



**Patient & Public Voice (PPV)
Member of the Specialised Commissioning
Quality Assurance Implementation
Programme Board**

Information pack for applicants

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1 Members of the Specialised Commissioning Quality Assurance Implementation Programme Board

1.1 Making an application

Thank you for your interest in the appointment to become a member of the Specialised Commissioning Quality Assurance Implementation Programme Board. The appointment is for **two board members** who have a strong commitment to maintaining a patient focus on the quality of specialised services commissioned. These appointments are new, to join the recently formed Quality Assurance Implementation Programme Board (QAIPB).

The attached Annexes provide details on the role of members and the person specification, the role and responsibilities of the Programme Board and the selection process.

The Patient and Public Voice team, NHS England is managing this recruitment process.

To make an application please [apply on line](#).

The online form includes application questions and Equality Opportunity Monitoring questions. (The shortlisting panel will not receive your monitoring information).

Please note that correspondence will be primarily via email, unless other requested.

In making an application please note the following:

1.2 Your skills and experience

This section of the on line application is your opportunity to demonstrate how you meet each of the criteria set out in the person specification. You should aim to provide specific and detailed examples that demonstrate how your knowledge and experience matches each of the criteria, and which describe what your role was in achieving a specific result. It will also benefit the selection panel if you can be clear which particular evidence you provide relates to which criteria. Providing separate paragraphs in relation to each criterion is common practice.

1.3 Declaration of interests and ensuring public confidence

If you have any business or personal interests that might be relevant to the work of the Quality Assurance Implementation Programme Board (QAIPB) and which could lead to a real or perceived conflict of interest were you to be appointed, please provide details.

Should you be successful in your application, if there is anything in your professional history, that if brought into the public domain, may cause embarrassment or disrepute to the organisation, please provide further details.

Failure to disclose such information could result in an appointment being terminated – refer to the “Eligibility Criteria from appointment” section in Annex A.

1.4 Indicative timetable

Email out to networks and place on NHS England website: **w/c 6 June 2016**

Closing date: **12 noon 17 June 2016**

Provisional date for Interviews: **w/c 27 June 2016**

Confirmation of appointments: **w/c 4 July 2016**

NHS England must receive your completed on line application from by the closing date for applications. Late applications will not be accepted.

Shortlisted candidates will be invited to a short face to face or telephone interview with the SRO for the Programme Board/Head of the Quality Surveillance Team and the Project Manager.

Two references will be taken up for the successful applicant before involvement can commence.

The successful candidate will be invited to join the Quality Assurance Implementation Programme Board on Friday 15 July (10 – 12 noon) London.

1.5 Contacts:

If you have difficulty accessing the on line application form please contact england.voice-crg@nhs.net.

If you choose to apply, we would like to thank you in advance for your time and effort in making an application.

2 Annex A: Background – Quality Assurance and Implementation Framework – Specialised Commissioning

2.1 Background

The ambition of NHS England is to bring equity and excellence to the provision of specialised care and treatment. This is achieved through a commissioning process which:

- is patient-centred and outcome based. The patient must be placed at the centre of planning and delivery
- is fair, consistent throughout the country, ensuring that patients have equal access to services regardless of their location, and;
- improves productivity and efficiency.

The Quality Assurance and Improvement Framework (QAIF) provides an overarching framework for quality assurance of the specialised services commissioned. The QAIF is designed to underpin the delivery of NHS England's responsibilities in respect of quality and is integrated with the wider NHS England quality assurance activities. Thus the application of this framework does not alter existing responsibilities or accountabilities of commissioners.

Quality care is defined as a product of the three dimensions of clinical effectiveness, patient safety and patient experience. Quality assurance, as described in a publication by The Kings Fund in 2011 has a focus on four components:

1. Identification and Implementation of standards for clinical effectiveness, patient safety and patient experience of care.
2. Monitoring, evaluating and reporting of performance against standards.
3. Action: to share good practice or address concerns.
4. Evidence of closure of concern and continuous improvement.

This framework has been developed in accordance with the adoption of this definition.

The assurance framework captures and makes explicit the responsibilities of stakeholders for the individual quality assurance activities and describes the processes that stakeholders will employ to deliver on their quality assurance responsibilities.

For many specialised services, a policy and service specification are developed by Clinical Reference Groups (CRGs), using both clinical expertise and patient and public insight to support the definition of the service that users should experience.

Providers will need to use these specifications to design their delivery in order to ensure they are providing care that is of good quality.

Providers are required to routinely report how well their service delivers against core service specification measures. These returns are collated into service dashboards for review by hub and regional commissioners and to support local quality contract discussions. Additionally, this framework sets out how service specific (not organisation specific) data can be used by CRGs to provide advice in relation to variation of outcomes for services and advice for action by commissioners to address such variation.

The QAIF describes the role of the National Quality Surveillance Team and the Integrated Assurance Programme of work using the Integrated Assurance Programme Model.

