

Annual Committee effectiveness annual report 2018/19

1.0 Introduction

- 1.1 The Patient Voice Committee (the Committee) has prepared this report for the Clinical Commissioning Groups' (CCGs) Governing Bodies. It provides information about actions taken by the committee to satisfy its Terms of Reference (TOR) in the financial year 1 April 2018 to 31 March 2019.
- 1.2 Evidence contained in this report will be shared with the Governing Bodies, and will be used to support the content of the organisations' Annual Governance Statements.
- 1.3 The Committee operates jointly across NHS Chorley and South Ribble CCG and NHS Greater Preston CCG, and met 5 times during the period 1 April 2018 to 31 March 2019.
- 1.4 The purpose of the Patient Voice Committee is to provide the Governing Bodies with strategic leadership, assurance and scrutiny in relation to its duties to involve patients and the public in shaping NHS services.

2.0 Background

- 2.1 The CCGs' Constitutions outline that the Governing Bodies have established a Patient Voice Committee. Accountable to the Governing Bodies, the Committee is responsible for ensuring the CCGs are meeting their statutory duties in relation to involvement and equity, as outlined in section 242 (1b) of the National Health Service Act 2006, the Equality Act 2010, and other relevant legislation.
- 2.2 As outlined in the Constitution, the Committee also provides assurance that the CCGs are meeting their statutory functions in respect of:
 - The Freedom of Information Act 2000
 - NHS Complaints Regulations 2009
- 2.2 The Chair of the Committee is the Lay Member with responsibility for patient and public involvement on behalf of Greater Preston CCG. The Vice Chair is the Lay Member with responsibility for patient and public involvement for Chorley and South Ribble CCG. The Governing Bodies approve and keep under review the Terms of Reference for the Committee, which includes information on the membership and duties.

3.0 Governance, establishment and duties

- 3.1 Membership of the Committee is made up as follows

- Lay Member responsible for Patient and Public Involvement, NHS Greater Preston CCG (Chair)
- Lay Member responsible for Patient and Public Involvement, NHS Chorley and South Ribble CCG (Vice Chair)
- Head of Quality and Performance, CCGs
- Head of Communications and Engagement, CCGs
- Engagement and Patient Experience Lead, CCGs
- Equality and Diversity Lead, CCGs
- Evidence and effectiveness team representative, CCGs
- Planning and delivery team representative, CCGs
- Medicines optimisation team representative, CCGs
- CCG Patient Advisory Group Chair(s)

Attendees of the Committee are:

- Committee secretary / minute taker
- Healthwatch Lancashire representative
- Additional Patient Advisory Group representatives
- Representatives from other relevant partner organisations

3.2 The Committee receives support from the CCGs' Internal and External Relations team. The team takes formal minutes of the Committee, which are provided to all members of the Governing Bodies. A summary report is also provided to the Governing Bodies at each meeting, which is delivered by the Committee Chair and Vice Chair for their respective CCGs. The report draws to the attention of the Governing Bodies any issues that require disclosure, or issues that require further discussion or executive action.

4.0 Committee effectiveness

4.1 Six Committee meetings were scheduled during the year. Five of the meetings took place and were quorate.

4.2 The July 2018 meeting was cancelled as it would not be quorate, and there were decisions to be made.

4.2 The Committee has a cycle of business, which is ordered around its TOR. The cycle of business ensures that the committee receives the reports and assurance it needs to report to the Governing Bodies in a timely manner. The cycle of business allows for planning for standing items alongside flexibility to deal with emerging risks.

5.0 Committee Effectiveness survey

5.1 A survey was undertaken to understand how effective Committee members consider the Committee to be. Eighteen people were invited to participate with seven Committee members responding.

5.2 The survey questions were updated slightly from the 2017/18 survey so it has not been possible to do a 'like for like' comparison. The full findings are as follows:

- 39% of Committee members responded to the survey.
- 100% of the responders said that they understood the roles and responsibilities of the Patient Voice Committee
- 100% of responders felt that Committee had set itself clear objectives for the 2018/19 financial year
- 100% of Committee members felt that they understood the duties, roles and responsibilities of the Patient Voice Committee and also their own role on the Committee
- 100% of the responders reported that they felt able to contribute effectively to the business of the Committee
- 86% of responders felt that they were able to influence activities in relation to the patient voice and local health and care services
- 100% of the responders expressed that they felt comfortable to express their views, concerns and opinions in meetings
- All of the responders said that collectively, Committee members are able to provide real and genuine challenge and that debate and discussion is allowed to flow without being stifled or cut short due to time constraints
- 100% of responders think that the Committee has the right balance of skills and experience in its membership for it to effectively fulfil its duties
- All responders said that they were satisfied with the level of feedback given in relation to activities and progress
- 100% of responders felt that the structure and content of the meeting agenda is fit for purpose and that the meetings are chaired effectively.
- 86% of responders felt that they had enough preparation time between receiving the Committee agenda and papers, and the meeting taking place
- 100% of responders said that the quality of Committee papers and/or discussions helped them undertake their role as a Committee member effectively
- All of the responders agreed that meeting items are appropriately closed or continued so that they are clear about the desired outcomes, 'who is doing what' and what the timescales are
- All responders said that they are given the opportunity to contribute to meeting reflections
- 100% of responders said that they understand how the Committee fits into the wider governance structure of the CCGs, and how the Committee fits into the wider governance structure of the CCGs
- All responders felt that the planned frequency of meetings for the coming 2019/20 financial year is adequate

- 5.3 Committee members were also given the opportunity to provide general 'free text' to make any further comments about the Committee, its purpose and its effectiveness. No comments were made.
- 5.4 In summary, more people were invited to participate in the 2018/19 survey (18) compared to 2017/18 (12). The response rate (39%) was, however, lower than the response rate for 2017/18 (86%). This could be attributed to fluctuating representation across the business units.
- 5.5 It is encouraging to note that all of the Committee members who responded said that they understood the duties, roles and responsibilities of the Patient Voice Committee and that they understood their own role on the Committee.
- 5.6 Areas of strength appear to be:
- The understanding of roles, duties and responsibilities of both the Committee and Committee members.
 - Opportunities to express concerns and opinions, and also opportunities to reflect on the meeting itself
 - The chairing of the meetings
- 5.7 An area outlined for improvements or for further Committee discussion was the ability of Committee members to influence activities in relation to the patient voice and local health and care services.

6.0 Achievements aligned to the duties outlined within the Committee's terms of reference

To provide assurance to the Governing Body on all matters concerning duties, obligations and responsibilities relating to the use of the patient voice in shaping local health services.

- Continued oversight of all engagement and involvement activities, including the development of the CCGs' patient groups, how the patient voice is used in procurement processes, and how clinical policy engagement is coordinated across the local and regional areas
- Continued oversight and links to the CCGs' Patient Advisory Group, Young People's Health Advocates and Maternity Voices Partnership
- Input into the CCGs' submission in respect of the Improvement and Assessment Framework (IAF) for engagement - Indicator 57: Compliance with statutory guidance on patient and public participation in commissioning health and care - 166a)
- Input into the EDS2 assessment and grading process
- Approval of the OHOC Stakeholder Panel Terms of Reference

To review and advise on the effectiveness and influence of systems and processes in place that enable patients and the public to be involved in CCG business.

Reviewed and input into the NHS England self-assessment in respect of patient and public participation in commissioning health and care and involving people in their own health and care

- Continued oversight of the CCGs' engagement framework including: Patient Advisory Group, Young People's Health Advocates and Maternity Voices Partnership
- Approval of the patient and public involvement and effectiveness reports
- Approval of the OHOC Stakeholder Panel Terms of Reference
- Reviewed and input into the communications and engagement elements of the OHOC programme (processes)

To identify and share good practice in involving and empowering patients, and also to challenge poor engagement practice.

- Refreshed reporting in respect of patient and public involvements the production of regular involvement and effectiveness reports
- Provided recommend to OHOC on effective engagement and communications processes
- Regular updates received from Healthwatch Lancashire

To ensure compliance with section 242 (1b) of the National Health Service Act 2006, the Equality Act 2010 and other relevant legislation.

- Continued assurance that the CCGs are meeting their statutory duties in relation to complaints, Freedom of Information requests, and equality, diversity and inclusion
- Input into the CCGs Equality Delivery System (EDS) process
- Input into the CCGs' submission in respect of the Improvement and Assessment Framework (IAF) for engagement - Indicator 57: Compliance with statutory guidance on patient and public participation in commissioning health and care - 166a)
- Reviewed and revised Committee terms of reference 2018/19
- Approval of the customer care and complaints policy 2018/21
- Approval of the customer care quarterly activity reports: Q1,Q2 and Q3

To promote the views and voices of patients and the public in the work of the CCGs.

