

BOARD PAPER - NHS ENGLAND

Title: Corporate governance item

Clearance: Bill McCarthy, National Director: Policy

Purpose of Paper:

- To request the Board to adopt terms of reference for committees of the Board.

Key Issues and Recommendations:

- Good governance is essential to underpin the activities of NHS England, and its hosted bodies, as it strives to make decisions in the best interests of patients.
- At its meeting of 12 April 2013, the Board adopted a refreshed corporate governance framework. The terms of reference which were at that time under development are detailed in the actions described below.

Actions Required by Board Members:

To adopt the terms of reference for the:

- Quality and clinical risk committee;
- Directly commissioned services committee; and
- Finance and investment committee.

Corporate governance item

Introduction

1. At its meeting on 12 April 2013, the Board adopted a corporate governance framework which included:
 - Standing orders;
 - Standing financial instructions;
 - Reservation of Powers to the Board and Delegation of Powers;
 - Revised committee structure and terms of reference ; and
 - Policy assurance.

2. The Board agreed the proposed Board committee structure and terms of reference for the:
 - Audit committee;
 - Remuneration and terms of service committee;
 - Executive HR sub committee;
 - Commissioning support committee; and
 - Procurement controls committee

It was agreed that the terms of reference for the Quality and clinical risk committee, Directly commissioned services committee and Finance and investment committee would be presented for approval to the Board in May 2013.

Summary and recommendations

3. The Board is invited to adopt the terms of reference for the Quality and clinical risk committee, Directly commissioned services committee and Finance and investment committee for inclusion in the Corporate governance framework.

Bill McCarthy
National Director: Policy
April 2013

Quality and
clinical risk
committee:
Terms of
Reference



Quality and clinical risk committee

Terms of Reference

Issue Date: 3 May 2013

Document Number: POL_0104

Prepared by: Quality Strategy and Alignment Lead

Document Number: POL_0104	Issue Date: 03-05-2013	Version Number: 01.00
Status: Draft	Next Review Date: April 2014	Page 2 of 10

1 Constitution

- 1.1 The Board hereby resolves to establish a Committee of the Board to be known as the Quality and Clinical Risk Committee. The Committee is a non-executive committee and as such has no delegated authority other than that specified in these Terms of Reference.

2 Delegated Authority

- 2.1 The Committee has the following delegated authority:
- 2.1.1 The authority to require any Officer to attend a meeting and provide information and/or explanation as required by the Committee;
- 2.1.2 Take decisions on behalf of NHS England on matters relevant to the objective of this committee; and
- 2.1.3 The Board has authorised the Quality and clinical risk committee to establish sub-committees. The Quality and clinical risk committee shall determine the membership and terms of reference of those sub-committees.

3 Accountability

- 3.1 The Quality and clinical risk committee is accountable to the Board.

4 Reporting Line(s)

- 4.1 The committee will report in writing to the Board following each of its meetings in the form of a report from the chair of the committee detailing any emerging key themes or messages that could inform wider Board business. The actions taken will be recorded in the committee's minutes which will be copied to all members of the committee.

Document Number: POL_0104	Issue Date: 03-05-2013	Version Number: 01.00
Status: Draft	Next Review Date: April 2014	Page 3 of 10

5 Objective(s)

- 5.1 To assure the Board that robust systems and processes are in place to enable NHS England to:
- i. fulfil its statutory duty to act with a view to securing continuous improvement in the quality of services provided to individuals; and
 - ii. identify and effectively manage any quality or clinical risks associated with performing statutory and non-statutory functions

6 Duties

- 6.1 The Committee will deliver its objectives by seeking assurance across five interconnected areas:
- i. In respect of NHS England's duty as to continuous quality improvement, the Committee will seek assurance that:
 - commissioners have access to and are having regard to evidence based standards and other guidance describing what constitutes high quality care across the comprehensive service;
 - commissioners have access to the necessary comparative information to support measurement of the quality of and outcomes from commissioned services;
 - the power of transparency in driving quality improvement is being fully harnessed through putting in place mechanisms for publishing information relating to the quality of commissioned services;
 - financial levers and incentives are effectively aligned and deployed to drive continuous quality improvement;
 - robust mechanisms are in place for monitoring and supporting the uptake of the latest innovations and technologies through the commissioning process; and

Document Number: POL_0104	Issue Date: 03-05-2013	Version Number: 01.00
Status: Draft	Next Review Date: April 2014	Page 4 of 10

