

Title of Meeting:	Governing Body Meeting	Agenda Item: 7.1	
Date of Meeting:	30 April 2020	Session (Tick)	
Paper Title:	Non-Statutory Committees Terms of Reference	Public	X
		Private	
		Development Session	
Responsible Governing Body Member Lead Julie Warren, Director of Corporate Services, Governance and Performance		Report Author and Job Title Sasha Sencier, Senior Governance Manager and Board Secretary to the Governing Body	
Purpose (this paper if for)	Decision	Discussion	Assurance
	X		
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 reviewed and agreed by the appropriate Committee.			
Executive Summary Following the establishment of the North Yorkshire CCG on 1 April 2020, the Governing Body is being asked to formally establish the non-statutory Committees of the Governing Body and to ratify the terms of reference of those committees: <ul style="list-style-type: none"> • Quality and Clinical Governance Committee (Appendix A) • Finance, Performance, Contracting and Commissioning Committee (Appendix B) 			
Recommendations The Governing Body is being asking to: <ul style="list-style-type: none"> • Approve the establishment of the North Yorkshire CCG non-statutory committees <ul style="list-style-type: none"> ○ The Quality and Clinical Governance Committee (QCGC); and ○ The Finance, Performance, Contracting and Commissioning Committee (FPCCC) • Ratify the terms of reference of both the QCGC and FPCCC. 			
Monitoring Terms of reference are required to be reviewed at least annually by Committees and any changes are brought to the Governing Body for ratification.			
Any statutory / regulatory / legal / NHS Constitution implications	<p>All non-statutory committees of the Governing Body are required to have terms of reference that have been ratified by the Governing Body.</p> <p>CCGs have a duty to be transparent and as part of this, CCGs should publish the terms of reference to all committees that have a decision-making responsibility or that undertake a delegated function of the CCG.</p> <p>As NY CCG has decided not to include non-statutory committees within the constitution, NHS England requires the CCG to maintain and publish the terms of reference within a Corporate Governance Handbook.</p>		
Management of Conflicts of Interest	No conflicts of interest have been identified prior to the meeting.		

Communication / Public & Patient Engagement	The terms of reference will be contained within the Corporate Governance Handbook and published on the CCG website.
Financial / resource implications	None identified.
Outcome of Impact Assessments completed	Not applicable.

**Sasha Sencier
Senior Governance Manager and Board Secretary to the Governing Body
North Yorkshire Clinical Commissioning Group**



North Yorkshire Clinical Commissioning Group
Quality and Clinical Governance Committee (QCGC)

Reviewed and Approved by:	Quality and Clinical Governance Committee (QCGC)
Review Date:	One Year from Approval
Ratified By:	NHS North Yorkshire CCG
Ratified Date	April 2020
Version	1.0

1.0 Role and Core Purpose

The QCGC is accountable to the Governing Body and is responsible for advising and supporting the Governing Body in:

- Providing assurance on the quality of services commissioned; and
- Promoting a culture of continuous improvement and innovation with respect to safety of services, clinical effectiveness and patient experience.

2.0 Remit

2.1 Strategy

- To develop a programme of business (forward plan) which is flexible and responsive to new / emerging priorities and risks
- To develop, approve and regularly review the CCG Quality and Safety Strategy to ensure continuous improvement is delivered in quality and safety
- To ensure that all commissioned services, where possible, are reflective of and responsive to local populations needs and people's experiences
- To ensure active engagement of patients, staff and other key stakeholders on quality and safety issues.
- To be empowered to set up specific sub-committees to explore specific areas of service delivery or undertake deep-dives into quality and safety concerns where required.
- To ensure that good practice is recognised, celebrated and shared.

2.2 Assurance

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

The Committee will develop, implement and monitor a Quality Assurance Framework.

Where the Committee receives insufficient assurance relating to the provision around patient care, quality and safety, it will assess the risk, develop and monitor appropriate improvement plans and escalate to the Governing Body, where improvement is not realised within agreed timescales.

The Committee is responsible for:

- Approval of policies of the CCG, with the exception of those reserved to other committees or the Governing Body.
- Overseeing the development and implementation and monitoring of the CCG's Quality and Safety Strategy and Quality Assurance Framework.
- Establishing and maintaining procedures and systems of internal control designed to give reasonable assurance that all aspects of quality, safety and clinical governance are in place.
- Ensuring effective management of risk relating to quality and safety issues 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 delivered and 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 policies are not approved for publication without a supporting Equality Impact Assessment which thoroughly considers the effect the policy will have on any protected characteristics.
- Receiving any internal audits relating to Quality and monitoring any significant recommendations detailed in the report.
- 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's and gaining assurance that any potential negative impacts are appropriately mitigated.

