

BNSSG CCG Governing Body Meeting

Date: Tuesday 3rd November 2020

Time: 1:30pm

In light of Government advice regarding social distancing, the Governing Body will meet virtually until further notice. The meeting will be accessible to members of the public. Please see our website for more details.

Agenda Number :	9.3								
Title:	Review of Committee Terms of Reference October 2020								
Purpose: approval									
Key Points for Discussion:									
<p>A recent Internal Audit of risk management highlighted the scrutiny of individual risks at Governing Body and Committees and recommended revisiting the committee terms of reference for relevant committees to ensure suitable oversight of key risks. In line with this recommendation the Quality Committee, Strategic Finance Committee and the Clinical Executive Committee have reviewed their Terms of Reference and have recommended to the Governing Body the revisions highlighted (Appendices to this paper). The Primary Care Commissioning Committee reviewed the Terms of Reference and although agreed the changes recommended by the Audit, discussions continued regarding membership and were therefore not recommended to Governing Body for approval.</p> <p>The audit recommended that the Governing Body agreed areas where committees would seek assurance. The proposed areas are set out below:</p>									
<table border="1"> <thead> <tr> <th>Committee</th> <th>Area for assurance</th> </tr> </thead> <tbody> <tr> <td>Quality Committee</td> <td>quality, patient Safety and patient experience</td> </tr> <tr> <td>Strategic Finance Committee</td> <td>strategic financial risks</td> </tr> <tr> <td>Clinical Executive Committee</td> <td>clinical commissioning of services</td> </tr> </tbody> </table>		Committee	Area for assurance	Quality Committee	quality, patient Safety and patient experience	Strategic Finance Committee	strategic financial risks	Clinical Executive Committee	clinical commissioning of services
Committee	Area for assurance								
Quality Committee	quality, patient Safety and patient experience								
Strategic Finance Committee	strategic financial risks								
Clinical Executive Committee	clinical commissioning of services								
Recommendations:	The Governing Body is asked to approve the revised Committee Terms of Reference and agree the areas for which Committees will seek assurance								
Previously Considered By and feedback :	Each Committee has reviewed and revised its Terms of Reference The Risk Management Audit report was received by the Audit, Governance and Risk Committee.								
Management of Declared Interest:	The Governing Body and its committees receive a register of members declared interests as a standing item. There are no declared interests relating to the amendment of the terms of								

	reference.
Risk and Assurance:	As a result of the committee terms of reference not reflecting their role in the management of risk there is a risk of limited effective challenge of risks to objectives, which may result in the CCG failing to manage risk appropriately.
Financial / Resource Implications:	All resource implications are funded within the CCG's running costs.
Legal, Policy and Regulatory Requirements:	The terms of reference reflect NHS England advice and the model terms reference
How does this reduce Health Inequalities:	The GGC Governing Body and Committees seek assurance that the CCG is working to reduce health inequalities in line with its statutory duties as set out in the CCG's commissioning plans
How does this impact on Equality & diversity	The GGC Governing Body and Committees seek assurance that the CCG is working to reduce inequalities in line with its statutory duties as set out in the CCG's commissioning plans and organisational development plans
Patient and Public Involvement:	Not applicable to this report
Communications and Engagement:	The Terms of Reference are available on the CCG website
Author(s):	Sarah Carr, Corporate Secretary
Sponsoring Director / Clinical Lead / Lay Member:	Sarah Truelove, Chief Financial Officer



**Bristol, North Somerset and South Gloucestershire
Clinical Commissioning Group
Quality Committee
Terms of Reference**

Version Control		
Version	Date	Consultation
v1	25/04/2019	Quality Committee
v2	7/05/2019	Governing Body
v2	25/06/2020	Quality Committee
V2	07/07/2020	Governing Body
V3	22/10/20	Quality Committee

Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group

Quality Committee

Terms of Reference

1. Introduction

The Quality Committee of the Bristol, North Somerset and South Gloucestershire (BNSSG) Clinical Commissioning Group (CCG) is established in accordance with the constitution, scheme of delegation, standing orders and prime financial policies of the group. These terms of reference set out the membership, remit, authority, responsibilities and reporting arrangements of the Committee.

