LEICESTER, LEICESTERSHIRE AND RUTLAND PCT CLUSTER

BOARD MEETING

Front Sheet

<table>
<thead>
<tr>
<th>Title of the report:</th>
<th>Revised Committee Terms of Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Report to:</td>
<td>LLR PCT Cluster Board meeting</td>
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<tr>
<td>Section:</td>
<td>Public</td>
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<tr>
<td>Date of the meeting:</td>
<td>10th May 2012</td>
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<td>Report by:</td>
<td>Daljit K. Bains, Associate Director of Corporate Governance</td>
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<td>Sponsoring Director:</td>
<td>Liz Rowbotham, Director of Quality, Communications and Engagement</td>
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<td>Presented by:</td>
<td>Liz Rowbotham, Director of Quality, Communications and Engagement</td>
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</tbody>
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Report supports the following corporate objective(s) 2012 – 2013:

| Handing over a good legacy to the successor organisations | ✓ | Continue to improve health outcomes, clinical quality, patient safety and patient experience |
| Ensure safe transition to successor organisations       |   | Oversight of performance and assurance. |

EXECUTIVE SUMMARY

1. The terms of reference for the following committees of the Board have been reviewed and updated by Committee members:

   - Remuneration and Terms of Service Committee (Appendix 1)
   - Quality and Clinical Governance Committee (Appendix 2)
   - Reference Committee (Appendix 3)
   - Cluster Competition and Procurement Committee and Clinical Commissioning Group Competition and Procurement Committee (Appendices 4 and 5)

2. The changes have been highlighted in blue for ease of reference. The amendments in the main relate to change in governance arrangements across the Cluster, the Commissioning Support Services and the Clinical Commissioning Groups; reflecting the responsibilities that have been delegated to the emerging new organisations and how this affects the role and membership of the Cluster Committees.

3. In reviewing its functions and in line with the delegations to the CCGs the Cluster Competition and Procurement Committee will be split into Cluster Committee and CCG Committee to enable the CCGs to operate in shadow
arrangements. The CCG Competition and Procurement Committee will provide regular reports to the Cluster Competition and Procurement Committee and also report recommendations for approval by the Cluster Competition and Procurement Committee.

4. A regular review of Cluster Committees’ terms of reference provides assurance to the Board that its committees regularly monitor their functions and responsibilities to ensure they remain fit for purpose and continue to operate within the Corporate Governance Framework (i.e. Standing Orders, Scheme of Delegations and Standing Financial Instructions) of the LLR PCT Cluster.

**RECOMMENDATION**

The PCT Cluster Board is requested to:

**APPROVE** the terms of reference for the

- Remuneration and Terms of Service Committee (Appendix 1)
- Quality and Clinical Governance Committee (Appendix 2)
- Reference Committee (Appendix 3)
- Cluster Competition and Procurement Committee and CCG Competition and Procurement Committee (Appendices 4 and 5)
NHS LEICESTERSHIRE COUNTY AND RUTLAND AND
NHS LEICESTER CITY

Remuneration and Terms of Service Committee

Terms of Reference (v1, draft 7)

1. Constitution

The Trust Boards of NHS Leicester City and NHS Leicestershire County and Rutland (known as the Leicester, Leicestershire and Rutland PCT Cluster) hereby resolve to establish a joint Committee of the Boards known as the Remuneration and Terms of Service Committee (the Committee) under the provisions of Regulation 9 of the NHS PCT (Membership, Procedure and Administration Arrangements) Regulations 2000 (2000/89); and Regulation 10 of the NHS (Functions of SHAs and PCTs and Administrative Arrangements) (England) Regulations 2002 (SI 2002/2375).

2. Overview

The terms of reference of the Committee recognise within them the key principles as outlined within the UK Corporate Governance Code (2010). The Committee consists of Non-Executive Directors who have no personal interests and no day to day involvement in the running of the business of NHS Leicestershire County and Rutland and NHS Leicester City (hereafter PCOs).

As an interim arrangement for 2012/13, the scope of the Committee will be extended to incorporate the Commissioning Support Service (CSS) and the following Clinical Commissioning Groups (CCGs):

- Leicester City;
- East Leicestershire and Rutland;
- West Leicestershire.

