

NHS Rotherham Clinical Commissioning Group

Operational Executive – 26 October 2018

AQuA – 8 January 2019

Clinical Commissioning Group Governing Body - 6 February 2019

Review of Terms of Reference (TOR) for Operational Executive, Strategic Clinical Executive, Clinical Referrals Management Committee, Medicines Management Committee, Information Governance Committee.

Lead Executive:	Chris Edwards – Chief Officer
Lead Officer:	Ruth Nutbrown – Assistant Chief Officer
Lead GP:	Jason Page – Governance Lead

Purpose:

To inform the GB with updates to the TOR for OE, SCE, CRMC, MMC, IG, in line with recent discussions.

Background:

TOR for meetings undergo annual review, which has taken place. The new drafts are attached as appendices.

Analysis of key issues and of risks

The changes to the TOR as per the annual review is shown in track change on all TOR and a re précis here.

Update to the TOR for OE and SCE in response to comments made by Deloitte in the QIPP3 Audit. The action is shown in table 1 below. This update is highlighted in Yellow on both TOR

Table 1: Actions from the QIPP3 Audit

Area/Scheme	Deloitte QIPP3 Audit	Lessons Learnt NHSE	CCG Comments
Monitoring and Reporting	The governance process for development of QIPP should be formalised in the ToR for Operational Exec and Clinical Exec meetings, and could be included in the combined QIA document	Confirm that members of the Gov Body and sub-committees are providing sufficient scrutiny and challenge where QIPP schemes are not delivering financial savings in line with the agreed plan.	ToR for OE and SCE to be reviewed and amended as appropriate. There is a separate QIPP report at our monthly GB with opportunity for scrutiny and challenge. The QIAs are completed at the start of the financial year and shared at public GB therefore this provides assurance at the outset and they are signed off by our lead GPs as well as executive officers. The recommendations from QIPP3 are already being actioned to strengthen the planning further.

OE also discussed the Governance around the Bi annual structure review. This has also been included in the OE TOR highlighted in Green. As well as Governance support for Medicines Management Committee and CRMC.

MMC TOR have undergone a complete re-write. An internal audit report highlighted that the MMC had no clear reporting lines identified within its terms of reference.

The report focused on the fact that the practice budgets, and Prescribing Incentive Schemes had not been signed off by Governing Body.

From further discussion within NHS Rotherham CCG there was no clear consensus as to how the issues identified by the internal audit report should be addressed. However, it emerged that there was also a poor understanding of the areas of business that the MMC was managing and which issues should be referred to other committees within the CCG.

CRMC has had the reporting and governance strengthened.

IG has undergone an annual review with the following changes:

- Addition of OE in the reporting/governance structure
- Updated reference to the Data Security and Protection Toolkit
- Updated responsibility re new projects/systems to reflect a privacy by design approach and reference to Data Protection Impact Assessments in line with GDP
- Added to new TOR template

Patient, Public and Stakeholder Involvement:

Members of the OE and SCE contributed to both the QIPP3 Audit discussion and the structure review discussion. Individual committees have also reviewed their own TOR as a committee.

Equality Impact:

There is no expected impact re equality with these changes

Financial Implications:

These changes are not expected to have any financial impact

Human Resource Implications:

These changes are not expected to have any Human Resource Implications.

Procurement Advice:

Not Applicable

Privacy Impact Assessment:

Not Applicable

Approval history:

Chief Officer supporting changes. 12.10.18 by email.
OE and AQuA have agreed changes.

Recommendations:

For GB ratification

Paper is for ratification

Operational Executive Committee

TERMS OF REFERENCE

Contact Details:			
Executive Lead:	Chief Officer	Lead Officer:	Assistant Chief Officer
Lead Clinician:	CCG Chair		

Purpose:
To receive information and to manage actions on specified areas.

