

# GOVERNING BODY MEETING

**26 November 2014**

**Agenda Item 2.6**

<b>Report/ Paper Title</b>	<b>Terms of Reference for the Executive Committee</b>
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**Purpose of paper / report**

**To seek the Governing Bodies approval for the Executive Committee's Terms of Reference as outlined within this report.**

**Key points**

The Executive Committee (the Committee) is established in accordance with NHS Eastern Cheshire Clinical Commissioning Group's (ECCCG's) Constitution. These Terms of Reference (TORs) set out the membership, remit, responsibilities and reporting arrangements of the Committee. The Committee is accountable to ECCCG's Governing Body via the Accountable Officers and has delegated executive powers as specified within these TORs.

The Committee's remit is summarised by the following points:

- The purpose of the Executive Committee is to take a holistic view of the work of ECCCG with a focus on ensuring an efficient and effective organisation and delivery of its operational and strategic plans within agreed budgets.
- The Committee will have the responsibility of reviewing and monitoring those risks within the Governing Body Assurance Framework appropriate to the remit of the Committee, ensuring that any identified risks allocated to the Committee are actioned appropriately and that assurances are sought. It will also be responsible for providing assurance to the Governing Body that all corporate duties in relation to this agenda are compliant and in line with corporate aims and objectives.
- The Executive Committee will also be responsible for making recommendations to the Governing Body on:
  - Matters that may affect ECCCG's Constitution and statutory duties.
  - Guidance, regulations and mandatory instructions that may be issued by NHS England or the Department of Health.

**The Governing Body is asked to:**

Approve	<input checked="" type="checkbox"/>	Decide	
Ratify	<input type="checkbox"/>	Note for information	
Endorse	<input type="checkbox"/>		

## Benefits / value to our population / communities

This provides assurance that ECCCCG is discharging its duties in line with good governance and is supporting the delivery of its visions and objectives.

## Report Author

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*Chief Finance Officer*

## Contributors

**Matthew Cunningham**

*Corporate Services Manager*

### 1. Recommendation(s)

- 1.1 The Governing Body is asked to approve:
- **Appendix One**; Executive Committee Terms of Reference.

### 2. Reasons for recommendation(s)

- 2.1 The Executive Committee is a sub-committee of the Governing Body and under its Schemes of Delegation the Governing Body has to approve the creation of such sub committees.

### 3. Peer Group Area / Town Area Affected

- 3.1 Relates to all of NHS Eastern Cheshire geographical areas.

### 4. Population affected

- 4.1 Relates to all of NHS Eastern Cheshire population.

### 5. Context

- 5.1 The Executive Committee seeks to formalise the accountability for areas delegated from the Governing Body.

### 6. Finance

- 6.1 Not applicable

### 7. Quality and Patient Experience

- 7.1 Related issues reviewed as part of the Assurance Framework.

### 8. Consultation and Engagement (Public/Patient/Carer/Clinical/Staff)

- 8.1 Not applicable

## 9 Equality

9.1 Related issues reviewed as part of the Assurance Framework.

## 10 Legal

10.1 Not applicable

## 11 Communication

11.1 Via the Chief Officer's Report and Assurance Framework.

## 12 Background and Options

12.1 Not Applicable

## 13 Access to further information

13.1 For further information relating to this report contact:

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## 14 Glossary of Terms

ECCCCG NHS Eastern Cheshire Clinical Commissioning Group  
 GAC Governance and Audit Committee

## 15 Appendices

<b>Appendix One</b>	NHS Eastern Cheshire CCG Executive Committee Terms of Reference
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<b>Prior Committee Approval / Link to other Committees</b>
Approval required from Governing Body

<b>CCG Health Needs Priorities addressed by this report</b>			
To protect our citizens from harm	<input checked="" type="checkbox"/>	To make care more integrated & co-ordinated	<input checked="" type="checkbox"/>
To prevent alcohol related harm	<input checked="" type="checkbox"/>	To ensure high quality and effective mental health services are available to all	<input checked="" type="checkbox"/>
To prevent people dying prematurely	<input checked="" type="checkbox"/>	To address inequalities across our towns and villages	<input checked="" type="checkbox"/>

<b>CCG 2014/15 Annual Plan programme of work this report is linked to</b>			
Caring Together	<input checked="" type="checkbox"/>	Quality Improvement	<input checked="" type="checkbox"/>
Mental Health & Alcohol	<input checked="" type="checkbox"/>	Other	<input checked="" type="checkbox"/>

