

Executive Committee Terms of Reference – FINAL v1.0

<p>1. Introduction</p>	<p>The Executive Committee (the Committee) is established in accordance with NHS Buckinghamshire CCG's constitution as a committee of its Governing Body.</p>
<p>2. Purpose of the Executive Committee</p>	<p>The Executive Committee delivers the remit of the CCG. All functions of the CCG (with the exception of those delegated to the six other sub-committees) are delegated to the Executive Committee for management and delivery as listed in Appendix 1.</p> <p>The Executive Committee will make recommendations to the Governing Body on strategy and commissioning plans and take day to day decisions on performance management and risk management to provide robust assurance to the Governing Body.</p> <p>The Executive Committee has a role in contributing to the following objectives of the organisation:</p> <ul style="list-style-type: none"> • Support collaborative working and decision making that improves health and social care outcomes in Buckinghamshire • Secure sustainable, appropriately integrated health, social care • Have effective partnerships between health, local authority and wider partnership organisations in Buckinghamshire • Ensure consistency in implementation of relevant policies in an evidence-based, cost effective and safe manner, and support wider CCG commissioning intentions.
<p>3. Aim/objectives</p>	<p>Strategic objectives 2016-2021</p> <ul style="list-style-type: none"> • Better Health in Bucks – to commission high quality services that are safe, accessible to all and achieve good patient outcomes for all • Better Care for Bucks – to commission personalised, high value integrated care in the right place at the right time • Better Care for Bucks – to ensure local people and stakeholders have a greater influence on the services we commission • Sustainability within Bucks – to contribute to the delivery of a financially sustainable health and care economy that achieves value for money and encourages innovation • Leadership across Bucks – to promote equity as an employer and as clinical commissioners

	<p>Corporate objectives 2018-19</p> <ul style="list-style-type: none"> • Deliver the system FRP in 18/19 and achieve financial recovery and a sustainable ICS by April 2020 • Manage capacity, demand and clinical variation using a population health management approach so that patient flow is safely optimised, equitable across boundaries and the NHS constitutional standards are met in accordance with planning guidance • Enable and support the component parts of the ICS and STP to deliver transformation of health and social care • Support delivery of the Five Year Forward Views for New Models of Care, Primary Care and Mental Health for improved outcomes for patients <p>Executive Committee is to develop its annual objectives</p>
<p>4. Specific duties and responsibilities</p>	<p>The Executive Committee will ensure that programmes are in line with statutory functions and duties, and that the CCG's strategy, operational plan and commissioning intentions are on target to deliver in order to provide robust assurance to the Governing Body.</p> <p>As a clinically led commissioning organisation, the CCG's purpose is to spend the money allocated as wisely as possible whilst improving quality and experience of care and ensuring achievement of superior health outcomes for all members of its communities.</p> <p>This will be achieved by being responsive, productive and caring at the same time as creating a financially stable and sustainable organisation. It is the responsibility of the Executive Committee to deliver on this for patients and member practices.</p>
<p>5. Accountability and reporting arrangements</p>	<p>The Executive Committee is formally accountable to the Governing Body as one of its six sub-committees. The Governing Body will approve and keep under review the terms of reference for the Executive Committee.</p> <p>The Committees/Boards/Groups/Panels accountable to the CCG Executive Committee are:</p> <ol style="list-style-type: none"> 1. Programme Boards 2. Locality Meetings 3. Equality and Diversity Steering Group 4. Engagement Steering Group 5. Staff Partner Forum 6. Continuing Healthcare (CHC) Exceptions Panel
<p>6. Decision making and delegated authority</p>	<p>The Executive Committee has delegated authority to take decisions in accordance with the standing orders and schemes of delegation previously agreed by the Governing Body. Please see Appendix F1 of the CCG Constitution.</p> <p>Some functions, duties and responsibilities will also be delegated by</p>

