



# Manchester Health & Care Commissioning

A partnership between  
Manchester City Council  
and NHS Manchester CCG

# **GOVERNANCE HANDBOOK**

# **CONTENTS**

- 1. The Membership**
- 2. Members' Rights**
- 3. The Board and Committee Structure**
- 4. Terms of Reference of Committees**
- 5. Audit Committee Terms of Reference**
- 6. Remuneration Committee Terms of Reference**
- 7. Finance and Contracting Committee Terms of Reference**
- 8. Governance Committee Terms of Reference**
- 9. Health and Care Professional Committee Terms of Reference**
- 10. Strategy Committee Terms of Reference**
- 11. Performance, Quality and Improvement Committee Terms of Reference**
- 12. Patient and Public Advisory Committee Terms of Reference**
- 13. Roles and Responsibilities**
- 14. Scheme of Reservation and Delegation**
- 15. Standing Orders**
- 16. Financial Instructions**
- 17. Governance-related policies and procedures**
- 18. Prime Financial Policies**

**Appendix A: Board and Committee Administration Guide**

**Appendix B: Scheme of Reservation and Delegation**

## **1 The Membership**

- 1.1 The CCG is a membership organisation made up of all practices that provide primary medical services in the area covered by Manchester City Council and NHS Manchester CCG (who together form the partnership, Manchester Health and Care Commissioning, MHCC).
- 1.2 The 89 practices which make up the membership of the CCG and their addresses are listed in the CCG's Constitution.
- 1.3 The CCG's Members are integral to the functioning of MHCC and the CCG. Those exercising delegated functions on behalf of the Membership, including the MHCC Board and the CCG Governing Body, remain accountable to the Membership.
- 1.4 Each practice is required by NHSE and the CCG's Constitution to appoint a Practice Representative (PR) to represent their practice's views and act on behalf of the practice in matters relating to the CCG. They are also required to appoint a Deputy PR to act in the absence of the PR.
- 1.5 Practices must notify the Chief Accountable Officer of the name and contact details of the Practice Representative and Deputy.
- 1.6 The role of the Practice Representative is detailed in the section on Roles and Responsibilities below.

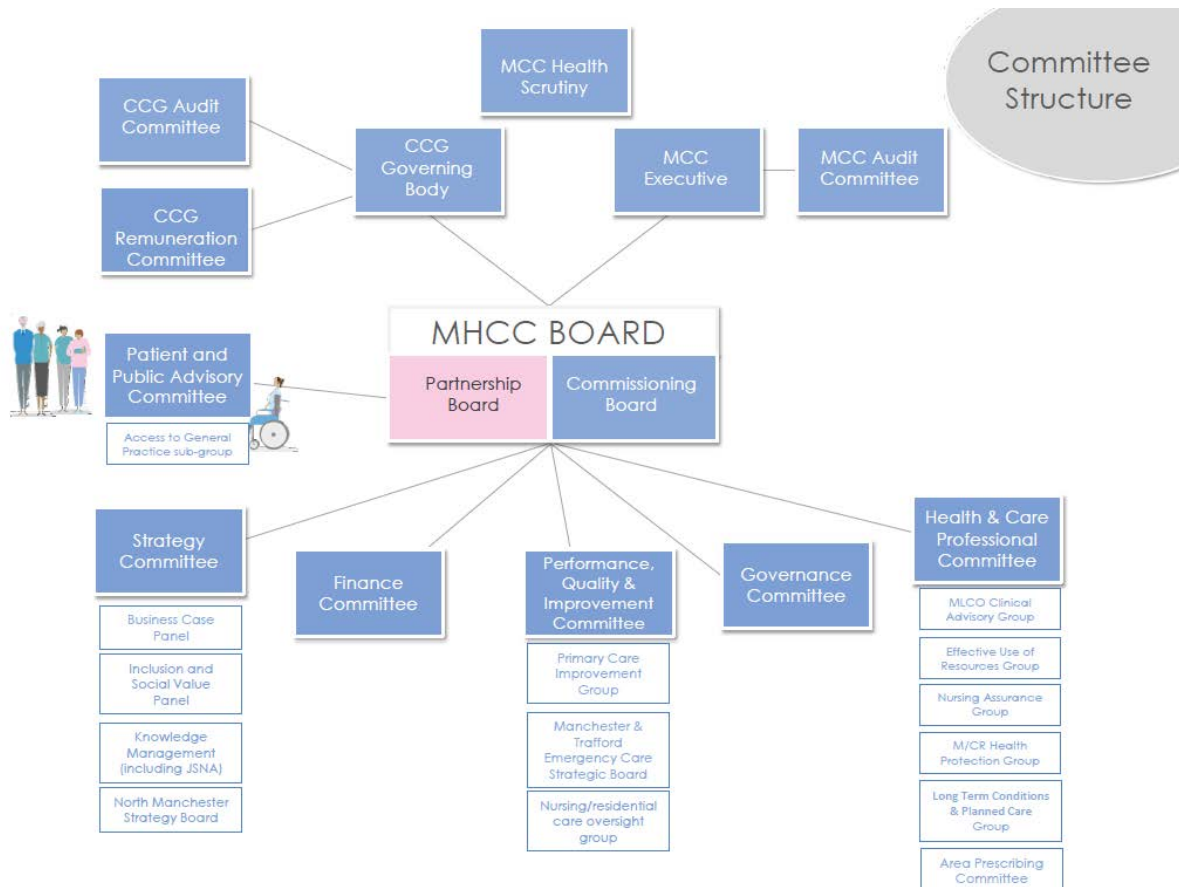
## **2 Members' Rights**

- 2.1 Member practices have a number of rights, roles and responsibilities conferred on them by their membership of MCCG. These, and their associated processes, are detailed in the Standing Orders of the Members, which are attached as an appendix to the Constitution.

## **3 The Board and Committee Structure**

- 3.1 The MHCC Board is responsible for overseeing the full range of commissioning functions, and those which support and enable commissioning activity and the running of MHCC. In order to meet NHS England requirements, the MHCC Board is constituted from two committees of MCCG meeting in common – the Commissioning Board and the Partnership Board.
- 3.2 The aim is to achieve the most minimal (legally possible) reservation of functions to MCCG's Governing Body and Manchester City Council meetings to ensure clarity of decision-making over MHCC in-scope functions. These reservations include the Audit and Remuneration functions, and a responsibility for an overview of the governance structure.

- 3.3 The membership of the MHCC Board operates as a single team including all members of the CCG's Governing Body, senior MCC representatives (Elected members and officers), and MHCC executive team members.
- 3.4 The current Governance Structure (with sub-groups) is shown in the diagram below:



- 3.5 A list of all the Committees and their Terms of Reference are set out in later sections of this handbook.

#### 4 Terms of Reference of Committees

- 4.1 The Standing Orders of the MHCC Board and MCCG Governing Body are included in the Constitution.
- 4.2 CCG Governing Bodies are required by statute to have 2 committees both of which should be chaired by lay members:  
Audit Committee and  
The Remuneration Committee
- 4.3 In addition, MCCG has taken on delegated responsibility for primary care commissioning, exercised on behalf of NHS England by the CCG, and these functions cannot be further delegated.

- 4.4 Because the Audit and Remuneration Committees are mandated, their terms of reference have been included in the MCCG Constitution as an appendix, as well as in this Handbook.
- 4.5 The MHCC Board has the maximum (legally possible) delegation from the MCCG Governing Body and has created the following sub-committees to support it in discharging its responsibilities in overseeing the full range of commissioning functions:
- Finance and Contracting Committee
  - Governance Committee
  - Health and Care Professional
  - Strategy Committee
  - Performance, Quality and Improvement Committee
  - Patient and Public Advisory Committee

## **5 Audit Committee Terms of Reference**

5.1 This committee provides the Governing Body with an independent and objective view of the CCG's governance arrangements including the controls environment, financial systems, financial information and compliance with laws, regulations and directions governing the CCG.

5.2 The Audit Committee's Terms of Reference

### **Manchester Clinical Commissioning Group**

#### **Audit Committee**

#### **Terms of Reference [DRAFT]**

##### **1.0 Introduction**

The Audit Committee forms a key element of the governance structure for NHS Manchester CCG.

The Audit Committee is a committee of the MCCG Governing Body, both of which are established by NHS Manchester CCG to oversee the effectiveness and efficiency of the commissioning of all NHS services and functions in scope of MHCC.

##### **2.0 Name**

The Committee will be known as the Audit Committee.

##### **3.0 Overview**

Manchester CCG has agreed to establish an Audit Committee which will discharge responsibilities in accordance with the CCG constitution.

These terms of reference set out the Committee's membership, its role, responsibilities and reporting arrangements and shall have effect as if incorporated into the Clinical Commissioning Group's constitution and standing orders. Any changes to these terms of reference must be agreed with the Board and supported by the Board.

##### **4.0 Purpose**

The Audit Committee has been established to make decisions and/or make recommendations to the Board on the areas that are defined as its responsibilities and within the delegation allowed for the Committee in the CCG's Scheme of Reservation and Delegation.

The Committee will establish such sub-groups as it deems necessary to support it to discharge its functions. The Committee will inform the Board of the establishment of

such sub-groups and present to the Board the Terms of Reference of the sub-groups, ensuring compliance with the Scheme of Delegation.

The duties of the Audit Committee can be categorised as follows: -

### **Governance, Risk Management and Internal Control**

The Audit Committee shall review the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the organisation's activities (both clinical and non-clinical), that supports the achievement of the organisation's objectives.

In particular, the Audit Committee will review the adequacy of:

- All risk and control related disclosure statements including 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 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 for ensuring compliance with relevant regulatory, legal and code of conduct requirements.
- Review instances where the Group's Standing Orders, Standing Financial Instructions and Scheme of Reservation and Delegation are waived and investigate those that present a risk to the Groups internal control functions.
- The policies and procedures for all work related to counter-fraud and corruption as set out in the Secretary of State Directions and as required by the Counter Fraud and Security Management Service.

In carrying out this work the Audit Committee will primarily utilise the work of Internal Audit, External Audit and other assurance functions, but will not be limited to these functions. It will also seek reports and assurances from elected members, managers and people working on behalf of the group as appropriate, concentrating on the overarching systems of integrated governance, risk management and internal control, together with indicators of their effectiveness.

This will be evidenced through the Audit 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 Audit Committee shall ensure that there is an effective internal audit function appointed by management, which meets mandatory Public Sector Internal Audit Standards and provides appropriate independent assurance to the Audit Committee, Chief Operating Officer and the Governing Body.

This will be achieved by:

- Consideration of the provision of the Internal Audit service, the cost of the audit and any questions of resignation and dismissal.
- Review and approval of the internal audit strategy, operational plan and more detailed programme of work, ensuring that this is consistent with the audit needs of the organisation as identified in the Assurance Framework.
- Consideration of the major findings of internal audit work, management's response and progress in implementing agreed recommendations, 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 and undertake an annual review of the effectiveness of internal audit.

## **Counter Fraud**

The Audit Committee shall ensure that there is effective review of work of the Local Counter Fraud Specialist as set out by the NHS Standard Contract and in line with NHS Counter Fraud Authority published guidelines. This will be achieved by:

- Approving the appointment of the Local Counter Fraud Specialist, either directly or in combination with the appointment of the Internal Audit service.
- Review and approval of the Counter Fraud Policy, Operational Plan and detailed programme of work, ensuring this is considered against the needs of the organisation.
- Ensuring that there is adequate investment in the Counter Fraud function, so that it has appropriate standing within the organisation.
- Conducting an annual review of the effectiveness of Local Counter Fraud work.

## **Whistleblowing**

The Audit Committee shall review the adequacy and security of the organisation's



arrangements for its employees and contractors to raise concerns, in confidence, about possible wrongdoing in financial reporting and other matters. The Audit Committee shall ensure such whistleblowing arrangements allow proportionate investigation of such matters and appropriate follow-up action in accordance with the Whistleblowing Policy.

### **External Audit**

The Audit Committee shall ensure that there is an effective External Audit provider appointed by the CCG in line with the Local Audit Accountability Act

The Audit Committee shall review the work and findings of the External Auditor and consider the implications and management's responses to their work. This will be achieved by:

- Consideration of the appointment and performance of the External Auditor
- Discussion and agreement with the External Auditor, before the audit commences, of the nature and scope of the audit as set out in the Annual Plan, and ensure coordination, as appropriate, with other External Auditors in the local health economy.
- Discussion with the External Auditors of their local evaluation of audit risks and assessment of the CCG and associated impact on the audit fee.
- Review all External Audit reports, including agreement of the annual audit letter before submission to the Board and reports to those charged with governance, as well as any work carried outside the annual audit plan, and to consider the appropriateness of associated management responses.

### **Other Assurance Functions**

The Audit Committee shall review the findings of other significant assurance functions, both internal and external to the organisation, and consider the implications to the governance of the organisation.

These will include, but will not be limited to, any reviews by Department of Health or its agencies, regulatory or inspectorate organisations (e.g. the Care Quality Commission, NHS Resolution, etc.) and professional bodies with responsibility for the performance of staff or functions (e.g. Royal Colleges, accreditation bodies, etc.).

In addition, the Audit Committee will consider the work of other Committees within the organisation(s), whose work can provide relevant assurance to the Audit Committee's own scope of work. This will include groups or Committees that look at quality, governance and risks that are established within the organisation(s).

In reviewing the work of any Clinical Governance Committee, and issues around

clinical risk management, the Audit Committee will wish to satisfy themselves on the assurance that can be gained from the clinical audit function.

### **Management**

The Audit Committee shall request and review reports and assurances from elected members, managers and people working on behalf of the group on the overall arrangements for governance, risk management and internal control.

They may also request specific reports from individual functions within the organisation(s) (e.g. clinical audit) as they may be appropriate to the overall arrangements.

### **Financial Reporting**

The Audit Committee shall review the Annual Report and Financial Statements

Focusing particularly on:

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

The Audit Committee should also ensure that the systems for financial reporting to the Board and Governing Body, including those of budgetary control, are subject to review as to completeness and accuracy of the information provided to the Board and Governing Body.

### **Reporting Responsibilities**

- a) The Committee will have the following reporting responsibilities:
  - i) To ensure that the minutes of its meetings are formally recorded and submitted to the Governing Body.
  - ii) To ensure that conflicts of interest are managed in accordance with the group's policies and procedures.
  - iii) To bring to the attention of the Board in a separate report, any items of specific concern which require the Governing Body's approval to act.
  - iv) To provide exception reports to the Governing Body, highlighting any key developments / achievements or potential risks / issues.
  - v) To present an annual work plan for the Committee and an annual

report of progress against this to the Governing Body.

- vi) The CFO will propose the SFI's and these will be reviewed and approved by the Audit Committee.

### **Accountability**

The Committee through the Lay member for Finance and Audit as a designated Chair is accountable to the Governing Body and any changes to these terms of reference must be approved by the Governing Body

### **Agenda Items**

The agenda shall be approved by the Chair of the Audit Committee and shall have standard items to be determined by the Audit Committee.

### **Links with Other Groups and Committees**

The Audit Committee shall work closely with all integrated governance, clinical governance and risk management Committees that may be established.

### **Authority**

The Audit Committee is authorised by the CCG Governing Body to investigate any activity within its terms of reference and produce an annual work programme to discharge its responsibilities. It is authorised to seek any information it requires from any employee of the CCG and its member practices and all employees are directed to co-operate with any request made by the Audit Committee. The Audit Committee is authorised by CCG Governing Body to obtain external legal or other independent professional advice and to secure the attendance of external advisors with relevant experience and expertise if it considers this necessary.

The Audit Committee will take responsibility for ensuring compliance with the principles of good governance and the Group's constitution when undertaking its terms of reference.

It may establish and approve the terms of reference of such sub-reporting groups, or task and finish groups as it believes are necessary to fulfil its terms of reference.

### **Administrative Support**

The Audit Committee shall be supported administratively by the Personal Assistant to the Chief Finance Officer, whose duties in this respect will include:

- Agreement of agenda with the Audit Committee Chair and collation and timely circulation of papers.
- Taking the minutes.
- Keeping a record of matters arising and a log of actions and issues to be

carried forward.

- Advising the Audit Committee on pertinent areas.

## **5.0 Responsibilities**

The Committee will:

- Deliver any activity within its terms of reference and produce an annual work programme to discharge its responsibilities;

## **6.0 Lead Officer**

The Lay Member with responsibility for Finance and Audit will chair the Audit Committee.

## **7.0 Membership**

The Committee will consist of the following voting members:

- Lay Member for Finance and Audit (Chair)
- Lay Member for Governance (Deputy Chair)
- Lay Member for Patient and Public Involvement
- Secondary Care Doctor
- Board Nurse

The following will be expected to attend as non-voting members:

- The Group's Chief Finance Officer
- Head of Internal Audit
- The representative of the group's external audit service
- The local counter fraud specialist
- The secretary to the Committee

The Committee may also extend invitations to other personnel with relevant skills, experience or expertise as necessary to enable it to deal with matters before the Committee. The Accountable Officer would normally be invited to attend the Committee to discuss the process for assurance that supports the annual governance statement and to discuss the annual accounts.

At least once a year, the Audit Committee should meet privately with the External and Internal Auditors.

The Personal Assistant to the Chief Finance Officer, or whoever covers these duties, shall be Secretary to the Audit Committee and shall attend to take minutes of the meeting and provide appropriate support to the Chair and Committee members.

## **8.0 Quoracy**

The quorum will be as follows:

Either the Lay Member for Finance and Audit or Lay Member for Governance, and 2 other members.

## **9.0 Voting**

A decision will be carried by a simple majority of votes.

## **10.0 Frequency of Meetings**

The Committee will meet a minimum of four times per year. The External Auditor or Head of Internal Audit may request a meeting if they consider that one is necessary.

## **11.0 Attendance at Meetings**

Members are expected to attend 100% of meetings or, if this is not achievable, provide their apologies to the Chair in advance of the meeting.

Failure to attend for three consecutive meetings with or without providing an apology will lead to a discussion between the Chair and the absent Member and actions agreed to improve attendance or enrol a replacement.

Failure to attend two-thirds of meetings in a rolling year, with or without apologies, will lead to a discussion between the Chair and the absent Member and actions agreed to improve attendance or enrol a replacement.

## **12.0 Reporting**

The Audit Committee's minutes will be formally recorded and they, or a summary note of business undertaken at the Committee, will be submitted to the MHCC Board or MCCG Governing Body as appropriate.

Any sub-groups of the Audit Committee will report on its activities and decisions to its parent Committee at the next parent Committee meeting.

## **13.0 Conflicts of Interest**

Members are required to adhere to the Conflicts of Interest Policy. The Committee will ensure that CCG and NHS England requirements and statutory guidance on management of conflicts of interest is adhered to. In particular, the Committee will

- Maintain appropriate registers of interests and a register of decisions;
- Publish, or make arrangements for the public to access, those registers;
- Make arrangements requiring the prompt declaration of interests by the persons specified (members and employees) and ensure that these interests are entered into the relevant register;
- Make arrangements for managing conflicts and potential conflicts of interest (e.g. developing appropriate policies and procedures); and

- Have regard to guidance published by NHS England in relation to conflicts of interest.

#### **14.0 Code of Conduct**

The Committee will conduct its business in accordance with the Code of Conduct and good governance practice in the Constitution.

#### **15.0 Risk Management**

The Committee will adhere to the Risk Management Framework, review those risks on the risk register which have been assigned to it and ensure that appropriate mitigating actions are in place to manage risks. The Chair and Lead Officer are responsible for risk management on behalf of the Committee.