Responsibilities:
<ul style="list-style-type: none"> • Operational delivery for the Clinical Commissioning Group • Support of Governing Body – oversight of agendas and papers • Oversight of the Management of Procedural Documents, with ratification in line with the Policy, and decisions confirmation of appropriate approval route. • Corporate assurance and risk management – review of the GBAF, RR and issue-s log on a timely basis • oversight of progress with vision, strategy and operating plan • performance review and improvement • partner and market relations/management • preparation for meetings of the Clinical Commissioning Group, Governing Body and Strategic Clinical Executive • To agree which issues should be escalated to Strategic Clinical Executive, of GP Members Committee, AQuA etc.- • To receive and review staff suggestions on a regular basis. • Acts as the Project Management Office in relation to QIPP schemes, providing methodology, continuity of process, challenge and scrutiny to the CCG's QIPP process, with integral support and clinical advice from the CCGs Strategic Clinical Executive. • Bi-annual oversight of the CCG structure review, ensuring the CCG staffing is fit for purpose. • To oversee the Governance, issues, TOR and minutes of CCG operational groups e.g. CRMC, MMC as appropriate.

Chair:
Chief Officer

Composition of group:
Chair of Clinical Commissioning Group Chief Officer Chief Finance Officer Deputy Chief Officer Chief Nurse

In Attendance:
Assistant Chief Officer

Head of Medicines Management
Head of Health Informatics
Head of Commissioning
Other officers on a topic-specific basis only

Deputising:

Deputies to attend when necessary.

Quorum:

Any two of: Chief Officer, Deputy Chief Officer, Chief Nurse or Chief Finance Officer

Accountability:

Clinical Commissioning Group Governing Body

Frequency of meetings:

Weekly

Order of business:

To be determined by the Chief Officer

Agenda deadlines:

COP Wednesday, prior to the meeting

Minutes:

The records of action points will be stored on the CCG R drive R:\0. CCG Meetings\1. Operational Executive (OE) in a secured folder.

The action points record will be produced prior to the next meeting and supplied to the Strategic Clinical Executive.

Administration:

Administrative support will be provided by the Assistant Chief Officer's staff who will:

- make the necessary arrangements for the meetings
- assemble the agenda papers and circulate them
- record action points.

Attendance:

Each core member or their deputy to attend 90% of meetings annually.

Revision/Amendments since the last version – Date of Review	Amendment Details	Ratified & Approved by/Date
October 2018	Annual Review, also updated to include Governance process for QIPP, and bi-annual structure review.	

Membership List

Richard Cullen - Chair of Clinical Commissioning Group
Chris Edwards - Chief Officer
Wendy Allott - Chief Finance Officer

Ian Atkinson - Deputy Chief Officer
Sue Cassin - Chief Nurse.

Strategic Clinical Executive Committee

TERMS OF REFERENCE

Contact Details:			
Executive Lead:	Chief Officer	Lead Officer:	
Lead Clinician:	CCG Chair		

Purpose:
<p>To provide a forum for the Commissioning lead-GPs to give to <i>staff of the Group</i> a clinical perspective in progressing the business of the Group.</p> <p>To be the 'engine house' of the Governing Body with regards to producing its plans and leading on their delivery.</p>

Responsibilities:
<p>Specific functions include:</p> <ul style="list-style-type: none"> • operational delivery of individual GPs' lead areas • preparing strategic plans for Governing Body • approving changes to clinical pathways • seeking the views of the GP Members Committee on all strategic matters and receive its recommendations. • To support the Project Management Office (PMO) with clinical advice, continuity of process, challenge and scrutiny in relation to the CCG's QIPP schemes <p>Decisions exceeding individual members' <i>and</i> Strategic Clinical Executive's delegated limits should be referred to the <i>Governing Body</i> (with a Strategic Clinical Executive recommendation) as should issues which are unresolved due to conflicts of interests.</p>

Chair:
CCG Chair

Composition of group:
<p>GP members with voting rights All the Commissioning lead-GPs.</p> <p>Officer members with voting rights Chief Officer Chief Finance Officer Deputy Chief Officer Chief Nurse</p>

In Attendance:
<p>Admin support Other staff will be invited to attend as appropriate for specific agenda items.</p>

Deputising:

Deputising is not required. Deputies, where it has been agreed with the Chair they attend, will not have voting rights.

Quorum:

As long as no more than three Commissioning lead-GPs are absent, the meeting will be quorate.

Accountability:

Is to the Clinical Commissioning Group's *Governing Body*.

The Commissioning lead-GPs are collectively accountable to the GP Members Committee.

The Strategic Clinical Executive must seek the latter's views on significant strategic matters prior to reaching decisions - unless urgency dictates otherwise.

