

## Terms of Reference of the Patient and Carer Experience Committee (P&CE Ctte)

<b>Chair:</b>	<p>Non-Executive Director.</p> <p>In the absence of the appointed Committee Chair, another Non-Executive Director will chair the meeting.</p>
<b>Members:</b>	<p>Membership of the Patient and Carer Experience Committee shall include:</p> <ul style="list-style-type: none"> <li>• Three Non-Executive Directors, one of whom shall Chair the Committee</li> <li>• The Chief Nursing Officer</li> <li>• The Chief Medical Officer</li> <li>• Two Patient and Carer Partners.</li> </ul> <p>The officers set out above may appoint a named deputy to attend a particular meeting in their place, subject to the Chair's pre-approval. A deputy should be nominated only in exceptional circumstances, for a particular meeting.</p>
<b>Other Attendance:</b>	<p>The Patient and Carer Experience Committee may invite non-members to attend all or part of its meetings as it considers necessary and appropriate, at the discretion of the Chair.</p> <p>In addition to members of the Patient and Carer Experience Committee, the following officers (or their nominated substitutes where appropriate) shall normally attend all meetings and may contribute to discussions, but have no voting rights nor contribute to the quorum:</p> <ul style="list-style-type: none"> <li>• Director of Corporate Governance/Trust Secretary</li> <li>• Director of Quality Governance</li> <li>• Head of Patient Experience</li> <li>• Chief Allied Health Professional</li> <li>• Divisional Director of Midwifery and Nursing</li> <li>• .</li> </ul> <p>The Committee can request the attendance of any other director or senior manager if an agenda item requires it.</p> <p>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.</p>
<b>Quorum:</b>	<p>The quorum necessary for the transaction of business for the Patient and Carer Experience Committee is at least two members, of whom one must be a Non-Executive Director and one an Executive Director (or nominated deputy).</p>

<p><b>Declaration of Interests</b></p>	<p>All members must declare any actual or potential conflicts of interest relevant to the work of the Patient and Carer Experience Committee, which shall be recorded in the minutes accordingly.</p> <p>Members should exclude themselves from any part of a meeting in which they have a material conflict of interest. The Chair, with advice from the Secretary and reference to the Standing Orders, will decide whether a declared interest represents a material conflict.</p>
<p><b>Frequency of Meetings:</b></p>	<p>The Committee will meet quarterly. The dates will be set in advance as part of the Trust Board and Committees annual calendar of business. Further meetings may be called at the request of the Chair.</p>
<p><b>Notice of Meetings:</b></p>	<p>Unless otherwise agreed, notice of each meeting confirming the venue, time and date, together with an agenda of items to be discussed and supporting papers, shall normally be forwarded to each member, and any other person required to attend, no later than five working days before the date of the meeting.</p>
<p><b>Inputs:</b></p>	<p>The Patient and Carer Experience Committee will receive reports on issues within the remit of the Committee, so as to ensure timely discussion and decision-making. This will include:</p> <ul style="list-style-type: none"> <li>• Patient and Carer Stories</li> <li>• Progress in meeting the commitments in the Patient and Carer Experience Strategy</li> <li>•</li> <li>• Complaints and Patient Advice and Liaison Service (PALS) Annual Report</li> <li>• Quality Strategy: Patient Experience Priorities</li> <li>• Health Inequalities</li> <li>• Accessible Information Standards</li> <li>• National Patient Experience Surveys led by the Care Quality Commission (CQC) or Local Patient Surveys as relevant and timely</li> <li>• Annual Patient-led Assessments of the Care Environment (PLACE) audits and associated improvement plans</li> <li>• Patient Experience Risks</li> <li>• Patient Experience Group and other Steering Group Highlight or feedback reports.</li> </ul> <p>Individual members may also raise concerns/risks/issues relevant to the Committee's remit on an ad hoc basis but will do so with sufficient notice to ensure that agendas can be set and managed effectively.</p> <p>The Patient and Carer Experience Committee can request a report on any subject or issue relevant to its terms of reference.</p>

<b>Outputs:</b>	<p>The Committee shall produce a set of minutes and a log of actions arising.</p> <p>Minutes will be sent in confidence to all members of the Committee and shall be made available on request to NHS England / NHS Improvement and the Trust’s internal and external auditors.</p> <p>The Committee shall report to the Trust Board on its proceedings (with an “upward report”) after each meeting to provide assurance and to escalate any issues to the Board as appropriate.</p>
<b>Responsible for the following Strategies and Policies:</b>	<p>The Committee will ensure that an effective patient experience strategy is developed, delivered and embedded across the Trust.</p>
<b>Sub-Committees:</b>	<p>None</p>
<b>Committee Secretary:</b>	<p>The Trust Secretary or his nominee is responsible for:</p> <ul style="list-style-type: none"> <li>• Agreement of agenda and collation and distribution of papers.</li> <li>• Taking the minutes and keeping a record of actions arising and issues to be carried forward.</li> <li>• Preparing upward reports to the Board after each meeting.</li> </ul>

## 1. Purpose

1.1 The Patient and Carer Experience Committee is established 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 the 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, and influence activities that deliver an improved patient experience.

## 2. Authority

2.1 The Patient and Carer Experience Committee is constituted as a Standing Committee of the Trust Board, from which it receives its authority. Its constitution and terms of reference are set out in this document, subject to amendment by the Trust Board.

2.2 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.

2.3 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.

2.4 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. Duties**

#### **Implementation:**

3.1 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.

#### **Performance Monitoring**

3.2 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.

#### **Review and Compliance**

3.3 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.

**Risk Management**

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

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