The Committee is required to give assurance to the Board that robust governance and management processes are in place to manage risk.

#### **16.0 Recording of Meetings**

MHCC and the CCG are committed to being open and transparent in the way they conduct decision making. Recording of discussions is permitted and expected at many meetings, some of which are either open to the public, or with members of the public.

Generally minutes of meetings are taken and then typed up for ratification as a 'true and accurate record' of discussions. Where audio recordings are made, to aid the minutes or notes of the meetings, then whether or not the typed up version is 'word for word', or a 'précis', will depend on the audience and its agreed expectations.

For further details and examples of when exemptions may apply, refer to 'Procedure for Audio Recording Meetings'.

#### **17.0 Amendments to the Terms of Reference**

The Lead Officer will consult the Head of Corporate Governance on any proposals to amend their ToR, to ensure compliance with the Scheme of Delegation and avoid duplication of purpose, responsibility or accountability. Amendments to the ToR will be presented to the Committee, considered and approved by the Committee.

The agreed amendments will then be reported to the Board and the ToR, as amended, published appropriately.

#### **18.0 Date of Review**

The terms of reference of the Audit Committee shall be reviewed by the individual CCG Board's at least annually.

## **6 Remuneration Committee Terms of Reference**

- 6.1 This committee makes recommendations to the Governing Body on determinations about the remuneration, fees and other allowances for employees and for people who provide services to the CCG and on determinations about allowances under any pension scheme that the CCG may establish as an alternative to the NHS pension scheme..
- 6.2 The Remuneration Committee's Terms of Reference

### **Manchester Clinical Commissioning Group**

#### **Audit Committee**

#### **Terms of Reference [DRAFT]**

##### **1.0 Introduction**

In line with current statute, Remuneration Committee is required to be a committee of MCCG Governing Body.

The Remuneration Committee also forms a key element of the governance structure for Manchester Health and Care Commissioning (MHCC) – the partnership between NHS Manchester Clinical Commissioning Group (CCG) and Manchester City Council (MCC) which leads the commissioning of health, social care and public health services in the city of Manchester.

This Committee is accountable to the Governing Body and makes recommendations to the Governing Body about the remuneration, fees and other allowances (including pension schemes) for senior employees and other individuals who provide services to the CCG.

The Remuneration Committee will be chaired by a lay member other than the audit chair and only Non-Executive members of the Governing Body may be members of the Remuneration Committee.

##### **2.0 Name**

The Committee will be known as the Remuneration Committee.

##### **3.0 Overview**

The Committee has those executive powers delegated to it by the Board within the CCG's Scheme of Reservation and Delegation and in these terms of reference, which will be reviewed on an annual basis.

##### **4.0 Purpose**

The Remuneration Committee has been established to:

- Make recommendations to the CCG's Governing Body in relation to remuneration, fees and other allowances for employees and for other people working on behalf of the CCG's who are not employed on AFC terms and conditions. This includes clinical leads / and or others on contracts for services. This will usually be in line with the national AFC pay award and / or benchmarking / market rates;
- Make recommendations to the CCG's Governing Body in relation to the determination of the remuneration, fees and other allowances for Governing Body members of the Remuneration Committee working on behalf of the CCG's Governing Body but who are not employed on AFC terms and conditions. These recommendations could be in line with any annual pay award / pay inflation or specific national guidance;
- Make recommendations to the CCG's Governing Body on the allowance under any pension scheme that the group may establish as an alternative to the NHS pension scheme.

The Committee will make decisions and/or make recommendations to the Board on the areas that are defined as its responsibilities and within the delegation allowed for the Committee in the CCG's Scheme of Reservation and Delegation.

The Committee has no sub groups.

## **5.0 Responsibilities**

The Committee will:

- Make recommendations to the Governing Body and Board in relation to the remuneration, fees and other allowances for Executive Senior Managers working on behalf of the CCG who are not employed on AFC terms and conditions. This may also include those working within hosted organisations. All recommendations to be presented to the Governing Body who will consider the recommendations and agree a final decision. This includes the salary arrangements for the Chief Accountable Officer
- Make recommendations to the Governing Body and Board in relation to the determination of the number of sessions, remuneration, fees and other allowances for members of the Remuneration Committee; Governing Body will consider the recommendations and agree a final decision
- Make recommendations to the Governing Body and Board in relation to the number of sessions, remuneration, fees and other allowances for elected members (Clinical Chair and GP Board members.) Governing



Body will consider the recommendations and agree a final decision

- Make recommendations to the Governing Body and Board in relation to the remuneration, fees and other allowances for Clinical Leads and / or others on contracts for services. Governing Body will consider the recommendations and agree a final decision
- Undertake assurance about the performance of the Chief Accountable Officer and other Executive Senior Managers as a result of robust objectives being set and met and an appraisal system having been implemented; this assurance will inform any annual salary awards and or recommendations where applicable
- Make recommendations to the Governing Body on severance payments relating to Governing Body members' posts seeking HM Treasury approval as appropriate in accordance with the guidance "Managing Public Money";
- Make recommendations to the Governing Body on allowances under any pension scheme that the group might establish as an alternative to the NHS pension scheme; and, where the group has discretion recommend other benefits which may form part of a total reward system
- Make recommendations to the Governing Body on relocation allowances above the CCG's policy limit;
- Provide a statement to be included in the CCG's annual report on:
  - The disclosure of any remunerated posts undertaken by a Governing Body member;
  - The composition of the Remuneration Committee which includes the names of the Chair and members of the Remuneration Committee;
  - The number of meetings and an individual's attendance at each meeting;
  - The name of any person (including external advisers) who provided advice or services to the Remuneration Committee that material assisted the Committee in their consideration of any matter. Where an external; person or adviser has provided advice or services a description of any other services that person was appointed by the Committee must be stated.
- The Committee will annually review its own performance and terms of reference to ensure it is operating at maximum effectiveness and recommend any changes it considers necessary to the Governing Body;
- The Committee will consider arrangements for termination of employment

and other contractual terms (decisions requiring dismissal shall be referred to the Governing Body);

- Make recommendations to the Governing Body on the terms and conditions, remuneration and travelling or other allowances for clinical leads, including pensions and gratuities;
- Undertake any other duties as directed by the CCG's Governing Body; and
- Make recommendations to the Governing Body on all aspects of remuneration relating to member practices and / or their representatives (including aspects such as clinical lead roles and member schemes).

## **6.0 Lead Officer**

The lead officer for the Committee is the Director of Workforce and Organisational Development.

## **7.0 Membership**

The Committee shall consist of the following voting members:

- Lay Member for Governance (Chair)
- Lay Member for Audit and Finance
- Lay Member for Patient and Public Involvement
- Secondary Care Doctor
- Board Nurse

The following may be expected to attend as non-voting members:

- Accountable Officer
- Chief Finance Officer
- Director of Workforce and OD
- Strategic Human Resources Business Partner
- Associate Chief Finance Officer

Additional members, providing they are eligible members as described in paragraph 1, may be co-opted onto the Committee at the discretion of the Committee or its Chair. Representatives may be asked to attend the meeting for ad- hoc requirements.

There is no provision for deputies to represent voting members at the meetings of the Committee.

In the absence of the Chair, the Committee will nominate another member of the Committee who will deputise.

## **8.0 Quoracy**

The quorum will be 3 members including the Chair or Deputy Chair

## **9.0 Voting**

A decision will be carried by a simple majority of votes.

## **10.0 Frequency of Meetings**

The Committee will meet a minimum of 2 times per year. Additional meetings may be called at the discretion of the Chair if appropriate.

## **11.0 Attendance at Meetings**

Members are expected to attend 100% of meetings or, if this is not achievable, provide their apologies to the Chair in advance of the meeting. Nominated deputies are not acceptable.

Failure to attend for three consecutive meetings with or without providing an apology will lead to a discussion between the Chair and the absent Member and actions agreed to improve attendance or enrol a replacement.

Failure to attend two-thirds of meetings in a rolling year, with or without apologies, will lead to a discussion between the Chair and the absent Member and actions agreed to improve attendance or enrol a replacement.

## **12.0 Reporting**

The Remuneration Committee's minutes will be formally recorded and they, or a summary note of business undertaken at the Committee, will be submitted to the MHCC Board or MCCG Governing Body as appropriate.

There are no sub-groups.

## **13.0 Conflicts of Interest**

Members are required to adhere to the Conflicts of Interest Policy. The Committee will ensure that CCG and NHS England requirements and statutory guidance on management of conflicts of interest is adhered to. In particular, the Committee will

- Maintain appropriate registers of interests and a register of decisions;
- Publish, or make arrangements for the public to access, those registers;
- Make arrangements requiring the prompt declaration of interests by the persons specified (members and employees) and ensure that these interests are entered into the relevant register;
- Make arrangements for managing conflicts and potential conflicts of interest (e.g. developing appropriate policies and procedures); and
- Have regard to guidance published by NHS England in relation to conflicts of

interest.

#### **14.0 Code of Conduct**

The Committee will conduct its business in accordance with the Code of Conduct and good governance practice in the Constitution.

#### **15.0 Risk Management**

The Committee will adhere to the Risk Management Framework, review those risks on the risk register which have been assigned to it and ensure that appropriate mitigating actions are in place to manage risks. The Chair and Lead Officer are responsible for risk management on behalf of the Committee.

The Committee is required to give assurance to the Board that robust governance and management processes are in place to manage risk.

#### **16.0 Recording of Meetings**

MHCC and the CCG are committed to being open and transparent in the way they conduct decision making. Recording of discussions is permitted and expected at many meetings, some of which are either open to the public, or with members of the public.

Generally minutes of meetings are taken and then typed up for ratification as a 'true and accurate record' of discussions. Where audio recordings are made, to aid the minutes or notes of the meetings, then whether or not the typed up version is 'word for word', or a 'précis', will depend on the audience and its agreed expectations.

For further details and examples of when exemptions may apply, refer to 'Procedure for Audio Recording Meetings'.

#### **17.0 Amendments to the Terms of Reference**

The Lead Officer will consult the Head of Corporate Governance on any proposals to amend their ToR, to ensure compliance with the Scheme of Delegation and avoid duplication of purpose, responsibility or accountability. Amendments to the ToR will be presented to the Committee, considered and approved by the Committee.

The agreed amendments will then be reported to the Board and the ToR, as amended, published appropriately.

#### **18.0 Date of Review**

The Terms of Reference will be reviewed on an annual basis to ensure that the Committee is achieving its functions effectively.

## **7 Finance Committee Terms of Reference**

7.1 This committee ensures that all issues relating to finance, contracting information and performance relevant to the organisation are discussed and key actions and recommendations reported to the Board.

7.2 The Finance Committee's Terms of Reference

### **Manchester Health and Care Commissioning**

#### **Finance Committee**

#### **Terms of Reference [DRAFT]**

##### **1.0 Introduction**

The Finance Committee forms a key element of the governance structure for Manchester Health and Care Commissioning (MHCC) – the partnership between NHS Manchester Clinical Commissioning Group (CCG) and Manchester City Council (MCC) which leads the commissioning of health, social care and public health services in the city of Manchester.

The Finance Committee is a sub-committee of the MHCC Board, the Committee established by NHS Manchester CCG to oversee the commissioning of all services and functions in scope of MHCC.

##### **2.0 Name**

The Committee will be known as the Finance Committee.

##### **3.0 Overview**

The Committee has those executive powers delegated to it by the Board within the CCG's Scheme of Reservation and Delegation and in these terms of reference, which will be reviewed on an annual basis.

##### **4.0 Purpose**

The Committee will make decisions and/or make recommendations to the Board on the areas that are defined as its responsibilities and within the delegation allowed for the Committee in the CCG's Scheme of Reservation and Delegation.

The Committee will establish such sub-groups as it deems necessary to support it to discharge its functions. The Committee will inform the Board of the establishment of such sub-groups and present to the Board the Terms of Reference of the sub-groups, ensuring compliance with the Scheme of Delegation.

The Committee has the following sub groups:

- Business Case Panel

Exercise oversight of overall financial performance, alongside considering risks in delivering organisational goals and objectives, provide required assurances to MHCC, and promote the highest standards of accountability and transparency. This means that the Finance Committee will consider financial related risk management issues, alongside any overall financial aspects. The Finance Committee requires to be kept abreast of any financial implications through the effective reporting through the respective MHCC Governance structures.

Appendix 1 outlines the Committee's key areas of responsibility including:

Provide oversight of agreed pool budget arrangements

Provide assurance that the MHCC's are operating within Standing Orders, Standing Financial Instructions, Scheme of Reservation and Delegation, Statutory and Regulatory duties, NHS Codes of Conduct and local policies.

Responsible for the annual recommendation of the strategic financial plan to MHCC and annual budget setting at MHCC and practice level. This will include primary care, Adult Social Care and Public Health budgets.

Provide scrutiny of financial reports and assurance to the MHCC Board of financial probity.

Review the timely and regular information flows with regards to the range of contracts, performance and financial matters relevant to MHCC providing financial assurance to the Board.

Monitor the delivery and outcome of MHCC contracts and procurement of health and social care services, ensuring that performance meets the MHCC Strategic Commissioning Plan and the NHS Greater Manchester's statutory and regulatory duties.

Ensure that MHCC fulfil their contracting role as co-ordinating commissioner(s).

Monitor and fulfil its obligations within the commissioning and contracting cycle, with the support of relevant commissioning support services.

Monitor the identification and delivery of QIPP plans and ensure these are integrated into the strategic financial plan.

Monitor investments ensuring there is a process for approval and prioritisation of investment areas; that the business documents to support such schemes are of sufficient quality for the size and complexity of the scheme to enable the Board to make sound decisions and that these are then procured / contracted for, delivering value for money.

## **5.0 Responsibilities**

Matters delegated to the Committee in the CCG's Scheme of Reservation and Delegation:

- Approval and oversight of the arrangements and activities for discharging the group's statutory duties associated with its commissioning functions including:
- the need to act effectively, efficiently, and economically
- Approval of the arrangements for discharging the CCG's statutory financial duties.
- Approve detailed financial policies.
- Approve arrangements for managing exceptional funding requests.
- Develop, and monitor adherence to, financial scheme of delegation that sets out who has responsibility for financial decisions within the CCG.
- Approving decisions that individual members or employees of the CCG participating in joint arrangements on behalf of the CCG can make

The Committee will:

- Deliver any activity within its terms of reference and produce an annual work programme to discharge its responsibilities;

### **General**

5.1 The Committee will act on behalf the MHCC Board within the approved Standing Orders and Scheme of Delegation. This means that no decisions or actions will be made outside the parameters set by these governing documents.

5.2 The Committee will provide appropriate technical advice and support to the MHCC Board to ensure that decisions reserved for the Board may be taken appropriately and supported by a sound evidence base.

5.3 The Committee will consider and scrutinise the scope and content of reports and papers received with a view to making appropriate, relevant and timely recommendations to the MHCC Board, in line with the Scheme of Delegation.

5.4 Approval limit as per the scheme of delegation is to the value of £500,000.

5.5 The Committee will prepare an annual work plan to guide the standing agenda items and issues to be considered for the forthcoming cycle. This plan will be submitted to the MHCC Board as part of the Committee's overall responsibilities.

5.6 The Committee will provide the following reports to the MHCC Board:

A monthly written summary of its work (including minutes of meetings and matters arising).

A verbal report at the Board meeting to describe the focus of the previous meeting, key issues for the Board's attention; the actions being taken to rectify deviations from

plan; and other ad-hoc reporting matters, as necessary.

An annual report confirming that the Committee has reviewed its terms of reference including appropriateness, suitability and membership for the coming year.

The Committee will fulfil its reporting obligations primarily through the Chair.

5.7 Establish the necessary sub-groups to progress the duties of the Committee.

### **Pool Budget Arrangements**

The Committee will have oversight of the pool budget arrangements and ensure that finance arrangements comply with formal s75 agreement requirements.

The Committee will recommend to the Board and both the MCC Executive Committee and the CCG governing bodies changes to s75 arrangements including additions and reduction to the budgets in scope.

For governance purposes, for each element of the Section 75 Agreement, a monthly finance and performance report will be provided to the Finance Committee.

This will highlight any significant variances and risks, allowing the Finance Committee to maintain financial control/ oversight of the constituent parts of the Section 75 Agreement.

The creation of a pooled budget does not equate to a delegation of statutory responsibilities. Statutory responsibilities remain with the CCG Governing Body and Local Authority Cabinet/Executive.

Arrangements specified in the Section 75 Agreement will ensure that the monitoring and reporting on the pooled fund fully comply with the relevant code of governance and financial reporting requirements of each organisation.

Financial monitoring arrangements will be in place to ensure that auditing requirements are met, as well as disclosure in the financial statements.

### **MHCC Budgets**

5.8 Participate in constructive discussion about the MHCC three year and annual financial plan, ensuring that assumptions, risks and principles are understood and have been tested.

5.9 Consider the extent to which commissioning intentions, running cost constraints, Board and staff costs, support services and other overheads have been factored into local budget and resourcing priorities.

5.10 Seek assurances from relevant senior leads that providers' activity plans are soundly based; reflect demand projections; and incorporate extant PbR Guidance



and Operating Framework requirements.

5.11 Provide assurance to the MHCC Board that the annual budget has been prepared in line with agreed budgeting and risk management policies.

5.12 Annually review the budget setting process, ensuring that key 'lessons learned' and built into 'business as usual' processes for the following cycle.

5.13 Recommend the annual budgets and external financial plan submissions for approval to the Board.

### **Practice Budgets**

5.14 In relation to Practice Budgets the Committee will:

Review annually the budget setting methodology and the pace of change to fair shares.

Make recommendations to the Board on the annual budgets to practices.

Monitor the criteria and application of contingency support to individual practices.

### **Provider Contracted Services**

5.15 Consider annual performance reports, monitoring the level of achievement against the set criteria and associated practice level payments. This will include debate about the extent and quality of evidence in support of payments recommended for payment.

5.16 Receive proposals for future Provider Contracted Services and payment amounts from senior MHCC commissioning leads, and make recommendations to the Board.

5.17 The schemes will be considered in terms of:

Risk of duplication with other schemes (e.g. QOF)

Sufficiency of correlation with MHCC priorities (e.g. QIPP) and incorporation of stretch targets / requirements.

Conflicts of Interest policies.

### **Financial Monitoring and Reporting**

5.18 Review monthly finance reports in line with the scope set out in Appendix 2.

5.19 Discuss key financial risks and ensure corrective plans are employed to mitigate said risks.

5.20 Provide assurance to the Board that key variances and risks have been

identified and are being dealt with by the relevant senior MHCC leads.

5.21 Receive summaries of key external reporting requirements and submissions, relevant to the scope of the Committee.

5.22 Consider the MHCC draft statutory financial statements and annual report before presentation to the Audit Committee.

### **QIPP**

5.23 Ensure that appropriate QIPP plans are developed, implemented, and there is a robust monitoring process in place. QIPP principles are embedded into the MHCC culture that delivers the continual generation of schemes to support long term commissioning strategy and financial sustainability.

5.24 Lead the review of the QIPP process on behalf of MHCC. This will include consideration of QIPP targets at MHCC and practice level.

5.25 Request submission of annual QIPP plans from senior MHCC leads across a range of conditions and care categories, including:

- Urgent Care, including winter resilience.
- Prescribing and medicines management.
- Elective Care, including referral management.
- Children's Services and Young People.
- Commissioning of programme budget areas (e.g. all long term conditions including CVD, Respiratory Disease, mental health, and dementia).
- Collaborative commissioning.
- Ensure a focus on both quantitative and qualitative QIPP schemes.

