

NHS Haringey Clinical Commissioning Group

Governing Body Audit Committee

Terms of Reference

The defined terms used in these Terms of Reference shall be as defined in Appendix A to the Constitution unless the context requires otherwise.

1. Introduction

- a) The Audit Committee is currently established under the scheme of delegation and reservation adopted by Haringey CCG.
- b) The Audit Committee (the "**Committee**") is established in accordance with the Constitution. These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the Committee and shall have effect as if incorporated into the Constitution.

2. Membership

The Committee shall be appointed by the HCCG as set out in the Constitution and may include individuals who are not on the Governing Body. The Lay Member on the Governing Body, with a lead role in overseeing key elements of governance, will chair the Committee. The membership of the Committee will be:

- 2 Lay Members – one of whom shall be chair (the "**Chair**") and shall be qualified for membership due to holding qualifications, expertise or experience such as to enable him or her to express informed views about financial management and audit matters and who shall lead on audit, remuneration and conflict of interests matters;
- 1 GP Member who is not a member of the Finance & Performance Committee; and
- 1 x external lay member from another Clinical Commissioning Group

3. Attendance

The Chief Finance Officer and appropriate representatives from Internal and External Audit should normally attend all meetings.

Other officers should be invited to attend when the Committee is discussing areas of risk or operation that are their responsibility, including representatives of North and East London Commissioning Support Unit (CSU), where appropriate.

If unable to attend in person, an officer will nominate a suitable deputy to attend in his/her place. The Accountable Officer should also be invited to attend, at least annually, to discuss the process for assurance that supports the Annual Governance Statement. He or she should also attend when the Committee considers draft internal audit plans and annual accounts. The

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

4. Secretary

Secretarial support (including the taking of minutes and circulation of papers) will be provided to the Chair and the Committee by the Board Support Co-ordinator/Administrator based in the Quality & Integrated Governance Directorate.

5. Quorum

The minimum number of Audit Committee members for a quorum is two, one of which should be a Lay Member who shall be the Chair and one of which should be a GP.

6. Frequency and notice of meetings

The Committee will meet on a bi-monthly basis. At least once a year the Committee should meet privately with the external and internal auditors.

An external auditor or the Head of Internal Audit may request that a meeting of the Committee is called if they consider that one is necessary. A minimum of seven Working Days is required to call for a meeting.

Items of business to be transacted for inclusion on the agenda of the Committee at least 15 Working Days before the meeting takes place. Supporting papers for such items need to be submitted at least 5 Working Days before the meeting takes place. The agenda and supporting papers will be circulated to all members of a meeting at least 5 Working Days before the date the meeting will take place.

7. Remit and responsibilities of the Committee

7.1. Governance, Internal Control and Risk Management

The Committee will assist HCCG to deliver its responsibility for the conduct of public business and stewardship of funds under its control. In particular, the committee will seek to provide assurance to the Governing Body that an appropriate system of internal control is in place to ensure this.

The Committee shall critically review the HCCG's financial reporting and internal control principles and ensure an appropriate relationship with both internal and external auditors is maintained. In particular, the Committee will review the adequacy and effectiveness of:

- a) All risk and control related disclosure statements (in particular the governance statement), together with any appropriate independent assurances, prior to endorsement by the clinical commissioning group;
- b) The underlying assurance processes that indicate the degree of achievement of clinical commissioning group objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements;
- c) The policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements and related reporting and self-certification; and

- d) The policies and procedures for all work related to fraud and corruption as set out in Secretary of State Directions and as required by the NHS Protect.

In carrying out this work the Committee will primarily utilise the work of internal audit, external audit and other assurance functions, but will not be limited to these sources. It will also seek reports and assurances from directors and managers as appropriate, concentrating on the over-arching systems of integrated governance, risk management and internal control, together with indicators of their effectiveness.

This will be evidenced through the Committee's use of an effective assurance framework to guide its work and that of the audit and assurance functions that report to it.

7.2. Internal Audit

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

This will be achieved by:

- a) Consideration of the provision of the internal audit service, the cost of the audit and any questions of resignation and dismissal;
- b) Review and approval of the internal audit strategy, operational plan and more detailed programme of work, ensuring that this is consistent with the audit needs of the organisation, as identified in the assurance framework;
- c) Considering the major findings of internal audit work (and management's response) and ensuring co-ordination between the internal and external auditors to optimise audit resources;
- d) Ensuring that the internal audit function is adequately resourced and has appropriate standing within the clinical commissioning group; and
- e) An annual review of the effectiveness of internal audit.

7.3. External Audit

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

This will be achieved by:

- a) Consideration of the performance of the external auditors, as far as the rules governing the appointment permit;
- b) Discussion and agreement with the external auditors, before the audit commences, on the nature and scope of the audit as set out in the annual plan, and ensuring co-ordination, as appropriate, with other external auditors in the local health economy;
- c) Discussion with the external auditors of their local evaluation of audit risks and assessment of the clinical commissioning group and associated impact on the audit fee; and
- d) Review of all external audit reports, including the report to those charged with governance, review the annual audit letter before submission to the

clinical commissioning group and any work undertaken outside the annual audit plan, together with the appropriateness of management responses.

