

**NHS BOLTON CLINICAL COMMISSIONING GROUP
Public Board Meeting**
AGENDA ITEM NO:10.....
Date of Meeting:12th November 2021.....

TITLE OF REPORT:	Annual Reports and Updated Terms of Reference (ToR) from Committees	
AUTHOR:	Committee Chairs	
PRESENTED BY:	Committee Chairs	
PURPOSE OF PAPER: (Linking to Strategic Objectives)	<p>To present to the Board the annual report and updated ToR for 2020/21 for the Committees that directly report to the Board.</p> <p>The Annual Reports and ToR presented are for the:-</p> <ul style="list-style-type: none"> • Primary Care Commissioning Committee. • Quality and Safety Committee. 	
LINKS TO CORPORATE OBJECTIVES (tick relevant boxes):	Deliver Year 2 of the Bolton Locality Plan.	
	Ensure compliance with the NHS statutory duties and NHS Constitution.	√
	Deliver financial balance.	
	Regulatory Requirement.	√
	Standing Item.	
RECOMMENDATION TO THE BOARD: (Please be clear if decision required, or for noting)	The Board is asked to approve the Annual Reports and updated ToR for the above committees for 2020/21.	
COMMITTEES/GROUPS PREVIOUSLY CONSULTED:	Relevant Committees as detailed above.	
REVIEW OF CONFLICTS OF INTEREST:	Conflicts of Interest have been reviewed throughout the process and formally announced throughout the meetings held by these committees in 2020/21.	
VIEW OF THE PATIENTS, CARERS OR THE PUBLIC, AND THE EXTENT OF THEIR INVOLVEMENT:	Not required as part of this report.	
OUTCOME OF EQUALITY IMPACT ASSESSMENT (EIA) AND ANY ASSOCIATED RISKS:	EIA and QIA not required as part of this report.	

Primary Care Commissioning Committee

Annual Report 2020-21

1. Introduction

The purpose of this report is to provide a summary of the Primary Care Commissioning Committee (the Committee) activities, in order to demonstrate compliance with the Committee's terms of reference, effectiveness and impact of the Committee.

The Committee is established as a Sub-Committee of the governing body in accordance with NHS Bolton Clinical Commissioning Group (CCG) governing body's constitution.

The terms of reference setting out the membership, remit, responsibilities and reporting arrangements of the Committee were reviewed and amended in June 2021.

2. Membership

The membership of the Committee during 2020-21 was as follows:

- Alan Stephenson, Lay Member and Chair of the Committee.
- Jim Fawcett, Health Watch representative.
- Su Long, CCG Chief Officer.
- Ian Boyle, CCG Chief Finance Officer (to September 2020).
- Kelly Knowles, CCG Interim Chief Finance Officer (from September 2020).
- Stephen Liversedge, Clinical Director Primary Care & Health Improvement.
- Lynda Helsby, Associate Director Primary Care & Health Improvement.
- Bolton Council Senior Officer representative.
- Bolton Council Elected Member representative.
- NHS England Primary Care Commissioning representative.
- Steven Whittaker, local GP representative.
- Stacey Walsh, local practice manager representative.

3. Attendance

From April 2020 to March 2021, the Committee met six times and was quorate at each meeting.

The schedule of attendance is as follows:

	9/4/20	11/6/20	13/8/20	8/10/20	17/11/20	11/3/21
Alan Stephenson	√	√	√	√	√	√
Jim Fawcett	X	X	√	X	√	√
Su Long	√	√	√	√	√	X
Ian Boyle	√	√	√	N/A	N/A	N/A
Kelly Knowles	√	√	√	X	√	√
Stephen Liversedge	X	X	X	√	√	√
Melissa Maguinness	X	X	X	√	√	√
Bolton Council Senior Officer	X	X	X	X	X	√
Bolton Council Elected Members x 2	X X	√ X	√ X	√	√	√
NHS England Primary Care representative	X	X	X	√	√	√
Steven Whittaker	√	√	X	√	√	√
Stacey Walsh	√	√	√	√	√	√

4. Conflicts of Interest

There were several declarations of interest reported dependent on the item for discussion. These were recorded in the minutes. The Chair agreed that for each item, views would be taken on the potential conflicts of interest to confirm if these members could take part in any voting or decisions taken.