The Committee shall at all times be mindful of the Pay Framework for Very Senior Managers and the process for making severance payments to senior managers as published by the Department of Health.

3. Responsibilities

a) When considering the need to appoint a Director, the Committee should review the structure, size, and composition (including the skills, knowledge and experience) required of the Boards compared to its current position and make recommendations to the Boards with regard to any changes.

b) The Committee shall determine and agree with the Trust Boards the framework or broad policy for the remuneration of the PCT Cluster Chief Executive, the Executive Directors and other such posts that report to the Chief Executive or equivalent for the CSS and CCGs. This will include: all aspects of salary, including any performance related elements and bonuses;
and provisions for other benefits, including lease cars. No director or manager shall be involved in any decisions as to their own remuneration.

c) In determining such policy, the Committee shall take into account all factors which it deems necessary. The objective of such policy shall be to ensure that members of the Executive Team are provided with appropriate incentives to encourage enhanced performance and are, in a fair and responsible manner, rewarded for their individual contributions to the success of the PCOs.

d) The Committee has the responsibility to review the ongoing appropriateness and relevance of the remuneration policy. Amendments to the policy will require resolutions by each of the Trust Boards.

e) The Committee shall approve the design of, and determine targets for, any performance related pay schemes operated by the PCOs and approve the total annual payments made under such schemes.

f) To determine any ad hoc arrangements relating to pension arrangements for each Executive Director and other senior executives.

g) The Committee will determine on behalf of the Trust Boards, the financial arrangements for termination of employment, including the terms of any compensation package and other contractual terms excluding ill health and normal retirement for all employees, including very senior managers.

h) The Committee will advise on and approve appropriate contractual arrangements for the Chief Executive and each Executive Director and Director level posts that report to the Chief Executive, including the proper calculation and scrutiny of termination payments taking account of such national guidance as is appropriate.

i) The Committee will ensure that the Chief Executive, Executive Directors and Director level posts are fairly rewarded for their individual contribution to the PCOs, having proper regard to PCOs’ circumstances and performance, and to the provisions of the Very Senior Managers Pay Framework, where appropriate.

j) Within the terms of the agreed policy and in consultation with the chairman and / or chief executive as appropriate, determine the total individual remuneration package of each executive director and other senior executives including bonuses and incentive payments.

k) Ensure that all provisions regarding disclosure of remuneration, including pensions, are fulfilled.

l) The Committee shall be mindful in the course of its deliberations that the remuneration packages of the Chief Executive and Executive Director and Director level posts that report to the Chief Executive or equivalent for the CSS or CCGs, must be sufficient to attract, retain and motivate directors of
the quality required by the PCOs. To this end, the Committee shall be mindful of the remuneration packages that prevail in other comparable primary care trusts and emerging new organisations and taking into account the performance of the PCOs itself.

m) The Committee shall review plans produced by the Chief Executive and CCG Managing Directors which set out appropriate succession planning for Directors and other senior executive officers, taking into account the challenges and opportunities facing the PCOs, and what skills and expertise are therefore needed on the Boards in the future.

n) It would be responsible for identifying and nominating for the approval of the Boards, candidates to fill Board Executive Member vacancies as and when they arise.

o) The Committee should identify Trust Board members qualified to sit on Committees of the Trust Boards and to recommend that the Trust Boards appoint the identified member or members to the respective committees. In nominating a candidate for committee membership, the Committee shall take into consideration the factors set out in the Terms of Reference of the relevant committee. This will include any other factors it deems appropriate including, without limitation, the consistency of the candidate’s experience with the goals of the committee and the interplay of the candidate’s experience with the experience of other committee or subcommittee members. This responsibility does not extend to the CSS or CCGs.

p) The Committee will up to 31 March 2013 approve the remuneration arrangements for GPs working in Clinical Commissioning Groups.

q) The Committee will up to 31 March 2013 approve any deviations from A4C pay rates and other terms and conditions of employment which are at the discretion of CCGs.

r) The Committee has agreed that in the interest of expediency or when there are few items to be discussed that business of the committee can be conducted by email. Where a discussion is required all committee members are required to respond.