7.4. Counter Fraud and Bribery

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

7.5. Management

The Committee shall request and review reports and positive assurances from directors and managers on the overall arrangements for governance, risk management and internal control.

The Committee may also request specific reports from individual functions within the HCCG as they may be appropriate to the overall arrangements.

7.6. Financial Reporting

The Committee shall monitor the integrity of the financial statements of the clinical commissioning group and any formal announcements relating to the HCCG's financial performance.

The Committee shall ensure that the systems for financial reporting to the clinical commissioning group, including those of budgetary control, are subject to review as to completeness and accuracy of the information provided to the HCCG.

The Committee shall also review any tender waivers and losses or write-offs (such as aged debt), to ensure that they are in accordance with the Standing Orders and Prime Financial Policies.

The Committee shall review the annual report and financial statements before submission to the Governing Body and the HCCG, focusing particularly on:

- a) The wording in the governance statement and other disclosures relevant to the terms of reference of the Committee;
- b) Changes in, and compliance with, accounting policies, practices and estimation techniques;
- c) Unadjusted mis-statements in the financial statements;
- d) Significant judgments in preparing of the financial statements;
- e) Significant adjustments resulting from the audit;
- f) Letter of representation; and
- g) Qualitative aspects of financial reporting.

7.7. Other Assurance Functions

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

These will include, but will not be limited to, any reviews by Department of Health arm's length bodies or regulators/inspectors (for example, the Care Quality Commission and NHS Litigation Authority) and professional bodies with responsibility for the performance of staff or functions (for example, Royal Colleges and accreditation bodies) including the Commissioning Support Unit (CSU) and other services provided on behalf of the HCCG.

The Committee shall monitor the performance of the HCCG's duty to obtain appropriate advice in accordance with the general duty set out in Paragraph 5.2.9 (b) of the Constitution.

The Committee shall be responsible for discharging any responsibilities delegated to it by the HCCG including (without limitation) the monitoring the performance of the HCCG's duty to act effectively, efficiently and economically in accordance with Paragraph 5.2.3 of the Constitution.

The Committee shall seek assurance from the Quality Committee about how all matters relating to Information Governance are being monitored and managed. Information Governance reports taken to the Quality Committee will be brought in turn to the Audit Committee every six months for information.

8. Relationship with the Governing Body

The Committee will make recommendations to the Governing Body in relation to detailed financial policies and any other issues within its remit.

Agreed Committee minutes will be taken to the next meeting of the Governing Body.

The Committee will also report to the Governing Body annually on its work in support of the Annual Governance Statement, specifically commenting on the fitness for purpose of the assurance framework, the completeness and embeddedness of risk management, and the integration of governance arrangements.

The Committee will have the authority to approve the Annual Report and Accounts, at such times when the Governing Body chooses to delegate this power.

9. Policy and best practice

The Committee will apply best practice in its deliberations and in the decision making processes. It will conduct its business in accordance with national guidance and relevant codes of conduct and good governance practice.

Annually, the Committee will review its performance, membership and terms of reference. Any proposals to change the terms of reference or membership must be approved by the Governing Body.

10. Conduct of the Committee

At the beginning of each meeting, the Chair will ask members whether they have any interests to declare in accordance with the requirements set out in the Constitution.

Decision making will be by majority of 51% of those present and voting at the relevant meeting with the Chair having the casting vote.

Members of the Committee have a duty to demonstrate leadership in the observation of the NHS Code of Conduct and to work to the Nolan Principles, which include: selflessness, integrity, objectivity, accountability, openness, honesty and leadership.

Committee papers will be stored and archived. Where not exempted from the Freedom of Information Act 2000, papers will be available for disclosure.

When there is an urgent matter where a decision is required outside of the meeting, the Chair may make a decision after conferring with at least two other members ("**Chair's Action**"). When Chair's Action has been taken then it must be ratified by the next quorate meeting of the Committee. Urgent decisions will only be taken when there is insufficient time available for the decision to be delayed until the next meeting.

NHS Haringey Clinical Commissioning Group

Governing Body Cancer and Cardiac Committee

Terms of Reference

The defined terms used in these Terms of Reference shall be as defined in Appendix A to the Constitution unless the context requires otherwise.

1. Introduction

The Investment Committee (the “**Committee**”) is established in accordance with the CCG’s Constitution, Standing Orders and Scheme of Reservation and 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 Constitution and Standing Orders.

The role of the committee of the Governing Body of Haringey CCG (“the Committee”) shall be to carry out the following functions in respect of proposals for change arising from the reconfiguration of specialist cancer and cardiac services:

- (a) Take necessary decisions in relation to the London Cancer and Cardiovascular Programme, insofar as they relate to services commissioned by Haringey CCG.

2. Membership:

The Committee shall consist of:

One nominated Haringey GP.

3. Procedure:

The Committee shall comply with the relevant standing orders of Haringey CCG relating to the handling of meetings, agendas and declarations of interest, and also the standing orders for actual instructions. The Committee will meet in public when appropriate in accordance with the provision of paragraph 8(3) of Schedule 1A to the NHS Act 2006.

The Committee shall reach decisions by a majority vote of the members present and the decisions of the Committee shall be binding on Haringey CCG.

NHS Haringey Clinical Commissioning Group

Clinical Cabinet

Terms of Reference

The defined terms used in these Terms of Reference shall be as defined in Appendix A to the Constitution unless the context requires otherwise.