- the clinical and non-clinical leadership of the commissioning system is sufficiently focussed on quality and has the necessary skills to lead efforts across the system to drive continuous quality improvement.
- ii. In respect of NHS England’s function as a direct commissioner (primary care services, certain specialised services, military and offender health services), the Committee will seek assurance that there are robust systems and processes in place for monitoring and assuring the quality of these services and for driving continuous quality improvement;
- iii. In respect of NHS England’s function of holding the local system of commissioning to account, the Committee will seek assurance that robust systems and processes are in place for assuring that clinical commissioning groups are meeting their statutory duties with regards to quality (duty as to continuous quality improvement and duty to support improvements in the quality of primary care) and that they have robust systems and processes in place for assuring themselves of the quality of the services that they have commissioned;
- iv. In respect of NHS England’s wider system leadership role for quality, the Committee will seek assurance that robust systems and processes in place for:
- Providing timely and accurate clinical advice to the system;
 - Sharing and receiving information and intelligence with regards to quality from other relevant parts of the system; and
 - Ensuring the effective operation of Quality Surveillance Groups across the country

Document Number: POL_0104	Issue Date: 03-05-2013	Version Number: 01.00
Status: Draft	Next Review Date: April 2014	Page 5 of 10

- v. The Committee will also seek assurance that NHS England has robust systems and processes in place for discharging those specific functions which directly relate to managing quality and clinical risk, including:
- the revalidation of doctors;
 - managing the national performers list, which is intended to assure the suitability of all primary care doctors, dentists and ophthalmic practitioners who undertake NHS primary care services in England; and
 - having robust systems in place to collect and analyse information relating to the safety of services provided by the health service, to provide advice and guidance to such persons as it considers appropriate, and to monitor the effectiveness of the advice and guidance given.

7 Permanency

- 7.1 The Committee is a permanent Committee of the Board.

8 Membership

- 8.1 To be confirmed.

8.2 In Attendance (not members and no voting rights)

- 8.2.1 Board Secretary

- 8.2.2 Secretariat

9 Quorum

- 9.1 50 per cent of total membership, including one executive member.

Document Number: POL_0104	Issue Date: 03-05-2013	Version Number: 01.00
Status: Draft	Next Review Date: April 2014	Page 6 of 10

10 Attendance

- 10.1 Members to aim to attend 100% of meetings.
- 10.2 Attendance below 50% on a rolling annual basis to be highlighted to the Board.

11 Internal (Executive/Director) Lead

- 11.1 Director: Quality Framework

12 Secretariat

- 12.1 The committee will be supported by the nominated officer from the quality framework team who is acting as secretary to the committee.

13 Frequency of Meetings

- 13.1 Every two months (six times per annum).

14 Papers

- 14.1 The Secretary to agree the agenda with the Chair and Internal (Executive/Director) Lead.
- 14.2 Papers to be distributed to members and those in attendance 3 days in advance of the meeting.
- 14.3 Papers to be distributed, for information, to:
 - 14.3.1 NHS England National Directors

15 Work Programme

Document Number: POL_0104	Issue Date: 03-05-2013	Version Number: 01.00
Status: Draft	Next Review Date: April 2014	Page 7 of 10

- 15.1 The Committee will prepare a work programme covering at least the 12 months following each meeting, detailing the items expected to be considered at each meeting, grouped under heading aligned with the duties detailed above.
- 15.2 The Work Programme is to be a living document, updated for each meeting.
- 15.3 Review of the Work Programme is to be a standing agenda item.

16 Openness

- 16.1 The Chair to present a written report to the next Board after each meeting, detailing:
 - 16.1.1 Attendance at the meeting;
 - 16.1.2 The matters considered by the meeting;
 - 16.1.3 The conclusions drawn and/or actions agreed;
 - 16.1.4 The exercise of any delegated authority;
 - 16.1.5 Any matters the meeting specifically wished to draw to the attention of the Board.
- 16.2 The minutes approved at the meeting to be attached to the report for information (redacted in accordance with the Freedom of Information Act as required).

17 Effectiveness

- 17.1 The effectiveness of the Committee in meeting its terms of reference will be measured by the preparation of an Annual Report detailing:
 - 17.1.1 Attendance by individual members; and,
 - 17.1.2 The delivery of the Committee terms of reference by reference to:
 - 17.1.2.1 The matters considered by the Committee through the year and whether these occurred in line with the work programme (detailing why not if not);
 - 17.1.2.2 The conclusions drawn and/or actions agreed;
 - 17.1.2.3 The exercise of any delegated authority in the year; and,
 - 17.1.2.4 The matters the Committee specifically drew to the attention of the Board during the year.