4. Membership

The membership of the Remuneration Committee will be:

- PCT Cluster Non-Executive Director – Chair of Committee
- PCT Cluster Non-Executive Director – Deputy Chair of Committee
- Chair, NHS LLR PCT Cluster
- Director of Organisational Development and Workforce – will be in attendance to act as support to the Committee in its work.
- Chief Executive – will attend as and when required
- CCG Managing Director or CSS Senior Responsible Officer – will attend part of the meeting when their organisation has a matter to be decided by the Committee
- A CCG Lay Member will attend for the item that is relevant to their CCG.

5. Quorum

The meeting will be quorate when two members are present, with the Chair or deputy chair present.

Should Members not be able to attend, nominated Non Executives may take their place and deputise for them.

Where CCG business is to be considered, the nominated Lay Member for that CCG must be present for the relevant section of the meeting and will be counted as a member of the committee for the purpose of voting for the relevant items.

A decision put to a vote at a meeting shall be determined by a majority of the votes of members present. In the event of an equal vote the Chair will have the casting vote.

6. Administration

The Director of Organisational Development and Workforce will be responsible for and coordinate secretarial support for the Committee.

7. Frequency of meetings

Meetings will be held as required but at least twice a year as appropriate.

8. Reporting

The Committee chair shall report formally to the Trust Boards on its proceedings after each meeting on all matters within its duties and responsibilities. The report shall be presented to the confidential meeting of the Trust Boards. The Committee shall make recommendations to the Trust Boards on any area within its remit where action or improvement is needed.

A shortened version of the Committees report will be submitted to the respective CCG Board which will include any items that are pertinent to that CCG.

Minutes / reports of meetings will be confidential and only one master copy of the shall be produced and held in a private Minute Book by the Corporate Governance Office. Extracts from Minutes will be made public as appropriate.

9. Review

These Terms of Reference will be reviewed in December 2012 or sooner if required and recommendations made to the Trust Boards for approval.
| Date of approval: | Version 1, draft 6: approved 8th September 2011 (LLR PCT Cluster Board)  
Version 1, draft 7: to be approved |
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<td>Review Date:</td>
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NHS LEICESTERSHIRE COUNTY AND RUTLAND AND
NHS LEICESTER CITY

Quality and Clinical Governance Committee

Terms of Reference (version 3, draft 1, January 2012)

1. Constitution

The Trust Boards of NHS Leicester City and NHS Leicestershire County and Rutland hereby resolve to establish a joint Committee of the Boards known as the Quality and Clinical Governance Committee (the Committee) under the provisions of Regulation 9 of the NHS PCT (Membership, Procedure and Administration Arrangements) Regulations 2000; and Regulation 10 of the NHS (Functions of SHAs and PCTs and Administrative Arrangements) (England) Regulations 2002 (SI 2002/2375). From December 2011 the committee will also include representatives of the three CCGs within LLR.

2. Purpose

To provide assurance to the Trust Boards that quality assurance, clinical governance and research governance mechanisms and processes are integral to monitoring commissioned services to ensure better outcomes for patients.

Ensure that patients have effective and safe care with a positive experience of services.

Ensure effective corporate governance systems and processes are in place.

3. Responsibilities

Patient Safety

(a) To ensure the principles of clinical governance, quality assurance and governance are integral to performance monitoring and contracting arrangements for all PCT commissioned services including services provided by independent contractors; and are integral within consultation, service redesign, evaluation of services and patient experience.

(b) To advise on locally sensitive quality indicators and metrics in order to continually improve the quality of services.

(c) Provide arrangements for the risk management of clinical risks at strategic and operational level to support each Audit Committee’s scrutiny of the Board Assurance Framework and to provide regular reports on analysis of risks and mitigation actions to the audit committee.

(d) To obtain assurances that key sections of the PCT’s Commissioning and Investment Strategy, Strategic Operating Plan (SOP), Annual Health Check targets and compliance with key standards relating to clinical governance,
quality assurance and governance are implemented. Ensuring remedial action plans are in place and compliance monitored.

(e) To consider and review bi-monthly patient safety incidents and Serious Incidents reports relating to NHSLC, NHSLCR and service providers that identify themes and trends and make recommendations for change in practice including challenging on going trends where assurance has not been received.