For some items requiring decision, the members concerned asked not to take part in the discussions and were requested to leave the meeting when these items were being discussed.

5. Remit and responsibilities of the Committee

The Committee's remit is to:

- Make collective decisions on the review, planning and procurement of primary care services in the borough of Bolton, under delegated authority from NHS England.

- In performing its role the Committee will exercise its management of the functions in accordance with the agreement entered into between NHS England and NHS Bolton CCG, which will sit alongside the delegation and terms of reference.
- The functions of the Committee are undertaken in the context of a desire to promote increased co-commissioning to increase quality, efficiency, productivity and value for money and to remove administrative barriers.
- The role of the Committee shall be to carry out the functions relating to the commissioning of primary medical services under section 83 of the NHS Act, except those relating to individual GP performance management, which have been reserved to NHS England.
- This includes the following:
 - GMS, PMS and APMS contracts (including the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing breach/remedial notices and removing a contract);
 - Newly designed enhanced services (“Local Enhanced Services” and “Directed Enhanced Services”);
 - Design of local incentive schemes as an alternative to the Quality Outcomes Framework (QOF);
 - Decision making on whether to establish new GP practices in an area;
 - Approving practice mergers; and
 - Making decisions on ‘discretionary’ payment (eg. Returner/retainer schemes).
- The Committee’s aim is to deliver the following benefits:
 - Improved provision of out-of hospital services for the benefit of patients and local populations;
 - a more integrated healthcare system that is affordable, high quality and which better meets local needs;
 - more optimal decisions to be made about how primary care resources are deployed;
 - greater consistency between outcome measures and incentives used in primary care services and wider out-of-hospital services; and
 - a more collaborative approach to designing local solutions for workforce, premises and IM&T challenges.
- In performing its role the Committee will exercise its management of the functions in accordance with the agreement entered into between NHS England and NHS Bolton CCG, which will sit alongside the delegation and terms of reference.

6. Policy and best practice

The Committee applied best practice in its deliberations and decision making processes. It conducted its business in accordance with national guidance and relevant codes of conduct and good governance practice.

7. Conduct of the Committee

The Committee reviewed its performance, membership and terms of reference and any changes to the terms of reference or membership were approved by the Governing Body.

Meetings of the Committee were conducted in accordance with the provisions of Standing Orders, Reservation and Delegation of Powers and Prime Financial Policies approved by the Governing Body and reviewed from time to time.

The Board Secretary minuted the proceedings of all meetings of the Committee, including recording the names of those present and in attendance and the minutes of the Committee meetings were circulated promptly to all attendees of the Committee for approval.

The Committee reported to the Governing Body after each meeting via its minutes.

8. Key Areas Reviewed

Throughout the year, the Committee reviewed the following areas:-

- The Bolton Quality Contract for 2020/21 including:
 - New ways of working.
 - Payment proposal.
 - Prescribing payment adjustments due to Cat M.
 - Quarter 4 KPI member engagement adjustments.
 - A 6 month programme for re-setting primary care.
 - 2019/20 End of Year Report.
 - Multi-contract providers attendance at CCG events and meetings.
- The Bolton Quality Contract 2021/22.
- Regular updates on the development of the primary care estate.
- Regular updates on the Primary Care Investment Agreement.
- Regular updates on the Health Check Governance processes.
- Various primary care contractual changes and contractual issues.

The Terms of Reference attached were reviewed and amended in June 2021.