<b>Key Implications of this report</b>			
Strategic	<input checked="" type="checkbox"/>	Consultation & Engagement	
Finance	<input checked="" type="checkbox"/>	Equality	<input checked="" type="checkbox"/>
Quality & Patient Experience	<input checked="" type="checkbox"/>	Legal	
Staff / Workforce	<input checked="" type="checkbox"/>		

<b>CCG Values supported by this report – please indicate</b>			
Valuing People	<input checked="" type="checkbox"/>	Innovation	<input checked="" type="checkbox"/>
Working Together	<input checked="" type="checkbox"/>	Quality	<input checked="" type="checkbox"/>
Investing Responsibly	<input checked="" type="checkbox"/>		

<b>NHS Constitution Values supported by this report – please indicate</b>			
Working together for patients		Compassion	
Respect and dignity		Improving lives	
Commitment to quality of care		Everyone counts	

# Executive Committee

Terms of Reference – October 2014



**Document Control:**

Description	Comment
Title	Executive Committee – Terms of Reference
Document Number	
Author	J. Hawker
Date Created	November 2014
Date Last Amended	
Version	V1
Approved By	
Date Approved	
Review Date	
Responsible Person/Owner	
Publish on Public Web Site Y/N?	
Constitutional Document Y/N?	
Equality Impact Assessment Required?	

**Amendment History:**

Version	Date	Comment on Changes

NB. The version of the policy posted on the intranet must be a PDF copy of the approved version

**Document Status:** This is a controlled document. Whilst this document may be printed the electronic version posted on the intranet is the controlled copy. Any printed copies of the document are not controlled