This Committee has no executive powers other than those specifically delegated in these Terms of Reference.

The Committee is authorised by the Governing Body to act within its terms of reference. All members and employees of the CCG are directed to co-operate with any request made by the Committee.

2. Remit and Responsibilities of the Committee

The Committee is responsible for ensuring that there is a cohesive and comprehensive structure in place for the oversight and monitoring of:

- The quality of commissioned services including patient safety, safeguarding children and young people and vulnerable adults, patient experience and clinical effectiveness
- The clinical effectiveness of commissioned services
- Performance against constitutional standards

The Committee shall carry out the following duties on behalf of the Governing Body:

- Provide assurance that quality is integral to all CCG activities and that the CCGs meet all relevant statutory and regulatory obligations.
- Oversee the systems and processes for Clinical Governance and Research Governance.
- Provide assurance that commissioning plans fully reflect all elements of quality (patient experience, effectiveness and patient safety).
- Provide robust and comprehensive assurance that commissioned services are being delivered in a high quality and safe manner.
- Provide assurance that the CCG Early Warning Systems for potential provider failure on quality of service provision are effective.

- Provide assurance that effective processes are in place for safeguarding children and young people, safeguarding vulnerable adults, domestic violence, forced marriage and the PREVENT agenda.
- Provide assurance there is a process to monitor, review and assure NHS Constitutional Standards for both patients for whom the CCG commissions services and for the CCGs own staff.
- Consider the CCG Improvement and Assessment Framework Clinical Indicators and assure plans to improve performance against clinical priority areas.
- Provide assurance on the CCG's health inequalities strategies, and equalities and diversity strategy, and equality delivery systems.
- Provide assurance on clinical workforce governance and strategies.
- Review and scrutiny of risks on the Corporate Risk Register and Governing Body Assurance Framework assigned to the Committee and ensure that appropriate and effective mitigating actions are in place. The Committee will review and monitor risks relating to quality, patient Safety and patient experience.

3. Membership

The membership of the Committee shall comprise:

- Independent Clinical Member (Registered Nurse)
- Independent Clinical Member (Secondary Care Doctor)
- Independent Lay Member with a lead for Patient and Public Engagement
- The Clinical Corporate lead for Quality
- Director of Nursing and Quality
- Medical Director - Commissioning and Primary Care
- Medical Director - Clinical Effectiveness
- Director of Commissioning

Members of the Committee can send a nominated deputy to the meeting. These individuals must be able to operate with full authority over any issue arising at the meeting.

4. Chair

The meeting will be chaired by the Independent Clinical Member (Registered Nurse) or in their absence by one of the other Independent members.

5. Attendance at Meetings

Senior managers representing the following areas may be in attendance:

- Quality
- Safeguarding (Children and Vulnerable Adults)

- Medicines Optimisation
- Research and Development
- Commissioning
- Transformation
- Public and Patient Engagement
- Equality and Diversity

Clinical Care Pathway leads, Clinical leads for Safeguarding and Clinical Corporate leads will receive notification of the forward agenda for the Committee so that they can attend for matters relevant to their lead areas.

Other persons may be invited to attend, as appropriate, to enable the Committee to discharge its functions effectively.

The Committee may also invite guests to attend to present information and/or provide the expertise necessary for the Committee to fulfil its responsibilities.

6. Quorum and Voting

The meeting will be quorate with the attendance of the following persons:

- Two of the following - independent lay member (with a lead for Patient and Public Engagement), independent clinical member - registered nurse, independent clinical member - secondary care doctor, clinical corporate lead for Quality
- Two of the following or their nominated deputies - the Director of Nursing and Quality or Medical Director – Commissioning and Primary Care or Medical Director – Clinical Effectiveness or Director of Commissioning

The aim will be to reach consensus without the need to resort to a vote. A decision put to a vote at the meeting shall be determined by a majority of the votes of members present. In the case of an equal vote, the Chair of the Committee shall have a second and casting vote.