5.26 Receive monthly reports in line with the scope set out in Appendix 2.

5.27 Report progress against QIPP plans and targets to the Board on a monthly basis, highlighting areas of risk and recommended actions.

### **Risk Share Agreement**

5.28 Monitor and report on any risk share arrangements the organisation is party to.

### **Commissioning and Contracting Planning**

5.29 Receive an outline work plan for the MHCC areas of responsibilities for the forthcoming year. This will identify the resources required to undertake key tasks and the sources of support to fulfil required duties.

5.30 Review and scrutinise the MHCC long term costed activity plan, ensuring that this reflects commissioning initiatives, targets and commissioning intentions.

5.31 Ensure that contracting plans are consistent with the MHCC strategic, activity and financial plans and reflect practice based commissioning plans.

5.32 Receive a summary of legal obligations, commitments and duration (e.g. contract database management information).

5.33 Require assurances that the commissioning plan has been reflected in the three year and annual plan.

5.34 Receive reports upon the key financial and performance matters including but not exclusive to the following services:

- Urgent care, including winter resilience
- Prescribing management
- Elective Care
- Children's Services and Young People
- Commissioning of programme budget areas (e.g. all long terms conditions including CVD, Respiratory Disease, mental health, and dementia)
- Collaborative and joint commissioning
- Adult Social Care
- Public Health

5.35 Request a work plan from the Contracting team regarding the scope of work to be completed in the year (e.g. contracts to be renegotiated, planned procurements).

5.36 Monitor the delivery of outputs of the Contracting team and highlight any risks or issues and proposed remedial action.

5.37 Monitor the delivery of contracts in year providing assurances that value for money has been achieved. Requesting benchmarking reports and independent performance reports.

5.38 Gain assurance that the production of contract documentation, is in line with national and local guidelines where available.

5.39 Ensure that MHCC upholds the financial performance and contracting requirements set out in the NHS Constitution and Choice policies, including Any Qualified Provider – AQP)

### **Contract Monitoring**

5.40 Review contract monitoring processes to gain assurance that they provide sufficient intelligence on cost, volume and quality in good time to drive excellent provider performance throughout the contract period.

5.41 Review monthly provider contract monitoring reports detailing (but not limited to) the following items:

- Activity variances, highlighting significant areas of over and under performance.
- Financial impact of any under / over performance.
- Impact of any contract deductions, validation work and flex and freeze / reconciliation processes.
- Invoicing and cash-flow issues.
- Provider specific quality and performance matters and associated financial penalties.

5.42 Make recommendations to the Board surrounding the actions to be taken in relation to variations in providers' performance against plan (e.g. contractual penalties, performance standards, activity flows).

### **Contract Negotiation**

5.43 Have oversight of the annual contracting process, ensuring that MHCC prioritised, evidence based and QIPP related commissioning intentions are reflected in appropriate provider communications and within relevant contractual notice periods.

5.44 Consider the MHCC negotiation strategy in support of the implementation of its commissioning intentions and make recommendations to the Board about the intended contracting approach and key risks.

5.45 Request the MHCC lead officers to work with relevant partners to optimise resources and capacity, as appropriate, to ensure requirements can be achieved.

### **Procurement**

5.46 Advise on the procurement route for commissioning intentions, in line with the Contracting and Procurement Strategies.

5.47 Ensure the tendering and contracting processes are conducted in accordance with MHCC Standing Orders, Standing Financial Instructions and relevant statutory and regulatory duties.

5.48 Advise the MHCC Board on procurement matters.

### **Contract Reporting**

5.49 Receive reports upon the progress of contracting plans, provider performance and contractual requirements and ensuring recommendations are ratified / modified, as and when necessary. Also ensuring appropriate updates are provided to the MHCC Board.

### **Information**

5.50 In respect of data and information flows, the Committee will:

Promote a “quality culture” for the production of all information flows (i.e. a ‘right first time’ approach).

Ensure standardised reports are delivered in line with agreed deadlines.

Maintain consistency in approach in the standard and format of information processed and reported to the Committee.

Ensure the timely provision of data and information for contract, performance and financial monitoring and planning purposes in accordance with agreed reporting timetables.

Develop a good understanding of data and any limitations for reporting purposes and the impact this may have on decision making.

Respond to any emerging local and national reporting requirements, ensuring that the MHCC has systems in place to establish new data flows and reports, as necessary.

Hold external providers and teams to account for the quality of information provided to MHCC on its behalf. This will be achieved through design approval, review and monitoring of relevant Service Level Agreements and resultant data flows.

Report any significant data and information issues to the MHCC Board on a timely basis.

### **Financial Risk Management**

5.51 Assume responsibility for overseeing effective financial risk management through the review and critical appraisal of identified risks at each meeting, and reporting to the MHCC Board on all such risks and the effectiveness of their means of control.

### **Conflict of Interests**

5.52 Ensure that members are aware of what may constitute a conflict of interest, that conflicts of interest are formally disclosed, and subsequently managed in adherence with the MHCC Conflict of Interest Policy and the Nolan Principles for Standards in Public Life.

5.53 Formally record within the relevant minutes the mechanisms for making members aware of what may constitute a conflict of interest, the disclosure of conflicts of interest and the actions taken in the management thereof. Any failures to disclose, or other breaches of policy, shall be reported to the Commissioning Board in the first instance.

## **Investment**

5.54 Ensure there is a process for approval and prioritisation of investment areas; that the business documents to support such schemes are of sufficient quality for the size and complexity of the scheme to enable the Board to make sound decisions and that these are then procured / contracted for, delivering value for money.

5.55 Have oversight of investment from the GM transformation fund.

## **Horizon Scanning and Planning**

5.56 The Committee will:

- Ensure appropriate levels of strategic planning and horizon scanning across MHCC senior officers, as considered relevant to the scope of the Committee, and require that such developments be reported to the Committee for consideration.
- Discuss the impact of emerging/ new policies (such as Payment by Results Guidance, Operating Framework, NCB financial planning documents) insofar as these relate to responsibilities of MHCC and the Committee; and ensure these are implemented appropriately.
- Ensure that MHCC can plan to respond to NHS developments and any required changes (e.g. to financial plans, information flows and reporting systems).
- Prepare a 'forward plan' of work and issues that need to be considered and plan to address these within anticipated deadline.
- Report significant issues to the Board / wider organisations, as necessary.

## **6.0 Lead Officer**

The lead officer for the Committee is the Chief Finance Officer with support from the Associate Chief Finance Officer.

## **7.0 Membership**

The Committee will consist of the following voting members:

1. Lay Member for Finance and Audit (Chair)
2. Executive Member for Adult & Social Care
3. Lay Member for Governance (Deputy Chair)
4. Chief Finance Officer
5. Chief Accountable Officer
6. Director of Adult Social Care Commissioning
7. Treasurer - Manchester City Council

8. Primary Care General Practitioner (GP)
9. Head of Strategy & Planning
10. Representative (s) nominated by Manchester City Council

The nominated deputies will attend for voting members not in attendance:

The following will be expected to attend as non-voting members:

- Head of Finance – Financial Management MHCC
- Deputy Treasurer Manchester City Council

Additional members may be co-opted onto the Committee at the discretion of the Committee or its Chair. Representatives may be asked to attend the meeting for ad-hoc requirements.

### **8.0 Quoracy**

The quorum will be:

- A minimum of one lay member who will either be the Chair or the Deputy Chair;
- The Chief Finance Officer – or nominated deputy;
- Treasurer Manchester City Council or nominated deputy;
- A minimum of two representatives, one of whom will be the Chief Accountable Officer or nominated deputy.

### **9.0 Voting**

A decision will be carried by a simple majority of votes.

### **10.0 Frequency of Meetings**

The Committee will meet on a monthly basis.

Additional meetings may be called at the discretion of the Chair if appropriate.

From time to time to expedite matters the Committee may be required to be set up through a teleconference for the approval of decisions. At least three days' notice will be provided or if acceptable Committee members may wish to give their approval through email.

### **11.0 Attendance at Meetings**

Members are expected to attend 100% of meetings or, if this is not achievable, provide their apologies to the Chair in advance of the meeting.

Failure to attend for three consecutive meetings with or without providing an apology will lead to a discussion between the Chair and the absent Member and actions agreed to improve attendance or enrol a replacement.

Failure to attend two-thirds of meetings in a rolling year, with or without apologies, will lead to a discussion between the Chair and the absent Member and actions agreed to improve attendance or enrol a replacement.

In those cases where a member cannot attend, a deputy should be sent who is empowered to make judgements and decisions on the member's behalf.

## **12.0 Reporting**

The Finance Committee's minutes will be formally recorded and they, or a summary note of business undertaken at the Committee, will be submitted to the MHCC Board or MCCG Governing Body as appropriate.

Any sub-groups of the Finance Committee will report on its activities and decisions to its parent Committee at the next parent Committee meeting.

## **13.0 Conflicts of Interest**

Members are required to adhere to the Conflicts of Interest Policy. The Committee will ensure that CCG, MCC and NHS England requirements and statutory guidance on management of conflicts of interest is adhered to. In particular, the Committee will:

- Maintain appropriate registers of interests and a register of decisions.
- Publish or make arrangements for the public to access those registers.
- Make arrangements requiring the prompt declaration of interests by the persons specified (members and employees) and ensure that these interests are entered into the relevant register.
- Make arrangements for managing conflicts and potential conflicts of interest (e.g. developing appropriate policies and procedures).
- Have regard to guidance published by NHS England in relation to conflicts of interest.

## **14.0 Code of Conduct**

The Committee will conduct its business in accordance with the Code of Conduct and good governance practice in the Constitution.

## **15.0 Risk Management**

The Committee will adhere to the Risk Management Framework, review those risks on the risk register which have been assigned to it and ensure that appropriate mitigating actions are in place to manage risks. The Executive Lead and Lead Officer are responsible for risk management for the Committee.

The Committee is required to give assurance to the Board that robust governance and management processes are in place to manage risk.



## **16.0 Recording of Meetings**

MHCC and the CCG are committed to being open and transparent in the way they conduct decision making. Recording of discussions is permitted and expected at many meetings, some of which are either open to the public, or with members of the public.

Generally minutes of meetings are taken and then typed up for ratification as a 'true and accurate record' of discussions. Where audio recordings are made, to aid the minutes or notes of the meetings, then whether or not the typed up version is 'word for word', or a 'précis', will depend on the audience and its agreed expectations.

For further details and examples of when exemptions may apply, refer to 'Procedure for Audio Recording Meetings'.

## **17.0 Amendments to the Terms of Reference**

The Lead Officer will consult the Head of Corporate Governance on any proposals to amend their ToR, to ensure compliance with the Scheme of Delegation and avoid duplication of purpose, responsibility or accountability. Amendments to the ToR will be presented to the Committee, considered and approved by the Committee.

The agreed amendments will then be reported to the Board and the ToR, as amended, published appropriately.

## **18.0 Date of Review**

The Terms of Reference will be reviewed on an annual basis to ensure that the Committee is achieving its functions effectively.

**Version: 5.0**

**Date approved by the Committee:**

**Date approved by the Board:**

## **Appendix 1**

### **Finance Committee Areas of Responsibility**

The Finance Committee will consider and be responsible for the areas outlined below:

- QIPP programme.
- Risk share agreements.
- Contracting.
- Procurement.
- National planning guidance (consistent interpretation and application).
- Greater Manchester financial arrangements.

- Financial governance.
- pool budget arrangements
- Investment agreement

The above list is not exhaustive and may change as and when appropriate. These items/ matters will be brought to the Finance Committee on behalf of MHCC for appropriate action and decision making, in line with the scheme of delegation.

## **Appendix 2 – Content of finance reports**

Financial reports will comprise:

1. Annually updated three year financial plan for MHCC that takes into account:

- Population demographics and Joint Strategic Needs Assessment;
- Known and anticipated technological / service developments;
- NHS financial planning guidance (including guidance from the National Commissioning Board [NCB]);
- Developments in the provider market;
- Matters pertaining to capital, Board / staff and running costs and estates.

2. Annual Budget report setting out:

The principles, contingencies, risks and assumptions underpinning the MHCC budget at MHCC and practice level.

Budgeting policies applied in setting practice level budgets within MHCC's overall resources.

The value of the budget for the coming financial year, analysed by key expenditure groups (and provider / service / other).

This will be supported by a detailed budget pack for budget holders to be distributed as soon as possible within the first quarter of each financial year, identifying budgets at cost centre and subjective level.

3. Monthly MHCC finance report including (but not limited to):

YTD actual and full year forecast position against profiled budget and the resource limit and other statutory targets.

Identification of variances, analysed by provider/ service contract, management costs and reserves.

Explanation of key variances and relevant management actions/ lead officers with responsibility for addressing significant deviations from plan.

Other financial and non-financial information at both MHCC and practice level, including:

- Aged debtors
- Aged creditors
- Performance against the better payment practice code
- Cash utilisation
- Financial risks and associated sensitivity

4. MHCC QIPP report, including (but not limited to):

- QIPP full year and year to date target.
- Plans identified against target, classified according to standard QIPP categories.
- Movements against target and plan values and explanations for these.
- Confidence assessment against savings targets.
- Identification of key risk areas, lead responsibilities and action plans.

5. Ad-hoc reports, as required and as deemed relevant for the purposes of fulfilling MHCC finance and performance responsibilities.

These reports will be reviewed with the Committee.

## **8 Governance Committee Terms of Reference**

8.1 This committee is responsible for giving assurance to the Board that the organisation is well run and its key areas of risks are known and managed sufficiently.

8.2 The Governance Committee's Terms of Reference:

### **Manchester Health and Care Commissioning**

#### **Governance Committee**

#### **Terms of Reference**

##### **1.0 Introduction**

The Governance Committee forms a key element of the governance structure for Manchester Health and Care Commissioning (MHCC) – the partnership between NHS Manchester Clinical Commissioning Group (CCG) and Manchester City Council (MCC) which leads the commissioning of health, social care and public health services in the city of Manchester.

The Governance Committee is a sub-committee of the MHCC Board, the Committee established by NHS Manchester CCG to oversee the commissioning of all services and functions in scope of MHCC.

##### **2.0 Name**

The Committee will be known as the Governance Committee.

##### **3.0 Overview**

The Committee has those executive powers delegated to it by the Board within the CCG's Scheme of Reservation and Delegation and in these terms of reference, which will be reviewed on an annual basis.

##### **4.0 Purpose**

The Governance Committee has been established to be responsible for giving assurance to the Board that the organisation is well run and its key areas of risks are known and managed sufficiently.

The Committee will make decisions and/or make recommendations to the Board on the areas that are defined as its responsibilities and within the delegation allowed for the Committee in the CCG's Scheme of Reservation and Delegation.

The Committee will establish such sub-groups as it deems necessary to support it to discharge its functions. The Committee will inform the Board of the establishment of

such sub-groups and present to the Board the Terms of Reference of the sub-groups, ensuring compliance with the Scheme of Delegation.

This Committee has the following sub-groups

- None

## **5.0 Responsibilities**

The Committee will:

- Deliver any activity within its terms of reference and produce an annual work programme to discharge its responsibilities;
- Ensure that sufficient policies and procedures are in place for MHCC and Manchester CCG to be compliant with relevant regulatory, legal and code of conduct requirements, and to approve such policies
- Promote good risk management and ensure that robust controls are in place in accordance with the Risk Management Framework. ;
- Identify and review lapses in adherence to corporate governance structures and systems and make recommendations for improvements;
- Receive and monitor information regarding MHCC or CCG initiated incidents on behalf of the MHCC Board;
- Receive assurance that Information Governance (IG) processes are sufficient and effectively managed;
- Ensure arrangements are in place to monitor compliance with statutory responsibilities including health and safety, information governance, EPRR, incident management, and security issues via the Local Security Management Specialist;
- Establish and approve the terms of reference of such reporting sub-groups, or task and finish groups, as it believes are necessary to fulfil its terms of reference.

## **6.0 Lead Officer**

The lead officer for the Committee is the Director of Corporate Affairs.

## **7.0 Membership**

The Committee will consist of the following voting members:

- Lay member for Governance (Chair)
- Lay member for Finance and Audit (Deputy Chair)
- Lay member for PPI
- Director of Corporate Affairs
- Director of Strategic Commissioning
- Director of Planning and Operations

- Chief Finance Officer
- Head of Audit and Risk Management, Manchester City Council
- GP practice representative

The following nominated deputies will attend for voting members not in attendance:

- [nominated deputy] attending for Director of Strategic Commissioning
- Head of Strategy & Planning attending for Director of Planning and Operations
- Head of Finance – Financial Management & Governance attending for Chief Finance Officer

The following will be expected to attend as non-voting members:

- Head of Corporate Governance
- Director of Performance and Quality or nominated representative
- Director of Workforce and OD
- Head of IT

Additional members may be co-opted onto the Committee at the discretion of the Committee or its Chair. Representatives may be asked to attend the meeting for ad-hoc requirements.

## **8.0 Quoracy**

The quorum will be 3 members including the Chair or Deputy Chair and the Lead Officer (or nominated deputy) with at least 2 members who are not in executive posts within MHCC.

## **9.0 Voting**

A decision will be carried by a simple majority of votes.

## **10.0 Frequency of Meetings**

The Committee will meet a minimum of 6 times per year. Additional meetings may be called at the discretion of the Chair if appropriate.

## **11.0 Attendance at Meetings**

Members are expected to attend 100% of meetings or, if this is not achievable, provide their apologies to the Chair in advance of the meeting.

Failure to attend for three consecutive meetings with or without providing an apology will lead to a discussion between the Chair and the absent Member and actions agreed to improve attendance or enrol a replacement.

Failure to attend two-thirds of meetings in a rolling year, with or without apologies,

will lead to a discussion between the Chair and the absent Member and actions agreed to improve attendance or enrol a replacement.

## **12.0 Reporting**

The Governance Committee's minutes will be formally recorded and they, or a summary note of business undertaken at the Committee, will be submitted to the MHCC Board or MCCG Governing Body as appropriate.

Any sub-groups of the Governance Committee will report on its activities and decisions to its parent Committee at the next parent Committee meeting.

## **13.0 Conflicts of Interest**

Members are required to adhere to the Conflicts of Interest Policy. The Committee will ensure that CCG and NHS England requirements and statutory guidance on management of conflicts of interest is adhered to. In particular, the Committee will

- Maintain appropriate registers of interests and a register of decisions;
- Publish, or make arrangements for the public to access, those registers;
- Make arrangements requiring the prompt declaration of interests by the persons specified (members and employees) and ensure that these interests are entered into the relevant register;
- Make arrangements for managing conflicts and potential conflicts of interest (e.g. developing appropriate policies and procedures); and
- Have regard to guidance published by NHS England in relation to conflicts of interest.

## **14.0 Code of Conduct**

The Committee will conduct its business in accordance with the Code of Conduct and good governance practice in the Constitution.

## **15.0 Risk Management**

The Committee will adhere to the Risk Management Framework, review those risks on the risk register which have been assigned to it and ensure that appropriate mitigating actions are in place to manage risks. The Chair and Lead Officer are responsible for risk management on behalf of the Committee.

The Committee is required to give assurance to the Board that robust governance and management processes are in place to manage risk.

## **16.0 Recording of Meetings**

MHCC and the CCG are committed to being open and transparent in the way they conduct decision making. Recording of discussions is permitted and expected at many meetings, some of which are either open to the public, or with members of the

public.

