

NHS Bradford Districts CCG Clinical Board

Terms of Reference

1. Accountability arrangements and authority

The Clinical Board has been established as a committee of the CCG in accordance with NHS Bradford Districts clinical commissioning group's constitution, standing orders and scheme of delegation.

These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the Clinical Board shall have effect as if incorporated into the CCG's constitution.

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

The Clinical Board 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 Board and they are directed to cooperate with any request made by the Clinical Board within its remit as outlined in these terms of reference.

The Clinical Board 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 such advice.

2. Role

As set out in Section 6 (The Governing Structure) of the CCG's constitutions, the Clinical Board'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 Representatives).
- 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 Board is accountable to member practices via the Council of Representatives.

Draft minutes of the Clinical Board will be circulated to members and will be subject to ratification at the next meeting.

A summary report of the work of the Clinical Board will be regularly provided to the Governing Body and the Council of Representatives. The Chair of the Clinical Board shall draw to the attention of the Governing Body and / or Council of Representatives 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 Representatives.

The Clinical Board will provide an annual report of its work to the Council of Representatives 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 Representatives annually at the CCG's Annual General Meeting.

Relationships with Other Committees:

- The Clinical Board is responsible for decision-making relating to the planning and procurement of commissioned services, except for:
 - the specific services (as set out in committee work plans) where decision making authority has been delegated by the Council of Representatives 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 CCG Joint Committee.
 - as delegated by NHS England to the Primary Care Commissioning Committee (the Clinical Chair and one other Clinical Board GP are non-voting members of the PCCC; the executive members of the Clinical Board 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 other GP Clinical Board member 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 Board 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 Board and / or Governing Body as appropriate.

4. Responsibilities and Authority

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

The core membership of the Clinical Board shall be:

- Clinical Chair (GP)
- Elected GPs x 5 (one of whom will be the Deputy Clinical Board Chair)
- Chief Officer
- Chief Finance Officer
- CCG Executive Director
- Director of Quality & Nursing
- Public Health Representative (advisory, non-voting role)

6. Chair

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

The Deputy Chair will be one of the other GP members of the Clinical Board, as selected by the Clinical Board Chair.

Where both the Clinical Board 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 Board will have one vote. Decisions will be by majority vote.

In order to support continuity in decision making, the non-GP members of the clinical board may nominate deputies to attend and vote on their behalf. These should be named and recorded at the meeting

In the event of a tied vote, the Clinical Board Chair 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 will be requested to attend in an advisory capacity as required by the business of the agenda.

9. Quorum

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

- Three GPs (including the Chair or Deputy Chair)
- One of the Executive Directors

10. Meetings

Meetings shall be held no less than twice per month. The majority of meetings (or parts of them) will be held as committees-in-common with the Clinical Board of NHS Bradford City CCG to discuss items of shared interest, with any decisions taken by each Clinical Board independently.

A minimum of five days' notice will be given of a meeting.

11. Sub-Committees / Groups

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

However, the Clinical Board may not delegate decision-making authority to such groups, unless expressly authorised by the Council of Representatives (via amendment to the Clinical Boards terms of reference) and remains accountable for the work of any such groups.

12. Conduct

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

The Clinical Board 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 Board 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 (but subject to the judgement of the Chair), if an interest involves a financial interest or a significant non-financial interest, the individual should be asked to leave the meeting for the whole item.

14. Administration

The CCG Executive Director's team will provide administrative support to the committee and will ensure that any papers are issued at least two working days before a meeting and that draft minutes / action notes are circulated within five working days after a meeting.

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

15. Urgent Matters Arising Between Meetings

Extract from Section 3.8 of Standing Orders (Appendix C of the Constitution):

The Clinical Chair, Accountable Officer and Chief Finance Officer have the authority individually, to make an urgent decision without consultation with the Clinical Board or Governing Body although where possible efforts must be made to contact and consult with the Clinical Board and / or Governing Body. Where possible, they will always discuss urgent decisions with others who have this equal authority.

Such decisions will be reported to the next Clinical Board meeting and if relevant, to the next Governing Body meeting. To ensure that any urgent decisions taken are examined and the principles of good governance are upheld, a report will be submitted detailing:

- a) the grounds on which it was decided to take the decision on an urgent basis, and

- b) the efforts made to contact the relevant other members of the Clinical Board or Governing Body prior to taking the decision

16. Monitoring of Effectiveness and Compliance

The Clinical Board 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

Agreed by the Clinical Board 29th May 2018.

Approved Council of Representatives 19th 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 Board for approval by a subsequent meeting of the Council of Representatives.