1. Introduction

The purpose of the Clinical Cabinet is to drive the development of GP-led, multi-professional clinical commissioning across all Members and to communicate and implement the HCCG's Vision:

“Enabling the people of Haringey to live long and healthy lives with access to fair, well coordinated and high quality services”.

The Clinical Cabinet promotes and supports Members' and patients' active two-way participation in HCCG's commissioning plan development, investment prioritisation, clinical change, contract briefs and service reviews.

The Clinical Cabinet's role is to support and enable the Governing Body to implement the HCCG's Vision by securing advice from, and developing service and quality outcome improvement relationships with, healthcare professionals from secondary, community, mental health, learning disabilities and social care.

The Clinical Cabinet promotes innovation and integration in the provision of services and advises the Governing Body and clinical commissioners to commission improvements in quality consistent with the NHS Outcomes Framework:

- Preventing people from dying early
- Enhancing quality of life for people with long-term conditions
- Helping people recover from episodes of ill health or following injury
- Ensuring that people have a positive experience of care
- Treating and caring for people in safe environments and protecting them from avoidable harm.

2. Membership

The membership of the Clinical Cabinet will be:

- Clinical Governing Body Members, including GPs elected by the HCCG's general practice membership from the four locality collaboratives and by sessional GPs, and the Registered Nurse and Secondary Care Consultant members;
- Practice managers (2) appointed following expressions of interest and interview process

- Public Health member nominated for London Borough of Haringey
- Clinical leads appointed to roles identified, defined and approved by the Clinical Cabinet
- Primary Care Development team lead GPs for each collaborative
- Director of Commissioning
- Deputy Chief Financial and Performance Officer.

The Local Medical Committee nominated member, Local Pharmaceutical Committee nominated member and Local Optometrist Committee members will be invited to attend meetings as observers.

The Chair of the Governing Body will be the chair of the Clinical Cabinet, or will appoint a Governing Body Member who is a clinical representative of the Governing Body to be Clinical Cabinet Chair (the "**Clinical Cabinet Chair**"). The Clinical Cabinet will nominate a Vice-Chair of the Clinical Cabinet with the support of the Clinical Cabinet Chair, for approval by the Governing Body.

In the event of neither the Chair or the Vice-Chair being able to attend a meeting, the Chair will arrange for another GP Governing Body member to act as Chair.

Clinical Cabinet members who are not Governing Body Members will be appointed subject to approval by the HCCG Chair or their named Governing Body Member nominee.

Remunerated clinical lead roles will have jointly agreed objectives and appraisal, supported by Governing Body Members.

3. **Attendance**

The Clinical Cabinet Chair or their named Governing Body Member nominee has the delegated authority to co-opt colleagues from other professions including HCCG and Commissioning Support Unit (the "**CSU**") senior managers to the Clinical Cabinet.

The Members named Practice Representatives are invited to attend Clinical Cabinet meetings as observers, subject to notifying the HCCG's clinical commissioning team a week in advance to ensure the venue meets health and safety requirements.

Practice Nurses are also invited to attend Clinical Cabinet meetings as observers, subject to notifying the HCCG's clinical commissioning team a week in advance to ensure the venue meets health and safety requirements.

The Chief Officer shall be invited to meetings of the Clinical Cabinet and receive copies of the agenda and papers in advance of such meetings in accordance with Paragraph 6 of these terms of reference, and receive copies of the minutes following such meetings.

4. Secretary

As an advisory Committee of the HCCG, the Clinical Cabinet will be supported by the Quality and Integrated Governance Directorate governing body administration service, which shall include the taking and circulation of minutes.

5. Quorum

The quorum for meetings of the Clinical Cabinet shall be five members, including for the avoidance of doubt the Clinical Cabinet Chair, or, in instances where the Clinical Cabinet Chair is not present, the Vice Chair.

6. Frequency and notice of meetings

The Clinical Cabinet shall meet on a monthly basis. Additional meetings may be arranged and will be convened by the Clinical Cabinet Chair as necessary.

Items of business to be transacted for inclusion on the agenda of the Committee at least 15 Working Days before the meeting takes place. Supporting papers for such items need to be submitted at least 5 Working Days before the meeting takes place. The agenda and supporting papers will be circulated to all members of a meeting at least 5 Working Days before the date the meeting will take place.

7. Remit and responsibilities of the Committee

Commissioning Strategies

The Clinical Cabinet will oversee the development and implementation of Haringey commissioning strategies and plans, ensuring effective multi-professional and patient and carer participation.

The Clinical Cabinet will identify opportunities for new clinical pathways, appoint clinical leads to lead on their development and oversee their implementation, following their approval by the Governing Body.

The Clinical Cabinet will ensure that the views of the wider clinical membership of the CCG are harnessed and engaged during the development and implementation of these strategies, by providing input into commissioning intentions and subsequent prioritisation, as well as discussing outcomes.

