Part II

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THE COMMITTEES: FUNCTIONS, MEMBERSHIP & MEETINGS

1. The CCG shall form the following Committees:

    - CCG Commissioning Committee (the CCC);
    - Quality Committee;
    - Finance Committee;
    - Audit Committee;
    - Case Review Committee;
    - Appeals Panel.
    - Remuneration Committee
    - Primary Care Commissioning Committee

2. Each of these Committees shall comprise its members, who shall have the remit and voting rights and will meet in accordance with the terms of reference for the relevant Committee as set out below.

SCHEDULE 1

CCGs' COMMISSIONING COMMITTEE (the "CCC")

TERMS OF REFERENCE

1 Purpose of the Committee

The CCC will:

A. Make recommendations to the Governing Body on how to fulfil their statutory duties in an effective; efficient and economical way, and then implement their instructions;
B. Make recommendations to the Governing Body on commissioning strategy and implement the agreed strategy.

2 Accountabilities

The CCC makes recommendations to the CCG and it is for the CCG to decide whether to adopt the recommendations made.

To enable efficiency in decision making following the recommendations of the CCC, the Chair of the Governing Body has the power to decide whether to adopt the recommendations of the CCC. Such power is limited to a taking a decision on matters with a financial value up to and including one million pounds (£1,000,000).

3 Duties

- To assist the CCG to fulfil its statutory duties in an effective, efficient and economical way;
- To achieve value for money through reduced cost and economies of scale;
- To maximise the influence of the CCG with large providers;
- To share risk;
- To maximise the ability of the CCG to access skills and capabilities they could not access by working alone;

Strategy

- To develop and oversee the alignment of the Commissioning Strategy for the Berkshire West health economy
- Based on the work of the Programme Boards, agree the areas of CCG commissioning plans that will be common to all
- Agree the QIPP programme where this is being delivered across the CCGs
- Support and monitor agreed financial risk sharing arrangements
- To develop, agree and communicate commissioning policy for the CCGs
- To ensure that the strategy of the CCGs is aligned and that it is also aligned to national and sector strategy where appropriate
- Receive a Chair's Report from the Digital Transformation Programme Board on a monthly basis for assurance that the delegated Committee it is delivering its objectives
- Receive a Chair's Report from the Medicines Optimisation Committee on a monthly basis for assurance that it is delivering its objectives
- Support strategic commissioning – overall direction and reconfiguration of clinical services

- Support the development of the Berkshire West Accountable Care System including through regular review of ACS work programme
- Support joint commissioning with the three Unitary Authorities in Berkshire West
- Provide clinical leadership and influence

Promote and support commissioning (operational)

- To ensure that there are clinical champions and innovation leads for key areas of joint work
- To allocate resource to Berkshire West wide programmes and innovation
- Deal with any emerging operational issues

Manage financial and non-financial risks

- Review the Board Assurance Framework for the CCG
- Ensure that emerging risks are identified and added to the framework
- Agree mitigating action

4 Meetings

The CCC will meet at least monthly.

5 Membership

- CCG Chair (casting vote only)
- Where the CCG Chair is conflicted or unable to attend a CCC meeting, he/she may appoint an appropriate proxy.
- Chief Officer
- Chief Finance Officer
- CCG Operations Director x 4
- Director of Joint Commissioning
- Secondary Care Specialist
- Nurse Director
- A lay member from the CCG who has responsibility for public and patient engagement

Additional members may be co-opted to attend for particular items but shall not be entitled to vote.

Each voting member shall have one vote.

6 Responsibilities of Members

In addition to contributing to the delivery of the responsibilities outlined above individual members of the CCC are responsible for declaring and managing conflicts of interests (including the offer of Gifts and Hospitality). Members also have a corporate responsibility to recognise and respect boundaries and ensure that information received by virtue of being a CCC member is managed appropriately within those boundaries.

A CCG representative is also responsible for:

- Providing clear feedback to the CCG
- Providing clear input and feedback to the CCC
- Ensuring that the CCG is adequately represented on and actively engaged with developing the recommendations of the Programme Boards and other Task Groups to the Commissioning Committee

7 Quoracy and Voting

For meetings to be quorate there must be in attendance three representatives from the CCG (who shall be the Chair of the CCG, or his/her representative– two clinicians and one officer member.

At all times the CCC will seek to reach a consensus as to the recommendations it will make to theCCG for any items requiring a formal vote each CCC member will have a single vote save that the Chair shall have a casting vote only. In order for a decision to be carried, a decision will require a 75% majority to be agreed.

8 Papers

The agenda and papers will be circulated by email no later than five working days before the meeting. All papers will be accompanied by a summary sheet which will be completed by the author of the paper.

9 Key Relationships

- CCG Governing Body
- CCG Councils
- Programme Boards
- Commissioning Partnership Board
- Health and Wellbeing Board(s)
- HealthWatch
- Local Medical Committee
- Nursing and other clinicians

10 Review

The terms of reference for the CCC will be reviewed as required but at least annually. The Terms of Reference will be approved by the CCG Governing Body.

SCHEDULE 2

FINANCE COMMITTEE

TERMS OF REFERENCE

1 Purpose of the Committee

The Finance Committee (the "Committee") is a committee of the Governing BodyThe main aim of the Committee is :

- To monitor the contract performance, the Quality, Innovation, Productivity and Prevention ("QIPP") plan and overall use of resources.
- To monitor the financial performance in relation to key national targets and the NHS Outcomes Framework.
- To approve QIPP Business cases and release of finance from allocated reserves.
- To monitor and provide a scrutiny function to ensure the delivery of projects to the CCG programme boards

2 Accountability & Reporting Arrangements

The Committee makes recommendations to the CCG and it is for the CCG to decide whether to adopt the recommendations made.

The CCG has delegated to one of its members/officers entitled to attend this meeting the power to decide whether to adopt the recommendations of the Committee. Such power is limited to taking a decision on matters with a financial value of up to and including one million pounds (£1,000,000).

