing Body and/or staff and executives.

Members:

- Lay Member (Patient and Public Involvement) of the Governing Body (Chair)
- Nurse Member of the Governing Body (Deputy Chair)
- Director of Commissioning & Planning
- Director for Quality & Performance
- Clinical Locality Leads (both to attend) or nominated deputy
- Director of Public Health
- Patient Representative
- Head of Quality

The following members of staff may be asked to attend the meetings:

- Secondary Care Consultant
- Chief Officer (as and when required)
- Chief Finance Officer (as and when required to advise on matters that have significant financial implications)
- Senior Representatives of the Commissioning Support Services (or body that undertakes that function) and the Acute Commissioning Unit
- Medicines Management Clinical Lead

Members of the Governing Body, and/or staff and executives will be required to attend those meetings in which the Committee will consider areas of risk or operation that are their responsibility.

The Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate frank and open discussion of particular matters.

4. Secretary

The Committee will be supported secretarially by a senior member of the Business Support team, whose duties in this respect shall include:

- Agreement of Agenda with the Chair and attendees and collation of papers
- Taking the minutes and keeping a record of matters arising and issues to be carried forward

5. Quorum

The meeting will be quorate when five members are present, with at least two of those present to be clinical members or nominated deputy and one being a member of the Executive Leadership Team.

6. Frequency and notice of meetings

The Committee will meet monthly. The Governing Body reserves the right to call a meeting at any time (with appropriate notice) if an urgent matter arises.

A notice period of at least 14 days shall be given before the Committee meets. The Agenda and supporting papers will be circulated seven days prior to the meeting.

The CCG Chair and Chief Officer should be invited to attend at least annually, to discuss with the Committee the process for assurance that supports the Quality and Safety plan.

7. Remit and responsibilities of the committee

The duties of the Committee are categorised as follows:

- 7.1 Seek assurance that Merton CCG commissioned services are being delivered in a high quality, safe manner, including against criteria set by the Care Quality Commission, Monitor and other regulatory bodies.
- 7.2 Oversee the performance of Merton CCG commissioned services, taking into account performance against Key Performance Indicators and the NHS and Public Health Outcomes Frameworks, with a focus on areas rated Red or where there has been deterioration in performance.
- 7.3 Challenge, scrutinise and ensure that exception reports, action plans and risk assessments submitted by the Commissioning Support Service (or body that undertakes the function), Joint Commissioning Unit, Locality Commissioning Groups and subgroups include robust mitigating actions and controls that would effectively address identified risk.
- 7.4 Review information including staff survey data, as well as, patient experience surveys, PALS queries and complaints to identify potential risks and issues.
- 7.5 Have oversight of the process and compliance issues concerning Serious Incidents (SIs); Central Alert Systems (CAS); National Reporting; and being informed of all Never Events and informing the Governing Body of any escalation or sensitive issues in good time. To approve the CCG quarterly and annual complaints report.

- 7.6 To receive and review reports relating to Safeguarding Adults and Children including Serious Case Reviews to provide assurance. All Statutory Safeguarding Reports to be formally approved by the CCG Governing Body.
- 7.7 Receive and scrutinise independent investigation reports relating to patient safety issues and agree publication plans.
- 7.8 Ensure a clear escalation process, including appropriate trigger points, is in place to enable appropriate engagement of external bodies on areas of concern.
- 7.9 Provide assurance that Merton CCG commissioned services, and jointly commissioned services are being delivered in a high quality and safe manner, ensuring that quality sits at the heart of everything the clinical commissioning group does. To receive the annual Emergency Planning, Resilience and Response (EPRR) self-assessment prior to Governing Body approval.
- 7.10 Oversee and be assured that providers of commissioned services and jointly commissioned services manage risk appropriately and have robust mechanisms in place to effectively address clinical governance issues.
- 7.11 Oversee and promote its general duty to improve the quality of primary care so as to improve the quality of services.
- 7.12 To receive reports to be assured that clinical guidance and standards have been considered and implemented where appropriate.
- 7.13 To ensure that the patient is at the heart of everything we do. To receive and review the Statutory Obligation to Involve Annual Report, prior to formal approval by the CCG Governing Body.
- 7.14 To receive and review quarterly and annual Equality and Diversity reports to provide assurance to the Governing Body. Statutory reports to be formally approved by the CCG Governing Body.

The minutes of all meetings of the Committee shall be formally recorded and submitted, together with recommendations where appropriate, to the Governing Body. The submission to the Governing Body shall include details of any matters in respect of where actions or improvements are needed. This will include details of any evidence of potentially Serious Untoward Incidents and Never Events, other serious provider or commissioner failings or any other important matters. To the extent that such matters arise, the Chair of the Committee shall present details to a meeting of the Governing Body in addition to the submission of the minutes.

The Committee will report annually to the Governing Body in respect of the fulfilment of its functions with these terms of reference. Such report shall include, but not be limited to, functions undertaken in relation to the effectiveness of risk management within the CCG; the managements of serious quality and safety incidents and any pertinent matters in respect of which the Committee has been engaged.