Alan Stephenson
Primary Care Commissioning Committee Chair

October 2021

Primary Care Commissioning Committee

Terms of Reference

1. Introduction

- 1.1. Simon Stevens, the Chief Executive of NHS England, announced on 1 May 2014 that NHS England was inviting Clinical Commissioning Groups (CCGs) to expand their role in primary care commissioning and to submit expressions of interest setting out the CCG's preference for how it would like to exercise expanded primary medical care commissioning functions. One option available was that NHS England would delegate the exercise of certain specified primary care commissioning functions to a CCG.
- 1.2. In accordance with its statutory powers under section 13Z of the National Health Service Act 2006 (as amended), NHS England has delegated the exercise of the functions specified in Schedule 2 to these Terms of Reference to NHS Bolton CCG. The delegation is set out in Schedule 1.
- 1.3. The CCG has established the NHS Bolton CCG Primary Care Commissioning Committee ("the Committee"). The Committee will function as a corporate decision-making body for the management of the delegated functions and the exercise of the delegated powers.
- 1.4. It is a committee comprising representatives of the following organisations:
 - NHS Bolton CCG;
 - Healthwatch Bolton;
 - GP not practising in Bolton;
 - Member representatives: Local GP, Practice Manager;
 - NHS England representatives including public health commissioning representative;
 - Local Council senior officer.
 - Local Council elected members.
- 1.2. The NHS England and Bolton CCG Primary Care Commissioning Committee is a committee with the primary purpose of jointly commissioning primary medical services for the people of Bolton.

- 1.3. The NHS Bolton CCG Primary Care Commissioning Committee is established in accordance with NHS Bolton Clinical Commissioning Group's Constitution, Standing Orders and Scheme of Delegation.

These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the Committee and shall have effect as if incorporated into the Clinical Commissioning Group's Constitution and Standing Orders.

2. Statutory Framework

- 2.1. NHS England has delegated to the CCG authority to exercise the primary care commissioning functions set out in Schedule 2 in accordance with section 13Z of the NHS Act.

The National Health Service Act 2006 (as amended) ("NHS Act") provides, at section 13Z, that NHS England's functions may be exercised jointly with a CCG, and that functions exercised jointly in accordance with that section may be exercised by a committee of NHS England and the CCG. Section 13Z of the NHS Act further provides that arrangements made under that section may be on such terms and conditions as may be agreed between NHS England and the CCG.

- 2.2. Arrangements made under section 13Z may be on such terms and conditions (including terms as to payment) as may be agreed between the Board and the CCG.
- 2.3. Arrangements made under section 13Z do not affect the liability of NHS England for the exercise of any of its functions. However, the CCG acknowledges that in exercising its functions (including those delegated to it), it must comply with the statutory duties set out in Chapter A2 of the NHS Act and including:
 - 2.3.1. Management of conflicts of interest (section 140);
 - 2.3.2. Duty to promote the NHS Constitution (section 14P);
 - 2.3.3. Duty to exercise its functions effectively, efficiently and economically (section 14Q);
 - 2.3.4. Duty as to improvement in quality of services (section 14R);
 - 2.3.5. Duty in relation to quality of primary medical services (section 14S);
 - 2.3.6. Duties as to reducing inequalities (section 14T);
 - 2.3.7. Duty to promote the involvement of each patient (section 14U);
 - 2.3.8. Duty as to patient choice (section 14V);
 - 2.3.9. Duty as to promoting integration (section 14Z1);
 - 2.3.10 Public involvement and consultation (section 14Z2).
- 2.4. The CCG will also need to specifically, in respect of the delegated functions from NHS England, exercise those in accordance with the relevant provisions of section 13 of the NHS Act as set out below:

- Duty to have regard to impact on services in certain areas (section 13O);
- Duty as respects variation in provision of health services (section 13P).

2.5 The Committee is established as a committee of the Governing Body of NHS Bolton CCG in accordance with Schedule 1A of the “NHS Act”.

2.6 The members acknowledge that the Committee is subject to any directions made by NHS England or by the Secretary of State.

3. Role of the Committee

3.1 The Committee has been established in accordance with the above statutory provisions to enable the members to make collective decisions on the review, planning and procurement of primary care services in the borough of Bolton, under delegated authority from NHS England.

3.2 In performing its role the Committee will exercise its management of the functions in accordance with the agreement entered into between NHS England and NHS Bolton CCG, which will sit alongside the delegation and terms of reference.

3.3 The functions of the Committee are undertaken in the context of a desire to promote increased co-commissioning to increase quality, efficiency, productivity and value for money and to remove administrative barriers.

3.4 The role of the Committee shall be to carry out the functions relating to the commissioning of primary medical services under section 83 of the NHS Act, except those relating to individual GP performance management, which have been reserved to NHS England.