## TERMS OF REFERENCE FOR THE EXECUTIVE COMMITTEE

### NHS Eastern Cheshire Clinical Commissioning Group

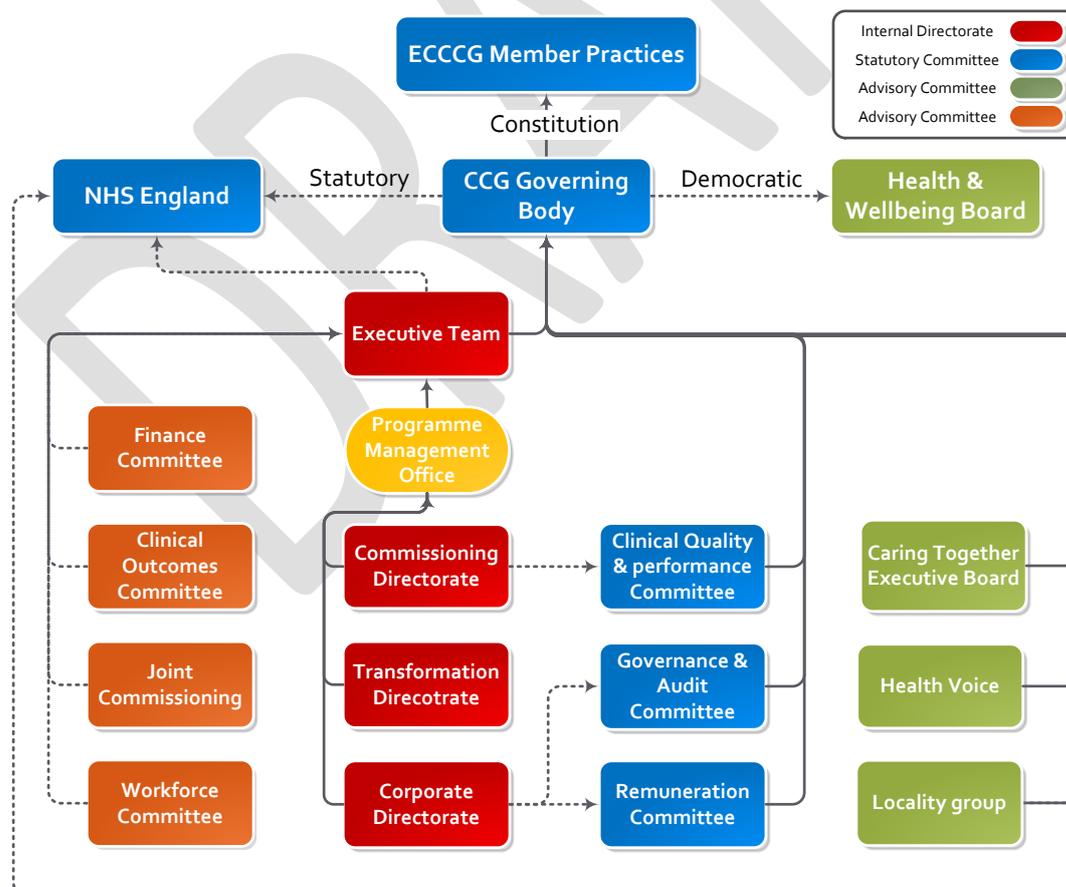
#### Executive Committee

#### Terms of Reference

##### 1.1 Introduction

1.2 The Executive Committee (the Committee) is established in accordance with NHS Eastern Cheshire Clinical Commissioning Group's (ECCCG's) Constitution. These Terms of Reference (TORs) set out the membership, remit, responsibilities and reporting arrangements of the Committee and shall take effect upon incorporation into the CCG's Constitution and Standing Orders.

1.3 The Committee is accountable to ECCCG's Governing Body via the Accountable Officers and has delegated executive powers as specified within these TORs.



- 1.4 The purpose of the Committee is to take a holistic view of the work of ECCCG with a focus on ensuring an efficient and effective organisation and delivery of its operational and strategic plans within agreed budgets.
- 1.5 The Committee will have the responsibility of reviewing and monitoring those risks within the Governing Body Assurance Framework appropriate to the remit of Committee, ensuring that any identified risks allocated to the Committee are actioned appropriately and that assurances are sought. It will also be responsible for providing assurance to the Governing Body that all corporate duties in relation to this agenda are compliant and in line with corporate aims and objectives.
- 1.6 The Committee will also be responsible for making recommendations to the Governing Body on:
- Matters that may affect ECCCG's Constitution and statutory duties.
  - Guidance, regulations and mandatory instructions that may be issued by NHS England or the Department of Health.

## 2.0 Membership

- 2.1 The Committee shall be appointed by ECCCG from amongst its Executive officers and senior managers plus any other employees that are required to attend as determined by the Committee. The Committee membership will consist of:

Member:
Chief Officer – Committee Chair
Executive Chair
Chief Finance Officer
Commissioning Director
Associate Director of Commissioning
Strategy & Transformation Director
By Invitation:
Senior Programme Manager
Corporate Services Manager
Lead Nurse Community & Safeguarding

- 2.2 The Committee will operate under the principle of agreement by consensus, with any final decision/recommendation being made by the Chief Officer.
- 2.3 Relevant managers/officers and external advisers will be invited to attend in line with agenda items as and when appropriate.

### **3.0 Quorum**

3.1 A quorum necessary for the Committee to undertake its business is defined as:

- Committee Chair (or nominated Deputy Chair)
- Two other members of the Committee

### **4.0 Meeting Arrangements**

4.1 The position of Chair of the Committee will be held by the Chief Officer/Accountable Officer of ECCCG and can only be deputised by another Officer of ECCCG's Governing Body. In the position of Chair, the post holder will:

- Encourage contributions from all members/attendees.
- Promote a culture of openness, transparency, constructive challenge and honesty.
- Facilitate discussion to ensure the outcomes are concise and focused and that the meetings run to time.

4.2 The Personal Assistant to the Chief Officer will provide administrative support to the Committee and will be responsible for supporting the Chief Officer in planning agendas, distributing papers in advance of the meeting, taking minutes (when required) and following up meetings with a summary of actions.

4.3 Meetings will be held weekly (except on days of the Governing Body meeting). Minutes will be approved by the Chair and circulated to Members within five working days.

4.4 Members will be sent relevant papers and an agenda two working days prior to the meeting.

4.5 All reports are required to be submitted two working days in advance of the meeting.

### **5.0 Declarations of Interests**

5.1 All individuals appointed to the committee will comply with ECCCG's Standards of Business Conduct Policy, including the requirements for declaring conflicts of interest.

5.2 In order to facilitate this process, "Declarations of Interests" will be a standing item on all agendas and copies of the minutes will be sent to the Governance Manager for the purposes of maintaining the register of interests.

- 5.3 All new declarations of interest must be notified to the “Chief Finance Officer” within 28 days of a member of taking office of any interests requiring registration, or within 28 days of a change to a member’s registered interests.

## **6.0 Remit and Responsibilities of the Committee**

- 6.1 The purpose of the Committee is to take a holistic view of the work of ECCCG with a focus on ensuring an efficient and effective organisation and delivery of its operational and strategic plans within agreed budgets.