Communication

The Clinical Cabinet co-ordinates communication with the HCCG's multi-professional engagement networks to shape key issues for discussion and receive feedback to inform priorities. These primarily include:

- Scheduled clinical interface, contracting and quality meetings;
- QIPP Plan Transformation Boards with each of the local NHS Trusts, Clinical Commissioning Groups and CSU commissioning teams;
- Care partnership, programme and project groups;
- Liaison by CCG GP clinical leads;
- Collaborative Clinical Networks and Senates;
- The programme of clinical briefings delivered to the Clinical Cabinet by clinical leads and multi-professional colleagues
- Practice Nurses forum

- Practice Managers forums

The Clinical Cabinet will also provide a forum for highlighting and discussing contracting and provider issues, including raising awareness of the Quality Alert system.

To ensure effective communication and engagement and organisational development, the Clinical Cabinet will:

- Take the lead on ensuring that all Haringey GPs are aware of HCCG briefings, developments and progress;
- Promote participation by secondary care community, mental health and hospital provider and other family health service contractor colleagues in the provision of innovative, integrated and cost effective services. This will be via the Clinical Programmes, Care Groups and Contracting and Quality interface groups and separate project groups where needed;

Primary Care Development

The Clinical Cabinet will receive regular progress reports on the Primary Care Strategy and provide strategic advice on its implementation.

8. Relationship with the governing body

The Clinical Cabinet is a Committee of the Governing Body and will report to the Governing Body.

The HCCG's four locality based-collaboratives, clinical programmes and care groups will promote innovation, integration, research, education and peer learning. They will report to the Clinical Cabinet through the clinical leads and the Clinical Cabinet will receive, review and advise on regular service and quality improvement commissioning reports.

9. Policy and best practice

The Clinical Cabinet will apply best practice in its deliberations and in the decision making processes. It will conduct its business in accordance with national guidance and relevant codes of conduct and good governance practice.

The Clinical Cabinet will review annually its performance, membership and terms of reference. Any proposals to change the terms of reference or membership must be approved by the Governing Body

10. Conduct of the Clinical Cabinet

At the beginning of each meeting, the Clinical Cabinet Chair will ask members whether they have any interests to declare in accordance with the requirements of the Constitution .

Decision-making will be by majority of 51% of those present and voting at the relevant meeting.

Members of the Clinical Cabinet have a duty to demonstrate leadership in the observation of the NHS Code of Conduct and to work to the Nolan

Principles, which include: selflessness, integrity, objectivity, accountability, openness, honesty and leadership.

Clinical Cabinet papers will be stored and archived. Where not exempted from the Freedom of Information Act 2000, papers will be available for disclosure.

*When there is an urgent matter where a decision is required outside of the meeting, the Chair may make a decision after conferring with at least two other members ("**Chair's Action**"). When Chair's Action has been taken then it must be ratified by the next quorate meeting of the Committee. Urgent decisions will only be taken when there is insufficient time available for the decision to be delayed until the next meeting.*

Expectation of members:

- Each member is responsible for the effective operation of the Clinical Cabinet;
- Each member who has a collaborative clinical lead will be responsible for ensuring a system is in place for cascading information to their linked practices and for reporting views back to the Clinical Cabinet;
- Each member with a clinical programme or care group related clinical lead will be responsible for two-way liaison with their most directly relevant clinical network/group;
- In addition, they are responsible for ensuring regular briefings are provided into the HCCG's system in place for cascading information to member practices and for reporting views back to the Clinical Cabinet.

NHS Haringey Clinical Commissioning Group

Governing Body Finance and Performance Committee

Terms of Reference

The defined terms used in these Terms of Reference shall be as defined in Appendix A to the Constitution unless the context requires otherwise.

1. Introduction

- a) The Finance and Performance Committee (the "**Committee**") is established in accordance with the Constitution, Standing Orders and Scheme of Reservation and 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 Constitution and Standing Orders.
- b) The Finance and Performance Committee is a sub-group of the Haringey CCG Governing Body. The remit of the Committee is to give consideration to:
 - The financial performance of the HCCG and the associated financial planning issues; and
 - The performance of the HCCG against key service delivery indicators and targets.

2. Membership

The membership of the Committee will be:

- GP Governing Body Member (the "**Chair**")
- Lay Member of the Governing Body who shall be qualified for membership due to holding qualifications, expertise or experience such as to enable him or her to express informed views about financial management and audit matters and who shall lead on audit, remuneration and conflict of interests matters (the "Deputy Chair")
- Accountable Officer
- Chief Finance Officer
- 3 GP members of the Governing Body
- Director of Commissioning
- Interim Deputy Director of Contracts, NELCSU

The Committee will be chaired by a GP Governing Body Member or the Deputy Chair in the event that the Chair is absent or unavailable due to a conflict of interest.

3. Attendance

Deputies and Attendees:

Members may nominate a deputy to attend the meeting.

Co-opted Members:

The Committee may request that other individuals are co-opted as required.

4. Secretary

Secretarial support (including the taking and circulating of minutes) will be provided to the Chair and the Committee by the Board Support Co-ordinator/Administrator based in the Quality & Integrated Governance Directorate.

5. Quorum

The quorum for the Committee is at least three members of the Finance and Performance Committee, including one GP member and one HCCG officer – either the Accountable Officer or the Chief Finance Officer.

6. Frequency and notice of meetings

The Committee will meet on a monthly basis. Additional meetings will be arranged as required upon request of the Chair.

