



Audit Committee

Terms of Reference

1. Introduction

The audit committee (the committee) is established in accordance with NHS Bolton clinical commissioning group governing body's constitution. 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 constitution.

2. Membership

The committee shall be appointed by the clinical commissioning group as set out in the clinical commissioning group's constitution and may include individuals who are not on the governing body.

The lay member on the governing body, with a lead role in overseeing key elements of governance, will chair the audit committee. Two lay members of the governing body are expected to be members of the Audit Committee. Two of the GP Board Members of the governing body will be members of the Audit Committee and will be chosen from expressions of interests received by the governing body. The Committee will not include full time employees or individuals who claim a significant proportion of their income from the Clinical Commissioning Group in the membership of the Audit Committee. The member practices will not be in the majority.

The chair of the governing body will not be a member of the committee.

In the event of the chair of the audit committee being unable to attend all or part of the meeting, he or she will nominate a replacement from within the membership to deputise for that meeting.

The Audit Committee currently includes the following members:-

Name	Designation
Tony Ward	Lay Member, Governance – Committee Chair, CCG
Alan Stephenson	Lay Member, CCG
Tarek Bakht	GP Board Member, CCG
Charles Hendy	GP Board Member, CCG



Members of the Committee are expected to comply with the Constitution regulations on qualification and disqualification for membership and appointment.

The Committee's membership and eligibility for re-appointment will be reviewed annually by the governing body.

3. Attendance

The Chief Finance Officer and appropriate representatives from Internal (including Local Anti Fraud Specialist) and External Audit should normally attend all meetings.

Other directors should be invited to attend when the Committee is discussing areas of risk or operation that are their responsibility. If unable to attend in person, a director will nominate a suitable deputy to attend in his/her place. The Chief Officer should also be invited to attend, at least annually, to discuss the process for assurance of systems of internal control. He or she should also attend when the committee considers draft internal audit plans and annual accounts. The chair of the Governing Body may also be invited to attend one meeting each year in order to form a view on, and an understanding of, the committee's operations.

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

Secretarial support will be provided by the PA to the Chief Finance Officer.

6. Quorum

The minimum number of Audit Committee members for a quorum is two, with at least one being a GP Board member. The GP Board members should not be in the majority.

7. Frequency and notice of meetings

The committee will meet at least four times a year. At least once a year the committee should meet privately with the external and internal auditors.



The external auditor or the Head of Internal Audit may request that a meeting of the committee is called if they consider that one is necessary. A minimum of seven working days is required to call for a meeting.

8. Remit and responsibilities of the committee

The committee shall critically review the clinical commissioning group's financial reporting processes and internal control principles and ensure an appropriate relationship with both internal and external auditors is maintained.

In particular, the Committee shall review the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the clinical commissioning group's activities that support the achievement of the clinical commissioning group's objectives.

The Audit Committee's work will dovetail with that of the Quality and Safety Committee, Finance and QIPP Committee, Conflict of Interest Committee, Primary Care Commissioning Committee and the CCG's Executive to seek assurance that robust clinical quality and governance arrangements are in place.

In particular, the committee will review the adequacy and effectiveness of:

- All risk and control related disclosure statements (in particular the governance statement), together with any appropriate independent assurances, prior to endorsement by the clinical commissioning group.
- The underlying assurance processes that indicate the degree of achievement of clinical commissioning group objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements.
- The policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements and related reporting and self-certification.
- The policies and procedures for all work related to fraud and corruption as determined by NHS Protect and as required by the NHS Counter Fraud and Security Management Service.

In carrying out this work the committee will primarily utilise the work of internal audit, external audit and other assurance functions, but will not be limited to these sources.



It will also seek reports and assurances from directors and managers as appropriate, concentrating on the over-arching systems of integrated governance, risk management and internal control, together with indicators of their effectiveness.

This will be evidenced through the committee's use of an effective assurance framework to guide its work and that of the audit and assurance functions that report to it.

Internal audit

The committee shall ensure that there is an effective internal audit function that meets mandatory NHS Internal Audit Standards and provides appropriate independent assurance to the audit committee, chief officer and clinical commissioning group.

This will be achieved by:

- Consideration of the provision of the internal audit service, the cost of the audit and any questions of resignation and dismissal.
- Review and approval of the internal audit strategy, operational plan and more detailed programme of work, ensuring that this is consistent with the audit needs of the organisation, as identified in the assurance framework.
- Considering the major findings of internal audit work (and management's response) and ensuring co-ordination between the internal and external auditors to optimise audit resources.
- Ensuring that the internal audit function is adequately resourced and has appropriate standing within the clinical commissioning group.
- An annual review of the effectiveness of internal audit.

External audit

The committee shall review the work and findings of the external auditors and consider the implications and management's responses to their work.

This will be achieved by:

- Consideration of the performance of the external auditors, as far as the rules governing the appointment permit.
- Discussion and agreement with the external auditors, before the audit commences, on the nature and scope of the audit as set out in the annual plan, and ensuring co-ordination, as appropriate, with other external auditors in the local health economy.



- Discussion with the external auditors of their local evaluation of audit risks and assessment of the clinical commissioning group and associated impact on the audit fee.
- Review of all external audit reports, including the report to those charged with governance, agreement of the annual audit letter before submission to the clinical commissioning group and any work undertaken outside the annual audit plan, together with the appropriateness of management responses.

