

## Clinical Management Board Terms of Reference

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### 1. Introduction

The Clinical Management Board is established as a board of NHS Northumberland Clinical Commissioning Group's (the CCG) Governing Body in accordance with its constitution, standing orders and scheme of delegation.

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

### 2. Principal Function

The Clinical Management Board assists the Governing Body in its duties to promote a comprehensive health service, reduce inequalities, promote innovation and assure themselves of the quality of services that the CCG has commissioned.

The Clinical Management Board, which is accountable to the Governing Body, supports the Governing Body to discharge all of its functions except those specifically reserved to other committees of the Governing Body. It makes recommendations to the Governing Body on issues of Clinical Direction and Engagement - strategy, clinical need, clinical pathways, commissioning intentions and procurements. It is responsible for providing day to day Operational Management direction for the successful delivery of the objectives of the CCGs and has the authority to make decisions of an operational nature.

The Clinical Management Board has a particular responsibility for ensuring effective clinical engagement and promoting the involvement of all member practices in the work of the CCG in securing improvements in commissioning of care and services. This includes a key role linking in with the Localities.

### 3. Membership

The membership of the committee will consist of:

- Medical Director (Chair)
- Medical Director (Deputy Chair)
- CCG Clinical Chair
- Service Director of Integration Care and Transformation
- 4 Locality Directors
- Executive Director of Nursing
- Chief Operating Officer
- Chief Finance Officer
- Executive Director of Contracting & Commissioning
- Head of Corporate Governance
- Public Health Consultant
- Other members may be co-opted

Meetings will be chaired by the Medical Director. In the absence of either of the Medical Directors s will be chaired by the Chief Operating Officer.

The chair has the responsibility to ensure that the Committee obtains appropriate advice in the exercise of its functions.

The Chair of the CCG, officers, employees, and practice representatives of the CCGs and other appropriate individuals may be invited to attend all or part of meetings of the committee to provide advice or support particular discussion.

#### **4. Secretarial support**

Secretarial support will be provided by the CCG's Business Support Team.

#### **5. Quoracy and Decision Making**

The Clinical Management Board has the authority to make operational decisions within the scope of these Terms of Reference. Strategic decisions or those that may give rise to significant qualitative, reputational or financial risk must be referred to Governing Body for decision.

Five members are needed for the meeting to be quorate, and must include at least one Medical Director, the Chief Operating Officer or Chief Finance Officer and two other GPs. Any individual may ask a senior manager to deputise in their absence.

Generally it is expected that decisions will be reached by consensus. Should this not be possible then a vote of members will be required. In the case of an equal vote, the chair of the meeting will have a second, and casting vote.

Should there be a conflict of interest that would require key members of the Board to withdraw from the meeting itself or be deemed ineligible to be involved in the discussion/decision then an alternative quoracy would apply. This would be three members of the senior leadership team (which could include clinicians but not member practice GPs if the subject matter is primary care provision)

#### **6. Frequency of meetings**

Meetings of the Clinical Management Board will normally be monthly, not less than 10 times per financial year. There will be no more than 8 weeks between meetings. Members will be expected to attend each meeting.

In exceptional circumstances and where agreed in advance by the chair, members of the Clinical Management Board or others invited to attend may participate in meetings by telephone, by the use of video conferencing facilities and/or webcam where such facilities are available. Participation in a meeting in any of these manners shall be deemed to constitute presence in person at the meeting.

#### **7. Agendas and papers**

The agenda for meetings of the Clinical Management Board will be set by the chair.

The agenda and papers for meetings of the Clinical Management Board will be distributed 3 working days in advance of the meeting. Items for the agenda should be notified to the chair 10 days in advance of each meeting. The setting of agendas for, and minutes of, each meeting should identify where discussion should rightly be recorded as being of a confidential or commercially sensitive nature.

## 8. Remit and responsibilities

The Clinical Management Board is responsible for Clinical Direction & Engagement (8.1) and providing day to day Operational Management (8.2) overarching direction for the successful delivery of the objectives of the CCG.

