

QUALITY AND PATIENT EXPERIENCE COMMITTEE

Terms of Reference

1 **Constitution and Authority**

NHS Vale of York Clinical Commissioning Group resolves to establish a Committee of the Governing Body to be known as the Quality and Patient Experience Committee (the Committee). The Committee has delegated decision making authority as set out in these 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 and has full access to 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 to create working groups as necessary to fulfil its responsibilities within these Terms of Reference. The Committee may not delegate executive powers delegated with these Terms of Reference (unless expressly authorised by the Governing Body) and remains accountable for the work of any such group.

2 **Purpose of the Committee**

The overall objective of the Committee is to scrutinise the quality and safety of all of our commissioned services and those which affect the CCGs population. The Committee will seek assurance on the safety, quality and effectiveness of these services and where possible, seek to mitigate risks. The committee will also actively encourage service providers to seek to continually improve in line with the NHS Constitution (2011). The approach of the committee is underpinned by the CCG Quality Assurance Strategy. In line with the NHS Constitution, this also includes actively seeking patient feedback on health services and engaging with all sections of the population with the intention of improving services.

The Committee will also oversee staff experience within the CCG. This will include understanding the work of Staff Engagement Group and setting a workplan for this group.

3 **Remit**

3.1 The Committee will request assurance, monitor, report, provide information and share the learning, including mitigation and actions, on the following:

- Quality Assurance Strategy and progress against the Strategy and action plan.
- Patient 'insight' – primarily complaints, concerns, PALs and compliments on commissioned services and the CCG itself.

- Patient safety – which includes Health Care Associated Infections (HCAI) and Serious Incidents (SI) / Never Events (whether these are in primary care, mental health services or any other provider).
- Safeguarding Children and Adults.
- Monitor the strategic workplan of the Designated Professionals (Children and Adults)
- Quality concerns from commissioned services / affecting commissioned services including from contract management boards with providers.
- Regulatory / national reports regarding quality (e.g., CQC, National Enquiries, NHS England/Improvement reports and strategies).
- Information from and for NHS England Quality Surveillance Groups.
- Agree clear escalation processes, including appropriate trigger points, to enable appropriate engagement of external bodies on areas of concern.
- Agree escalation to the Governing Body.
- Agree commencement of enhanced surveillance or additional actions where triggers are met
- Have a forward work plan.
- Sustainability issues (including carbon reduction and climate change adaptation).

The Committee will receive and scrutinise :

- Independent investigation reports relating to patient safety issues and agree publication plans.

The Committee will agree and set a workplan for the work of Staff Engagement Group and receive quarterly updates from the Chair of the Staff Engagement Group as well as hear staff stories as and when there is an appropriate story to share.

- 3.2 The Committee shall review the establishment and maintenance of an effective system of quality assurance. This will mainly be through the Quality Assurance Strategy. Its work will dovetail with that of the Audit Committee.
- 3.3 The Committee shall pro-actively challenge and review the CCG's performance against the standards in the CCG Improvement and Assessment Framework (mainly the Better Care element), NHS Outcomes Framework (mainly domains 4 and 5 – 'ensuring people have a positive experience of care' and 'treating and caring for people in a safe environment and protecting them from avoidable harm') and against the strategic priorities of the CCG, agreeing any action plans or recommendations as appropriate.
- 3.4 In particular, the Committee will enquire, receive, assess and challenge quality and patient experience information associated with:

- Main provider contracts (including primary care).
 - Voluntary sector contracts.
 - Community Services.
 - Jointly commissioned services between the CCG and Local Authority.
 - Services which the CCG may not commission but which may impact on local people and services i.e. care homes.
 - Benchmarking information regarding quality.
 - Patient experience information relating to concerns, complaints, PALs and compliments from commissioned services and into the CCG.
 - Lessons learned and actions taken to improve patient experience.
 - Evidence from key clinicians and managers from commissioned services.
 - HCAI and SI information (including Never Events) relating to the CCG commissioned services.
 - The CCG's commissioning for Quality and Innovation schemes (CQUIN).
 - Reports and feedback on any clinical quality visits.
 - The CCG's strategic work-streams relating to quality.
 - The Quality Premium (QP).
 - Adult Safeguarding.
 - Children's Safeguarding.
 - Quality Impact Assessments (QIA) relating to commissioning plans and statements where the Assessment suggests an adverse impact on quality, choice or patient experience or where full public consultation is required.
- 3.5 The Committee will ensure that quality is embedded in the CCG processes for development of Commissioning Statements (Value Based Commissioning). This will be enacted through Clinical Evidence and Advisory Group
- 3.6 The Committee will ensure the CCG is listening to patients to learn from their experiences and use the feedback to identify and inform areas for service improvement.
- 3.7 The Committee shall initiate reviews in its own right and undertake, as directed, reviews on behalf of the Governing Body. Work shall be progressed by co-option of other key individuals.
- 3.8 The Committee shall determine what reports they would wish to see on a regular basis and what will form the discussion point on the single item agendas.
- 3.9 The Committee will maintain appropriate liaison with regulatory bodies especially the Care Quality Commission, NHS England/Improvement and any

relevant professional regulatory bodies in order to ensure appropriate information flows on matters within the committee's remit.

