

Appendix 2

CCG Governance Handbook

Version:	001
Ratified by:	
Date ratified:	
Name of Director Sponsor	Charlotte Dillaway, Director of Strategy and Planning
Name of responsible committee/individual:	Audit and Risk Committee
Date issued:	
Review date:	March 2021
Target audience:	All Southend CCG employees and governing body members, temporary and agency staff and contractors

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1.1 Governing Body Members

Name	Role	Date of first appointment	Date of current appointment	Expiry of current appointment	Eligible for reappointment?
	Insert one of <input type="checkbox"/> GP member (locality) <input type="checkbox"/> Accountable Officer <input type="checkbox"/> Chief Finance Officer <input type="checkbox"/> Chief Nurse <input type="checkbox"/> Lay Member <input type="checkbox"/> Secondary Care Consultant				

1.2 Observers to the Governing Body (as specified in Article 23 of the Constitution)

Name	Role	Date of first appointment	Date of current appointment	Expiry of current appointment	Eligible for reappointment?

1.3 Advisors to the Governing Body (as specified in Article 23 of the Constitution)

Name	Role	Date of first appointment	Date of current appointment	Expiry of current appointment	Eligible for reappointment?

1.4 CCG representatives on other bodies

List as required.

2 Terms of Reference

2.1 Statutory Committees (as defined in Article 19 of the Constitution)

These terms of reference are defined in Appendix 2 of the Constitution but are reproduced here for completeness and to aid public understanding of the operation of the CCG.

2.2 Audit and Risk Committee

2.3 Primary Care Commissioning Committee

2.4 Remuneration Committee

3 Committees established by the CCG Governing Body

3.1 Joint Clinical Executive Committee

3.1 Joint Executive Committee

1. Terms of Reference

The following terms of reference govern the operation of the Joint Executive Committee.

Date of adoption:	INSERT DATE
Approved by:	Governing Body of NHS Castle Point and Rochford CCG Governing Body of NHS Southend CCG
Responsible to:	Governing Body of NHS Castle Point and Rochford CCG Governing Body of NHS Southend CCG
Date at which Terms of Reference will be reviewed:	INSERT REVIEW DATE

2. Membership

The membership of the group was approved by the Governing Body of NHS Castle Point & Rochford CCG and NHS Southend CCG on INSERT DATE OF APPROVAL. The last change of membership took place on INSERT DATE

The names of the members of the body are listed below

Full members of the body	All GP Board Members Accountable Officer Chief Finance Officer Chief Nurse Director of Integration & Partnerships Director of Strategy & Planning Director of Primary Care & Operations
Chair	CPR CCG GP Chair / Southend CCG GP Chair
Vice Chair	None designated
Executive Lead	Director of Integration and Partnerships

Clerk	EA to Director of Integration and Partnerships
Others who should be invited to meetings	
Others who should be sent the minutes and papers of meetings	<p>All the above</p> <p>Committee Secretary</p> <p>All Governing Body members</p> <p>All Executive Team</p>
Substitutes	Substitutes at deputy level will be permitted. Such deputies should be at an appropriate level to both represent and make decisions on behalf of their respective organisation.

3. Common Provisions

Committee Management – General Provisions

1. Each of the listed committees, and any other body established within the CCG structure, is obliged to abide by these general provisions for committee management set out in this schedule and any specific provisions set out within the relevant committee section.
2. The Committee will conduct its business in accordance with National Guidance, and relevant codes of conduct / good governance practices for example Nolan’s seven principles of public life and the agreed vision and values of the two CCGs.

Membership

3. The Committee shall be appointed by the CCG Governing Body as set out in the constitution and may include (with the exception of the Remuneration Committee) individuals who are not on the governing body.
4. The Accountable Officer, Chief Operating Officer and other executive directors or senior officers of the CCG may be required to attend upon request of the committee, particularly when the Committee is discussing issues that are the responsibility of that director.
5. The Executive Lead shall designate a member of staff to be Clerk to the Committee.
6. The Clerk to the Committee shall collate and prepare the agenda and supporting papers for meetings of the committee and attend to take minutes of the meeting and provide appropriate support to the Chair and committee members during and outside of committee meetings.

Committee Chair

7. Unless there is specific provision in the individual committee’s terms of reference, in the event of the chair of the committee being unable to attend all or part of the meeting, he or she may nominate a replacement from within the membership to deputise for that meeting. In the absence of any such notification, the members of the committee present shall agree who shall take the chair for the meeting.
8. In the event of a vote being taken and the result of the vote being tied, the person chairing the meeting will have a second, casting, vote which they can use as wish.

Lead Executive

9. The nominated officer who shall act as Lead Executive is recorded in the terms of reference for each committee. The Lead Executive will be responsible for supporting the chair in the planning and management of committee business and for drawing the committee’s attention to best practice, national guidance and other relevant documents as appropriate.
10. In executive bodies, the Lead Executive may also be the chair, this should not be the case in governance bodies.

Notice of meetings

11. Items of business for inclusion on the agenda of a meeting must be notified to the chair or the Governing Body or relevant committee at least ten days before the date of the meeting.
12. Supporting papers for such items need to be submitted at least seven days before the meeting takes place.
13. The agenda and papers for the meeting will be circulated to members and observers, at least five days before the date of the meeting.
14. Late papers may be submitted to the meeting at the sole discretion of the chair of the meeting.