Generally minutes of meetings are taken and then typed up for ratification as a 'true and accurate record' of discussions. Where audio recordings are made, to aid the minutes or notes of the meetings, then whether or not the typed up version is 'word for word', or a 'précis', will depend on the audience and its agreed expectations.

For further details and examples of when exemptions may apply, refer to 'Procedure for Audio Recording Meetings'.

### **17.0 Amendments to the Terms of Reference**

The Lead Officer will consult the Head of Corporate Governance on any proposals to amend their ToR, to ensure compliance with the Scheme of Delegation and avoid duplication of purpose, responsibility or accountability. Amendments to the ToR will be presented to the Committee, considered and approved by the Committee.

The agreed amendments will then be reported to the Board and the ToR, as amended, published appropriately.

### **18.0 Date of Review**

The Terms of Reference will be reviewed on an annual basis to ensure that the Committee is achieving its functions effectively.

**Version: 2**

**Date approved by the Committee: 26 November 2018**

**Date approved by the Board:**



## **9 Health and Care Professional Committee**

9.1 This committee is responsible for overseeing work relating to service improvement and commissioning within the City of Manchester.

9.2 The Health and Care Professional Committee's Terms of Reference:

**Manchester Health and Care Commissioning**  
**Health and Care Professional committee (HCPC)**  
**(Former Clinical Committee)**  
**Terms of Reference [DRAFT]**

### **1.0 Introduction**

The Health and Care Professional Committee forms a key element of the governance structure for Manchester Health and Care Commissioning (MHCC) – the partnership between NHS Manchester Clinical Commissioning Group (CCG) and Manchester City Council (MCC) which leads the commissioning of health, social care and public health services in the city of Manchester.

The Health and Care Professional Committee is a sub-committee of the MHCC Board, the Committee established by NHS Manchester CCG to oversee the commissioning of all services and functions in scope of MHCC.

### **2.0 Name**

The Committee will be known as the Health and Care Professional Committee.

### **3.0 Overview**

The Committee has those executive powers delegated to it by the Board within the CCG's Scheme of Reservation and Delegation and in these terms of reference, which will be reviewed on an annual basis.

### **4.0 Purpose**

The HCP Committee has been established to ensure that Clinical and professional opinion and experience drives and supports health and care transformation in Manchester. As a committee it will sit at the heart of the governance structure, informing all aspects of commissioning from a Clinical and professional perspective and serving to ensure Clinical Governance across the organisation.

The Committee will make decisions and/or make recommendations to the Board on the areas that are defined as its responsibilities and within the delegation allowed for

the Committee in the CCG's Scheme of Reservation and Delegation.

The Committee will establish such sub-groups as it deems necessary to support it to discharge its functions. The Committee will inform the Board of the establishment of such sub-groups and present to the Board the Terms of Reference of the sub-groups, ensuring compliance with the Scheme of Delegation.

This Committee has the following sub-groups

- Long Term conditions and Planned Care – incorporating Respiratory Adult and Children's Steering Groups
- Effective use of Resources
- Nursing Assurance Group
- Manchester Health Protection Group
- MLCO Clinical Advisory Group
- Area Prescribing Committee

## **5.0 Responsibilities**

The Committee will:

- Deliver any activity within its terms of reference and produce an annual work programme to discharge its responsibilities;
- To inform strategy, service and pathway development in Manchester and Greater Manchester if required;
- To consider and review health and social care service provision; providing advice, guidance and recommendations from a clinical/professional perspective;
- To provide clinical/professional input into needs assessment activity;
- To provide clinical sign off for all relevant business cases either as a Committee or through members co-opted onto other Joint Committees;
- To provide clinical assurance on the emerging health and social care system including Local Care Organisation and Single Hospital Service;
- To support quality assurance from a clinical/professional perspective;
- To support and inform MHCC and partners on key risks and priorities using a horizon scanning proactive approach to thematic areas reflecting national and Local best practice.

## **6.0 Lead Officer**

The lead officer for the Committee is the Clinical Director

## **7.0 Membership**

The Committee will consist of the following voting members:

- Board Nurse (Chair)
- Executive Nurse
- MHCC Clinical Chair
- Board Secondary Care Doctor
- GP Board Member – North (Deputy Chair)
- GP Board Member – Central
- GP Board Member – South
- Strategic Director Adult Social Care
- Public Health Consultant
- LMC Representative
- GP Deputy Clinical Directors x2
- Deputy Director for Safeguarding
- Head of Nursing
- Deputy Director - Meds Optimisation

The following nominated deputies will attend for voting members not in attendance:

- Senior Medicines Optimisation Advisor attending for Deputy Director – Medicines Optimisation

The following will be expected to attend as non-voting members:

- Clinical leads – Children’s, Urgent Care, Neighbourhood Transformation; Nursing and Safeguarding , Senior Medicines Optimisation Advisor.
- Social Care leads – Children’s and Adult’s
- Senior Managers – Commissioning ;Primary Care; Social Care

Additional members may be co-opted onto the Committee at the discretion of the Committee or its Chair. Representatives may be asked to attend the meeting for ad-hoc requirements.

## **8.0 Quoracy**

The quorum will be 6 members including the Chair or Deputy Chair and another member of the MHCC Board.

## **9.0 Voting**

A decision will be carried by a simple majority of votes.

## **10.0 Frequency of Meetings**

The Committee will meet a minimum of 10 times per year. Additional meetings may

be called at the discretion of the Chair if appropriate.

### **11.0 Attendance at Meetings**

Members are expected to attend 100% of meetings or, if this is not achievable, provide their apologies to the Chair in advance of the meeting.

Failure to attend for three consecutive meetings with or without providing an apology will lead to a discussion between the Chair and the absent Member and actions agreed to improve attendance or enrol a replacement.

Failure to attend two-thirds of meetings in a rolling year, with or without apologies, will lead to a discussion between the Chair and the absent Member and actions agreed to improve attendance or enrol a replacement.

### **12.0 Reporting**

The Health and Care Professional Committee's minutes will be formally recorded and they, or a summary note of business undertaken at the Committee, will be submitted to the MHCC Board or MCCG Governing Body as appropriate.

Any sub-groups of the HCP Committee will report on its activities and decisions to its parent Committee at the next parent Committee meeting.

### **13.0 Conflicts of Interest**

Members are required to adhere to the Conflicts of Interest Policy. The Committee will ensure that CCG and NHS England requirements and statutory guidance on management of conflicts of interest is adhered to. In particular, the Committee will

- Maintain appropriate registers of interests and a register of decisions;
- Publish, or make arrangements for the public to access, those registers;
- Make arrangements requiring the prompt declaration of interests by the persons specified (members and employees) and ensure that these interests are entered into the relevant register;
- Make arrangements for managing conflicts and potential conflicts of interest (e.g. developing appropriate policies and procedures); and
- Have regard to guidance published by NHS England in relation to conflicts of interest.

### **14.0 Code of Conduct**

The Committee will conduct its business in accordance with the Code of Conduct and good governance practice in the Constitution.

## **15.0 Risk Management**

The Committee will adhere to the Risk Management Framework, review those risks on the risk register which have been assigned to it and ensure that appropriate mitigating actions are in place to manage risks. The Chair and Lead Officer are responsible for risk management on behalf of the Committee.

The Committee is required to give assurance to the Board that robust governance and management processes are in place to manage risk.

## **16.0 Recording of Meetings**

MHCC and the CCG are committed to being open and transparent in the way they conduct decision making. Recording of discussions is permitted and expected at many meetings, some of which are either open to the public, or with members of the public.

Generally minutes of meetings are taken and then typed up for ratification as a 'true and accurate record' of discussions. Where audio recordings are made, to aid the minutes or notes of the meetings, then whether or not the typed up version is 'word for word', or a 'précis', will depend on the audience and its agreed expectations.

For further details and examples of when exemptions may apply, refer to 'Procedure for Audio Recording Meetings'.

## **17.0 Amendments to the Terms of Reference**

The Lead Officer will consult the Head of Corporate Governance on any proposals to amend their ToR, to ensure compliance with the Scheme of Delegation and avoid duplication of purpose, responsibility or accountability. Amendments to the ToR will be presented to the Committee, considered and approved by the Committee.

The agreed amendments will then be reported to the Board and the ToR, as amended, published appropriately.

## **18.0 Date of Review**

The Terms of Reference will be reviewed on an annual basis to ensure that the Committee is achieving its functions effectively.

**Version:**

**Date approved by the Committee:**

**Date approved by the Board:**

## **10 Strategy Committee**

10.1 This committee is responsible for providing assurance to the Board on implementing the vision and strategy of MHCC and the Locality Plan through the commissioning of a transformed system.

10.2 The Strategy Committee's Terms of Reference

### **Manchester Health and Care Commissioning**

#### **Strategy Committee**

#### **Terms of Reference [DRAFT]**

### **1.0 Introduction**

The Strategy Committee forms a key element of the governance structure for Manchester Health and Care Commissioning (MHCC) – the partnership between NHS Manchester Clinical Commissioning Group (CCG) and Manchester City Council (MCC) which leads the commissioning of health, adult social care and public health services in the city of Manchester.

The Strategy Committee is a sub-committee of the MHCC Board, the Committee established by NHS Manchester CCG to oversee the commissioning of all services and functions in scope of MHCC.

### **2.0 Name**

The Committee will be known as the Strategy Committee.

### **3.0 Overview**

The Committee has those executive powers delegated to it by the Board within the CCG's Scheme of Reservation and Delegation and in these terms of reference, which will be reviewed on an annual basis.

### **4.0 Purpose**

The Strategy Committee has been established to oversee:-

- Development and oversight of the strategic plan for health and care in the City "Our Healthier Manchester".
- Agree its annual work plan (a sub-set of the MHCC operational plan).
- Connect to and influence the wider City Strategy 'Our Manchester' and read across with MCC corporate plan.
- Connect to and influence policy/strategy relating to the wider determinants of health.
- Align the City's strategy in the GM & national policy context.

- Ensure there is full system engagement and involvement with the Our Healthier Manchester reporting to the Health and Wellbeing Board.
- Make investment decisions in accordance with MHCC scheme of delegation.
- Ensure best practice and legal standards are met in undertaking the above.

The Committee will make decisions and/or make recommendations to the Board on the areas that are defined as its responsibilities and within the delegation allowed for the Committee in the CCG's Scheme of Reservation and Delegation.

The Committee will establish such sub-groups as it deems necessary to support it to discharge its functions. The Committee will inform the Board of the establishment of such sub-groups and present to the Board the Terms of Reference of the sub-groups, ensuring compliance with the Scheme of Delegation.

This Committee has the following sub-groups

- Knowledge Management (including JSNA)
- Inclusion and social value panel
- North Manchester Strategy Board
- Business case committee

The committee draws upon other governance

- Locality Plan Delivery Group (Locality Plan)
- Workforce group (Locality Plan)
- IMT Steering group (Locality Plan)
- Strategic Estates Group (Locality Plan)
- Patient and Public Advisory Committee (MHCC)
- Other MHCC committees

The Committee will report periodically to the Manchester Health and Wellbeing Board

## **5.0 Responsibilities**

The Committee will:

- Deliver any activity within its terms of reference and produce an annual work programme to discharge its responsibilities;
- Assess and apply national policy direction to the strategy of MHCC
- Assess and apply GM strategic direction to the strategy of MHCC
- Make investment decisions according to the Board approved scheme of delegation and associated policies
- Ensure all the work of the committee is led by the highest possible standards relating to:-
  - Evidence

- Inclusion, incorporating EDHR
- Social value
- Probity and transparency
- Public involvement and engagement
- Determine strategy, key outcomes and high level plans across the following thematic areas
  - **System** - including
    - Active involvement in shaping and applying the City 'Our Manchester' strategy
    - Ensure implementation of structural change within the health and care system
    - Be the formal link to the Greater Manchester Joint Commissioning Board and its work programmes
    - Form connections to the wider determinants of health
  - **Service** - including
    - New models of hospital care
    - New models of acute mental health services
    - New models locally delivered care including but not limited to
      - Nursing, residential and home care (adults only)
      - Community health services
      - Community mental health services
      - Primary Care
      - VCSE
      - Safeguarding
  - **Development** - including
    - Workforce
    - Digital
    - Estates
  - **Communications and engagement**

## 6.0 Lead Officer

The lead officer for the Committee is the Executive Director of Planning and Operations

## 7.0 Membership

The Committee will consist of the following voting members:

- MHCC Board Executive Member (MCC) (Co-Chair)
- MHCC Board Lay member - Finance (Co-Chair)
- Executive Director of Planning and Operations (lead officer)
- PPAC Chair
- Healthwatch
- Chief Finance Officer



- Programme Director – Our Healthier Manchester
- Director of Integrated Commissioning
- Executive Director of Commissioning / DASS
- Head of Reform and Innovation MCC
- Public Health Consultant
- Clinical Director
- Director of Corporate Affairs

Committee members will nominate deputies to the lead officer.

Additional members may be co-opted onto the Committee at the discretion of the Committee or its Chair. Representatives may be asked to attend the meeting for ad-hoc requirements.

Co-Chairs will agree Chairing arrangements on the basis each Chairing half of committee meetings over an annual cycle. Co-Chairs will cross cover meetings in the case of absence.

## **8.0 Quoracy**

The quorum will be

- MHCC Board MCC Executive Member or nominated deputy
- MHCC Board Lay Member or nominated deputy
- Executive Director of Planning and Operations or nominated deputy
- Three other voting members

## **9.0 Voting**

A decision will be carried by a simple majority of votes.

## **10.0 Frequency of Meetings**

Ten meetings will be scheduled each year (monthly excluding August and December). The committee will meet no less than 6 times per year. Additional meetings may be called at the discretion of the Chair if appropriate.

## **11.0 Attendance at Meetings**

Members are expected to attend 100% of meetings or, if this is not achievable, provide their apologies to the Chair in advance of the meeting.

Failure to attend for three consecutive meetings with or without providing an apology will lead to a discussion between the Chair and the absent Member and actions agreed to improve attendance or enrol a replacement.

Failure to attend two-thirds of meetings in a rolling year, with or without apologies, will lead to a discussion between the Chair and the absent Member and actions

agreed to improve attendance or enrol a replacement.

## **12.0 Reporting**

The Strategy Committee's minutes will be formally recorded and they, or a summary note of business undertaken at the Committee, will be submitted to the MHCC Board or MCCG Governing Body as appropriate.

Any sub-groups of the Strategy Committee will report on its activities and decisions to its parent Committee at the next parent Committee meeting.

## **13.0 Conflicts of Interest**

Members are required to adhere to the Conflicts of Interest Policy. The Committee will ensure that CCG and NHS England requirements and statutory guidance on management of conflicts of interest is adhered to. In particular, the Committee will

- Maintain appropriate registers of interests and a register of decisions;
- Publish, or make arrangements for the public to access, those registers;
- Make arrangements requiring the prompt declaration of interests by the persons specified (members and employees) and ensure that these interests are entered into the relevant register;
- Make arrangements for managing conflicts and potential conflicts of interest (e.g. developing appropriate policies and procedures); and
- Have regard to guidance published by NHS England in relation to conflicts of interest.

## **14.0 Code of Conduct**

The Committee will conduct its business in accordance with the Code of Conduct and good governance practice in the Constitution.

## **15.0 Risk Management**

The Committee will adhere to the Risk Management Framework, review those risks on the risk register which have been assigned to it and ensure that appropriate mitigating actions are in place to manage risks. The Chair and Lead Officer are responsible for risk management on behalf of the Committee.

The Committee is required to give assurance to the Board that robust governance and management processes are in place to manage risk.

## **16.0 Recording of Meetings**

MHCC and the CCG are committed to being open and transparent in the way they conduct decision making. Recording of discussions is permitted and expected at many meetings, some of which are either open to the public, or with members of the

public.

Generally minutes of meetings are taken and then typed up for ratification as a 'true and accurate record' of discussions. Where audio recordings are made, to aid the minutes or notes of the meetings, then whether or not the typed up version is 'word for word', or a 'précis', will depend on the audience and its agreed expectations.

For further details and examples of when exemptions may apply, refer to 'Procedure for Audio Recording Meetings'.

### **17.0 Amendments to the Terms of Reference**

The Lead Officer will consult the Head of Corporate Governance on any proposals to amend their ToR, to ensure compliance with the Scheme of Delegation and avoid duplication of purpose, responsibility or accountability. Amendments to the ToR will be presented to the Committee, considered and approved by the Committee.

The agreed amendments will then be reported to the Board and the ToR, as amended, published appropriately.

### **18.0 Date of Review**

The Terms of Reference will be reviewed on an annual basis to ensure that the Committee is achieving its functions effectively.

**Version:**

**Date approved by the Committee:**

**Date approved by the Board:**

## **11 Performance and Quality Improvement Committee**

- 11.1 This committee is responsible for promoting a culture of quality within Manchester as a means by which MHCC's strategic objects are met.
- 11.2 The Performance & Quality Improvement Committee's Terms of Reference

### **Manchester Health and Care Commissioning Performance & Quality Improvement Committee Terms of Reference [DRAFT]**

#### **1.0 Introduction**

The MHCC Performance and Quality Improvement Committee forms a key element of the governance structure for Manchester Health and Care Commissioning (MHCC) – the partnership between NHS Manchester Clinical Commissioning Group (CCG) and Manchester City Council (MCC) which leads the commissioning of health, social care and public health services in the city of Manchester.

The MHCC Performance and Quality Improvement Committee is a sub-committee of the MHCC Board, the Committee established by NHS Manchester CCG to oversee the commissioning of all services and functions in scope of MHCC.

#### **2.0 Name**

The Committee will be known as the MHCC Performance and Quality Improvement Committee.

#### **3.0 Overview**

The Committee has those executive powers delegated to it by the Board within the CCG's Scheme of Reservation and Delegation and in these terms of reference, which will be reviewed on an annual basis.

#### **4.0 Purpose**

The MHCC Performance and Quality Improvement Committee has been established to:

- Provide a Strategic view on Quality and Performance for all commissioned Health and Social Care provision in the City across all sectors
- Oversee the delivery of national, regional and local quality standards contractual KPIs and associated improvement programs
- Monitor the quality of the services that MHCC commissions
- Ensure good patient experience is an integral part of service delivery
- Use information to provide assurance and drive/demonstrate improvement

and innovation

- Provide an escalation route for quality or performance concerns.

The Committee will make decisions and/or make recommendations to the Board on the areas that are defined as its responsibilities and within the delegation allowed for the Committee in the CCG's Scheme of Reservation and Delegation.

The Committee will establish such sub-groups as it deems necessary to support it to discharge its functions. The Committee will inform the Board of the establishment of such sub-groups and present to the Board the Terms of Reference of the sub-groups, ensuring compliance with the Scheme of Delegation.

This Committee has the following sub-groups

- Primary Care Contract Improvement Group
- Manchester & Trafford Emergency Care Strategic Board
- Nursing / Residential Care Oversight Group

## **5.0 Responsibilities**

Matters delegated to the Committee in the CCG's Scheme of Reservation and Delegation:

- Approval and oversight of the arrangements and activities for discharging the group's statutory duties associated with its commissioning functions including:
  - promoting awareness of, and adherence to, the NHS Constitution
  - securing continuous improvement in the quality of services including specialised, and primary medical, services
- Approve arrangements, including supporting policies, to minimise clinical risk, maximise patient safety and to secure continuous improvement in quality and patient outcomes.
- Monitoring the delivery of national, regional and local quality standards, contractual KPIs and associated improvement programs, and recommending action.
- Monitoring the quality of all local services commissioned by the CCG and recommending action.
- Monitor patient experience and recommend areas for change in practice through the commissioning process
- Overseeing quality of services across the city and making decisions on any improvement action required
- Approving decisions that individual members or employees of the CCG participating in joint arrangements on behalf of the CCG can make

The Committee will:

- Deliver any activity within its terms of reference and produce an annual work

programme to discharge its responsibilities.

