

Herts Valleys Clinical Commissioning Group

Patient and Public Involvement Committee Terms of Reference

1.0 Role

This committee is established in line with NHS Herts Valleys Clinical Commissioning Group's constitution and the seven key principles of the NHS Constitution (2013). The committee is a committee of the board.

1.1 The role of the patient and public involvement committee (the committee) is:

- to provide assurance to the board that there is meaningful participation in the business of the CCG from patients, carers, families and members of public across the CCG;
- to review strategies and proposals, offering views from patients' perspectives; and
- to offer constructive views and contributions from a patient perspective.
- The board has chosen to invite a patient representative, or representatives, to attend board meetings and board committees in a volunteer capacity to contribute the patient voice and constructive challenge from a patient-public perspective the work of the board.

1.2 The committee will not have any approval powers and has no other powers than those specifically delegated within these terms of reference.

2.0 Membership

2.1 Board members of the committee shall be appointed by the board.

2.2 Patient representatives will be recruited from a wide base to include practice patient groups, development session attendees and community groups as well as patient locality groups.
Dependent on the level of interest we will involve HealthWatch Hertfordshire in a selection process.

2.3 The Committee shall be made up of:

Board members:

- One lay member of the board
- One GP member of the board

Other officers of the Board

- Associate Director, Communications and Engagement

Locality patient representative members:

Two representatives from each of the localities

Other attendees

- HealthWatch representative
- Patient Engagement Manager
- Chief Financial Officer (or their deputy) will attend as required
- Director of Nursing and Quality (or their deputy) will attend as required
- Head of Corporate Governance or their nominee

- There will be a standing invitation for the locality patient practice group chairs to attend meetings and they should aim to attend at least two meetings per annum.
- The committee may require other officers of the CCG and other individuals to attend to present papers or take part in discussions.

2.4 The chair of the board must not be a member of the committee.

2.5 The chair of the committee will be a lay member of the board. In the absence of the committee Chair and/or appointed deputy, the remaining members present shall elect another member to chair the meeting.

3.0 Secretary

3.1 The Head of Corporate Governance or their nominee shall act as the secretary of the committee.

4.0 Quorum

4.1 The quorum necessary for the transaction of business shall be half of the membership, i.e. 6 members of the committee. A meeting of the committee which is quorate will be able to exercise all or any of the authorities, powers and discretions vested in or exercisable by the committee.

5.0 Frequency of meetings and attendance requirements

5.1 The committee will normally meet at least six times per annum at appropriate times in the reporting cycle and otherwise as required.

5.2 Committee members should aim to attend all scheduled meetings and must attend a minimum of four meetings each year. Apologies should be submitted in writing to the chair and secretary of the Committee at the earliest opportunity.

5.3 The secretary of the Committee shall maintain a register of attendance

6.0 Notice of meetings

6.1 Meetings may be called by the secretary of the Committee at the request of any of its members or when necessary.

6.2 Unless otherwise agreed, notice of each meeting confirming the venue, time and date together with an agenda of items to be discussed, shall be forwarded to each member of the Committee, no later than five working days before the date of the meeting. Supporting papers shall be sent to Committee members and to other attendees at the same time.

7.0 Minutes of meetings

7.1 The secretary, or nominated deputy, shall minute the proceedings of all meetings of the Committee, including recording the names of those present and in attendance.

7.2 Members and those present should state any conflicts of interest in relation to agenda items to the Chair of the committee prior to the meeting, even if already recorded. Where there is a conflict of interest the Chair will notify the member whether they should withdraw from the meeting, the discussion. The Secretary should minute any conflicts of interest and how they were managed accordingly.

7.3 Minutes of Committee meetings should be circulated promptly to all committee members, those in attendance and board members unless a conflict of interest exists and, once agreed, submitted to the public board meeting for information.

8.0 Annual General Meeting

8.1 The chair of the committee will normally attend the Annual General Meeting prepared to respond to any questions on the committee's activities.

9.0 Duties

9.1 The Committee has delegated responsibility for the following:

- Participation in the development and oversight of patient and public participation strategy;
- Providing information to the board on patient and public involvement issues;
- Working with partners and other organisations to promote partnership working and a coherent approach to engagement with patients and the public;
- Promoting the involvement of patients and the public in the work of the CCG at multiple levels;
- Evaluating the impact of participation activities;
- Providing a link between CCG-wide and locality level patient issues;
- Providing patient perspectives on a range of draft strategies, proposals and strategic issues such as development of new pathways;
- The committee shall take a view on the actions of the CCG and whether they are underpinned by and assessed against the CCG's stated values and behaviours.
- Abide by the CCG's constitution, its values, its code of conduct and the Nolan principles of conduct underpinning public life.

9.2 **Regular work programmes / agenda items will include but are not limited to:**

- Reports on patient and public participation;
- Updates on proposed strategies and plans;
- Reports from locality patient groups; and
- Major public-facing communications, such as the CCG's website and campaigns.

10.0 Reporting responsibilities

10.1 The committee reports to the CCG board who will approve its terms of reference and membership.

10.2 The committee will supply approved minutes to the board and report on its proceedings after each meeting.

10.3 The committee will produce a report annually to the board on its work.

11.0 Other matters

11.1 The committee should:

- Have access to sufficient resources in order to carry out its duties, including access to the CCG board secretariat for assistance as required;
- Be provided with appropriate and timely training, both in the form of an induction programme for new members and on an on-going basis for all members;
- Give due consideration to laws and regulations;

12.0 Monitoring and review

- 12.1 The board will monitor the effectiveness of the committee through receipt of the committee's minutes and such written or verbal reports that the chair of the committee provides.
- 12.2 The Head of Corporate Governance will monitor the frequency of the committee meetings and the attendance records to ensure minimum attendance figures are complied with. The attendance of members of the Committee will be reported to the Chairman of the CCG.
- 12.3 The committee will undertake a self-assessment against the terms of reference annually.
- 12.4 Terms of reference to be reviewed by the board at least annually.
Terms of reference approved by the patient and public involvement committee: 26 August 2014.
Terms of reference approved by the board: 10 November 2016
Terms of reference approved by the board 29 June 2017
Terms of reference reviewed by the board 14 June 2018
Date of next review by the board 27 June 2019