

AUDIT AND ASSURANCE COMMITTEE

Terms of Reference

Effective from 1 April 2020

1. Introduction

The Audit and Assurance Committee (the committee) is established in accordance with the NHS County Durham Clinical Commissioning Group's (the CCG) constitution. 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 constitution.

The Committee may meet in-common with similar Committees from other CCGs as required.

2. Remit and responsibilities

The committee shall critically review the CCG's financial reporting and internal control principles and ensure an appropriate relationship with both internal and external auditors is maintained. In addition the committee is driven by the priorities identified by the clinical commissioning group and the associated risks. The duties of the Committee can be categorised as follows:

2.1 Integrated governance, risk management and internal control

The Committee's work will align with that of other Committees of the CCG to seek assurance that robust systems are in place and operating effectively, including those related to integrated governance and quality.

In particular, the Committee will review the adequacy and effectiveness of:

- all risk and control related disclosure statements (in particular the governance statement), together with any appropriate independent assurances, prior to endorsement by the CCG,
- the underlying assurance processes that indicate the degree of achievement of CCG objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements,
- the policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements and related reporting and self-certification,
- the policies and procedures for all work related to fraud and corruption as set out in Secretary of State Directions and as required by the NHS Counter Fraud Authority and Security Management Service.
- The arrangements in place to ensure the robust management and reporting of declarations of interest.

In carrying out this work the Committee will utilise the work of internal audit, external audit and other assurance functions, but will not be limited to these sources. It will also seek reports and assurances from senior officers-as appropriate, concentrating on the over-arching systems of integrated governance, risk management and internal control, together with indicators of their effectiveness. This will be evidenced through the Committee's use of an effective assurance framework to guide its work and that of the audit and assurance functions that report to it.

2.2 Internal audit

The Committee shall ensure that there is an effective internal audit function that meets mandatory Public Sector Internal Audit Standards and provides appropriate independent assurance to the Committee, the Accountable Officer and the CCG.

This will be achieved by:

- consideration of the provision of the internal audit service, the cost of the audit and any questions of resignation and dismissal,
- review and approval of the internal audit strategy, operational plan and more detailed programme of work, ensuring that this is consistent with the audit needs of the organisation, as identified in the assurance framework,
- considering the major findings of internal audit work (and management's response) and ensuring co-ordination between the internal and external auditors to optimise audit resources,
- ensuring that the internal audit function is adequately resourced and has appropriate standing within the CCG,
- an annual review of the effectiveness of internal audit.

2.3 External Audit

The Committee shall review the work and findings of the external auditors and consider the implications and management's responses to their work.

This will be achieved by:

- consideration of the performance of the external auditors, to the extent that the rules governing the appointment allow,
- discussion and agreement with the external auditors, before the audit commences, on the nature and scope of the audit as set out in the annual plan, and ensuring co-ordination, as appropriate, with other external auditors in the local health economy,
- discussion with the external auditors of their local evaluation of audit risks and assessment of the CCG and associated impact on the audit fee,
- review of all external audit reports, including the report to those charged with governance, agreement of the annual audit letter before submission to the CCG and any work undertaken outside the annual audit plan, together with the appropriateness of management responses.

2.4 Other assurance functions

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

These will include, but will not be limited to, any reviews by Department of Health arms' length bodies or regulators/inspectors (for example, NHS England or NHS Litigation Authority) and professional bodies with responsibility for the performance of staff or functions (for example Royal Colleges and accreditation bodies).

- The Committee shall seek assurances and undertake more detailed scrutiny of the implementation of work programmes associated with delivery of, for example, the CCG's Quality, Innovation, Productivity and Prevention (QIPP) targets.
- The Committee shall seek assurances relevant to any decisions made where member representatives have declared an interest but have been agreed to continue to be engaged in the discussion and decision.

2.5 Counter Fraud

The Committee shall satisfy itself that the CCG has adequate arrangements in place for countering fraud and shall review the outcomes of counter fraud work. It shall also approve the counter fraud work programme.

2.6 Management

- The Committee shall request and review reports and positive assurances from relevant senior officers on the overall arrangements for governance, risk management and internal control.
- The Committee may also request specific reports from individual functions within the CCG as they may be appropriate to the overall arrangements.

2.7 Financial Reporting

- The Committee shall monitor the integrity of the CCG's financial statements and any formal announcements relating to the CCG's financial performance, and ensure that the systems for financial reporting to the CCG, including those of budgetary control, are subject to review as to completeness and accuracy of the information provided to the CCG.
- The Committee shall review and comment upon the annual report and financial statements before recommending to the Governing Body, focusing particularly on:
 - the wording in the governance statement and other disclosures relevant to the terms of reference of the Committee,
 - changes in, and compliance with, accounting policies, practices and estimation techniques,

- unadjusted mis-statements in the financial statements,
- significant judgements in preparing of the financial statements,
- significant adjustments resulting from the audit,
- the letter of representation; and
- qualitative aspects of financial reporting.

2.8 Auditor Panel

In order to meet the requirements of the *Local Audit and Accountability Act 2014*, the Committee shall also perform the role of the Auditor Panel for the CCG. The Chair and members of the Committee will also be the Chair and members of the Auditor Panel.

The Auditor Panel shall:

- advise the CCG on the maintenance of an independent relationship with external auditors;
- advise the CCG on the selection and appointment of external auditors;
- if asked advise the CCG on any proposal to enter into a limited liability agreement.

To ensure the activities of the Auditor Panel are distinctive to the other activities of the Committee, the Chair of the Auditor Panel shall arrange separate Auditor Panel meetings as required, ensure minutes of meetings are formally recorded and submitted to the Governing Body and provide a separate annual report to the Governing Body of the panel's activities and decisions.

3. **Membership**

The committee shall be appointed by the Governing Body as set out in the CCG's constitution and shall be made up of the three Lay Members outlined in the Constitution.

The Audit Committee will be chaired by the lay member who has qualifications, expertise or experience to enable them to lead on finance and audit matters. The Audit Committee Chair will also undertake the role of Conflicts of Interest Guardian.

The Chair of the Governing Body will not be a member of the Committee.

4. **Attendance**

Chief Finance Officer
 Chief Operating Officer
 Finance and Performance Manager
 Internal Audit representative
 Local Counter Fraud Specialist
 External Audit representative
 Senior Governance Manager (North of England Commissioning Support)

Other nominated officers may be invited to attend, particularly when the committee is discussing areas of risk or operation that re the responsibility of the nominated officer.

The Chair of the Governing Body may also be invited to attend at least one meeting each year in order to form a view on, and understanding of, the Committee's operations.

The Accountable Officer would normally be invited to attend and discuss, at least annually with the Committee, the process for assurance that supports the statement on internal control. They would also normally be invited to attend when the Committee considers the draft internal audit plan and the annual accounts.

The Committee can by agreement meet 'in common' with the corresponding meeting in other CCGs if agendas have common areas that would benefit from a broader discussion.

5. Quoracy

The meeting will be quorate with at least two of the three members being present including either the Chair or the Vice Chair.

6. Frequency of Meetings

Unless agreed otherwise the Committee will meet on a quarterly basis with provision for extra meetings as required. The external auditors or head of internal audit may request a meeting if they consider that one is necessary.

At least once a year the Committee will offer to meet privately with the external and internal auditors. External and internal auditors will also have full and unrestricted rights of access to the Committee.

7. Administration

The administration of the Committee will be in line with the provisions in the CCG's Standing Orders.

The agenda for the meeting will be agreed by the Committee Chair in conjunction with the Chief Finance Officer. All papers for discussion must be submitted to the Chief Finance Officer for consideration before the agreed deadline. All papers should be circulated with the Agenda.