The Clinical Management Board members will review and discuss board reports/presentations aligned to five aims as outlined below ensuring that reports/presentation fit with the CCGs Vision and Strategic Objectives. Board members will also ensure that they have a clear understanding about what is being reported, if there are any gaps which have been identified and need addressing and that they feel assured clinically by the report/presentation. The five aims are:

	Aims of focus for Clinical Management Board discussions
1	Population health & wellbeing
2	Improving patient experience
3	Delivering value for money & efficiency
4	Addressing health & care inequalities
5	Increasing wellbeing & engagement of the workforce

### 8.1 Clinical Direction & Engagement

- i. Preparing and recommending the strategy and annual commissioning plan for the Governing Body to consider and approve;
- ii. Formulating and recommending service change and development arising out of the strategy;
- iii. Preparing and recommending to the Governing Body the Organisational Development Plan and enabling strategies including the Communications and Engagement Strategy;
- iv. Developing CCG input to the Joint Health and Wellbeing Strategy and contributing to the Joint Strategic Needs Assessment (JSNA), with a view to reducing inequalities in health. Approval of the JSNA is reserved to Governing Body;
- v. Developing and maintaining effective working arrangements with the Northumberland CCG localities to support the commissioning and delivery of high quality, safe, value for money and effective services;
- vi. Establishing working arrangements with other CCGs, Provider Trusts, the Local Authority, other health care partners, the NHS England / NHS Improvement Area and Regional Team and the clinical senate that would support the integration of both health services with other health services and health services with health-related and social care services where the CCG considers that this would improve the quality of services or reduce inequalities; and
- vii. Ensuring that the views of patients and the public are properly reflected in the development of clinical recommendations to Governing Body.