Appointment / Re-appointment of External Auditors

- As a sub-committee an Auditor Panel will be established from members of the Audit Committee, authorised by the CCG Board to obtain outside legal or other independent professional advice (for example, from procurement specialists) and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary. Any such 'outside advice' must be obtained in line with the organisation's existing rules.

The auditor panel's functions are to advise the CCG Board on the selection and appointment of auditors. This includes:

- Agreeing and overseeing a robust process for selecting auditors in line with the organisation's normal procurement rules.
- Making a recommendation to the CCG Board as to who should be appointed.
- Ensuring that any conflicts of interest are dealt with effectively.
- Advise the CCG Board on the maintenance of an independent relationship with the appointed auditors.
- Advise (if asked) the CCG Board on whether or not any proposal from the auditors to enter into a liability limitation agreement as part of the procurement process is fair and reasonable.
- Advise on (and approve) the contents of the organisation's policy on the purchase of non-audit services from the appointed auditors.
- Advise the CCG Board on any decision about the removal or resignation of the auditors.

**Other assurance functions**

The audit committee shall review the findings of other significant assurance functions, both internal and external and consider the implications for the governance of the clinical commissioning group.

These will include, but will not be limited to, any reviews by Department of Health arm's length bodies or regulators/inspectors (for example, the Care Quality Commission and NHS Litigation Authority) and professional bodies with responsibility for the performance of staff or functions (for example, Royal Colleges and accreditation bodies).

The Chief Officer will be responsible for identifying any such reviews and reports which should be flagged to the Audit Committee for consideration.

Anti-fraud

The committee shall satisfy itself that the clinical commissioning group has adequate arrangements in place for anti fraud and shall review the outcomes of anti fraud work. It shall also approve the anti fraud work programme.

Whistle blowing

The Committee shall review the effectiveness of the arrangements in place for allowing staff to raise (in confidence) concerns about possible improprieties in financial, clinical or safety matters and ensure that any such concerns are investigated proportionately and independently. This can be provided by an anonymised report/register of instances to provide assurance that the process is effective. The Whistleblowing policy along with the report/register will be reviewed by the Audit Committee on an annual basis.

Management

The committee shall request and review reports and positive assurances from directors and managers on the overall arrangements for governance, risk management and internal control.

The committee may also request specific reports from individual functions within the clinical commissioning group as they may be appropriate to the overall arrangements.

Access

The head of internal audit, representative of external audit and anti-fraud specialist have a right of direct access to the chair of the Audit Committee.



Financial reporting

The committee shall monitor the integrity of the financial statements of the clinical commissioning group and any formal announcements relating to the clinical commissioning group's financial performance.

The committee shall ensure that the systems for financial reporting to the clinical commissioning group, including those of budgetary control, are subject to review as to completeness and accuracy of the information provided to the clinical commissioning group.

The audit committee shall review the annual report and financial statements before submission to the governing body and the clinical commissioning group, focusing particularly on:

- The wording in the governance statement and other disclosures relevant to the terms of reference of the committee;
- Changes in, and compliance with, accounting policies, practices and estimation techniques;
- Unadjusted mis-statements in the financial statements;
- Significant judgements in preparing of the financial statements;
- Significant adjustments resulting from the audit;
- Letter of representation; and
- Qualitative aspects of financial reporting.

9. Reporting Arrangements

The committee will report to the governing body after each meeting via its minutes. The minutes will set out the main matters discussed and any decisions taken. It will also draw attention of the governing body to any matters requiring disclosure to them, or requiring executive action.

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

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.

The committee would have full authority to commission any reports or surveys it deems necessary to help it fulfil its obligations.



Bolton Clinical Commissioning Group

11. Conduct of the committee

The committee will review its performance annually by self-assessment overseen by internal and external audit.

The Terms of Reference of the committee will be developed over time but will be reviewed annually and any changes approved by the governing body.

12. Date Terms of Reference agreed:

January 2018.

13. Review Date:

January 2019.



Remuneration Committee

Terms of Reference

1. Introduction

The Remuneration 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. Membership

The Remuneration Committee includes the following members:-

Name	Designation
Tony Ward	Lay Member Governance
Wirin Bhatiani	CCG Chair
Zieda Ali	Lay Member, Patient & Public Engagement
Dharmesh Mistry	GP Board Member
Romesh Gupta	Secondary Care Specialist Member
Alan Stephenson	Lay Member

In attendance at meetings will be the Chief Officer, Chief Finance Officer, Bolton Local Authority representative and the Greater Manchester GM Shared Services HR Lead.

Guidance received states that the Committee should not include full time employees or individuals who claim a significant proportion of their income from the CCG. The member practices should not be in the majority. Due to the specific responsibilities delegated from the CCG Board, the original members of the Committee have decided that the CCG Chair would be an appropriate member of the Committee.

The Governing Body shall appoint the Chair of the Committee annually from amongst the lay membership. This will be carried out at the Governing Body's meeting in July each year.

The composition of the Committee should be recorded in the annual report. In the absence of the Chair of the Committee, a chairman shall be nominated by other members attending that meeting.

3. Attendance

Only members of the committee have the right to attend committee meetings. However, other individuals such as the Chief Officer, Chief Finance Officer, any HR Lead and external advisers may be invited to attend for all or part of any meeting as and when appropriate.