Document Number: POL_0104	Issue Date: 03-05-2013	Version Number: 01.00
Status: Draft	Next Review Date: April 2014	Page 8 of 10

17.2 The annual report to be considered and approved by the Committee at its first meeting in each financial year, covering the preceding financial year.

17.3 The annual report to be presented to the next Board meeting after approval by the Committee.

18 Review of Terms of Reference

18.1 These terms of reference are to be reviewed annually alongside the preparation of the annual report.

18.2 The outcome of that review to be reported as part of the annual report, together with any recommendations for amendment.

18.3 These terms of reference will be reviewed more frequently should the need arise.

Document Number: POL_0104	Issue Date: 03-05-2013	Version Number: 01.00
Status: Draft	Next Review Date: April 2014	Page 9 of 10

Directly
commissioned
services
committee:
Terms of
Reference



Directly commissioned services committee

Terms of Reference

Issue Date: May 2013

Document Number: POL_0107

Prepared by: Director of Commissioning (Corporate)

Document Number: POL_0107	Issue/Approval Date:	Version Number: 01.00
Status: Draft	Next Review Date:	Page 2 of 9

1 Constitution

- 1.1 The Board hereby resolves to establish a Committee of the Board to be known as the Directly commissioned services committee. The Committee is a non-executive committee and as such has no delegated authority other than that specified in these terms of reference.

2 Delegated Authority

- 2.1 Subject to any restrictions set out in relevant legislation, the Directly commissioned services committee is authorised by the Board to determine any matter within its terms of reference.
- 2.2 The Board has authorised to the Directly commissioned services committee to establish sub-committees. The Directly commissioned services Committee shall determine the membership and terms of reference of those sub-committees.

3 Accountability

- 3.1 The Directly Commissioned Services Committee is accountable to the Board

4 Reporting Line(s)

- 4.1 The Committee will report in writing to the Board following each of its meetings in the form of a report from the Chair. The actions taken will be recorded in the Board's minutes. The Directly commissioned services committee minutes will be copied to all members of the Committee.

5 Objective(s)

- 5.1 The Committee will oversee the implementation of the direct commissioning strategic priorities as agreed by the Board and to contribute to the development of strategic priorities. The Committee will provide assurance to the Board that the strategic priorities are being delivered.

Document Number: POL_0107	Issue/Approval Date:	Version Number: 01.00
Status: Draft	Next Review Date:	Page 3 of 9

6 Duties

6.1 The Committee will deliver its objectives by:

6.1.1 Delivering leadership and direction to the implementation of the single operating models outlined in the following documents:

- Securing Excellence in Specialised Commissioning
- Primary Care
- Offender Health
- Sexual Assault Referral Centre
- Services for Armed Forces and their Families
- Dental Services
- Public Health Services as contained in the Section 7a Agreement

6.1.2 Ensuring that direct commissioning is patient focused and clinically led and to oversee the role and work of the Clinical Priorities Advisory Group on behalf of the Board

6.1.3 Driving the improvement of standards and outcomes and the reduction of variation and inequalities for services commissioning directly by NHS England

6.1.4 Provide assurance to the Quality and clinical risk committee that there are robust systems and processes in place for monitoring and assuring the quality of directly commissioned services and for driving continuous quality improvement;

6.1.5 Ensuring that the services commissioned by NHS England are exemplary in their approach to public and patient involvement

6.1.6 Delivery of the business plan objectives for all areas of direct commissioning

6.1.7 Providing leadership to the integration of direct commissioning activities with those services commissioning by CCGs and Local Authorities

7 Permanency

7.1 The Committee is a permanent Committee of the Board.

Document Number: POL_0107	Issue/Approval Date:	Version Number: 01.00
Status: Draft	Next Review Date:	Page 4 of 9

8 Membership

8.1 Members are appointed by the Board.

8.2 Members will be expected to attend meetings in person. Where this is not possible, deputies may attend, without voting rights, and with the prior agreement of the chair of the committee.