Items of business to be transacted for inclusion on the agenda of the Committee at least 15 Working Days before the meeting takes place. Supporting papers for such items need to be submitted at least 5 Working Days before the meeting takes place. The agenda and supporting papers will be circulated to all members of a meeting at least 5 Working Days before the date the meeting will take place.

7. Remit and responsibilities of the Committee

The main duties of the Committee are:

- To review and consider the annual financial plan and budgets and to make recommendations to the Governing Body;
- To review the monthly financial performance/performance of the HCCG and to identify timely mitigating actions where needed;
- To regularly review the content of the HCCG's financial and performance reports and agree changes as required;
- To review progress against the QIPP Plan and recommend mitigating actions where needed. To ensure that all QIPP plans are supported by appropriate activity and financial information;
- To receive minutes from the QIPP Plan Commissioning Group and request additional assurance as required;
- To review all service developments/decommissioning decisions (including QIPP Plans) for their financial implications. To make recommendations to the Governing Body regarding the financial implications of commissioning decisions;
- To ensure that all financial risks are being appropriately reported and are reflected in the financial position of the HCCG. To ensure that mitigating actions are identified;
- To make recommendations as required to the Governing Body to facilitate the delivery of financial and performance targets;
- To monitor the performance of the CSU against agreed indicators in respect of financial and performance services provided to the HCCG;
- To raise performance issues with the CSU as needed; and
- To review the performance of the HCCG against its general duty to promote awareness, of and act with a view to securing that health

services are provided in a way that promotes awareness of, and have regard to the NHS Constitution as set out in Paragraph 5.2.2 of the Constitution.

- Be responsible for discharging any responsibilities delegated to it by the HCCG including (without limitation) the monitoring the performance of the HCCG's duty to act effectively, efficiently and economically in accordance with Paragraph 5.2.3 of the Constitution.

8. Relationship with the Governing Body

The Committee will report directly to the Governing Body of the HCCG.

9. Policy and best practice

The Committee will apply best practice in its deliberations and in the decision making processes. It will conduct its business in accordance with national guidance and relevant codes of conduct and good governance practice.

The Committee will review its performance, membership and terms of reference on an annual basis. Any resulting changes to the terms of reference will be subject to the approval of the Governing Body.

10. Conduct of the Committee

At the beginning of each meeting, the Chair will ask members whether they have any interests to declare in accordance with the provisions of the Constitution and the member shall be excluded from the relevant part of the meeting.

Decision making will be by majority of 51% of those present and voting at the relevant meeting.

Members of the Committee have a duty to demonstrate leadership in the observation of the NHS Code of Conduct and to work to the Nolan Principles, which include: selflessness, integrity, objectivity, accountability, openness, honesty and leadership.

Committee papers will be stored and archived. Where not exempted from the Freedom of Information Act 2000, papers will be available for disclosure.

When there is an urgent matter where a decision is required outside of the meeting, the Chair may make a decision after conferring with at least two other members ("**Chair's Action**"). When Chair's Action has been taken then it must be ratified by the next quorate meeting of the Committee. Urgent decisions will only be taken when there is insufficient time available for the decision to be delayed until the next meeting.

NHS Haringey Clinical Commissioning Group

Governing Body Investment Committee

Terms of Reference

The defined terms used in these Terms of Reference shall be as defined in Appendix A to the Constitution unless the context requires otherwise.

1. Introduction

The Investment Committee (the “**Committee**”) is established in accordance with the CCG’s Constitution, Standing Orders and Scheme of Reservation and 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 Constitution and Standing Orders.

The Committee will make recommendations to the Governing Body on investment and disinvestment proposals in line with the financial strategy and budgets which are overseen by the Finance and Performance Committee. These recommendations will be based on evaluations made using the CCG’s Commissioning Prioritisation Framework, which is reviewed annually. The establishment of the Committee will reduce the possibility of conflicts of interest in the CCG’s investment and disinvestment decision-making process.

2. Membership

The Committee will comprise six members:

- Lay Member, CCG Governing Body (Chair)
- Nurse Member, CCG Governing Body Member (Vice Chair)
- Chief Officer
- Chief Financial Officer
- 2 GPs, one of whom is a Haringey CCG Governing Body Member, the other being a GP working in another North Central London Borough.

3. Attendance

Up to two patient representatives and the Assistant Director of Primary Care, Quality and Development will regularly be in attendance.

The Committee will also co-opt individuals as required for knowledge and expertise to inform its work, including contributing to Task and Finish Groups. Individuals will also be invited to attend when the Committee is discussing areas which are their responsibility.

The Committee will have full authority to commission any reports or surveys it deems necessary to help it fulfill its obligations.

4. Secretary

Minute-taking will be organised by the Quality and Integrated Governance directorate.

Additional secretarial support to the Committee will be provided by the Personal Assistant to the Chief Finance Officer, who will be responsible for

supporting the Chair in forward-planning, agenda-setting and circulation of minutes.

5. Quorum and conflicts of interest

The Committee will be quorate when three members are present, including the Chair or the Nurse Member, at least one CCG executive member and at least one GP.

When members of the Committee have a conflict of interest in the course of a meeting, they will be required to withdraw for that particular agenda item.

6. Frequency and notice of meetings

The frequency of meetings will be determined by the CCG. There will be a minimum of one meeting per year. A meeting schedule will be agreed by the Committee but the Chair may call additional meetings as necessary, with a minimum of five Working Days' notice.