The CCG Governing Body will receive and note a report following Committee meetings and will also receive an annual report on the effectiveness of the Committee's work.

The Committee will also inform the CCG Commissioning Committee (the "CCC") of the pertinent issues raised at Committee meetings.

3 Duties

- To be accountable and provide reports to the CCG Governing Body.
- To provide assurance to the CCG Governing Body that appropriate performance management of financial targets, contract activity and QIPP is in place.
- To monitor the financial performance, contract performance, the Quality, Innovation, Productivity and Prevention (QIPP) plan and overall use of resources
- To provide a scrutiny function to ensure the delivery of the projects within the programme boards and approve changes recommended to the committee by the individual programme boards
- To ensure that appropriate accountability arrangements are in place for the delivery of specific financial, contract and QIPP targets. Each project has assigned programme lead and project lead for each project.
- To receive assurance that the performance of all providers is in line with contractual agreements and statutory requirements
- To review detailed monthly monitoring reports and year-end forecasts of performance against financial performance targets, including contract positions and QIPP plans, for the CCG.
- To agree recommendations made by the CCG executive regarding the actions to recover financial performance, and to monitor compliance against these recommendations
- To inform the CCG Governing Body of action plans to mitigate high risk areas and underperformance
- To participate and prioritise future projects and schemes to support QIPP pipeline.

4 Membership

- One CCG Lay Member (or their appropriate proxy) with responsibility for probity and governance (Deputy Chair)
- Secondary Care Consultant
- GP member of the Governing Body
- Chief Officer (CO)
- Chief Finance Officer (CFO) (Chair)

Supported by:

- The CCG's manager with responsibility for performance of QIPP (which may be Operations Director, PMO and programme leads for each of the programmes.
- Head of Performance
- Deputy CFO
- Director of Joint Commissioning
- CSU support staff for performance and information
- Others co-opted as required e.g. Public Health Consultant

5 Responsibilities of Members

In addition to contributing to the delivery of the responsibilities outlined above individual members of the Committee are responsible for declaring and managing conflicts of interests (including offers of Gifts and Hospitality). Members also have a corporate responsibility to recognise and respect boundaries and ensure that information received by virtue of being a Committee member is managed appropriately within those boundaries.

CCG leads or their deputies are also responsible for:

- Providing clear feedback to thCCG Governing Body and Council;
- Providing clear input and feedback to the Committee from Governing Body and Councils; and
- Ensuring that the CCG is adequately represented on and actively engaged with developing the recommendations and decisions of the Committee.

6 Frequency of Meetings

The Committee will meet at least monthly.

7 Quoracy and Voting

The Committee shall be quorate with the attendance of four CCG members of which two must be clinicians, the CO and CFO or their designated deputies.

At all times the Committee will seek to reach a consensus, for any items requiring a formal vote, each member will have a single vote and a 75% majority will be required to agree a recommendation to be made by the Committee.

8 Papers

The agenda and papers will be circulated by email no later than five (5) working days prior to the meeting. All papers will be accompanied by a summary sheet which will be completed by the author of the paper.

9 Review

The Terms of Reference for the Committee will be reviewed as required but at least annually.

The Terms of Reference will be approved by the CCG Governing Body.

SCHEDULE 3

QUALITY COMMITTEE

TERMS OF REFERENCE

1 Purpose of the Committee

The Quality Committee (the "Committee") is a joint committee of the Governing Body.

The Committee will provide performance management and assurance and make recommendations to the CCG Governing Body of the quality and safety of commissioned services.

2 Reporting & Accountability

The Committee makes recommendations tothe CCG and it is for the CCG to decide whether to adopt the recommendations made.

The CCG Governing Body will receive a report following Committee meetings and will also receive an annual report on the effectiveness of the Committee's work.

The Committee will also inform the CCG's Commissioning Committee (the "CCC") of the pertinent issues raised at Committee meetings.

3 Duties

The duties of the Committee are as follows:

- Ensure appropriate mechanisms are in place to monitor and drive forward quality and safety of services commissioned by CCG, recommending courses of action where concerns have been identified.
- Receive and discuss reports on quality in respect of commissioned services (acute, mental health, community, independent and any willing/qualified provider); the reports will cover provider performance against CQUINs; patient experience (including complaints and compliments received by commissioners) and clinical performance indicators.
- While not responsible for commissioning primary care, the CCG has a responsibility to improve the quality of primary care as part of their management of the whole health and social care system. The Committee will therefore consider reports on the quality of primary care.
- Ensure the patient voice is captured and changes to CCG commissioning strategies are recommended to improve patient experience.
- Receive, review and scrutinise reports on serious incidents (SIs) and Never Events occurring in commissioned services and monitor associated action plans. Request additional action/information as required.
- Ensure that there are robust systems and processes in place to safeguard adults and children.
- Consider national quality reports and results from relevant national audits, CQC inspections and from Monitor.
- Oversee and provide assurance on the clinical governance arrangements in provider services.
- Review performance against quality indicators in the NHS Outcomes Framework.

- Receive internal and external audits reports relating to quality and follow up action plans.

- Ensure delivery of the requirements set out in the Information Governance toolkit.

- Ensure adequate systems are in place for the governance of research in line with the Department of Health's requirements.

- Monitor arrangements in place within the CCG relating to equality and diversity issues, ensuring compliance with statutory obligations and implementation of equality action plans.

4 Membership

- The lay member with responsibility for patient experience from the CCG who shall be Chair);
- A clinical member from the CCG Governing Body.
- Secondary Care Specialist
- Nurse Director
- A Patient/Public Representative

Supported by:

- CCG's managers with responsibility for corporate governance and safeguarding
- CSU support staff for quality
- Others co-opted as required

5 Responsibilities of Members

In addition to contributing to the delivery of the responsibilities outlined above individual members of the Committee are responsible for declaring and managing conflicts of interests (including any offers of Gifts and Hospitality). Members also have a corporate responsibility to recognise and respect boundaries and ensure that information received by virtue of being a Committee member is managed appropriately within those boundaries.

