

## Patient & Carer Experience Committee Terms of Reference

<b>Date Approved and Adopted</b>	
<b>Frequency Review</b>	Annual
<b>Next Review</b>	April 2020
<b>Terms of Reference Drafting</b>	Trust Secretary
<b>Review</b>	Patient Experience Committee
<b>Approval and Adoption</b>	Trust Board
<b>Version Number</b>	1.0

### 1. Constitution

- 1.1. The Trust Board hereby resolves to establish a Committee to be known as the Patient Experience Committee.
- 1.2. The Committee is constituted as a standing committee of the Trust Board. Its constitution and terms of reference shall be as set out below; and will be subject to amendments approved by the Trust Board.

### 2. Authority

- 2.1 The Committee is authorised to seek information it requires from any employee of the Trust. All members of staff are directed to co-operate with any request made by the Committee. The Committee is authorised to obtain legal or other independent professional advice and to secure the attendance of advisors with such expertise that it considers necessary.
- 2.2 The Committee is authorised by the Board to make decisions within its terms of reference, including matters specifically referred to it by the Board.

### 3. Membership

- 3.1. The Committee shall comprise:
  - Three Non-Executive Directors one of whom will chair the Committee.
  - The Director of Nursing and Quality
  - Deputy Medical Director
  - Director of Facilities
  - Director of People and Transformation
  - Two Lay members
- 3.2. In the absence of the appointed Committee Chair, another Non-Executive Director will chair the meeting.

### 4. Attendance at Meetings

- 4.1. The following officers (or their nominated alternates, where appropriate) are required to attend all meetings but are not members:

- Director of Corporate Governance/Trust Secretary
- Head of Patient Experience
- Head of Equality , Diversity and Inclusion

4.2. The Committee can request the attendance of any other director or senior manager if an agenda item requires it.

4.3. Attendance at meetings is essential. In exceptional circumstances when an Executive Director member cannot attend they must arrange for a fully briefed deputy of sufficient seniority to attend on their behalf.

## 5. **Quorum**

The quorum necessary for the transaction of business shall be three members of whom two must be Non-Executive Directors and one Executive Director.

## 6. **Frequency of Meetings and Conduct**

6.1. The Committee will meet bi-monthly and will be set in advance as part of the planning of the Trust Board and Committee meetings annual calendar of business.

6.2. Further meetings can be called at the request of the Committee Chair.

6.3. An agenda of items to be discussed and supporting papers will be forwarded to each member of the Committee and any other person required to attend, no later than five working days before the date of the meeting.

6.4. Decisions may be taken by written resolution upon the agreement of the majority of members of the Committee in attendance, subject to the rules on quorum.

## 7. **Responsibilities**

The purpose of the Committee is to:

- Raise the profile and visibility of patient experience at Trust Board level and provide assurance to the Board;
- Set the strategic direction for patient experience with the purpose of achieving the Trust's strategic aims, including to "treat patients as partners in their care";
- Monitor development and delivery of a patient experience strategy and carer strategy
- Be the conduit for effective change and improvement to patient experience, act on feedback to challenge, influence activities that deliver an improved patient experience.

### 7.1. **Strategy & Policy**

The Committee will ensure that an effective patient experience strategy is developed, delivered and embedded across the Trust.

### 7.2. **Implementation**

The Committee will:

- Ensure a trust-wide approach to patient experience is maintained which continually reviews intelligence and drives outcome based improvements;
- Work with the Patient Experience Group to identify areas of concerns and celebrate best practice;
- Ensure the Trust is sourcing inclusive feedback from all groups which are representative of the local population;
- Ensure the Trust has a patient engagement programme which also includes interaction with patient support groups and encourages involvement in the redesign of services.

### 7.3. **Performance Monitoring**

The Committee will:

- Review performance and associated outcomes against patient experience metrics and targets and ensure that action is taken to address issues arising.
- Identify good patient experience and ensure that this is shared throughout the Trust.
- Review examples of learning which have resulted from patient feedback
- Ensure that poor patient experience is understood and challenged effectively, resulting in plans to address it.

### 7.4. **Review and Compliance**

The Committee will:

- Have overview of the work of the Patient Experience Group and its sub-groups, and will receive regular reports from that group setting out the business it has undertaken, decisions made and performance against that group's objectives.
- Receive and analyse patient, relative and carer feedback on services provided by the Trust;
- Review and identify issues/themes resulting from PALS, complaints, social media and all forms of patient feedback and associated improvement actions;
- Review results of all national patient surveys and ensure that appropriate action plans are developed and implemented to deliver effective outcomes. Compare and correlate with local surveys;
- Review and compare results of staff surveys to patient survey and adverse event data; support the process for joint improvements;
- Review information received from external sources such as Patient Opinion/NHS Choices, Healthwatch and ensure it is considered alongside other data to contribute to patient experience improvement activity.
- Review national guidance, initiatives and reports relating to patient experience; propose action in response.
- Review and monitor CQC Compliance Assessments relating to areas of patient experience

### 7.5. **Risk Management**

The Committee will review risks to providing a high standard of patient experience and seek assurance that appropriate action is being taken to mitigate.

## 8. **Reporting**

- 8.1. Formal minutes of Committee meetings will be recorded.
- 8.2. Full minutes will be sent in confidence to all members of the Committee and shall be made available on request to NHS Improvement and the Trust's internal and external auditors.
- 8.3. The Committee shall report to the Trust Board on its proceedings after each meeting to provide assurance and to escalate issues as appropriate.
- 8.4. The Committee will provide an annual report to the Board setting out how it has discharged its responsibilities as set out in these terms of reference.

## **9. Monitoring and Effectiveness**

- 9.1. The Committee shall have access to sufficient resources to carry out its duties, including access to company secretarial assistance as required.
- 9.2. It shall be provided with appropriate and timely training, both in the form of an induction programme for new members and an on-going basis for all members.
- 9.3. It will review its own performance, at least annually, review its constitution and terms of reference to ensure it is operating at maximum effectiveness and recommend any changes it considers necessary to the Trust Board for approval.

## **10. Administrative Support**

- 10.1. Meetings will be supported by the Trust Secretary's office including:
  - Minute taking.
  - Keeping a record of matters arising and issues to be carried forward within an action log.
  - Collation and distribution of papers
- 10.2. Head of Patient Experience has the following duties:
  - Agreement of agendas with the Chair and Members.
  - Advising the Committee on pertinent issues/areas.
  - Provision of a highlight report of the key business undertaken to the Trust Board following each meeting.