8.3 Chair

8.3.1 Non executive director

8.4 Other Members

8.4.1 One non-executive director

8.4.2 Chief Operating Officer/Deputy Chief Executive

8.4.3 Chief Finance officer

8.4.4 National Director: patients and information

8.4.5 National Medical Director

8.4.6 Chief Nursing Officer

8.4.7 Director of Commissioning (Corporate)

8.4.8 Regional Directors (x 4)

8.5 In Attendance (not members and no voting rights)

8.5.1 Head of Primary Care

8.5.2 Head of Specialist Commissioning

8.5.3 Head of Public Health, Offender Health and Armed Forces Health

8.5.4 Chair - Clinical Priorities Advisory Group

8.5.5 Secretariat

Document Number: POL_0107	Issue/Approval Date:	Version Number: 01.00
Status: Draft	Next Review Date:	Page 5 of 9

9 Quorum

9.1 At least four members, of which one must be a non-executive director and one must be either the National Medical Director or Chief Nursing Officer.

10 Attendance

10.1 Members to aim to attend 100% of meetings.

11 Internal (Executive) Lead

11.1 Chief Operating Officer

12 Secretariat

12.1 To be confirmed

13 Frequency of Meetings

13.1 The Committee will meet on a quarterly basis.

14 Papers

14.1 The Secretary to agree the agenda with the Chair and Internal (Executive) Lead.

14.2 Papers to be distributed to members and those in attendance 7 days in advance of the meeting.

15 Work Programme

15.1 The Committee will prepare a work programme covering at least the 12 months following each meeting, detailing the items expected to be considered at each meeting, grouped under heading aligned with the Duties detailed above.

15.2 The Work Programme is to be a living document, updated for each meeting.

15.3 Review of the Work Programme is to be a standing agenda item.

Document Number: POL_0107	Issue/Approval Date:	Version Number: 01.00
Status: Draft	Next Review Date:	Page 6 of 9

16 Openness

- 16.1 The Chair to present a written report to the next Board after each meeting, detailing:
 - 16.1.1 Attendance at the meeting;
 - 16.1.2 The matters considered by the meeting;
 - 16.1.3 The conclusions drawn and/or actions agreed;
 - 16.1.4 The exercise of any delegated authority;
 - 16.1.5 Any matters the meeting specifically wished to draw to the attention of the Board.
- 16.2 The minutes approved at the meeting to be attached to the report for information (redacted in accordance with the Freedom of Information Act as required).

17 Effectiveness

- 17.1 The effectiveness of the Committee in meeting its terms of reference will be measured by the preparation of an Annual Report detailing:
 - 17.1.1 Attendance by individual members; and,
 - 17.1.2 The delivery of the Committee terms of reference by reference to:
 - 17.1.2.1 The matters considered by the Committee through the year and whether these occurred in line with the work programme (detailing why not if not);
 - 17.1.2.2 The conclusions drawn and/or actions agreed;
 - 17.1.2.3 The exercise of any delegated authority in the year; and,
 - 17.1.2.4 The matters the Committee specifically drew to the attention of the Board during the year.
- 17.2 The Annual Report to be considered and approved by the Committee at its first meeting in each financial year, covering the preceding financial year.
- 17.3 The Annual Report to be presented to the next Board meeting after approval by the Committee.

Document Number: POL_0107	Issue/Approval Date:	Version Number: 01.00
Status: Draft	Next Review Date:	Page 7 of 9

18 Review of Terms of Reference

- 18.1 These terms of reference to be reviewed annually alongside the preparation of the Annual Report.
- 18.2 The outcome of that review to be reported as part of the Annual Report, together with any recommendations for amendment.
- 18.3 These terms of reference will be reviewed more frequently should the need arise.

Document Number: POL_0107	Issue/Approval Date:	Version Number: 01.00
Status: Draft	Next Review Date:	Page 8 of 9

Finance & Investment Committee: Terms of Reference



Finance & Investment Committee

Terms of Reference

Issue Date: 24 April 2013

Document Number: POL_0103

Prepared by: Head of Assurance & Procurement

Document Number: POL_0103	Issue Date: 24-04-2013	Version Number: 00.04
Status: Draft	Next Review Date: March 2014	Page 2 of 11

Information Reader Box	
Directorate	
Medical	Operations
Nursing	Commissioning Development
Patients & Information	Policy
Finance	Human Resources
Publications Gateway Reference	xx
Document Purpose	Committee Terms of Reference
Document Name	Finance & Investment Committee: Terms of Reference
Author	NHS Commissioning Board, Finance Directorate
Publication Date	24 April 2013
Target Audience	All NHS Commissioning Board Officers
Additional Circulation List	n/a
Description	Terms of Reference for the Finance & Investment Committee
Cross Reference	n/a
Superseded Document	n/a
Action Required	For Board Approval
Timing/Deadlines	3 May 2013
Author	Stephen Fell, Head of Assurance & Procurement 8E42, Quarry House LEEDS Tel: 0113 825 0696 E-mail: stephen.fell@nhs.net
Document Status	
<p>This is a controlled document. Whilst this document may be printed, the electronic version posted on the intranet is the controlled copy. Any printed copies of this document are not controlled.</p> <p>As a controlled document, this document should not be saved onto local or network drives but should always be accessed from the intranet.</p>	