3.5 This includes the following:

- GMS, PMS and APMS contracts (including the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing breach/remedial notices and removing a contract);
- Newly designed enhanced services (“Local Enhanced Services” and “Directed Enhanced Services”);
- Design of local incentive schemes as an alternative to the Quality Outcomes Framework (QOF);
- Decision making on whether to establish new GP practices in an area;
- Approving practice mergers; and
- Making decisions on ‘discretionary’ payment (eg. Returner/retainer schemes).

- 3.6 The CCG will also carry out the following activities:
- Plan, including needs assessment, primary medical care services in Bolton borough;
 - Undertake reviews of primary medical services in Bolton borough;
 - Co-ordinate a common approach to the commissioning of primary care services generally;
 - Manage the budget for commissioning of primary medical care services in Bolton borough.

- 3.7 The Committee will aim to deliver the following benefits:

- Improved provision of out-of hospital services for the benefit of patients and local populations;
- a more integrated healthcare system that is affordable, high quality and which better meets local needs;
- more optimal decisions to be made about how primary care resources are deployed;
- greater consistency between outcome measures and incentives used in primary care services and wider out-of-hospital services; and
- a more collaborative approach to designing local solutions for workforce, premises and IM&T challenges.

- 3.7.1 In performing its role the Committee will exercise its management of the functions in accordance with the agreement entered into between NHS England and NHS Bolton CCG, which will sit alongside the delegation and terms of reference.

4. Geographical Coverage

- 4.1 The Committee's responsibilities will cover the same geographical area as those of NHS Bolton CCG.

5. Membership

- 5.1. The Committee will comprise of the following members:-

Members (Designation)
CCG Governing Body Lay Member (Chair of the Group) (Voting)
Healthwatch Representative (Voting)
CCG Chief Officer (Voting) (or their deputy)
CCG Acting Chief Finance Officer (Voting) (or their deputy)
CCG Clinical Director Primary Care & Health Improvement (Voting)
CCG Director of Strategic Commissioning (Voting)
CCG Associate Director Primary Care & Health Improvement (Non-Voting – In Attendance)

Bolton Council Senior Officer (or their deputy) (Voting)
2 Bolton Council Elected Members (Voting) (Susan Baines appointed as Vice-Chair)
NHS England Primary Care Commissioning (or their deputy) (Voting)
GP not practising in Bolton (Voting)
Local GP (Voting)
Local Practice Manager (Voting)

A CCG Lay Member will Chair the Group, in accordance with national guidelines. In the absence of the Chair of the Committee, a lay chairman shall be nominated by other members attending that meeting.

The Committee has agreed that the CCG Chief Officer and Chief Finance Officer can appoint deputies to attend meetings on their behalf. The deputies are:

- Chief Officer – TBC.
- Acting Chief Finance Officer – Associate Director, Financial Management.

6. Meetings and Voting

- 6.1 The Committee will operate in accordance with the CCG's Standing Orders. The Board Secretary will be responsible for giving notice of meetings. This will be accompanied by an agenda and supporting papers and sent to each member representative no later than 7 days before the date of the meeting. When the chair of the committee deems it necessary, in light of the urgent circumstances, to call a meeting at short notice, the notice period shall be such as s/he shall specify.
- 6.2 Each member of the Committee shall have one vote except those indicated in schedule 1 as non-voting. The Committee shall reach decisions by a simple majority of members present, but with the Chair having a second and deciding vote, if necessary. However, the aim of the Committee will be to achieve consensus decision-making wherever possible.
- 6.3 Meetings of the Committee shall:
- (a) Be held in public, subject to the application of point (b) below;
 - (b) The Committee may resolve to exclude the public from a meeting that is open to the public (whether during the whole or part of the proceedings) whenever publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution and arising from the nature of that business or of

the proceedings or for any other reason permitted by the Public Bodies (Admissions to Meetings) Act 1960 as amended or succeeded from time to time.

