

Terms of Reference

Committees in Common Single Virtual Contact Centre (SVCC)

31st May 2022



Document name:	SVCC Committees in Common ToR		
Programme/Project Name	SE Region SVCC Regular Touchpoint		
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Project/Programme Manager (PM)	Keith Hardy		
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Document Management

Revision history

Version	Date	Summary of changes
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0 02	03/05/2022	KH Comments
0 03	31/05/2022	Updates made and reviewed by KH, KN and EG, agreed to release as FINAL draft prior to approval
0 04	01/06/2022	KH updates

Approved by

This document must be approved by the following people:

Name	Signature	Title	Date	Version
Bernard Quinn		Director of Performance		

Related documents

Title	Owner	Location
SE Region SVCC Terms of Reference V3	Keith Hardy	Collaboration Drive > UEC > 4. UEC Meetings > SE Region SVCC Regular Touchpoint > Meeting Documentation > ToR

Document control

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Definitions

The following words and phrases defined below are to determine the meanings within the agreement.

Word/Phrase	Definition
Agreement	<p>A joint view between the member ICSs comprising the body to be taken forward.</p> <p>An organisation cannot be outvoted, each represented organisation takes its decisions separately, therefore an agreement must be unanimous or revised until it reaches unanimity.</p>
Committees in Common	Decision-making committee formed on a project with cross organisational and geographical boundaries, consisting of two or more organisations meeting in the same place at the same time. The individual organisations remain distinct and take their own decisions.
Delegated Authority	An individual nominated by their organisation to represent them and participate in a specific committee. The Committee in Common will include a representative from each ICB with authority to make decisions on behalf of their organisation. The appointment of the organisation's representatives - and the way in which the representatives take decisions - must comply with that organisation's internal governance structure and the terms on which they have delegated authority to those who represent them at the committee's meetings.
Primary Delegate	The primary individual nominated by an ICB to represent the organisation at Committees in Common meetings.
Assigned Deputy	Each ICB must nominate a second individual with delegated authority to represent their organisation at Committees in Common meetings in place of the primary delegate.
Deputy delegate	The second individual nominated by an ICB to represent the organisation at Committees in Common meetings, in the event the primary delegate is unable to attend.
Quality Impact Assessment (QIA)	<p>Quality Impact Assessments will be conducted to ensure that there are appropriate steps in place to safeguard quality whilst delivering significant changes to service delivery.</p> <p>This process should be used to assess the impact that any policy, project or savings scheme may have on the quality of care provided to patients in the South East Region ICS.</p> <p>Quality Impact Assessments (QIAs) are required to be undertaken on new plans, programmes, projects and savings schemes. They support quality governance by assessing the impact on quality to inform and enable appropriate decision-making.</p> <p>QIAs will review & analyse, amongst other quality indicators, the following:</p> <ul style="list-style-type: none"> • Safety • Clinical effectiveness / outcomes



	<ul style="list-style-type: none"> • Patient experience
Equality and Health Inequality Impact Assessments (EHIA)	<p>Equality and Health Inequality Impact Assessments are a systematic continuous process which involves analysing and reviewing local equality and health inequality information and the results of any engagement to understand the impact (or potential impact) of functions, policies, strategies, services, projects, practices or decisions on people with different protected characteristics.</p> <p>Equality and Health Inequalities Impact Assessments (EHIA) – EHIA are an essential part of a continuous service / policy and performance review. They are a tool for identifying and measuring impact on people with different protected characteristics and those with lower socio-economic status who are at greater risk of poor health outcomes. EHIA are also used to demonstrate regard for equality and reducing health inequalities (under the Equality Act 2010 and Health and Social Care Act 2012).</p>
Lead ICS	Surrey Heartlands Integrated Care System
Quorum	Each ICB must be represented at the required level order for a decision to be made. In order for quoracy to be achieved, there needs to be either representation from the ICB at the meeting or if the representative (or their assigned deputy) cannot attend the meeting, they (or their assigned deputy) must provide written agreement via email following the meeting.
Ratify	As part of the decision making process, each representative with delegated authority (primary or deputy) is required to vote on a decision on behalf of their organisation at the Committees in Common meeting.
Voting Members	As per section 3 (below) of this SVCC TOR document.
Non-Voting Members	As per section 3 (below) of this SVCC TOR document.



