

Joint Patient Voice Committee Annual Report 2017/18

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 2017 to 31 March 2018.
- 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 6 times during the period 1 April 2017 to 31 March 2018.
- 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 Strategy and Corporate Services, CCGs
- Head of Communications and Engagement, CCGs
- Engagement and Patient Experience Lead, CCGs
- Equality and Diversity Lead, CCGs
- Planning and delivery team representative, CCGs
- Quality team representative, CCGs
- Medicines management representative, CCGs
- CCG Patient Advisory Group Co-Chair (Chorley and South Ribble)
- CCG Patient Advisory Group Co-Chair (Greater Preston)

Attendees of the Committee are:

- Healthwatch Lancashire representative

3.2 The Committee receives support from the CCGs' corporate services 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 There were six Committee meetings during the year. All meetings were quorate.

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. 86% of Committee members responded to the survey (12 people out of the 14 invited to participate).

5.2 The full findings are as follows:

- 100% of the responders answered all of the questions compared to 80% in 2016/17.
- 92% of Committee members felt that they understood the duties, roles and responsibilities of the Patient Voice Committee.
- 83% of the responders felt that the Committee had set itself clear responsibilities for 2017/18 compared with 100% in 2016/17.
- 67% of the responders felt that the Committee had set clear objectives for the coming year compared to 100% in 2016/17. 8% felt that there were no clear objectives and 23% said that they didn't know.
- 100% of the responders agreed that they understood their role on the Committee.
- 92% of the responders said that they are able to effectively communicate the business of the Committee, with 8% saying that they weren't sure. This compares to 100% in 2016/17.
- 92% of the responders said that they were able to influence activities in relation to the Committee and local health and care services. 8% said that they were unsure they could. In 2016/17, 100% of responders felt that they were able to influence activities.
- 100% of the responders said that they felt comfortable to express their concerns and opinions in the meetings. This is compared to 80% in 2016/17.
- 92% of the responders felt that they could provide real and genuine challenge. This is the same as in 2016/17.
- 92% of the responders said that discussion and debate flowed and was not stifled due to time constraints. 10% said that they did not know. This is the same as in 2016/17.
- 83% of the responders felt that the Committee has the right balance of skill and expertise in its membership. 17% said that they were unsure of this. Comments indicated that responders felt that the members of the committee are a well-balanced representative, consisting of management and patient involvement. The Committee is viewed as well governed, with open and wide conversations covering relevant topics.
- 92% of the responders, compared with 100% in 2016/17 were satisfied with the level of feedback given in relation to activities and progress. 8% said that they were not sure.
- 100% of the responders agreed that the structure and content of the Committee agenda is fit for purpose. This is the same as in 2016/17.

- Compared to 90% in 2016/17, 100% of the responders said that the quality of the papers helped them undertake their role on the Committee.
- 92% of responders felt that there was enough preparation time between receiving the papers and the meeting taking place. 8% said that they were unsure. This is the same as in 2016/17.
- 100% of the responders agreed that the meeting was chaired effectively. This is the same as in 2016/17. It was felt that the meeting Chair is excellent, there is allocated time for each agenda item, and the Chair keeps the committee members on track.
- Compared to 100% in 2016/17, 92% of the responders said that the meeting was appropriately closed with members clear on their actions and timescales. 8% said that they did not know.
- 100% of the responders said that they were given the opportunity to contribute to meeting reflections. This is the same as in 2016/17.
- Compared to 90% in 2016/17, 100% of the responders understood how the Committee fits into the wider governance structure of the CCGs.
- 100% of the responders agreed that they were able to update colleagues and peers on the work the Committee undertakes. This is the same as in 2016/17.
- 75% of the responders agreed with the frequency of Committee meetings. 25% disagreed. Comments from responders who disagreed indicated that they would prefer to have quarterly meetings and possibly look at extra-ordinary meetings as required.

5.3 Committee members were also given the opportunity to provide general 'free text' comments about the Committee and its effectiveness. A general theme conveyed was that it would help to keep the Committee's focus on engagement, rather than the pros and cons of commissioning decisions.

5.4 In summary, most areas improved or remained static when compared to the same survey undertaken in the previous financial year. For some questions, between 10% and 30% of responders felt unable to express an opinion, which could be attributed to the fact that some new members joined the Committee through the year, and/or that some members may have only attended one or two meetings as a team representative.

5.5 Areas of strength appear to be:

- Opportunities to express concerns and opinions, and also opportunities to reflect on the meeting itself
- Understanding of how the Committee fits into the wider governance of the CCGs
- The chairing of the meetings
- The timings, administration and the meeting papers

5.5 Areas outlined for improvements or for further Committee discussion included:

- Clarity for members and attendees of Committee responsibilities and objectives
- Keeping focus on the key engagement and involvement responsibilities of the Committee
- The frequency of the meetings

6.0 Achievements

6.1 Key achievements for the Committee over the last financial year included:

- 100% quoracy at every meeting enabling decisions to be made in a timely manner
- New membership from across a wider range of CCG teams, to facilitate patient voice being at the heart of the CCGs' commissioning decisions and activities
- Continued oversight of all engagement and involvement activities, including the development of its 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 and Young People's Health Advocates
- Continued assurance that the CCGs are meeting their statutory duties in relation to complaints, Freedom of Information requests, and equality, diversity and inclusion
- Detailed discussion and input into the CCGs' Governing Body Assurance Framework risk 'GBAF 06' on strategic engagement
- Scrutiny of the CCGs' progress against key NHS England engagement and involvement guidance and indicators
- Input into the CCGs' activities in relation to the Accessible Information Standard
- Input into the CCGs' activities in relation to the Web Content Accessibility Guidance

6.2 The Committee also approved the following documents in its meetings during the 2017/18 year:

- Revised Committee Terms of Reference
- Committee Annual Report 2016/17
- Customer care activity report quarter 4 2016/17
- Customer care activity report quarter 1 2017/18
- Customer care activity report quarter 2 2017/18
- Customer care activity report quarter 3 2017/18
- Equality strategy
- Equality Annual Report for 2017
- Our Health, Our Care communications, engagement and involvement strategy

7.0 Priorities 2017/18

7.1 In addition to the usual business cycle for the Committee and oversight of statutory duties, key priorities for 2018/19 financial year will include:

- Scrutiny and assurance in relation to engagement, involvement, consultation and communications for the Our Health, Our Care programme
- Input into, and influence of, Lancashire and South Cumbria-level engagement and involvement activities
- 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
- Approval of a range of patient-facing promotional health improvement campaigns

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.