No individual should be present for discussions about their own remuneration (although it is reasonable for the Chief Officer, the HR Lead and other Senior Managers, where appropriate, to attend meetings of the Remuneration Committee during which the remuneration of other staff is discussed). If the Lay Member chairing the meeting has to leave due to discussions about their own remuneration, the remaining members will specify a Chair from the membership of the Committee.

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

The Board Secretary will provide administrative support to the Committee. The secretary will be responsible for supporting the chair in the management of remuneration business and for drawing the committee's attention to best practice, national guidance and other relevant documents, as appropriate.

6. Quorum

The quorum shall be 3 members, but the Chair of the Committee shall reserve the right to reconvene and rearrange a meeting should he/she feel this necessary.

A duly convened meeting of the committee at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by the committee.

The quorum at the beginning of a meeting shall be at least 3 members, if one or more members present is conflicted, then the minimum number of members to consider that specific issue will be two, one of whom must not be a GP.

7. Frequency and notice of meetings

The Committee shall meet as required. The use of virtual meetings (via exchange of emails) or electronic attendance (by phone or skype video) shall be used as deemed appropriate by the Chair of the Committee.

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.

8. Remit and responsibilities of the Committee

The actions of the CCG Remuneration Committee must be publicly defensible. The Remuneration Committee should bear in mind the need for properly defensible remuneration packages - which are linked to clear statements of responsibilities – and with rewards linked to the measurable discharge of those responsibilities.

In all of their decisions and recommendations, Remuneration Committees should also remain aware that each individual NHS organisation is corporately responsible for ensuring that its pay arrangements are appropriate in terms of equal pay requirements and other relevant legislation.

CCG Remuneration committees and CCG Governing Bodies, to which they report, are public bodies. As such, they must at all times:

- observe the highest standards of propriety involving impartiality, integrity and objectivity in relation to the stewardship of public funds and the management of the bodies concerned;
- maximise value for money through ensuring that services are delivered in the most efficient and economical way, within available resources, and with independent validation of performance achieved wherever practicable;
- be accountable to Parliament, to users of services, to individual citizens, and to staff for the activities of the bodies concerned, for their stewardship of public funds and the extent to which key performance targets and objectives have been met;
- comply fully with the principles of the Citizen's Charter and the Code of Practice on Access to Government Information, in accordance with Government policy on openness; and
- bear in mind the necessity of keeping comprehensive written records of their dealings, in line with general good practice in corporate governance.

The committee has delegated authority from the Governing Body on determinations about pay and remuneration for:

- employees of the clinical commissioning group and
- people who provide services to the clinical commissioning group and
- allowances under any pension scheme it might establish as an alternative to the NHS pension scheme.
- Reviewing the performance of the Chief Officer and other senior team members and determining annual salary awards, if appropriate.
- Considering the severance payments of the Chief Officer and usually of other senior staff, seeking HM Treasury approval as appropriate in

accordance with the guidance 'Managing Public Money' (available on the HM Treasury.gov.uk website).

All aspects of salary will be considered by the remuneration committee, including:

- Performance-related elements and bonuses.
- Provisions for other benefits, including pensions and cars.
- Arrangements for termination of employment and other contractual terms (decisions requiring dismissal shall be referred to the Board).

The Remuneration Committee will also consider and approve the following issues for submission to the NHS Area Team Remuneration Committee:

- Severance payments to Chief Officers and Senior Managers.
- Termination payments requiring Treasury approval.
- Redundancy/early retirement payments to Chief Officers and Senior Managers, or costing over £50,000.

The Committee will have delegated powers to act on behalf of the CCG within the approved Terms of Reference.

The Committee is authorised by the Governing Body to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee.

The Committee is authorised by the Governing Body to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary, unless falling within the agreed delegated amount as set out in the terms of reference (£5,000). The Committee shall:

- Have access to sufficient resources to carry out its duties.
- Be provided with appropriate and timely training, both in the form of an induction programme for new members and an ongoing basis for all members.
- Give due consideration to laws and regulations impacting on the work of the committee.
- At least once a year, review its own performance and terms of reference to ensure it is operating at maximum effectiveness and recommend any changes it considers necessary to the Governing Body. This shall be timetabled to be presented at the Governing Body's meeting each July.

9. Reporting Arrangements

It is likely that regulations will require NHS Bolton CCG to make available annually:

- Information on the total salary (in bands of £5,000), fees, pensions, travelling and other allowances and gratuities paid to senior managers of the CCG, and the Chair and members of the Governing Body who are employees of the CCG, the lay members, the hospital doctor and the nurse. This should include arrangements for the provision of pensions, allowances or gratuities by way of compensation to or in respect of any members of the Governing Body who suffer loss or diminution of emoluments.
- All recommendations of the Remuneration Committee to the Governing Body as to the discharge of its functions under section 14L(3)(a) and (b) [i.e. its functions to determine the remuneration of CCG employees] of the NHS Act 2006. Any recommendations for Board approval will be considered in Part 2 of the Governing Body's agenda, otherwise at the Chair's discretion.
- All decisions of the Governing Body in the exercise of its functions section 14L(3)(a) and (b) of the NHS Act 2006, except where the clinical commissioning group considers that it would not be in the public interest.

In this context, 'Senior Managers' are those persons in senior positions having authority or responsibility for directing or controlling the major activities of the CCG.