CCG leads or their deputies are also responsible for:

- Providing clear feedback to the CCG Governing Body and Council
- Providing clear input and feedback to the Committee from the Governing Body and Council
- Ensuring that their CCG is adequately represented on and actively engaged with developing the recommendations and decisions of the Committee

6 Meeting frequency

Meetings shall be held six (6) times a year, with additional meetings or working groups as required.

7 Quoracy and Voting

One lay member and one clinical Governing Body member plus one other.

Where appropriate, members are expected to identify a suitable substitute to attend on their behalf if they are unable to attend a meeting. Other members may be co-opted onto the Committee, and the Committee may request attendance of any other member of staff or outside organisation as required.

At all times the Committee will seek to reach a consensus, for any items requiring a formal vote each member will have a single vote and a two thirds majority will be required to agree an action.

8 Papers

The Secretary to the Committee will take minutes of the meeting and provide appropriate support to the Chair and Committee members. The agenda and papers will be provided to Committee members at least five (5) working days before the meeting.

9 Review

Terms of Reference will be reviewed as required but at least annually. The Terms of Reference will be approved by the CCG Governing Body/

SCHEDULE 4

AUDIT COMMITTEE

TERMS OF REFERENCE

1 Purpose of the Committee

The Audit Committee (the "Committee") is established in accordance with the Berkshire West CCG constitution

The Committee will critically review the CCGs' financial reporting and internal control principles, ensuring that the CCGs' activities are managed in accordance with the law and regulations governing the NHS and ensure appropriate relationships with both internal and external auditors is maintained

The Committee will apply best practice in decision making processes and will have full authority to commission any reports or surveys it deems necessary to help it fulfil its obligations.

2 Reporting & Accountability

The Committee is responsible for providing assurance to the CCG's Governing Body for all areas under the delegated responsibility given by the CCG.

The CCG's Governing Body will receive a report following Committee meetings and will also receive an annual report on the effectiveness of the Committee's work.

The Committee will inform the CCG's Commissioning Committee (the "CCC") of the pertinent issues raised at Committee meetings.

3 Duties

The duties of the Committee are as follows:

Governance, Risk Management and Internal Control

The Committee will review the adequacy of

- The establishment and maintenance of an effective system of governance, risk management and internal control, across the whole of the CCG's activities that supports the achievement of organisational objectives.
- Processes and strategies to ensure the management of financial business risk.
- All risk and control related disclosure statements (in particular the Annual Governance Statement) together with any accompanying Head of Internal Audit statement external audit opinion or other appropriate independent assurances prior to endorsement by the CCG's Governing Body.
- The underlying assurance processes that indicate the degree of the achievement of corporate objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements.
- The policies and procedures for all work related to fraud and corruption as set out in Secretary of State Directions and as required 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 audit functions. It will also seek reports and assurances from CCG operational leadership team, GP Member Practices, CCG and CSS Officers as appropriate, concentrating on the over-arching systems of integrated governance, the management of risk and internal control, together with indicators of their effectiveness. It may also request specific reports from individual functions within the CCG as they may be appropriate to the

overall arrangement. 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.

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 CCG's Governing Body.
- Consider the provision of the Internal Audit service, the cost of the audit and any questions of resignation and dismissal.
- Review and approve the Internal Audit strategy, operational plan and more detailed programme of work, ensuring that this is consistent with the audit needs of the organisations.
- Consideration of the major findings of internal audit work (and management's response), and ensure co-ordination between the Internal and External Auditors to optimise audit resources.
- Ensuring that the Internal Audit function is adequately resourced and has appropriate standing within the organisation.
- Annual review of the effectiveness of internal audit.

External Audit

The Committee shall:

- Review the work and findings of the External Auditor appointed by the Audit Commission and consider the implications and management's responses to their work.
- Consider the appointment and performance of the External Auditor, as far as the Audit Commission's rules permit.
- Discuss with the External Auditors their local evaluation of audit risks and assessment of the CCGs and associated impact on the audit fee.
- Review all External Audit reports including agreement of the annual audit letters before submission to the CCG's Governing Body and any work carried outside the annual audit plan, together with the appropriateness of management responses.

Financial Reporting

The Committee shall review the Annual Report and Financial Statements before submission to the CCG's Governing Body, focusing particularly on:

- The wording in the Annual Governance Statement and other disclosures relevant to the Terms of Reference of the Committee.
- Changes in, and compliance with, accounting policies and practices.
- Unadjusted mis-statements in the financial statements.
- Major judgmental areas.
- Significant adjustments resulting from the audit.

4 Membership

The Committee shall be appointed by the CCG as set out in the constitution and may include individuals who are not on the CCG;s Governing Body

The Committee shall comprise three lay members. The Chief Finance Officer or deputy will not be a member of the Committee but shall be in attendance at each Committee meeting. The Chair of the CCG will not be a member of the Committee but shall be invited to attend the Committee to review the annual accounts. The Chief Officer will attend the Committee as requested.

The Committee will nominate a chair and vice-chair who will be drawn from the three laymembers

5 Responsibilities of Members

In addition to contributing to the delivery of the responsibilities outlined above individual members of the Committee are responsible for declaring and managing conflicts of interests. Members also have a corporate responsibility to recognise and respect boundaries and ensure that information received by virtue of being a Committee member is managed appropriately within those boundaries.

Members of the Audit Committee through the Chair's Report are also responsible for:

- Providing clear feedback to the CCG's Governing Body and Councils
- Providing clear input and feedback to the Committee from the Governing Body and their respective Councils
- Ensuring that the CCG is adequately represented on and actively engaged with developing the recommendations and decisions of the Committee

6 Meeting frequency

The Audit Committee shall meet at least four times per annum and at such other times as the Committee shall determine.