Document Number: POL_0103	Issue Date: 24-04-2013	Version Number: 00.04
Status: Draft	Next Review Date: March 2014	Page 3 of 11

1 Constitution

- 1.1 The Board hereby resolves to establish a Committee of the Board to be known as the Finance & Investment Committee. The Committee is a non-executive committee and as such has no delegated authority other than that specified in these Terms of Reference.

2 Delegated Authority

- 2.1 The Committee has the following delegated authority:
- 2.1.1 The authority to require any Officer to attend a meeting and provide information and/or explanation as required by the Committee;
 - 2.1.2 The authority to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary;
 - 2.1.3 The authority to approve and agree changes to the financial policy framework for the commissioning sector;
 - 2.1.4 The authority to approve expenditure on activities relating to the NHS CB's functions, as set out in the NHS Act 2006 (as amended), and the Health and Social Care Act 2012, within limits set in Standing Financial Instructions, in the following categories:
 - 2.1.4.1 Capital expenditure across the commissioning sector;
 - 2.1.4.2 Revenue contracts that will be accounted for as capital expenditure across the commissioning sector;
 - 2.1.4.3 Private finance initiative contracts expenditure across the commissioning sector;
 - 2.1.4.4 Reconfigurations;
 - 2.1.4.5 NHS CB income generation;
 - 2.1.4.6 NHS CB leases or managed service agreements whether accounted as revenue or capital; and,
 - 2.1.4.7 NHS CB expenditure to be financed by borrowing, however sourced.

Document Number: POL_0103	Issue Date: 24-04-2013	Version Number: 00.04
Status: Draft	Next Review Date: March 2014	Page 4 of 11

2.1.5 The authority to approve NHS CB financial policies;

3 Accountability

3.1 NHS CB Board

4 Reporting Line

4.1 NHS CB Board

5 Objective

5.1 To scrutinise financial planning and performance for the NHS CB and wider NHS commissioning sector, reviewing areas of concern, and reporting to the Board as appropriate.

6 Duties

6.1 The Committee will deliver its Objective by:

6.1.1 Reviewing and approving the financial policy framework for the commissioning sector which supports delivery of the NHS CB's strategic objectives;

6.1.2 Reviewing and agreeing changes to individual elements of the financial policy framework for the commissioning sector (for example allocations or Payment by Results policy);

6.1.3 Monitoring the in-year financial performance of the commissioning sector;

6.1.4 Considering the NHS CB's medium term financial strategy, in relation to both revenue and capital, and making recommendations to the Board;

6.1.5 Reviewing and recommending the overall annual revenue and capital budgets to the Board for approval, and then monitoring spend during the year;

6.1.6 Reviewing and assessing business cases for:

- Capital expenditure across the commissioning sector;

Document Number: POL_0103	Issue Date: 24-04-2013	Version Number: 00.04
Status: Draft	Next Review Date: March 2014	Page 5 of 11

- Commissioning commitments which underpin the revenue implications of a third party investing capital, or entering into a lease commitment (for example commissioner support to a PFI scheme);
- Financial aspects and investment requirements of reconfiguration proposals;
- NHS CB income generation;
- NHS CB leases or managed service agreements whether accounted as revenue or capital; and,
- NHS CB expenditure to be financed by borrowing, however sourced;

but not:

- NHS CB revenue expenditure, which is considered by the Procurement Control Committee;

at all stages (strategic outline case, outline business case, full business case and post control reports) for compliance with national guidance, legislation and best practice;

6.1.7 Reviewing all business cases for expenditure (as above) that require Department of Health or Cabinet Office approval, prior to their submission to the Department of Health;

6.1.8 Approving business cases (as above) on behalf of the Board in the context of the NHS CB's agreed budget and within the delegated limits approved by the Board as part of the scheme of delegation or recommending business cases above delegated limits to the Board for approval;

6.1.9 Considering and approving NHS CB financial policies; and,

6.1.10 Reviewing other substantial issues of financial policy and delivery and making recommendations to the Board.

7 Permanency

7.1 The Committee is a permanent Committee.

Document Number: POL_0103	Issue Date: 24-04-2013	Version Number: 00.04
Status: Draft	Next Review Date: March 2014	Page 6 of 11

