Terms of Reference

Clinical Executive

1. Accountability arrangements and authority

The Clinical Executive has been established as a committee of the CCG, in accordance with the CCG's constitution, standing orders and scheme of delegation.

The remit, responsibilities, membership and reporting arrangements of the Clinical Executive are set out in these terms of reference and shall have affect as if incorporated into the CCG's constitution. The Clinical Executive has no executive powers other than those specifically delegated in these terms of reference.

The Clinical Executive is accountable to member practices via the Council of Members. The Clinical Executive is also required to provide assurance on its work to the Governing Body.

The Clinical Executive is authorised to investigate any activity within its terms of reference. It is authorised to seek any information it requires within its remit, from any employee of the CCG or member of the Governing Body or Clinical Executive and they are directed to co-operate with any request made by the Clinical Executive within its remit as outlined in these terms of reference.

The Clinical Executive is authorised to obtain legal or other independent professional advice and secure the attendance of advisors with relevant expertise if it considers this is necessary. In doing so the committee must follow any procedures put in place by the CCG for obtaining legal or professional advice.

2. Role and Function

As set out in Section 6 (The Governing Structure) of the CCG's constitutions, the Clinical Executive's role can be summarised as:

- Leading the development and implementation of the CCG's vision and strategy (subject to the agreement of the vision, values and overall strategic direction of the CCG by the Council of Members).

- Reviewing and influencing service design to ensure pathways of care and commissioned services meet the needs of the population.

- Developing and approving the CCG's commissioning plan and overseeing the commissioning process to ensuring the management of this plan within the agreed resource envelope.

- Supporting practices in the work of the CCG and engagement with the local population.

3. Relationships and Reporting

The Clinical Executive is accountable to member practices via the Council of Members.

Draft minutes of the Clinical Executive will be circulated to members within five working days of a meeting and will be subject to ratification by the next meeting.

A summary report on the work of the Clinical Executive will be regularly provided to the Governing Body and to the Council of Members. The Chair of the Clinical Executive shall draw to the attention of the Governing Body and / or Council of Members any significant issues or risks.

Reports or verbal updates on specific issues will also be provided as necessary for Governing Body and / or Council of Members.

The Clinical Executive will provide an annual report of its work to the Council of Members via the CCG's Annual Report. As required by CCG Annual Report guidance this will, as a minimum, include information about: key responsibilities, membership, attendance records and highlights of the Clinical Board's work over the year. The CCG's Annual Report and Accounts will be presented to the Council of Members annually at the CCG's Annual General Meeting.

Relationships with Other Committees:

- The Clinical Executive is responsible for decision-making relating to the planning and procurement of commissioned services, except for:

    - the specific services (as set out in committee terms of reference and / or work plans) where decision making authority has been delegated by the Council of Member to the 3CCGs Joint Clinical Committee or the Joint Committee of the West Yorkshire & Harrogate CCGs; the Clinical Chair and Accountable Officer are members of the WY&H CCCG Joint Committee.

    - as delegated by NHS England to the Primary Care Commissioning Committee (the Clinical Chair and one other Clinical Executive GP are non-voting members of the PCCC; the executive members of the Clinical Executive are voting members of PCCC).

- The Joint Clinical Committee will act as a key forum for communications and information sharing between the Clinical Boards / Executive of the 3CCGs, including input to the work of the Joint Committee of the West Yorkshire & Harrogate CCGs. The Clinical Chair, one of the AWC Associate GPs and the executive members of the Clinical Board are members of JCC.

- The Joint Quality Committee and Joint Finance & Performance Committee are responsible for advising and supporting the Governing Bodies of the 3CCGs through the detailed oversight and monitoring of key performance, financial and quality targets and provision of related assurance. There is a GP Clinical Executive member on each of JQC and JFPC. The CFO and CCG Executive Director are members of JFPC and the Director of Nursing & Quality is a member of JQC. Key risks and issues arising from the work of JFPC and JCC should be reported to the Clinical Executive and / or Governing Body as appropriate.

4. Responsibilities.

Responsibilities

The Clinical Board's detailed responsibilities, as set out in Section 5 (Functions and Duties) of the CCG's constitution are to:

- Act effectively, efficiently and economically by:

    a) developing, approving and publicising a commissioning plan which sets out the strategic objectives of the CCG (Note: responsibility for approving the financial plan which is under-pinned by the commissioning plan, lies with the Governing Body)
    b) working closely with member practices to ensure the successful implementation and delivery of projects/initiatives
    c) participating in transformational work with relevant service providers
    d) developing collaborative working arrangements that enable the CCG to work efficiently

- Act, when commissioning health services, consistently with the duty to promote a comprehensive health service in line with the requirements and objectives of the annual mandate placed on NHS England by the Secretary of State.

- Make arrangements to secure public involvement in the planning, development and consideration of proposals for changes and decisions affecting the operation of commissioning arrangements in accordance with the principles set out in patient and public participation in the commissioning of health and care: statutory guidance for CCGs and NHS England.

- Act with a view to securing continuous improvement to the quality of services by ensuring quality is integral to all commissioned services and that the outcomes from patient experience and involvement activity inform the development of commissioning plans.

- Assist and support NHS England in relation to its duty to improve the quality of primary medical services.

- Promote innovation by:

    a) developing commissioning plans and strategies that demonstrate innovation and roll out of best practice
    b) creating opportunities for key partners and patients to be involved in developing healthcare innovation
    c) monitoring progress against the delivery of this duty through the CCG's reporting mechanisms

- Promote research and the use of research by:

    a) active participation in research and development activities through working in partnership with appropriate research bodies
    b) monitoring progress against the delivery of this duty through the CCG's reporting mechanisms

- Act with a view to promoting integration of both health services with other health services and health services with health-related and social care services where the CCG considers that this would improve the quality of services or reduce inequalities, including the development of a health and care partnership within the CCG area.