If an item needs to be raised on the day, this will be covered under 'any other business', subject to there being available time.

At the start of each meeting, members will be asked to consider any declarations of conflict of interest.

When necessary, a separate confidential section of the meeting will be held only with members of the Committee. Some or all of the individuals 'in attendance' would be required to leave the meeting.

Minutes of each meeting will be formally recorded and submitted to the next meeting for approval.

The Committee will endeavour to make decisions by consensus. Where there is no consensus on a particular matter, that matter may be put to a vote. Only members of the Committee are voting members. In the event of a tied vote, the Chair of the Committee shall have the casting vote.

8. Conduct of the Committee

All members of the Committee and participants in its meetings will comply with the Standards of Business Conduct for NHS Staff, the NHS Code of Conduct, and the CCG's Policy on Standards of Business Conduct and Declarations of Interest which incorporate the Nolan Principles.

The Terms of Reference will be reviewed at least once per financial year to ensure they meet all legislative requirements required and best practice.

Any changes to the Terms of Reference must be approved by the Governing Body and will require submission to NHS England as a change to the Constitution.

9. Conflicts of interest

Members should comply with the CCG's Standards of Business Conduct and Declarations of Interest Policy and complete a declaration of interest form on an annual basis which can be updated at any time, and within 28 days of a new or changed conflict of interest.

If a member feels compromised by any agenda item they should declare a conflict of interest as soon as they are aware of it, ideally before the meeting. The conflict will then be considered by the Chair either prior to the meeting or at the meeting. The Chair would then determine whether the person who declared the interest should leave the meeting for the discussion and decision making, take part in the discussion but not the decision making or take part in both the discussion and the decision making of that particular agenda item. A detailed record of any declarations of interest made in relation to the items on the agenda will be recorded in the minutes of the meeting and on the declaration of interest form which will be signed by the Chair.

10. Relationship with Governing Body

The Governing Body has delegated authority to the Committee to provide independent oversight, strategic risk assurance and assurance on financial propriety.

The Committee is authorised by the Governing Body to obtain independent legal or other independent professional advice, within reasonable limits, as and when the

Committee considers this necessary.

The Committee is accountable to the Governing Body.

The Committee Chair shall provide the Governing Body with a regular report on the Committee's activities and any significant matters.

Minutes of the Committee will be submitted to the Governing Body.

The Committee will review the draft annual accounts and annual report and make recommendations to the Governing Body.

11. Policy and best practice

The Committee will apply best practice in its decision making and in particular it will ensure that decisions are based on clear and transparent criteria.

Effective from: 1 April 2020

Review date: annually

A review log for the terms of reference is kept within the CCG's Governance Handbook

COUNCIL OF MEMBERS

Terms of Reference

Effective from 1 April 2020

1. Role

NHS County Durham Clinical Commissioning Group (CCG) is a member organisation. All practices which provide primary medical services to a registered list of patients under a General Medical Services, Personal Medical Services or Alternative Provider Medical Services contract in our area are eligible for membership of the CCG.

Full meetings of the membership are known as the Council of Members. Within the context of the CCG's Constitution the Council of Members is comprised of Member Practice representatives who are senior healthcare professionals who represent colleagues' views and who act on behalf of the practice in matters relating to the CCG. This individual must be a senior healthcare professional as defined by legislation. Each practice is free to determine how they select an individual who fulfils the requirements.

The Council of Members will elect five health care professionals to the Governing Body to represent the voice of the membership

2. Remit

The Membership has the right to:

- approve material changes to the Constitution,
- elect the Member Practice healthcare professional roles of the Governing Body (if election required),
- elect the Governing Body Chair (if election is required),
- remove the Chair (or other elected members) of the Governing Body.

The role of each practice representative is to:

- attend Council of Members meetings,
- engage with, listen to and represent the best interests of the CCG's patient population; sharing outcomes with the CCG,
- engage with, listen to and represent member practice colleagues sharing outcomes with the CCG,

- facilitate the operation of the rights described at 3.4 of the County Durham CCG Constitution:

3.4 Members' Rights

The clinical voice will influence decision making at all levels ensuring, for example, a clear link between the business of the Governing Body, Council of Members and the Committees and sub-committees of the Governing Body.

In addition, members have the right to:

- *Call and attend a general meeting of the Members*
 - *Submit a proposal for amendment of the Constitution*
 - *Put themselves forward for election to the Member Practice healthcare professional roles on the Governing Body*
 - *Attend the annual general meeting, which is open to the public.*
- communicate key messages from the CCG throughout their Practices, including the sharing of documentation as required,
 - encourage their practice to participate in any clinical commissioning engagement scheme that may be in place from time to time,
 - identify and declare actual and/or perceived conflicts of interest.

3. Membership

The Clinical Chair of the Governing Body (as elected by the member practices) will chair the Council of Members.

The Council of Members will agree a Deputy Chair.

Senior health care professional representative from each member practice.

Each member practice's Practice Manager (or equivalent) or their deputy can attend the meetings but would be non-voting.

The following individuals from the CCG will be in attendance as required:

Accountable Officer
 Chief Officers
 Chief Finance Officer
 Medical Directors
 Directors of Commissioning Strategy and Delivery
 Director of Nursing and Quality
 Joint Head of Integrated Strategic Commissioning

4. Frequency of Meetings

Meetings of the Council of Members will be held a minimum of twice per year. A separate Annual General Meeting of the Council of Members will be held once per year.

The Council of Members or Governing Body may call extraordinary meetings of the Council.

In addition to the two Council of Members meetings mentioned above, Local meetings will be held, which will be held in both the North of the area and in the South of the area, which will provide an opportunity for members to discuss issues of local relevance.

5. Conflicts of Interest

Members should comply with the CCG's Standards of Business Conduct and Declarations of Interest Policy and complete a declaration of interest form on an annual basis which can be updated at any time, and within 28 days of a new or changed conflict of interest.

If a member feels compromised by any agenda item they should declare a conflict of interest as soon as they are aware of it, ideally before the meeting. The conflict will then be considered by the Chair either prior to the meeting or at the meeting. The Chair would then determine whether the person who declared the interest should leave the meeting for the discussion and decision making, take part in the discussion but not the decision making or take part in both the discussion and the decision making of that particular agenda item. A detailed record of any declarations of interest made in relation to the items on the agenda will be recorded in the minutes of the meeting and on the declaration of interest form which will be signed by the Chair.

6. Delegated Authority

The Council of Members has delegated authority from the 63 member practices to ensure effective member practice representation in the running of the CCG.

7. Accountability

The Council of Members is accountable to each member practice of the CCG.

8. Quorum

Meetings of the Council of Members will be quorate when there is a minimum of half of all members present, with the exception of the provisions for a vote of no confidence outlined in 2.3 of the CCG Standing Orders (below):

'To call a vote of no confidence at least 55% of member practices must agree there is a need to convene an extraordinary meeting of the Council of Members to consider a vote of no-confidence. A 70% majority of all member practices must be in agreement for a vote of no-confidence to be carried in order than an elected member is removed from office.'

9. Voting Arrangements

As set out in the Standing Orders:

- a) At the discretion of the Chair all questions put to the vote shall be determined by oral expression or by a show of hands, unless the Chair directs otherwise, or it is proposed, seconded and carried that a vote be taken by paper ballot.
- b) All members will have voting rights. Decisions required as part of a meeting will be determined by simple majority vote.
- c) All potential and actual conflicts of interest must be disclosed according to the Standards of Business Conduct and Conflicts of Interest Policy.
- d) Individuals may not take part in a vote relating to the remuneration or appointment process of their own role.
- e) Where there is not a majority then the Chair will have the second and casting vote.