Items of business to be transacted for inclusion on the agenda of the Committee at least 15 working days before the meeting takes place. Supporting papers for such items need to be submitted at least 5 working days before the meeting takes place. The agenda and supporting papers will be circulated to all members of a meeting at least 5 working days before the date the meeting will take place.

7. Remit and responsibilities of the Committee

The Committee will make recommendations to the Governing Body on investment and disinvestment proposals in line with the financial strategy and budgets which are overseen by the Finance and Performance Committee. These recommendations will be based on evaluations made using the CCG's Commissioning Prioritisation Framework, which is reviewed annually.

All investment and disinvestment proposals reviewed by the Committee will be evaluated using the CCG's Commissioning Prioritisation Framework.

The framework is underpinned by the CCG's commitment to:

- Improve health and reduce inequalities
- Reduce inequalities of access to healthcare for all residents
- Actively promote close collaboration between all providers involved in the delivery of healthcare
- Continually improve the quality of healthcare by facilitating the development and sharing of best practice
- Remain energetic and creative in our approach to achieving positive improvements for Haringey residents.

In order to ensure that consistent decisions are reached which respect the needs of individuals and the community, all commissioning/decommissioning prioritisation decisions will be governed by the following ethical and commissioning principles:

- Health outcome
- Clinical effectiveness and cost-effectiveness
- Equity
- Access

- Patient Choice
- Affordability
- Legislation and policy drivers.

The Committee will make recommendations to the Governing Body on all disinvestment decisions, which will in turn decide whether to approve any recommendations. The Governing Body may decide not to proceed with a disinvestment proposal recommended by the Committee; the Committee will not have the authority to proceed with investment or disinvestment decisions without approval from the Governing Body.

The Committee will also make recommendations to the Governing Body on all individual investment decisions whose value is £150,000 or greater, and the Governing Body will in turn decide whether to approve any recommendations. The Governing Body may decide not to proceed with an investment proposal recommended by the Committee; the Committee will not have the authority to proceed with investment or disinvestment decisions without approval from the Governing Body.

The Committee has delegated authority to approve any individual investment proposal whose value is under £150,000. These decisions will be reported to the Governing Body at its next meeting.

8. Relationship with the Governing Body

Agreed committee minutes will be routinely taken to Governing Body meetings, along with any other reports as required.

9. Policy and best practice

The Committee will apply best practice in its deliberations and in the decision making processes. It will conduct its business in accordance with national guidance and relevant codes of conduct and good governance practice.

The Committee will review its performance, membership and terms of reference on an annual basis. Any resulting changes to the terms of reference will be subject to the approval of the Governing Body.

10. Conduct of the Committee

At the beginning of each meeting, the Chair will ask members whether they have any interests to declare, in accordance with the CCG's Gifts, Hospitality and Declarations of Interests Policy.

Decision making will be by majority of 51% of those present and voting at the relevant meeting.

Members of the Committee have a duty to demonstrate leadership in the observation of the NHS Code of Conduct and to work to the Nolan Principles, which include: selflessness, integrity, objectivity, accountability, openness, honesty and leadership.

Committee papers will be stored and archived. Where not exempted from the Freedom of Information Act 2000, papers will be available for disclosure.

When there is an urgent matter where a decision is required outside of the meeting, the Chair may make a decision after conferring with at least two other members ("**Chair's Action**"). When Chair's Action has been taken then it must be ratified by the next quorate meeting of the Committee. Urgent decisions will only be taken when there is insufficient time available for the decision to be delayed until the next meeting.

NHS Haringey Clinical Commissioning Group

Governing Body Quality Committee

Terms of Reference

The defined terms used in these Terms of Reference shall be as defined in Appendix A to the Constitution unless the context requires otherwise.

1. Introduction

The Quality Committee (the “**Committee**”) is established in accordance with Constitution, Standing Orders and Scheme of Reservation and 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 Constitution and Standing Orders.

The Committee will provide assurance to the Governing Body on the quality of services commissioned and promote a culture of continuous improvement and innovation with respect to safety of services, clinical effectiveness and patient experience.

2. Membership

The Committee will comprise ten members:

- Chair – Registered Nurse, HCCG (the “**Chair**”)
- Lay Member, HCCG
- Executive Nurse and Director of Quality and Integrated Governance, HCCG
- Head of Quality, HCCG
- Public Health representative
- One GP Member
- Assistant Director for Safeguarding and Designated Nurse for Child Protection, HCCG
- Specialist Clinical Expertise Manager, NELCSU
- Two patient representatives.

3. Attendance

The Committee will also co-opt individuals as required for knowledge and expertise to inform its work, including contributing to Task and Finish Groups. Individuals will also be invited to attend when the Committee is discussing areas which are their responsibility.

The Committee will have full authority to commission any reports or surveys it deems necessary to help it fulfill its obligations.

4. Secretary

Secretarial support to the Committee will be provided by the Quality and Integrated Governance Directorate Governing Body administration service, which will be responsible for supporting the Chair in forward-planning and agenda-setting, the taking of and circulation of minutes.

5. Quorum

The Committee will be quorate when three members are present, including either the Lay Member or Registered Nurse plus a GP.