1. Purpose

Current levels of NHS111 performance are significantly challenged and there is an immediate need to act faster to ensure that it remains a credible service for patients. There is a need to work together to accelerate mobilisation of the SVCC by the end of June 2022, earlier than the September date previously communicated.

To operate with a lead ICS and operationalise single virtual contact centre processes there needs to be a shared governance structure in place across the region. The agreed proposal with lead commissioners is that the existing SE Region SVCC - Lead Commissioners Meeting is run as Committees in Common.

The SVCC Committees in Common exists to provide direction to the SVCC. Building on the existing SVCC groups, the Committees in Common will monitor progress against the business case and plan, support the resolution of escalated risks and issues and review and approve requests for change.

2. Duties and Responsibilities

The Committees in Common will provide strategic overview and approval across the SVCC.

The role of the Committees in Common is to allow for each ICS to have a delegated forum for decision making with regards to the SVCC, with support and co-chairing from the regional team. These meetings will serve as a forum to discuss and agree how to deliver this shared vision in a way that works for all areas and all providers.

To operate, this decision would need to be ratified within each ICS to allow the Committees in Common to operate with the correct delegated authority. The meeting will incorporate core governance components in line with the ICB Committees in Common guidance.

The Committees in Common is a number of organisations meeting in the same place at the same time. They will have the same agendas and may reach the same conclusions but the individual organisations remain distinct and make their own decisions.

Scope of Committees in Common / Delegated Authority required:

- Ensuring alignment of all parties to the delivery of SVCC
- Providing overall strategic oversight and direction to improvement of services
- To emphasise the primacy of individual organisations decision making ability and also set the expectation through individual boards that the Committees in Common will consider and agree adoption of joint policies and procedures across the membership organisations that will benefit the work of the SVCC and positively impact on patient care.
- Seeking to resolve matters referred to it by the programme team.



- Reviewing the SVCC Risk Register – risk identification (e.g. regional risk / national risk), risk description, risk grade, risk milestone / completion dates, mitigating actions, risk escalation (i.e. all project risks graded 16 and above will be escalated to the Urgent & Emergency Care (UEC) Board / UEC Recovery Steering Group for review and decision).
- Monitoring and sharing learning relating to equity, quality, safety, risk and patient satisfaction across the service with escalation through existing regional clinical safety and quality structures. This includes feeding into QIA and EHAs developed relating to this programme.

3. Membership

The members of the Committee in Common will include the Senior Responsible Owner (SRO) or deputy and a delegated authority or deputy from each ICB.

3.1 Committee Decision Making

Delegated Authority Named Designates

The following table outlines the named designates of the committee, including their assigned deputies, who operate with ICB delegated authority subject to the agreed scope of the committee in section 2. The assigned deputy is intended to attend meetings on behalf of the primary delegate if they are unable to attend.

At each meeting, it is essential each ICB has a representative present with delegated authority in order that the committee can operate and conduct business relating to commissioning decisions for South East NHS111 provision.

It is anticipated that there may be some decisions that require referral back to ICBs, the committee will only make decisions within the scope of authority granted by each ICB.