- 6.4 NHS England, Bolton CCG and Bolton Council have the right and responsibility to designate alternates of their own choosing to ensure they attend all meetings.
- 6.5 Members of the Committee have a collective responsibility for the operation of the Committee. They will participate in discussion, review evidence and provide objective expert input to the best of their knowledge and ability, and endeavor to reach a collective view.
- 6.6 The Committee may delegate tasks to such individuals, sub-committees or individual members as it shall see fit, provided that any such delegations are consistent with the parties' relevant governance arrangements, are recorded in a scheme of delegation, are governed by terms of reference as appropriate and reflect appropriate arrangements for the management of conflicts of interest.
- 6.7 The Committee may call additional experts to attend meetings on an ad hoc basis to inform discussions.
- 6.8 Members of the Committee shall respect confidentiality requirements as set out in the CCG's Constitution.
- 6.9 The Committee will present its minutes to Governing Body of NHS Bolton CCG for information, including the minutes of any sub-committees to which responsibilities are delegated under section 8.4
- 6.10 The CCG will also comply with any reporting requirements set out in its Constitution.
- 6.11 Terms of Reference will be reviewed annually, reflecting experience of the Committee in fulfilling its functions. NHS England may also issue revised model terms of reference from time to time.
- 6.12 The Committee will also report to the governing body annually setting out how it has discharged its responsibilities and its terms of reference.

7. Quorum

- 7.1 Two thirds of voting members represents a quorum. This should include a majority of lay and executive members in attendance with eligibility to vote.

8. Handling Conflicts of Interest

- 8.1 As defined in the CCG's Conflicts of Interest Policy, where this Committee is taking a decision where a member of the Committee has a conflict of interest, the member/s will be excluded from the relevant parts of the meeting and clearly and demonstrably take no part in the decision-making process.

9. Frequency of Meetings

- 9.1 The Committee will meet once every two months.
- 9.2 For any urgent interim decisions that are required. The process to follow is detailed below:
- Recommendation by the Operational Group.
 - Notified to the Joint Commissioning Committee Chair in the first instance.
 - Recommendation to the Joint Commissioning Committee for a "virtual" decision.
 - Reported and recorded at the next meetings of the Joint Commissioning Committee and Operational Group.
 - Reported to NHSE.

10. Secretary

- 10.1 The NHS Bolton CCG Board Secretary will provide administrative support to the Committee. The Board Secretary will be responsible for:
- Circulation of the minutes and action notes of the committee within 1 week of the meeting to all members.
 - Supporting the chair in the management of business.
 - Drawing the committee's attention to best practice, national guidance and other relevant documents, as appropriate.
 - Present the minutes and action notes to the governing body of NHS Bolton CCG.
- 10.2 Unless otherwise agreed, notice of each meeting confirming the venue, time and date together with an agenda of items to be discussed, shall be forwarded to each member of the committee, and other persons required to attend no later than five working days before the date of the meeting. Supporting papers shall be sent to committee members and other attendees as appropriate, at the same time. These timescales can be amended by express agreement of the Chair of the Committee. Urgent items can be added to the agenda at short notice, only with the express agreement of the Chair of the Committee.

11. Policy and Best Practice

- 11.1 The Committee will apply best practice in its deliberations and in the decision making processes. It will conduct its business in accordance with national guidance and relevant codes of conduct and good governance practice.

Date Terms of Reference Agreed:

June 2021

Review Date:

June 2022

BOLTON CCG - QUALITY AND SAFETY COMMITTEE ANNUAL REPORT 2020/21

1. Introduction

The Annual Report evidences activity undertaken by the Quality and Safety Committee throughout the year in line with the remit and responsibilities as outlined in the committee's terms of reference. The following briefly describes this evidence to be considered alongside the minutes of the committee. It outlines how the Committee has discharged its function successfully throughout 2020/21.

2. Remit and responsibilities

Quality Strategy – The CCG's 2017-20 Quality Strategy clearly stated the CCG's commitment to Quality and steered the work of the Governance and Safety Directorate and wider CCG, with responsibility for monitoring implementation sitting with the Quality and Safety Committee. The Committee has determined not to refresh the strategy in view of the closedown of the CCG in '22 but the CCG continued to work to the strategy principles and the patient safety frameworks issued nationally which still align to the local initiatives.

Horizon Scanning – The Committee continued to explore concerns raised via multiple avenues. 'Healthwatch', as members, continued to play a vital role in highlighting issues from their extensive public consultations. Members remained responsible for providing feedback from webinars and other meetings, and more recently virtual conferences, along with updates on national policies and strategies.