(f) To consider and review bi-monthly assurance reports in relation to safeguarding adults and children that identify areas of compliance, themes and trends and make recommendations for change in practice (in conjunction with experts in the field) through the commissioning process.

(g) To receive regular reports from the accountable officer (Medical Director) related to appraisal and revalidation

(h) To receive, in confidential mode, reports relating to cases of independent practitioners transferred from fitness to practice which no longer present a serious cause for concern but require a proactive approach to support these practitioners and minimise risk. These cases are not deemed of sufficient magnitude to warrant review through the Local Review Group and Reference Committee process.

(i) To receive regular reports related to the management of medicines including the use and monitoring of controlled drugs.

Patient Experience

(j) In accordance with the Patient Experience Strategy, to consider and review patient experience reports (both qualitative and quantitative) on a quarterly basis, including Patient Advice and Liaison (PALs) reports and complaints reports, that identify themes and trends and make recommendations for change in practice through the commissioning process.

Clinical Effectiveness

(k) To receive assurance in relation to implementation of NICE guidance and other guidance intended to improve clinical outcomes.

(l) To receive quarterly reports and the annual report relating to Healthcare Associated Infections providing the Committee with assurance that all commissioned services are compliant with the requirements set out in the Regulations made under section 20(5) of the Health and Social Care Act 2008. The Committee to consider, review and make recommendations accordingly.

(m) Advise the Trust Boards on actions required following national inquiries; and national and local reviews undertaken by external agencies (e.g. Care Quality

Page 2 of 4
Commission, NHS Litigation Authority) in relation to commissioned services and monitor / performance manage the implementation of recommendations and actions following such reviews.

(n) Review and agree implementation of action plans in relation to internal or external clinical reviews, and provide direction to the organisation on early intervention/course adjustment to ensure compliance is achieved for both provided and commissioned services. Terms of reference for internal/external clinical reviews are to be signed off by the committee.

(o) Support the Clinical Commissioning groups with ensuring that quality is integral to the commissioning function by providing an overview of the quality assurance and clinical governance issues identified that may influence strategic commissioning decisions.

Corporate Governance

(p) Receive and approve corporate governance policies on behalf of the Trust Board in line with the Corporate Governance Framework.

4. Membership

The membership of the Quality and Clinical Governance Committee will be:

- Non-Executive Director (NHSLC) – Chair
- Non-Executive Director (NHSLCR) – deputy chair
- Director of Quality
- Director of Nursing
- Associate Director of Quality (Safeguarding)
- Associate Director Quality (Patient Safety and Customer Services)
- Medical Director
- Consultant in Public Health/Research Representative
- Representatives of GP Consortia
- Associate Director of Strategy
- Associate Director of Primary Care or representative
- Representative from all three CCG’s

Membership will be reviewed regularly to adjust for changes as a result of the White Paper implementation.

Should Members not be able to attend, nominated deputies may take their place.

A decision put to a vote at a meeting shall be determined by a majority of the votes of members present. In the case of an equal vote, the Chair of the Committee shall have a second and casting vote.

5. Quorum
The meeting will be quorate when at least half the membership is present, with the Chair or vice chair present and provided that there is at least one non-executive director and two management representatives one of whom must be either the Director of Quality, the Medical Director or the Director of Nursing.

6. Administration

Administration and taking minutes for the Quality and Clinical Governance Committee is the responsibility of the Director of Quality.

7. Frequency of meetings

The Quality and Clinical Governance Committee shall meet on a monthly basis.

8. Reporting arrangements

The Committee will report to Cluster Board and shall provide minutes and / or relevant reports to the next available Board meetings.

To fulfil its obligations, the Quality and Clinical Governance Committee will receive and approve the Terms of Reference of its sub-groups.

9. Review

These Terms of Reference will be reviewed annually or sooner if required and recommendations made to the Trust Boards for approval.

| Date of approval: | 10 February 2011 (Integrated Trust Board meeting NHSLC and NHSLCR). V3, draft 1: to be approved |
| Review Date: | March 2013 |
TERMS OF REFERENCE FOR THE REFERENCE COMMITTEE  
(April 2012)

1. Constitution

The Trust Boards of NHS Leicester City and NHS Leicestershire County and Rutland (collectively known as the Leicester, Leicestershire and Rutland PCT Cluster) hereby resolve to establish a joint Committee of the Board known as the Reference Committee (the Committee) under the provisions of Regulation 9 of the NHS PCT (Membership, Procedure and Administration Arrangements) Regulations 2000 and Regulation 10 of the NHS (Functions of SHAs and PCTs and Administrative Arrangements) (England) Regulations 2002 (SI 2002/2375).