7 Quoracy and Voting

For the Committee to be quorate there must be in attendance two members s from the CCG (which must include the Chair or Vice-Chair) together with the Chief Finance Officer or deputy (for the avoidance of doubt, the Chief Finance Officer and deputy are not members of the Committee).

Attendance may be in person or via tele/videoconferencing.

At all times the committee will seek to reach a consensus; for any items requiring a formal vote each member will have a single vote and a 66% majority..

8 Papers

The CCG shall appoint a Secretary who shall be responsible for supporting the Chair of the Committee in the management of the Committee's business. The agenda and papers will be provided to committee members at least five (5) working days before the meeting

9 Review

The Committee will review its own performance, membership and terms of reference as required but at least annually and make proposals for any changes to the CCG's Governing Body and notified to the Council of Members. The Terms of Reference will be approved by the CCG's Governing Body as part of their Constitution approvals.

SCHEDULE 5

CASE REVIEW COMMITTEE

TERMS OF REFERENCE

Purpose
The Case Review Committee ("CRC") has been established as a committee of the governing body to deal with funding requests for individual patients.

The circumstances in which cases will be considered by the CRC are set out in the CCG's policy statements related to Individual Funding Requests ("IFRs").

Responsibility
GP representatives on the CRC have delegated responsibility from the CCG's governing body for decision making in accordance with this policy and these terms of reference where:

a) the evidence base of clinical effectiveness of a particular treatment is low for the general population and therefore it is not routinely commissioned.
b) only patients who meet specific criteria will derive benefit from an intervention.

Membership
The CRC will include (all are voting members of the Committee):

- One (1) Lay Member nominated by the CCG (to chair);
- Consultant in Public Health - Healthcare Priorities;
- GP representative x 2 nominated by the CCG's governing bodye;
- Operations Director; and
- Member of the Medicines Optimisation Team.

Administrative support to the meetings of the CRC will be provided by the CSU, in attendance only with no voting rights.

Frequency of meetings:
The CRC will meet at least monthly. Additional meetings may be scheduled more frequently if needed, as indicated by request caseload and at the discretion of the CCG.

Where necessary for reasons of expediency, virtual meetings will be carried out by telephone, fax or email as necessary. These are not normally a substitute for routine meetings of the CRC, but will be used only in unavoidable circumstances so as not to compromise the pace of decision-making for urgent individual cases. In such circumstances a decision will be taken on a consensus view, with the final decision endorsed by the Chair of the CRC and confirmed by the membership for the record.

Training
- The CRC members will undertake regular training to ensure they remain up to date with key requirements, policies and general information in relation to good practice with decision-making of IFRs.
- New members of the CRC will complete an appropriate induction prior to having voting rights.

Quoracy
In order to be quorate, meetings of the CRC must be attended by a minimum of four of the members. Two of these attendees shall have a clinical background and at least one of these shall be a GP.

Deputies for members of the CRC will not usually be permissible to ensure appropriately trained and experienced personnel are available to make informed decisions. Deputies may only be permitted at the discretion of the Chair.

Voting arrangements
Decisions of the CRC will be reached by a simple majority vote. The CRC Chair will have the casting vote in the event of a tied vote.

Role and Key Tasks
The role of the CRC is to:

- To consider individual funding requests put to it in accordance with these terms of reference
- Consider if the CCG's full requirements for statement of clinical exceptionality – as defined in the policy – have been demonstrated within the case submitted for consideration of funding
- Undertake its decision-making about the IFR in line with the CCG's Ethical Framework
- Ensure it is consistent in its decision making

Process

- All patient-level information will be dealt with in confidence by members of the CRC. This will entail adhering to strict confidentiality practices in relation to the transmission of data and in the way in which information on cases is handled, both written and verbally.
- Anonymised patients' case summaries will be sent to the CRC members in advance of the meeting.
- The CRC will consider each request in the context of the relevant policy where this exists or as a "treatment not routinely commissioned" where there is no explicit policy.
- The request will be considered on the basis of patients' exceptional clinical circumstances. These are the only circumstances in which decision to fund can be taken.
- Where there appears to be no evidence that the clinical circumstances of the patient's case are exceptional when compared with other patients who have the same or a substantively similar condition, funding will not be approved.
- Information or guidance may be requested by subject experts if appropriate and the decision deferred until the "expert" information has been received.
- Members of CRC who have an interest to declare with regard to a particular patient or clinical condition will identify themselves and will be excluded from the discussion of that case. This will include a personal or professional interest in the case.

- If the requesting clinician or patient is unhappy with the CRC decision they have two options open to them:

    a) If the doctor or patient feels that they have further relevant information available which has not been considered by the CRC, they may ask the CRC to reconsider the case specifically in the light of this further information. This may be undertaken at the CCGs' discretion and depending upon the CCGs Operations Directors / Public Health teams agreeing that the additional information is relevant to the exceptionality case.
    b) If the doctor or patient feels that all the relevant information was available to the CRC Panel when the decision was made, but they remain unhappy with the decision, they may ask for it to be reviewed by the Appeals Panel.

- There is no right of attendance by the requesting clinician, the patient or their representative at the CRC.

Outcomes of CRC meetings
The CCG will communicate CRC decisions and the supporting outline reasons in writing to both the referring clinician and the patient, normally within five working days of reaching a decision.

Role of the CSU

- The CSU will manage a process for receiving IFRs
- The CSU will maintain a log of all requests, outcomes of the CRC and Appeals Panel and a correspondence log.
- The CSU will prepare papers for the CRC and Appeals Panel, liaising with all relevant parties as required
- The CSU will prepare letters to patients and referring clinicians for signature by the Committee Chair.
- The CSU will provide administrative support to the committee meetings.

SCHEDULE 6

APPEALS PANEL

TERMS OF REFERENCE

Purpose
The Appeals Panel has been established as a committee of the governing body to consider formal appeals against Case Review Committee (CRC) decisions.