Early Warning System – The CCG incident reporting system, available throughout the CCG, primary care and care homes continued to be well utilised throughout the pandemic, providing the CCG with invaluable intelligence regarding the quality of commissioned services and the quality of primary care and care homes. The Committee received regular updates on this and how emerging themes and trends and implementation of learning is shared with reporting agencies. Findings are reported to the Clinical Standards Board, as appropriate, to inform future development. Serious Incidents are reviewed by the SI Review Group with themes reported through the Committee. Regulation 28's, issued post Coroner's Inquest, and updates on external reports, such as Serious Case Reviews, continued to feature at the Committee. Complaints and PALS continued as a source of information with queries increasing through the pandemic and reported accordingly.

Quality Accounts – Accounts are reviewed annually from a number of Provider's and formal responses are issued to GMMH and Bolton FT. The CCG also engaged with Bolton Hospice to provide a response to their Quality Accounts.

Risk Register – The Committee’s cycle of business ensured the CCG’s risk register is reviewed and updated where appropriate by the Committee with respect to quality risks, currently R6 on the BAF. This enabled the Committee to align the risk register with other intelligence it received, ensuring that appropriate mitigations were in place and responsibilities were clearly demarcated and actioned in order to reduce the risk where possible.

CQUINS – The Committee regularly received updates on CQUINS in year but as a result of the national contracting changes, resulting from the pandemic, the CQUIN schemes were suspended.

Contracting – The continued implementation of the EUR policies prioritised funding to areas of greatest clinical effectiveness and provider’s behaviour has continued to evolve to become compliant with policy. This scheme continued to be actively monitored via the EUR Project Group and the Committee was updated accordingly. The Committee also received updates from the GP Reference Group regarding the management and support of primary care performance concerns.

Safeguarding - The committee received regular updates from the Safeguarding team which sits within the Governance and Safety Directorate, providing greater opportunity for joint working and improvement and closer links between the Committee and local safeguarding partners and agencies. These reports gave assurance regarding Provider compliance and CCG adherence to national policies and priorities.

Patient Experience - Patient Experience and Engagement activity was reported regularly and the Committee received updates from the Equality and Diversity Steering group, including the Annual Publication. The CCG continued to be an Inclusion and Diversity Partner with NHS Employers in 20/21. The CCG are members of the FT’s Patient Experience and Inclusion Group with updates where appropriate being shared with the committee.

Collaborative working – The Committee received updates from Infection Prevention & Control, Pressure Ulcer, Falls and the Medicines Safety Collaboratives to demonstrate partnership and system working. The Sepsis Group was stepped down this year, as superseded by GM initiatives within localities, in light of the pandemic and the need to support out of hospital care with early warning systems for deteriorating patients linked to possible COVID.

Research and innovation - There were updates where appropriate in relation to National Patient Safety Specialist work, AQuA and Health Innovation Manchester engagements. This included updates on the Greater Manchester Care Record (GMCR) development and spread which evolved from the Bolton Care Record (BCR).

Quality and Safety Committee

Terms of Reference

1. Introduction

The Quality and Safety Committee has the role of directly assuring the Bolton Clinical Commissioning Group (BCCG) Board of the quality and safety of all health interventions the BCCG commissions. The Committee is the formal mechanism by which the BCCG discharges its responsibilities and sets the strategic direction for quality and safety. The Committee will continually review its performance against three domains quality, ie. Personalised, Effective and Safe, and ensure a system where quality and outcomes drive everything the CCG does.

2. Membership

Designation	Organisation
Clinical Director, Governance and Safety (CHAIR)	NHS Bolton CCG
Lay Representative	NHS Bolton CCG
Nurse Board Member	NHS Bolton CCG
GP Member [to be undertaken by Clinical Director]*	NHS Bolton CCG
Head of Strategic Commissioning – Adult Acute & Community	NHS Bolton CCG
Associate Director of Primary Care and Health Improvement	NHS Bolton CCG
Associate Director of Governance and Safety	NHS Bolton CCG
Head of Medicines Optimisation	NHS Bolton CCG
Head of Safeguarding Adults or Children	NHS Bolton CCG
Associate Director of Communications and Engagement	NHS Bolton CCG
Healthwatch representative	Healthwatch
GP Clinical Lead for Mental Health	NHS Bolton CCG
Patient Safety and Governance Lead	NHS Bolton CCG
Head of Personalisation and Choice	NHS Bolton CCG

- In light of the national changes, the GP role will be covered by the Clinical Director.