The Committee has delegated responsibility from the Trust Boards of NHS Leicester City and NHS Leicestershire County and Rutland for managing serious concerns in relation to the performance and/or conduct of a practitioner on their performers lists or of a community pharmacist.

2. Purpose

To consider and take appropriate action on all referrals in relation to the under performance, misconduct or unsafe clinical performance of all practitioners (i.e. General Practitioners, Pharmacists, Optometrists and Dentists).

3. Responsibilities

(a) To consider and take appropriate action in relation to all referrals from the Committee’s sub-group of a serious nature in cases of unsafe clinical performance or misconduct of practitioners on the PCTs’ performers list and pharmacists.

(b) To take advice from regulatory bodies e.g. General Medical Council and utilise the employment liaison service. Also, use advisory bodies (e.g. National Clinical Assessment Service (NCAS)) at any stage or as required.

(c) Practitioners directly employed by the PCT will be under the jurisdiction of the HR Directorate and serious concerns about conduct and performance will be managed internally. However the Committee will be kept updated on all current cases.

(d) For each case the Committee will ensure:
- That the facts are established correctly
- That actions agreed are in the interests of patient or staff safety and the safety of the public
- Confidentiality, with information passed only on a ‘need to know’ basis
- Processes which have the support of the professions locally
- Clear communication with other bodies
- That it operates in line with the “Policy for Handling Moderate High Level Concerns about the Professional Conduct & Clinical Performance of Practitioners on the Performers List & Community Pharmacists”
- To agree remediation action plans when appropriate
- It receives updates on the progress and implementation of investigations and action plans
- Cases are kept under review until closure which was to be agreed by the Committee.

(e) For each case the Committee will consider the referral and make one or more of the following decisions based on risk assessment:

- Take no further action and refer back and / or delegate to the sub-group.
- Take action to suspend a practitioner during an investigation, if appropriate.
- Take action on the completion of an investigation in compliance with current and relevant NHS regulations which could result in conditional inclusion, contingent removal or removal from the Performers list or appropriate action in respect of including in pharmacists’ list.
- Make recommendations for improvement through remedial action
- Refer to relevant professional Regulatory Body
- Refer to the National Clinical Assessment Service or the GMC for formal assessment
- Refer to the Police
- Refer to NHS Counter Fraud Service
- Recommend a referral to Occupational Health

Contact the SHA to request the issue of an alert according to the Healthcare Professionals Alert notice Direction (2006).
4. Membership

a) The membership of the Performance Decision Committee will be:

- Non-Executive Director (NHSLC) – Chair
- Non-Executive Director (NHSLCR) – deputy chair
- Director of Quality
- Medical Director/ Responsible Officer

Practising GP representative

A decision put to a vote at a meeting shall be determined by a majority of the votes of members present. In the case of an equal vote, the Chair of the Committee shall have a second and casting vote.

In attendance:

- Director of Commissioning Development
- Assistant Clinical Director
- Fitness to Practise Manager
- LMC representative
- Case manager (for case presentation only)

Co-Opted members as require

- Heads of Medicines Management / Safety
- Human Resources Adviser
- Clinical Advisers
- Legal Adviser
- Local Medical Committee and equivalents e.g. LDC, LPC, LOC (as required)

Individuals in attendance will not take part in the decision making process.

Membership will be reviewed regularly in response to the establishment of the National Commissioning Board

Should Members not be able to attend, nominated deputies may take their place.

5. Quorum

The meeting will be quorate when at least 4 members or briefed deputies are present and to include: at least one Executive Director, the Chair or Deputy Chair and a Clinical representative.
6. **Independent Panel Hearing Membership:**

The Independent Panel will have delegated authority from the Trust Boards to suspend, contingently remove, or remove when necessary. However, it cannot impose financial liability on the Primary Care Organisations. Cases will be referred as appropriate to the Independent Panel from the Performance Decision Committee. A practitioner can request an Independent Panel to hear their case if they are due a review.