The role of the Appeals Panel is to consider whether:

- The decision making process was followed appropriately and the CRC met the required standards set out in the policy.
- The decision made by the CRC was unreasonable in light of the available evidence and individuals circumstances.
- The CRC took into consideration immaterial factors.
- Any other relevant factor in relation to the case.

Accountability
The Appeals Panel is accountable to the CCG and the GP members have delegated responsibility from the governing body to consider appeals in accordance with the Individual Funding Request ("IFR") policy and to take decisions accordingly, in line with these terms of reference.

Membership
Membership of the Appeals Panel is as follows:

- One Lay Members nominated by the CCG (to Chair);
- Director of Public Health or designated PH consultant;
- GP x 2 nominated by the CCG, and
- Operations Director

Administrative support to the meetings of the CRC will be provided by the CSU and will be in attendance only with no voting rights.

As a matter of principle, none of the above members will simultaneously be members of the CRC or have taken part in the original decision making related to cases going to that Appeals Panel. This will ensure that the Appeals Panel is undertaking an objective assessment of the decision-making undertaken for an individual case by the CRC.

Frequency of meetings
The Appeals Panel will be convened when necessary to consider appeals against CRC decisions. The date will usually be set as soon as possible after a request has been received but within maximum of four (4) weeks.

Process

- Individuals wishing to appeal against a CRC decision must notify the CSU administrator of their intention, in writing, within three months of the date of the CRC meeting. All appellants will be given information about the Patient Advice Liaison Service (PALS) and the Independent Complaints Advocacy Service (ICAS) for additional support.
- The Appeals Panel will consider whether the original decision of the CRC followed due process (see below – Role and key tasks).
- The individual requesting the appeal and/or their clinician does not have the right to attend the Appeals Panel meeting in person. All evidence to be considered must be submitted in writing.

- The CSU will provide the Appeals Panel with a case summary and papers from the case file. It is important to note that the Appeals Panel will not consider new information in support of a case. If new information becomes available, the CRC will be asked to reconsider the case in the light of this.
- Information or guidance may be requested by subject experts if appropriate and the decision deferred until the "expert" information has been received.
- Following the Appeals Panel decision, patients still have the right to complain under the Complaints Procedure of each of the CCGs as appropriate.

Role and key tasks
The role of the Appeals Panel is to ensure that the CCGs' policy and process has been applied appropriately by the CRC.

The Appeals Panel will adopt the following approach:

- A review of information considered by the CRC in reaching their original decision;
- A review of the CCG's correctly follow their own procedures and policy;
- Whether all relevant facts taken into account when the decision was made;
- Consider the decision of the CRC that exceptionality was not demonstrated;
- Consider whether that decision is consistent with CCG's exceptionality policy and was reasonable on the basis of the information supplied by the appellant in the first instance; and
- Consider if there are sufficient grounds for overturning that decision on the basis that clinical exceptionality has been demonstrated.

Quoracy
In order to be quorate, each meeting of the Appeals Panel shall be attended by at least three of the members. At least one of these attendees shall be a clinician (primary care or public health).

Deputies may be permitted at the discretion of the Chair.

Voting arrangements
Decisions of the Appeals Panel shall be reached by a simple majority vote. The Appeals Panel Chair will have the casting vote in the event of a tied vote.

Training
The Appeals Panel members will undertake regular training to ensure they remain up to date with key requirements, policies and general information in relation to good practice with decision making of IFRs.

New members of the Appeals Panel will complete an appropriate induction prior to having voting rights.

Outcomes of Appeals
If the Appeals Panel finds that the decision of the CRC was correct (i.e. that exceptionality was not demonstrated) they will dismiss the appeal.

If the Appeals Panel finds that some aspect of the CCG's procedure or policy was not followed, the Appeals Panel will assess the significance of the procedural breach and decide on the appropriate action. This will not automatically result in the appeal being upheld.

If the Appeal Panel finds that important facts were not taken into account, they may refer the case back to CRC for re-consideration.

The decision of the Appeals Panel will be recorded, together with the reasons. Appeals Panel decisions will be communicated to the appellants within 5 working days of the decision being reached.

Appellants who remain dissatisfied with the outcome of the appeals process may pursue their case through the formal complaints procedure.

The CSU will submit monthly reports to the governing body of the CCG, including the updated position on cases approved at CRC and at Appeals Panel.

Feedback from the Appeals Panel to CRC
Where the Appeals Panel does not uphold a decision made by the CRC, the Appeals Panel shall issue:

- A statement to the CRC outlining why the original decision was not upheld; and
- A note of any key principle or process that are expected to be applied in the future.

SCHEDULE 7

REMUNERATION COMMITTEE

TERMS OF REFERENCE

1 Purpose of Committee

The Remuneration Committee (the "Committee") is established in accordance with the NHS 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 CCG's constitutions.

The Committee is responsible for determining and agreeing with CCG Governing Body the framework for the Remuneration, Allowances and Terms of Service for employees of the CCG and people who provide services to the CCG.

The Committee will apply best practice and uphold good governance in decision making processes:

- It will comply with disclosure requirements for remuneration committees as specified by NHS England;
- It will have full authority to seek independent advice about remuneration for individuals, to help it fulfil its obligations;
- It will ensure decisions are based on clear and transparent criteria.

2 Reporting & Accountability

The Committee is a committee of the CCG's Governing Body. It is accountable to the CCG's Governing Body for all areas under the delegated responsibility given by the CCGs.

The Committee is able to make decisions on behalf of CCG's members and the Governing Body as set out in the scheme of delegation within the CCG'sconstitution. The Committee has a key role in ensuring probity and the management of conflicts of interest and there is a strong presumption that the advice of the Committee will be accepted by the CCG's members and the Governing Body.

3 Duties

The Committee is responsible for determining and agreeing with the CCG's Governing Body the framework for the Remuneration, Allowances and Terms of Service for employees of the CCG and people who provide services to the CCG. This should include:

- All aspects of salary, including performance related elements or bonuses and determination of Recruitment and Retention premiums;
- Provision of other benefits;
- Allowances under any pension schemes they might establish as an alternative to the NHS pension scheme;
- Arrangements for termination of employment and variation of other contractual terms.