6. Frequency and notice of meetings

A minimum of six meetings will be held per year. A meeting schedule will be agreed by the Committee but the Chair may call additional meetings as necessary, with a minimum of five Working Days' notice.

Items of business to be transacted for inclusion on the agenda of the Committee at least 15 Working Days before the meeting takes place. Supporting papers for such items need to be submitted at least 5 Working Days before the meeting takes place. The agenda and supporting papers will be circulated to all members of a meeting at least 5 Working Days before the date the meeting will take place.

7. Remit and responsibilities of the Committee

The Committee will:

- i) Work with the Commissioning Support Unit (CSU) quality team to provide local assurance that the quality of all clinical services commissioned by the CCG is robustly contracted, delivered and adequately monitored.
- ii) Ensure that assurances are provided by NHS England on the quality and safety of the services it directly commissions
- iii) Advise the CCG Governing Body on the development of its overall approach and the preparation needed to commission and monitor quality of services.
- iv) Receive reports from sub-groups reporting to the committee and clinical groups as appropriate (such as the Medicines Management Committee), co-opting individuals as required for knowledge and expertise in order to inform the work of the Quality Committee.
- v) Seek assurance that the commissioning strategy for the HCCG 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.
- vi) Provide assurance that commissioned and jointly commissioned services are being delivered in a high quality and safe manner, ensuring that quality sits at the heart of everything the HCCG does.
- vii) Oversee and be assured that effective management of risk is in place to manage and address clinical governance issues.
- viii) Ensure that key Information Governance matters are reported to the committee and provide advice on how to deal with any issues, with an awareness of the impact on the organisation.
- ix) Have oversight of the process and compliance issues concerning serious incidents requiring investigation (SIRIs); being informed of all Never Events (as defined in relevant contractual document) and informing the Governing Body of any escalation or sensitive issues in good time.

- x) Develop the Governing Body's overview of its duties in respect of safeguarding children and adults in Haringey, serious incidents and Never Events.
- xi) Develop a mechanism including Serious Case Reviews which will enable lessons to be learned from near misses, serious incidents, Never Events and complaints across the health care community to improve safety and contribute to reducing avoidable harm and monitor/challenge its commissioned organisations
- xii) Advise the Health and Well Being Board on quality assurance and clinical governance issues that jointly affect NHS and Local Authority services and ensure that there are appropriate local mechanisms to monitor quality improvements.
- xiii) Seek assurance on the performance of NHS organisations in terms of the Care Quality Commission, Monitor and any other relevant regulatory bodies.
- xiv) Ensure that future mechanisms provided by the Commissioning Support Unit ("CSU") and the NHS England provide adequate monitoring for the quality of services commissioned by HCCG.
- xv) Review regular reports on the quality of services commissioned, patients' experiences, specific quality improvement initiatives and any serious failures in quality.
- xvi) Monitor the HCCG's performance against its duty to reduce inequalities.
- xvii) Promote a culture of transparency and openness in the HCCG with regard to patient experience. This will include being accessible to patients, hearing their stories and using this intelligence to inform the 'triangulation' of quality accounts from service providers.
- xviii) Receive and scrutinise independent investigation reports relating to patient safety issues and agree publication plans.
- xix) Receive quarterly assurance reports in relation to safeguarding adults and children that identify areas of compliance, themes and trends and recommend appropriate actions.
- xx) Ensure a clear escalation process, including appropriate trigger points, is in place to enable appropriate engagement of external bodies on areas of concern.
- xxi) Bring to the Governing Body's attention any issues of quality and safety which could affect either the risk register or the Board Assurance Framework.
- xxii) Review the high level risks on the risk register which relate to patient safety and recommend appropriate actions.
- xxiii) Monitor performance against the HCCG's general duty to secure public involvement as set out in Paragraph 5.2.1 of the Constitution.

xxiv) Be responsible for discharging any responsibilities delegated to it by the HCCG including (without limitation) the monitoring the performance of the HCCG's duty to:

- secure continuous improvement to the quality of services in accordance with Paragraph 5.2.4 of the Constitution;
- improve the quality of primary medical services in accordance with Paragraph 5.2.5 of the Constitution;
- reduce inequalities in accordance with Paragraph 5.2.6 of the Constitution;
- promote the involvement of patients, their carers and representatives in decisions about their healthcare in accordance with Paragraph 5.2.7 of the Constitution;
- act with a view to enabling patients to make choices in accordance with Paragraph 5.2.8 of the Constitution;
- promote innovation in accordance with Paragraph 5.2.10 of the Constitution;
- promote research and the use of research in accordance with Paragraph 5.2.11 of the Constitution;
- promote education and training in accordance with Paragraph 5.2.12 of the Constitution;
- promote integration in accordance with Paragraph 5.2.13 of the Constitution;
- have appropriate systems in place to discharge their responsibilities in respect of safeguarding in accordance with Paragraph 5.2.14 of the Constitution.

8. Relationship with the Governing Body

Agreed committee minutes are routinely taken to Governing Body meetings, along with any other reports as required.

The Governing Body will also receive at each meeting an updated Integrated Performance Dashboard.

The Communication and Engagement Sub-Committee will report to this Committee.