### MHCC Performance

The Committee will oversee MHCC performance by:

- Reviewing performance against the statutory frameworks including but not exclusively, the CCG Improvement and Assessment Framework and 5 Year Forward View
- Ensuring action plans are developed to address any areas of unsatisfactory performance, and monitoring the implementation of these plans
- Undertake deep dives in areas of under-performance to better understand the issues and opportunities for improvement
- Overseeing the continuous development of the scope, format, presentation and mechanisms of the system of performance reporting (including the Covalent product)

### Quality of Commissioned Services

The Committee will monitor the effectiveness of quality across the full range of commissioned services by:

- Monitoring the quality and performance of all providers of health and adult social care. This will include “smaller” providers, by exception
- Monitoring progress towards delivery of CQUINs’ objectives
- Delivering a robust and targeted walk round program
- Reviewing the findings of external reports in relation to our providers e.g. CQC inspections, ensuring action plans are developed and implemented
- Having oversight of provider Quality Monitoring submissions
- Ensuring quality improvements are a major consideration during the contracting round. The Committee will oversee the development of CQUINs, key performance indicators and service development improvement plans (SDIPs)
- Ensuring action plans are developed to address any areas of unsatisfactory performance, and monitoring the implementation of these plans

### Patient Services

The Committee shall monitor patient experience by:

- Receiving patient experience reports, including Patient Advice and Liaison Service (PALS) reports and complaints reports that identify themes and trends, and recommend areas for change in practice through the commissioning process
- Conducting an annual review of trends in complaint and patient feedback received in relation to services provided in secondary and primary care

settings

- Monitoring the management of and compliance with complaints policy and procedures
- Ensuring the learning from complaints and other feedback is translated into changes in the way services are provided

### Equality, Diversity and Human Rights

The committee shall provide assurance to the Board, that MHCC is fulfilling its legal duties under the Equality Act 2010, the Public Sector Equality Duty, the Health and Social Care Act 2012 and strategically oversee the work necessary to achieve timely and transparent compliance.

#### **6.0 Lead Officer**

The lead officer for the Committee is the Director of Performance and Quality Improvement

#### **7.0 Membership**

The Committee will consist of the following voting members:

- Secondary Care Doctor – Dr Peter Williams (Chair)
- GP Board Member (Central) – Dr Murugesan Raja (Vice chair)
- Director of Performance & Quality Improvement – Michelle Irvine (Exec Lead)
- Dr Manisha Kumar, Clinical Director
- Clinical lead for Performance and Quality - Dr David Adams-Strump
- Executive Director of Nursing & Safeguarding – Craig Harris
- Director of Integrated Commissioning – Kirsten Windfuhr
- Quality Lead – Kate Provan
- Performance Lead – Zoe Mellon
- Improvement Lead – Jason Hughes
- Senior Engagement Manager – Val Bayliss-Brideaux
- Business Intelligence Lead – Graham Hayler
- Deputy Director and Head of Medicines Optimisation – Kenny Li
- Deputy Director of Primary Care and Population Health – Caroline Bradley
- Board Lay Member for Patient and Public Involvement – Atiha Chaudry
- PPAG representative - Colin Bayley
- PPAG representative - Alan Campbell
- Board Nurse – Jackie Bird
- Deputy Executive Nurse – Anna Berry

The following nominated deputies will attend for voting members not in attendance:

- Mary Crabb attending for Kenny Li

- Gary Billington attending for Graham Hayler

Additional members may be co-opted onto the Committee at the discretion of the Committee or its Chair. Representatives may be asked to attend the meeting for ad-hoc requirements.

Members are expected to:

- Provide papers/presentations 8 days prior to the meeting for circulation to the Committee
- Notify the forum in advance if they are unable to attend and send a suitably briefed deputy to represent them
- Prepare in advance to enable informed discussion and decision-making at the meeting

### **8.0 Quoracy**

The quorum will be 5 members including the Chair, Deputy Chair, member of the Exec or Board and a General Practitioner

### **9.0 Voting**

A decision will be carried by a simple majority of votes.

### **10.0 Frequency of Meetings**

The Committee will meet a minimum of 11 times per year. Additional meetings may be called at the discretion of the Chair if appropriate.

### **11.0 Attendance at Meetings**

Members are expected to attend 100% of meetings or, if this is not achievable, provide their apologies to the Chair in advance of the meeting.

Failure to attend for three consecutive meetings with or without providing an apology will lead to a discussion between the Chair and the absent Member and actions agreed to improve attendance or enrol a replacement.

Failure to attend two-thirds of meetings in a rolling year, with or without apologies, will lead to a discussion between the Chair and the absent Member and actions agreed to improve attendance or enrol a replacement.

### **12.0 Reporting**

The MHCC Performance & Quality Improvement Committee's minutes will be formally recorded and they, or a summary note of business undertaken at the Committee, will be submitted to the MHCC Board or MCCG Governing Body as appropriate.



Any sub-groups of the MHCC Performance & Quality Improvement Committee will report on its activities and decisions to its parent Committee at the next parent Committee meeting.

### **13.0 Conflicts of Interest**

Members are required to adhere to the Conflicts of Interest Policy. The Committee will ensure that CCG and NHS England requirements and statutory guidance on management of conflicts of interest is adhered to. In particular, the Committee will:

- Act in accordance with MHCC's Risk Management Framework
- Maintain appropriate registers of interests and a register of decisions;
- Publish, or make arrangements for the public to access, those registers;
- Make arrangements requiring the prompt declaration of interests by the persons specified (members and employees) and ensure that these interests are entered into the relevant register;
- Make arrangements for managing conflicts and potential conflicts of interest (e.g. developing appropriate policies and procedures); and
- Have regard to guidance published by NHS England in relation to conflicts of interest.

### **14.0 Code of Conduct**

The Committee will conduct its business in accordance with the Code of Conduct and good governance practice in the Constitution.

### **15.0 Risk Management**

The Committee will adhere to the Risk Management Framework, review those risks on the risk register which have been assigned to it and ensure that appropriate mitigating actions are in place to manage risks. The Chair and Lead Officer are responsible for risk management on behalf of the Committee.

The Committee is required to give assurance to the Board that robust governance and management processes are in place to manage risk.

### **16.0 Recording of Meetings**

MHCC and the CCG are committed to being open and transparent in the way they conduct decision making. Recording of discussions is permitted and expected at many meetings, some of which are either open to the public, or with members of the public.

Generally minutes of meetings are taken and then typed up for ratification as a 'true and accurate record' of discussions. Where audio recordings are made, to aid the minutes or notes of the meetings, then whether or not the typed up version is 'word for word', or a 'précis', will depend on the audience and its agreed expectations.

For further details and examples of when exemptions may apply, refer to 'Procedure for Audio Recording Meetings'.

### **17.0 Amendments to the Terms of Reference**

The Lead Officer will consult the Head of Corporate Governance on any proposals to amend their ToR, to ensure compliance with the Scheme of Delegation and avoid duplication of purpose, responsibility or accountability. Amendments to the ToR will be presented to the Committee, considered and approved by the Committee.

The agreed amendments will then be reported to the Board and the ToR, as amended, published appropriately.

### **18.0 Date of Review**

The Terms of Reference will be reviewed on an annual basis to ensure that the Committee is achieving its functions effectively.

**Version:**

**Date approved by the Committee:**

**Date approved by the Board:**

## **12 Patient and Public Advisory Committee**

12.1 This committee is responsible for providing advice, guidance and assurance on MHCC and CCG decision making from a patient, public and community perspective.

### **Manchester Health and Care Commissioning**

#### **Patient and Public Advisory Committee**

##### **Terms of Reference [DRAFT]**

### **1.0 Introduction**

The Patient and Public Advisory Committee forms a key element of the governance structure for Manchester Health and Care Commissioning (MHCC) – the partnership between NHS Manchester Clinical Commissioning Group (CCG) and Manchester City Council (MCC) which leads the commissioning of health, social care and public health services in the city of Manchester.

The Patient and Public Advisory Committee is a sub-committee of the MHCC Board, the Committee established by NHS Manchester CCG to oversee the commissioning of all services and functions in scope of MHCC.

### **2.0 Name**

The Committee will be known as the Patient and Public Advisory Committee.

### **3.0 Overview**

The Committee has those executive powers delegated to it by the Board within the CCG's Scheme of Reservation and Delegation and in these terms of reference, which will be reviewed on an annual basis.

### **4.0 Purpose**

The Patient and Public Advisory Committee has been established to:

- Provide assurance that the CCG is meeting its statutory duty to promote the involvement of patients and carers in decisions which relate to their care or treatment.
- Provide advice, guidance and assurance to the Board informing, reviewing and advising on CCG decision making from a patient, carer, public and community perspective.
- Provide advice to the Board and other decision-making bodies as appropriate.

- Support and offer assurance to MHCC board members and staff to ensure the implications for local people of commissioning activity are clearly understood, and that effective engagement with local people is delivered.

The Committee will make decisions and/or make recommendations to the Board on the areas that are defined as its responsibilities and within the delegation allowed for the Committee in the CCG's Scheme of Reservation and Delegation.

The Committee will establish such sub-groups as it deems necessary to support it to discharge its functions. The Committee will inform the Board of the establishment of such sub-groups and present to the Board the Terms of Reference of the sub-groups, ensuring compliance with the Scheme of Delegation.

This Committee currently has the following sub-groups:

- Access to General Practice

## **5.0 Responsibilities**

The Committee will:

- Deliver any activity within its terms of reference and produce an annual work programme to discharge its responsibilities;
- Inform the development of local strategies and service redesign;
- Receive, appraise and comment on reports detailing the patient and carers experiences of commissioned services;
- Contribute to the identification and appraisal of opportunities to effect change across the health and social care economy;
- Contribute to Board discussions about prioritising resources to meet the needs of local people;
- Identify and review the potential implications for people of Clinical Commissioning Group plans;
- Communicate the strategic direction and vision of the Board throughout the members' networks;
- Act as a 'sounding board' for issues and emerging ideas;
- Support the delivery of Equality Delivery System 2 process;
- Receive and advise on issues regarding public engagement raised by the Board or other decision-making bodies;

- Report to the Board;
- Support the decision-making processes of the Board and other sub-committees as required.

## **6.0 Lead Officer**

The lead officer for the Committee is the Senior Engagement Manager.

## **7.0 Membership**

The Committee will consist of the following voting members:

- Chair – Lay member for patient and public involvement
- Patient and Public Advisory committee volunteer members
- Representative (s) nominated by Manchester City Council

The following nominated deputies will attend for voting members not in attendance:

- Senior Engagement Manager attending for Patient and Public Advisory committee volunteer members
- To be identified – Manchester City Council

The following will be expected/invited to attend as non-voting members:

- Expert Panel members
- External Representatives from communities of identity and interest
- Voluntary and Community sector organisations
- Senior Engagement Manager
- Communications and Engagement Manager
- Healthwatch Manchester

Additional members may be co-opted onto the Committee at the discretion of the Committee or its Chair. Representatives may be asked to attend the meeting for ad-hoc requirements.

Patient and Public Advisory committee volunteer members can serve a maximum of three years on the committee.

## **8.0 Quoracy**

The quorum will be 7 members in attendance including the Chair or Deputy Chair

and the lead officer.

## **9.0 Voting**

A decision will be carried by a simple majority of votes.

## **10.0 Frequency of Meetings**

The Committee will meet a minimum of 10 times per year. Additional meetings may be called at the discretion of the Chair if appropriate.

## **11.0 Attendance at Meetings**

Members are expected to attend 70% of meetings or, if this is not achievable, provide their apologies to the Chair in advance of the meeting.

Failure to attend for three consecutive meetings with or without providing an apology will lead to a discussion between the Chair and the absent Member and actions agreed to improve attendance or enrol a replacement.

Failure to attend two-thirds of meetings in a rolling year, with or without apologies, will lead to a discussion between the Chair and the absent Member and actions agreed to improve attendance or enrol a replacement.

## **12.0 Reporting**

The Patient and Public Advisory Committee's minutes will be formally recorded and they, or a summary note of business undertaken at the Committee, will be submitted to the MHCC Board or MCCG Governing Body as appropriate.

Any sub-groups of the Patient and Public Advisory Committee will report on its activities and decisions to its parent Committee at the next parent Committee meeting.

## **13.0 Conflicts of Interest**

Members are required to adhere to the Conflicts of Interest Policy. The Committee will ensure that CCG and NHS England requirements and statutory guidance on management of conflicts of interest is adhered to. In particular, the Committee will

- Maintain appropriate registers of interests and a register of decisions;
- Publish, or make arrangements for the public to access, those registers;
- Make arrangements requiring the prompt declaration of interests by the persons specified (members and employees) and ensure that these interests are entered into the relevant register;
- Make arrangements for managing conflicts and potential conflicts of interest

(e.g. developing appropriate policies and procedures); and

- Have regard to guidance published by NHS England in relation to conflicts of interest.

#### **14.0 Code of Conduct**

The Committee will conduct its business in accordance with the Code of Conduct and good governance practice in the Constitution.

#### **15.0 Risk Management**

The Committee will adhere to the Risk Management Framework, review those risks on the risk register which have been assigned to it and ensure that appropriate mitigating actions are in place to manage risks. The Chair and Lead Officer are responsible for risk management on behalf of the Committee.

The Committee is required to give assurance to the Board that robust governance and management processes are in place to manage risk.

#### **16.0 Recording of Meetings**

MHCC and the CCG are committed to being open and transparent in the way they conduct decision making. Recording of discussions is permitted and expected at many meetings, some of which are either open to the public, or with members of the public.

Generally minutes of meetings are taken and then typed up for ratification as a 'true and accurate record' of discussions. Where audio recordings are made, to aid the minutes or notes of the meetings, then whether or not the typed up version is 'word for word', or a 'précis', will depend on the audience and its agreed expectations.

For further details and examples of when exemptions may apply, refer to 'Procedure for Audio Recording Meetings'.

#### **17.0 Amendments to the Terms of Reference**

The Lead Officer will consult the Head of Corporate Governance on any proposals to amend their ToR, to ensure compliance with the Scheme of Delegation and avoid duplication of purpose, responsibility or accountability. Amendments to the ToR will be presented to the Committee, considered and approved by the Committee.

The agreed amendments will then be reported to the Board and the ToR, as amended, published appropriately.

#### **18.0 Date of Review**

The Terms of Reference will be reviewed on an annual basis to ensure that the

Committee is achieving its functions effectively.

**Version:**

**Date approved by the Committee:**

**Date approved by the Board:**



## **13 Roles and Responsibilities**

- 13.1 All those who work for or with MHCC share a responsibility to ensure that MHCC exercises its functions effectively, efficiently and economically, with good governance and following the principles and practices of the constitution and the other governance-related documents, such as the standing orders etc.
- 13.2 The Chairs and Lead Officers for the various Board and Committee meetings in the governance structure also have a number of specific responsibilities in managing their meetings. These are laid out in the Board and Committee Administration Guide, which is attached to this Governance Handbook.
- 13.3 This section outlines the responsibilities of the key roles in MHCC's governance and the Chairs'/Lead Officers' responsibilities are compiled into a single table at paragraph 3.19 below.

### Practice Representatives

- 13.4 The role of the Practice Representative is to:
- a) share any information provided by the CCG at neighbourhood meetings within their practice;
  - b) review activities at patch and CCG events providing advice and guidance, and linking the CCG's priorities and needs with local practice priorities and needs and vice versa; and
  - c) providing the practice view on issues and decisions

### Other GP and Primary Care Health Professionals

- 13.5 MHCC has identified a number of other GPs/primary care health professionals from member practices to support our work. They undertake the following roles:
- a) provide advice and expertise on specific pathways/care/service specialties;
  - b) provide clinical leadership on a specific area or to support the improvement in the quality of services and provide peer support to individuals;
  - c) provide support to the CCG on engaging with practices to identify preferred methods of delivery or agreed outcomes as part of achieving the CCG's vision and aims.

All Members of the CCG's Commissioning Board, Partnership Board and Governing Body

- 13.6 Each member of the Commissioning Board, Partnership Board and the Governing Body should share responsibility as part of a team to ensure that MHCC exercises its functions effectively, efficiently and economically, with good governance and in accordance with the terms of the CCG's constitution. Each brings their unique perspective, informed by their expertise and experience.

The Chair of the Commissioning Board, Partnership Board and Governing Body

- 13.7 Save when exercising primary care commissioning functions delegated by NHS England, the Chair of the Commissioning Board, Partnership Board and Governing Body, is the clinical leader and is responsible for:
- a) leading the Commissioning Board, Partnership Board and Governing Body, ensuring each remains continuously able to discharge its duties and responsibilities as set out in this constitution;
  - b) building and developing the Commissioning Board, Partnership Board and Governing Body and its individual members;
  - c) ensuring that proper constitutional and governance arrangements are in place;
  - d) ensuring that, through the appropriate support, information and evidence, the Commissioning Board, Partnership Board and Governing Body are able to discharge their respective duties;
  - e) supporting the Chief Accountable Officer in discharging the responsibilities of the organisation;
  - f) contributing to building a shared vision of the aims, values and culture of the organisation;
  - g) leading and influencing to achieve clinical and organisational change to enable the CCG to deliver its commissioning responsibilities;
  - h) overseeing governance and particularly ensuring that the Commissioning Board, Partnership Board and Governing Body and the wider organisation behaves with the utmost transparency and responsiveness at all times;
  - i) ensuring that public and patients' views are heard and their expectations understood and, where appropriate as far as possible, met;
  - j) ensuring that the organisation is able to account to its local patients, stakeholders and NHS England; and

- k) ensuring that the organisation builds and maintains effective relationships, particularly with the individuals involved in overview and scrutiny from the relevant local authority(ies).

#### The Deputy Chair of the Commissioning Board and Partnership Board

- 13.8 The deputy chair of the Commissioning Board and Partnership Board deputises for the Chair where he or she has a conflict of interest or is otherwise unable to act.

#### The Vice Chair of the Governing Body

- 13.9 The vice chair of the Governing Body deputises for the Chair where he or she has a conflict of interest or is otherwise unable to act.

#### The Chief Accountable Officer

- 13.10 MHCC's Chief Accountable Officer (the accountable officer of the CCG) is a member of the Commissioning Board, Partnership Board and the Governing Body.
- 13.11 This role of accountable officer has been summarised in a national document as:
- a) being responsible for ensuring that the CCG fulfils its duties to exercise its functions effectively, efficiently and economically thus ensuring improvement in the quality of services and the health of the local population whilst maintaining value for money;
  - b) at all times ensuring that the regularity and propriety of expenditure is discharged, and that arrangements are put in place to ensure that good practice is embodied and that safeguarding of funds is ensured through effective financial and management systems;
  - c) working closely with the chair of the Commissioning Board, Partnership Board and the Governing Body, the accountable officer will ensure that proper constitutional, governance and development arrangements are put in place to assure the members (through the Governing Body, the Board and the Partnership Board) of the organisation's ongoing capability and capacity to meet its duties and responsibilities. This will include arrangements for the ongoing developments of its members and staff.

#### The Chief Finance Officer

- 13.12 The Chief Finance Officer is a member of the Commissioning Board, the Partnership Board and the Governing Body and is responsible for providing financial advice to MHCC and the CCG and for supervising financial control and accounting systems.