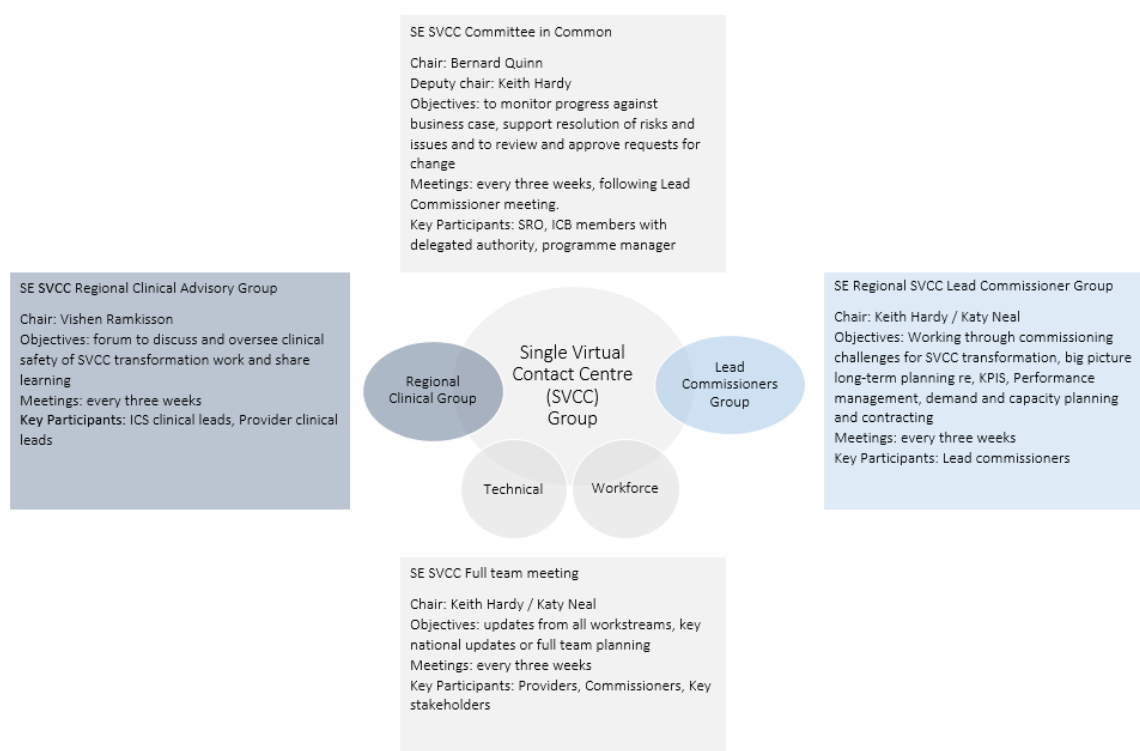
Membership	Role	Name
NHS England & NHS Improvement	Primary delegate	Bernard Quinn
	Deputy delegate	Keith Hardy
Surrey Heartlands ICS	Primary delegate	Karen McDowell
	Deputy delegate	Katy Neal
BOB ICS	Primary delegate	Volker Kellerman
	Deputy delegate	Matthew Tait
Frimley ICS	Primary delegate	TBC
	Deputy delegate	TBC
HIOW ICS	Primary delegate	Claire Ripley
	Deputy delegate	Sam Chapman
Kent and Medway ICS	Primary delegate	Lee Martin
	Deputy delegate	Julie Whittingham
Sussex ICS	Primary delegate	Peter Kottlar
	Deputy delegate	Maggie Keating



Non-Voting Members

The non-voting members present at the meetings will be there primarily to observe or advise and will not have delegated authority within the SVCC.

Membership	Role	Name
NHS England & NHS Improvement	SVCC Programme Manager	Elisabeth Grimshaw
NHS England & NHS Improvement	SVCC Programme Coordinator (project secretariat)	Abigail Edwards



4. Confidentiality and Information Sharing

All materials and information shared with the Committees in Common are assumed to be confidential, unless otherwise stated. However, members can discuss broad, non-attributable meeting outcomes, once minutes have been shared.

Members will not disclose information or written material (such as agendas, minutes, discussion papers or other documents) to other parties, unless otherwise directed by the Chair.

Members who make decisions need to comply with their organisation's governance structure (hence the membership needs to be of sufficient seniority to have that



delegated authority). This needs to be accounted for if a deputy is asked to attend the meeting.

