

# Clinical and Care Professional Committee

Item 14iii

July 2022

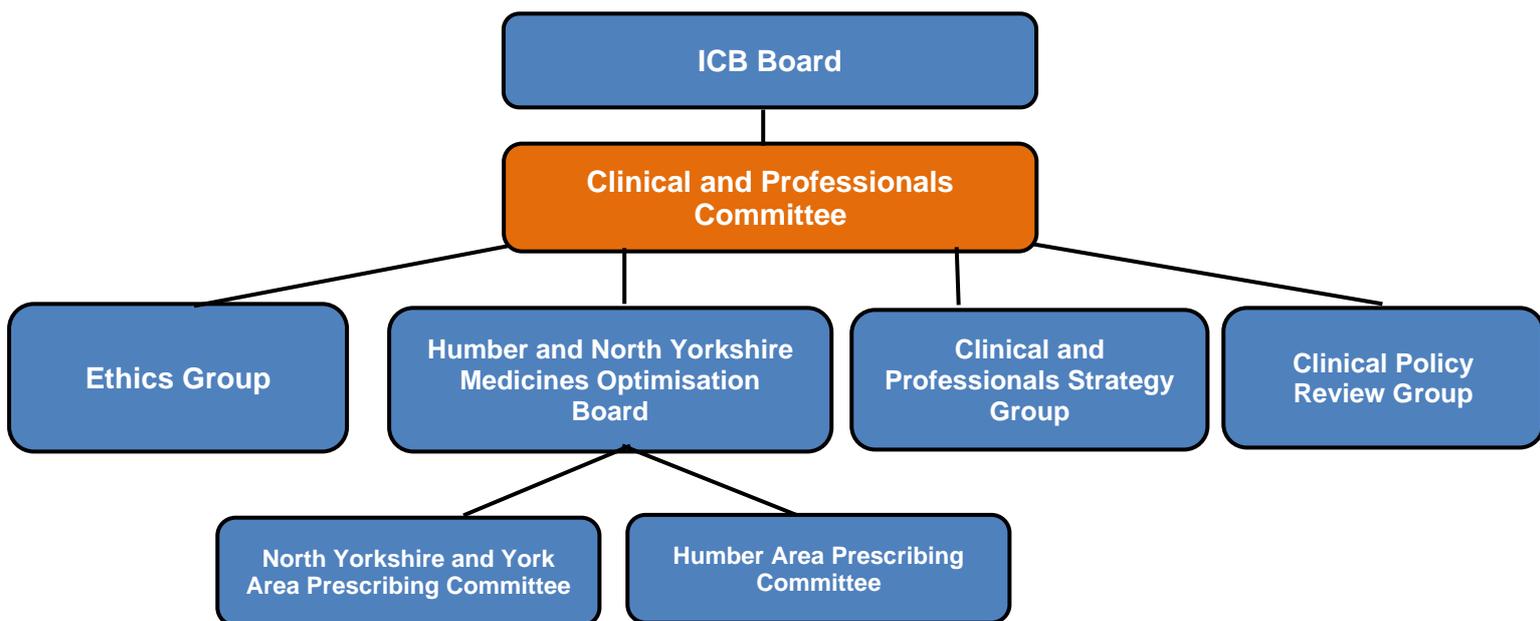
Terms of Reference:	Clinical and Care Professional Committee
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## 1. Governance

The Clinical and Professionals Committee (C&PC) is established by the Integrated Care Board (the Board or ICB) as an Executive Committee of the Board in accordance with its Constitution.

These Terms of Reference (ToR), which must be published on the ICB website, set out the membership, the remit, responsibilities and reporting arrangements of the Committee and may only be changed with the approval of the ICB who it is accountable to.

The C&PC executive committee of the Board and its members, including those who are not members of the Board, are bound by the Standing Orders and other policies of the ICB.



## 2. Authority

The Committee is authorised by the Board to:

- Investigate any activity within its terms of reference;
- Seek any information it requires within its remit, from any employee or member of the ICB (who are directed to co-operate with any request made by the Committee) within its remit as outlined in these terms of reference;
- Commission any reports it deems necessary to help fulfil its obligations;
- Obtain legal or other independent professional advice and secure the attendance of advisors with relevant expertise if it considers this is necessary to fulfil its functions. In doing so the Committee must follow any procedures put in place by the ICB for obtaining legal or professional advice;
- Create task and finish sub-groups in order to take forward specific programmes of work as considered necessary by the Committee members. The Committee shall determine the membership and terms of reference of any such task and finish sub-groups in accordance with the ICB's constitution, standing orders and Scheme of Reservation and Delegation (SoRD) but may/ not delegate any decisions to such groups.

For the avoidance of doubt, the Committee will comply with, the ICB Standing Orders, Standing Financial Instructions and the SoRD.

### 3. Purpose

The aim is to provide population health led, strategic and collaborative clinical and professional oversight across the NHS Humber and North Yorkshire Integrated Care Board and support the Partnership to achieve its vision of helping the population to '*start well, live well, age well and end life well.*'

The Committee will:

- Provide clinical and professional oversight and assurance to the Board Strategic Priorities and Areas of Focus including pathway and service redesign;
- Focus on all aspects of the triple aims – improving population health, providing better care for all patients, and ensuring sustainability
- Be a guiding clinical and professional mind / thought leadership and constructive challenge across the Partnership;
- Develop an approach, values and ethos which enable proactive responses as well as reactive action where required in the 21<sup>st</sup> Century health and care system.
- Make recommendations on clinical, pharmacological and medical interventions to the Board

The duties of the Committee will be driven by the organisation's objectives and the associated risks. An annual programme of business will be agreed before the start of the financial year; however this will be flexible to new and emerging priorities and risks.