13.13 This role of chief finance officer has been summarised in a national document as:

- a) being the Commissioning Board, Partnership Board and Governing Body's professional expert on finance and ensuring, through robust systems and processes, the regularity and propriety of expenditure is fully discharged;
- b) making appropriate arrangements to support, monitor on the CCG's finances;
- c) overseeing robust audit and governance arrangements leading to propriety in the use of the CCG's resources;
- d) being able to advise the Commissioning Board, Partnership Board and Governing Body on the effective, efficient and economic use of the CCG's allocation to remain within that allocation and deliver required financial targets and duties; and
- e) producing the financial statements for audit and publication in accordance with the statutory requirements to demonstrate effective stewardship of public money and accountability to NHS England.

#### The Secondary Care Doctor

13.14 The Secondary Care Doctor is a member of the Commissioning Board, Partnership Board and Governing Body and is responsible for providing strategic advice and support to MHCC and the CCG in the following areas:

- a) assurance regarding the quality of medical care from all commissioned providers;
- b) strategic advice regarding the redesign and/or procurement of clinical services from service providers to meet identified MHCC commissioning needs; and
- c) be able to provide an understanding of how secondary care providers work within the health system to bring appropriate insight to discussions regarding service redesign, clinical pathways and system reform.

#### The Registered Nurse

13.15 The Registered Nurse is a member of the Commissioning Board, Partnership Board and Governing Body and is responsible for providing a broader view on health and care issues to underpin the work of the organisation especially the contribution of nursing to patient care. The role holder will provide strategic advice and support to MHCC and the CCG:

- a) on quality, safety and effectiveness;

- b) on how safe, high-quality clinical services are commissioned locally on behalf of local people in accordance with national and local quality standards; and
- c) on nursing matters and other aspects of the Commissioning Board, Partnership Board and Governing Body's activities.

#### The Lay Member for Audit and Finance

13.16 The Lay Member for Audit and Finance is a member of the Commissioning Board, Partnership Board and Governing Body and is responsible for ensuring that the Commissioning Board, Governing Body and the wider organisation behaves with the utmost financial probity at all times. The focus will be on the financial management of MHCC and the CCG and to oversee key elements of finance, including identification and mitigation of financial risks, and the assessment of value for money in all investment decisions. The lay member is the organisation's Joint Conflicts of Interest Guardian responsible for overseeing the management of conflicts of interest.

#### The Lay Member for Governance

13.17 The Lay Member for Governance is a member of the Commissioning Board, Partnership Board and Governing Body and is responsible for ensuring the Commissioning Board, Partnership Board, Governing Body and wider organisation behave with the utmost probity at all times and maintains strong and effective systems to ensure good corporate governance. The lay member is the organisation's Joint Conflicts of Interest Guardian responsible for overseeing the management of conflicts of interest.

#### The Lay Member for Patient and Public Involvement

13.18 The Lay Member for Patient and Public Involvement is a member of the Commissioning Board, Partnership Board and Governing Body. The lay member will ensure that the public and patient's views across Manchester are heard and their expectations are understood and met as appropriate, paying attention to the differing needs of the neighbourhood footprints in the city. Also ensuring MHCC's community engagement work supports and complements the city's Our Manchester vision and work programme.

#### Lead Officers

13.19 Lead Officers are members of MHCC's executive who support the Chair of a Board, Committee or Group in the discharge of their duties.

#### Chairs' and Lead Officers' Responsibilities in Meetings

13.20 The table below collates the specific responsibilities the Chairs, the Lead Officers and Business Support staff (who provide committee administration

support) have in managing their various Board and Committee meetings in the governance structure (as laid out in the Board and Committee Administration Guide, which is attached as Appendix A to this Governance Handbook).

Subject	Chair	Lead officer	Business Support
Terms of Reference	Amendments to a ToR to be approved by the Committee, and presented to MHCC's Board for its approval	The Lead Officer to consult the Head of Corporate Governance on any proposals to amend their ToR	
		Membership of the Committee to be set out in the ToR, individuals identified by their job title. Nominated deputy (if required) to be identified by their job title.	
		Produce an annual workplan for the year ahead.	
Agenda for meeting	Work with the Lead Officer to agree an agenda.	Work with the Chair to agree an agenda.	
	Report the Committees' activities and decisions to the Board.	Report the Committees' activities and decisions to the Board.	
Reports/papers	Reports to be in the standard format for Board/Committees	Reports to be in the standard format for Board/Committees	Reports to be in the standard format for Board/Committees
		Reports to comply with Accessible Information Standard (AIS)	Reports to comply with Accessible Information Standard (AIS)
			Agenda and supporting papers circulated to all Members at least five working days before the date of the meeting
Meetings	Meetings conducted through the Chair.		

Subject	Chair	Lead officer	Business Support
	Chair manages and encourages contributions from Members and officers.		
	Ensure that the Board/Committee formally makes and records decisions.		
Declarations of Interest	Management of declarations of interest in meetings.	Support the Chair in fulfilling responsibilities.	Ensure all matters relating to a declaration of interest are recorded (including if there are no declarations).
	Review the declared interests of the Board/Committee Members before the meeting.		Forward record to the Corporate Governance Team.
	Ask Members for any interests relevant to agenda items.		
	Decide how any arising conflicts should be managed.		
Risks	Ensure members have reviewed the risks	Ensure risks on the Committee's risk register are being actively managed by risk owners (including risks they own)	
	Ensure the Committee holds risk owners to account for managing their risks	Provide a summary of changes to risks that have taken place since the last report	
	Ensure new and emerging risks are considered	Identify any new and emerging risks	
	Ensure the Committee "approves" the risk register and the ongoing management of the risks		

Subject	Chair	Lead officer	Business Support
Minutes	Report on the business conducted at the meeting to a subsequent Board meeting in line with the agreed schedule of reporting in the Board's Forward Plan	Report on the business conducted at the meeting to a subsequent Board meeting in line with the agreed schedule of reporting in the Board's Forward Plan	Provide draft minutes of a meeting to the Chair no later than 5 working days after the date of the meeting.

## 14 Scheme of Reservation and Delegation

14.1 The organisation's scheme of reservation and delegation sets out:

- a) those decisions that are reserved for the membership as a whole;
- b) those decisions that are the responsibilities of its Commissioning Board (and its sub-committees), the Partnership Board (and its subcommittees), Governing Body (and its committees), the CCG's other committees and sub-committees, members and employees.

14.2 The CCG remains accountable for all of its functions, including those that it has delegated. All those with delegated authority, including the Governing Body, are accountable to the Members for the exercise of their delegated functions.

14.3 The Scheme of Reservation and Delegation is published in Appendix B below.

## 15 Standing Orders

15.1 MHCC has agreed a set of standing orders which describe the processes that are employed to undertake its business. They include procedures for:

- a) conducting the business of the CCG;
- b) the appointments to key roles including Governing Body members;
- c) the procedures to be followed during meetings; and
- d) the process to delegate powers.

15.2 A full copy of the standing orders form part of the MCCG Constitution and is included in an appendix to it.

## 16 Financial Instructions

16.1 MHCC has agreed a set of Standing Financial Instructions which include the delegated limits of financial authority set out in the SoRD.



16.2 A copy of the SFIs form part of the MCCG Constitution and is included in an appendix to it.

## **17 Governance-related policies and procedures**

17.1 The MHCC Risk Management Framework can be found [here](#).

17.2 The MHCC Conflicts of Interests Policy can be found [here](#).

## **18 Prime Financial Policies**

### **1. INTRODUCTION**

#### **1.1. General**

1.1.1. These prime financial policies have been drawn up to regulate the proceedings of NHS Manchester Clinical Commissioning Group so that the CCG can fulfil its obligations, as set out largely in the 2006 Act, as amended by the 2012 Act and related regulations. They are effective from the date the CCG is established.

1.1.2. These prime financial policies and supporting detailed financial policies shall have effect as if incorporated into the CCG's constitution.

1.1.3. The prime financial policies are part of the CCG's control environment for managing the organisation's financial affairs. They contribute to good corporate governance, internal control and managing risks. They enable sound administration, lessen the risk of irregularities and support commissioning and delivery of effective, efficient and economical services. They also help the accountable officer and chief finance officer to effectively perform their responsibilities. They should be used in conjunction with the scheme of reservation and delegation found at Appendix F.

1.1.4. In support of these prime financial policies, the CCG has prepared more detailed policies, approved by the chief finance officer known as detailed financial policies. The CCG refers to these prime and detailed financial policies together as the clinical commissioning group's financial policies.

1.1.5. These prime financial policies identify the financial responsibilities which apply to everyone working for the CCG and its constituent organisations. They do not provide detailed procedural advice and should be read in conjunction with the detailed financial policies. The chief finance officer is responsible for approving all detailed financial policies.

1.1.6. A list of the CCG's detailed financial policies will be published and can be accessed on the CCG's website at [www.manchesterccg.nhs.uk](http://www.manchesterccg.nhs.uk)

1.1.7. Should any difficulties arise regarding the interpretation or application of any of the prime financial policies then the advice of chief finance officer must be sought before acting. The user of these prime financial policies should also be familiar with and comply with the provisions of the CCG's constitution, standing orders and scheme of reservation and delegation.

1.1.8. Failure to comply with prime financial policies and standing orders can in certain circumstances be regarded as a disciplinary matter that could result in dismissal.

## 1.2. **Overriding Prime Financial Policies**

1.2.1. If for any reason these prime financial policies are not complied with, full details of the non-compliance and any justification for non-compliance and the circumstances around the non-compliance shall be reported to the next formal meeting of the Governing Body's Audit Committee for referring action or ratification. All of the CCG's members and employees have a duty to disclose any non-compliance with these prime financial policies to the chief finance officer as soon as possible.

## 1.3. **Responsibilities and delegation**

1.3.1. The roles and responsibilities of CCG's members, employees, members of the Board, members of the Governing Body and persons working on behalf of the CCG are set out in chapters 6 of this constitution.

1.3.2. The financial decisions delegated by members of the CCG are set out in the CCG's scheme of reservation and delegation (see Appendix F).

## 1.4. **Contractors and their employees**

1.4.1. Any contractor or employee of a contractor who is empowered by the CCG to commit the CCG to expenditure or who is authorised to obtain income shall be covered by these instructions. It is the responsibility of the Accountable Officer to ensure that such persons are made aware of this.

## 1.5. **Amendment of Prime Financial Policies**

1.5.1. To ensure that these prime financial policies remain up-to-date and relevant, the chief finance officer will review them at least annually. Following consultation with the Accountable Officer and scrutiny by the Governing Body's Audit Committee, the chief finance officer will recommend amendments, as fitting, to the Governing Body for approval. As these prime financial policies are an integral part of the CCG's constitution, any amendment will not come into force until the CCG applies to the NHS England and that application is granted.

1.6. **Schedule of matters reserved to the NHS Manchester Clinical Commissioning Group and the Scheme of Reservation and Delegation**

1.6.1. The 2006 Act (as amended by the 2012 Act) provides the CCG with powers to delegate the CCG's functions and those of the Governing Body to certain bodies (such as committees) and certain persons. The CCG has decided that certain decisions may only be exercised by the CCG in formal session. These decisions and also those delegated are contained in the CCG's Scheme of Reservation and Delegation (see Appendix F).

**2. BANK ACCOUNTS**

**POLICY** – the CCG will keep enough liquidity to meet its current commitments.

2.1. The Chief Finance Officer will:

- a) review the banking arrangements of the CCG at regular intervals to ensure they are in accordance with Secretary of State directions, best practice and represent best value for money;
- b) manage the CCG's banking arrangements and advise the CCG on the provision of banking services and operation of accounts;
- c) prepare detailed instructions on the operation of bank accounts.

2.2. The Board shall approve the banking arrangements.

**3. INTERNAL CONTROL**

**POLICY** – the CCG will put in place a suitable control environment and effective internal controls that provide reasonable assurance of effective and efficient operations, financial stewardship, probity and compliance with laws and policies.

3.1. The Governing Body is required to establish an Audit Committee with terms of reference agreed by the Governing Body (see section 6 of the CCG's constitution for further information).

3.2. The Accountable Officer has overall responsibility for the CCG's systems of internal control.

3.3. The Chief Finance Officer will ensure that:

- a) financial policies are considered for review and update annually;

- b) a system is in place for proper checking and reporting of all breaches of financial policies; and
- c) a proper procedure is in place for regular checking of the adequacy and effectiveness of the control environment.

#### 4. **AUDIT**

**POLICY** – the CCG will keep an effective and independent internal audit function and fully comply with the requirements of external audit and other statutory reviews.

- 4.1. In line with the terms of reference for the Governing Body's Audit Committee, the person appointed by the CCG to be responsible for internal audit and the CCG appointed external auditor will have direct and unrestricted access to audit committee members and the chair of the governing body, accountable officer and chief finance officer for any significant issues arising from audit work that management cannot resolve, and for all cases of fraud or serious irregularity.
- 4.2. The person appointed by the CCG to be responsible for internal audit and the external auditor will have access to the audit committee and the accountable officer to review audit issues as appropriate. All audit committee members, the chair of the governing body and the accountable officer will have direct and unrestricted access to the head of internal audit and external auditors.
- 4.3. The Audit Committee will:
  - a) ensure that the CCG has a professional and technically competent internal and external audit function; and
  - b) approve any changes to the provision or delivery of assurance services to the CCG.

#### 5. **FRAUD AND CORRUPTION**

**POLICY** – the CCG requires all staff to always act honestly and with integrity to safeguard the public resources they are responsible for. The CCG will not tolerate any fraud perpetrated against it and will actively chase any loss suffered.

- 5.1. The Governing Body's Audit Committee will satisfy itself that the CCG has adequate arrangements in place for countering fraud, appointing external counter fraud services and shall review the outcomes of counter fraud work. It shall also approve the counter fraud work programme.

5.2. The Governing Body's Audit Committee will ensure that the CCG has arrangements in place to work effectively with NHS Protect.

## **6. EXPENDITURE CONTROL**

6.1. The CCG is required by statutory provisions<sup>1</sup> to ensure that its expenditure does not exceed the aggregate of allotments from NHS England and any other sums it has received and is legally allowed to spend.

6.2. The Accountable Officer has overall executive responsibility for ensuring that the CCG complies with certain of its statutory obligations, including its financial and accounting obligations, and that it exercises its functions effectively, efficiently and economically and in a way which provides good value for money.

6.3. The Chief Finance Officer will:

- a) provide reports in the form required by NHS England;
- b) ensure money drawn from NHS England is required for approved expenditure only is drawn down only at the time of need and follows best practice;
- c) be responsible for ensuring that an adequate system of monitoring financial performance is in place to enable the CCG to fulfil its statutory responsibility not to exceed its expenditure limits, as set by direction of NHS England.

## **7. ALLOTMENTS<sup>2</sup>**

7.1. The CCG's Chief Finance Officer will:

- a) periodically review the basis and assumptions used by NHS England for distributing allotments and ensure that these are reasonable and realistic and secure the CCG's entitlement to funds;
- b) prior to the start of each financial year submit to the Governing Body for approval a report showing the total allocations received and their proposed distribution including any sums to be held in reserve; and
- c) regularly update the Board and the Governing Body on significant changes to the initial allocation and the uses of such funds.

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<sup>1</sup> See section 223H of the 2006 Act, inserted by section 27 of the 2012 Act

<sup>2</sup> See section 223(G) of the 2006 Act, inserted by section 27 of the 2012 Act.

## 8. COMMISSIONING STRATEGY, BUDGETS, BUDGETARY CONTROL AND MONITORING

**POLICY** – the CCG will produce and publish an annual commissioning plan<sup>3</sup> that explains how it proposes to discharge its financial duties. The CCG will support this with comprehensive medium term financial plans and annual budgets.

- 8.1. The Accountable Officer will compile and submit to the Board a commissioning strategy which takes into account financial targets and forecast limits of available resources.
- 8.2. Prior to the start of the financial year the chief finance officer will, on behalf of the accountable officer, prepare and submit budgets for approval by the Board if delegated.
- 8.3. The Chief Financial Officer shall monitor financial performance against budget and plan, periodically review them, and report to the Board. This report should include explanations for variances. These variances must be based on any significant departures from agreed financial plans or budgets.
- 8.4. The Accountable Officer is responsible for ensuring that information relating to the CCG's accounts or to its income or expenditure, or its use of resources is provided to NHS England as requested.
- 8.5. The Board will approve consultation arrangements for the CCG's commissioning plan<sup>4</sup>.

## 9. ANNUAL ACCOUNTS AND REPORTS

– the CCG will produce and submit to NHS England accounts and reports in accordance with all statutory obligations<sup>5</sup>, relevant accounting standards and accounting best practice in the form and content and at the time required by NHS England.

- 9.1. The Chief finance Officer will ensure the CCG:
  - a) prepares a timetable for producing the annual report and accounts and agrees it with external auditors and the Governing Body;
  - b) prepares the accounts according to the timetable approved by the Governing Body;

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<sup>3</sup> See section 14Z11 of the 2006 Act, inserted by section 26 of the 2012 Act.

<sup>4</sup> See section 14Z13 of the 2006 Act, inserted by section 26 of the 2012 Act

<sup>5</sup> See paragraph 17 of Schedule 1A of the 2006 Act, as inserted by Schedule 2 of the 2012 Act.

- c) complies with statutory requirements and relevant directions for the publication of annual report;
- d) considers the external auditor's management letter and fully address all issues within agreed timescales; and
- e) publishes the external auditor's management letter on the CCG's website at [www.manchesterccg.nhs.uk](http://www.manchesterccg.nhs.uk)

## 10. INFORMATION TECHNOLOGY

**POLICY** – the CCG will ensure the accuracy and security of the CCG's computerised financial data.

10.1. The Accountable Officer is responsible for the accuracy and security of the CCG's computerised financial data and shall:

- a) devise and implement any necessary procedures to ensure adequate (reasonable) protection of the CCG's data, programs and computer hardware from accidental or intentional disclosure to unauthorised persons, deletion or modification, theft or damage, having due regard for the Data Protection Act 1998;
- b) ensure that adequate (reasonable) controls exist over data entry, processing, storage, transmission and output to ensure security, privacy, accuracy, completeness, and timeliness of the data, as well as the efficient and effective operation of the system;
- c) ensure that adequate controls exist such that the computer operation is separated from development, maintenance and amendment;
- d) ensure that an adequate management (audit) trail exists through the computerised system and that such computer audit reviews as the Chief Finance Officer may consider necessary are being carried out.

10.2. In addition the Chief Finance Officer shall ensure that new financial systems and amendments to current financial systems are developed in a controlled manner and thoroughly tested prior to implementation. Where this is undertaken by another organisation, assurances of adequacy must be obtained from them prior to implementation.

## 11. ACCOUNTING SYSTEMS

**POLICY** – the CCG will run an accounting system that creates management and financial accounts.

- 11.1. The Chief Finance Officer will ensure:
- a) the CCG has suitable financial and other software to enable it to comply with these policies and any consolidation requirements of NHS England;
  - b) that contracts for computer services for financial applications with another health organisation or any other agency shall clearly define the responsibility of all parties for the security, privacy, accuracy, completeness, and timeliness of data during processing, transmission and storage. The contract should also ensure rights of access for audit purposes.
- 11.2. Where another health organisation or any other agency provides a computer service for financial applications, the chief finance officer shall periodically seek assurances that adequate controls are in operation.

