

NHS DORSET CLINICAL COMMISSIONING GROUP
GOVERNING BODY MEETING
ANNUAL REVIEW OF GOVERNANCE

Date of the meeting	15/03/2017
Author	C G Lakeman – Governing Body Secretary and General Counsel
Sponsoring Board member	T Goodson – Chief Officer
Purpose of Report	To advise the Governing Body of proposed changes to Governance arrangements.
Recommendation	The Governing Body is asked to approve the recommendations set out in the report.
Stakeholder Engagement	Where changes are required, they have been discussed with the relevant Committee Chair.
Previous GB / Committee/s, Dates	N/A

Monitoring and Assurance Summary

This report links to the following Strategic Principles	<ul style="list-style-type: none"> • Services designed around people • Preventing ill health and reducing inequalities • Sustainable healthcare services • Care closer to home 		
	Yes [e.g. ✓]	Any action required?	
		Yes Detail in report	No
All three Domains of Quality (Safety, Quality, Patient Experience)	✓		✓
Board Assurance Framework Risk Register	✓		✓
Budgetary Impact	✓		✓
Legal/Regulatory	✓		✓
People/Staff	✓		✓
Financial/Value for Money/Sustainability	✓		✓
Information Management & Technology	✓		✓
Equality Impact Assessment	✓		✓
Freedom of Information	✓		✓
I confirm that I have considered the implications of this report on each of the matters above, as indicated	✓		

Initials : CGL

1. Introduction

- 1.1 Good governance suggest that the Corporate Governance Framework (Standing Orders, Standing Financial Instruction and Scheme of Delegation) and to a lesser extent the Constitution are reviewed annually. These documents set out the financial and structural responsibilities and framework adopted by the CCG and are designed to ensure that the CCGs activities and financial transactions are carried out in accordance with law governance and policy to achieve probity, accuracy, economy, efficiency and effectiveness.

2. Report

Primary Care Commissioning Committee

- 2.1 The CCG accepted the full delegation of Primary Care Commissioning matters from NHS England with effect from 1 April 2016.
- 2.2 In order to avoid creating two classes of member, all members of the Primary Care Commissioning Committee have one vote, though there is a presumption that all GP members will be conflicted unless they declare to the contrary.
- 2.3 This process is working well. There is however a requirement for one GP to form part of the quorum arrangements.
- 2.4 It is proposed that the requirement for a GP as part of the quorum arrangements be removed to ensure that the Committee is able to make decisions as appropriate when the Committee's GP Members are unable to vote due to conflicting interests.

Audit and Quality Committee

- 2.5 No changes are proposed to the Terms of Reference for the Audit and Quality Committee.

Clinical Commissioning Committee

- 2.6 No changes to the Terms of Reference for the Clinical Commissioning Committee are proposed save a minor amendment to update the term 'Clinical Delivery Group Leads' to 'RightCare Clinical Leads'.

Remuneration Committee

- 2.7 Following a recent meeting of the Remuneration Committee where the Committee's own performance was considered, the Committee formed the view that the Secondary Care Member should also be a member of the Committee and resolved to recommend to the Governing Body that appropriate changes are made to the Terms of Reference to achieve this.

3. Conclusion

3.1 The Governing Body is asked to approve:

- Approve the changes to the Terms of Reference for the Primary Care Commissioning Committee by the removal of the requirement for a GP to form part of the quorum.
- Changes to the Remuneration Committee Terms of Reference to include the Secondary Care Member as a Member of the Committee.
- Minor changes to the Clinical Commissioning Committee Terms of Reference to update the term Clinical Delivery Group Lead to Right Care Lead.

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Date : 28 February 2017

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