The Independent Panel will consist of three members; a Non Executive Director, an Executive Director and a Clinical Expert for the relevant profession. The Independent Panel will be chaired by either a Director or Non Executive Director. Members of the Independent Panel will be independent of members of the Performance Decision Committee.

7. **Administration**

Administration and taking minutes for the Reference Committee is the responsibility of the Medical Directorate.

8. **Frequency of meetings**

The Performance Decision Committee shall meet on a monthly basis. An extraordinary meeting may be convened at short notice to consider a recommendation from the Committee’s sub-group where immediate action is required.

9. **Reporting arrangements**

The Committee will report to the LLR PCT Cluster Board on a six monthly basis. Reports from the Committee will be regarded as strictly confidential and will provide an overview of the decisions made on individual cases presented to the confidential session of the Integrated Trust Board meeting as necessary.

To fulfil its obligations, the Reference Committee will receive and approve the Terms of Reference of its sub-group.

10. **Review**

These Terms of Reference will be reviewed annually or sooner if required and recommendations made to the Trust Boards for approval.

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<th>Date of approval:</th>
<th>10 February 2011 (Integrated Trust Board meeting NHSLC and NHSLCR).</th>
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<td>April version to be approved by Cluster Board in May 2011 – await approval.</td>
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NHS LEICESTERSHIRE COUNTY AND RUTLAND AND
NHS LEICESTER CITY

LLR Cluster Competition and Procurement Committee

Terms of Reference (FINAL 25 April 2012)

1. Constitution

The Trust Boards of NHS Leicester City and NHS Leicestershire County and Rutland hereby resolve to establish a joint Committee of the Boards known as the LLR Cluster Competition and Procurement Committee (the Committee) under the provisions of Regulation 9 of the NHS PCT (Membership, Procedure and Administration Arrangements) Regulations 2000; and Regulation 10 of the NHS (Functions of SHAs and PCTs and Administrative Arrangements) (England) Regulations 2002 (SI 2002/2375).

2. Purpose

To assess and provide overall assurance and as necessary act as the arbiter for decisions relating to competition and/or procurement law. The Committee will also retain links to external support both from the national Cooperation and Competition Panel (CCP) as well as from legal experts.

To ensure compliance with the EU Principles and that the competition and cooperation principles and procurement procedures are adhered to as set out in the Principles and Rules of Cooperation and Competition (PRCC) and that appropriate governance and legal issues have been considered in relation to procurement decisions undertaken by LLR Cluster.

To investigate and provide guidance around complaints relating to procurement decisions and matters that cannot be resolved by the local procurement team, including referral to an independently constituted dispute panel.

3. Responsibilities

(a) To obtain assurance that competition and cooperation principles are adhered to and that appropriate governance issues have been considered in relation to procurement decisions ensuring processes are fair, transparent and legally compliant, in line with services in Appendix 1.

(b) To provide a local route of complaint for the Principles and Rules for Cooperation and Competition referring onto an independently constituted dispute panel

(c) Ensure that the Dispute Resolution Policy is enacted appropriately.
(d) Ensure any assessments are appropriately logged with the SHA in line with national policy requirements where a decision does not result in a formal competitive tender process.

(e) To ensure that the Procurement Process is compliant with EU regulations and PRCC.

(f) Act as the arbiter for difficult decisions relating to competition and or procurement law which from time to time require external input to make decisions for determination.

(g) Through the appropriate Directorate within LLR Cluster, proactively maintain links with PCO legal advisers and the Committee to ensure members remain aware of developments in either competition policy or EU procurement law and the Principles and Rules of Cooperation and Competition.

(h) Ensure appropriate governance mechanisms are adhered to that ensure conflicts of interest are appropriately acknowledged, managed and where appropriate eliminated.

(i) Ensure that policy development as delegated by the LLR Cluster Board is managed.

(j) To have oversight of the complaints register relating to procurement processes and ensure lessons learnt are captured and support the improvement of systems and processes.

(k) To monitor and report to the Cluster Board on the CCG CPC activity and related governance processes of the CCGs delegated to them by the Cluster Board.