It is also responsible for ensuring effective oversight of the performance of the CCG's Chair, Chief Officer, Chief Finance Officer and other senior roles, and scrutiny of redundancy payments.

The work of the Committee will take proper regard of the CCG's circumstances and performance and of any appropriate national arrangements in place.

The duties of the Committee are that it will:

- Not less than once a year, note measurable performance objectives for the CCG's Chair and the Chief Officer, which are compatible with the strategic objectives of the CCG and are consistent with local and national priorities;

- Monitor the CCG's Chair's and Accountable Officer's assessments of performance of senior posts based on measures of individual and corporate targets;

- Agree any pay policy and payment framework for employees of the CCG and people who provide services to the CCG, notwithstanding provisions to mirror the implementation of national agreements;

- Ensure proper scrutiny of business cases and calculation of termination payments relating to staff employed substantively whose contract is being terminated on the grounds of redundancy or any other non-contractual arrangement;

- Approve non-contractual payments to staff, such as bonus payments to ensure probity and value for money;

- Be advised by the Commissioning Support Unit Human Resources function on HR matters;

- Be advised by the Chief Finance Officer on relevant financial matters;

- Ensure that remuneration packages and policy are such as to enable people of suitable calibre to be recruited, retained and motivated – within levels of affordability;

- Have proper regard to the CCG's circumstances and performance and to the provisions of any national arrangements where appropriate;

- Provide assurance to the CCG's Governing Body on compliance with health and safety policy;

- Keep full minutes of its meetings, recording deliberations and conclusions.

4 Membership

The Committee shall comprise:

- Three lay members of the CCG's Governing Body

The Chair of the Committee shall be nominated and selected from the members.

Other individuals such as the Chief Officer, the Chief Finance Officer, HR officers and other external advisers may be invited to attend for all or part of any meeting.

5 Responsibilities of Members

In addition to contributing to the delivery of the responsibilities outlined above, individual Members of the Committee and those invited to attend the Committee meetings are responsible for declaring and managing their own conflicts of interests. In particular, none of the Members of the Committee or any officer invited to attend the meeting of the Committee shall be in attendance for discussions about his/her own remuneration and terms of service.

Members also have a corporate responsibility to recognise and respect boundaries and to ensure that information received by virtue of being a Committee Member is managed appropriately within those boundaries.

6 Meeting Frequency

The Committee shall meet at least four times a year and at such other times as the Committee shall determine.

7 Quoracy and Voting

For the Committee to be quorate there must be in attendance at least two lay members.

At all times the Committee will seek to make decisions by consensus but, if that proves impossible and a formal vote becomes necessary, each Committee Member will have a single vote and decisions will be carried on a two thirds majority.

8 Papers

The Committee shall appoint a secretary who shall be responsible for supporting the Chair of the Committee in the management of the Committee's business and for drawing the Committee's attention to best practice, national guidance and other relevant matters, as appropriate.

The agenda and papers will be provided to Committee Members at least five (5) working days before each meeting.

9 Review

The Committee will review its own performance, membership and terms of reference as required but at least annually and shall propose to the Governing Body any changes it wishes to make to them.

The Terms of Reference will be approved by the Governing Body.

SCHEDULE 8

PRIMARY CARE COMMISSIONING COMMITTEE

TERMS OF REFERENCE

Introduction

1. Simon Stevens, the Chief Executive of NHS England, announced on 1 May 2014 that NHS England was inviting CCGs to expand their role in primary care commissioning and to submit expressions of interest setting out the CCG's preference for how it would like to exercise expanded primary **medical** care commissioning functions. One option available was that NHS England would delegate the exercise of certain specified primary care commissioning functions to a CCG.

2. In accordance with its statutory powers under section 13Z of the National Health Service Act 2006 (as amended), NHS England has delegated the exercise of the functions specified in Schedule 2 to these Terms of Reference to Berkshire West CCG. The delegation is set out in Schedule 1.

3. The CCG has established the Berkshire West CCG Primary Care Commissioning Committee ("Committee"). The Committee will function as a corporate decision- making body for the management of the delegated functions and the exercise of the delegated powers.

Statutory Framework

5. NHS England has delegated to the CCG authority to exercise the primary care commissioning functions set out in Schedule 2 in accordance with section 13Z of the NHS Act.

6. Arrangements made under section 13Z may be on such terms and conditions (including terms as to payment) as may be agreed between the Board and the CCG.

7. Arrangements made under section 13Z do not affect the liability of NHS England for the exercise of any of its functions. However, the CCGs acknowledge that in exercising its functions (including those delegated to it), it must comply with the statutory duties set out in Chapter A2 of the NHS Act and including:

    a) Management of conflicts of interest (section 14O);

    b) Duty to promote the NHS Constitution (section 14P);

    c) Duty to exercise its functions effectively, efficiently and economically (section 14Q);

    d) Duty as to improvement in quality of services (section 14R);

    e) Duty in relation to quality of primary medical services (section 14S);

f) Duties as to reducing inequalities (section 14T);

g) Duty to promote the involvement of each patient (section 14U);

h) Duty as to patient choice (section 14V);

i) Duty as to promoting integration (section 14Z1);

j) Public involvement and consultation (section 14Z2).

8. The CCG will also need to specifically, in respect of the delegated functions from NHS England, exercise those set out below:

- Duty to have regard to impact on services in certain areas (section 13O);
- Duty as respects variation in provision of health services (section 13P).

9. The Committee is established as a committee of the Governing Body in accordance with Schedule 1A of the "NHS Act".

10. The members acknowledge that the Committee is subject to any directions made by NHS England or by the Secretary of State.

Role of the Committee

11. The Committee has been established in accordance with the above statutory provisions to enable the members to make collective decisions on the review, planning and procurement of primary care services in the Berkshire West area, under delegated authority from NHS England.