Minutes and Committee Papers

15. The minutes of committee meetings shall be formally recorded by the designated Clerk and submitted to the body to which this body reports. The chair of the committee shall draw to the attention of that body any issues that require disclosure to another group, the full Governing Body, or which require executive action.
16. When minutes of a meeting are submitted to the Governing Body or any other body, care shall be taken to ensure that where matters have been discussed in private session (part II meetings) those minutes are considered in private session unless the reason for privacy no longer applies.

Decision Making/Policy and Best Practice

17. In making decisions the committee will apply best practice in the decision making processes.

Authorisation

18. The Committee is authorised to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee.
19. Subject to the CCGs' scheme of delegation, the Committee is authorised to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary. Minutes of each meeting will be presented to the next meeting of the Governing body for Information.

Virtual Meetings

20. The body may choose to meet virtually either by use of video/teleconferencing facilities or, at the discretion of the chair, by electronic circulation of a matter for discussion/decision.

4. Minutes and Committee Papers

The minute of any item taken in private session will be presented to the Governing Body while it is in private session if the reason for the committee considering the matter in private session still applies.

5. Reporting & Review

The Committee will report to the Governing Body annually on its work. The Committee will conduct an annual self-assessment of its effectiveness and report the findings of the assessment to the Governing Body.

6. Remit

The Joint Executive Committee is established in accordance with the constitution of NHS Castle Point and Rochford Clinical Commissioning Group and NHS Southend Clinical Commissioning Group (CCGs), its 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 and Standing Orders. The Committee is a standing committee of the CCG Governing Body.

The functions of the committee are undertaken in the context of a desire to promote increased co-commissioning to increase quality, efficiency, productivity and value for money and to remove administrative barriers.

7. Purpose of the Committee

The Executive Management Committee is the executive decision making body of the CCG and is accountable to the CCG Board for the operational management of the CCG and delivery of its strategic objectives.

Objective

A. Responsibility

The Committee will prepare and operate to an annual work plan that will be determined in order to support the delivery of the CCG's objectives.

The Joint Executive Committee is responsible for supporting the Governing Body in setting the CCG's strategic direction, developing plans and executing their delivery.

The key responsibilities of the Executive Team are:

1. To act as an executive forum for the development of clinical strategies and plans through:
 - the presentation of Public Health issues, including the Joint Strategic Needs Assessment for the CCG and its regular refreshing.
 - the presentation and discussion by clinical leads of issues relating to their respective portfolio.
 - approving commissioning and business cases, service changes and funding requests which fall within the value delegated by the Governing Body.

- recommending commissioning and business cases, service changes and funding requests for approval by the Governing Body where the value exceeds the limit delegated to the Clinical Executive Committee.
- 2. To approve business cases, commissioning cases, service changes, and funding requests up to a value of £1,000, 000 where they:
 - form part of the delivery of the CCG's approved operating plan
 - are within the financial limits delegated by the Governing Body, and
 - are in accordance with the CCG's Standing Orders, Standing Financial Instructions and Scheme of Delegation.
- 3. To further delegate decisions in respect of expenditure to a maximum value of £5,000 per lead area to the appointed CCG Clinical Leads, where that expenditure is:
 - directly related to the respective Clinical Lead portfolio
 - in line with the strategy (as agreed by the Clinical Executive) for that Clinical Lead area
 - part of the delivery of the CCG's approved operating plan
 - within the financial limits delegated by the Governing Body, and
 - in accordance with the CCG's Standing Orders, Standing Financial Instructions and Scheme of Delegation.
- 4. To receive reports on significant operational, financial, performance and clinical risk issues enabling significant issues to be anticipated, discussed and actions agreed. In particular to ensure that there is continuity of patient care.
- 5. To provide a forum for key clinical policy issues to be considered prior to recommendations being made to the Governing Body.
- 6. To promote and lead effective collaborative working with partners.

The Joint Executive Committee will have authority to act in accordance with the CCG's Standing Orders, Standing Financial Instructions and Scheme of Delegation and reservation.

Authorisation

The committee has delegated to it the authority to constitute any sub-committees or working groups it deems appropriate to support the discharge of its Terms of Reference. The committee may not delegate executive powers to any sub-committee.

8. Conduct and Conflicts of Interest

The CCG's rules on the management of conflicts of interest as set out in the CCG Constitution, Standing Orders and Standing Financial Instructions apply to the work of this Committee.

Members or those in attendance must, at the outset of the meeting, declare any interest that they may have in a matter and withdraw from the discussion on that item.

In carrying out its remit, the Committee shall ensure that it is able to benefit from the best available clinical advice by:

receiving the advice of the clinically qualified members of the committee and its regular attendees who have not declared any conflict and
Receiving reports on the performance of the various primary care providers whose services have already been procured by the CCG and making recommendations about any necessary response to issues arising from those reports.
Ensuring that all conflicts of interest are declared and recorded and that any clinicians with a conflict of interest are excluded from the decision making process in line with the CCG's conflict of interest policy.

In order to promote the highest standards of conduct and transparency and openness in the use of public funds, the Committee shall ensure that it conducts its business in such a way that any potential conflict of interests that might arise are minimised and that the actions taken by the Committee to manage those conflicts are recorded.