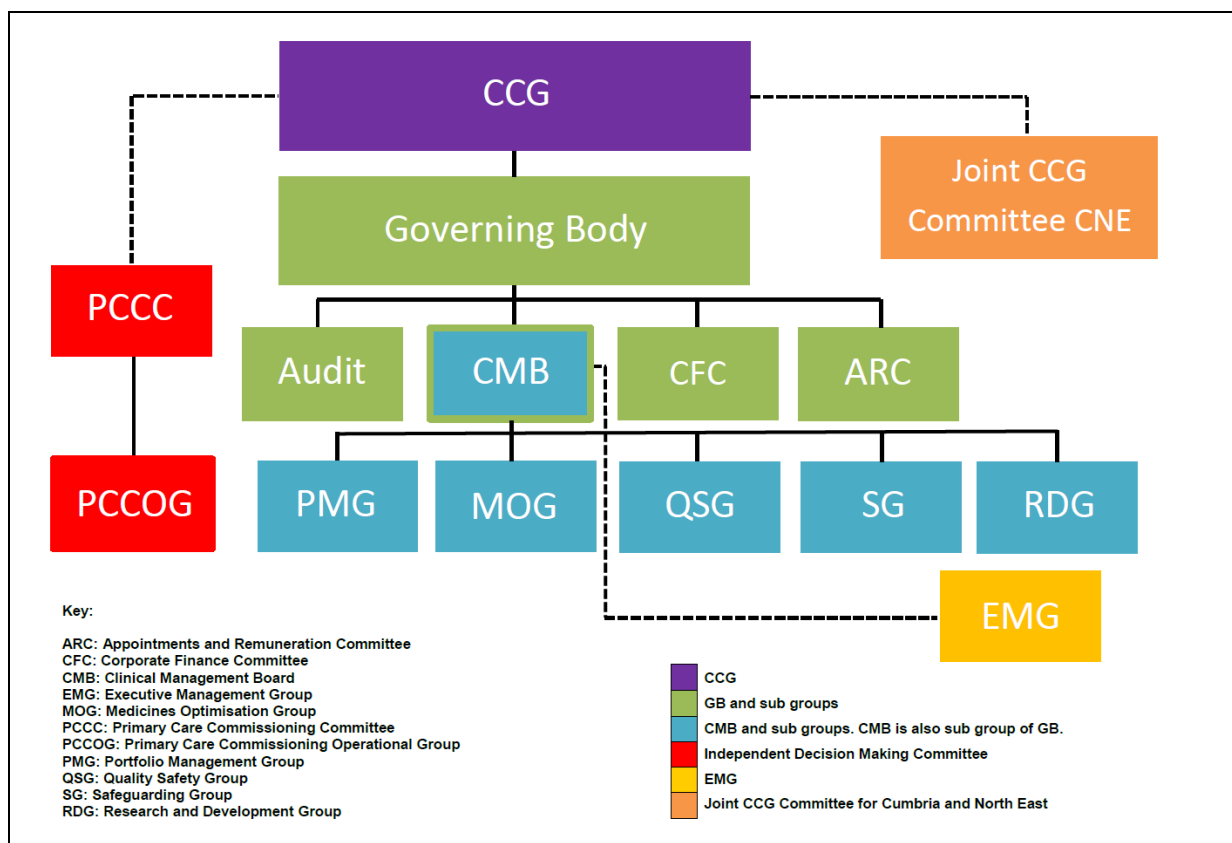
### 8.2 Operational Management

- i. Delivering target outcomes and outputs set by the Secretary of State, NHS England / NHS Improvement, NICE, CQC and other national/regional authorised bodies and providing assurance to the Governing Body in this respect;
- ii. Ensuring the co-ordination and monitoring of the CCG's clinical work programme, in delivery of the CCG's annual commissioning plan;

- iii. Maintaining oversight of the CCG's performance against its financial and non-financial targets including QIPP;
- iv. Oversight of implementation of disinvestment programmes and QIPP delivery;
- v. Approval of budgets, business cases, procurements and contract variations up to 2m where:
  - these fall within the remit of this committee;
  - where the scheme of delegation permits;
  - subject to the restrictions at para 5; and
  - subject to compliance with the CCG's financial policies.
- vi. Leading the delivery of the CCG educational programme;
- vii. To receive a Medicines Management report at least annually;
- viii. Preparing the CCG's annual report for the audit committee to consider and approve and recommend to the Governing Body;
- ix. Approving the CCG's operational procedures;
- x. Overseeing and managing the contract and annual work plan with the CCG's commissioning support services provider; and
- xi. Review risks, assurance and controls relevant to the Clinical Management Board (and as aligned to corporate objectives).
- xii. Receives assurance in relation to the quality of CCG commissioned services including primary care, and ensures appropriate arrangements are in place to ensure that services commissioned by the CCG (including those commissioned jointly with other organisations) are being delivered in a quality and safe manner.

## 9. Reporting arrangements

The CCG's governance organogram is below:



The Clinical Management Board reports to the Governing Body. The board will provide a report to the meeting of the Governing Body following each meeting, unless that meeting is within 10 working days of the board in which case the board will provide a report to the following meeting of the Governing Body.

Minutes of the board will be received formally at the same meeting of the Governing Body as the committee's report.

The Governing Body will hold the board to account for the delivery of its remit and responsibilities.

## **10. Authority**

The Clinical Management Board will have full authority to commission any reports or surveys it deems necessary to help it fulfil its obligations.

The Clinical Management Board will establish such sub-groups to assist with the delivery of its delegated responsibilities and progress its work as it sees fit.

## **11. Conduct**

All members of the Clinical Management Board and participants in its meetings will comply with the Standards of Business Conduct for NHS Staff, the NHS Code of Conduct, and the CCG's Policy on Standards of Business Conduct and Declarations Interest which incorporates the Nolan Principles.

The Clinical Management Board will apply best practice in its operational decision making, and in particular it will ensure that decisions are based on clear and transparent criteria.

## **12. Date of Review**

The Clinical Management Board will review its performance, membership and Terms of Reference at least once per financial year. It will make recommendations for any resulting changes to these Terms of Reference to the Governing Body for approval.

No changes to these Terms of Reference will be effective unless and until they are agreed by the Governing Body.

Approved by	Version	Date	Review Date
Governing Body	Version 1	July 2018	July 2019

Revised & approved CMB & Governing Body	Version 2	January 2020	January 2021