	<p>the Executive Committee to these sub-committees in accordance with the scheme of reservation and delegation in Appendix F1 of the CCG Constitution.</p> <p>The Executive Committee has Programme Boards, Localities and various Steering Groups as sub-committees described in Appendix D of the CCG Constitution.</p> <p>The Executive Committee will work on the basis that decisions will be made by consensus wherever possible. Where this is not possible, a vote will be taken with a simple majority carrying the motion with the Chair having a second, casting vote in the event of a tie. Only standing members will be eligible to vote and each member shall have one vote. If an individual has a conflict of interest for a particular agenda item, they must abstain from voting on that item.</p> <p>Medicines Management Formulary is subject to separate Formulary financial approval and therefore not included here – all formulary financial approval is delegated.</p> <p>There may be case by case exceptions to these arrangements where the limits described may be flexed (most likely downwards) or require additional authorisation (e.g. vacancy control / discretionary spend) if financial position determined this i.e. financial recovery</p>
<p>7. Membership and Quorum</p>	<p>Members of the Executive Committee</p> <p>The membership of this committee will comprise of six managers and eight GPs/Clinical Directors. At least two of the GPs/Clinical Directors will be locality directors. This composition will be reviewed and agreed with Member Practices as and when required.</p> <p>Role Title</p> <ol style="list-style-type: none"> 1) Accountable Officer (AO) 2) Chief Finance Officer 3) Deputy Accountable Officer (AO) Associate Director for Quality 4) Director of Commissioning and Delivery 5) Director of Transformation 6) Director of Performance, Assurance & Contracting 7) Clinical Director – Integrated Care 8) Clinical Director – Mental Health and Learning Disabilities 9) Clinical Director – Unplanned Acute Care 10) Clinical Director – Contracting and Maternity 11) Clinical Director – Children’s 12) Clinical Director – Southern Locality/Frimley Lead 13) Clinical Director –Wycombe Locality 14) Clinical Director – South Locality 15) Clinical Director – Central Locality <p>The principle behind Clinical Director membership is that there will</p>

be a blend of proportionate representation by portfolio and by geography.

In attendance only (non-voting)

Role Title

PA to the Accountable Officer

Quorum

The Executive Committee will be quorate to make decisions as delegated if the following mix of members are all present:

- Accountable Officer or Deputy AO or Chief Finance Officer
- One other Management Director
- Four Clinical Directors

No decisions may be taken by a non-quorate meeting. Not all CCG Clinical Directors are current voting members. Therefore the Chair retains a right of discretion to co-opt one or more Clinical Directors to ensure a quorum where this is in doubt, for whatever reason.

Where quorum remains unachievable, due to availability or conflicts of interest, and if a decision does need to be made before the date of the next meeting, the matter should be escalated to the Governing Body.

The meeting can be quorate if held virtually, i.e. with members present between Amersham and Aylesbury locations. Whether it is so will be at the discretion of the Chair.

If a member is conflicted on a particular item of business they will not count towards the quorum for that item of business. If a member is conflicted on a particular item they may be excluded from discussion of the item, and may be asked to leave the room, both at the discretion of the chair. If this course of action causes the decision to be non-quorate, the matter may be escalated to the Governing Body. Papers for a particular item may be withheld from members who are conflicted for that item.

Deputies will not generally be allowed unless they are formally acting up for a member e.g. due to prolonged sickness etc. Permission can be sought from the Chair.

Any Executive Committee member may nominate any appropriate CCG employee to attend a meeting of the Executive Committee and vote by proxy provided that the Executive Committee member gives the other committee members at least three days' notice. The Executive Committee may call additional experts to attend meetings on case-by-case basis to inform discussions. Member Practices wishing to observe the meeting are welcome to do so.