9. Emergency Decisions

Should there be a requirement to make decisions between meetings the following process should be followed:

Full details of the decision required will be set out in a clear proposal with rationale as to why an urgent decision is needed
Proposal will be submitted via e-mail to Committee members from the lead Executive Director or Accountable Officer
Minimum support required from at least 4 members of the Committee including the Chair (or alternative lay member should the Chair not be available) and at least 1 clinical member. If there is a financial implication support is needed from the Chief Finance Officer (or senior finance manager should the Chief Finance Officer not be available)

1. Report of the decision made presented to next scheduled meeting for endorsement.

10. Conduct of Meetings

2. Frequency

The Committee will meet twice-monthly on dates to be agreed by the Committee.

It is expected that most meetings will be held in common with the equivalent committee of NHS Castle Point and Rochford CCG, but should matters require discussion that are only of relevance to NHS Southend CCG arrangements may be made for a separate meeting of this committee to be held.

2. Conduct of Meetings

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.

The committee may delegate tasks to such individuals, sub-committees or individual members as it shall see fit, provided that any such delegations are consistent with the parties' relevant governance arrangements, are recorded in a scheme of delegation, are governed by terms of reference as appropriate and reflect appropriate arrangements for the management of conflicts of interest.

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

Members of the committee shall respect confidentiality requirements as set out in the Standing Orders referred to above unless separate confidentiality requirements are set out for the committee in which event these shall be observed.

11. Quoracy and Voting

In the event that a scheduled meeting is not quorate then the meeting shall stand adjourned until a future date but any urgent matters may, with the agreement of the chair, be referred to the procedure for emergency decisions set out above.

The aim of the committee will be to reach decisions by discussion and agreement. But where necessary the chair may determine that a vote should be taken. 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 of the meeting having a second and deciding vote, if necessary.

3.2 Procurement Committee

1. Terms of Reference

The following terms of reference govern the operation of the Joint Procurement Committee.

Date of adoption:	INSERT DATE
Approved by:	Governing Bodies of Castle Point and Rochford Clinical Commissioning Group and Southend Clinical Commissioning Group
Responsible to:	Governing Bodies of Castle Point and Rochford Clinical Commissioning Group and Southend Clinical Commissioning Group
Date at which Terms of Reference will be reviewed:	INSERT REVIEW DATE (No more than twelve months from date of adoption)

Membership

The membership of the group was approved by the Governing Body of NHS Castle Point and Rochford Clinical Commissioning Group on **INSERT DATE OF APPROVAL**, and by the Governing Body of Southend Clinical Commissioning Group on **INSERT DATE OF APPROVAL**. The last change of membership took place on **INSERT DATE**

The names of the members of the body are listed below:

Full members of the body	All lay members Secondary care consultant Governing Body Members Accountable Officer Chief Finance Officer Chief Nurse Independent GP
Chair	Lay member for Governance
Vice Chair	Lay member
Executive Lead	Director of Strategy & Planning
Clerk	EA to Director of Strategy & Planning
Others who should be invited to meetings	Procurement & Project Leads as required
Others who should be sent the minutes and papers of meetings	Member of the Governing Body Corporate Management Team
Substitutes	Only the named members of the body may participate in meetings as full members of the committee. Others may be invited to attend or contribute at the discretion of the chair.

Common Provisions

Committee Management – General Provisions

1. Each of the listed committees, and any other body established within the CCG structure, is obliged to abide by these general provisions for committee management set out in this schedule and any specific provisions set out within the relevant committee section.
2. The Committee will conduct its business in accordance with National Guidance, and relevant codes of conduct / good governance practices for example Nolan's seven principles of public life and the agreed vision and values of the two CCGs.

Membership

3. The Committee shall be appointed by the CCG Governing Body as set out in the constitution and may include (with the exception of the Remuneration Committee) individuals who are not on the governing body.
4. The Accountable Officer, Chief Operating Officer and other executive directors or senior officers of the CCG may be required to attend upon request of the committee, particularly when the Committee is discussing issues that are the responsibility of that director.
5. The Executive Lead shall designate a member of staff to be Clerk to the Committee.
6. The Clerk to the Committee shall collate and prepare the agenda and supporting papers for meetings of the committee and attend to take minutes of the meeting and provide appropriate support to the Chair and committee members during and outside of committee meetings.

Committee Chair

7. Unless there is specific provision in the individual committee's terms of reference, in the event of the chair of the committee being unable to attend all or part of the meeting, he or she may nominate a replacement from within the membership to deputise for that meeting. In the absence of any such notification, the members of the committee present shall agree who shall take the chair for the meeting.
8. In the event of a vote being taken and the result of the vote being tied, the person chairing the meeting will have a second, casting, vote which they can use as wish.

Lead Executive

9. The nominated officer who shall act as Lead Executive is recorded in the terms of reference for each committee. The Lead Executive will be responsible for supporting the chair in the planning and management of committee business and for drawing the committee's attention to best practice, national guidance and other relevant documents as appropriate.
10. In executive bodies, the Lead Executive may also be the chair, this should not be the case in governance bodies.

Notice of meetings

11. Items of business for inclusion on the agenda of a meeting must be notified to the chair or the Governing Body or relevant committee at least ten days before the date of the meeting.

12. Supporting papers for such items need to be submitted at least seven days before the meeting takes place.
13. The agenda and papers for the meeting will be circulated to members and observers, at least five days before the date of the meeting.
14. Late papers may be submitted to the meeting at the sole discretion of the chair of the meeting.