Should a vote be taken the outcome of the vote, and any abstentions and dissenting views, must be recorded in the minutes of the meeting.

For all other of the CCG's committees and sub-committees, including the Governing Body's committees and sub-committees, the details of the process for holding a vote are set out in the appropriate terms of reference.

Each member will have one vote. Members must be present at a Council of Members meeting to submit a vote. In the unlikely circumstance that a vote is required a majority of at least one vote is required to carry a particular proposal. If there is a tied vote then the Deputy Chair will have the casting vote, as the Chair is non-voting.

10. Policy and best practice

The Council of Members will apply best practice in its decision making and in particular it will ensure that decisions are based on clear and transparent criteria.

Effective from: 1 April 2020

Review period: Annually

EXECUTIVE COMMITTEE

Terms of Reference

Effective from 1 April 2020

1. Introduction

The Executive Committee oversees the day to day operational management of the CCG in support of the Governing Body and its committees in:

- ensuring the continued development of the CCG,
- overseeing and accounting for delivery of the CCG's strategic objectives and their supporting plans,
- supporting the development of effective collaboration across the local health and social care economy,
- managing and monitoring clinical quality, financial performance and activity.

2. Remit and responsibilities

1. To ensure the CCG fulfils the functions, duties and responsibilities set out in the CCG's Constitution.
2. Delivery and development of the CCG plans in accordance with national guidelines, the needs of the population of County Durham and in line with the County Durham Health and Wellbeing Strategy.
3. Implementation and delivery of strategic decisions agreed by the Governing Body.
4. Supporting the Governing Body with strategic decision making, developing and defining the overall direction of travel of the CCG, including the response and management of urgent or emerging issues.
5. Delivery of the medium term financial strategy as agreed by the Governing Body including robust day to day financial management and tactical decision making.
6. Ensuring the CCG commissioning activities are undertaken in accordance with the terms and scope of its authorisation and policy agreed by the NHS England.
7. Effective operational management of the CCG in accordance with organisational policies and procedures.
8. To be accountable for the effective use of CCG resources to support delivery including securing the day to day provision of effective commissioning support.
9. Day to day delivery of the CCG plans for commissioning and quality, innovation, productivity and prevention (QIPP).
10. Oversight of the commissioning of high quality services for the identified population
11. Oversight of internal and external communications and responding to requests for information or a CCG position statement.
12. Oversight of significant incidents or emergency response as a category two responder in accordance with local emergency plans.

13. Provide oversight and delivery of risk management arrangements including a review of the CCGs risk register, ensuring any agreed actions are completed.
14. Provide oversight of delivery of the quality framework including an appropriate response to urgent issues or decisions.
15. Ensure effective clinical governance is embedded in the organisation, and have oversight of the quality of commissioned services
16. To fulfil the statutory responsibilities of the CCG with regard to safeguarding vulnerable adults and children
17. Contribute to the development of CCG strategy and policy.
18. Responsibility for ensuring the CCG has an integrated approach to the management standards of health and safety and has appropriate strategy and policies in place.
19. Oversight of the development and delivery of the CCG's Organisational Development (OD) Plan.
20. To oversee the development of the CCG as an effective healthcare commissioner and local leader, building strong relationships with Local Authorities and patient and public groups.
21. To proactively manage poor local performance in accordance with the escalation process set out in the CCG's Constitution.
22. To ensure effective corporate governance in line with the CCG's Constitution, Scheme of Reservation and Delegation, including information governance.

3. Membership

Membership of the Executive Committee comprises of the (following or their nominated deputies):

Member:

Accountable Officer (Chair)
Chief Officers
Chief Finance Officer
Joint Head of Integrated Strategic Commissioning
Director of Nursing and Quality
Director of Commissioning strategy and Delivery for Primary Care
Director of Commissioning strategy and Delivery for Mental Health and Learning Disabilities
Director of Strategy and Delivery (Continuing Health Care)
Executive GPs
Medical Directors x 2

In attendance:

CCG Clinical Chair
Director of Integrated Community Services
Public Health, Durham County Council representative
Other senior CCG and NECS staff will be in attendance as required

The CCG may also co-opt non-officer members onto the Committee from other local CCGs as and when required to achieve quoracy

4. Frequency of Meetings

Formal executive meetings will be held twice a month. Each committee meeting will address CCG strategic and operational issues with one of the meetings focusing on finance and performance items.

Alternative informal and formal meetings unless otherwise agreed.

5. Administration

Arrangements for secretarial support to Executive Committee is via the Corporate Office of County Durham CCG

1. Agenda will be issued a minimum of three days prior to the meeting. Requests for items to be included on the agenda should be sent to the Governance Administrator at least 10 days before the meeting.
2. All papers for discussion must be submitted to the appropriate lead officer for approval before the agreed deadline.
3. If an item needs to be raised on the day, this will be covered under 'any other business', subject to its agreed urgency, importance and there being available time. Any items of other business must be declared at the beginning of the meeting and their inclusion agreed by the group.
4. If separate papers require circulation, these should, wherever possible, be issued with the agenda. This is intended to enable members to have the opportunity to read information in advance.
5. At the start of each meeting, members will be asked to confirm the accuracy of the declaration of interests noted on the agenda.
6. When necessary, a separate confidential agenda of the meeting will be held only with members of the Executive Committee or their nominated deputies and individuals 'in attendance' may be required to leave the meeting.
7. Where necessary issues will be decided by a simple majority of those present. In the case of equality of votes, the chair will have the casting vote. The decision on whether or not a vote is to be taken and the method of voting on the issue in question shall be a matter entirely for the discretion of the chair of the meeting to decide upon.
8. Minutes of each meeting will be formally recorded and submitted to the next meeting for approval.

6. Conflicts of interest

Members should comply with the CCG's Standards of Business Conduct and Declarations of Interest Policy and complete a declaration of interest form on an annual basis which can be updated at any time but which will be formally reviewed on a six monthly basis. If a member feels compromised by any agenda item they should declare a conflict of interest as soon as they are aware of it, ideally before the meeting. The conflict will then be considered by the Chair either prior to the meeting or at the meeting. The Chair would then determine whether the person who declared the interest should leave the meeting for the discussion and decision making, take part in the discussion but not the decision making or take part in both the discussion and the decision making of that particular agenda item. A detailed record of any declarations of interest made in relation to the items on the agenda will be recorded in the minutes of the meeting and on the declaration of interest form which will be signed by the Chair. In a situation whereby the Chair of the meeting is conflicted, a non-conflicted Chief Officer will Chair the meeting.

7. Relationship with Governing Body

The Executive Committee will operate in accordance with the CCGs Scheme of Delegation and Financial Limits approved by Governing Body.

The CCG Governing Body has delegated authority to Executive Committee to provide an oversight role for managing and developing the commissioning group.

Executive Committee has authority to establish sub groups in order to support the delivery of its terms of reference. Such groups will report back and be accountable to Executive Committee.

This is the governance route for decision making to the CCG Governing Body. Executive Committee is accountable through Accountable Officer-to the Governing Body for delivery against its terms of reference. Confirmed minutes of the meeting will be received by the Governing Body.

8. Policy and best practice

Executive Committee will apply best practice in its decision making, and in particular it will ensure that decisions are based on clear and transparent criteria.

9. Conduct of Committee

All members of the Executive Committee and participants in its meetings will comply with the Standards of Business Conduct for NHS Staff, the NHS Code of Conduct, and the CCG's Policy on Standards of Business Conduct and Declarations of Interest which incorporate the Nolan Principles.

The Executive Committee will review its own performance, membership and terms of reference annually and prepare an annual cycle of business. Recommendations for amendment of the Terms of Reference will be made to the Governing Body for approval.