3.0 Monitoring and Review

The Committee will:

- Ensure effective processes are in place for safeguarding children and adults and that individual needs are met
- Advise on and develop locally sensitive quality indicators in order to continually improve the quality of services
- Ensure the Committee is updated on the Commissioning for Quality and Innovations framework and the locally agreed compliance target achievements of providers.
- 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

4.0 Reporting Arrangements

- Executive leads are responsible for drafting the agenda with the support from the Secretariat.
- All reports submitted to the Committee must be accompanied by a fully completed cover sheet which must effectively summarise the report, explain all acronyms used and clearly specify whether the report is for approval, assurance or discussion (one only).
- Executive leads and report authors can assume that their reports have been read and that no verbal summary of these reports is needed. The Committee will proceed directly to questions, except when the report author wishes to advise the Committee about new or updated information or areas of concern.
- Key messages of the QCGC will be provided to the Governing Body.
- The Chair of the Committee shall draw to the attention of the Governing Body any significant issues or risks relevant to that CCG.
- Papers must be circulated at least 5 working days prior to the meeting. Any urgent papers can be submitted with prior agreement with the Chair and must be circulated at least 2 working days prior to the meeting taking place.

5.0 Accountability

The QCGC is accountable to the Governing Body and will:

- Communicate key messages by way of a report from the Chair of the Committee at each Governing Body meeting. The Chair of the Committee shall draw to the attention of the Governing Body any significant issues or risks relevant to the CCG.
- The Committee will present an annual report of its work. As required by CCG Annual Report guidance this will, as a minimum, include information about: key responsibilities, membership, attendance records and highlights of the Committee's work over the year.

6.0 Membership

Core Membership:

- Lay Member for Patient and Public Engagement (Chair)
- Clinical Chair (Vice-Chair)
- 2 GP Governing Body Members
- GP Lead for Quality
- Lay Member for Audit and Governance
- Chief Nurse*
- Director of Corporate Service, Governance and Performance*

*Nominated deputies may attend where core members are not able to attend, **subject to prior approval from the Chair**. Deputies will NOT have voting rights.

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.

External stakeholders may be invited to attend all or part of the Committee to provide advice or support particular discussion as required.

7.0 Quorum

The Committee will be quorate when at least 5 members of the Committee are present to include at least:

- The Chair or Vice-Chair
- One Clinician (Clinicians refer to GP Members only)
- One Executive Member (A nominated deputy may not be included for this purpose).

*Nominated deputies may attend where core members are not able to attend, **subject to prior approval from the Chair**. Deputies will NOT have voting rights.

8.0 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 CCG's Constitution and the CCG's 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 quorum, 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 the Vice-Chair to be present to Chair the meeting.

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.

9.0 Meeting Frequency

The Committee will meet on a monthly basis (minimum of 10 times per year). 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 QCGC secretariat and confirmed at the next available committee meeting.

10.0 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 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.



NHS North Yorkshire Clinical Commissioning Group
Finance, Performance, Contracting and Commissioning Committee (FPCCC)

Reviewed and Approved by:	Finance, Performance, Contracting & Commissioning Committee (FPCCC)
Review Date:	One Year from Approval
Ratified By:	NHS North Yorkshire CCG
Ratified Date	April 2020
Version	1.0

1.0 Role and Core Purpose

The FPCCC is accountable to the Governing Body and has the following role:

- To formally review the financial position of the CCG, incorporating activity levels, provider contract positions and issues, 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.

2.0 Remit

2.1 Priorities

- Provide assurance reports to the Governing Body on finance, contracting, QIPP, commissioning and performance;
- Monitor that 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;

- Monitor the performance of CCG contracts;
- Approve the QIPP Delivery Programme which is developed by the Business Executive (a sub-committee of the FPCCC);
- Oversee the delivery of services provided to the CCG through the external contracts;
- 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 & Long Term Financial 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 any change in the CCGs' financial activity;
- 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 those contracted (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.

2.2 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:

- Review of the Chief Finance Officers detailed financial report prior to assurance note received by the CCG Governing Body;
- Oversight of the annual financial strategy for recommendations for approval by the Governing Bodies;
- Approve non-primary care business cases for investment & disinvestment decisions.*
- Approve non-primary care quotes and tenders.*
- Approve non-primary care capital investments and disinvestments.*
- Approve GP rent reviews.*

- Approve new drug prescribing.*
- Approval of disposals, condemnations, bad debts, losses and special payments * (then taken to Audit Committee to note and review).
- Review the delivery of external services and make recommendations to the Governing Body in respect of service delivery, quality, value for money and cost.