Minutes and Committee Papers

15. The minutes of committee meetings shall be formally recorded by the designated Clerk and submitted to the body to which this body reports. The chair of the committee shall draw to the attention of that body any issues that require disclosure to another group, the full Governing Body, or which require executive action.
16. When minutes of a meeting are submitted to the Governing Body or any other body, care shall be taken to ensure that where matters have been discussed in private session (part II meetings) those minutes are considered in private session unless the reason for privacy no longer applies.

Decision Making/Policy and Best Practice

17. In making decisions the committee will apply best practice in the decision making processes.

Authorisation

18. The Committee is authorised to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee.
19. Subject to the CCGs' scheme of delegation, the Committee is authorised to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary. Minutes of each meeting will be presented to the next meeting of the Governing body for information.

Virtual Meetings

20. The body may choose to meet virtually either by use of video/teleconferencing facilities or, at the discretion of the chair, by electronic circulation of a matter for discussion/decision.

Purpose of the Committee

The role of the Procurement Committee (the Committee) is to oversee the implementation of the CCGs' Procurement Strategy ensuring that the CCGs follow agreed principles and methods in:

- Procurement planning - using information on population, priorities and providers to ensure good local procurement decision making
- Procurement process - following an agreed local process in undertaking a procurement
- Publishing procurement information – ensuring that the CCG meets its obligation of transparency

The Committee is authorised by the Governing Body to make procurement decisions and approve award of contracts following a procurement process. It is recognised that GP members on the Governing Body are likely to have conflicts of interest with regards to procurement decisions and therefore the Committee is delegated to make decisions provided the parameters set on within commissioning decisions are not breached. The Committee is responsible for assuring that procurements are carried out to deliver the clinical models of care approved within each commissioning case and that there is adequate independent clinical expertise involved in the evaluation process for each procurement.

The Procurement Committee is only authorised to make procurement decisions after sufficient discussion and approval of the commissioning case by the Clinical Executive Committee

The Committee is authorised by the Governing Body to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary.

The Committee will be required to give assurance that conflicts of interest are being managed at all times.

Remit and Responsibilities

A. *Planning*

- Implement investment commissioning or decommissioning decisions which has been approved by the Governing Body ensuring compliance with CCG Standing Orders and Standing Financial Instructions and legal obligations in respect of tendering and contract procedures
- Develop the CCG annual procurement work programme and monitor on an on-going basis reshaping and/or refocusing as required to take account of emerging and changing factors
- Develop new skills within the CCG around the functions and processes of procurement, including the CCG procurement training programme, procurement guide and lessons learnt review document
- Maintain effective relations with key stakeholders and ensure effective communication within and outside the CCG, taking steps as necessary to ensure widespread engagement and understanding of the Committee's programme.
- Ensure all relevant inputs have been prepared by the lead commissioning or service redesign manager to enable a robust decision making process on whether, and how, to procure any specific service.
- Development of procurement principles to be applied when deciding on procurement route to follow.
- Development of working manual to explain each procurement route and circumstance when each route would be used.

Process

- Review and oversee the progress of all CCG procurements, ensuring compliance with the NHS Procurement, Patient Choice and Competition Regulations which came into force on 1st April 2013 and in particular to:
- Recommend the procurement route to be used for individual procurements e.g. Single Tender Action, Formal Competitive Tender, LES or DES, or Any Qualified Provider (AQP) ensuring that there is sufficient evidence to support the decision and that advice has been sought from the expert procurement team for the decision of Management Team
- Approve the advertising of procurements
- Approve the issue of tender documentation
- Approve the evaluation strategies to be used by procurement project teams
- Approve the award of tenders in accordance with the CCGs Scheme of Delegation
- Endorse the inclusion of contractors onto a “Any Qualified Provider” list
- Manage conflict of interest between commissioners and providers and ensure that any conflicts identified are appropriately addressed

Publishing

- Ensure all CCG procurement contract adverts, expressions of interest and contract awards are published on Contracts Finder and on the CCG website
- Maintain a record of all CCG awarded contracts and will ensure that this is accessible to patients and the public via the CCG website
- Write an annual report, which will be considered and approved by the Committee at its first meeting in each financial year, covering the preceding financial year and will be presented to the CCG Governing Body following approval by the Committee. The report will be available to patients and the public on the CCG website
- Maintain a website page specifically on procurement that provides patients and the public with transparent and timely information on the CCG’s procurement process and activities.

Operation of the Committee

The Committee may meet in ‘panel’ format to determine the final result of a procurement process and to agree the award of tenders. In this case, no fewer than three members of the Committee will be designated by a prior meeting of the committee, or in the case of urgency, by the Chair of the Committee, to constitute the Assessment Panel.

Any such panel will be constituted for a single procurement process and will cease to hold any authority once an award decision has been made.

Meeting Schedule

Meetings shall be held monthly. Additional meetings may be convened for urgent decisions if required.

Conduct of Meetings

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.

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

Members of the committee shall respect confidentiality requirements as set out in the Standing Orders referred to above unless separate confidentiality requirements are set out for the committee in which event these shall be observed.

Emergency Decisions

There is no provision for emergency decisions to be made by the Procurement Committee other than the Panel Arrangement described above.