10. Quoracy

The meeting will be quorate with at least one-third of the whole number of the Chair and members including one of either the Accountable Officer, Chief Officer or Chief Finance Officer present, three clinicians (including at least one Executive GP) and one other member, unless the clinicians have to leave the meeting as a result of declarations of interest.

In the event that the clinicians have to leave the meeting due to a conflict of interest the quoracy will be at least one-third of the whole number of the non-conflicted members including one of either the Accountable Officer, Chief Officer or Chief Finance Officer.

Effective from: Updated May 2021

Review date: annually

A review log for the terms of reference is kept within the CCG's Governance Handbook.

PATIENT PUBLIC AND CARER ENGAGEMENT (PPCE) COMMITTEE

Terms of Reference

Effective from 1 April 2020

1. Role

The role of the PPCE Committee is to support the CCG in fulfilling its statutory duty on engagement processes for local patients, the public and carers.

2. Remit

- 2.1 To take a strategic view of Patient, Public and Carer engagement activity to help provide assurance to the Governing Body that the CCG delivers its statutory and legal requirements with regard to engagement, as well as the objectives set out in the CCG's Communications and Engagement Strategy.
- 2.2 To review, challenge and evaluate CCG engagement processes, help identify potential gaps in engagement activity and make recommendations on how these can be improved and adapted to ensure better representation of the communities of County Durham.
- 2.3 To provide a forum to develop and discuss relationships between the CCG and the population of County Durham by allowing time for meaningful discussions regarding the way in which the CCG communicates and engages with individuals and organisations.
- 2.4 To be a two way communication channel between patients, public, carers, communities / community groups, corporate members, and CCG management/support teams. This is intended to ensure that ideas and concerns from members can be escalated via the Lay Member for Patient and Public Involvement to the Clinical Chair and Governing Body in order that these can be taken forward as appropriate. The two-way process will also provide public and corporate members more insight and understanding into the function of the CCG as information is shared and made available to members. This should help to ensure that strategies and initiatives are implemented effectively and enable the organisation to demonstrate that it is able to be informed from the 'bottom up'.
- 2.5 To inform the future Communications Engagement Strategy and activity.

3. Legal and Statutory Duties

- 3.1 To monitor and review the CCG's fulfilment of its duties to inform and consult as set out in the *NHS Constitution* and the *Health and Social Act 2012*.
- 3.2 To seek assurance that the CCG is meeting the requirements for commissioners as set out in the *Equality Act 2010*.

4. Effective Engagement Activity

- 4.1 To monitor the CCG's progress against the objectives set out in the CCG's Communications and Engagement Strategy.
- 4.2 To review and scrutinise the CCG's engagement activity to ensure that it is proportionate, inclusive and covers all geographical areas of the CCG.
- 4.3 To hold the CCG to account to ensure that all engagement activity is transparent and that value for money for the taxpayer is achieved.
- 4.4 To receive information regarding CCG engagement activity in a timely manner to allow appropriate input into this work.
- 4.5 To ensure that systems and processes are in place to listen to the voice of patients, take action and feedback to patients and the public on actions taken forward.
- 4.6 To receive regular updates including the quarterly community engagement project report and to evaluate progress.

5. Developing the CCG's 'reach' / Active and Growing Membership

- 5.1 Support the CCG in its efforts to develop the County Durham CCG membership model (MyNHS) as well as any relevant connections with key local groups / agencies / partners.
- 5.2 Provide expertise that helps ensure the engagement approaches continually look at ways to capture the broadest / most diverse range of views and experiences it can.
- 5.3 Seek assurance that the membership model (MyNHS) and more broadly the engagement activities undertaken by the CCG are accessible to all members of the public and voluntary and community organisations in County Durham and that every effort is made to access and involve seldom heard groups in the model.

5.4 Monitor the effectiveness of the organisations 'reach' and membership model and identify areas for development.

6. Membership

For all appointed members that are listed below, the tenure of their post will be three years. Other individuals may be invited to attend as the requirements of the Committee dictate or in relation to dedicated pieces of work.

- Lay Member, Patient and Public Involvement (Chair)
- CCG's Clinical Chair (Deputy Chair)
- Patient representative for each County Durham Locality (drawn from Patient Reference Groups)
 - Chester-le-Street
 - Derwentside
 - Durham (City)
 - Durham Dales
 - Easington
 - Sedgefield
- Public members x 4
- Voluntary Community Sector representatives
 - Durham Community Action
 - Area Action Partnership representatives x 2
(Durham County Council – North and South representatives)
- Healthwatch County Durham representative
- Durham County Council Communications representative

Staff in attendance

- CCG Head of Engagement
- CCG Engagement Manager
- CCG Engagement Lead
- Head of Corporate Services

7. Supplementary information regarding membership

7.1 Voluntary Community Sector (VCS) Representation:

The VCS in County Durham plays a vital role in supporting groups and individuals through their work. They also have a great deal to contribute to the work of the CCG in a variety of ways, such as helping to ensure the CCG is connected to relevant groups as part of activities and that any issues are able to be highlighted from members and fed back to the CCG.

7.2 Healthwatch County Durham

Due to the independent role that Healthwatch County Durham has in terms of giving local people a voice on health and social care services it provides a vital element in the partnership working for the CCG in terms of patient engagement. Through the work of the organisation and the various powers (such as 'Enter and View') and role in feeding into commissioners, providers and regulators (such as the Care Quality Commission) it is able to help identify views and issues affecting the people the CCG serves that need to be included in our conversations.

7.3 Patient Reference Group (PRG) Representation:

One member from each of the six localities within County Durham that help make up the Patient Reference Group areas (Chester-le-Street, Derwentside, Durham, Durham Dales, Easington and Sedgefield PRGs) will be nominated to the Committee with the option to elect one substitute. The identification of the representative will be at the discretion of the PRG itself which must involve a democratically agreed process at one of their meetings and to involve a quorate representative sample of members. Should the PRG representative vacate their position then the PRG will be able to identify a replacement representative through a repetition of their agreed process.

7.4 Public members:

There will be four places available on the Committee to anyone who lives in County Durham to become a member. There will be an application process including an informal 'interview' to help the prospective member and the CCG develop their understanding of each other and the suitability of their involvement in the Committee. Flexibility will be incorporated where an individual may encounter any specific barriers to enable them to have equal opportunities for contributing their skills, knowledge and experience. If the public member representative vacates their position then the PPCE Committee may choose to recruit a replacement representative.

8. Frequency of Meetings

The Committee will meet on a bi-monthly basis starting in April each year.

Venue for meetings – TBC (Either one central County Durham location or alternate between a North Durham and South Durham location).

