

## **Executive Committee**

### **Terms of Reference**

#### **1. Introduction**

- 1.1 The Executive Committee (the Committee) of NHS Sunderland Clinical Commissioning Group (the CCG) is established as a committee of the Board, in accordance with constitution, standing orders and scheme of delegation.
- 1.2 These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the Executive Committee.

#### **2. Principal Function**

- 2.1 The Committee is responsible for delivery of the CCG's overall management, to support the CCG to work efficiently, effectively and economically, ensuring effective clinical engagement and promoting the involvement of all member practices in the work of the CCG in securing improvements in commissioning of care and services.

#### **3. Membership**

3.1 The membership of the Committee will consist of:

- chief officer (chair)
- chief finance officer
- 6 elected GPs (representing localities)
- practice manager (localities)
- lead nurse (localities)
- director of nursing, quality and safety

3.2 The following will be invited to attend the committee but will not have voting rights, reflecting their independence:

- deputy chief officer
- medical director
- director of public health

- 3.2 Meetings will be chaired by the chief officer. In the absence of the chair, meetings will be chaired by the deputy chief officer (acting in the capacity of chief officer and therefore will have a voting right on this occasion only) or, if neither are present (or have withdrawn from the meeting due to a conflict of interest) by the chief finance officer.
- 3.3 Other officers, employees or practice representatives of the CCG may be invited to attend all or part of meetings of the committee to provide advice or support particular discussion from time to time.

#### **4. Secretarial support**

- 4.1 Secretarial support to the committee will be provided by the PA to the chief officer.

#### **5. Frequency of meetings**

- 5.1 Meetings of the committee will normally be held monthly, and not less than 8 times per financial year. There will be no more than 10 weeks between meetings. Members will be expected to attend each meeting.
- 5.2 In addition to the meetings of the committee described above, members will normally meet monthly, for additional informal business meetings. The arrangements set out in these terms of reference will apply to both sets of meetings.
- 5.3 In exceptional circumstances and where agreed in advance by the chair, members of the committee or others invited to attend may participate in meetings by telephone, by the use of video conferencing facilities and/or webcam where such facilities are available. Participation in a meeting in any of these manners shall be deemed to constitute presence in person at the meeting.

#### **6. Agendas and papers**

- 6.1 The agenda for meetings of the committee will be set by the chair.
- 6.2 The agenda and papers for meetings of the committee will be distributed 3 working days in advance of the meeting. Items for the agenda should be notified to the chair 10 days in advance of each meeting. The setting of agendas for, and minutes of, each meeting should identify where discussion should rightly be recorded as being of a confidential or commercially sensitive nature.

## **7. Quoracy and decision making**

7.1 One third of members are needed for the meeting to be quorate, and:

- At least the chief officer or the chief finance officer must be present
- At least three primary care clinicians (nurse or GP) must be present, one of whom must be a GP.

7.2 Where a conflict of interest arises which prevents the primary care clinicians from being involved in the discussion and/or voting on any matters, the quoracy for the meeting will be (where no conflicts arise for these):

- At least the chief officer or the chief finance officer (or their nominated deputies);
- Another two members of the executive committee

7.3 Where the meeting is not quorate, owing to the absence of certain members or conflicts of interest, the discussion will be deferred until such time as a quorum can be convened. Where a quorum cannot be convened from the membership of the meeting, owing to the arrangements for managing conflicts of interest or potential conflicts of interests, the chair of the meeting shall consult with the chairs of other committees or sub-committees, the governing body or its committees or sub-committees (as appropriate) to establish an appropriate course of action to progress the item of business. These arrangements must be recorded in the minutes.

7.5 Generally it is expected that decisions will be reached by consensus. Should this not be possible then a vote of members will be required. In the case of an equal vote, the person presiding (i.e. the Chair of the meeting) will have a second, and casting vote.

## **8. Remit and responsibilities of the Committee**

8.1 The Committee will be responsible for:

8.1.1 Strategy and Planning

- Preparing and recommending the strategy and annual commissioning plan for the governing body to consider and approve and overseeing its delivery, to improve health and wellbeing outcomes together with reduction in health inequalities.
- Formulating and implementing service change and development arising out of the strategy.
- Preparing and recommending to the governing body the organisational development strategy and communications strategies, including enabling action plans, and overseeing their delivery.

- Developing CCG input to the joint health and wellbeing strategy and contributing to the joint strategic needs assessment, to reduce inequalities in health.
- Establishing links and working arrangements with other CCGs, providers, local authority, other health care partners, the Cumbria and North East area team of NHS England and the clinical senate
- Ensuring that the views of patients and the public are properly reflected in the development and implementation of CCG policies and plans

### 8.1.2 Delivery

- Delivering target outcomes and outputs set by the Secretary of State, NHS England, NICE, CQC and other national/regional authorised bodies and providing assurance to the governing body in this respect
- Managing the performance of the CCG against its financial and non-financial targets including QIPP
- Ensuring the control and monitoring of organisational risks and internal controls identified as part of the CCG corporate risk register on an exceptional basis
- Approving business cases and procurement contract awards in line with the CCG's financial scheme of delegation and approved budgets
- Agreeing contracts with organisations or individuals providing clinical or other services to the group, as directed by the governing body, in line with the financial scheme of delegation
- Leading the delivery of the CCG educational programme
- Preparing the CCG's annual report for the governing body to consider and approve
- Approving the CCG's operational policies and procedures
- Supporting the development of the business cycle of the CCG's governing body and agenda setting for formal and informal meetings of the governing body
- Advise and assure the CCG on the development of policy, strategy and practice in respect of equality, diversity and human rights (supported through the Equality Delivery System) to ensure the statutory and legal obligations of the CCG are met.
- Provide oversight and scrutiny on arrangements for business continuity and emergency planning.
- Approve, as delegated by the governing body, arrangements for handling complaints, information governance issues, including arrangements for handling Freedom of Information requests
- To retain oversight of research governance and ensure the CCG promotes research and the use of research
- To ensure the CCG has an integrated approach to the management standards of health, safety and welfare and also responsibilities for fire under the Regulatory Reform (Fire Safety) Order (2005) in keeping with legal requirements and in accordance with locally agreed policies. This will include monitoring, review and audit of the effectiveness of health and safety management within the CCG.

## **9. Reporting arrangements**

9.1 The committee is a formal sub-committee of the governing body and will submit agreed minutes to the governing body following each meeting. The governing body will hold the committee to account for the delivery of its remit and responsibilities on behalf of the CCG through the exercise of the functions delegated to it as part of the CCG's scheme of reservation and delegation.

## **10. Policy and best practice**

10.1 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
- comply with CCG policy and procedures for the declaration of interests

10.2 The committee will have full authority to commission any reports or surveys it deems necessary to help it fulfil its obligations and to invite individuals to attend as appropriate to provide advice on its functions.

10.3 The committee will establish such sub-groups to assist with the delivery of its delegated responsibilities and progress its work as it sees fit.

## **11. Conduct of the Committee**

11.1 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 standards of business conduct and declarations interest policy which incorporates the Nolan Principles.

## **12. Date of Review**

12.1 The committee will review its own performance, membership and terms of reference annually. Recommendations for amendment of the terms of reference will be made to the members of the CCG for approval.

**Approved by the Shadow Governing Body  
18 December 2012**

**Updated by Committee: 3 May 2016  
Approved by Governing Body: 24 May 2016**