7. Administration

A named administrator will be responsible for the provision of administrative support to the Committee and they will ensure that minutes of the meeting are accurately produced and agreed with members.

The Director of Nursing and Quality will be responsible for supporting the Chair in the management of the Committee and in drafting agendas, forward planner which details the annual cycle of business for the Committee and specifying content of reports.

Except in the event of urgent meetings, a minimum of ten days' notice of a meeting of the Committee will normally be provided confirming the venue, time and date together with an agenda of items to be discussed. Supporting papers will normally be issued 5 working days before the meeting.

All members or attendees at the Committee are required to declare any potential or actual conflict of interest before items are discussed. There will be a standing agenda item at the beginning of each meeting for this purpose. Even if an interest has been recorded in the register of interests, it must still be declared in meetings where matters relating to that interest are discussed. Declarations of interest will be recorded in minutes of meetings.

The Chair of the meeting, with support of the Director of Nursing and Quality and, if required, the Corporate Secretary and/or Conflicts of Interest Guardian, will proactively consider ahead of meetings what conflicts are likely to arise and how they should be managed, including taking steps to ensure that supporting papers for particular agenda items of private sessions/meetings are not sent to conflicted individuals in advance of the meeting where relevant.

The Committee is authorised by the Governing Body to investigate any activity within its terms of reference.

8. Frequency and notice of meetings

The Committee shall meet at least 10 times per year. Any two members of the Committee can request an additional meeting which should be convened within 21 days.

9. Reporting arrangements

The minutes of the Committee shall be formally recorded and submitted to the CCGs Governing Body. These minutes should be supported by a summary of decisions made and recommendations from the Committee. The Chair of the Committee shall draw to the attention of the Governing Body issues that require disclosure or which require Executive action.

The Committee will receive reports relevant to its responsibilities from any other group or working group as appropriate.

10. Review of the Committees Performance

The Committee will undertake a review of its effectiveness on an annual basis and report this to the Governing Body. It will use this exercise to inform the review of its Terms of Reference.

11. Approval and Review

These Terms of Reference will be reviewed on an annual basis or sooner if required with recommendations made to BNSSG Governing Body for approval.

Review History

Version	Reviewed and Approved by:	Date Approved	Review date
v1	Governing Body	May 2018	May 2019

**Bristol, North Somerset and South Gloucestershire
Clinical Commissioning Group
Strategic Finance Committee
Terms of Reference**

Version Control		
Version	Date	Consultation
Version 1	24/04/2019	Reviewed by Strategic Finance Committee
version 1	07/05/2019	Reviewed by the Governing Body and approved
version 1		updated by Strategic Finance Committee
version 2	07/07/20	presented to the Governing Body
Version 3	15/10/20	reviewed by the Strategic Finance Committee

Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group

Strategic Finance Committee

Terms of Reference

1. Introduction

The Strategic Finance Committee of the Bristol, North Somerset and South Gloucestershire (BNSSG) Clinical Commissioning Group (CCG) is established in accordance with the constitution, scheme of delegation, standing orders and prime financial policies of the CCG. These terms of reference set out the membership, remit, authority, responsibilities and reporting arrangements of the Committee.

This Committee has no executive powers other than those specifically delegated in these Terms of Reference.

The Committee is authorised by the Governing Body to act within its terms of reference. All members and employees of the CCG are directed to co-operate with any request made by the Committee.