Where the CCG chooses to operate a different framework from the one described here, it is recommended that this is made a matter of public record as part of the above.

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.

The Committee would have full authority to commission any reports or surveys it deems necessary to help it fulfill its obligations.

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 Governing Body. The Terms of Reference will be developed over time and will be reviewed annually to ensure flexibility to fulfill future GP commissioning responsibilities as additional information/guidance is issued.

Except as outlined in these Terms of Reference, meetings of the Committee shall be 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 shall minute the proceedings of all meetings of the Committee, including recording the names of those present and in attendance. Minutes of Committee meetings shall be circulated promptly to all attendees of the Committee for approval. Minutes will be reported and recorded to the Governing Body in Part 2 of the meeting.

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

The minutes of the Remuneration Committee meeting are confidential to members of the Governing Body and the Secretary or representative in line with exemptions from the Freedom of Information Act 2000 under section 40 (Personal Information).

12. Date Terms of Reference agreed:

July 2018.

13. Review Date:

July 2019.



Bolton Clinical Commissioning Group

Finance & QIPP Committee

Terms of Reference

1. Introduction

The Finance & QIPP Committee is established in accordance with NHS Bolton clinical commissioning group governing body'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 constitution and standing orders.

The Finance & QIPP Committee is a committee of the NHS Bolton CCG's Governing Body. The Committee's role is to provide assurance, scrutiny and advise the Governing Body on all matters relating to finance and QIPP and make recommendations to the Governing Body. It is not a decision-making body, unless decisions are specifically delegated to it by the Governing Body.

2. Membership

The Committee shall be appointed by the Clinical Commissioning Group as set out in the Clinical Commissioning Group's Constitution and may include individuals who are not on the Governing Body.

The Chair of the Finance & QIPP Committee will be a GP Board member from the Governing Body.

In the event of the Chair of the Finance & QIPP committee being unable to attend all or part of the meeting, he or she will nominate a replacement from within the membership to deputise for that meeting.

The Finance & QIPP Committee will include the following members:-

Name	Designation
Charles Hendy	GP Board Member, (Committee Chair)
Tony Ward	Lay Member, Governance
Alan Stephenson	Lay Member, CCG
Ian Boyle	Chief Finance Officer



Bolton Clinical Commissioning Group

In the event of the GP Chair being unable to attend the meeting, one of the lay members will be asked to deputise. In the event of the Chief Finance Officer being unable to attend the meeting, the deputy Chief Finance Officer will be asked to deputise. Other deputies will be accepted on the approval of the Chair of the Committee.

Members of the Committee are expected to comply with the Constitution regulations on qualification and disqualification for membership and appointment.

The Committee's membership and eligibility for re-appointment will be reviewed on an annual basis.

3. Attendance

It is only members of the Finance & QIPP Committee who have the right to attend the meetings of the Committee. Other individuals may be invited to attend for all or part of any meeting as and when required by the Committee.

A record of attendance will be maintained.

The chair of the Governing Body may also be invited to attend one meeting each year in order to form a view on, and an understanding of, the committee's operations.

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, if this leads to a GP conflict of interest, the relevant CCG policy would be adhered to and 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

Secretarial support will be provided by the Board Secretary.

The secretary will be responsible for supporting the Chair in the management of finance and QIPP business and for issuing agendas and papers in a timely manner, taking of formal minutes and following up on actions agreed from the meetings.



6. Quorum

The quorum for the meeting shall be three of the four members as outlined in section 2 and must include either the Chief Finance Officer or deputy, the Committee Chair (or deputy) and one other lay member.

7. Frequency and notice of meetings

The committee shall meet on a monthly basis. Cancellation of meetings will be at the discretion of the Committee Chair.

The agenda and supporting papers will be sent to members seven days in advance of a meeting. The Chair of the Committee may call a meeting at any time.

In the interest of expediency and by exception, or when there are few items to be discussed, the business of the Committee may be conducted by secure e-mail or teleconference. Where a decision is required, all committee members are required to respond.

8. Remit and responsibilities of the Committee

The committee shall:

- Review the annual financial planning process and financial plan and recommend approval to the Governing Body.
- Provide assurance to the Governing Body of NHS Bolton CCG that affordable and appropriately prioritised budgets to support the annual commissioning plans are in place.
- Review the year to date finance position, forecast and contract performance.
- Consider risk management arrangements and review the financial risks and mitigations.
- Review the strategic financial plans and long term financial sustainability and alignment to the Bolton Locality Plan.
- Review the delivery and effectiveness of CCG QIPP processes and plans and associated business cases.



Bolton Clinical Commissioning Group

- Review the overall health economy financial plans regarding viability and sustainability (to do twice yearly in March and September).
- Recommend to the Governing Body of any financial recovery plans, should the need arise.
- Review the financial aspects of business cases (both capital and revenue) as required by the Governing Body.
- Advise the Chair of the Governing Body of any concerns relating to Conflict of Interest and Procurement.
- Ensure appropriate benchmarking information is utilised.
- Review annual contracting planning processes.
- Have oversight of any pooled budget responsibilities.

9. Reporting Arrangements

The committee will report to the governing body after each meeting via its minutes. The minutes will set out the main matters discussed and any decisions taken. It will also draw attention of the governing body to any matters requiring disclosure to them, or requiring executive action.