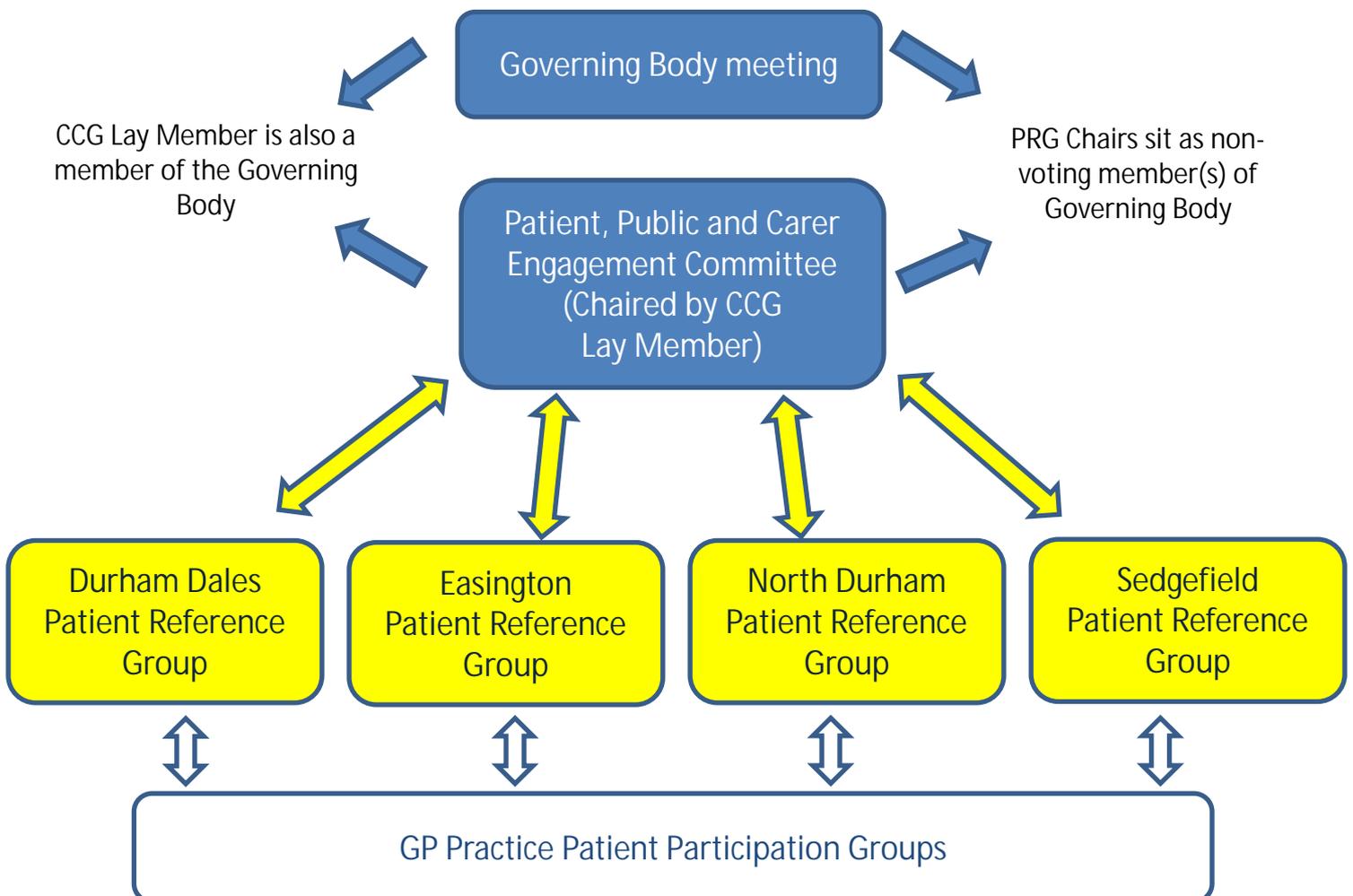
9. Delegated Authority

The CCG Governing Body has delegated authority to the PPCE Committee to make recommendations to the Executive Committee and Governing Body on key engagement issues, on the identification and systematic adoption of best practise in this area of work and where appropriate, highlighting patient issues relevant across the population of County Durham.

10. Accountability

The PPCE Committee is accountable to the County Durham CCG Governing Body.

11. Governance Structure



12. Quoracy

The meeting will be quorate with a minimum of six members present, including, either the Chair or Deputy Chair, at least one representative present from the public members, at least one representative present from the voluntary sector members and at least one representative present from the PRG members.

In the unlikely occurrence that both the Chair or Deputy Chair are unavailable, one of the PRG representatives can be asked to chair the meeting.

Where there is consistent non-attendance (without valid reason or notification) membership of the role will be reviewed and consideration given to whether an alternative representative may need to be identified.

13. Administration

To be provided by the CCG corporate services function.

1. Agenda will be issued a minimum of three working days prior to the meeting. Requests for items to be included on the agenda should be sent to the Governance Administrator at least five working days before the meeting.
2. All papers for discussion must be submitted to the appropriate lead officer for approval before the agreed deadline.
3. If an item needs to be raised on the day, this will be covered under 'any other business', subject to its agreed urgency, importance and there being available time. Any items of other business must be declared at the beginning of the meeting and their inclusion agreed by the group.
4. If separate papers require circulation, these should, wherever possible, be issued with the agenda. This is intended to enable members to have the opportunity to read information in advance.
5. At the start of each meeting, members will be asked to confirm the accuracy of the declaration of interests noted on the agenda.
6. Minutes of each meeting will be formally recorded and submitted to the next meeting for approval.

14. Communication and reporting

Key actions and agreements to be captured on an action/agreement log, with the addition of formal minutes.

Copies of the minutes can be circulated to the wider PRG membership to aid information exchanges and discussions.

Minutes of each PRG will be received for information.

15. Transparency and Confidentiality and Code of Conduct

As a body representing the public, all members will be expected to abide by the Nolan Principles:

15.1 *Selflessness*: Members should act solely in terms of the public interest. They should not do so in order to gain financial or other benefits for themselves, their family or their friends.

15.2 *Integrity*: Members should not place themselves under any financial or other obligation to outside individuals or organisations that might seek to influence them in the performance of their official duties.

15.3 *Objectivity*: In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, members should make choices on merit.

15.4 *Accountability*: Members are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.

15.5 *Openness*: Members should be as open as possible about all the decisions and actions that they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands it.

15.6 *Honesty*: Members have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.

15.7 *Leadership*: Members should promote and support these principles by leadership and example.

16. Declarations of Interest:

Members should comply with the CCG's Standards of Business Conduct and Declarations of Interest Policy and complete a declaration of interest form on an annual basis which can be updated at any time but which will be formally reviewed on a six monthly basis.

If a member feels compromised by any agenda item they should declare a conflict of interest as soon as they are aware of it, ideally before the meeting. The conflict will then be considered by the Chair either prior to the meeting or at the meeting. The Chair would then determine whether the person who declared the interest should leave the meeting for the discussion and decision making, take part in the discussion but not the decision making or take part in both the discussion and the decision

making of that particular agenda item. A detailed record of any declarations of interest made in relation to the items on the agenda will be recorded in the minutes of the meeting and on the declaration of interest form which will be signed by the Chair. In a situation whereby the Chair of the meeting is conflicted, a non-conflicted Chief Officer will Chair the meeting.

Effective from: 1 April 2020

Review date: Annually

A review log for the terms of reference is kept within the CCG's Governance Handbook.

PRIMARY CARE COMMISSIONING COMMITTEE

Terms of Reference

Effective from 1 April 2020

Introduction and Statutory Framework

- 1.1 In accordance with its statutory powers under section 13Z of the National Health Service Act 2006 (as amended), NHS England (NHSE) has delegated the exercise of the functions specified in these Terms of Reference to NHS County Durham CCG. The delegation is set out in Schedule 1
- 1.2 The CCG has established the NHS County Durham 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.
- 1.3 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);
 - e) Duty in relation to quality of primary medical services (section 14S);
 - 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).
- 1.4 The CCG will also exercise the delegated functions from NHS England, in accordance with :
- Duty to have regard to impact on services in certain areas (section 13O);
 - Duty as respects variation in provision of health services (section 13P).

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

2. Constitution

The Primary Care Commissioning Committee (the Committee) is established in accordance with the NHS County Durham CCG constitution. The Committee is established as a Committee of the Governing Body. 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 constitution.

3. 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 in County Durham 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 NHS County Durham 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 continue to promote increased co-commissioning to increase quality, efficiency, productivity and value for money and to remove administrative barriers.
- 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.

