



**North East and
North Cumbria**

Patient Experience Assurance Group Terms of Reference

Version 1

**Better health
and wellbeing for all...**

Version Control

Version	Approval Date	Author	Update comments
1	16 April 2026	Corporate Governance Team	First version of the terms of reference
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Date of next review: 01 April 2027

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1. Establishment

The Patient Experience assurance group is a subgroup established by the Quality and Safety Committee.

2. Terms of reference

The terms of reference are defined by the ICB.

The terms of reference will be maintained by the ICB Governance Team/Lead Officer.

3. Authority

The group is authorised to:

- Investigate any activity within its terms of reference
- Seek any information it requires within its remit, from any employee or member of the ICB
- Commission any reports it deems necessary to help fulfil its obligations
- Obtain legal or other independent professional advice and secure the attendance of advisors with relevant expertise if it considers this is necessary to fulfil its functions. In doing so the subgroup must follow any procedures put in place by the ICB for obtaining legal or professional advice
- The group is not decision making and provides an assurance function only.

4. Purpose

The purpose of the assurance group is to support the Quality and Safety Committee to discharge its duties relating to Patient Experience and Involvement by:

- Championing robust and meaningful patient, carer and public¹ involvement underpinned by principles of equality and inclusion

¹ This includes, patients, public, residents, service users and carers.

² Equality Act 2010 (Public Sector Equalities Duties 2011)

<http://www.legislation.gov.uk/ukxi/2011/2260/contents/made>

- Overseeing involvement activities to provide assurance to the Quality and Safety Committee that the ICB is fulfilling its statutory duties and legal requirements with regards to involvement
- Monitoring and reviewing the ICB's fulfilment of its duties to inform and consult as set out in the NHS Constitution and the Health and Care Act 2022 (providing recommendations to the Quality and Safety Committee where appropriate)
- Seeking assurance that the ICB is meeting the requirements for commissioners as set out in the *Equality Act 2010*²
- Working with the Quality and Safety Committee to provide assurance to the Board that providers are fulfilling their statutory duties with regards to involvement
- Ensuring robust and appropriate mechanisms are in place to listen and receive feedback from patients and the public and to consider innovative ways of how the ICB can listen to the patient voice
- Hearing the voices of patients, carers and service users
- Providing a forum to enable a focus on emerging feedback trends from the sources of patient, carer and service-user feedback gathered by the ICB, alerting the Quality and Safety Committee, other relevant committees and/or the Board on themes and trends as a result of the triangulation of intel and insight from multiple sources of information
- Coordinating the engagement of bespoke public perception research to ensure consistency and reduce duplication.

5. Roles and responsibilities

This section describes the duties, authority, accountability and reporting.

The subgroup's duties are as follows:

Patient Experience

- Ensure that the views of patients, carers and the public are properly reflected in the development and implementation of ICB policies and plans and to receive and act upon reports on patient experience. This includes receiving patient stories, in accordance with the ICB's Hearing Lived Experience Protocol, for Quality and Safety Committee meetings and relevant Board meetings to ensure this experience is aligned to proposed action
- Provide a forum to triangulate a wide range sources of patient and service-user feedback to support quality improvement in the services commissioned by the ICB, including:
 - Key themes from recent involvement and engagement activity

- Analysis of MP and elected member correspondence
 - Complaints and compliments
 - Media and inquiries and social media monitoring
 - Analysis from the NENC Healthwatch network
- Ensure the knowledge and insight gained from patient experience activity is taken into account by ICB decision-makers
 - Monitor systems and processes put in place to listen to the voice of patients, carers and the public, ensuring action is taken where appropriate and feedback is given with regards to patient experience
 - Explore other sources of intelligence / information as appropriate for example litigation claims

Statutory involvement and engagement duties

- Ensure patients, carers and the public are involved, in accordance with the ICB's statutory duties in relation to patient and public involvement
- Ensure effective arrangements are in place to secure public involvement in the planning, development and consideration of proposals for changes and decisions affecting the operation of commissioning arrangements
- Ensure that all involvement activity is transparent and that value for money for the taxpayer is achieved
- Oversee the production of the annual report on involvement and engagement.

Involvement strategy development and delivery

- Oversee development and delivery of the ICB's involvement strategy, providing assurance to the Quality and Safety Committee and Board
- Ensure patients, carers and the public are involved, throughout the development, publication and implementation of the ICB's involvement strategy and ICP strategy
- Seek assurance that the ICB's involvement strategy is accessible to all members of the public and voluntary and community organisations across North East and North Cumbria and that every effort is made to access and involve seldom heard groups.

System and process

- Review and scrutinise the ICB's involvement processes to ensure they are in line with ICB values, including being transparent, proportionate and inclusive, covering all geographical localities as appropriate
- Review, challenge and evaluate the ICB's involvement processes, to identify gaps in activity and make recommendations on how these can be improved and adapted to ensure better representation of the local populations of North East and North Cumbria
- Ensure that systems and processes are in place to listen to the voice of patients, carers and the public
- Ensure actions are taken from these processes, and that they are taken into account and feedback is given to the relevant audience(s)
- Ensure the ICB both shares and learns from best practice regarding involvement activity
- Oversee the ICB's NHS Oversight Framework submission in relation to involvement, including learning and implementing best practice.