8 Membership

8.1 Members are appointed by the Board.

8.2 Chair

8.2.1 A Non-executive Member

8.2.2 In the absence of the Chair another Non-executive Member who is a member of the Committee.

8.3 Other Members

8.3.1 At least one other Non-executive Member.

8.3.2 Chief Financial Officer

8.3.3 Chief Operating Officer

8.3.4 National Director: Policy

8.4 In Attendance (not members and no voting rights)

8.4.1 Board Secretary

8.4.2 Secretariat

8.4.3 Director of Strategic Finance

8.4.4 Director of Financial Performance

8.4.5 The Chief Executive and other National Directors may be invited to attend when the Committee is discussing areas/business cases that are the responsibility of that Director.

8.4.6 The Committee may invite other Officers to attend the meetings as appropriate to the subject matter.

9 Quorum

9.1 One Non-Executive Member plus one National Director attending in person, via teleconference or via videoconference.

Document Number: POL_0103	Issue Date: 24-04-2013	Version Number: 00.04
Status: Draft	Next Review Date: March 2014	Page 7 of 11

10 Attendance

- 10.1 Members to aim to attend 100% of meetings.
- 10.2 Attendance below 50% on a rolling annual basis to be highlighted to the Board.

11 Internal (Executive) Lead

- 11.1 Chief Financial Officer

12 Secretariat

- 12.1 Head of Assurance & Procurement

13 Frequency of Meetings

- 13.1 The Committee will consider the frequency and timing of meetings needed to allow it to discharge all of its responsibilities.
- 13.2 Under normal circumstances the Committee will meet at least six times a year.

14 Papers

- 14.1 The Secretary to agree the agenda with the Chair and Internal (Executive) Lead.
- 14.2 Papers to be distributed to members and those in attendance five days in advance of the meeting.
- 14.3 Papers to be distributed, for information, to:
 - 14.3.1 Director of Financial Control

15 Work Programme

- 15.1 The Committee will prepare a work programme covering at least the 12 months following each meeting, detailing the items expected to be considered at each meeting, grouped under heading aligned with the Duties detailed above.
- 15.2 The Work Programme is to be a living document, updated for each meeting.
- 15.3 Review of the Work Programme is to be a standing agenda item.

Document Number: POL_0103	Issue Date: 24-04-2013	Version Number: 00.04
Status: Draft	Next Review Date: March 2014	Page 8 of 11

16 Openness

- 16.1 The Chair to present a written report to the next Board after each meeting, detailing:
 - 16.1.1 Attendance at the meeting;
 - 16.1.2 The matters considered by the meeting;
 - 16.1.3 The conclusions drawn and/or actions agreed;
 - 16.1.4 The exercise of any delegated authority;
 - 16.1.5 Any matters the meeting specifically wished to draw to the attention of the Board.
- 16.2 The minutes approved at the meeting to be attached to the report for information (redacted in accordance with the Freedom of Information Act as required).

17 Effectiveness

- 17.1 The effectiveness of the Committee in meeting its Terms of Reference will be measured by the preparation of an Annual Report detailing:
 - 17.1.1 Attendance by individual members; and,
 - 17.1.2 The delivery of the Committee Terms of Reference by reference to:
 - 17.1.2.1 The matters considered by the Committee through the year and whether these occurred in line with the Work Programme (detailing why not if not);
 - 17.1.2.2 The conclusions drawn and/or actions agreed;
 - 17.1.2.3 The exercise of any delegated authority in the year; and,
 - 17.1.2.4 The matters the Committee specifically drew to the attention of the Board during the year.
- 17.2 The Annual Report to be considered and approved by the Committee at its first meeting in each financial year, covering the preceding financial year.
- 17.3 The Annual Report to be presented to the next Board meeting after approval by the Committee.

Document Number: POL_0103	Issue Date: 24-04-2013	Version Number: 00.04
Status: Draft	Next Review Date: March 2014	Page 9 of 11

18 Review of Terms of Reference

- 18.1 These terms of reference to be reviewed annually alongside the preparation of the Annual Report.
- 18.2 The outcome of that review to be reported as part of the Annual Report, together with any recommendations for amendment.
- 18.3 These terms of reference will be reviewed more frequently should the need arise.

Draft

Document Number: POL_0103	Issue Date: 24-04-2013	Version Number: 00.04
Status: Draft	Next Review Date: March 2014	Page 10 of 11

Draft

© NHS Commissioning Board 2013
First published xx
Published in electronic format only