(l) To receive an update from the CCG CPC and address any contentious discussions or decisions.

(m) To ratify recommendations from the CCG CPC on Local Enhance Service’s.

4. **Membership**

The membership of the Competition and Procurement Committee will be:

- Cluster Non-Executive Director (LLR Cluster) – Chair
- Cluster Non-Executive Director (LLR Cluster) – Deputy Chair
- Cluster Director of Commissioning Development
- Cluster Director of Quality
- Cluster Director of Finance

**In attendance**

- Cluster Associate Director of Primary Care Contracting
- CSS Head of Procurement
- Legal Advisor (as required)
- Other Cluster Commissioning Leads (as required)

Membership will be reviewed regularly to adjust for changes as a result of the White Paper implementation. Individuals in attendance will be advised as required.

Should Members not be able to attend, nominated deputies may take their place. Where applicable, the deputy will assume voting rights of the panel member they are representing.

A decision put to a vote at a meeting shall be determined by a majority of the votes of members present. In the case of an equal vote, the Chair of the Committee shall have a second and casting vote.

5. Quorum

The meeting will be quorate when at least 4 members are present, consisting of one Non-Executive Director together with two other Executive Directors. A deputy representing an Executive Director may be included in the quorum for the meeting to be held. Another non-executive director may cover for a non-executive director and may be included in the quorum for the meeting to be held.

6. Administration

Administration and taking minutes for the Competition and Procurement Committee is the responsibility of the LLR Cluster Corporate Office.

7. Frequency of meetings

The Competition and Procurement Committee shall meet on a monthly basis.

8. Reporting arrangements

The Committee will report to LLR Cluster Trust Board and shall provide minutes and/or relevant reports to the next available Board meeting.

To fulfil its obligations, the Committee will receive and approve the Terms of Reference of its sub-groups if convened.

9. Review

These Terms of Reference will be reviewed annually or sooner if required and recommendations made to the Trust Boards for approval.

**Date of approval:** TBC (Cluster Board meeting NHSLC and NHSLCR).

**Review Date:** TBC
Appendix 1 – Services that require approval from the LLR Cluster Competition and Procurement Committee

- Primary Care contracts e.g. GP, Dentistry, Optometry etc.
- Prison contracts
- Potentially nationally driven commissioning decisions e.g. NHS 111
- Ratify the recommendations received from the CCG CPC

The above list is not exhaustive but is there to provide high-level guidance to the LLR Cluster Competition and Procurement Committee.
NHS LEICESTERSHIRE COUNTY AND RUTLAND AND
NHS LEICESTER CITY

Clinical Commissioning Group (CCG) Competition and Procurement Committee (CPC)

Terms of Reference (Final 25 April 2012)

1. Constitution

The Trust Boards of NHS Leicester City and NHS Leicestershire County and Rutland hereby resolve to establish a joint Committee of the Boards known as the LLR Clinical Commissioning Groups’ (CCGs’) Competition and Procurement Committee (the Committee) under the provisions of Regulation 9 of the NHS PCT (Membership, Procedure and Administration Arrangements) Regulations 2000; and Regulation 10 of the NHS (Functions of SHAs and PCTs and Administrative Arrangements) (England) Regulations 2002 (SI 2002/2375).

2. Purpose

To assess and provide overall assurance and as necessary act as the arbiter for decisions relating to competition and/or procurement law in respect of the LLR CCG’s scope of health services commissioning responsibilities governed by the LLR Clinical Commissioning Board. The Committee will also retain links to external support both from the national Cooperation and Competition Panel (CCP), the LLR Cluster CPC as well as from legal experts.

To ensure compliance with the EU Principles and that the competition and cooperation principles and procurement procedures are adhered to as set out in the Principles and Rules of Cooperation and Competition (PRCC) and that appropriate governance and legal issues have been considered in relation to procurement decisions undertaken by LLR CCG’s.

To investigate and provide guidance around complaints relating to procurement decisions and matters that cannot be resolved by the local procurement team, including referral to an independently constituted dispute panel. The Committee will seek guidance and assistance from the LLR Cluster CPC before escalating matters to the national CCP.