Colleagues from commissioned Providers will be invited to attend the Committee as required by the Chair and the Committee will welcome other observers, as appropriate, with permission of the Chair.

3. Attendance

If a member is unable to attend in person, they may nominate a deputy to attend, with prior approval from the Chair.

4. Voting Arrangements

All Committee members (except those invited to attend) will have voting rights. Decisions required as part of a meeting of the Committee will be determined by simple majority vote. Where there is not a majority then the Chair will have a second and casting vote.

Individuals that attend meetings of the Committee but who are not members shall not have any voting rights.

5. Handling conflicts of Interest

As defined in the CCG's Conflicts of Interest Policy where this Committee is taking a decision delegated by the governing body due to GP conflict of interest, the GP members will be excluded from the relevant parts of the meeting, and clearly and demonstrably take no part in the decision-making process.

6. Secretary

PA to the Clinical Director, Governance and Safety.

7. Quorum

At least one-third of the Committee must be present, including one NHS Bolton CCG Executive representative, for the meeting to be considered quorate.

Attendance via an attendance matrix will be monitored annually with a requirement for members to attend 75% of the time.

8. Frequency and notice of meetings

The committee will meet bi-monthly and ensure that there are a minimum of 5 meetings held per year. A minimum of seven working days is required to call a meeting.

The agenda will be coordinated by the Chair and Associate Director of Governance and Safety, NHS Bolton CCG and agreed by the Committee in advance. Associated papers should be sent to the Committee secretary for distribution at least one week in advance of meetings.

9. Remit and responsibilities of the committee

Quality Strategy (QS)

Develop, implement and audit the BCCG's Quality Strategy. The Committee will define quality priorities in the strategy which equate to areas where specific improvement is required in the quality of care, in response to poor performance, patient expectations, or in order to implement best evidence and practice locally, e.g. via pathway or other re-design and innovation work.

The Committee will define meaningful metrics to support them in reviewing quality improvement priorities and crucially evaluating outcomes following implementation.

The Committee will incorporate strategic updates in formal reports submitted to the CCG Board, as required.

The Committee will be responsible for updating the Strategy and for implementing guidance, as appropriate, from national and international bodies such as the National Quality Board and the Institute for Healthcare Improvement.

Horizon Scanning

The Committee members will be responsible for proactively horizon scanning in terms of local intelligence and the potential for innovation with the Committee agreeing any resultant processes.

Early Warning System (EWS)

The Committee will monitor dashboards which presents information about the quality of care achieved by local provider organisations. The committee will use this strategic overview of quality issues to engage with Providers, agree actions, and monitor the response and management of identified issues. The Committee will recommend and coordinate investigations and site visits as appropriate, and link directly with the work of the CCG Quality and Performance Group accordingly.

The following are examples of information collated to create an EWS:

- Pressure Ulcers
- Healthcare associated infections e.g. MRSA and Clostridium Difficile
- National Patient Safety Alerts
- Standardised Hospital Mortality Index (SHMI)
- CQC mortality outlier alerts and Bolton FT Mortality Reviews
- Serious Incidents – feedback from the Serious Incident Review Group
- CQC quality and risk profiles
- NICE compliance
- Medicine Safety Incidents
- CCG Incident Reporting system including GPs and Care Homes

Quality Assurance

The Committee will oversee early engagement in the production of Provider's Quality Accounts. This will enable the CCG to prepare for their role in the

assurance process of checking data accuracy, preparing comments for consideration and providing a final statement for publication.

The Committee will arrange the Quality Account to be presented to the Board and monitor the Provider's achievements against the stated core set of quality indicators and against other requirements such as Clinical Audit via Provider's participation in the National Clinical Audit and Patient Outcomes Programme, and the analysis of staff and patient surveys.