Quoracy and Voting

In the event that a scheduled meeting is not quorate then the meeting shall stand adjourned until a future date.

The aim of the committee will be to reach decisions by discussion and agreement. but where necessary the chair may determine that a vote should be taken. 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 of the meeting having a second and deciding vote, if necessary.

3.3 Quality, Finance and Performance Committee

1. Terms of Reference

The following terms of reference govern the operation of the Quality, Finance and Performance Joint Committee.

Date of adoption:	INSERT DATE
Approved by:	Governing Bodies of Castle Point and Rochford Clinical Commissioning Group and Southend Clinical Commissioning Group
Responsible to:	Governing Bodies of Castle Point and Rochford Clinical Commissioning Group and Southend Clinical Commissioning Group
Date at which Terms of Reference will be reviewed:	INSERT REVIEW DATE (No more than twelve months from date of adoption)

2. Membership

The membership of the group was approved by the Governing Body of NHS Castle Point and Rochford Clinical Commissioning Group on **INSERT DATE OF APPROVAL**, and by the Governing Body of Southend Clinical Commissioning Group on **INSERT DATE OF APPROVAL**. The last change of membership took place on **INSERT DATE**

The names of the members of the body are listed below:

Full members of the body	Three GPs from each CCG All Lay Members One Secondary Care Consultant Accountable Officer or their nominee Chief Finance Officer or their nominee Chief Nurse or their nominee
Chair	GP Member
Vice Chair	Chief Nurse
Executive Lead	Chief Nurse
Clerk	EA to Chief Nurse
Others who should be invited to meetings	Local authority representative with responsibility for public health Senior officer with responsibility for assurance Senior officer with responsibility for medicines management
Others who should be sent the minutes and papers of meetings	Remaining members of Governing Body Corporate Management Team
Substitutes	Only the named members of the body may participate in meetings as full members of the committee. Others may be invited to attend or contribute at the discretion of the chair.

Common Provisions

Committee Management – General Provisions

1. Each of the listed committees, and any other body established within the CCG structure, is obliged to abide by these general provisions for committee management set out in this schedule and any specific provisions set out within the relevant committee section.
2. The Committee will conduct its business in accordance with National Guidance, and relevant codes of conduct / good governance practices for example Nolan's seven principles of public life and the agreed vision and values of the two CCGs.

Membership

3. The Committee shall be appointed by the CCG Governing Body as set out in the constitution and may include (with the exception of the Remuneration Committee) individuals who are not on the governing body.
4. The Accountable Officer, Chief Operating Officer and other executive directors or senior officers of the CCG may be required to attend upon request of the committee, particularly when the Committee is discussing issues that are the responsibility of that director.
5. The Executive Lead shall designate a member of staff to be Clerk to the Committee.
6. The Clerk to the Committee shall collate and prepare the agenda and supporting papers for meetings of the committee and attend to take minutes of the meeting and provide appropriate support to the Chair and committee members during and outside of committee meetings.

Committee Chair

7. Unless there is specific provision in the individual committee's terms of reference, in the event of the chair of the committee being unable to attend all or part of the meeting, he or she may nominate a replacement from within the membership to deputise for that meeting. In the absence of any such notification, the members of the committee present shall agree who shall take the chair for the meeting.
8. In the event of a vote being taken and the result of the vote being tied, the person chairing the meeting will have a second, casting, vote which they can use as wish.

Lead Executive

9. The nominated officer who shall act as Lead Executive is recorded in the terms of reference for each committee. The Lead Executive will be responsible for supporting the chair in the planning and management of committee business and for drawing the committee's attention to best practice, national guidance and other relevant documents as appropriate.
10. In executive bodies, the Lead Executive may also be the chair, this should not be the case in governance bodies.

Notice of meetings

11. Items of business for inclusion on the agenda of a meeting must be notified to the chair or the Governing Body or relevant committee at least ten days before the date of the meeting.

12. Supporting papers for such items need to be submitted at least seven days before the meeting takes place.
13. The agenda and papers for the meeting will be circulated to members and observers, at least five days before the date of the meeting.
14. Late papers may be submitted to the meeting at the sole discretion of the chair of the meeting.

Minutes and Committee Papers

15. The minutes of committee meetings shall be formally recorded by the designated Clerk and submitted to the body to which this body reports. The chair of the committee shall draw to the attention of that body any issues that require disclosure to another group, the full Governing Body, or which require executive action.
16. When minutes of a meeting are submitted to the Governing Body or any other body, care shall be taken to ensure that where matters have been discussed in private session (part II meetings) those minutes are considered in private session unless the reason for privacy no longer applies.

Decision Making/Policy and Best Practice

17. In making decisions the committee will apply best practice in the decision making processes.

Authorisation

18. The Committee is authorised to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee.
19. Subject to the CCGs' scheme of delegation, the Committee is authorised to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary. Minutes of each meeting will be presented to the next meeting of the Governing body for Information.

Virtual Meetings

20. The body may choose to meet virtually either by use of video/teleconferencing facilities or, at the discretion of the chair, by electronic circulation of a matter for discussion/decision.

Quality, Finance and Performance Joint Committee Specific Remit

Purpose of the Committee

B. Objective

The overall objective of the Committee is to:

- Oversee the implementation strategic developments and associated processes with the expectation that committee members ensure that discussion is thorough, robust and constructive.
- Ensure, through effective financial management, the achievement of economy, effectiveness, efficiency, probity and accountability in the use of resources.