5. Declaration of interest

A conflict of interest is a set of circumstances by which a reasonable person would consider that an individual's ability to apply judgement or act, in the context of delivering, commissioning, or assuring tax payer funded health and care services is, or could be, impaired or influenced by another interest they hold.

All Committees in Common members should ensure that they are not placed in a position that risks, or appears to risk, compromising their role or the NHS public and statutory duties or reputation. Members must also not accept gifts or hospitality by virtue of their role on the Committees in Common.

Committees in Common members are required to declare conflicts of interest and the receipt of gifts, hospitality and/or sponsorship, in line with the national guidance to the NHS. Conflicts of interest should be declared in writing to the SVCC secretariat. A conflict of interest register will be maintained by the secretariat.

Any breaches of the Committees in Common's conflicts of interest policy or NHS England guidance on managing conflicts of interest shall be reported to the Member ICSs promptly, via the Chair and in any event within 5 business days of the breach having come to light.

6. Meetings

The Committees in Common will meet every three weeks. The Chair of the meeting may convene additional meetings, as necessary.

A representative with delegated responsibility from their ICB will be present for the meeting for it to be deemed quorate. The Chair may ask any other officials from organisations to attend to assist it with its discussions on any particular matter.

7. Review

The Terms of Reference will be reviewed quarterly, or as required if there are any changes, by email in advance of Committees in Common meeting.

8. Quorum

Given the accelerated implementation date for the SVCC it is important that timely decisions are reached and are not delayed due to issues with attendance or lack of representation. There is an expectation that at each meeting there will be representation from each ICB with delegated authority. In the event this cannot be achieved, where at least four of the ICBs are represented, a decision awaiting ratification can be reached by the group. Email agreement from absent ICBs must be sought to formally ratify any decision making.



Where the meeting is attended by fewer than four ICBs the meeting will not be considered quorate and rescheduled within two calendar days of any meeting being cancelled.

Each ICB must confirm in writing agreement with decisions to allow the Committees in Common to operate with authority and agreement with quoracy and rapid decision making.

9. Agenda

The agenda will be set by the Chair ahead of each meeting, but the standard agenda is expected to include as a minimum:

- Welcome, Apologies & Introductions
- Review of minutes, actions and risks arising from last meeting
- Programme progress summary (this reporting period)
- Change request approvals
- AOB
- Date of next meeting

9. Reporting

As a Committees in Common, the group will report directly through ICB governance structures and to the UEC Recovery Steering Group within the region.

The programme manager will produce a regular report to support the meeting with progress in implementation, risks and issues to support the agenda above.

A decision-making log will be kept and stored along with project records.

9.1 Information Sharing and Data Protection Protocols

All members will comply with General Data protection regulations and Data Protection Act and any other statutory regulations relating to information sharing and data protection.

Freedom of information requests will be handled by each respective organisation. NHS England & NHS Improvement will manage requests where we hold the documents associated with the enquiry.

Member ICSs shall use all reasonable endeavours to consult one another before making any press announcements concerning the Services or the discharge of Member ICSs Functions under this ToR.



10. Dispute Resolution

An organisation cannot be out voted in a Committees in Common. Each organisation makes its own decisions separately.

Relevant Member ICBs must use their best endeavours to resolve that dispute on an informal basis within the Committees in Common.

NHSE/I is part of the Committees in Common as a partner organisation and therefore will act as an impartial broker between ICB representatives, separate to the lead IUC commissioner, where there is not an agreement reached between ICB representatives.

11. Secretariat

The secretariat will be provided by the programme from within the UEC of NHS England and NHS Improvement and will liaise with relevant parties to avoid clashes of dates.

The secretariat can be contacted on england.uecsoutheast@nhs.net.

12. Termination of Committees in Common

On completion of implementation of the first part of SVCC the Committees in Common status will be reviewed and a different governance structure may be appropriate for future phases.