Partnerships

- Provide a forum to develop and discuss relationships across North East and North Cumbria by allowing time for meaningful discussions regarding involvement and engagement
- Be a two-way communication and engagement channel for partners and stakeholders, patients, carers and the public to ensure that ideas and concerns can be communicated and actioned as appropriate
- Contribute to plans for partnership working across the region, in particular linking with the involvement work of the Integrated Care Partnership (ICP) for North East and North Cumbria.

Reducing inequalities

- Review the latest data, evidence and policy on health inequalities to provide involvement and engagement advice and guidance to the ICB and ICP to

ensure a health inequalities approach is embedded across our whole ICS

- Support the development of a consistent, joined up strategic health inequalities narrative across the ICS, including but not exclusively core20PLUS5
- Facilitate conversations across health and care organisations, clinical and non-clinical staff, patients, members of the public, carers and other key stakeholders in the voluntary and private sectors to raise the profile of our work on health inequalities
- Provide advice and guidance to those engaging our population to ensure that we empower all our communities to identify and lead local action on health improvement.

6. Accountability and reporting

The assurance group is accountable to the Quality and Safety Committee and reports (via minutes) on how it discharges its responsibilities.

The secretary formally records the minutes of each meeting and keeps a record of all confirmed minutes. The group will provide assurances on the business considered and escalating any concerns, where necessary to the Quality and Safety Committee.

7. Membership and attendance

Chair and Vice Chair

- Chief Corporate Officer (Chair)

In the absence of the Chair, the remaining members present elects one of their number to Chair the meeting.

Membership (subject to ICB Chair's approval as above)

- Chief Corporate Officer (Chair)
- Director of Corporate Governance, Communications and Involvement (Board Secretary)
- Director of Policy and Stakeholder Affairs
- Deputy Director of Health Equity and Inclusion
- Strategic Head of Involvement and Engagement/Involvement Manager
- Local Authority representative(s)
- Healthwatch Network representative(s)
- VCSE Partnership representative(s)
- Patient Participation Group representative(s)
- Carer representative(s)

- Learning Disability Network representative(s)
- Northern Cancer Alliance representative(s)
- Learning and Improvement representative(s)
- Child Health and Wellbeing Network representative(s)
- Local Maternity & Neonatal System representative(s)

Attendees

Only members of the subgroup have the right to attend meetings, however all meetings of the subgroup may also be attended by the appropriately nominated individuals who are not members.

The Chair may ask any or all of those who normally attend, but who are not members, to withdraw to facilitate open and frank discussion of particular matters. Other individuals may be invited to attend all or part of any meeting as and when appropriate to assist it with its discussions on any particular matter.

Attendance

Where a member of the subgroup is unable to attend a meeting, a nominated deputy may be agreed with the Chair. Conflicts of interest will need to be considered for any nominated deputies.

Where an attendee of the subgroup (who is not a member) is unable to attend a meeting, a nominated alternative may be agreed with the Chair (or Vice Chair in his/her absence).

8. Meeting Quoracy and Decisions

The subgroup will meet in private.

The subgroup will meet at least 4 times a year. Additional meetings may take place as agreed by the Chair (or Vice Chair in his/her absence).

The Quality and Safety Committee may ask the group to convene further meetings to discuss particular issues on which they want the subgroup's advice.

In accordance with the Standing Orders, the subgroup may meet virtually when necessary and members attending using electronic means will be counted towards the quorum.

Quoracy

As this is an assurance group quoracy is not required (as they are not a decision-making forum). The chair will decide whether there are enough members of the required disciplines at the meeting to ensure the meeting is meaningful.

Decision making

The subgroup is not decision making and does not have any financial delegated authority.

9. Behaviours and Conduct

ICB values

Members will be expected to conduct business in line with the ICB values and objectives. Members of, and those attending shall behave in accordance with the ICB's Constitution, Standing Orders, and Standards of Business Conduct Policy.

Conflicts of interest

In discharging duties transparently, conflicts of interest must be considered, recorded and managed. Members should have regard to the NHS guidance on managing conflicts of interest and the ICB Standards of Business Conduct and Declarations of Interest Policy.

Conflicts of interest must be declared and recorded at the start of each meeting. A register of interests is maintained by the ICB with an extract considered before and during each meeting. If a conflict of interest arises, the Chair may require the affected member to withdraw at the relevant point.

Equality and diversity

Members must demonstrably consider the equality and diversity implications of decisions they make.

10. Secretariat and Administration

The Chair is responsible for agreeing the agenda and ensuring matters discussed meet the objectives as set out in these terms of reference.

The group shall be supported with a secretariat function which will ensure that:

- The agenda and papers are prepared and distributed following agreement with the Chair.
- Any additional conflicts of interest are recorded and handled appropriately.
- Good quality minutes are taken in accordance with the standing orders and agreed with the chair and that a record of matters arising, action points and issues to be carried forward are kept and taken forward between meetings.
- If requested, the Chair is supported to prepare and deliver reports to the Parent Committee.

11. Review

These terms of reference will be reviewed at least annually and more frequently if required. Any proposed amendments to the terms of reference will be submitted to the Parent Committee for approval.