This includes the following:

- Newly designed enhanced services
- Receive and approve newly designed Local Enhanced Services funded entirely from the delegated primary care budget, Where local enhanced services are developed from multiple funding sources, to approve the relevant funding contribution from delegated primary care budgets towards those services.
- Receive for information newly designed local enhanced services for primary care that are funded and approved by executive committee from CCG core funding or other funding sources.

- Note the introduction of new “Directed Enhanced Services” and the financial impact on the primary care budget;
- Design of local incentive schemes.
- Decision making on whether to establish new GP practices in an area;
- Approving practice mergers; and

- Making decisions on 'discretionary' payment (e.g., returner/retainer schemes).

3.5 The Committee will also carry out the following activities:

- a) Decision making on Practice or branch closure proposals;
- b) planning primary medical care services, including carrying out needs assessments.
- c) To undertake reviews of primary medical care services in County Durham.
- d) To co-ordinate a common approach to the commissioning of primary care services generally;
- e) To manage the budget for commissioning of primary medical care services in County Durham.
- f) Procurement of Agreed Services
 - The CCG will make procurement decisions relevant to the exercise of the Delegated Functions and in accordance with the detailed arrangements regarding procurement set out in the procurement protocol issued and updated by NHS England from time to time.
 - In discharging its responsibilities set out in clause 6 (*Performance of the Delegated Functions*) and paragraph 1 of Schedule 2 (*Delegated Functions*) of the Delegation Agreement, the CCG must comply at all times with procurement law and statutory guidance.
 - Where the CCG wishes to develop and offer a locally designed contract, it should engage the Local Medical Committee in relation to the proposal and demonstrate whether and how the scheme will: improve outcomes, reduce inequalities and provide value for money.

4. Membership and attendees

In line with Statutory Guidance, the Committee must be constituted to have a lay and executive majority, where lay refers to non-clinical.

The Committee shall consist of the following members:

Two Lay Members (not the Lay Member fulfilling the role of Chair of the Audit Committee). The Lay Members will fulfil the roles of Committee Chair and Committee Vice-Chair.

Chief Operating Officer
Chief Finance Officer
Directors of Commissioning Strategy and Delivery x 2
Registered Nurse of the Governing Body

The following will be invited to attend meetings of the Committee. For the avoidance of doubt, these will be in-attendance and will not be entitled to vote:

Chair of the Governing Body
Medical Director
GP representative
Healthwatch representative
NHSE representative
Local Authority Health and Wellbeing Board representative

5. Meetings and Voting

- 5.1 The Committee can by agreement meet 'in common' with the corresponding meeting in other CCGs if agendas have common areas that would benefit from a broader discussion.
- 5.2 The Committee will operate in accordance with the CCG's Standing Orders. The Secretary to the Committee will be responsible for giving notice of meetings. 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.
- 5.3 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.

6. Quoracy

To be quorate the Committee Chair or Vice Chair, the Chief Finance Officer or Chief Operating Officer and one other non-conflicted member should be present.

7. Frequency and operation of meetings

- 7.1 Meetings will be held bi-monthly as a minimum.
- 7.2 Meetings of the Committee shall:
 - a) Be held in public, subject to the below;

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.

7.3 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.

7.4 The Committee may delegate tasks to such individuals, sub-committees or individual members as it shall see fit, provided that any such delegations are 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..

7.5 The Committee may call additional experts to attend meetings on an ad hoc basis to inform discussions.

7.6 Members of the Committee shall respect confidentiality requirements as set out in the CCG Constitution.

8. Accountability of the Committee

Responsibility of this Committee is outlined within the CCG's Constitution and also within the Scheme of Reservation and Delegation. The CCG's Standing Financial Instructions and Financial Limits outline the budgetary delegation and approval arrangements applicable.

The Committee is established as a committee of the Governing Body of the CCG and is accountable to the governing body and to NHS England. Minutes of the meetings (including any sub-committees) will be made available to the Governing Body and will also be shared with NHS England.

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. In addition to the management of those primary care budgets delegated by NHS England, the Governing Body may delegate the management of additional primary care budgets as deemed appropriate.

The Committee will ensure that patient/public engagement or consultation is considered and undertaken as appropriate to aid decision making.

9. Conflicts of interest

- 9.1. Members should comply with the CCG's Standards of Business Conduct and Declarations of Interest Policy and complete a declaration of interest form on an annual basis which can be updated at any time but no less than 28 days after a new conflict becomes apparent. If a member feels compromised by any agenda item they should declare a conflict of interest as soon as they are aware of it, ideally before the meeting. The conflict will then be considered by the Chair either prior to the meeting or at the meeting. The Chair would then determine whether the person who declared the interest should leave the meeting for the discussion and decision making, take part in the discussion but not the decision making or take part in both the discussion and the decision making of that particular agenda item.

A detailed record of any declarations of interest made in relation to the items on the agenda will be recorded in the minutes of the meeting and on the declaration of interest form which will be signed by the Chair.

10. Decisions

- 10.1 The Committee will make decisions within the bounds of its remit.
- 10.2 The decisions of the Committee shall be binding on both NHS England and the CCG
- 10.3 The committee will produce an executive summary report on decisions which will be presented to NHS England and the next CCG governing body meeting.

Effective from: 1 April 2020

Review date: annually

A review log for the terms of reference is kept within the CCG's Governance Handbook.

Schedule 1: Primary Care Delegation

Schedule 1: Primary Care Delegation



2020-21 Delegation
County Durham .pdf

QUALITY COMMITTEE

Terms of Reference

Effective from 1 April 2020

1. Role

The role of the Quality Committee (QC) is to examine and make recommendations with regard to the quality standards of commissioned services, pathway developments and quality indicators of new services against the clinical priority areas of the national Improvement and Assessment Framework (IAF).

The QC will support the delivery of the statutory duties of County Durham CCG to reduce inequalities in the health of the local population and to ensure equity of health and access to services. It will ensure that innovative ways of working are considered and tested by using safe and measured approaches.

Approve and ratify any necessary quality related documents prior to submission to the Governing Body.

The QC will also provide assurance to the Governing Body and the Executive Committee County Durham CCG that patients (adults and children) are being treated effectively, safely and have a positive experience, benchmarking local commissioned services against national and regional sources of information. This will include the oversight of quality improvement in primary care.

2. Objectives

The primary objectives of the QC are to:

1. *safeguard our patients from harm,*
2. *ensure continued development of appropriate high quality provision of services to the population,*
3. *secure rapid improvements to the quality of care in failing organisations,*
and
4. *drive up quality and foster a culture of safety and clinical effectiveness including across primary care.*

3. Remit of the group

The remit of the CQ is organised into five main areas to include:

3.1 Clinical engagement

Evidence practice and broad clinical engagement, through the locality/constituency model of County Durham CCG, in the development of the quality, research and innovation programmes of work.

3.2 Clinical quality (clinical effectiveness, patient safety and experience)

Provide expertise and assurance that the commissioning plans of the CCG fully reflects the NHS Constitution and deliver against the clinical priority areas and domains of the IAF.

Identify and manage a programme of work that ensures robust systems and processes, and provides assurance to the Governing Body that the services commissioned by the CCG are being delivered to an appropriate quality standard.

Contribute to the identification of clinical risk and oversee the mitigating actions, making escalation recommendations to the Executive Committee of County Durham CCG.

Consider the health status of the population of the CCG and recommend areas of commissioning development and quality improvement to the Executive Committee County Durham CCG.

Seek assurance that patient experience is to the expected standard and that the public views are an integral part of the commissioning process.

Ensure systems and process are in place to listen to the clinical concerns of patients, take action and feedback to patients and the public on actions taken forward.

Receive and analyse clinical quality information and make recommendations for improvement actions across all commissioned services.