Frequency of meetings:

Weekly

Order of business:

To be determined by the Chief Officer and/or the Chair.

Agenda deadlines:

Friday pm prior to the meeting.

Minutes:

The ~~records of actions~~ **brief minutes of the meeting** will be stored on the "Rotherham CCG (r:)" drive, in a restricted folder titled "Strategic CE". They will be circulated electronically to the chair and vice-chair of the GP Members Committee. The ~~records~~ **minutes** need not be supplied to the Clinical Commissioning Group's Governing Body.

The meeting ~~notes~~ **minutes** are also circulated to the SCE circulation list.

Administration:

Administrative support will be provided by the staff of the *Assistant Chief Officer (Corporate Business & Partnerships)*.

They will:

- make the necessary arrangements for the meetings
- assemble the agenda papers and circulate them
- record action points and distribute them.

Attendance:

Each member to attend 70% of a year's meetings annually.

Revision/Amendments since the last version – Date of Review	Amendment Details	Ratified & Approved by/Date
October 18	Annual review and addition of support to the PMO	

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Membership List

Richard Cullen	-CCG Chair
Jason Page	-SCE GP
Russell Brynes	-SCE GP
Phil Birks	-SCE GP
Anand Barmade	-SCE GP
Sophie Holden	-SCE GP
David Clitherow	-SCE GP
Avanti Gunasekera	-SCE GP
Chris Edwards	-Chief Officer
Wendy Allott	-Chief Finance Officer
Ian Atkinson	-Deputy Chief Officer
Sue Cassin	-Chief Nurse

Clinical Referral Management Committee

TERMS OF REFERENCE

Executive Lead:	Deputy Chief Officer	Lead Officer:	Head of Commissioning
Lead Clinician:	SCE Clinical Referrals Lead		

Purpose:

- To develop the most appropriate and efficient clinical management of patients requiring elective referral to hospital or result in emergency admission or assessment
- To operate cost of care effectively in the context of the NHS financial circumstances.
- To be the group through which commissioning decisions on all pathways that affect both primary and secondary care are co-ordinated.
- To be the agreed route for consultation and dissemination of clinical pathways that affect GP's and other partners such as RDaSH.
- To review and agree network/region wide care guidance and their implementation in Rotherham

Responsibilities:

- To ensure the efficient use of resources in relation to the flow of patients.
- To ensure patients have access to appropriate diagnostic skills, clinical investigation and chronic disease management.
- To achieve National quality requirements.
- To take action to change system pathways which may require financial risk taking with no risk to patient safety
- To deliver the trajectories set out in Rotherham's ICP for out-patient, electives and follow ups.
- To contribute to the delivery of the trajectories set out in Rotherham's ICP for emergency admissions and assessments.
- Ensuring that both TRFT and NHS R CCG have regard to their legal duties:
 - To involve patients and the public in planning services;
 - To consult proportionately and appropriately on substantial changes to services
- To advise Rotherham CCG when an NHS Trust or Independent Contractor fails to

participate in the program of work.

To establish programs of work for structural, clinical and process change to short timescales to deliver the primary purpose.

Consultation of any changes from SY&B and Rotherham ICP Groups

The activity of proposals to come through CRMC to be monitored and communicated.

Consideration of any clinical risk for patients transfer of care

Ensure systems of clinical and activity data recording are accurate and timely.

To engage partners across the health community in the clinical pathways.

To improve the quality of referrals for elective and non-elective care

- the committee will receive regular reports on overall outpatient, elective and non-elective activity and will quantify expected and actual impact of its work programme
- the committee will report OE on performance of outpatients and electives against agreed affordable trajectories
- the committee will cover the whole of the elective and non-elective care pathway but will not duplicate work of the multiagency groups on LTC/Urgent Care and the ICP.
- the committee will agree changes in Rotherham wide care pathways and disseminate them
- the committee will oversee benchmarking reports and guidance with regard to laboratory tests
- the committee will receive and agree all pathway adjustment documents for the efficiency plan
- the group will escalate any contractual issues to the contract teams.
- when re-designing services or issuing guidance the committee will ensure that this is informed by all relevant NICE guidance

Principles

- Improve the quality of care
- Reduce waste/duplication of effort
- Clinical cost effectiveness
- Take into account national guidance when developing local guidance

