

SOUTH WEST LINCOLNSHIRE CLINICAL COMMISSIONING GROUP

QUALITY AND PATIENT EXPERIENCE COMMITTEE

TERMS OF REFERENCE

1. GOVERNANCE NOTE

South Lincolnshire and South West Lincolnshire CCGs have each established their respective Quality and Patient Experience committees. Each CCG is responsible for fulfilling its own statutory responsibilities as CCGs. However, the two CCGs have identified common areas of interest and ways in which they will be able to access joint knowledge and experience. Accordingly, the CCGs have identified that there is merit in their respective Quality and Patient Experience Committees meeting together as “committees in common”. Whilst each committee will, of course, retain responsibility for its own functions and will remain accountable to its Governing Body, the CCGs believe that efficiencies may be achieved in sharing administrative/secretarial support, to share views and opinions on relevant issues and, where possible, to achieve consistency across the two CCGs.

Each Quality and Patient Experience Committee will have its own Terms of Reference and membership, quorum and administrative arrangements will be as stated in those Terms of Reference.

The Chairs of the Committees will share the chairing arrangements for the Committees in Common. Where an agenda item relates to a particular CCG, the Chair of that Quality and Patient Experience Committee will take the chair for that item.

2. INTRODUCTION

The Quality and Patient Experience Committee is established in accordance with South Lincolnshire CCGs Standing Orders and Scheme of Reservation and 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.

3. PURPOSE

To provide assurance that commissioned services are being delivered to a high quality/standard and in a safe manner, ensuring that quality sits at the heart of everything the clinical commissioning group does, to monitor early warning signs of gaps in assurance together with actions required to mitigate identified risks and to make recommendations for the continued improvement in quality, safety and patient experience.

To ensure the CCG takes account of the patient voice in order to better understand local need and support the CCG's responsibilities to commission services tailored to local requirements.

4. KEY ROLES AND FUNCTIONS

The Quality and Patient Experience Committee role is to enable delivery and performance management of providers in ensuring all aspects of quality and safety remain paramount.

This entails:

- The Committee will have responsibility to review current and potential risks to Patient Safety and quality of service delivery. To address these risks where possible and to ensure mitigations are in place and escalate if appropriate.
- The committee's responsibility to identify risks of current and potential risk to patient safety and the quality of the service delivery.
- To oversee and be assured, together with other responsible forums, that effective management is in place to address:
 - Patient Safety
 - Serious Incidents (SI's)
 - Safeguarding
 - Quality
- Oversight and assurance to ensure delivery of the CCG's strategic responsibilities in respect of ensuring Equality & Diversity.
- To understand and promote the CCG's statutory functions in relation to Patient Experience and Engagement.
- Proactively support and promote direct patient/public and partners' engagement with a view to increase participation and feedback which positively influences service provision and delivery.

5. RESPONSIBILITIES

- Identify and determine best performance, quality and value outcomes by assessing clinical effectiveness, cost effectiveness, quality standards and the views of patients and carers in South Lincolnshire.
- Have oversight of the processes and plans for delivery of the Equality and Diversity Strategy.

6. MONITOR & REVIEW

- Advise and develop local quality indicators as developed by the Federated Quality Team in order to continually improve the quality of services.
- Have oversight of the process and compliance issues concerning serious incidents (SIs); being informed of all Never Events and informing the Governing Body of any escalation or sensitive issues in good time.
- Receive regular patient safety, patient experience and complaints report to review themes and trends and identify areas for recommending change in practice. To establish effective systems and mechanisms to ensure lessons are learnt and shared throughout the Clinical Commissioning Group.
- Seek assurance from the Safeguarding Steering Group that effective processes are applied within provider organisations and the commissioning organisation for

safeguarding children and young people, safeguarding vulnerable adults, domestic violence, forced marriage and the PREVENT agenda and to escalate concerns to Governing Body.

- Implement the monitoring, if required, of recommendations and actions following national inquiries; and national and local reviews undertaken by external agencies and local strategic partnerships (e.g. CQC, LSCB/LSAB Internal Audit).
- Receive assurance on the performance of NHS organisations in terms of the Care Quality Commission, Monitor and any other relevant regulatory bodies.
- Ensure a clear escalation process, including appropriate trigger points, is in place to enable appropriate engagement of external bodies on areas of concern.

7. AUTHORISATION

The Committee is authorised under the Scheme of Reservation and Delegation to commission any reports, surveys, legal and other independent professional advice it deems necessary to assist in fulfilling its obligations.

8. MEMBERSHIP

- Independent Lay Member Patient and Public Involvement - Chair
- Chief Nurse or Deputy Chief Nurse and Vice Chair
- 2 GP Members
- Chief Operating Officer or Deputy
- Healthwatch
- Engagement and Inclusion Lead
- Quality Lead

In attendance, as required

- Infection, Prevention & Control Lead
- Federated Quality Team
- Federated Safeguarding Team
- Public Health
- Complaints & Engagement
- Research

9. MINUTES

A CCG Secretary will provide administrative support to the meeting.

10. COMMITTEE CHAIR AND VICE CHAIR

The Chair of the Quality and Patient Experience Committee is the Independent Lay Member Patient and Public Involvement. In the absence of the Chair the Committee will be chaired by the Vice Chair.

11. REPORTING ARRANGEMENTS

The minutes of the Quality and Patient Experience Committee shall be formally recorded and submitted to the Governing Body.

The Committee will report to the Governing Body twice a year on its work in support of the quality agenda.

12. FREQUENCY OF MEETINGS

The Quality and Patient Experience Committee will meet on a quarterly basis and extraordinary meetings to be held as required.

13. MINUTES AND AGENDA

Items of business to be transacted for inclusion on the agenda of a meeting need to be notified to the Chair of the meeting at least four weeks before the meeting takes place. Supporting papers for such items need to be submitted at least two weeks before the meeting takes place. The agenda and supporting papers will be circulated to all members one to two weeks before the meeting takes place.

14. QUORUM

The Quality and Patient Experience Committee will be quorate when there are at least 3 members of the committee present and includes:

- Chair or Vice Chair
- One GP or deputy

15. VOTING ARRANGEMENTS

Members who cannot attend should send a named deputy. Deputies will have the decision-making and voting rights of the person he/she is representing.

If the numbers of the votes for or against are equal on any given item, the Chair of the Quality and Patient Experience Committee or other person chairing the meeting has the casting vote.

16. DECLARATIONS OF INTERESTS

Requirements for declaring interests and the applicability to the Quality and Patient Experience Committee are outlined in the Clinical Commissioning Group's Constitution, Standing Orders and Standards of Business Conduct Policy.

17. CONDUCT OF THE COMMITTEE

The Committee shall conduct its business in accordance with national guidance, relevant codes of practice including the Nolan Principles and the Conflict of Interest policy.

In accordance with the CCG Constitution, Terms of Reference will be reviewed and approved by the Governing Body.

18. REVIEW

The Committee shall review its own performance, constitution and Terms of Reference and ensure it is operating at maximum effectiveness. The Terms of Reference will be reviewed annually or earlier if required. Any amendments to the Terms of Reference will be submitted to the CCG Governing Body for approval.

Reviewed February 2018

Signed..... (Chair of the Governing Body)

Date.....

Next Review Date: February 2019