Chair/deputy of a meeting	The Chair of the Executive Committee will usually be the Accountable Officer, his/her deputy, or a Director on rotation.
Member conduct	<p>Members of the Executive Committee have a collective responsibility for its operation. They will participate in discussion, review evidence and provide objective expert input to the best of their knowledge and ability. They will endeavour to reach a collective view prior to making any decision where authority to do so is delegated.</p> <p><u>Conflicts of interest</u> There must be transparency and clear accountability of the Executive Committee. The Chair will ask at the beginning of each meeting, as a standing item, whether any member or other invitee has a conflict of interest to declare about any items being discussed at the meeting in accordance with the CCG's conflict of interest policy. If a member has a direct or indirect connection with an issue on the agenda which may impact on their ability to be objective they must declare an interest to the Chair. A decision will then be taken by the Chair as to whether it is appropriate or not for this member to remain involved. All declarations of interest and decisions on participation shall be reported in the minutes.</p> <p>A register of interests will be completed by all Executive Committee members and updated at least annually, and will be available on the CCG website for public scrutiny.</p> <p><u>Confidentiality</u> To allow this Executive Committee to operate effectively, members need to be able to openly discuss commercial and operational issues and requirements. Members accordingly agree to hold all information obtained in the course of meetings in the strictest of confidence and agree not to disclose any information discussed without first seeking authorisation to do so from the Chair.</p>
Meeting arrangements	<p>Each year, the Executive Committee will develop a forward plan of planned business aligned to the CCG's business cycle and share this with the Governing Body. The Executive Committee will normally meet every month for 3 hours on the afternoon of the fourth Thursday of the month. The administrative support to the meeting will be provided by the PA to the Accountable Officer.</p> <p><u>Before the meeting</u></p> <p>Agenda items will be accepted up to 2 weeks in advance of the meeting. Apologies should be sent in advance to determine quorum. The agenda and associated papers will be circulated five (5) working days ahead of the meeting. This is the responsibility of the Chair and PA to the Accountable Officer. Arrangements to dial-in to the meeting will be made where possible and practical, especially if required to ensure quorum.</p>

Standing items every meeting, other than declarations of interest, will be:

- Corporate business – reports from other committees of the Governing Body
- Review of new risks as is deemed required
- Minutes from Executive Committee’s sub-committees
- Escalations to the Governing Body

Standing items at frequencies as outlined in the supporting work plan are:

- Programme Board Highlight Reports
- Locality Transformation Highlight Reports
- Setting strategy, ACS/STP working, organisational development, adjusting programme frameworks as required
- Corporate Risk Register

After the meeting

Notes of the meeting, action points/log and detail of decisions taken will be recorded and produced and circulated within five (5) working days of the meeting to members only. This is the responsibility of the PA to the Accountable Officer.

Where appropriate, excerpts of papers/minutes only will be sent to others who have attended meetings according to the confidentiality of information.

Agreed minutes of the Executive Committee will be sent to the Governing Body for information, and topics for reporting to the Governing Body agreed at the meeting (prior to the issue of accepted minutes) will be released to the Governing Body as soon as possible after the meeting for urgent or significant matters.

Each year, the Executive Committee will undertake an evaluation of its performance and then develop the next forward plan.

Document control

These terms of reference will be reviewed annually.

The Governing Body approves and keeps under review the terms of reference for the Executive Committee, which includes information on the membership of the Executive Committee.

Version	Review date	Date of acceptance	Summary of changes
0.1	22.07.16	n/a	Early drafts
0.2	04.08.16	04.08.16	Draft received and agreed by Executive Committee
0.3	05.08.16	n/a	Amendments discussed by Executive 04.08.16
0.4	11.10.16	n/a	Amendment to proxy voting for consistency with Governing

			Body and compliance with new Col Policy.
0.5	27.10.16	27.10.16	Further changes suggested at Executive Committee
0.6	26.07.17 /19.09.17	September 2018	Changes to membership to reflect changes in management arrangements and new CCG logos
0.7	October 2017 April 2018	26/04/18	Final circulated version Updated with new logo – no other changes to version remains the same
0.8	April 2018	26/04/18	Update post committee approval “nursing” removed from Associate Director of Nursing and Quality Remaining references to “two CCGs” removed. Reporting lines added from Finance Committee to both Audit Committee and Executive Committee
0.9	July 2018	n/a	Various amendments for Executive Committee review 26/07/18
1.0	26 July 2018	26/07/18	Final version approved by Executive Committee post amendments: <ol style="list-style-type: none"> 1. Removed organogram and all references to appendices – wholly cross referenced to CCG Constitution. 2. Insertion of strategic objectives 2016-21 and corporate objectives 2018-19 3. Staff Partner Forum added to sub-committees/groups (Constitution organogram also updated) 4. Christine Campling replaced by Karen West (Clinical Director Integrated Care) in voting members 5. Clinical Director southern locality has “Frimley Lead” added. 6. Removed reference to the post/person to whom formulary is delegated. 7. Removed “or others” from description of those welcome to observe meetings.