- Support clinical performance review
- Establish a learning environment which supports whole system clinical excellence
- Regular reporting on system performance
- To improve consistency and quality of referrals
- To develop alternative appropriate effective pathways where necessary
- Manage flow of activity and communication

Priorities-

The Committee will keep under regular review priorities under 4 headings

- Electives & referrals within affordable levels
- Follow ups reduced to national follow up ratios
- Pathways especially those that impact on non-elective admissions
- Audits

Chair:

Rotherham CCG Deputy Chief Officer or Strategic Clinical Executive (SCE) GP Clinical Referral Lead, and Deputy Lead,

Composition of group:

Rotherham Clinical Commissioning Group
 Deputy Chief Officer
 Chief Nurse
 Clinical Referrals Senior Strategic and Planning Officer
 RCCG Head of Patient and Public Engagement
 RCCG Senior Care Pathways Manager
 RCCG Head of Medicines Management
 RCCG Head of Commissioning (Primary & Secondary care)

GP's
 2 x SCE GP's (Deputy when 2 are not available)
 Additional GP who is not an SCE member

Rotherham Foundation Trust (RFT)
 Director of Clinical Services & Diagnostics and Support Services
 (Deputies will be sent when unavailable)
 Director of Children's and Family Health
 Director of medicine
 Director of surgery
 Head of Contracts and Business Development

In Attendance:

Admin Support

Co-opted attendees for specific agenda items as appropriate.
Head of Intelligence

Deputising:

Deputies are acceptable., **SCE GP Clinical Referrals Lead**

Quorum:

One member from TRFT and two members from RCCG

Accountability:

To Rotherham Clinical Commissioning Group Operational Executive (OE), SCE and A&E Delivery Board
Issues raised to be escalated to OE who will also receive the minutes

Frequency of meetings:

Monthly

Order of business:

Apologies
Quorum check
Conflicts of interest
Standing items
Agenda items
Minutes of the last meeting
Risks raised
Escalation
Any other business
Next meeting's agenda items
GP only agenda
Date of next meeting

Agenda deadlines:

Friday before the meeting being held on the following Wednesday

Minutes:

Draft minutes will be produced within 7 days of the meeting and will be ratified at the following meeting

Administration:

The minutes to go to OE, TRFT Corporate Management Team, GP members committee

Attendance:

80%

Revision/Amendments since the last version – Date of

Amendment Details

Ratified & Approved by/Date

Review		
November 2018	Change to accountability, job titles, attendance & template	

Appendix 1 Current Membership List

Rotherham Clinical Commissioning Group (RCCG)

Ian Atkinson, Deputy Chief Operating Officer

Sue Cassin, Chief Nurse

Julie Dale, Senior Strategic Planning Officer

Helen Wyatt, Head of Patient and Public Engagement

Janet Sinclair-Pinder, Senior Care Pathways Manager

Stuart Lakin, Head of Medicines Management

Alex Henderson-Dunk, Head of Intelligence

Jacqui Tuffnell, Head of Commissioning

GP's

Phil Birks, SCE Clinical Referrals Lead

Anand Barmade, SCE TRFT lead

Simon Bradshaw GP

Rotherham Foundation Trust (TRFT)

Jeff Garner, Director of Clinical Services TRFT

John Beeston, Director of Clinical Services and Diagnostics and Support Services, TRFT

Lynn Cocksedge, Head of Contracts and Business Development, TRFT

Daksha Patel, Director of Children's services Family Health, TRFT

NHS ROTHERHAM CCG MEDICINES MANAGEMENT COMMITTEE

TERMS OF REFERENCE

Contact Details:			
Executive Lead:	Wendy Allott	Lead Officer:	Mr Stuart Lakin
Lead Clinician:	Dr Sophie Holden		

Purpose:
<ul style="list-style-type: none"> ▪ To determine the strategic direction for prescribing in NHS Rotherham CCG. ▪ To support and encourage evidence based cost effective medicines management to providers of NHS Rotherham commissioned services. ▪ To improve the quality of prescribing in accordance with the latest evidence base across all providers of NHS Rotherham commissioned services where appropriate. ▪ To support and encourage a co-ordinated approach to prescribing across the Rotherham community. ▪ To report prescribing issues to the NHS Rotherham Clinical Commissioning Group.