2. Remit and responsibilities of the Committee

The Committee shall carry out the following duties on behalf of the Governing Body:

- Oversee the review and development of the CCGs Five Year Plan and associated financial plans;
- Oversee the review and development of the CCGs Five Year QIPP Plan and associated financial plans
- Oversight of the System Financial Recovery Plan and the process for CCG Turnaround; oversee the review and development of the CCGs Two Year Operational Plan and associated financial plan (the annual budget);
- Ensure that all plans are supported by robust activity and financial information;
- Ensure that all plans are consistent with associated enabling strategies (workforce, estates, IM&T, communications and engagement);
- Consider all draft strategic and financial plans prior to their submission to the Governing Body for approval;
- Consider reports on the longer-term future strategic direction of the CCG.
- Monitor the overall implementation of the Five year Plan and delivery of the QIPP plan;
- Monitor the CCGs in year financial performance against approved budget, giving consideration to underlying activity data as appropriate, identifying key issues and risks requiring discussion or decision by the Governing Body;
- Ensure risks of exceeding expenditure limits are assessed and mitigating actions are in place;
- Oversight of procurement exercises (including Invitation to Tender, Evaluation, Preferred Bidder Appointment and Contract Award) where contracts with an

estimated value above £1m or where there is a significant reputational or service issue.

- Oversee the development of proposals for capital expenditure and implementation of capital projects.
- Review and scrutiny of strategic financial risks on the corporate risk register and the CCG's Assurance Framework and ensuring that appropriate and effective mitigating actions are in place.

3. Membership

The Committee will comprise:

- The independent (lay) member who leads on Strategic Finance
- The independent (lay) member who leads on Audit, Governance and Risk
- A clinical member of the Governing Body
- Chief Executive
- Chief Financial Officer

The Executive members of the Committee can send a nominated deputy to the meeting. These individuals must be able to operate with full authority over any issue arising at the meeting.

4. Chair

The meeting will be chaired by the independent (lay) member who leads on Strategic Finance or in their absence or where there is a conflict of interest by the clinical corporate lead for Contracts and Finance

5. Attendance at Meetings

The following Directors or their nominated deputies will be in attendance.

- Director of Commissioning
- Director of Transformation

Other senior managers representing the following areas may also be required to attend:

- Finance
- Programme Management Office
- Business Intelligence
- Contracting
- Procurement

6. Quorum and Voting

A minimum of three members will constitute a quorum. This must include the independent member for Strategic Finance or clinical corporate lead for Contracts and Finance and either the Chief Executive or the Chief Finance Officer.

The aim will be to reach consensus without the need to resort to a vote. A decision put to a vote at the meeting shall be determined by a majority of the votes of members present. In the case of an equal vote, the Chair of the Committee shall have a second and casting vote.

7. Administration

A named administrator will be responsible for the provision of administrative support to the Committee and they will ensure that minutes of the meeting are accurately produced and agreed with members.

The Chief Finance Officer will be responsible for supporting the Chair in the management of the Committee and in drafting agendas, forward planner which details the annual cycle of business for the Committee and specifying content of reports.

Except in the event of urgent meetings, a minimum of ten days' notice of a meeting of the Committee will normally be provided confirming the venue, time and date together with an agenda of items to be discussed. Supporting papers will normally be issued 5 working days before the meeting.

All members or attendees at the Committee are required to declare any potential or actual conflict of interest before items are discussed. There will be a standing agenda item at the beginning of each meeting for this purpose. Even if an interest has been recorded in the register of interests, it must still be declared in meetings where matters relating to that interest are discussed. Declarations of interest will be recorded in minutes of meetings.

The Chair of the meeting, with support of the Chief Finance Officer and, if required, the Corporate Secretary and/or Conflicts of Interest Guardian, will proactively consider ahead of meetings what conflicts are likely to arise and how they should be managed, including taking steps to ensure that supporting papers for particular agenda items of private sessions/meetings are not sent to conflicted individuals in advance of the meeting where relevant.

The Committee is authorised by the Governing Body to investigate any activity within its terms of reference.

8. Frequency and Notice of Meetings

The Committee will normally meet 10 times per year. Any two members of the Committee can request an additional meeting which should be convened within 21 days.