- Continually seek improvement in quality
- Ensure the CCG places the patient (and the public) at the centre of everything that it does
- Fully integrate quality and effective use of resources in all commissioned services
- Monitor and challenge provider performance, as required.
- Monitor financial performance and propose action to the Governing Body to ensure delivery of financial targets.
- Monitor all Key Performance Indicators and QIPP targets, identify risks and recommend remedial action to the Governing Body.
- To agree decisions based around the procurement of services and contracts
- To approve the waiver where procurements of £100,001 or above are not following SFIs and provide assurance that there is a clear rationale for the waiver.

Responsibility

The Committee is responsible for:

- Overseeing, understanding, reviewing and ensuring action is taken for all issues in relation to the quality, finance and performance of services commissioned by the CCG.
- Developing a quality, finance and performance framework that enables the committee to pro-actively manage the CCG's quality, financial and performance agenda.
- Ensuring the appropriate governance systems and processes are in place to commission, monitor and ensure the delivery of high quality safe patient care in commissioned services. This will include Individual Funding Requests.
- Ensuring that the CCG manages its financial performance effectively including delivery of QIPP, working with the Clinical Executive Committee who will lead on pathway redesign and clinical engagement.
- Providing assurance to the governing body in relation to its remit.
- Addressing all items on its workplan in accordance with these terms of reference.
- Providing assurance that all contracts are performance managed in line with agreed KPIs and appropriate action has been taken with providers where necessary.

Authorisation

The committee has delegated to it the authority to constitute any sub-committees or working groups it deems appropriate to support the discharge of its Terms of Reference. The committee may not delegate executive powers to any sub-committee.

Operation of the Committee

The Committee will ensure that the CCGs:

C. Finance & Performance

- actively support all employees to promote openness, honesty, probity, accountability, and the economic, efficient and effective use of resources.

- ensure financial management achieves economy, effectiveness, efficiency, probity and accountability in the use of resources
- enable all members of the population to access services equally and offer choice in access to services and treatment equitably
- ensure that patients with emergency health needs are able to access care promptly and within nationally agreed timescales, and all patients are able to access services within national expectations on access to services.
- provide healthcare services in environments which promote effective care and optimise health outcomes by being a) a safe and secure environment which protects patients, staff, visitors and their property, and b) the physical assets of the organisation.
- monitoring implementation of the relevant corporate objectives relating to the role of the Committee.

It will do this through:

- Overseeing development of the CCGs' Medium Term Financial Strategy and Revenue and Capital Plans;
- Reviewing annual budgets/short-term financial plans for agreement by the Governing Body;
- Reviewing the QIPP programme and monitoring progress;
- Monitoring the CCGs financial standing in-year and recommend corrective action to the Governing Bodies should year-end forecasts suggest that financial targets may not be achieved;
- Monitoring CCGs' expenditure against budgets;
- Receiving regular Commissioning Performance reports (covering activity, cost and quality) for the CCGs' main areas of Commissioning expenditure;
- Reviewing performance in implementing the CCGs' Integrated Plans and providing assurance to the Governing Bodies on the delivery of the annual commissioning programmes;
- Overseeing and monitoring performance of commissioning support services.

Quality

- To develop, implement and review the CCGs' quality strategies and plans, establishing a framework which focuses on continually improving the patient experience and ensuring safe practice, efficiency and effectiveness;
- To ensure appropriate strategies, frameworks, structures and policies are in place, and monitor and evaluate progress, in the following areas:
 - Clinical governance
 - Corporate governance
 - Information governance
 - Research governance
 - Patient and public engagement
 - Children's and Adult Safeguarding
 - Human Resources
 - Equality and Diversity

- Sustainability
- GP revalidation
- Nurse revalidation
- To receive assurances that proposed commissioning changes are safe and effective, value for money and improve quality;
- To ensure that the CCG is accountable to its population and enables people to have a greater say in decisions by developing a clear audit trail to demonstrate how patient and public views are heard and acted upon;
- To ensure that key performance indicators for clinical quality, efficacy, patient safety, patient experience and risk management are developed and monitored for all commissioned and directly provided services;
- To ensure that the quality of service delivered within its member practice and by other providers whether commissioned solely by the CCG or jointly with others are developed and monitored.
- To monitor the effectiveness of the systems to control Healthcare Acquired Infections;
- To monitor and facilitate CCG compliance against external standards, good practice guidance and legislation and receive assurances of the CCG's response to reports from external agencies relevant to integrated governance, e.g. Care Quality Commission, Audit Commission, Health and Safety Executive, NHS Litigation Authority and other statutory bodies as relevant.
- To ensure that effective monitoring of never events, incidents, accidents, complaints, claims and serious incidents is undertaken and that appropriate management action has been taken and lessons learnt have been implemented.
- To review and ratify all those policies that the Governing Body decides will be appropriately referred to the committee.
- To ensure that the principles of good governance and best value are embedded throughout the CCG structure and its partner organisations that best practice is shared and promoted, and that lessons are learned from past experience.
- Seek assurance through appropriate evidence that the commissioning strategy for the clinical commissioning group fully reflects all elements of quality (patient experience, effectiveness and patient safety), keeping in mind that the strategy and response may need to adapt and change.
- Provide assurance through evidence that commissioned services are being delivered in a high quality and safe manner, ensuring that quality sits at the heart of everything the clinical commissioning group does. This could be extended to include jointly commissioned services.
- Oversee and be assured that effective management of risk is in place to manage and address integrated governance issues, including compilation and oversight of the CCG risk register.
- Seek evidence for assurance on the performance of NHS organisations in terms of the Care Quality Commission, Monitor and any other relevant regulatory bodies.
- Receive and scrutinise independent investigation reports relating to patient safety issues and agree publication plans including Serious Case Reviews.
- Ensure a clear escalation process, including appropriate trigger points, is in place to enable appropriate engagement of external bodies on areas of concern.