Responsibilities:
<ul style="list-style-type: none"> • To support production of prescribing guidelines with reference to NICE and/or other guidelines and the latest evidence base. • To support the interface with RMOG, RDASH Medicine Management Committees and SYB ICS Medicine Management Group, and other Medicine Management Groups when relevant. • To monitor the performance, and advise on payments to practices regarding the prescribing incentive scheme(s). • To review annually all prescribing incentive schemes within the agreed budget allocations and report any suggested changes that require taking forward. • To receive practice appeals concerning prescribing incentive scheme rewards and recommend courses of action. • To discuss changes to the annual prescribing QIPP work programme, and review progress. • To receive reports on the non-PBR drug prescribing and expenditure. • To review IFR's for Non PBR drugs outside of NICE guidance and make recommendations accordingly • To support allocation of practice prescribing budgets and monitor the practices performance. • To monitor the quality of service provision and the financial performance of the devolved areas of prescribing (Nutrition, Continence, Stoma and Wound Care) • To receive reports on performance of the CCG's expenditure against the allocated CCG prescribing budget. • To receive reports on the performance and financial expenditure of Community pharmacy commissioned services. • To receive reports on pharmaceutical rebate schemes • To review information received on pharmaceutical industry activity

Chair: NHS Rotherham CCG GP Lead for Medicines Management
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Vice Chair: Independent GP representative

Composition of group:

- NHS Rotherham CCG Head of Medicines Management
- Deputy Head of Medicines Management
- NHS Rotherham CCG GP Lead for Medicines Management
- NHS Rotherham CCG Prescribing Support Pharmacist
- NHS Rotherham CCG Prescribing Support Technician
- NHS Rotherham CCG Chief nurse representative.
- TRFT medicines management representation
- NHS Rotherham CCG Non-Executive GP Representation
- Consultant in Public Health or nominated deputy (as agenda items arise)

In Attendance:

Open Invitation:

- Executive GP Representation
- Any person belonging to the NHS who may be required to present as part of the agenda
- Any other person with prior agreement of the chair

Deputising:

Deputies are acceptable

Quorum:

Minimum of 3 members to include:

- 1 x GP
- 2 x Medicines Management Team Members, one of which should be the Head of Medicines Management or deputy.

Accountability:

- Issues raised to be escalated to OE who will also receive the minutes
- A monthly Medicines Management report is sent to governing body incorporated into the finance report.

Frequency of meetings:

Bimonthly

Order of business:

Apologies
Quorum Check
Declarations of Interest
For Information
Standing Items
Brief Minutes
Risks Raised
Urgent Issues & Appropriate Escalation
Any Other Business
Next meeting's agenda item
Date of next meeting

Agenda deadlines:

4pm Friday prior to the meeting

Minutes: Brief Minutes

To NHS Rotherham CCG Medicines Management Committee Members
Minutes to be stored on NHS Rotherham CCG Drive
Minutes to be uploaded to NHS Internet and Intranet
Draft minutes taken to OE
Ratified minutes to be shared with the CCG

Administration:

NHS Rotherham CCG Administrative Support to Medicines Management Committee

Attendance:

Members to attend 85% of meetings

Revision/Amendments since the last version – Date of Review	Amendment Details	Ratified & Approved by/Date
12/11/2018	Full document update	

Appendix 1

Membership List

Dr Sophie Holden – NHS Rotherham CCG GP Lead for Medicines Management
Dr Ravi Nalligounder, GP
Stuart Lakin – NHS Rotherham CCG Head of Medicines Management
Govinder Bhogal – NHS Rotherham CCG Deputy Head of Medicines Management
Sue Cassin – Chief Nurse

Other members of the Medicines Management Team

One of:-

Eloise Summerfield – NHS Rotherham CCG Prescribing Support Pharmacist
Lisa Murray – NHS Rotherham CCG Prescribing Support Pharmacist
Raz Saleem – NHS Rotherham CCG Prescribing Support Pharmacist
Lidia Borak - NHS Rotherham CCG Prescribing Support Pharmacist
Tara Freeman – NHS Rotherham CCG Prescribing Support Pharmacist