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

The Committee is authorised by the Governing Body to investigate any activity within its terms of reference.

The Committee is authorised to seek any information it requires from any employee or provider of services commissioned by NHS Bolton CCG and employees are directed to co-operate with any request made by the Committee.

To support this role the Finance & QIPP Committee is authorised to establish any sub-committee or working group as necessary.



Bolton Clinical Commissioning Group

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.

The committee would have full authority to commission any reports or surveys it deems necessary to help it fulfil its obligations.

11. Conduct of the committee

Annually, the committee will review its performance, membership and terms of reference and attendance. Any proposals to change the terms of reference or membership must be approved by the governing body. The Terms of Reference will be developed over time and will be reviewed annually to ensure flexibility to fulfill future GP commissioning responsibilities as additional information/guidance is issued.

The Committee will, at all times, conduct its business in accordance with the NHS Bolton CCG's Code of Conduct.

12. Date Terms of Reference agreed:

January 2018

13. Review Date:

January 2019.



Conflicts of Interest Governance Committee

Terms of Reference

1. Introduction

The Conflicts of Interest Governance Committee is established in accordance with NHS Bolton clinical commissioning group governing body'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 constitution and standing orders.

The Conflicts of Interest Governance Committee is a committee of the NHS Bolton CCG's Governing Body and has no executive powers other than those specifically delegated in these terms of reference.

The purpose of the Committee is to provide assurance to the Governing Body that robust arrangements are in place to manage conflicts of interest within the organisation and that the CCG maintains the highest standards of probity and transparency, as defined by Section 8 of NHS Bolton CCG's Constitution (Appendix 1).

2. Membership

The committee shall be appointed by the clinical commissioning group as set out in the clinical commissioning group's constitution

The Chair of the Conflicts of Interest Governance Committee will be the lay member on the Governing Body with a lead role in overseeing key elements of governance.

In the event of the Chair of the Committee being unable to attend all or part of the meeting, he or she will nominate a replacement from within the membership to deputise for that meeting.

The Conflicts of Interest Governance Committee will include the following members:-

Name	Designation
Tony Ward	Lay Member, Governance – Committee Chair
Zieda Ali	Lay Member, Patient Engagement
Romesh Gupta	Secondary Care Specialist Member
Su Long	Chief Officer
Ian Boyle	Chief Finance Officer



Bolton Clinical Commissioning Group

The Chief Officer is responsible for drawing the Committee's attention to best practice, national guidance and other relevant documents as appropriate.

Members of the Committee are expected to comply with the Constitution regulations on qualification and disqualification for membership and appointment.

The Committee's membership and eligibility for re-appointment will be reviewed on an annual basis.

3. Attendance

It is only members of the Conflicts of Interest Governance Committee who have the right to attend the meetings of the Committee. Other individuals may be invited to attend for all or part of any meeting as and when required.

The chair of the Governing Body may also be invited to attend one meeting each year in order to form a view on, and an understanding of, the committee's operations.

4. Secretary

Secretarial support will be provided by the Board Secretary.

The secretary will be responsible for supporting the Chair in the management of the conflicts of interest business and for issuing agendas and papers in a timely manner, taking of formal minutes and following up on actions agreed from the meetings.

5. Quorum

The quorum for the meeting shall be three members of the Committee.

6. Frequency and notice of meetings

The committee shall meet on a quarterly basis.

Cancellation of meetings will only be in exceptional circumstances and must be communicated to Committee members immediately the decision to cancel has been made.

The agenda and supporting papers will be sent to members five working days in advance of a meeting. The Chair of the Committee may call a meeting at any time, giving a minimum of ten day's notice.



In the interest of expediency and by exception, or when there are few items to be discussed, the business of the Committee may be conducted by secure e-mail or teleconference. Where a decision is required, all committee members are required to respond.

7. Remit and responsibilities of the Committee

The Committee will ensure that:

- All proposals to provide such services are commissioned in a consistent and transparent way, avoiding conflicts of interest.
- A robust Conflicts of Interest Policy and processes are in place and reviewed on an annual basis.
- All procurements have a conflicts of interest review and where the criteria has been met, this will be referred to the Conflicts of Interest Committee for further review.

The safeguards set out in the policies referred to are designed to:

- Maintain confidence and trust between patients and GPs.
- Enable the CCG and member practices to demonstrate that they are acting fairly and transparently – that members will always put their duty to patients before any personal financial interest.
- Ensure the CCG operates within the legal framework and do not engage in anti-competitive behaviour.

The Committee will review:

- Decision making processes and scrutinise governance where potential conflicts of interest exist in procurement route decisions and awarding of contracts as defined in Section 8 of NHS Bolton CCG's Constitution (appendix 1). This will generally be where GPs are, or are one of, the potential providers of a service.
- Ongoing proposals concerning potential conflicts of interest arising in the development of service specifications for current services, production of contract vehicles and the agreement of contract terms.



Bolton Clinical Commissioning Group

- As a standing agenda item:
 - Corporate registers – Declarations of Interest, Gifts and Hospitality, Waivers of SFIs.
 - Reviews undertaken by external/internal audit.
 - Challenges or freedom of information requests received regarding procurement processes.
 - Procurement Log.

The Committee will decide:

- Whether they are assured that a conflict of interest has been addressed appropriately.