**12. INCOME, FEES AND CHARGES AND SECURITY OF CASH, CHEQUES AND OTHER NEGOTIABLE INSTRUMENTS.**

**POLICY** – the CCG will  
operate a sound system for prompt recording, invoicing and collection of all monies due;  
seek to maximise its potential to raise additional income only to the extent that it does not interfere with the performance of the CCG or its functions<sup>6</sup>; and  
ensure its power to make grants and loans is used to discharge its functions effectively<sup>7</sup>.

- 12.1. The Chief Financial Officer is responsible for:
- a) designing, maintaining and ensuring compliance with systems for the proper recording, invoicing, and collection and coding of all monies due;
  - b) establishing and maintaining systems and procedures for the secure handling of cash and other negotiable instruments;
  - c) approving and regularly reviewing the level of all fees and charges other than those determined by NHS England or by statute. Independent professional advice on matters of valuation shall be taken as necessary;
  - d) for developing effective arrangements for making grants or loans.

**13. TENDERING AND CONTRACTING PROCEDURE**

<sup>6</sup> See section 14Z5 of the 2006 Act, inserted by section 26 of the 2012 Act.

<sup>7</sup> See section 14Z6 of the 2006 Act, inserted by section 26 of the 2012 Act.



**POLICY** – the CCG:

- will ensure proper competition that is legally compliant within all purchasing to ensure we incur only budgeted, approved and necessary spending;
- will seek value for money for all goods and services;
- shall ensure that competitive tenders are invited for:
  - the supply of goods, materials and manufactured articles;
  - the rendering of services including all forms of management consultancy services (other than specialised services sought from or provided by the Department of Health); and
  - for the design, construction and maintenance of building and engineering works (including construction and maintenance of grounds and gardens) for disposals.

13.1. The CCG shall ensure that the firms / individuals invited to tender (and where appropriate, quote) are among those on approved lists or where necessary a framework agreement. Where in the opinion of the chief finance officer it is desirable to seek tenders from firms not on the approved lists, the reason shall be recorded in writing to the Accountable Officer or the CCG's Governing Body.

13.2. The Governing Body may only negotiate contracts on behalf of the CCG, and the CCG may only enter into contracts, within the statutory framework set up by the 2006 Act, as amended by the 2012 Act. Such contracts shall comply with:

- a) the CCG's standing orders;
- b) the Public Contracts Regulation 2006, any successor legislation and any other applicable law; and
- c) take into account as appropriate any applicable NHS England or the Independent Regulator of NHS Foundation Trusts (Monitor) guidance that does not conflict with (b) above.

13.3. In all contracts entered into, the CCG shall endeavour to obtain best value for money. The Accountable Officer shall nominate an individual who shall oversee and manage each contract on behalf of the CCG.

**14. COMMISSIONING**

**POLICY** – working in partnership with relevant national and local stakeholders, the CCG will commission certain health services to meet the reasonable requirements of the persons for whom it has responsibility.

- 14.1. The CCG will coordinate its work with NHS England, other clinical commissioning groups, local providers of services, local authority(ies), including through Health & Wellbeing Boards, patients and their carers and the voluntary sector and others as appropriate to develop robust commissioning plans.
- 14.2. The CCG may enter into joint commissioning arrangements with one or more local authorities pursuant to Section 75 of the 2006 Act. The CCG may establish and maintain a pooled fund made up of contributions by all parties working together. Any such pooled fund may be used to make payments towards expenditure incurred in the discharge of any of the commissioning functions in respect of which the arrangements are made.
- 14.3. The Accountable Officer will establish arrangements to ensure that regular reports are provided to the Board and Governing Body detailing actual and forecast expenditure and activity for each contract.
- 14.4. The Chief Finance Officer will maintain a system of financial monitoring to ensure the effective accounting of expenditure under contracts. This should provide a suitable audit trail for all payments made under the contracts whilst maintaining patient confidentiality.

## **15. RISK MANAGEMENT AND INSURANCE**

– the CCG will put arrangements in place for evaluation and management of its risks.

- 15.1. The Governing Body has a responsibility to ensure that the organisation is properly governed in accordance with best practice corporate, clinical and financial governance.
- 15.2. Through the Assurance Framework and committee structure, NHS Manchester CCG is committed to ensuring that risk management forms a key element of its philosophy, practices and business plans, with responsibility for implementation accepted at all levels.
- 15.3. The Assurance Framework provides evidence that NHS Manchester CCG has systematically identified its objectives, both strategically and operationally, managing its risks to achieve them. The framework systematically provides a vehicle for the identification of assurances and controls to risks and their effectiveness.
- 15.4. Management of risk forms part of the NHS Manchester CCG overall approach to governance. NHS Manchester CCG will operate integrated governance and risk management assurance. Details of the processes and responsibilities relating to the management of risk and assurance are set detailed in the CCG's Risk Management Framework.

## 16. PAYROLL

– the CCG will put arrangements in place for an effective payroll service.

- 16.1. The Chief Finance Officer will ensure that the payroll service selected:
- a) is supported by appropriate (i.e. contracted) terms and conditions;
  - b) has adequate internal controls and audit review processes;
  - c) has suitable arrangements for the collection of payroll deductions and payment of these to appropriate bodies.
- 16.2. In addition the Chief Finance Officer shall set out comprehensive procedures for the effective processing of payroll.

## 17. NON-PAY EXPENDITURE

**POLICY** – the CCG will seek to obtain the best value for money goods and services received.

- 17.1. The Chief Finance Officer will approve the level of non-pay expenditure on an annual basis and the accountable officer will determine the level of delegation to budget managers.
- 17.2. The Accountable Officer shall set out procedures on the seeking of professional advice regarding the supply of goods and services.
- 17.3. The Chief Finance Officer will:
- a) advise the Accountable Officer on the setting of thresholds above which quotations (competitive or otherwise) or formal tenders must be obtained; and, once approved, the thresholds should be incorporated in the scheme of reservation and delegation;
  - b) be responsible for the prompt payment of all properly authorised accounts and claims;
  - c) be responsible for designing and maintaining a system of verification, recording and payment of all amounts payable.

## 18. CAPITAL INVESTMENT, FIXED ASSET REGISTERS AND SECURITY OF ASSETS

**POLICY** – the CCG will put arrangements in place to manage capital investment, maintain an asset register recording fixed assets and put in place policies to secure the safe storage of the CCG's fixed assets.

- 18.1. The Accountable Officer will:
- a) ensure that there is an adequate appraisal and approval process in place for determining capital expenditure priorities and the effect of each proposal upon plans;
  - b) be responsible for the management of all stages of capital schemes and for ensuring that schemes are delivered on time and to cost;
  - c) shall ensure that the capital investment is not undertaken without confirmation of purchaser(s) support and the availability of resources to finance all revenue consequences, including capital charges;
  - d) be responsible for the maintenance of registers of assets, taking account of the advice of the chief finance officer concerning the form of any register and the method of updating, and arranging for a physical check of assets against the asset register to be conducted once a year.
- 18.2. The Chief Finance Officer will prepare detailed procedures for the disposals of assets.

## 19. RETENTION OF RECORDS

**POLICY** – the CCG will put arrangements in place to retain all records in accordance with NHS Code of Practice Records Management 2006 and other relevant notified guidance

- 19.1. The Accountable Officer shall:
- a) be responsible for maintaining all records required to be retained in accordance with NHS Code of Practice Records Management 2006 and other relevant notified guidance;
  - b) ensure that arrangements are in place for effective responses to Freedom of Information requests;
  - c) publish and maintain a Freedom of Information Publication Scheme.

## 20. TRUST FUNDS AND TRUSTEES

**POLICY** – the CCG will put arrangements in place to provide for the appointment of trustees if the CCG holds property on trust.

- 20.1. The Chief Finance Officer shall ensure that each trust fund which the CCG is responsible for managing is managed appropriately with regard to its purpose and to its requirements.

**MANCHESTER HEALTH AND CARE COMMISSIONING**

**CORPORATE GOVERNANCE**

**BOARD AND COMMITTEES ADMINISTRATION GUIDE**

**INTRODUCTION**

1. MHCC has a system of corporate governance that is based on legislation, its Constitution, the Standing Orders of the Board and Governing Body, the scheme(s) of delegation and the various Terms of Reference of its Committees.
2. Our Constitution says that “the CCG will at all times observe “such generally accepted principles of good governance” in the way it conducts its business.” These include The Good Governance Standard for Public Services.
3. The Good Governance Standard for Public Services comprises six core principles of good governance, each with its supporting principles. One of the core principles, and its supporting ones, is

**4. Good governance means taking informed, transparent decisions and managing risk**

4.1 Being rigorous and transparent about how decisions are taken

4.2 Having and using good quality information, advice and support

4.3 Making sure that an effective risk management system is in operation

4. This guide aims to help those responsible for the servicing of the decision-making structures (Board, Governing Body, Committees etc.) support those structures in complying with these principles. It is of particular relevance to Committee Chairs, Lead Officers and Business Support staff.

**STRUCTURE OF THE GUIDE**

5. The sections of the guide follow the general route of the conduct of a Board or Committee:
  - Structure – Terms of Reference – for the group
  - Agree an agenda
  - Receive the reports/papers
  - Distribute papers to Members

- Conduct meeting
  - Record declarations of interest and all outcomes of declarations
  - Record risks
  - Record the events, especially decisions, of the meeting
6. A number of standard template documents, which should be used for all meetings in the governance structure, are attached as appendices.

## **TERMS OF REFERENCE**

7. The terms of reference (ToR) of a committee, or in the case of the Board and Governing Body, the Standing Orders, is an important document which contains clear and specific information on how the committee is organised, what the committee is trying to achieve, who the members are, and when they meet. Most importantly it describes the purpose and authority of the committee.
8. All MHCC's Committees' ToRs are attached to the Constitution or included in the CCG Governance Handbook required by NHSE. Therefore, they are not easily amendable.
9. The Lead Officer should consult the Head of Corporate Governance on any proposals to amend their ToR, as it is important to ensure compliance with the Scheme of Delegation and avoid duplication of purpose, responsibility or accountability. Amendments to a ToR should be properly presented to the Committee, considered and APPROVED by the Committee, before being presented to MHCC's Board for its approval.
10. ToRs are public documents, either by being appended to the CCG's constitution or being included in the CCG Governance Handbook required by NHSE (which must be available on our website). The agreed amendments should then be reported to the Board and the ToR, as amended, published appropriately.
11. A standard template for a Terms of Reference is attached at Appendix 1.
12. Membership of the Committee must be clearly set out in the ToR, with individuals being identified by their job title. If the identified member wishes to nominate a deputy to attend the Committee in their place, the nominated deputy must also be set out in the ToR, again identified by their job title.
13. The section on the Committee's Responsibilities must include a requirement to produce an annual workplan (including standard agenda items) for the year ahead.

## **AGREE AN AGENDA**

14. The Lead Officer should work with the Chair of the Board or Committee to agree an agenda for the meeting. This should be done in sufficient time to notify report authors of the requirement to complete and return the report to business support colleagues.
15. Standard items on an agenda, either at every meeting or on an agreed schedule, should include:
  - Apologies for absence
  - Declarations of interest
  - Minutes of previous meeting(s)
  - Matters arising and action log
  - Risk report
  - Any other business
  - Future meetings
16. The Board will receive reports on the Committees' activities and decisions in line with the agreed schedule of reporting in the Board's Forward Plan. It will be the Committee's Lead Officer's responsibility to compose this report and present it with the Committee's Chair to the Board. A template for reporting to Board is attached at Appendix 6.

## **RECEIVE THE REPORTS/PAPERS**

17. All report authors must clearly state, in the report recommendation(s), what action they want the Board or Committee to take. There are certain standard recommendation actions that can be used:

To note – the Board/Committee is asked to be aware of the information presented in the report (if the only recommendation is that the report is noted, then the report is “for information” only)

To approve – officially agree to or accept as satisfactory

To endorse – support, agree with, approve what others have recommended



To gain assurance – the Board/Committee can be confident in the validity of what is presented

18. Lead Officers and Chairs should be mindful that a majority of reports to meetings recommending that they be noted may be indicative of poor governance.
19. All reports to be sent out in the papers for a Board meeting should be in the standard format as set out in the template at Appendix 2.
20. All reports to be sent out in the papers for a Committee meeting should be in the standard format as set out in the template at Appendix 3.
21. All documents being presented to Board/Committee must have a covering report in the standard format. For example, if a policy is being presented for approval, a covering report must preface it, setting out the required details and statements and outlining the key points in the policy. The policy, or other document, forms an appendix to the report.
22. It is now the law for the NHS and adult social care services to comply with Accessible Information Standard (AIS). All reports must follow the AIS. Guidance on how to comply with the requirements of the AIS can be found at <https://intranet.mhcc.nhs.uk/resources/accessible-information/>
23. Reports, and their attachments, must be sent to the Board/Committee's Business Support colleague in sufficient time to enable checking (by the relevant Business Support colleague) of compliance with format and collation of all reports ready for circulation to the Board/Committee Members. This should be 2 working days before the circulation date.

## **DISTRIBUTE PAPERS TO MEMBERS**

24. It is essential that all papers are circulated to Members in a timely fashion to give them long enough to read them and prepare for the meeting.
25. Terms of reference for all Committees will include a clause that says "agenda and supporting papers will be circulated to all Members at least five working days before the date of the meeting".

## **CONDUCT OF THE MEETING**

26. It is important that meetings are conducted through the Chair and the Chair manages all contributions from Members and officers in attendance. The Chair should promote an environment of openness and challenge, where all Members' contributions are encouraged and welcomed.

27. The Chair should ensure that the Board/Committee formally makes and records decisions, taking a report's recommendation(s) as its basis. Voting is not necessary as a consensus of the Members is equally valid, however, it is essential that the resolution is made and recorded.

## **DECLARATIONS OF INTEREST**

28. Rigorous and consistent management of declarations of interest in meetings is essential. Failing to follow all the procedures set out here will leave us open to judgements of non-compliance with NHSE's Statutory Guidance.
29. Ultimate responsibility for this lies with the Chair. The Lead Officer and Business Support colleague must support the Chair in carrying out their responsibilities.
30. Section 8.3 of MHCC's Conflicts of Interest Policy (May 2018) sets out the requirements of managing declarations of interest in meetings, including the following bullet point summary:  
"Any interests declared at a meeting will be recorded in the minutes and will record:
  - Who has the interest;
  - The nature of the interest and why it gives rise to a conflict, including the magnitude of any interest;
  - The items on the agenda to which the interest relates;
  - How the conflict was agreed to be managed; and
  - Evidence that the conflict was managed as intended (for example recording the points during the meeting when particular individuals left or returned to the meeting)."
31. The Chair will review the declared interests of the Board/Committee Members before the meeting to check for potential conflicts arising from the agenda items.
32. At the meeting, the Chair will ask Members for any interests relating to any matters on the meeting's agenda.
33. Members must declare any interest that gives rise to a potential conflict, even if the interest has been declared previously, and which item(s) on the agenda the interest relates to.
34. The Chair will decide how any arising conflicts should be managed.
35. The minute taker at the meeting must record all matters relating to declaration of interest as in the bullet points above (including if there are no declarations).

36. A copy of the record of declarations of interest must be forwarded to the Corporate Governance Team.
37. A template “Declarations of Interests at Meetings” checklist and record is attached at Appendix 4.

## **RISKS**

38. All Board/Committee meetings should consider their critical risks. Good risk management is good governance. The MHCC Risk Management Framework is based on a structure of Strategic (Board), Corporate (Committee) and Programme (Operational) risks.
39. The Risk Management Framework - September 2018 (RMF) requires a consistent approach to the management of risks across all groups. This includes the use of a standard risk register format. The Risk Register template is attached at Appendix 5.
40. The Chair’s role in managing risks in committee meetings is to:
  - ensure that members have reviewed the risks
  - ensure the Committee holds risk owners to account for managing their risks
  - ensure that new and emerging risks are considered
  - ensure that the Committee “approves” the risk register and the ongoing management of the risks
41. The Committee’s Lead Officer’s role in managing risks in committee meetings is to:
  - ensure that risks on the Committee’s risk register are being actively managed by risk owners (including risks they own)
  - to provide a summary of changes to risks that have taken place since the last report
  - identify any new and emerging risks

## **RECORD OF THE MEETING/MINUTES**

42. The ‘house style’ of writing minutes is to record the substantive discussion against each item as well as decisions.
43. Draft minutes of a meeting should be made available to the Chair no later than 5 working days after the date of the meeting. The draft minutes and the actions

log, when approved by the Chair, should be sent to members and officers to progress their actions ahead of the next meeting.

44. Minutes should be formally approved at the next meeting of the Board/Committee.
45. All Committees will report on the business conducted at its meetings to a subsequent Board meeting in line with the agreed schedule of reporting in the Board's Forward Plan. A template for reporting to Board is attached at Appendix 6.

## **APPENDICES**

**APPENDIX 1**  
**TERMS OF REFERENCE TEMPLATE**

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## Manchester Health and Care Commissioning

### <Name> Committee

### Terms of Reference

#### 19.0 Introduction

The <Name> Committee forms a key element of the governance structure for Manchester Health and Care Commissioning (MHCC) – the partnership between NHS Manchester Clinical Commissioning Group (CCG) and Manchester City Council (MCC) which leads the commissioning of health, social care and public health services in the city of Manchester.

The <Name> Committee is a sub-committee of the MHCC Board, the Committee established by NHS Manchester CCG to oversee the commissioning of all services and functions in scope of MHCC.

#### 20.0 Name

The Committee will be known as the <Name> Committee.

#### 21.0 Overview

The Committee has those executive powers delegated to it by the Board within the CCG's Scheme of Reservation and Delegation and in these terms of reference, which will be reviewed on an annual basis.

#### 22.0 Purpose

The <Name> Committee has been established to <complete>

The Committee will make decisions and/or make recommendations to the Board on the areas that are defined as its responsibilities and within the delegation allowed for the Committee in the CCG's Scheme of Reservation and Delegation.

The Committee will establish such sub-Committees as it deems necessary to support it to discharge its functions. The Committee will inform the Board of the establishment of such sub-Committees and present to the Board the Terms of Reference of the sub-Committee, ensuring compliance with the Scheme of Delegation.

#### 23.0 Responsibilities

The Committee will:

- Deliver any activity within its terms of reference and produce an annual work programme to discharge its responsibilities;

- 

46.

#### **24.0 Lead Officer**

The lead officer for the Committee is the [Executive Team member].

#### **25.0 Membership**

The Committee will consist of the following voting members:

- (Chair)
- (Deputy Chair)
- ...

The following nominated deputies will attend for voting members not in attendance:

- [nominated deputy] attending for [voting member]

The following will be expected to attend as non-voting members:

- 

Additional members may be co-opted onto the Committee at the discretion of the Committee or its Chair. Representatives may be asked to attend the meeting for ad-hoc requirements.

#### **26.0 Quoracy**

[for the Audit Committee]

The quorum will be 3 members, one of whom must be the Lay Member for Finance and Audit or the Lay Member for Governance.

[for other Committees]

The quorum will be 3 members, including the Chair or Deputy Chair and the Lead Officer (or nominated deputy) with at least 2 members who are not in executive posts in MHCC.

#### **27.0 Voting**

A decision will be carried by a simple majority of votes.

#### **28.0 Frequency of Meetings**

The Committee will meet a minimum of XX times per year. Additional meetings may be called at the discretion of the Chair if appropriate.

#### **29.0 Attendance at Meetings**

Members are expected to attend 100% of meetings or, if this is not achievable, provide their apologies to the Chair in advance of the meeting.



Failure to attend for three consecutive meetings with or without providing an apology will lead to a discussion between the Chair and the absent Member and actions agreed to improve attendance or enrol a replacement.

