

**NHS BOLTON CLINICAL COMMISSIONING GROUP
Public Board Meeting**

AGENDA ITEM NO:12.....

Date of Meeting:23rd March 2018.....

TITLE OF REPORT:	CCG Quality & Safety Committee Terms of Reference	
AUTHOR:	Michael Robinson, Associate Director Integrated Governance & Policy	
PRESENTED BY:	Dr Jane Bradford, Clinical Director Clinical Governance and Safety	
PURPOSE OF PAPER: (Linking to Strategic Objectives)	For the Board to note following discussion at the Quality and Safety committee that the ToR have been amended to reflect the proposal to alter meetings to bi-monthly. The schedule of reports will be reviewed to reflect this change. There are no risks associated with this decision as monitoring is on-going on a daily basis, but it will release capacity for members to address issues relating to the committee along with reducing the administrative and estates burden.	
LINKS TO CORPORATE OBJECTIVES (tick relevant boxes):	Delivery of Year 1 Locality Plan.	
	Joint collaborative working with Bolton FT and the Council.	
	Supporting people in their home and community.	
	Shared health care records across Bolton.	
	Regulatory Requirement	√
	Standing Item	
RECOMMENDATION TO THE BOARD: (Please be clear if decision required, or for noting)	The Board is asked to support the proposal and be assured that this will not impact on the quality of services.	
COMMITTEES/GROUPS PREVIOUSLY CONSULTED:	Quality and Safety Committee CCG Executive (proposal under AOB)	
REVIEW OF CONFLICTS OF INTEREST:	Conflicts of Interest are reviewed at every meeting.	
VIEW OF THE PATIENTS, CARERS OR THE PUBLIC, AND THE EXTENT OF THEIR INVOLVEMENT:	Patient views are not specifically sought as part of this report.	
EQUALITY IMPACT ASSESSMENT (EIA) COMPLETED & OUTCOME OF ASSESSMENT:	EIA and an assessment is not considered necessary for the report.	

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 the 6 domains of quality from the Francis Report 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	NHS Bolton CCG
Senior Commissioning Manager – Planned Care	NHS Bolton CCG
Associate Director of Primary Care and Health Improvement	NHS Bolton CCG
Associate Director of Governance and Policy	NHS Bolton CCG
Medicines Optimisation Prescribing Lead	NHS Bolton CCG
Associate Director of Safeguarding	NHS Bolton CCG
Associate Director of Communications and Engagement	NHS Bolton CCG
Healthwatch representative	Healthwatch
GP Clinical Lead for Mental Health	NHS Bolton CCG
Governance, Risk and Complaints Manager	NHS Bolton CCG

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. 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.

5. Secretary

PA to the Chair and Chief Officer.

6. 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.

7. 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 Policy, 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.

8. 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.

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

Horizon Scanning

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

Early Warning System (EWS)

The Committee will monitor a EWS dashboard 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 CCG Joint Clinical Group accordingly.

The following are examples of information collated by a EWS:

- Risk assessment for VTE
- Healthcare associated infections e.g. MRSA and Clostridium Difficile
- National Patient Safety Alerts
- Standardised Hospital Mortality Index (SHMI)
- CQC mortality outlier alerts
- Serious Incidents – feedback from the Serious Incident Review Group
- CQC quality and risk profiles
- NICE compliance

Quality Accounts

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.

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.

The Committee will use the NHS Outcomes Framework as the catalyst for driving quality improvement and outcome measurement in Bolton, and will monitor the CCGs performance against the national quality priorities to be

delivered to improve services for patients, to support the NHS Constitution in Bolton, and to ensure a more outcomes based approach.

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.

Safeguarding

The Committee will ensure a sustained focus on robust safeguarding arrangements, including work in partnership with Local Safeguarding Children, and Adult, Boards. The Committee will also ensure the CCG has ongoing access to the expertise of designated professionals in line with local need.

Funded Care

The funded care team will keep the committee updated and provide an annual report 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 committee and support the committee in driving forward the IPC agenda to facilitate improvement in performance and quality throughout Bolton.

Medicines Safety

The medicines optimization 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.

Research and Innovation

The Committee will oversee CCG involvement with research organisations and the quality observatory in order to address unmet clinical need through innovation. This will involve the monitoring of residual R&D funding, including national grants, R&D governance as appropriate within the CCG, and R&D activity within Providers.

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, Health Watch, Shared Services and the Greater Manchester Shared Services.

9. Reporting Arrangements

The Committee will report directly to the Bolton CCG Board via minutes of its meetings and a monthly Quality and Safety report, produced by the Associate Director of Governance and Policy 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 Board responsibility for Clinical Governance.

The Committee will hold Providers to account by noting reports from Bolton CCG Clinical Governance, Quality and Safety Committee, and the Clinical Standards Board, and advises as appropriate.

10. 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.

11. 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.

12. Date Terms of Reference agreed:

March 2018

13. Review Date:

Review due March 2019