All relevant people are directed to co-operate with any request for information made by the Committee.

8. Reporting Arrangements

The committee will report to the governing body after each meeting via its minutes. The minutes will set out the main matters discussed and any decisions taken. It will also draw attention of the governing body to any matters requiring disclosure to them, or requiring executive action.

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

The Committee is authorised by the Governing Body to investigate any activity within its terms of reference.

The Committee is authorised to seek any information it requires from any employee or provider of services commissioned by NHS Bolton CCG and employees are directed to co-operate with any request made by the Committee.

9. 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.

The committee would have full authority to commission any reports or surveys it deems necessary to help it fulfill its obligations and will apply best practice in all decision-making processes. The Committee will ensure decisions are based on clear and transparent criteria.



10. 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 governing body.

The Terms of Reference will be developed over time and will be reviewed annually to ensure flexibility to fulfill future GP commissioning responsibilities as additional information/guidance is issued.

The Committee will, at all times, conduct its business in accordance with national and local guidance which incorporates:

- NHS Bolton CCG's Conflicts of Interest Policy.
- NHS Bolton CCG's Code of Conduct Policy.
- NHS Bolton CCG's Procurement Strategy and Policy.
- The NHS Codes of Conduct and Accountability.
- Standards of Business Conduct for NHS Staff.
- Nolan's Seven Principles of Public Life.
- Section 8 of NHS Bolton CCG's Constitution (appendix 1).

11. Date Terms of Reference agreed:

May 2017.

12. Review Date:

May 2018.



Appendix 1

Excerpt from NHS Bolton CCG's Constitution

STANDARDS OF BUSINESS CONDUCT AND MANAGING CONFLICTS OF INTEREST

8.1 Standards of Business Conduct

- 8.1.1 Employees, members, committee and sub-committee members of the group and members of the governing body (and its committees) will at all times comply with this constitution and be aware of their responsibilities as outlined in it. They should act in good faith and in the interests of the group and should follow the *Seven Principles of Public Life*, set out by the Committee on Standards in Public Life (the Nolan Principles) The Nolan Principles are incorporated into this constitution at Appendix F.
- 8.1.2 They must comply with the group's policy on business conduct, including the requirements set out in the policy for managing conflicts of interest. This policy will be available on the group's website at www.bolton.nhs.uk
- 8.1.3 Individuals contracted to work on behalf of the group or otherwise providing services or facilities to the group will be made aware of their obligation with regard to declaring conflicts or potential conflicts of interest. This requirement will be written into their contract for services.

8.2 Conflicts of Interest

- 8.2.1 As required by section 140 of the 2006 Act, as inserted by section 25 of the 2012 Act, the clinical commissioning group will make arrangements to manage conflicts and potential conflicts of interest to ensure that decisions made by the group will be taken and seen to be taken without any possibility of the influence of external or private interest.
- 8.2.2 Where an individual, i.e. an employee, group member, member of the governing body, or a member of a committee or a sub-committee of the group or its governing body has an interest, or becomes aware of an interest which could lead to a conflict of interests in the event of the group considering an action or decision in relation to that interest, that must be considered as a potential conflict, and is subject to the provisions of this constitution.



8.2.3 A conflict of interest will include:

8.2.3.1 a direct pecuniary interest: where an individual may financially benefit from the consequences of a commissioning decision (for example, as a provider of services);

8.2.3.2 an indirect pecuniary interest: for example, where an individual is a partner, member or shareholder in an organisation that will benefit financially from the consequences of a commissioning decision;

8.2.3.3 a non-pecuniary interest: where an individual holds a non-remunerative or not-for profit interest in an organisation, that will benefit from the consequences of a commissioning decision (for example, where an individual is a trustee of a voluntary provider that is bidding for a contract);

8.2.3.4 a non-pecuniary personal benefit: where an individual may enjoy a qualitative benefit from the consequence of a commissioning decision which cannot be given a monetary value (for example, a reconfiguration of hospital services which might result in the closure of a busy clinic next door to an individual's house);

8.2.3.5 where an individual is closely related to, or in a relationship, including friendship, with an individual in the above categories.

8.2.4 If in doubt, the individual concerned should assume that a potential conflict of interest exists.

8.3 Declaring and Registering Interests

8.3.1 The group will maintain one or more registers of the interests of:

- (a) the members of the group;
- (b) the members of its governing body;
- (c) the members of its committees or sub-committees and the committees or sub-committees of its governing body; and
- (d) its employees.

8.3.2 The registers will be published on the group's website at www.bolton.nhs.uk

8.3.3 Individuals will declare any interest that they have, in relation to a decision to be made in the exercise of the commissioning functions of the group, in writing to the governing body, as soon as they are aware of it and in any event no later than 28 days after becoming aware.



8.3.4 Where an individual is unable to provide a declaration in writing, for example, if a conflict becomes apparent in the course of a meeting, they will make an oral declaration before witnesses, and provide a written declaration as soon as possible thereafter.

8.3.5 The Secretary to the Governing Body will ensure that the register of interest is reviewed regularly, and updated as necessary.

8.4 Managing Conflicts of Interest: general

8.4.1 Individual members of the group, the governing body, committees or sub-committees, the committees or sub-committees of its governing body and employees will comply with the group's policy for Managing Conflicts of Interest.