- 3.10 The Committee has delegated authority from the Governing Body to oversee the 'Choice' agenda and any quality implications for patients.

4 Risk Management

The Committee will review and manage the risk register on key risks relating to Quality, escalating to the Governing Body where appropriate.

5 Frequency

The Quality and Patient Experience Committee will meet at least 9 times per year and of these meetings at least 4 will relate to single item matters.

6 Membership

- Lay Member of the Governing Body (Chair)
- Clinical Chair of the Governing Body (Deputy Chair) / Locality GP member of the Governing Body
- Secondary Care Doctor
- Executive Director of Quality and Nursing (Director with responsibility for quality and patient experience)

In attendance :

- Deputy Chief Nurse
- Head of Legal Services and Governance
- Head of Quality Improvement and Research
- Head of Engagement
- Designated Professionals for Safeguarding – both adult and children
- Healthwatch representative
- Senior Quality Lead: Children and Young People
- Patient Experience Lead

The Chair of the Audit Committee may also be asked to attend as appropriate, where the roles of both committees are seeking assurance that robust clinical quality is in place.

Anyone else at the invitation of the membership.

7 Quoracy

A minimum of three members will constitute a quorum, so long as this includes the Chair or Deputy Chair and a clinician (Doctor or Nurse)

8 Decision Making

- 8.1 The Committee shall make decisions on any remedial action required as a result of quality issues.
- 8.2 The Committee shall make recommendations to the Accountable Officer and/or Executive team regarding the review of commissioned services and business cases for changes to commissioning in line with the CCG detailed scheme of delegation.
- 8.3 The Committee has delegated authority from the Governing Body with regard to all quality issues in line with the scheme of delegation (Accountable Officer level).
- 8.5 When a vote is required, each core member of the Committee has a single vote. A simple majority is necessary to confirm a decision. In the event of an equality of votes, the Chair of the meeting shall have the second and casting vote.
- 8.6 Conflicts of Interest, both actual and perceived, shall be managed in line with NHS Vale of York CCG Conflicts of Interest policy and recorded at the start of every meeting.
- 8.7 Where a member cannot attend the meeting they can nominate a Deputy to attend on their behalf provided that they have the appropriate delegation to make decisions on behalf of the member they are representing.

9 Accountability

- 9.1 The Quality and Patient Experience Committee will be accountable to the NHS Vale of York Clinical Commissioning Group Governing Body who will receive the Quality and Patient Experience Committee minutes. The Committee has delegated functions to manage and monitor issues in relation to quality in primary care.
- 9.2 The Committee will, by exception, escalate matters it considers should be brought to the attention at the full Governing Body.

10 Secretary

The secretary will be responsible for supporting the Chair in the management of the Committee's business.

The Committee will also be supported administratively by the secretary, whose duties in this respect will include:

- Agreement of agenda with Chair and attendees and collation of papers

- Taking the minutes
- Keeping a record of matters arising and issues to be carried forward
- Advising the Committee on pertinent areas

11 **Committee Effectiveness**

The Committee shall undertake an annual review of its effectiveness.

12 **Review of Terms of Reference**

The Committee shall review its terms of reference at least annually.

Author	Abigail Combes Head of Legal and Governance
Committee Approved (including date)	Quality and Patient Experience Committee 10 December 2020
Approval Date	Approval delegated by Governing Body to Committee 7 January 2021
Issue Date	January 2021
Review Date	January 2022
Version Number	1.1

Author	Abigail Combes Head of Legal and Governance
Committee Approved (including date)	Quality and Patient Experience Committee 13 February 2020
Approval Date	Governing Body
Issue Date	
Review Date	January 2021
Version Number	1.1

Update	Rachael Simmons Corporate Services Manager
Reviewing Committee (including date)	Quality & Patient Experience Committee 14 June 2018
Approving Committee	Governing Body 05 July 2018
Issue Date	7 June 2018
Review Date	July 2019
Version Number	1.0

Update	Rachael Simmons Corporate Services Manager
Reviewing Committee	Quality & Patient Experience Committee

(including date)	12 October 2017
Approving Committee	Governing Body 02 November 2017
Issue Date	01 December 2017
Review Date	November 2018
Version Number	0.6

Author	Rachael Simmons Corporate Services Manager
Committee Approved (including date)	Quality and Patient Experience Committee 08 February 2017
Approval Date	Governing Body - 02 March 2017
Issue Date	02 March 2017
Review Date	September 2017 - six month review
Version Number	0.5