3. Responsibilities

(a) To obtain assurance that competition and cooperation principles are adhered to and that appropriate governance issues have been considered in relation to procurement decisions ensuring processes are fair, transparent and legally compliant in line with services in Appendix 1.

(b) To provide a local route of complaint for the Principles and Rules for Cooperation and Competition referring onto an independently constituted dispute panel.
(c) Ensure that the Dispute Resolution Policy is enacted appropriately.

(d) Ensure any assessments are appropriately logged with the SHA via the LLR Cluster in line with national policy requirements where a decision does not result in a formal competitive tender process.

(e) To ensure that the Procurement Process is compliant with EU regulations and PRCC.

(f) Act as the arbiter for difficult decisions relating to competition and or procurement law which from time to time require external input to make decisions for determination.

(g) Through the appropriate CCG CPC lead, proactively maintain links with PCO legal advisers and the Committee to ensure members remain aware of developments in either competition policy or EU procurement law and the Principles and Rules of Cooperation and Competition.

(h) Ensure appropriate governance mechanisms are adhered to that ensure conflicts of interest are appropriately acknowledged, managed and where appropriate eliminated.

(i) Ensure that policy development as delegated by the Commissioning Collaborative Board is managed.

(j) To have oversight of the complaints register relating to procurement processes and ensure lessons learnt are captured and support the improvement of systems and processes.

(k) To monitor and report to the Cluster Board on the CPC activity and related governance processes of the CCGs delegated to them by the Cluster Board.

(l) To provide a meeting update to the LLR Cluster CPC for them to address any contentious discussions or decisions.

(m) To provide details of all LES’s to the LLR Cluster CPC for ratification

4. **Membership**

The membership of the Competition and Procurement Committee will be:

- 3 LAY Representatives (one from each CCG - one to be Chair and another deputy Chair)
- Managing Director of:
  - East CCG
  - West CCG
  - City CCG
- City CCG Finance Representative
- ELR CCG Quality Representative
• LLR CSS Head of Procurement

In attendance
• Legal Advisor
• Cluster Primary Care Contracting Representative
• Other CCG Leads (as required)
• Cluster leads (as required)

Membership will be reviewed regularly to adjust for changes as a result of the White Paper implementation. Individuals in attendance will be advised as required.

Should Members not be able to attend, nominated deputies may take their place. Where applicable, the deputy will assume voting rights of the panel member they are representing.

A decision put to a vote at a meeting shall be determined by a majority of the votes of members present. In the case of an equal vote, the Chair of the Committee shall have a second and casting vote.

5. Quorum

The meeting will be quorate when at least 5 members are present, consisting of 2 LAY members (who would be chair and deputy of the meeting) together with 2 CCG Managing Director members and LLR CSS Head of Procurement. A deputy representing a CCG member may be included in the quorum for the meeting to be held. Another lay member may cover for a lay member and maybe included in the quorum for the meeting to be held. All 3 CCGs will need to have nominated management representatives to be quorate.

6. Administration

Administration and taking minutes for the Competition and Procurement Committee is the responsibility of the Lead CCG Corporate Office.

7. Frequency of meetings

The Competition and Procurement Committee shall meet on a monthly basis.

8. Reporting arrangements

The Committee will report to Commissioning Collaborative Board and LLR Cluster Trust Board and shall provide minutes and/or relevant reports to the next available Board meetings.

To fulfil its obligations, the Committee will receive and approve the Terms of Reference of its sub-groups if convened.

9. Review
These Terms of Reference will be reviewed annually or sooner if required and recommendations made to the Trust Boards for approval.

**Date of approval:** TBC (CCGs, CCB, Cluster CPC and LLR Cluster (covering NHSLC and NHSLCR) Trust Board meeting.

**Review Date:** TBC
Appendix 1 – Services that require recommendation from the Clinical Commissioning Group Competition and Procurement Committee for approval (this list is not exhaustive)

Local Enhanced Services.

Community Services e.g. Elective Care

Urgent Care Services e.g. Minor Injury Units, Urgent Care Centres

Local AQP services

Potentially nationally driven commissioning decisions e.g. AQP

The above list is not exhaustive but is there to provide high-level guidance to the LLR CCG Competition and Procurement Committee.