- Continued oversight, input and approval into the targeted engagement in respect of the OHOC programme
- Representation at the OHOC Stakeholder Panel
- Provided regular updates to the CCGs' Governing Bodies via the PVC summary sheet
- Regular oversight of all patient and public engagement and involvement via the assurance report submitted to every Patient Voice Committee meeting

7.0 Priorities 2019/20

7.1 In addition to the usual business cycle for the Committee and oversight of statutory duties, key priorities for 2019/20 financial year will include:

- Providing scrutiny and assurance into, and influence of the CCGs' Operating Plan priorities as outlined in Appendix 1
- Providing scrutiny and assurance into, and influence of the Integrated Care Partnership (ICP) engagement and involvement activities as illustrated in Appendix 2
- Strengthening links with Healthwatch Lancashire and other partners to align engagement plans
- Input into, and influence of, Lancashire and South Cumbria-level engagement and involvement activities via the Integrated Care System (ICS)
- Revision of the annual Equality Delivery System assessment process
- Oversight of NHS England-received complaints trends in relation to primary care services
- Participation in the review of the engagement-related Governing Body Assurance Framework risk

8.0 Summary

- 8.1 In summary, the Committee has satisfied itself that the Committee is effective, that and the Committee terms of reference have been fulfilled.

Appendix 1: Operating Plan Priorities

Service transformation – WHINS

- Diabetes
- Respiratory
- Gynaecology
- End of life

Service transformation – Acute sustainability

- OHOC programme

Performance

- Accident and emergency
- Cancer 62 day
- Referral to treatment times
- Stroke
- Financial

QIPP

- Medicines management
- Avastin
- Individual patient activity
- Elective care systems management
- Reallocation of MSK capacity
- Non-elective programme (value stream analysis and contract reform)
- Primary care pilot
- Running costs

Appendix 2: ICP strategic platforms

Platform 1: Integrated Care Strategy: “The way we go about transforming care systems to ensure truly integrated and optimal care”

SRO: Denis Gizzi. Platform Lead: Jessica Partington / Lisa Roberts

Platform 2: Integrated Care Partnership Development	Platform 3: Wellbeing & Health in Integrated Neighbourhoods	Platform 4: Acute Sustainability	Platform 5: Economic & Financial Reform	Platform 6: System Management Reform
SRO: Sarah James Platform Lead: Jessica Partington	SRO: Jayne Mellor Platform Lead: Emma Ince Clinical Lead: Dr Dickenson, Dr Nair, Anne Kirkham	SRO: Denis Gizzi Platform Lead: Jason Pawluk Clinical Lead: Gerry Skales	SRO: Matt Gaunt Platform Lead: Joe McGuigan	SRO: Denis Gizzi Platform Lead: Jessica Partington / Lisa Roberts
<p><i>“The way leaders and care partners come together to oversee and deliver systematic value and sustainability, via a common purpose partnership”</i></p> <p>Workstream 1: Operating as an ICP</p> <p>Workstream 2: ICP Board and system leadership development</p> <p>Workstream 3: Maintaining a robust Strategy</p>	<p><i>“The way we reshape the systems and processes of care delivery that distributes resources and care delivery into the out of hospital (community) sector with a focus on developing new models of care, delivered in an integrated way to meet population needs within neighbourhoods with a focus on wellbeing and prevention”</i></p> <p>Workstream 1: Development of eight neighbourhood networks</p> <p>Workstream 2: Understanding the populations of our neighbourhoods and the assets and services within them</p> <p>Workstream 3: Developing new models of care</p> <p>Workstream 4: Developing the WHINs Platform Board, leadership and governance arrangements</p>	<p><i>“The programme that governs all major acute service change that requires public consultation”</i></p> <p>Workstream 3: Options Development and Appraisal</p> <p>Workstream 4: Pre Consultation Business Care (PCBC)</p> <p>*Dates dependent on external assurance processes and the outcome of the PCBC</p>	<p><i>“The way we transform competitive processes into a single central Lancashire integrated financial & economic control system”</i></p> <p>Workstream 1: Capitated Budget Pilots</p> <p>Workstream 2: Financial and Economic Reform Focus</p> <p>Workstream 3: Urgent Care revised methodology for integrated care approach</p> <p>Workstream 4: Orthopaedics and Trauma – revised contract</p>	<p><i>“The way we re design the technical systems of commissioning into the central integrator function to drive efficiency, performance and value”</i></p> <p>Workstream 1: Integrated Planning*</p> <p>Workstream 2: : Integrated System Performance management*</p> <p>Workstream 3: Integrated Quality and Safety*</p> <p>Workstream 4: Integrated Strategic Commissioning*</p> <p>Workstream 5: Developing a Market Management approach*</p> <p>Workstream 6: Developing the new system structure and delivery model*</p> <p><i>*This Platform is currently in the mobilising phase with a draft Platform Brief being developed as part of a ‘deep dive’ session scheduled for the July ICP Board.</i></p>

Enablers: Comms & Engagement, Digital, IT and BI, Workforce and OD, Leadership Development, Integrated Governance, Estates