*** Values are contained within the Operational Scheme of Delegation which is part of the Corporate Governance Handbook.**

2.3 Performance

FPCCC will hold responsibility for communicating to Governing Body significant concerns around performance metrics. The Committee shall carry out a monthly review of the overall performance of the CCGs.

This shall include:

- Review performance against the delivery of the Operational Plan.
- Review progress and achievement against agreed national, regional and local targets which support the delivery of the CCG's strategy and plans, with a particular focus on "must-dos" and external regulation.
- Receive, and review assurance of, contract management and value for money from commissioning support services.
- An assessment of pressures within the whole system and how these affect contracts and performance.
- Opportunities to further improve performance where not discussed by other committees.
- Any additional national, regional or local requirements as determined by NHS England.

2.4 Risk Management

- Review and monitor significant risks in respect of finance, performance, contracting, commissioning and corporate risks.
- Request action by accountable individuals to manage aforementioned risks and variation in performance, ensuring plans are put in place to address the achievement of objectives and targets.
- Assess these actions in their effect on key risks.
- Ensure that variance against target performance levels is reflected in the Risk Register reports and Governing Body Assurance Framework as appropriate.
- Ensure that effective arrangements are in place for business continuity and emergency planning.

2.5 Monitoring Arrangements

The Committee will monitor overall financial performance and 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:

- Development and monitoring of the forward plan of the committee;
 - Monthly finance, performance and commissioning reports;
 - Monthly PMO reports
 - Briefing on developments in NHS finance;
 - Monthly contract performance reports;
 - Monthly performance reports;
 - Performance reports for the service support contracts;
 - Reports from Medicines Management Board
 - Reports on CHC performance
 - Reports from Children's Commissioning Team regarding investment commitment.
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- Information should be received from other groups as considered necessary from time to time by the Committee.

In order to effectively monitor progress and activity, the committee may request additional or alternative reporting materials

3.6 Reporting Arrangements and Administration

- Executive Leads are responsible for drafting the agenda with the support from the Secretariat.
- All reports submitted to the Committee must be accompanied by a fully completed cover sheet which must effectively summarise the report, explain all acronyms used and clearly specify whether the report is for approval, assurance or discussion (one only).
- Executive Leads and report authors can assume that their reports have been read and that no verbal summary of these reports is needed. The Committee will proceed direct to questions, except when the report author wishes to advise the Committee about new or updated information or areas of concern.
- Key Messages of the FPCCC will be provided to the Governing Body. The Chair of the Committee shall draw to the attention of the Governing Body any significant issues or risks relevant to the CCG.
- Papers must be circulated at least 5 working days prior to the meeting. Any urgent papers can be submitted with prior agreement with the Chair and must be circulated at least 2 working days prior to the meeting taking place.

4.0 Accountability

The FPCCC is accountable to the Governing Body and will:

- Delivery key messages by way of a report from the Chair of the Committee at each Governing Body meeting. The Chair of the Committee shall draw to the attention of the Governing Body any significant issues or risks relevant to the CCG.

- The Committee is accountable for the Business Executive (a sub-committee) and is required to ratify the terms of reference on an annual basis.
- The Committee will present an annual report of its work. As required by CCG Annual Report guidance this will, as a minimum, include information about: key responsibilities, membership, attendance records and highlights of the Committee's work over the year.

5.0 Membership

Core Membership:

- Secondary Care Doctor (Chair)
- Clinical Chair (Vice-Chair)
- 1 GP Clinical Lead
- Lay Member for Financial Performance
- Accountable Officer
- Chief Finance Officer*
- Director of Strategy and Integration*
- Director of Acute Commissioning*
- Director of Corporate Service, Governance and Performance*
- Chief Nurse*

*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 to specific agenda items as required.

6.0 Quorum

The Committee will be quorate when at least 5 members of the Committee are present to include at least:

- The Chair or Vice-Chair
- One Clinician - Clinicians refer to GP Members and Chief Nurse
- Two Executive Members; one of whom must be Accountable Officer or CFO.

7.0 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 quorum, 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.

8.0 Meeting Frequency

The Committee will meet on a monthly basis (minimum of 6 times per year).

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 FPCCC secretariat and confirmed at the next available committee meeting.

9.0 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 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.