Monitor the impact of any service or pathway changes made against the quality standards within the contract, via a quarterly information report, with a clear escalation process to enable appropriate engagement of external bodies. This includes NHS England Cumbria and the North East / NHS Improvement, the Care Quality Commission and Monitor.

Determine and oversee the delivery of the programme of work that will safeguard children and adults, ensuring lessons are learnt and shared and that delivery of actions is monitored.

Receive and scrutinise independent investigation reports relating to patient safety issues, taking forward recommendations via the contractual process and CCG improvement plans.

Develop and oversee delivery of the commissioning approach of the CCG to quality improvement.

Continuously review and provide expert advice on the clinical effectiveness of commissioned services including National Institute for Clinical Excellence (NICE) guidance.

Ensure that robust information governance systems and processes are in place to safeguard patient information.

Receive details of and consider Caldicott issues on behalf of the CCG at least twice per year.

Receive regular reports outlining details of complaints received by the CCG in relation to services commissioned by the CCG.

3.3 Innovation and Commissioning

Develop and oversee development of innovation processes for the CCG, through the Research and Innovation Working Group, to ensure that new ways of working are safe, effective and measurable.

Support the development of relevant clinical pathways based on the identified priorities of the CCG.

Educate staff and practice staff on the importance of the quality outcomes and the assurance processes being built into the innovation and commissioning processes.

Monitor the impact of pathway changes and consider the evaluation reports of 'tested pilots', making recommendations to the Executive Committee of County Durham CCG about future commissioning decisions.

Disseminate good practice and new model ways of working through publication, attendance at national conferences and sharing events.

3.4 Quality in primary care

Determine and monitor delivery of the annual quality improvement scheme, making recommendations to the County Durham CCG about the scope and value of the scheme and expected impacts against payment.

Seek assurance that effective working relationships are in place, and understood by general practices, with North of England Commissioning Support and NHS England Cumbria and the North East / NHS Improvement.

Have a programme of engagement in place with practices to help drive up quality in primary care, stimulate a positive reporting culture, understanding clinical quality variation and developing quality improvement capability.

Oversee and seek assurance that commissioned services are compliant with the safe management and storage of controlled drugs; that medicines are used to benefit patient health and that medication errors are reported and managed accordingly.

Approve and monitor the annual prescribing scheme set by the prescribing groups of the CCG. Determine and oversee the delivery of the local programmes of work to reduce the number of healthcare acquired infections.

As the CCG have fully delegated responsibility for the commissioning of general medical services in primary care, the QC would work collaboratively with NHS England Cumbria and the North East / NHS Improvement to ensure high quality of services are delivered.

Work collaboratively with the NHS England Cumbria and the North East to ensure that high quality services are delivered in other primary care and specialist services.

Make recommendations to the CCG with regard to clinical quality concerns that were highlighted with regard to general practice primary care.

3.5 Research (via the Research and Innovation Working Group)

Seek assurance that the programme of research for the CCG is safely governed.

Consider and recommend pieces of research.

Remain apprised of the research being undertaken across the CCG and the research networks.

Ensure that an effective process is in place that makes best use of research evidence in the commissioning process.

4. Membership

- 2 x Co-Chairs: Medical Directors (one of which is the Caldicott Guardian), County Durham CCG
- 1 x Director of Nursing and Quality
- 1 x Quality Development Manager (rotating)
- 1 x Practice Nurse Links representative
- 1 x Commissioning Team representative
- 1 x Medicines Optimisation Team representative
- 1 x North of England Commissioning Support (NECS) Clinical Quality Team representative
- 1 x Public Health representative
- 1 x Safeguarding lead
- 1 x Infection Control and Prevention Team lead
- 2 x Executive GPs

In attendance

- County Durham Research and Innovation Lead
- Governing Body Secondary Care Doctor

Open invitation to attend for:

- Clinical Chair
- Accountable Officer / Chief Officer x2

Deputy arrangements

When a member cannot attend a nominated deputy should attend on behalf of that member with delegated authority, where able.

Other individuals may be co-opted to the group as required and at the request of the Chair.

5. Frequency of Meetings

The QC will meet monthly.

6. Confidential Meetings

A separate confidential section of the meeting will be held separately with members only present.

7. Administration

Arrangements for secretarial support to the QC is via the Corporate Offices of County Durham CCG

1. Agenda will be issued a minimum of three working days prior to the meeting. Requests for items to be included on the agenda should be sent to the meeting administrator at least five working days before the meeting.
2. All papers for discussion must be submitted to the appropriate lead officer for approval before the agreed deadline.
3. If an item needs to be raised on the day, this will be covered under 'any other business', subject to its agreed urgency, importance and there being available time. Any items of other business must be declared at the beginning of the meeting and their inclusion agreed by the group.
4. If separate papers require circulation, these should, wherever possible, be issued with the agenda. This is intended to enable members to have the opportunity to read information in advance.
5. At the start of each meeting, members will be asked to confirm the accuracy of the declaration of interests noted on the agenda.
6. When necessary, a separate confidential agenda of the meeting will be held only with members of the QC or their nominated deputies and individuals 'in attendance' may be required to leave the meeting.

7. Where necessary issues will be decided by a simple majority of those present. In the case of equality of votes, the chair will have the casting vote. The decision on whether or not a vote is to be taken and the method of voting on the issue in question shall be a matter entirely for the discretion of the chair of the meeting to decide upon.
8. Minutes of each meeting will be formally recorded and submitted to the next meeting for approval.

8. Conflicts of interest

Members should complete a declaration of interest form on an annual basis which can be updated at any time but which will be formally reviewed on a six monthly basis. If a member feels compromised by any agenda item they should declare a conflict of interest as soon as they are aware of it, ideally before the meeting. The conflict will then be considered by the Chair either prior to the meeting or at the meeting. The Chair would then determine whether the person who declared the interest should leave the meeting for the discussion and decision making, take part in the discussion but not the decision making or take part in both the discussion and the decision making of that particular agenda item. A detailed record of any declarations of interest made in relation to the items on the agenda will be recorded in the minutes of the meeting and on the declaration of interest form which will be signed by the Chair.

9. Delegated Authority

The Governing Body of the CCG has delegated authority to the QC to make recommendations to the Executive Committee County Durham CCG and the Governing Body on key quality and safety issues and also on the identification and systematic adoption of best practice.

10. Accountability

The QC is accountable to the Governing Body of the CCG. Minutes of the meetings will be made available to the Governing Body members.

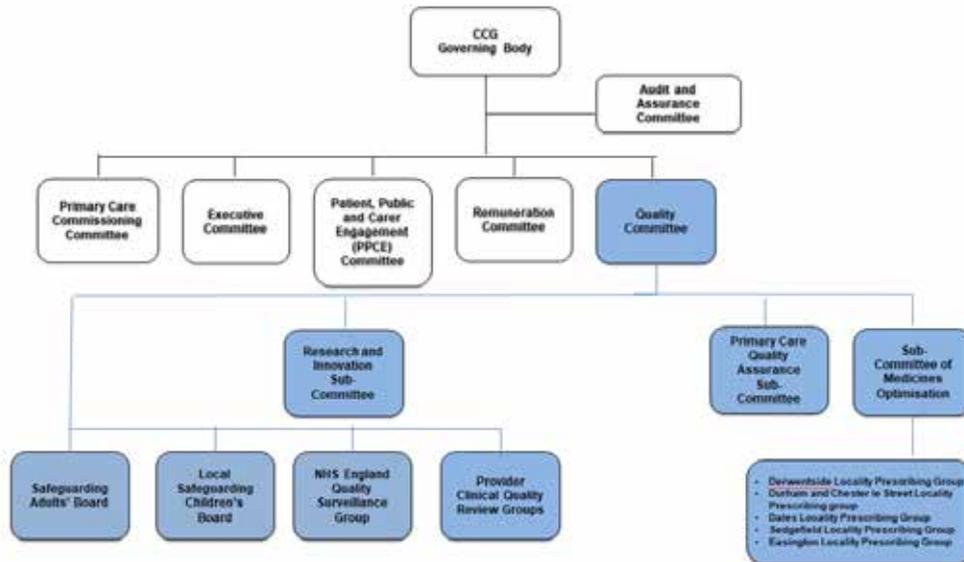
There are three sub-committees, which are accountable to the QC:

- Sub-Committee of Medicines Optimisation (sCOMO)
- Primary Care Quality Assurance Sub-Committee
- Research and Innovation Sub-Committee

The minutes of the sub-committees will be received by the QC.