12. In performing its role the Committee will exercise its management of the functions in accordance with the agreement entered into between NHS England and theCCG, which will sit alongside the delegation and terms of reference.

13. The functions of the Committee are undertaken in the context of a desire to promote increased co-commissioning to increase quality, efficiency, productivity and value for money and to remove administrative barriers.

14. The role of the Committee shall be to carry out the functions relating to the commissioning of primary medical services under section 83 of the NHS Act.

15. This includes the following:

- GMS, PMS and APMS contracts (including the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing branch/remedial notices, and removing a contract);

- Newly designed enhanced services ("Local Enhanced Services" and "Directed" Enhanced Services");

- Design of local incentive schemes as an alternative to the Quality Outcomes Framework (QOF);

- Decision making on whether to establish new GP practices in an area;
- Approving practice mergers; and
- Making decisions on 'discretionary' payment (e.g., returner/retainer schemes).

16. The CCG will also carry out the following activities:

In order to fulfil the role set out above, the Primary Care Commissioning Committee will:

- ensure that high-quality integrated services are commissioned within resources available to meet the needs of the Berkshire West population, taking into account equality and diversity issues.
- take responsibility for decisions made relating to the strategic programme for primary care.
- interface with the work of the other CCG Programme Boards, and with each of the CCGs, to ensure robust processes are in place for commissioning services from primary care and to support the development of new provider and contracting models.
- support the governing body of the CCG by being accountable for the successful delivery of all projects within the strategic programme for primary care services.
- develop further the CCG's strategy for primary care and ensure this is reflected in the strategic programme for primary care. The programme should reflect the views of the CCG member practices and of the public, building on the direction of travel set out in the CCGs' 5-year Strategic Plan and the CCGs' Primary Care Strategy.
- develop a work programme, and review progress at each meeting.
- develop and review business cases for services to be developed in primary care and make recommendations to the QIPP & Finance Committee for investment funding to take these forward.
- establish and monitor the portfolio of primary care projects to take forward the strategic programme, including:

    - develop, review and monitor the programme plan
    - receive highlight and exception reports on each of the projects
    - ensure risk is managed effectively by each project lead/manager and that, collectively, all programme risks are reviewed and recorded on appropriate risk registers, ensuring that mitigation plans are in place and escalation of risks comply with CCG strategy and policies
    - ensure projects stay within the agreed programme and project brief, including but not limited to, changes to scope, plan, benefits and budget
    - review end of stage and project closedown reports before submission to the Governing Body and to QIPP & Finance Committee

- ensure post-project evaluation of impact on activity, workforce and KPIs, including appropriate dissemination of lessons learned within projects - across the representative organisations

- have oversight of all Primary Care budgets
- support the development of primary care services as a key component of an enhanced out-of-hospital sector, including supporting new and collaborative provider models and employing new contractual approaches as appropriate
- take a lead role in developing plans for new investment in primary care
- oversee the development and implementation of quality monitoring and improvement processes in order to meet the CCGs' statutory duty to improve the quality of primary care services and deliver further responsibilities . This will include review and design of any new local incentive scheme as an alternative to QOF. Work with the CCGs' Quality Committee to monitor contract performance (GMS, PMS and APMS) and take contractual action where necessary (i.e. issuing breach/remedial notices)

The liability of the CCG to carry out its functions will not be affected where the CCG enters into arrangements pursuant to the above details.

- ensure that robust processes are in place for the CCG to commission services from primary care, including current Community Enhanced Service (CES) and Directed Enhanced Service (DES) arrangements
- review regularly the capacity of primary care (GMS/PMS and APMS) and make recommendations, as appropriate, for the establishment of new GP practices and any associated practice mergers or other developments
- progress extended access in primary care as part of the 7-day enabling work stream of the Berkshire West Integration Programme
- develop the primary care workforce including new roles and models
- consider how the CCG should link with other contractor groups, in particular through the Local Professional Networks
- ensure the strategic programme for primary care is linked with the following Programme Boards and committees:

    - Quality Committee
    - Planned Care, Urgent Care, Long-term Conditions, and CMMV (Childrens, Maternity, Mental Health, and Voluntary) Programme Boards regarding priorities with a primary care component, and the commissioning arrangements which will underpin these
    - The Berkshire West Integration Programme, including the frail elderly pathway, the seven-day working enabling work stream and the Locality Integration Steering Groups.
    - The Innovation, Technology and Information Systems Programme Board, in particular with regard to aspects of this group's work which relate to GPIT.
    - Primary care development within the CCG

- agree terms of reference for any subgroups or project groups and to ensure that subgroups and project groups deliver on key tasks
- respond to information from patient focus groups and questionnaires which will inform the work of the Primary Care Commissioning Committee

- develop the strategy and priorities from the perspective of service users and carers, and to ensure that an equality impact assessment is undertaken for all newly-developed services.

Geographical Coverage

17. The Committee will comprise the geographical locality area that cover;

- Newbury & District
- North & West Reading
- South Reading Wokingham

Membership

18. The Committee shall consist of:

Voting Members:
Three Lay Members (of whom one is the Chair)
Four Governing Body GP Leads
Chief Officer
Nurse Director
CFO/Deputy Chief Finance Officer

Additional lay members will be co-opted as required

Non-voting attendees
Chair
Director of Strategy
Operations Directors
Assistant Chief Officer and Primary Care lead
CCG practice manager representatives
Primary Care Co-Commissioning Managers (x 2)
Local Medical Committee Representative
HealthWatch Representatives (x 3)
LPC representative
Health and Wellbeing Board Representative (x 3)

19. NHS England may also attend in a non-voting capacity.

20. The Chair of the Committee shall be a lay member (governance), but will exclude the Audit Committee Chair for reasons of good governance and probity.

21. The Vice Chair of the Committee shall be another lay member of the Governing body or the Governing body Registered Nurse.