The CCG's annual report shall contain a section describing the work of the Committee in discharging its responsibilities.

8. Declarations of Interest

If any person attending (member or otherwise) 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 person to withdraw until the committee consideration has been completed.

All members will be expected to adhere to and comply with any relevant policy; including but not exclusive to Declarations of Interest and Anti-Bribery.

9. Review

The terms of reference for the Committee shall be reviewed by the Governing Body on an annual basis. This will take into account any new guidance and relevant codes of conduct / good governance practice.

Merton Clinical Commissioning Group

Finance Committee

1. Introduction

1.1 The Finance Committee (the Committee) is established by the Governing Body to ensure a robust financial strategy is in place and to oversee the organisation-wide system of financial management. It will work alongside the Audit and Governance Committee to ensure financial probity in the CCG.

2. Authority

2.1 The Committee is authorised by the Governing Body to pursue any activity within these Terms of Reference and within the Scheme of Reservation and Delegation, including (without limiting the generality of the foregoing) to:

(a) seek any information it requires from CCG employees, in line with its responsibility under these terms of references and the Scheme of Reservation and Delegation

(b) require all CCG employees to co-operate with any reasonable request made by the Committee, in line with its responsibility under these terms of references and the Scheme of Reservation and Delegation

(c) review and investigate any matter within its remit and grants freedom of access to the CCG's records, documentation and employees. The Committee must have due regard for the Information Policies of the CCG, regarding personal health information and the CCG's duty of care to their employees when exercising its authority.

3. Remit and responsibilities of the Committee

3.1 The remit and responsibilities of the Committee are to:

(a) Keep under review strategic and operational financial plans and the current and forecast financial position of the CCG

(b) Oversee the arrangements in place for the allocation of resources and the scrutiny of all expenditure. This will include actual and forecast expenditure and activity on commissioning contracts.

- (c) Consider and review the financial report to be presented to the Governing Body, incorporating financial performance against budget, financial risk analysis, forecasts and robustness of underlying assumptions.
- (d) Provide assurance to the Governing Body and the Audit and Governance Committee of the completeness and accuracy of the financial information provided to the Governing Body.
- (e) Consider and review any external financial monitoring returns and commentary.
- (f) Ensure any financial improvement plan is monitored and reviewed and appropriate actions are taken.
- (g) Review by exception performance report summaries and consider performance issues in so far as they impact on financial resource.
- (h) Receive a monthly report on the progress of the QIPP plan
- (i) Review, scrutinise and recommend business cases to the Governing Body.
- (j) Review and agree or ratify procurement decisions as appropriate in accordance with Prime Financial Policies and the Scheme of Reservation and Delegation and recommend to the Governing Body.
- (k) Approve thresholds above which quotations or formal tenders should be obtained.
- (l) Review and approve tender waivers or seek tenders from firms not on approved lists and ensure these are reported to the Audit and Governance Committee.
- (m) Where appropriate refer issues to other committees of the Governing Body.

4. Membership

The Committee shall be appointed by the Governing Body and will consist of:

Members:

- Lay Member Audit and Governance (Chair) +
- Chair of the Governing Body
- 2 x GP Clinical Governing Body members
- Chief Officer
- Chief Finance Officer
- **Director of Commissioning and Planning**

+ also Chair of the Audit and Governance Committee

If the Chief Officer or Chief Finance Officer are unable to attend then a suitable delegate with appropriate authority should attend in their place. The executive lead officer for the Committee is the Chief Finance Officer.

All or any members of the Committee may participate in a meeting by teleconference or videoconference. A person participating in this way shall be deemed to be present in person at the meeting and shall consequently be counted in a quorum.

5. Quorum

The meeting will be quorate when 2 Members (one of whom must be a GP) are present, together with the Committee Chair and Chief Finance Officer, or representative, also present.

6. Reporting Procedures

Formal minutes of meetings shall be recorded and will go to the Governing Body.

7. Declarations of Interest

If any person attending (member or otherwise) 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 person to withdraw until the committee consideration has been completed.

All members will be expected to adhere to and comply with any relevant policy; including but not exclusive to Declarations of Interest and Anti-Bribery.

8. Attendance and Administration

In addition to the standing members of the Committee, any other Director or co- opted Governing Body Member may attend with the agreement of the Chair of the Governing Body.

9. Frequency and notice of meetings

Meetings shall be held monthly. A notice period of at least 7 days shall be given.

10. Review

These Terms of Reference will be reviewed on an annual basis. Any resulting changes to the terms of reference should be approved by the Governing Body,

NHS Merton Clinical Commissioning Group

Clinical Transformation Committee - Terms of Reference

1. Introduction

The Clinical Transformation Committee (the Committee) is established in accordance with the Clinical Commissioning Group's Constitution, Standing Orders and Scheme of Reservation and Delegation. The Board has no executive powers, other than those specifically delegated in these Terms of Reference. These terms of reference set out the membership, remit responsibilities and reporting arrangements of the Committee and shall have effect as if incorporated into the Clinical Commissioning Group's Constitution and Standing Orders.