8.4.2 The Secretary to the Governing Body will ensure that all members of the group, governing body, committees and sub-committees and employees of the group are aware of their obligations under the group's Managing Conflicts of Interest Policy. The Secretary to the Governing Body will ensure that arrangements for maintaining registers of interests; hospitality registers and declarations and management of interests declared are in place and adhered to. All new appointments of those defined in 6.6.2 will receive the group's policy and confirm any interests to be included in the register of interests.

8.4.3 The group's policy for Managing Conflicts of Interest will be determined by the Governing Body.

8.4.4 Where an interest has been declared, either in writing or by oral declaration, the declarer has the responsibility to ensure that before participating in any activity connected with the group's exercise of its commissioning functions, they adhere to the requirements of the group's Policy for Managing Conflicts.

8.4.5 Where an individual member, employee or person providing services to the group is aware of an interest which:

8.4.5.1 has not been declared, either in the register or orally, they will declare this at the start of the meeting;

8.4.5.2 has previously been declared, in relation to the scheduled or likely business of the meeting, the individual concerned will bring this to the attention of the chair of the meeting, together with details of



arrangements which have been confirmed for the management of the conflict of interests or potential conflict of interests.

- 8.4.5.3 The chair of the meeting will then determine how this should be managed and inform the member of their decision. Where no arrangements have been confirmed, the chair of the meeting may require the individual to withdraw from the meeting or part of it. The individual will then comply with these arrangements, which must be recorded in the minutes of the meeting.
- 8.4.5.4 In any transaction undertaken in support of the group's exercise of its commissioning functions (including conversations between two or more individuals, e-mails, correspondence and other communications), individuals must ensure, where they are aware of an interest, that they conform to the arrangements confirmed for the management of that interest. Where an individual has not had confirmation of arrangements for managing the interest, they must declare their interest at the earliest possible opportunity in the course of that transaction, and declare that interest as soon as possible thereafter. The individual must also inform either their line manager (in the case of employees), or the Secretary to the Governing Body (in the case of members and clinical leads) of the transaction.

The line manager of Secretary to the Governing Body will take such steps as deemed appropriate, and request information deemed appropriate from individuals, to ensure that all conflicts of interest and potential conflicts of interest are declared.

8.5 Managing Conflicts of Interest: contractors and people who provide services to the group

- 8.5.1 Anyone seeking information in relation to a procurement, or participating in a procurement, or otherwise engaging with the clinical commissioning group in relation to the potential provision of services or facilities to the group, will be required to make a declaration of any relevant conflict / potential conflict of interest.
- 8.5.2 Anyone contracted to provide services or facilities directly to the clinical commissioning group will be subject to the same provisions of this constitution in relation to managing conflicts of interests. This requirement will be set out in the contract for their services.

8.6 Transparency in Procuring Services

- 8.6.1 The group recognises the importance in making decisions about the services it procures in a way that does not call into question the motives behind the



Bolton Clinical Commissioning Group

procurement decision that has been made. The group will procure services in a manner that is open, transparent, non-discriminatory and fair to all potential providers.

- 8.6.2 The group will publish a Procurement Strategy approved by its governing body which will ensure that:
 - 8.6.2.1.1 all relevant clinicians (not just members of the group) and potential providers, together with local members of the public, are engaged in the decision-making processes used to procure services;
 - 8.6.2.1.2 service redesign and procurement processes are conducted in an open, transparent, non-discriminatory and fair way.
- 8.6.3 The Procurement Strategy will be available on the group's website at www.bolton.nhs.uk

Health and Safety Committee

Terms of Reference

1. Introduction:

The prime purpose of this Committee is to enable consultation between management and staff on health and safety issues. It also advises the Chief Officer on health and safety issues and enables the monitoring of organisational health and safety systems including the risk assessment review and mechanisms for staff to report incidents/accidents.

The Committee reports to the CCG Governing Body and operates in a positive way, reinforcing safety culture and employee participation in the management of health and safety within Bolton CCG.

2. Membership:

Membership of the Group will be as follows:-

Chief Officer (Chair of the Committee)
Board Secretary/Second Floor representative
Governance & Risk Manager/Second Floor representative
Ground Floor (RMBS) representative
Ground Floor (primary care) representative
First Floor representatives
NHSPS representative

3. Attendance:

If a member is unable to attend in person, they may nominate a suitable deputy to attend in his/her place. Alternatively, members may provide input to meetings by conference call or other electronic means.

Other staff members will be invited to attend when the Committee is discussing areas within their responsibility that require the Committee's attention.

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 a conflict of interest, the 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:

Notes will be produced and made available within 5 working days following the meeting. Agenda and papers will be available 5 working days prior to the meeting. Secretarial support will be provided by the Quality and Safety Officer.

6. Quorum:

The Chief Officer, 1 health and safety training representative and at least 1 representative from each floor to attend all meetings.

7. Frequency and Notice of Meetings:

The Committee will meet at least twice a year. However, more meetings can be called as and when required. A minimum of seven working days is required to call a meeting.

8. Remit and Responsibilities of the Group:

- To review the CCG's health and safety systems, monitoring practices and accident figures and trends and ensure a uniform approach to health and safety.
- To consider reports and relevant issues from members of staff, national guidance and enforcing authorities.
- Receive relevant feedback from other sources (ie. departmental managers, Audit Committee etc.) to ensure effective information sharing.