- 6.2 The Committee has responsibility for:

6.2.1 Ensuring that ECCCG is on track to deliver against the 5 Year Strategic Plan, 2 Year Operational Plan (Operating Plan), financial allocations/budget plans, QIPP Plans and all Transformation Programmes.

6.2.2 Taking operational decisions within ECCCG’s Schemes of Delegation which enable effective and efficient delivery of the organisation’s Plans.

6.2.3 Ensuring that ECCCG has robust operational management arrangements to ensure it is discharging its statutory duties as set out within ECCCG’s Constitution, NHS Constitution and instructions issued by NHS England.

6.2.4 Providing executive leadership support to the Programme Management Office in the delivery of all programmes of work established within the Commissioning and Transformation Directorates.

6.2.5 Ensuring that appropriate information and assurance reports are provided in a timely manner to enable ECCCG’s Governing Body and its sub-committees to discharge their statutory duties.

6.2.6 Acting as the Committee for receiving, reviewing and approving reports on ECCCG’s Corporate and Information Governance, including signing off policies, corporate risks and incident reporting. Providing an escalation process, for reporting on Governance issues to ECCCG’s Governing Body where appropriate.

6.2.7 Providing executive leadership and direction to ECCCG’s employees, ensuring ECCCG discharges its statutory and legal duties and that organisational structures and personal development/performance management arrangements are consistent with ECCCG’s vision, values and plans.

6.2.8 Ensuring that ECCCG has a robust and inclusive approach to clinical engagement and leadership.

6.2.9 Managing contractual arrangements with Commissioning Support Units.

6.2.10 Ensuring that ECCCCG complies with the NHS England CCG assurance process.

6.3 In order to fulfil its role effectively, the Committee will receive for information and ratification the minutes of committees designated as sub-committees of the Committee.

- Specifically,
  - Workforce Committee
  - Finance Committee
  - Joint Commissioning Leadership Committee
- Other committees established by the Executive Committee in accordance with good operational management or as defined by NHS England eg, System Resilience Group, North West Ambulance Service (NWAS) Coordination Group.

6.4 In making its recommendations and decisions the Committee will take into account:

- Provisions of any national guidance arrangements.
- Guidance and mandatory instructions issued by NHS England.
- Relevant legislation.
- ECCCCG's values and principles.
- ECCCCG's Constitution, Standing Financial Instructions and Schemes of Delegation.
- National, regional and local best practice and affordability.
- Organisational performance.

6.5 The Committee is responsible for resolving/recommending a course of action for any items that are escalated from the formal sub committees, ie, Remuneration, Governance & Audit and Clinical, Quality & Performance Committees, as well as those highlighted under section 6.3 and 6.4.

## **7.0 Relationship with the Governing Body**

7.1 The Committee reports to ECCCCG's Governing Body. It will provide a formal written report on key developments and decisions taken to ECCCCG's Governing Body meeting in public in the form of the Chief Officer Report and on key corporate risks through the Assurance Framework.

7.2 Informal reporting will be provided to the Governing Body via the Chief Officer Report.

## **8.0 Policy, Best Practice and Conduct of Meetings**

8.1 The Committee should (at least annually) review its own performance, membership and TORs to ensure it has discharged its functions as intended. Any changes to the TORs should be approved by the Governing Body.

- 8.2 The Committee is authorised by the Governing Body to investigate any activity within its TORs. It is authorised to seek any information it requires from any employee.
- 8.3 The Committee is authorised by the Governing Body to obtain outside legal or other independent professional advice and to secure the attendance of advisers with relevant experience and expertise if it considers this necessary.
- 8.4 Matters for consideration by the Committee may be nominated by any member of the Committee.
- 8.5 The Committee shall have the delegated authority to commission, review and authorise policies that are linked to its key duties and where specifically delegated by the Governing Body

## **9.0 Conduct**

- 9.1 All members are required to uphold the Nolan Principles and all other relevant NHS Code of Conduct requirements.

## **10.0 Assurance Framework**

- 10.1 The Governing Body gains assurance that the organisation is operating within its defined parameters through the Governing Body Assurance Framework. This provides information on significant strategic risks that may affect the organisation and information on how those risks are being managed.
- 10.2 In order to facilitate this process, the “Risk Register” will be a standing item on the Committee agenda, where risks are identified within the Committee and evaluated and where appropriate, recorded or amended on the Committee’s Risk Register.
- 10.3 An updated copy of the Risk Register will be sent to the Programme Management Office or equivalent within 5 working days of a Committee meeting having been held. This will then be added to the “Corporate Risk Register” and form part of the Governing Body Assurance Framework.