

**TERMS OF REFERENCE**  
**BASILDON AND BRENTWOOD CCG**  
**CLINICAL EXECUTIVE GROUP**  
**(Reviewed August 2015)**

**1. Role of the Group**

The clinical executive group (CEG) will act as a formal sub-committee of the CCG Board to provide the strategic clinical direction for the CCG. The group has delegated decision making authority to the extent set out below and financial decisions up to a financial limit as defined in the current scheme of delegation.

**Purpose and Objectives**

- a) To determine the clinical objectives and strategy of the CCG, including how commissioning resources<sup>1</sup> should be prioritised and deployed (within the delegated financial limit above).  
Oversee annual production of the Integrated Plan.
- b) To receive communication from, and feed in to, H&WBB, JSNA and other partner ventures and organisations. CEG to help ensure that the CCG in an active participant in joint working.
- c) Provide clinical leadership and support the Chief Nurse in respect of quality issues.
- d) Review and approval of new commissioning business cases as defined in the current scheme of delegation
- e) Ensure that new projects are clinically led and aligned with JSNA/HWB targets, are rich in patient involvement with the widest possible stakeholder engagement, and aim to improve services and decrease health inequalities are the key goals of CEG.
- f) Performance manage delivery of QIPP schemes, delivery of the Integrated Plan and authorisation Rectification Plan through close working with the clinical and commissioning leads and formal reporting mechanism from the relevant work-stream leads.
- g) Receive regular reports and provide direction to the CCG's service specific clinical leads. Reporting to be on a rolling programme monthly/quarterly as appropriate.
- h) Provide leadership to the CCG's clinical education process.
- i) Oversee the clinical recruitment process and locality functioning, giving assurance to the Board that these processes are on track.

**Membership and Chair**

GP chair to be elected by the group, with annual re-election or by agreement of the members.

Core membership (voting) to include:

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<sup>1</sup> Resources in this context to include staff, premises, cash and any other assets within the control of the CCG.

- Clinical leads for each of the commissioning roles (BTUH, children's services, mental health, etc)
- Accountable Officer
- Chief Operating Officer
- Chief Finance Officer
- Locality lead GPs
- Chief Nurse
- Public Health Consultant
- Clinical Directors
- Secondary Care Consultant Board Member

#### Non-Core Membership (non-voting)

- Others as deemed relevant by the group. The number of members is not limited, but can be by agreement of the group where this is necessary to manage proceedings.

### **Quorum**

The group is quorate when:

- 5 voting board member clinicians are present, with minimum of one GP from each locality plus
- two of Chief Officer, Chief Finance Officer, Chief Nurse or Chief Operating Officer

The group can make recommendations to the board where the issues fall outside its delegated authority.

The group can make representation directly to service providers in relation to quality issues, in conjunction with the CCG contract lead/associate where relevant.

### **Delegated Authority**

The CEG has delegated authority as set out in the CCG's Corporate Governance Manual (see page 106-114). These limits will be reviewed by the Board on an annual basis.

### **Agendas**

The agenda will be scheduled around the annual planning framework to ensure that all relevant strategic and operational issues are covered at the time they are known to become relevant, with regular slots for:

- Performance and dashboard reports for QIPP
- Delivery and progress reports for implementation of Integrated Plan, Rectification Plan, etc
- Update from CCG Collaborative Group
- Update from relevant officers on joint working with LAs and others, as appropriate/required
- Reports and attendance by clinical service leads on a rolling programme
- Quality reports.
- Free time to be kept on each agenda for irregular items, business cases, as required.
- Receipt of minutes from locality meetings each month

CEG will maintain an overview of the matters being discussed at locality meetings, primarily by formally receiving locality minutes on a monthly basis. The first point of escalation for operational issues from the localities is to the relevant Locality Manager or Clinical Director for comment/resolution. The Locality Manager/Clinical Director can escalate issues to CEG for formal discussion with agreement of the CEG Chair.

**Timing and Frequency**

Meet twice monthly for 2 hours on a Thursday at 1.15pm.

**Last Reviewed August 2015**

**Next Review Due August 2016**