22. Eligible lay members will be invited to join the Committee on an annual basis. In the event of more lay members coming forward that are required, the members concerned will be asked to outline the expertise that they would bring to the role and the remaining voting members would

then vote. The Chair will also be confirmed on an annual basis through a similar voting process if required.

23. Members of the Committee have a collective responsibility for the operation of the collaborative Committee. They will participate in discussion, review evidence and provide objective expert input to the best of their knowledge and ability, and endeavour to reach a collective view. Roles and responsibilities of members are described in more detail in the supporting document at Annex A.

24. Members of the Committee shall respect confidentiality requirements as set out in the Standing Orders referred to above unless separate confidentiality requirements are set out for the committee in which event these shall be observed.

25. The Committee may call additional experts to attend meetings on an ad hoc basis to inform discussions.

Meetings and Voting

26. The Committee will operate in accordance with the standing orders of Berkshire West CCG in so far as they relate to the;

    a) Notice of meetings;
    b) Handling of meetings;
    c) Agendas;
    d) Circulation of papers
    e) Conflicts of Interest (as detailed below)

27. Decision-making will be by consensus in the first instance. Should a vote however be required the following provisions will apply.

    - Each voting member has a single vote
    - The Chair will have a casting vote.

Management of Conflicts of Interest

28. The Primary Care Commissioning Committee will work to ensure that any potential conflicts of interest are managed in a robust and transparent manner and in accordance with NHS England guidance.

29. The meetings of the Primary Care Commissioning Committee will be held in public, and Members must declare any interests at the start of each meeting. Members declaring an interest must exclude themselves from any part of the decision-making process in relation to the agenda item in question including from discussion of that item on request of the Chair.

30. The committee may resolve to exclude the public from a meeting that is open to the public (whether during the whole or part of the proceedings) whenever publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for

other special reasons stated in the resolution and arising from the nature of that business or of the proceedings or for any other reason permitted by the Public Bodies (Admission to Meetings) Act 1960 as amended or succeeded from time to time.

31. It is envisaged that the majority of the business will be covered in the meeting held in public but there may also be a need for a confidential second meeting to be held in closed session to manage the conflicts of interest associated with making contractual decisions with regard to primary care.

32. The Committee may delegate tasks to such individuals, sub-committees or individual members as it shall see fit, provided that any such delegations are consistent with the parties' relevant governance arrangements, are recorded in a scheme of delegation, are governed by terms of reference as appropriate and reflect appropriate arrangements for the management of conflicts of interest.

33. Members of the Committee shall respect confidentiality requirements as set out in the CCG's Constitution or Standing Orders.

Frequency

34. Meetings will be held quarterly in public with monthly Operational Group meetings in between.

Secretariat

35. The Committee will be supported by the Programme Board Administrator whose responsibilities will include:

- Presentation of the minutes and action notes to the Assistant Chief Officer (Programme Lead) on behalf of the Governing Body.
- Circulation of the minutes and action notes of the committee within 5 working days of the meeting to all members
- Coordinate submission of Agenda items to the Assistant Chief Officer (Programme Lead) in line with agreed timescales
- Circulation of the agenda and related papers five (5) working days before the date of the meeting

Quoracy

36. The meeting will be quorate if at least 50% of voting members are present and able to vote, including at least:

- The Chief Officer, Chief Finance Officer or Nurse Director
- At least two Lay members.

37. Under the Terms of Reference, deputies should be designated to attend in the absence of a voting member. Deputies should be fully briefed to be able to participate in discussion and given

delegated authority for any decision making. Alternatively, where appropriate members' views may be sought be email and reported verbally at the Committee meeting.

Accountability of the Committee

38. Decisions - The Committee will make decisions within the bounds of its remit. The decisions of the Committee shall be binding on NHS England and Berkshire West CCG

39. Decisions will be published by Berkshire West CCG (except in circumstances where publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted)

40. Where there is a need for urgent decision-making between meetings, this will be undertaken by email with decisions made by the Chair, Chief Officer, Nurse Director, GP representative if not conflicted and, where appropriate, the Chief Finance Officer. This will be on an exceptional basis and all decisions will be brought to the next Committee meeting for ratification.

Reporting

41. The Primary Care Commissioning Committee is directly accountable to NHS England and to the Governing Body, and additionally to the Finance Committee for financial investment matters. The Chair of the Primary Care Commissioning Committee will ensure that NHS England, the CCG Governing Body and the CCG Finance Committee receive a Chair's report after each meeting in accordance with the CCG's governance framework.

42. The reports will provide assurance that the strategic programmes are delivering to plan, time, quality and budget and that all risks and issues are being identified and mitigated. The reports will be structured in such a way as to enable relevant sections to be passed to other committees and groups for consideration, in particular to the Quality Committee and to the Data Transformation Programme Board.

43. The Primary Care Commissioning Committee will also submit reports into the oversight structure for the Berkshire West Integration Programme as appropriate.

44. In addition, GP members will report back to their locality meetings, as set out in the Roles and Responsibilities document at Annex A.

45. The Primary Care Commissioning Committee will also look to receive feedback and progress reports from these.

46. The Governing Body shall require at least annual engagement events to review aims, objectives, strategy and progress and publish an annual report on progress made against objectives.

Review

47. The Terms of Reference will be reviewed in six months' time, and then annually thereafter, and may be amended by mutual agreement between NHS England) and Berkshire West CCG at any time to reflect circumstances which may arise.

Equality Statement

48. The Committee will ensure that these terms of reference are applied in a fair and reasonable manner which does not discriminate on such grounds as race, gender, disability, sexual orientation, age religion or belief.

Procurement of Agreed Services

49. The detailed arrangements regarding procurement will be set out in the Delegation Agreement.

50. The CCG will review its Standing Financial Instructions and Standing Orders to ensure that are sufficient in the context of delegated commissioning.

51. For the avoidance of doubt, in the event of any conflict between the terms of this Scheme of Delegation and Terms of Reference and the Standing Orders of Standing Financial Instructions of any of the members, the latter will prevail.