Minutes of other bodies

The Committee will receive the minutes and reports of any or all sub-committees, working groups etc established by the committee and will offer such guidance to those bodies as it sees fit.

To receive minutes of the following other bodies:

- Commissioning Reference Group
- Clinical Quality Reference Groups.
- Others as determined by the Governing Bodies of the CCGs

Delegated Authority

The committee has delegated to it the authority to constitute any sub-committees or working groups it deems appropriate to support the discharge of its Terms of Reference. The committee may not delegate executive powers to any sub-committee.

D. Meeting Schedule

The Committee will meet bi-monthly on dates to be agreed by the Committee.

Conduct of Meetings

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.

The committee may delegate tasks to such individuals, sub-committees or individual members as it shall see fit, provided that any such delegations are consistent with the parties' relevant governance arrangements, are recorded in a scheme of delegation, are governed by terms of reference as appropriate and reflect appropriate arrangements for the management of conflicts of interest.

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

Members of the committee shall respect confidentiality requirements as set out in the Standing Orders referred to above unless separate confidentiality requirements are set out for the committee in which event these shall be observed.

Emergency Decisions

Should there be a requirement to make decisions between meetings the following process should be followed:

- Full details of the decision required will be set out in a clear proposal with rationale as to why an urgent decision is needed
- Proposal will be submitted via e-mail to Committee members from the lead Executive Director or Accountable Officer
- Minimum support required from at least 4 members of the Committee including the Chair (or alternative lay member should the Chair not be available) and at least 1 clinical member. If there is a financial implication support is needed from the Chief Finance Officer (or senior finance manager should the Chief Finance Officer not be available)
- Report of the decision made presented to next scheduled meeting for endorsement.

Quoracy and Voting

In the event that a scheduled meeting is not quorate then the meeting shall stand adjourned until a future date but any urgent matters may, with the agreement of the chair, be referred to the procedure for emergency decisions set out above.

The aim of the committee will be to reach decisions by discussion and agreement but where necessary the chair may determine that a vote should be taken. 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 of the meeting having a second and deciding vote, if necessary.

4 Locality Commissioning Groups

NHS Southend CCG have determined that there should be Locality Commissioning Groups as defined in Article 16 of the CCG Constitution. Their terms of reference are set out below.

Frequency Of Meetings:	TBC
LCG Chair:	GP Member elected annually by LCG majority vote.
Membership:	<p>The core membership of the two LCGs will be:</p> <p>The elected GPs for the locality.</p> <p>Lead Commissioning GP from each practice or nominated deputy</p> <p>Lead CCG officers or their representative including COO, CFO, Head of Commissioning</p> <p>District/Borough Council Representatives</p> <p>Practice Managers (as nominated by individual practices)</p> <p>Patient/public Representative</p> <p>Voluntary Sector Representative</p>
Attendance:	Further personnel may be invited to join a LCG on specific occasions and take forward work on its behalf, as required.
Executive Lead:	Director of Integration and Partnerships
Clerk:	To be nominated by the CCG Committee Secretary
Quorum:	A quorum shall be over half of the locality GP members practices in attendances.

Delegated Authority

1. For the avoidance of doubt, the common provisions for committees set out in Appendix 2 of the CCG constitution apply to the management and meetings of the Locality Commissioning Groups.
2. The Governing Body has established two Locality Commissioning Groups of the Governing Body to be known as the Southend Locality Commissioning Group (referred to as the LCG), in accordance with the CCG Standing Orders and Standing Financial Instructions.
3. The LCGs are non-executive committees of the Governing Body and have no executive powers, other than those specifically delegated in these terms of reference. The LCG is accountable to the CCG Governing Body.

4. The LCG is established in accordance with NHS Southend's constitution. These terms of reference set out the membership, remit responsibilities and reporting arrangements of the LCG and shall have effect as if incorporated into the constitution.
5. The LCG terms of reference are contained in the CCG Governance Handbook which will be published on the CCG's website.
6. It is acknowledged that the Governing Body is ultimately accountable for the actions of the LCG and therefore the LCG will:
 - report on its work by presenting the minutes of its meetings to the Governing Body.
 - report to the Governing Body on an annual basis, the work undertaken in the previous year and the intended programme of work for the forthcoming year.
 - Review the Terms of Reference annually and submit for Governing Body approval.