9. Reporting arrangements

The minutes of the Committee shall be formally recorded and submitted to the CCGs Governing Body. These minutes should be supported by a summary of

decisions made and recommendations from the Committee. The Chair of the Committee shall draw to the attention of the Governing Body issues that require disclosure or which require Executive action.

10. Policy and Best Practice

When considering matters, the Committee should take into account the following points:

- All statutory requirements applicable to CCGs (including Accounting, Health and Safety, Information Security, etc.)
- NHS England requirements and standards
- Best professional practice and standards
- NHS Best practice and guidance
- Emerging risks and issues

The Committee will have full authority 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, within its terms of reference and within a limit determined by the Chief Finance Officer.

11. Review of the Committees Performance

The Committee will undertake a review of its effectiveness on an annual basis and report this to the Governing Body. It will use this exercise to inform the review of its Terms of Reference.

12. Approval and Review

These terms of reference will be reviewed on an annual basis or sooner if required with recommendations made to the Governing Body for approval.



**Bristol, North Somerset and South Gloucestershire
Clinical Commissioning Group
Commissioning **Clinical** Executive
Terms of Reference**

Version Control		
Version	Date	Consultation
v1	14/05/20	Commissioning Executive
v1	07/07/20	Governing Body
V2	08/10/20	Clinical Executive

Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group

Commissioning ~~Clinical~~ Executive

Terms of Reference

1. Introduction

The Commissioning Executive is a Committee of the Bristol, North Somerset and South Gloucestershire (BNSSG) Clinical Commissioning Group (CCG) and is established in accordance with the constitution, scheme of delegation, standing orders and prime financial policies of the group. These terms of reference set out the membership, remit, authority, responsibilities and reporting arrangements of the Committee.

This Committee has no executive powers other than those specifically delegated in these Terms of Reference.

The Committee is authorised by the Governing Body to act within its terms of reference. All members and employees of the group are directed to co-operate with any request made by the Committee.

2. Remit and Responsibilities of the Committee

The Committee shall carry out the following duties on behalf of the Governing Body:

- Development of the CCG's Commissioning Strategy and recommendation to the Governing Body
- Development of the CCG's Operational Commissioning Plan and recommendation to the Governing Body
- Development of the Digital Transformation Strategy and recommendation to the Governing Body
- Recommends to Governing Body the implementation plan to deliver the Digital Transformation Strategy in line with the local digital roadmap agreed through the Sustainability and Transformation Plan (STP)
- Considers the annual procurement strategy and plans for the procurement of new services and disinvestment from existing services arising from the commissioning plan, making recommendations to the Governing Body where necessary
- Recommends savings and investment plans arising in year to the Governing Body where these exceed delegated limits.
- Recommends to Governing Body commissioning intentions.
- Approval of commissioning policies, recommending these to the Governing Body where these might be contentious.
- Recommends to Governing Body individual funding policies and procedures
- Reviews provider performance against contracts taking action where required and monitoring improvement

- Considers new contracting models to deliver the CCG's ambition and that of the STP, in line with the Five Year Forward View
- Review and scrutiny of risks relating to the clinical commissioning of services reported on the Corporate Risk Register and Governing Body assurance framework and ensuring that appropriate and effective mitigating actions are in place

3. Membership

The Committee will comprise:

- Clinical Chair
- Clinical Commissioning Area Leads (3)
- Clinical Corporate Leads for:
 - Quality
 - Prescribing
 - Contracts and Finance
 - Primary Care Provider Development
 - Digital
- Clinical Care Pathway Leads for;
 - Children's and Maternity
 - Planned Care
 - Unplanned Care
 - Integrated Care
 - Specialised Care
 - Mental Health
- Chief Executive Officer
- Chief Finance Officer
- Director of Nursing & Quality
- Director of Commissioning
- Director of Transformation
- Medical Director – Commissioning and Primary Care
- Medical Director - Clinical Effectiveness
- Area Director (North Somerset)
- Area Director (Bristol)
- Area Director (South Gloucestershire)
- Clinical Leadership Development Lead
- Independent Secondary Care Clinician
- A representative Director of Social Care to be identified by the Local Authorities
- A representative Director of Public Health to be identified by the Local Authorities

Members of the Committee can send a nominated deputy to the meeting. These individuals must be able to operate with full authority over any issue arising at the meeting.