2. Authority

The Committee is directly accountable to the Governing Body and is authorised to investigate any activity within its Terms of Reference.

The Committee is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Board.

The Committee is authorised to request funding from the Chief Finance Officer for outside legal advice or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary.

3. Membership

The Committee shall be appointed by the Clinical Commissioning Group from amongst its Governing Body and/or staff and executives.

Members – Merton CCG:

- Chair of the Governing Body
- Chief Officer
- Chief Finance Officer
- 2 x Clinical Locality Leads (both to attend)
- 2 x GP Governing Body Members (both to attend and one to Chair)
- Independent Nurse Member (Deputy Chair)
- Secondary Care Consultant
- Clinical Director for Community Services

- Clinical Director for Mental Health

Regular Attendees – Merton CCG

- Director of Commissioning and Planning
- Director of Quality
- Representative from the patient engagement group (representing the interests of patients and the public)

Standing Invitations to attend for their particular areas:

- Clinical Directors within commissioned services
- Director of Public Health (LA)
- Director(s) – Adult and Children Social Care

The following may be asked to attend the meetings:

Other members of the Governing Body, and/or staff and executives may be invited to attend those meetings in which the Committee will consider areas of risk or operations that are their responsibility.

The Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate frank and open discussion of particular matters.

4. Secretary

The Committee will be supported secretarially by a suitable member of the Business Support team, whose duties in this respect shall include:

- Agreement of Agenda with the Chair and attendees and collation of papers
- Taking the minutes and keeping a record of matters arising and issues to be carried forward

5. Quorum

The meeting will be quorate when three governing body clinicians and either the Chief Officer or Chief Finance Officer is present

6. Frequency and notice of meetings

The Committee will meet every other month. The Governing Body reserves the right to call a meeting at any time (with appropriate notice) if an urgent matter arises.

A notice period of at least 14 days shall be given before the Committee meets. The Agenda and supporting papers will be circulated seven calendar days prior to the meeting.

7. Remit and responsibilities of the Board

The Committee will identify a transformation programme and drive delivery of strategic changes to the Merton health and care system that will improve outcomes for local people and ensure that services are financially sustainable.

The duties of the Committee are categorised as follows:

- To take advice and direction from the Clinical Reference Group
- To decide on the main areas of work for the programme and to drive delivery
- To hold members of the Committee to account and to resolve any differences that arise
- To ensure resources for programme delivery are in place and to monitor the use of these resources in line with the objectives of the programme
- To ensure that agreed programmes of change support Health and Wellbeing Board priorities
- To receive and appraise progress reports against the programme's milestones
- Where required, to approve reports to the CCG governing body of organisations within the health and care system on the work of the programme
- To understand the risks to the progress of the programme and ensure that these are mitigated appropriately
- To consider and agree any issues that require the attention of partner organisations and ensure these issues are escalated where appropriate
- To lead the development of a co-ordinated approach to public, patient and clinical engagement across the local health and care system in order to explain the rationale for change and to ensure effective engagement in designing and delivering the programme of work
- Where appropriate, to recommend for approval by the CCG Governing Body and provider boards the commissioning of specific packages of work from within the health and care economy to support delivery of the programme aims

The minutes of all meetings of the Committee shall be formally recorded and submitted together with recommendations where appropriate, to the Governing Body. The submission to the Governing Body shall include details of any matters in respect of where actions or improvements are needed.

To the extent that such matters arise, the Chair of the Committee shall present details to a meeting of the Governing Body in addition to the submission of the minutes. 103

The Committee will report annually to the Governing Body in respect of the fulfilment of its functions with these terms of reference. Such report shall include any pertinent matters in respect of which the Board has been engaged including., but not be limited to, functions undertaken in relation to the effectiveness of risk management within the CCG.

The CCG's annual report shall contain a section describing the work of the Committee in discharging its responsibilities.

8. Principles by which the Committee will Work

1. The Committee will request a programme of work that results in comprehensive services that are available to all the residents in Merton.
2. Access to services will be based on clinical need alone except where provision for other considerations is made in law.
3. The Committee will actively promote the highest standards of excellence and professionalism in the provision of high quality care that is safe, effective and focussed on excellent patient and people's experience and outcomes..
4. The patient will be at the heart of everything the Committee does
5. The Committee will work across organisational boundaries and in partnership with other organisations in the interest of patients, local communities and the wider population
6. The Committee will be committed to providing best value for taxpayers' money and the most effective, fair and sustainable use of finite resources
7. Decisions and recommendations made by the Committee will be transparent and clear to the public, patients and staff.
8. "The Committee will ensure that appropriate consultation is carried out with all relevant stakeholders.

9. Review

The terms of reference for the Committee shall be reviewed by the Governing Body six months after it is established and at least on an annual basis thereafter. This will take into account any new guidance and relevant codes of conduct / good governance practice.