

TERMS OF REFERENCE OF THE Appendix 4

PROFESSIONAL EXECUTIVE COMMITTEE

1. Status and Delegated Authority

- 1.1 The Primary Care Trust (hereafter known as “the PCT”) hereby resolve to establish a committee of the Board to be known as the Professional Executive Committee. Our Committee will work jointly with the Professional Executive Committee of the other Hertfordshire PCT as the Joint Professional Executive Committee (hereafter known as the PEC).
- 1.2 The PEC is authorised by the Boards to carry out any activity within its Terms of Reference. It is authorised to seek clarification and further investigation of any governance matter, and to request any relevant information from any employee.
- 1.3 The PEC is authorised by the Boards to obtain outside or other independent professional advice, and to secure the attendance of outsiders with relevant experience and expertise if required.

2. Reporting

The PEC will report to and is accountable to the Board.

3. Formed

The PEC was formed in October 2006.

4. Purpose and Duties

The PEC will perform four main functions within the PCT

- § Supporting the PCT in developing its vision and strategic direction
- § Commissioning and supporting PBC
- § Ensuring Clinical effectiveness and clinical governance
- § Leading clinical communications with partners and stakeholders

4.1 Supporting the PCT in developing its vision and strategic direction

- Set the over-arching framework, direction and environment within which other elements of the NHS such as commissioning, including practice based commissioning, development of provider services, plurality of providers, working with strategic partners, the professional leadership of clinicians, and the development of primary and community services – can deliver a first class patient centred NHS Service.
- Drive integrated strategic change, by agreeing the strategic direction, setting the culture to support and sustain change and providing clinical transformational leadership.

4.2 Commissioning and supporting PBC

- Approve practice based commissioning plans and ensure that they form the basis of overall PCT commissioning plans;
- Ensure practice based commissioning supports an overarching commissioning plan that demonstrates collaborative working across the whole PCT including Acute Service Review and Investing in your Mental Health
- Work in partnership with the clinical leaders of Practice Based commissioning to ensure that there is greater choice and a stronger voice for patients and service users, who in partnership with their clinicians will be able to choose the highest quality of care appropriate for their needs, and will get the best value from their available resources. This will require a greater freedom for clinicians and staff leading change, to focus on the quality of patient care, with new roles emerging to respond quickly to patient need, new treatment methods and technological change.
- Ensure that the objectives and targets of the PCTs are met by the policies and strategies set by the organisations. It must ensure that the performance of practice based commissioning groups is monitored and groups are held accountable for the resources that they manage.

4.3 Ensuring Clinical effectiveness and clinical governance

- Ensure that overarching policies and strategies are addressing the public health agenda and are effective in reducing health inequalities as well as preventing ill health.
- Ensure that the elements of health needs, finances, quality and governance, upon which the PCT will conduct its commissioning are identified in its policies and strategies.
- Ensure that best practice is being developed and co-ordinated to achieve service gains.
- Ensure that the PCT retains a patient focus to ensure high quality of service and patient safety.

4.4 Leading clinical communications with partners and stakeholders

Ensure that the policies and strategies are developed in communication and by engagement of patients, stake holding providers and practice based commissioning groups.

Ensure that the partnership between clinicians and managers is visible and synergetic, and built on mutual respect, support and understanding of the challenges faced, so that the necessary changes can be brought about together.

Support and develop PEC clinicians to ensure they become effective clinical leaders.

PEC members will have a corporate responsibility and accountability to the PCTs and will need to represent the PCT with partners, stakeholders and other NHS organisations, e.g. the SHA.

4.5 Other responsibilities

The PEC Chairs will act as Medical Director for the PCT. This will include responsibility for the performance of primary care clinicians contracting with the organisation, and leading on poor performance and disciplinary matters.

The PEC Chairs will also provide leadership to the PEC and will work in partnership with the Chief Executive and Chairs of the PCTs to provide leadership for the organisation, and make the PCTs highly performing organisations. The PEC Chairs will be accountable to the PCT Chairs. The PEC members will be accountable to the PEC Chairs.

5. Membership

5.1 The clinical membership of each PEC will be:

Five Clinicians – one of whom will be the Chair, who will sit on the PCT Board.

The clinicians must be any appropriately qualified professionals employed or attached to the PCT or primary care clinicians contracted with the PCTs. Members must be currently engaged in clinical practice spending 40% of their working week in clinical contact.

5.2 The Management membership of the PEC will be:

- Chief Executive
- Director of Finance
- Director of Nursing
- Chief Operating Officer
- Director of Commissioning
- Director of Primary Care and Service Redesign
- Director of Public Health

5.3 Advice from other professionals can be purchased on a sessional basis if this advice is not available from the members re-elected by the recruitment process.

5.2 The Chairs of the PEC will be appointed through a recruitment and selection process and will remain in post for a period of four years. At this time a recruitment process will be undertaken for which the existing Chair may apply. The next recruitment process will be undertaken by October 2009.

The new PEC members will be appointed, following an application process and interview against a defined set of competencies and skills. Interviews will be conducted by the PCT Chairs, Chief Executive and a PEC Chair. Appointments will be for a fixed term of up to four years.

5.5 Each PEC member will have specific roles and responsibilities including:

- The medium and long term implementation of the Acute Services Review, based on the principles set out in the Investing in Your Health and Investing in Your Mental Health Strategies
- To ensure the development of PBC
- To support Service Redesign
- Monitoring and performance management role
- Developing and implementing clinical governance
- Delivering the Connecting for Health Agenda
- Medicines Management
- Developing primary care contracting
- Priorities Forum guidance development
- Provide clinical leadership for the development of clinical services across Hertfordshire and development of Care Pathways, e.g.
 - a) Out of Hours Services
 - b) Cancer
 - c) Urgent Care Centres
 - d) Diabetic Services
 - e) Coronary Heart Disease
 - f) Respiratory Disease
 - g) Mental Health
 - h) Children's Services
 - i) Musculoskeletal Services

6 Meetings

6.1 Meetings will be held at least six times per year.

6.2 The Chair of the Sub Committee may convene special meetings of the Sub Committee, in accordance with the Standing Orders of the PCTs.

6.3 The PEC will be quorate if there are at least two management representatives and two clinical representatives from each PCT.

7 Decision Making

Decisions will be made by consensus

8 Papers

9.1 The PEC Chairs will receive administrative support from a shared Personal Assistant with the PCT Chairs. This PA will also support PEC meetings. Other clinical PEC members will receive support from PAs of the Director with whom their work streams and agendas are mutual.

9.2 Papers will be circulated 1 week before the meetings.

10 Terms of Reference

Approved by the PEC on 15th November 2007 .

These Terms of Reference will be reviewed on an annual basis.