Authority

- Approve the CCG's commissioning plan.

- Make decisions on the review, planning and procurement of commissioned services, other than where delegated to another committee (PCCC, JCC or the Joint Committee of West Yorkshire & Harrogate CCGs).

- Approve arrangements for co-ordinating the commissioning of services with other CCGs and / or with the local authority, where appropriate.

- Approve the CCG's operating structure for clinical leadership.

5. Membership

- Elected GPs (minimum of 5 and maximum of 6)
- Chief Officer
- Chief Finance Officer
- CCG Executive Director Director of Quality & Nursing
- Public Health Representative (advisory, non-voting role)

Members of the Senior Management Team are entitled to send deputies to represent them at meetings if necessary.

6. Chair

The Chair of the Clinical Executive will be the Clinical Chair.

The Deputy Chair will be the Deputy Clinical Chair.

Where both the Clinical Executive Chair and Deputy Chair cannot attend or is conflicted, committee members present will elect one of their number to act as the Chair that occasion.

7. Decision-making and Voting

Generally, it is expected that meeting decisions will be reached by consensus. Should this not be possible, each voting member of the Clinical Executive will have one vote. Decisions will be by majority vote.

In the event of a tied vote, the Clinical Executive meeting will have the second and casting vote.

Should a vote be taken, the outcome of the vote and any dissenting views will be recorded in the minutes of the meeting.

8. In Attendance

CCG staff may be requested to attend in an advisory capacity depending on the business of the agenda.

9. Quorum

The quorum will be 50% of the voting members (5 individuals), to include:

- The Chair or Deputy Chair
- One other GP
- One member of the CCG management team

10. Frequency of meetings

The Clinical Executive will normally meet monthly, with a minimum of 10 meetings per annum.

11. Sub-Committees / Groups

The Clinical Executive is authorised to create sub-groups or working groups as are necessary to fulfil its responsibilities within these terms of reference.

The Clinical Executive may not delegate executive powers delegated within these Terms of Reference, unless expressly authorised by the Council of Members and remains accountable for the work of any such groups.

The Clinical Executive has established the Area Prescribing Committee (APC) as a sub-committee and has approved and keeps under review APC's terms of reference (see *Appendix 1)*. The role of APC is to:

- Develop a collective strategic approach to prescribing and medicines management issues across AWC CCG in relation to the safe, clinical and cost effective use of medicines
- Promote equity of access to medicines
- Approve policy on prescribing and medicines management issues at the interface between primary and secondary care and identify associated resource implicatio
- Ensure that all applicable medicines with current NICE Technology Appraisals (NICE TAs) are available to patients and correctly listed on the joint formulary.
- Support the implementation of NICE guidance and other national guidance where it relates to the use of medicines.
- Ensure robust governance arrangements are in place for the effective delivery of medicines policy within the framework of the whole patient care pathway

12. Conduct

The Clinical Executive will have due regard to, and operate within, the constitution, standing orders, the scheme of delegation, the prime financial policies and other policies and procedures of the CCG.

The Clinical Executive will conduct its business in accordance with relevant national guidance, including codes of practice such as the Nolan Principles, which are included in the CCG constitution.

13. Management of Conflicts of Interest

If any member of the Clinical Executive has an actual or potential conflict of interest in any matter and is present at the meeting at which the matter is under discussion, they will declare that interest at the start of the meeting and again at the relevant item and this shall be recorded in the action notes. The Chair of the meeting will determine how the interest will be managed in accordance with the CCG's Business Conduct & Conflicts of Interest Policy.

The action notes must specify how the Chair decided to manage the declared interest, i.e. did the individual(s) concerned:

- Take part in the discussion but not in the decision-making
- Did not take part in either the discussion or decision-making
- Take part in the discussion and left the meeting for the decision or
- Left the meeting for the whole of the item

In making this decision the Chair will need to consider the following points:

- The nature and materiality of the decision
- The nature and materiality of the declared interest(s)
- The availability of relevant expertise
- As a general rule (and subject to the judgement of the Chair), if an interest involves a pecuniary interest or a significant non-pecuniary interest, the individual should be asked to leave the meeting for the whole item.

14. Administration

The AWC administration team will provide administrative support to the committee and will ensure that any papers are issued at least 5 working days before a meeting and that draft action notes are circulated within 5 working days after a meeting.

The AWC administration team team will be responsible for supporting the chair in the management of the group's business and for drawing the committee's attention to best practice, national guidance and other relevant documents as appropriate.

The CCG Executive Director, in conjunction with the Chair of the Clinical Executive will develop and maintain a work programme to inform and guide its work.

15. Urgent Matters Arising Between Meetings

The Chair or Deputy Chair of the Clinical Executive in consultation with one out of the Chief Officer, Chief Finance Officer or Director of Accountable Care, may also act on urgent matters arising between meetings of the Committee.

Where an urgent decision has been taken a report, along with any background documentation, will be taken to the next meeting of the Clinical Executive, where the Chair or Deputy Chair will explain the reason for the action taken.

16. Monitoring of Effectiveness and Compliance

The Clinical Executive will review its own effectiveness, its compliance with its terms of reference and the terms of reference document itself at least annually.

17. Date TOR Approved

TOR agreed by Clinical Executive 27th July 2018.

Approved Council of Members 29th December 2018

18. TOR Review Date and Approving Body

Annually, or as and when legislation or best practice guidance is updated.

Any amended Terms of Reference will be agreed by the Clinical Executive for approval by a subsequent meeting of the Council of Members.