Other persons may be invited to attend to enable the Committee to discharge its functions effectively. The Committee may also invite guests to attend to present information and/or provide the expertise necessary for the Committee to fulfil its responsibilities.

Chairs of the BNSSG Quality Committee and BNSSG Strategic Finance Committee to receive the committee meeting papers.

4. Chair

The meeting will be chaired by the Clinical Chair. A Vice Chair will be selected on an annual basis by the Committee from the clinical members.

5. Quorum and Voting

The meeting will be quorate with the attendance of the following persons:

- 5 clinical members
- Four other members to include either the Chief Executive Officer or the Chief Financial Officer (or their deputies)

The aim will be to reach consensus without the need to resort to a vote. A decision put to a vote at the meeting shall be determined by a majority of the votes of members present. In the case of an equal vote, the Chair of the Committee shall have a second and casting vote.

6. Administration

A named administrator will be responsible for the provision of administrative support to the Committee and they will ensure that minutes of the meeting are accurately produced and agreed with members.

The Director of Commissioning will be responsible for supporting the Chair in the management of the Committee and in drafting the agenda, forward planner and specifying content of reports. They will work closely with the Director of Transformation to ensure that there is a balance of strategic and operational commissioning agenda items.

Except in the event of urgent meetings, a minimum of ten days' notice of a meeting of the Committee will normally be provided confirming the venue, time and date together with an agenda of items to be discussed. Supporting papers will normally be issued 5 working days before the meeting.

All members or attendees at the Committee are required to declare any potential or actual conflict of interest before items are discussed. There will be a standing agenda item at the beginning of each meeting for this purpose. Even if an interest has been recorded in the register of interests, it must still be declared in meetings where matters relating to that interest are discussed. Declarations of interest will be recorded in minutes of meetings.

The Chair of the meeting, with support of the Director of Commissioning and, if required, the Corporate Secretary and/or Conflicts of Interest Guardian, will proactively consider ahead of meetings what conflicts are likely to arise and how they should be managed, including taking steps to ensure that supporting papers for particular agenda items of private sessions/meetings are not sent to conflicted individuals in advance of the meeting where relevant.

The Committee is authorised by the Governing Body to investigate any activity within its terms of reference.

7. Frequency and notice of meetings

The Committee shall meet at least 10 times per year. Any two members of the Committee can request an additional meeting which should be convened within 21 days.

8. Reporting arrangements

The minutes of meetings of the Committee shall be formally recorded and submitted to the Governing Body. These minutes should be supported by a summary of decisions made and recommendations from the Committee. The Chair of the Committee shall draw to the attention of the Governing Body issues that require disclosure or which require Executive action.

The following groups will report to this Committee:

- The Area/Locality Leadership Groups (through the Clinical Commissioning area leads)
- Clinical Policy Review Group
- Prescribing Medicines Optimisation Committee (AMOC) which receives reports from BNSSG Formulary Groups

The Committee will receive reports relevant to its responsibilities from any other group or working group as appropriate.

9. Review of the Committee’s Performance

The Committee will undertake a review of its effectiveness on an annual basis and report this to the Governing Body. It will use this exercise to inform the review of its Terms of Reference.

10. Approval and Review

These terms of reference will be reviewed on an annual basis or sooner if required with recommendations made to BNSSG Governing Body for approval.

Review History

Version	Reviewed and Approved by:	Date Approved	Review date
v1	Governing Body	May 2018	May 2019
v1	Governing Body	May 2019	July 2020