Failure to attend two-thirds of meetings in a rolling year, with or without apologies, will lead to a discussion between the Chair and the absent Member and actions agreed to improve attendance or enrol a replacement.

### **30.0 Reporting**

The <Name> Committee's minutes will be formally recorded and they, or a summary note of business undertaken at the Committee, will be submitted to the MHCC Board.

Any sub-committees of the <Name> Committee will report on its activities and decisions to its parent Committee at the next parent Committee meeting.

### **31.0 Conflicts of Interest**

Members are required to adhere to the Conflicts of Interest Policy. The Committee will ensure that CCG and NHS England requirements and statutory guidance on management of conflicts of interest is adhered to. In particular, the Committee will

- Maintain appropriate registers of interests and a register of decisions;
- Publish, or make arrangements for the public to access, those registers;
- Make arrangements requiring the prompt declaration of interests by the persons specified (members and employees) and ensure that these interests are entered into the relevant register;
- Make arrangements for managing conflicts and potential conflicts of interest (e.g. developing appropriate policies and procedures); and
- Have regard to guidance published by NHS England in relation to conflicts of interest.

### **32.0 Code of Conduct**

The Committee will conduct its business in accordance with the Code of Conduct and good governance practice in the Constitution.

### **33.0 Risk Management**

The Committee will adhere to the Risk Management Framework, review those risks on the risk register which have been assigned to it and ensure that appropriate mitigating actions are in place to manage risks. The Chair and Lead Officer are responsible for risk management on behalf of the Committee.

The Committee is required to give assurance to the Board that robust governance and management processes are in place to manage risk.

### **34.0 Recording of Meetings**

MHCC and the CCG are committed to being open and transparent in the way they conduct decision making. Recording of discussions is permitted and expected at

many meetings, some of which are either open to the public, or with members of the public.

Generally minutes of meetings are taken and then typed up for ratification as a 'true and accurate record' of discussions. Where audio recordings are made, to aid the minutes or notes of the meetings, then whether or not the typed up version is 'word for word', or a 'précis', will depend on the audience and its agreed expectations.

For further details and examples of when exemptions may apply, refer to 'Procedure for Audio Recording Meetings'.

### **35.0 Amendments to the Terms of Reference**

The Lead Officer will consult the Head of Corporate Governance on any proposals to amend their ToR, to ensure compliance with the Scheme of Delegation and avoid duplication of purpose, responsibility or accountability. Amendments to the ToR will be presented to the Committee, considered and approved by the Committee.

The agreed amendments will then be reported to the Board and the ToR, as amended, published appropriately.

### **36.0 Date of Review**

The Terms of Reference will be reviewed on an annual basis to ensure that the Committee is achieving its functions effectively.

**Version:**

**Date approved by the Committee:**

**Date approved by the Board:**

**APPENDIX 2**  
**COVER REPORT TEMPLATE**  
**FOR BOARD**

Manchester Health and Care Commissioning

BOARD

Agenda Item		Date	
<b>Report Title</b>			
<b>Report Author</b>			
<b>Summary</b>			
<b>Strategic Objectives considered in this report</b>	<p>Improve the health and wellbeing of people in Manchester</p> <p>Strengthen the social determinants of health and promote healthy lifestyles</p> <p>Ensure services are safe, equitable and of a high standard with less variation</p> <p>Enable people and communities to be active partners in their health and wellbeing</p> <p>Achieve a sustainable system</p> <p><i>*delete as necessary</i></p>		
<b>Risks considered in this report</b>	<p>748 MHCC workforce capacity and capability</p> <p>749 Local Care Organisation</p> <p>750 Single Hospital Service</p> <p>752 Service capacity</p> <p>753 Care Pathways</p> <p>754 Inequity</p> <p>755 Community resources</p> <p>756 Finance</p> <p>757 Provider Service Delivery</p> <p>758 Strategic Partnerships</p> <p><i>*delete as necessary</i></p>		

<p><b>Confirmation that equality analysis has been fully considered in the preparation and design of the reported policy, plan or strategy.</b></p>	<p>Yes/No [if no, give reason]</p> <p>Any resulting strengthening actions are indicated within the body of this paper, see paragraphs [enter the no(s). of the relevant paragraphs]</p>
<p><b>Financial Implications</b></p>	
<p><b>Public Engagement</b></p>	
<p><b>Recommendations</b></p>	<p>The Board is recommended to:</p> <ol style="list-style-type: none"> <li>1. &lt;note/approve/endorse/receive assurance...&gt;</li> <li>2. &lt;note/approve/endorse/receive assurance...&gt;</li> </ol>

## 1.0 Introduction

1.1

1.2

## 2.0

2.1

2.2

## 3.0

3.1

3.2

**APPENDIX 3**  
**COVER REPORT TEMPLATE**  
**FOR COMMITTEE**

Manchester Health and Care Commissioning

<name of Committee>

Agenda Item		Date	
<b>Report Title</b>			
<b>Report Author</b>			
<b>Summary</b>			
<b>Strategic Objectives considered in this report</b>			
<b>Risks considered in this report</b>			
<b>Confirmation that equality analysis has been fully considered in the preparation and design of the reported policy, plan or strategy.</b>	<p>Yes/No [if no, give reason]</p> <p>Any resulting strengthening actions are indicated within the body of this paper, see paragraphs [enter the no(s). of the relevant paragraphs]</p>		
<b>Financial Implications</b>			
<b>Public Engagement</b>			

<b>Recommendations</b>	The Committee is recommended to: <ol style="list-style-type: none"><li>1. &lt;note/approve/endorse/receive assurance...&gt;</li><li>2. &lt;note/approve/endorse/receive assurance...&gt;</li></ol>
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## 1.0 Introduction

1.1

1.2

## 2.0

2.1

2.2

## 3.0

3.1

3.2



**APPENDIX 4**  
**MANAGING DECLARATIONS OF INTEREST AT MEETINGS**  
**TEMPLATE**

## Declarations of interest at meetings checklist

Under the Health and Social Care Act 2012, there is a legal obligation to manage conflicts of interest appropriately. It is essential that declarations of interest and actions arising from the declarations are recorded formally and consistently across all MHCC Board, MCCG governing body, committee and sub-committee meetings. This checklist has been developed with the intention of providing support in conflicts of interest management to the Chair of the meeting – prior to, during and following the meeting. It does *not* cover the requirements for declaring interests outside of the committee process.

Timing	Checklist for Chairs	Responsibility
Before the meeting	<ol style="list-style-type: none"> <li>1. <b>The agenda</b> to include a standing item on declaration of interests to enable individuals to raise any issues and/or make a declaration at the meeting.</li> <li>2. A <b>definition of conflicts of interest</b> should also be accompanied with each agenda to provide clarity for all recipients.</li> <li>3. <b>Agenda</b> to be circulated to enable attendees (including visitors) to identify any interests relating specifically to the agenda items being considered.</li> <li>4. <b>Members should contact the Chair</b> as soon as an actual or potential conflict is identified.</li> <li>5. <b>Chair</b> to review a <b>summary report from preceding meetings</b> i.e., sub-committee, working group, etc., detailing any conflicts of interest declared and how this was managed.</li> <li>6. A <b>copy of the members' declared interests</b> is checked to establish any actual or potential conflicts of interest that may occur during the meeting.</li> </ol>	<p>Meeting Chair and Business Support</p> <p>Meeting Chair and Business Support</p> <p>Meeting Chair and Business Support</p> <p>Meeting members</p> <p>Meeting Chair</p> <p>Meeting Chair</p>
During the meeting	<ol style="list-style-type: none"> <li>7. <b>Check and declare the meeting is quorate</b> and ensure that this is noted in the minutes of the meeting.</li> <li>8. Chair requests <b>members to declare any interests in agenda items</b>- which have not already been declared, including the nature of the conflict.</li> </ol>	<p>Meeting Chair</p> <p>Meeting Chair</p>

Timing	Checklist for Chairs	Responsibility
During the meeting (cont.)	<p><b>9. Chair makes a decision</b> as to how to manage each interest which has been declared, including whether / to what extent the individual member should continue to participate in the meeting, on a case-by-case basis, and this decision is recorded.</p> <p><b>10. As minimum requirement</b>, the following should be <b>recorded in the minutes of the meeting</b>:</p> <ul style="list-style-type: none"> <li>• Individual declaring the interest;</li> <li>• At what point the interest was declared;</li> <li>• The nature of the interest;</li> <li>• The Chair's decision and resulting action taken;</li> <li>• The point during the meeting at which any individuals retired from and returned to the meeting - even if an interest has not been declared.</li> <li>• <b>Visitors in attendance</b> who participate in the meeting must also follow the meeting protocol and declare any interests in a timely manner.</li> </ul> <p><b>A template for recording any interests during meetings</b> is detailed below.</p>	<p>Meeting Chair and Business Support</p> <p>Business Support</p>
Following the meeting	<p><b>11. All new interests declared</b> at the meeting should be promptly updated onto the declaration of interest form.</p> <p><b>12. All new completed declarations of interest</b> should be <b>transferred onto the register of interests</b>.</p>	<p>Individual(s) declaring interest(s)</p> <p>Head of Corporate Governance</p>



**APPENDIX 5**  
**RISK REGISTER TEMPLATE**

Title	Description	Risk Owner	Inherent Risk Rating (Likelihood x Consequence)	Controls in place	Sources of Assurance	Mitigated Risk Rating (Likelihood x Consequence)	Target Risk Rating (Likelihood x Consequence)	Gaps in Controls	Mitigating Action(s)	Date by which target rating is expected to be achieved?
<b>Objectives:</b>										
<Short title>	<p>Use the 'Cause-Risk-Effect' format to describe risk – it can be of real benefit in terms of understanding the true nature of your risk exposures.</p> <p>The cause is typically explained as the source of the risk or the trigger that may enable the right conditions for it to occur. The risk is what <i>may</i> or <i>may not</i> happen as a result of that cause (trigger) and the effect is the consequence/impact that the risk would have on the plan or objective, if the risk materialises.</p> <p>e.g. "because I step into the road without looking there is a risk that a car may hit me which may lead to me being seriously injured"</p>	<individual name>	<p>Risk score (likelihood x consequence)</p> <p>[the inherent risk is the "raw", unmitigated risk]</p> <p>&lt;shade the cell in the appropriate colour&gt;</p>	<p>&lt;list of controls and mitigations, <i>in place</i>, that manage the inherent risk. This should be a list of actions or processes. Thinking of the "three lines of defence" will help to construct this list.</p>	<p>&lt;where can the body responsible for the risks gain assurance that they are being managed?&gt;</p>	<p>Risk score (likelihood x consequence)</p> <p>[the Mitigated Risk is the risk after the controls and mitigations in place have been taken into account – this is the <i>current</i> risk score]</p> <p>&lt;shade the cell in the appropriate colour&gt;</p>	<p>Risk score (likelihood x consequence)</p> <p>[at what level is the risk acceptable]</p> <p>&lt;shade the cell in the appropriate colour&gt;</p>	<p>&lt;what could be done to reduce the risk&gt;</p>	<p>&lt;list of actions that will be taken to reduce the Mitigated Risk (current risk score) to the Target Risk Rating&gt;</p>	<p>&lt;the date of the last Mitigating Action to be completed (assuming the actions will reduce the Mitigated Risk to the Target Risk Rating)&gt;</p>

**APPENDIX 6**  
**COMMITTEE TO BOARD TEMPLATE**

**KEY ISSUES AND ASSURANCE REPORT**  
**<Name> Committee**  
**<MONTH, YEAR>**

The Committee draws the following matters to the Board's attention-

Issue	Committee Update	Assurance received	Action	Timescale

Assurance gained includes the Committee receiving evidence that:

- i. The extent of the issue has been quantified;
- ii. The impact is included in all internal and external reporting
- iii. There are processes in place to learn from the occurrence, and measures have been put into place to prevent them happening again



# The Scheme of Reservation and Delegation

## Scheme of Reservation and Delegation

The CCG is responsible for a number of functions, duties and responsibilities as laid out in statute and local agreements. It grants authority to act on its behalf to:

- The membership
- The Governing Body (and its committees)
- The Commissioning Board (and its sub-committees)
- The Partnership Board (and its sub-committees)
- Employees of the CCG

This 'Scheme of Reservation and Delegation' sets out which component of the CCG's decision making structure is responsible for management and oversight of each of the CCG's functions, duties and responsibilities, and how this is carried out.

## CCG Membership

Function /Duty /Responsibility	How
Determine the arrangements by which the members of the CCG approve those decisions that are reserved for the membership.	Approval of constitution
Consideration and approval of applications to the NHS England on any matter concerning changes to the CCG's constitution, which aren't delegated to other components of the CCG Governance structure.	Approval of constitution
Approve the arrangements for: a) identifying practice members to represent practices in matters concerning the work of the group; and b) appointing clinical leaders to represent the group's membership on the group's governing body, for example through election (if desired).	Approval of constitution
Approve the appointment of governing body members, the process for recruiting and removing non-elected members to the governing body (subject to any regulatory requirements) and succession planning.	Election Approval of Constitution
Approve arrangements for identifying the CCG's proposed accountable officer	Approval of Constitution

## The Governing Body

The Governing Body has two sub-committees – the Audit Committee and the Remuneration Committee. These support the Governing Body to deliver its functions, duties and responsibilities, and providing assurance on matters within their scope.

<b>Function / Duty / Responsibility</b>	<b>How</b>
Ensure that the CCG has appropriate arrangements in place to exercise its functions effectively, efficiently and economically and in accordance with the CCG's principles of good governance	Governing Body meetings Audit Committee
Approval of changes to vary the appendices of the constitution	Governing Body meetings
Approving any decision of the Board to enter into the Partnership Agreement with MCC and if it considers appropriate, initiate and approve the CCG's exit from the Partnership Agreement.	Governing Body meetings
Approval of the CCG's overarching scheme of reservation and delegation for inclusion in the group's constitution.	Governing Body meetings
Approval of the group's financial scheme of delegation	Governing Body meetings
Approve decisions that individual members or employees of the group participating in joint arrangements on behalf of the group can make.	Governing Body meetings
Approve the terms and conditions, remuneration and travelling or other allowances for governing body members, including pensions and gratuities.	Remuneration Committee
Approve the terms and conditions, remuneration and travelling or other allowances for very senior managers of the CCG, including pensions and gratuities.	Governing Body meetings
Approve the terms and conditions, remuneration and travelling or other allowances for clinical leads, including pensions and gratuities.	Remuneration Committee
Approval of the CCG's annual report and annual accounts	Governing Body meeting
Approve the CCG's counter fraud and security management arrangements	Audit Committee

## The Commissioning Board and the Partnership Board

The Commissioning Board and the Partnership Board function as one, meeting in common and sharing a suite of sub-committees supporting them to deliver the functions, duties and responsibilities, and providing assurance on matters within their scope. These sub-committees are:

- Finance Committee
- Quality, Performance and Improvement (QPI) Committee
- Clinical Committee
- Transformation Committee
- Governance Committee
- Patient and Public Advisory Group (PPAG)

Function / Duty / Responsibility	How
<p>Approval and oversight of the arrangements and activities for discharging the group's statutory duties associated with its commissioning functions including:</p> <ul style="list-style-type: none"> <li>▪ secure public involvement throughout the activities of the CCG</li> <li>▪ promoting awareness of, and adherence to, the NHS Constitution</li> <li>▪ the need to reduce inequalities</li> <li>▪ the need to act effectively, efficiently, and economically</li> <li>▪ securing continuous improvement in the quality of services including specialised, and primary medical, services</li> <li>▪ promoting the involvement of residents and their carers in decisions about the care they receive</li> <li>▪ promoting and enabling choice</li> <li>▪ promoting innovation, research and education and training</li> </ul>	<p>Commissioning Board            QPI committee            Strategy and Transformation Committee            Finance Committee            QPI Committee              Strategy and Transformation Committee              Strategy and Transformation Committee            Strategy and Transformation Committee</p>
<p>Approval of the arrangements for discharging the CCG's statutory financial duties.</p>	<p>Commissioning Board            Finance Committee</p>
<p>Approve arrangements for co-ordinating the commissioning of services with other CCGs and or with the local authority(ies), where appropriate</p>	<p>Commissioning Board            Partnership Board (Manchester City Council)</p>

Approve detailed financial policies.	Finance Committee
Approve arrangements for managing exceptional funding requests.	Finance Committee
Approve who can execute a document by signature / use of the seal	CCG Constitution
Approval of the CCG's operating structure.	Commissioning Board
Agree the vision, values and overall strategic direction of the CCG.	Commissioning Board
Approval of the CCG's commissioning plan.	Commissioning Board
Clinical advice and recommendations into commissioning strategy and operational plans	Clinical Committee
Approval of the CCG's corporate budgets that meet the financial duties as set out in the constitution.	Commissioning Board
Approval of variations to the approved budget where variation would have a significant impact on the overall approved levels of income and expenditure or the CCG's ability to achieve its agreed strategic aims.	Commissioning Board
Develop, and monitor adherence to, financial scheme of delegation that sets out who has responsibility for financial decisions within the CCG.	Finance Committee
Approve arrangements for financial risk sharing and or risk pooling with other organisations	Partnership Board
Approve disciplinary arrangements for employees, including the Accountable Officer and for other persons working on behalf of the CCG.	Governance Committee
Approval of the arrangements for discharging the CCG's statutory duties as an employer.	Commissioning Board
Approve policies for employees and for other persons working on behalf of the CCG.	Governance Committee
Approval of the CCG's contracts for any corporate and commissioning support.	Commissioning Board
Approve arrangements, including supporting policies, to minimise clinical risk, maximise patient safety and to secure continuous improvement in quality and patient outcomes.	QPI Committee Governance Committee
Approve the CCG's arrangements for safeguarding children and vulnerable adults	Commissioning Board
Monitoring the delivery of national, regional and local quality standards, contractual KPIs and associated improvement programs, and recommending	QPI Committee

action.	
Monitoring the quality of all local services commissioned by the CCG and recommending action	QPI Committee
Monitor patient experience and recommend areas for change in practice through the commissioning process	PPAG PQI Committee
Clinical advice and recommendations on 'Effective Use of Resources' policies	Clinical Committee
Approve the CCG's security management arrangements	Governance Committee
Approve the group's arrangements for business continuity and emergency planning	Governance Committee
Approve the CCG's arrangements for handling complaints.	Governance Committee
Approval of the arrangements for ensuring appropriate and safekeeping and confidentiality of records and for the storage, management and transfer of information and data	Governance Committee
Planning the provision of health and care services in Manchester	Commissioning Board Strategy and Transformation Committee
Developing, agreeing and monitoring transformation plans	Commissioning Board Strategy and Transformation Committee
Clinical/professional advice and recommendations regarding health provision and transformation	Clinical Committee
Overseeing quality of services across the city and making decisions on any improvement action required	Commissioning Board PQI committee
Reviewing and evaluating services, making decisions on commissioning and decommissioning as appropriate	Commissioning Board Strategy and Transformation Committee
Approve decisions using delegated powers under section 75 of the 2006 Act.	Commissioning Board Partnership Board
Approving decisions that individual members or employees of the CCG participating in joint arrangements on behalf of the CCG can make	Commissioning Board Sub-committees as relevant
Overseeing the exercise of the Primary Care commissioning functions delegated by NHS England	Commissioning Board Strategy and Transformation Committee
Providing assurance to the Governing Body, CCG members and other relevant parties on delivery of statutory functions and responsibilities exercisable by the CCG	Commissioning Board Partnership Board