11. Quality Organogram

Quality Organogram 2020



12. Quoracy

The meeting will be quorate with a minimum of:

- one of the Co-Chairs or Director of Nursing and Quality,
- two clinicians from County Durham CCG,
- a minimum of at least six people.

Updated: January 2021, approved by GB March 2021

Review: annually

A review log for the terms of reference is kept within the CCG's Governance Handbook.

REMUNERATION COMMITTEE

Terms of Reference

Effective from 1 April 2020

1. Introduction

The Remuneration Committee (the committee) is established in accordance with the NHS County Durham Clinical Commissioning Group's Constitution, standing orders and scheme of delegation. These Terms of Reference set out the membership, remit, responsibilities and reporting arrangements of the Committee and shall have effect as if incorporated into the CCG's Constitution.

The Remuneration Committee (the Committee) shall make recommendations to the Governing Body on pay and remuneration for senior employees of the Clinical Commissioning Group (CCG) and people who provide services to the CCG, and allowances under any pension scheme it might establish as an alternative to the NHS pension scheme.

The advice given by the Committee will have been reached following due consideration of all relevant internal and external factors, so that the decisions of the Governing Body are publicly defensible and reached with probity, discipline and objectivity. For the purposes of this Committee, 'Directors' refers to all executives who are members of the Governing Body.

2. Remit and responsibilities

The Committee shall consider and make recommendations to the Governing Body on:

- a. determinations about pay and remuneration, including any performance-related bonuses, for employees of the CCG and people who provide services to the CCG and allowances under any pension scheme it might establish as an alternative to the NHS pension scheme.
- b. provisions for other benefits, including pensions and lease cars, arrangements for termination of employment and other contractual terms.
- c. appropriate contractual arrangements for senior staff.

- d. the severance payments of the Accountable Officer and usually of other senior staff, seeking HM Treasury approval as appropriate in accordance with the guidance 'Managing Public Money'.
- e. No member of the Committee may play a part in the discussion or determination about their own salary or terms and conditions.
- f. The Remuneration Committee may not discuss the remuneration or terms and conditions of Lay Members. The Governing Body has established a panel to determine lay member remuneration and allowances. Details are included in the Governance Handbook.

In addition, the Committee will be responsible for receiving a report from the Governing Body Chair on the outcome of the appraisal of the Accountable Officer.

3. Policy and best practice

The Committee will apply best practice in the decision making processes, for example, when considering individual remuneration the Committee will:

- comply with current disclosure requirements for remuneration,
- if required seek independent advice about remuneration for individuals, and
- ensure that decisions are based on clear and transparent criteria.
- Observe the highest standards of propriety involving impartiality, integrity and objectivity in relation to the stewardship of public funds and the management of the bodies concerned.

The Committee has full authority to commission any reports or surveys it deems necessary to help it fulfil the remit outlined above.

The Committee will advise on any other matter that the Secretary of State for Health deems necessary or appropriate.

4. Membership

The Committee shall be appointed by the Governing Body from amongst its Governing Body members. Only members of the Governing Body may be members of the Remuneration Committee.

The Members will be two Lay Members of the Governing Body, the Secondary Care Specialist and the Chair of the Governing Body.

The Chair and Vice-Chair of the Committee will be Lay Members of the Governing Body.

The Chair of the Audit Committee will not be a member of the Committee.

In attendance:

The following individuals may be invited to attend for all or part of the meeting, providing their own remuneration or terms of service are not being discussed:

Accountable Officer
Chief Operating Officer
Chief Finance Officer
HR Lead from North of England Commissioning Support (NECS),
External advisors
Other members of staff may attend to present reports

5. Quoracy

A meeting of the Committee will be quorate when two members are present, including the Committee Chair or Vice Chair.

6. Frequency of Meetings

The Committee would normally meet on an 'as required' basis.

The Committee can by agreement meet 'in common' with the corresponding meeting in other CCGs if agendas have common areas that would benefit from a broader discussion.

7. Administration

Arrangements for administrative support to the Committee will be provided by the corporate office and will, with the exception of the below, be in line with the arrangements outlined in the Standing Orders.

The Committee Chair will be responsible for setting the agenda, in discussion with the Accountable Officer. Requests for items to be included on the agenda should be sent to the Accountable Officer and the Committee Chair. All papers for discussion must be submitted to the Accountable Officer for approval before the agreed deadline, unless the Accountable Officer is conflicted in a specific paper – these will then be submitted to the Committee Chair.

If an item needs to be raised on the day, this will be covered under 'any other business', subject to there being available time as determined by the Committee Chair.

Minutes of each meeting will be formally recorded and submitted to the next meeting.

The Committee will endeavour to make decisions by consensus. Where there is no consensus on a particular matter, that matter may be put to a vote. In the event of a tied vote, the Chair of the Committee shall have the casting vote.

8. Conflicts of interest

Members should comply with the CCG's Standards of Business Conduct and Declarations of Interest Policy and complete a declaration of interest form on an annual

basis or earlier if a conflict arises (and in any event within 28 days of such a conflict arising).

If a member feels compromised by any agenda item they should declare a conflict of interest as soon as they are aware of it, ideally before the meeting. The conflict will then be considered by the Chair either prior to the meeting or at the meeting. The Chair would then determine whether the person who declared the interest should leave the meeting for the discussion and decision making, take part in the discussion but not the decision making or take part in both the discussion and the decision making of that particular agenda item. A detailed record of any declarations of interest made in relation to the items on the agenda will be recorded in the minutes of the meeting and on the declaration of interest form which will be signed by the Chair.

9. Relationship with Governing Body

The Committee provides the Governing Body with recommendations for its consideration and approval.

The Committee will report either verbally or in writing to a confidential meeting of the Governing Body the basis for its recommendations, ensuring that sufficient information is provided to allow the Governing Body to make a considered decision on the recommendations of the Remuneration Committee.

The Chair of the Committee shall draw to the attention of the Governing Body, any issues that require disclosure to the relevant statutory body, or require executive action. They will also highlight any risks to the Governing Body. Minutes of the Governing Body meetings shall record such decisions.

10. Conduct of the Committee

All members of the Committee and participants in its meetings will comply with the Standards of Business Conduct for NHS Staff, the NHS Code of Conduct, and the CCG's Policy on Standards of Business Conduct and Declarations of Interest which incorporate the Nolan Principles.

Members of, and those attending, the Committee shall respect confidentiality requirements as set out in the CCG's Standing Orders and Standards of Business Conduct and Declarations of Interest Policy.

The terms of reference will be reviewed at least once per financial year to ensure they meet all legislative requirements required and best practice and any changes will be approved by the Governing Body.

Amendments to the Terms of Reference also require approval by NHSE, as a change to the Constitution.

Effective from: 1 April 2020

Review period: Annually

A review log for the terms of reference is kept within the CCG's Governance Handbook.