One of:-

Sally Webster, NHS Rotherham CCG Prescribing Support Technician
Paula Whitehurst, NHS Rotherham CCG Prescribing Support Technician
Laura Fotherby, NHS Rotherham CCG Prescribing Support Technician

INFORMATION GOVERNANCE GROUP

TERMS OF REFERENCE

Contact Details:			
Lead OE/Clinician	Dr Richard Cullen	Lead Officer:	Ian Atkinson
Title:	RCCG IT Lead	Title:	Deputy Chief Officer
Purpose:			
<p>To oversee the broader information governance agenda and ensure that systems are in place to deliver high standards of information governance. It will provide assurance to NHS Rotherham CCG Operational Executive (OE) and the Audit and Quality Committee (AQuA) that Rotherham CCG is compliant with relevant law, external accreditations, mandatory regulation and guidance. Operationally, the group has the responsibility for authorising the non-consented use and disclosure of personal information, and will act as the final arbiter of information governance issues.</p>			
Responsibilities:			
<ul style="list-style-type: none"> • Ensure that the CCG undertakes an annual review of its information governance arrangements and ensure the outcome meets CCG requirements • Approve and monitor progress of the information governance work plan and annual Data Security and Protection Toolkit assessment • Develop an IG Policy and Management Framework and other information governance related policies, and/or maintain the currency of the policies • Recommend relevant policies, guidelines and procedures for approval • Prepare the annual Data Security and Protection Toolkit assessment for sign off by AQuA / Governing Body • Ratify data sharing contracts and agreements with other organisations • Ensure that the organisations approach to information handling and information governance, including seeking consent and respecting service user wishes, is communicated to all staff and made available to the public • Ensure appropriate safe haven procedures are in place • Consider the impact of legislation, regulation and guidance relating to information governance and ensure CCG compliance including GDPR responsibilities to remain compliant with legislation • Update and maintain the CCG's Risk Register in respect of information governance issues/risks and the Information Asset Register • Receive and consider reports from Information Asset Owners and ensure appropriate action is taken • Receive and consider reports into information incidents and risks, including cyber security incidents, and ensure appropriate action is taken for reporting to AQuA • Ensure that training made available by the CCG is taken up by staff as necessary to support their role and monitor uptake of mandatory information governance training • To make recommendations as appropriate to ensure that any review of the CCG's structure or development of new services and processes incorporate a privacy by design approach, specifically the requirement to undertake Data Protection Impact Assessments • Maintain a system of approvals for non-consented use of and disclosure if person identifiable information • Offer support, advice and guidance to the Caldicott Function and Data Protection programme within the CCG 			

<ul style="list-style-type: none"> • Receive and review routine issues under RCCG Caldicott Log. Monitor the CCG's information handling activities and access to confidential patient systems to ensure compliance with law and guidance • Escalate information governance issues to OE and AQuA as appropriate • Compliance with legislation to include GDPR • Be the focal point for cyber security in the organisation, providing advice, reports and recommendations to the relevant CCG committee, Accountable Officer, Governing Body and business continuity as required to include business continuity.
Chair:
Deputy Chief Officer
Composition of Group:
Deputy Chief Officer (SIRO) Chief Nurse (Caldicott Guardian) Head of Informatics (IG Lead) IT Programme Manager and Service Delivery Manager Information Governance Associate (eMBED Health Consortium) Performance and Intelligence Manager Assistant Chief Officer
In Attendance:
Co-opted attendees for specific agenda items as appropriate
Deputising:
All core members to nominate a deputy. The attendance of a deputy to be recorded in the minutes
Quorum:
3 including either the Deputy Chief Officer or Chief Nurse (SIRO/ Caldicott Guardian)
Accountability:
Audit and Quality Assurance Committee (AQuA)
Frequency of meetings:
Monthly with Monthly reports to AQuA
Order of Business:
<p>Customary and standard items will include:</p> <ul style="list-style-type: none"> • To receive and review routine issues under CCG Caldicott Log • Matters for escalation to AQuA • Data Security and Protection Toolkit updates • Learning from any Reported / Known IG/Cyber security incidents • Risks with associated Caldicott / Confidentiality • Information Sharing • Items Requiring IG Group Approval / Sign Off • New systems/projects (Data Protection Impact Assessments) to include business continuity
Minutes:
Circulated to membership and AQuA.
Review date:
December 2019