9. Policy and best practice

The Committee will apply best practice in its deliberations and in the decision making processes. It will conduct its business in accordance with national guidance and relevant codes of conduct and good governance practice.

The Committee will review its performance, membership and terms of reference on an annual basis. Any resulting changes to the terms of reference will be subject to the approval of the Governing Body.

10. Conduct of the Committee

At the beginning of each meeting, the Chair will ask members whether they have any interests to declare.

Decision making will be by majority of 51% of those present and voting at the relevant meeting.

Members of the Committee have a duty to demonstrate leadership in the observation of the NHS Code of Conduct and to work to the Nolan Principles, which include: selflessness, integrity, objectivity, accountability, openness, honesty and leadership.

Committee papers will be stored and archived. Where not exempted from the Freedom of Information Act 2000, papers will be available for disclosure.

When there is an urgent matter where a decision is required outside of the meeting, the Chair may make a decision after conferring with at least two other members ("**Chair's Action**"). When Chair's Action has been taken then it must be ratified by the next quorate meeting of the Committee. Urgent decisions will only be taken when there is insufficient time available for the decision to be delayed until the next meeting.

NHS Haringey Clinical Commissioning Group

Remuneration Committee

Terms of Reference

1) Introduction

The purpose of the Remuneration Committee (the "Committee") is to provide advice on the remuneration and terms of service of senior executives and members of the CCG Governing Body.

The Committee is established in accordance with the CCG's Constitution, Standing Orders and scheme of delegation. These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the Committee and shall have effect as if incorporated into the Constitution and Standing Orders. The powers of the Committee are restricted to those set out in the Constitution and these terms of reference.

2) Membership

The Committee shall be appointed by the HCCG from amongst its Governing Body Members. The Committee comprises the following three members:

- Chair of the Governing Body
- 2 Lay Members – one of whom shall be chair (the "Chair") and shall be qualified for membership due to holding qualifications, expertise or experience such as to enable him or her to express informed views about financial management and audit matters and who shall lead on audit, remuneration and conflict of interests matters; and

The Accountable Officer and other Haringey CCG (HCCG) officers should be invited to attend if the Committee requires their advice. If unable to attend in person, the Accountable Officer will nominate a suitable deputy to attend in his/her place. Officers should withdraw from meetings if their own remuneration packages are under discussion.

3) Secretary

Secretarial support (including the taking and circulation of minutes) will be provided to the Head of Integrated Governance.

4) Quorum

The Committee comprises three members with a quorum of two with the Chair having the casting vote.

5) Frequency and Notice of Meetings

The Committee will meet as and when necessary, but at least once a year and arranged at the Chair's discretion.

Items of business to be transacted for inclusion on the agenda of the Committee at least 15 Working Days before the meeting takes place. Supporting papers for such items need to be submitted at least 5 Working Days before the meeting takes place. The agenda and supporting papers will be circulated to all members of a meeting at least 5 Working Days before the date the meeting will take place.

6) Remit and Responsibilities of the Committee

The Committee shall make recommendations to the Governing Body on determinations about pay and remuneration for employees of the HCCG, members of the Governing Body and people who provide services to the HCCG and allowances under any pension scheme it might establish as an alternative to the NHS pension scheme. Its specific duties are:

- a. To review annually the remuneration package of the Accountable Officer, including any performance-related pay and other terms of service;
- b. To review the grading and remuneration package of any senior HCCG post that falls vacant, prior to the vacancy being advertised;
- c. To consider any proposed severance payments, or payments considered novel, repercussive or contentious, for the Accountable Officer;
- d. To consider the elements to be included in the remuneration packages for all members of staff (e.g. lease cars, season ticket loans, recruitment and retention payments) outside of national agreements;
- e. The Committee will make recommendations to the Governing Body, and will also draw the attention of the Governing Body to any matters requiring disclosure to them, or requiring executive action; and
- f. To take on other duties as required and delegated by the Governing Body.

7) Relationship With the Governing Body

The Committee will make recommendations to the Governing Body, and will also draw the attention of the Governing Body to any matters requiring disclosure to them, or requiring executive action by the officers of the HCCG.

8) Policy and Best Practice

The Committee will apply best practice in its deliberations and in the decision making processes. It will conduct its business in accordance with national guidance and relevant codes of conduct and good governance practice.

The Committee will review annually its performance, membership and terms of reference. Any proposals to change the terms of reference or membership must be approved by the Governing Body.

9) Conduct of the Committee

At the beginning of each meeting, the Chair will ask members whether they have any interests to declare in accordance with the provisions of the Constitution and the relevant members shall be excluded from the relevant part of the meeting.

Decision making will be by majority of 51% of those present and voting at the relevant meeting.

Members of the Committee have a duty to demonstrate leadership in the observation of the NHS Code of Conduct and to work to the Nolan Principles, which include: selflessness, integrity, objectivity, accountability, openness, honesty and leadership.

Committee papers will be stored and archived. Where not exempted from the Freedom of Information Act 2000, papers will be available for disclosure.

When there is an urgent matter where a decision is required outside of the meeting, the Chair may make a decision after conferring with at least two other members ("Chair's Action"). When Chair's Action has been taken then it must be ratified by the next quorate meeting of the Committee. Urgent decisions will only be taken when there is insufficient time available for the decision to be delayed until the next meeting.