Members of the Committee will also attend and/or review papers from the Bolton FT's monthly Quality Assurance Committee.

Risk Register

The Committee will take responsibility for managing the CCG's risks relating to Quality, both on the Risk Register and the Board Assurance Framework. The Committee will ensure all risks are updated for consideration by the CCG's Audit Committee.

Contracting

The Committee will oversee performance against the detailed list of quality measures included in the National standard NHS contract including contract incentives such as CQUINS e.g. monitoring the submission of data generated from use of the NHS Safety Thermometer. The Committee will be responsible for agreeing with Providers the quality indicators of highest local importance.

QIPP Challenge

The Committee will ensure that the roles of quality and innovation are integral to the commissioning process and will be responsible for horizon scanning to draw on a wide range of sources and evidence bases, create the right conditions for rapid diffusion of good practice, and facilitate the necessary improvements to meet the QIPP challenge. All QIPPs will undergo a Quality Impact Assessment with concerns escalated to this Committee.

Safeguarding

The Committee will ensure a sustained focus on robust safeguarding arrangements, including work in partnership with local Multiagency Safeguarding arrangements for Children, the local Adult Board and the Be Safe Partnership. The Committee will also ensure the CCG has ongoing access to the expertise of designated professionals in line with local need. The Committee will be appraised of the work of the CCG hosted Health Safeguarding Collaborative.

Funded Care

The Funded Care Team will keep the Committee updated with intelligence from the care sector and be a source of expertise when required.

Patient Experience and Engagement

The Committee will oversee the CCG's commitment that the experience of patients, service users and carers will be core to its function and monitor that it

is meeting the expectations of the Operating Framework in improving patient's experiences of care. The Committee will monitor individual complaints and overall themes in order to address concerns, inform the redesign of services, and ensure patients are at the centre of decision making. This will include the learning from Claims made by patients as a result of the care they received.

Infection Prevention and Control

The Committee will receive minutes from the CCG hosted health economy Infection Prevention and Control Collaborative and support the Committee in driving forward the IPC agenda to facilitate improvement in performance and quality throughout Bolton.

Inclusive

The Committee will ensure the CCG's quality and safety agenda is inclusive and will liaise with the CCG's Equality Diversity and Human Rights Steering Group as appropriate.

Medicines Safety

The Medicines Optimisation Team will inform the Committee of the developments in medicines safety and effectiveness and be a source of expertise regarding the implementation of safety initiatives throughout the health economy. The Committee will also be apprised of the work of the CCG hosted Health Economy Medicines Safety Collaborative.

Research and Innovation

The Committee will oversee CCG involvement with research organisations and the quality observatory, ie. Health Innovation Manchester and AQUA, in order to address unmet clinical need through innovation.

Collaborative working

The Committee will liaise as appropriate with internal functions such as the Directorate for Primary Care and Health Improvement, and external agencies such as the Care Quality Commission, Healthwatch and the Greater Manchester Shared Services.

Other Collaboratives around falls and pressure ulcers will also report to the Committee.

10. Reporting Arrangements

The Committee will report directly to the Bolton CCG Board via minutes of its meetings and a monthly update produced by the Associate Director of Governance and Safety and this is incorporated into the Corporate Performance Report.

The Committee will also report to the governing body annually setting out how it has discharged its responsibilities and its terms of reference.

The Bolton CCG Board may delegate responsibility for issues such as strategy and policy approval to the Committee.

Links to the Bolton CCG Executive are achieved by at least two members sitting on the Committee, one as Chair.

The Bolton CCG Executive Chair has the overall CCG responsibility for Quality Governance.

The Committee will hold Providers to account by noting their appropriate internal governance and via the Clinical Standards Board in Bolton. The Committee will also receive the CCG's submission bi-monthly to the GM Quality Board.

11. Policy and best practice

The committee will apply best practice in its deliberations and in the decision making processes. It will conduct its business in accordance with national guidance and relevant codes of conduct and good governance practice.

12. Conduct of the committee

Annually, the committee will review its performance, membership and terms of reference. Any proposals to change the terms of reference or membership must be approved by the Audit Committee and governing body.

13. Date Terms of Reference agreed:

May 2020

14. Review Date:

Review due May 2021