The Committee has no executive powers, other than those delegated in the SoRD and specified in these terms of reference.

### 4. Chair, Membership and Attendance

#### Chair and Vice Chair

The Committee will be chaired by a Member of the Board appointed on account of their specific knowledge skills and experience making them suitable to chair the Committee.

Committee members may appoint a Vice Chair who has the skills and experience suitable to chair the Committee. In the event of the Chair of the Committee being unable to attend all or part of the meeting, the Vice Chair will be appointed to Chair the meeting.

The Chair will be responsible for agreeing the agenda and ensuring matters discussed meet the objectives as set out in these ToR.

#### Membership

The Committee members shall be appointed by the Board in accordance with the ICB Constitution.

#### Core Membership

- Executive Director of Clinical and Professional (Chair)
- Executive Director of Nursing and Quality (Vice-Chair)
- Place Clinical Director and or a Place Nurse Director
- NHS England Clinical Representative
- Executive Director of Corporate Affairs
- Chief Executive (ICB)
- Medical Director or Nurse Director (Acute)

- Medical Director or Nurse Director (Mental Health)
- Medical Director or Nurse Director (equivalent) (Primary Care)
- Representative covering Ethics
- Representative of Ambulance Services
- Representative of Director of Social Care
- Representative of Public Health
- Representative of Allied Health Professionals
- Representative of Pharmacy
- Head of Legal and Regulatory services

### **Attendees**

- Executive Officers may request or be requested to attend the meeting when matters concerning their responsibilities are to be discussed or they are presenting a paper.
- Other individuals may be requested to attend the meeting when matters concerning their responsibilities are to be discussed or they are presenting a paper.

## **5. Meeting Quoracy and Decisions**

The Committee will meet no less than 6 times per year and arrangements and notice for calling meetings are set out in the Standing Orders. Additional meetings may take place as required.

The Board, Chair or Chief Executive may ask the Committee to convene further meetings to discuss particular issues on which they want the Committee advice.

In accordance with the Standing Orders, the Committee may meet virtually when necessary and members attending using electronic means will be counted towards the quorum.

### **Quorum**

The Committee will be quorate when at least 8 members of the Committee are present to include at least:

- Chair or Vice Chair
- 3 Place Clinical Directors
- 1 Medical Director from the 3 provider sectors identified in the membership

If any member of the Committee has been disqualified from participating in an item on the agenda, by reason of a declaration of conflicts of interest, then that individual shall no longer count towards the quorum.

If the quorum has not been reached, then the meeting may proceed if those attending agree, but no decisions may be taken.

### **Decision Making and Voting**

Decisions will be taken in according with the Standing Orders. The Committee will ordinarily reach conclusions by consensus. When this is not possible the Chair may call a vote.

Only members of the Committee may vote. Each member is allowed one vote and a majority will be conclusive on any matter.

Where there is a split vote, with no clear majority, the Chair of the Committee will hold the casting vote.

If a decision is needed which cannot wait for the next scheduled meeting, the Chair may conduct business on a 'virtual' basis through the use of telephone, email or other electronic communication.

## **6. Responsibilities of the Committee**

The Committee duties can be categorised as follows:

The Committee will:

- ensure Population Health Management remains at the centre of the Board's development and contributing wholly to the evolution of a health and care Board which is resilient to the demands and challenges of the 21<sup>st</sup> Century;
- develop the detailed Clinical Strategy for the Board;
- make recommendations to and provide clinical and professional oversight and assurance to the Board Strategic Priorities and Areas of Focus including pathway and service redesign;
- support and review recommendations made by the ethics committee
- provide multidisciplinary constructive challenge to the oversight and assurance of pathway and service redesign;
- engage and communicate with our distributed, multidisciplinary clinical and professional leadership across the Board and wider;
- recognise and enable talent in the clinical and professional community;
- ensure equal and appropriate representation but wherever possible avoiding the replication and duplication of activities across Board and Place;
- provide a supportive role to other groups across the Board.

## **7. Behaviours and Conduct**

### **ICB values**

Members will be expected to conduct business in line with the ICB values and objectives.

Members of, and those attending, the Committee shall behave in accordance with the ICB's Constitution, Standing Orders, and Code of Conduct and Behaviours.

### **Equality and diversity**

Members must demonstrably consider the equality and diversity implications of decisions they make.

## **8. Accountability and Reporting**

The Committee is accountable to the Board and shall report to the Board on how it discharges its responsibilities.

The minutes of the meetings shall be formally recorded by the secretary and submitted to the Board in accordance with the Standing Orders.

The Chair will provide assurance reports to the Board at each meeting and shall draw to the attention of the Board any issues that require disclosure to the Board or require action.

## **9. Secretariat and Administration**

The Committee shall be supported with a secretariat function which will include ensuring that:

- The agenda and papers are prepared and distributed in accordance with the Standing Orders having been agreed by the Chair with the support of the relevant executive lead;

- Attendance of those invited to each meeting is monitored and highlighting to the Chair those that do not meet the minimum requirements;
- Records of members' appointments and renewal dates and the Board is prompted to renew membership and identify new members where necessary;
- Good quality minutes are taken in accordance with the standing orders and agreed with the chair and that a record of matters arising, action points and issues to be carried forward are kept;
- The Chair is supported to prepare and deliver reports to the Board;
- The Committee is updated on pertinent issues/ areas of interest/ policy developments;
- Action points are taken forward between meetings and progress against those actions is monitored.

## **10. Review**

The Committee will review its effectiveness at least annually.

These terms of reference will be reviewed at least annually and more frequently if required. Any proposed amendments to the terms of reference will be submitted to the Board for approval.

**END**