9. Reporting Arrangements:

The Committee will report to the CCG Board through submission of its minutes. The Executive will also receive update reports on an exceptional basis detailing any issues/risks.

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

Links will also be made with the CCG's Staff forum to ensure all staff have the opportunity to voice queries/concerns at the Health and Safety Committee.

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:

The group will review its performance, membership and terms of reference at each meeting. Any proposals to change the terms of reference or membership must be approved by the Executive.

12. Date Terms of Reference Agreed:

April 2018.

13. Review Date:

April 2019.

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;
 - Bolton Council;
 - Healthwatch Bolton;
 - GP not practising in Bolton
 - Member representatives: Local GP, Practice Manager
 - NHS England representatives including public health commissioning representative
 - Local Council representatives.
- 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:-
- 5.2.

Members (Designation)
CCG Governing Body Lay Member (Chair of the Group) (Voting)
Healthwatch Representative (Vice-Chair of the Group) (Voting)
CCG Chief Officer (Voting) (or their deputy)
CCG Chief Finance Officer (Voting) (or their deputy)
CCG Clinical Director Primary Care & Health Improvement (Non-Voting)
CCG AD Primary Care & Health Improvement (Voting)
Bolton Council Senior Officer (or their deputy) (Non-Voting)

2 Bolton Council Elected Members (Voting)
NHS England Primary Care Commissioning (or their deputy) – non voting
GP not practising in Bolton – non voting – currently vacant
Local GP – non voting
Local Practice Manager – non 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 – Director of Service Transformation.
- Chief Finance Officer – Deputy Chief Finance Officer.

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 2017

Review Date:

June 2018

Schedule 1 – Delegation

List of Committee Members

Organisation/Group Represented	Member
CCG Governing Body Lay Member (Chair of the Group)	Alan Stephenson
Healthwatch Representative (Vice-Chair of the Group)	Jack Firth
CCG Chief Officer	Su Long
CCG Chief Finance Officer	Annette Walker
CCG Clinical Director Primary Care & Health Improvement	Stephen Liversedge
CCG AD Primary Care & Health Improvement	Lynda Helsby
NHS England Primary Care Commissioning	Jane Faulkner
Bolton Council Senior Officer	Debra Malone
GP not practising in Bolton – non voting	To be appointed Previously Ivan Benett
Local GP	Steven Whittaker
Local Practice Manager	Stacey Walsh

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
Head of Medicines Optimisation	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



CCG Executive

Terms of Reference

1. Introduction

The role of the Executive is to advise the Bolton Clinical Commissioning Group Board and ensure delivery of strategies and decisions to ensure the CCG's vision, purpose and objectives are achieved through effective implementation deployment of its resources.

The Executive is led by the Chief Officer and provides the formal involvement to the CCG Board on organisational wide strategic and commissioning decisions.

2. Membership

- CCG Chief Officer.
- CCG Chair
- CCG Clinical Directors x 3
- Executive Directors on the Board x 2
- Direct reports to the above posts x 5

The Group may co-opt others to give specialist advice as required.

Chief Officer to chair the meeting and the Deputy Chief Officer to deputise as required. Another deputy will be identified if necessary on an ad hoc basis.

3. Attendance

Deputies may attend on agreement with the Chair.

4. Handling conflicts of Interest

As defined in the CCG's Conflicts of Interest Policy where the Executive is taking a decision delegated by the governing body due to a conflict of interest, the 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

Secretarial support will be provided by the PA to the Chair and Chief Officer.

6. Quorum

A third of members must be present. If required, the Chair will nominate a deputy from the members.

7. Frequency and notice of meetings

The Executive will meet weekly each Wednesday.

8. Remit and responsibilities of the Executive

The purpose of the Executive is to ensure the strategy set by the CCG Board is delivered effectively through allocation of operational resources and management expertise, and regular monitoring and action setting by:-

- Routinely review progress on delivery of the annual priorities for the CCG, inviting clinical leads and their teams as appropriate to support these progress reviews.
- Set goals and key indicators, review performance and agree action to improve performance.
- Ensure proactive management of performance issues and finance issues, overseeing the delivery of action plans to resolve.
- Identify risks and areas of concern to the organisation, identify and implement solutions.
- Refer relevant matters to the Board or other groups for their awareness and/or decision.
- Discuss CCG Board agendas in advance of meetings.
- Set, review and advise on implementation of strategies and policies.
- Ensure the CCG operates within available resource and maximise effective use of that resource.
- Operational Management issues: ensuring capacity & capability are in place to manage the workload, overseeing appointments, etc.
- Delegated decision making responsibility, to support operational efficiency on spend of up to £150k, within overall budget of the organisation.
- Review and make recommendations on policy decisions of the CCG.
- Act as the key mechanism for joint working across the locality and the CCG.
- Ensure CCG Board members are included in the work up of decisions of the CCG through involvement in committees.
- Ensure all GPs in Bolton remain engaged in the strategic and commissioning decisions through CCG communication and links to the Clinical Leadership Group.

- Triangulation of performance, finance and quality.

9. Reporting Arrangements

Accountable through the Chief Officer to the CCG Board. The Board will receive reports on performance, finance and priority workstream progress that have been routinely overseen and contributed to by this group.

10. Policy and best practice

The Executive 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 Executive

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

12. Date Terms of Reference agreed:

April 2018

13. Review Date

April 2019