Purpose of LCG

7. The LCG has been established to enable engagement with Member Practices of the CCG, to ensure that practices continue to shape the future of the CCG and contribute to and deliver the CCG vision, values and strategies.
8. The LCG will enable Practices within each locality to set and deliver strategy and objectives that meet the needs of the local population and contribute to the overall aims and objectives of the CCG. The locality will agree with the CCG an annual Operational Plan. This will set out specific locality objectives for the year based upon the CCG's annual plan and objectives.
9. The LCG will provide the CCG / Governing Body with advice and guidance that is informed by the Member practices within each locality. This recognises the importance of local knowledge in the commissioning of health services for the local community.
10. Effective engagement is the critical success factor for the CCG in the commissioning of services that meets the needs of their local community and the LCG is the committee established to facilitate this with both patients (to establish local need) and the CCG (to commission services to meet that need).

Remit & responsibilities

11. Responsibilities of the LCG will include:
 - Leading the development of the Locality vision and strategy
 - Developing Locality commissioning plans
 - Driving improvements in quality and outcomes and reducing inequalities
 - Driving effective safeguarding arrangements
 - Maintaining effective relationships with partners, providers and key stakeholders in the Locality
 - Jointly responsible for managing CCG resources within budget and financial targets
 - Managing locality clinical and financial performance against plans
 - Overseeing service and pathway redesign where this takes place within the locality (or a neighbouring Locality)
 - Agreeing business cases/commissioning cases
 - Managing risk within the Locality
 - Driving engagement with patients and communities within the locality to improve decision making and the quality of care and patient experience
12. It will do this through:

- Communicating with the CCG
- Publishing Locality commissioning plans
- Engaging with public forums
- Meeting financial and commissioning targets
- Taking action to address any issues through prescribing and referral practices

Performance Management and Risk Sharing

13. Performance Management and Risk Sharing arrangements will be detailed within each LCG Operational Plan.

Managing the LCG

14. The LCG will conduct its business in accordance with National Guidance, and relevant codes of conduct / good governance practice.

LCG Chair

15. In the event of the chair of the LCG being unable to attend all or part of the meeting, he or she will nominate a replacement to deputise for that meeting, in the event that this is not possible a temporary chair will be nominated by majority of the LCG in attendance at the meeting.

Secretary

16. The nominated officer who shall act as secretary is stated at the outset of this Terms of Reference. The secretary will be responsible for supporting the chair in management of LCG business and for drawing the LCG's attention to best practice, national guidance and other relevant documents as appropriate.

Notice of meetings

17. Items of business to be transacted for inclusion on the agenda of a meeting need to be notified to the Administrator at least 9 days before the meeting takes place. Supporting papers for such items also need to be submitted to the LCG (via the Administrator) at least 9 days before the meeting takes place.
18. The date, time and venue of all LCG meetings will be determined annually by the Locality Commissioning Group themselves. The agenda and papers for each meeting will be circulated electronically to members at least 7 days in advance of the meeting.

Minutes and LCG Papers

19. The minutes of the LCG will be formally recorded and submitted to the CCG Governing Body.

Decision Making

20. The LCGs will apply best practice in decision making processes and shall have full authority to commission any reports or surveys they deem necessary to help fulfil its obligations.
21. The LCG provides the opportunity for discussions about strategic and commissioning issues to enable strategy and policies to be shaped for approval by the Governing Body.

LCG Support

22. Administrative support will be provided by the Clerk, with the support of the CCG staff.
23. The Executive Lead will work with the Clerk to:
 - agree the agenda with Chair;
 - collate and distribute the agenda and supporting documents;
 - take minutes and keep a record of matters arising and issues to be carried forward.

Key Relationships & Related Committees

24. To enable engagement with patients, the LCGs will play a key role in the development of Patient Participation Groups and consequently will be involved with the Commissioning Reference Group.

Reporting & Review

Monitoring

25. The LCG will develop a work plan with specific objectives, aligned to those of the CCG which will be reviewed regularly and formally on an annual basis and approved by the CCG Governing Body.
26. The LCG will determine the information it requires in order to discharge its duties effectively and all reasonable efforts will be made by the Executive Lead to ensure that it is made available.

Reporting to the CCG Governing Body

27. The minutes of sub-LCG meetings will be formally recorded and submitted to the Governing Body.
28. The Chair of each LCG shall draw to the attention of the Governing body any issues that require disclosure to the full Governing Body, or require executive action.
29. The LCG will submit an annual report to the Governing Body at the end of each financial year summarising achievement against its agreed work plan.

Review

30. At least annually each LCG will review its own performance by conducting an annual self-assessment of its effectiveness and report the findings of the assessment to the Governing Body.
31. At least annually each LCG will review its membership and terms of reference. Any resulting changes to the terms of reference or membership shall be approved by the Governing Body.

Conflicts of Interest

32. The CCG's rules on conflicts of interest as set out in the CCG constitution, Standing Orders and Standing Financial Instructions apply to the work of this LCG. Members or those in attendance must, at the outset of the meeting, declare any interest that they may have in a matter and withdraw from the discussion on that item. It will also be necessary to complete a Declaration of Interest Form.

5 Joint Commissioning

5.1 Mid and South Essex Sustainability and Transformation Partnership Joint Committee

Terms of reference for the above committee are set out below. This has been established in pursuance of Article 17 of the CCG Constitution

6 Subsidiary Documents

The following documents are defined in Article 18 of the CCG Constitution and set out in more detail the governance and management arrangements for the CCG.

6.1 Standing Orders (Appendix 3 of the Constitution)

6.2 Standing Financial Instructions (Appendix 4 of the Constitution)

6.3 Scheme of Reservation and Delegation