

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 will be to ensure that services commissioned are safe, effective, provide good patient experience and ensure continuous improvement in line with the NHS Constitution (2011) 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.
- As a membership organisation, working with NHS England, support primary medical and pharmacy services to deliver high quality primary care, including patient experience.

3 Remit

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

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

- Patient safety – which includes Health Care Associated Infections (HCAI) and Serious Incidents (SI) / Never Events.
- Safeguarding Children and Adults.
- Quality concerns from commissioned services / affecting commissioned services including from sub-contract management boards with providers.
- Regulatory / national reports regarding quality (e.g., CQC, National Enquiries, NHS England reports and strategies).
- Information from and for NHS England Quality Surveillance Groups.

The Committee will receive and scrutinise:

- Independent investigation reports relating to patient safety issues and agree publication plans.
- Agree clear escalation processes, including appropriate trigger points, to enable appropriate engagement of external bodies on areas of concern.
- Agree escalation to the Executive Committee and Governing Body.
- Have a forward work plan.

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.
- 3.5 The Committee will ensure that quality is embedded in the CCG processes for development of Commissioning Statements (Value Based Commissioning) and Initial Viability Assessments (IVAs) and that Quality Impact Assessments (QIA) are carried out when appropriate.
- 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 As part of its deliberations and recommendations, the Committee will take into account the CCG's statutory service responsibilities and service levels.
- 3.8 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.
- 3.9 The Committee shall determine what reports they would wish to see on a regular basis.
- 3.10 The Committee will maintain appropriate liaison with regulatory bodies especially the Care Quality Commission, NHS Improvement and any relevant professional regulatory bodies in order to ensure appropriate information flows on matters within the committee's remit.

4 Risk Management

The Committee will review the risk register and update the Governing Body on key risks relating to Quality.

5 Frequency

The Quality and Patient Experience Committee will be held bi-monthly, on the second Thursday of alternate months.

6 Membership

- Lay Chair of the Governing Body (Chair).
- Executive Director of Quality and Nursing (Director with responsibility for quality and patient experience) - Deputy Chair.
- Executive Director of Planning and Governance.
- Medical Directors.
- Head of Quality Assurance & Maternity.
- Deputy Chief Nurse.
- Secondary Care Doctor.

In attendance:

- Director of Partnership Commissioning Unit (PCU) – leads for services will attend as necessary.
- Senior Engagement Manager.
- Designated Professionals for Safeguarding – both adult and children.
- Co-opted member of Scarborough Ryedale CCG as required.
- Healthwatch representative.
- Patient Experience Officer.

The Chair of the Audit Committee may also be asked to attend as appropriate, where the roles of both committees align. Clinical leads, the Interim Executive Director of Transformation and Delivery, the Interim Executive Director of Joint Commissioning and any other members of staff may be asked to attend as necessary.

7 Quoracy

A minimum of five members will constitute a quorum, so long as this includes: the Chair or Deputy Chair, the Medical Director (or delegated), a GP and a member from the Chief Nurse Team.

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 Executive Committee regarding the review of commissioned services and business cases for changes to commissioning in line with the CCG detailed scheme of delegation (Chief Officer level).
- 8.3 The Committee has delegated authority from the Governing Body with regard to all quality issues in line with the scheme of financial delegation (Chief Officer level).

- 8.4 In performing its role the Committee will exercise its management of the functions in accordance with the agreement entered into between NHS England and the NHS Vale of York CCG, which will sit alongside the delegation and terms of reference.
- 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 shall be managed in line with NHS Vale of York CCG Conflicts of Interest policy.

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 full delegated responsibility to manage delegated functions and exercise delegated powers in relation to quality in Primary Care Co-Commissioning.
- 9.2 The Committee will, by exception, escalate matters it considers should be brought to the attention at the full Governing Body.

10 **Committee's Effectiveness**

The Committee shall undertake an annual review of its effectiveness.

11 **Review of Terms of Reference**

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

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