The implementation of the QAIF will be overseen by a programme board that will, as part of its work review the QAIF to evaluate the framework and its implementation, assessing its effectiveness in delivering on the quality responsibilities of NHS England and on the ambitions of the Specialised Services Commissioning Strategy.

Patient experience is a key dimension of the Framework (section 3.2.4 of the document). The approach to the development of patient insights will be overseen by the Specialised Commissioning Quality Assurance Implementation Programme Board which will have patient and public representation as part of its core membership and will complement the contribution of PPV in specialised commissioning for example on the PPV Assurance Group; CRG and PoC Boards.

3 Appointment of Members of the Quality Assurance Implementation Programme Board

3.1 Importance of PPV partners

NHS England is committed to ensuring that public and patient voices are at the centre of shaping our healthcare services. Every level of our commissioning system needs to be informed by insightful methods of listening to those who use and care about our services. Their views should inform service development.

3.2 What is the role of PPV partners on the group?

PPV representation will bring important views, perspective and challenge into the Quality Assurance Implementation Programme Board. This role is essential in championing a service user, patient and/or carer/family viewpoint, ensuring that the needs of them are met through the outcomes of the programme.

The role of the PPV partner is to:

- Champion the diversity of PPV views, and not just to represent their own experience.
- Provide some critical friend challenge into the group.
- Champion and advocate for increasing patient and public awareness of the programme's outcomes and achievements.
- Work with the Programme Board to ensure patient views and experiences are captured to understand the quality of care being delivered
- Cascade back to and seek feedback from their wider networks on information from the Programme Board
- Attend meetings as regularly as possible, if representing an organisation, endeavouring to send a representative where they cannot attend
- To prepare for the meetings by reading and reviewing programme plans, papers, proposals and other associated documentation
- Provide specialist advice and make recommendations when necessary, relevant to their areas of expertise; either during face-to-face meetings of the group, or between meetings via email
- Take part in other meetings or events (face to face or teleconference/webinar) where participation is helpful for the work of the Programme Board as agreed.
- Comply with the Standards of Conduct, respecting the confidential nature of discussions when it is made clear by the Chair that this is a requirement.

To be considered, you must be able to demonstrate that you have the qualities, skills and experience to meet all the essential criteria for appointment.

3.3 Skills and experience required for this role

We are looking for individuals with experience/skills/understanding in

- Knowledge and understanding of specialised services in the NHS and how these are commissioned and organised and the challenges being faced.
- Experience of working in a Committee setting, and ability to contribute actively to the discussions and work of the group, including undertaking specific tasks or projects as appropriate, under the guidance of the Chair or sub group leads.
- Experience of advocating for patient engagement and involvement at a strategic level.
- Sees the bigger picture and can think and act strategically
- Has previous experience of giving a public, patient or carer perspective on health services
- A demonstrated commitment to improving the quality of patient outcomes and the quality of care pathways that include or link to a specialised service.
- A demonstrated ability to interact with multiple stakeholders at senior management level.
- Ability to understand and evaluate complex information.
- Ability to display sound judgement and objectivity.
- Ability to communicate verbally and in writing, via email and teleconference, with a variety of audiences including other patients, clinicians, commissioners and members of the voluntary sector
- Have an awareness of, and commitment to, equality and diversity
- Understand the need for confidentiality
- Ability to devote at least 1 day per month to the role
- Ability to attend meetings (in London) on a monthly basis for meetings.

3.4 Remuneration

- Members who are not representing an organisation will receive a fee of £150 per meeting, covering a half day meeting and a half day preparation/out of pocket expenses for PPV partners' policy
- Remuneration is taxable, and subject to National Insurance contributions, both of which are the individual's responsibility. Remuneration is not pensionable
- You may claim travel and subsistence expenses, which are properly and necessarily incurred in carrying out your role and responsibilities as member

of the QAIPB, in line with travel and subsistence policy and rates for the QAIPB. A copy of the policy and rates for NHS England is available on our website <http://www.england.nhs.uk/ourwork/patients/public-voice/>

- NHS England occasionally reviews its policy on expenses and involvement payments for patient and public voice representatives and the payments set out above are subject to change in accordance with and revisions or the development of a new policy

3.5 Time commitment

Programme Board meetings are scheduled to take place on a monthly basis (currently the third Friday of every month from 10 am – 12 noon). The meetings are anticipated to be held in London. There will be the potential to attend additional meetings periodically relating to the work of the Programme Board.

Preparation time will be required prior to the Programme Board meetings to read papers in order to actively participate in the sessions.

3.6 Tenure of office

Length of appointment will be to March 2017 and will be reviewed then.

3.7 Accountability

Members are appointed by the NHS England's Senior Responsible Officer and will be accountable to them/Chair for carrying out their duties and for their performance.

3.8 Eligibility criteria

There are circumstances in which an individual may not be considered for appointment. They include:

- a) Persons who have received a prison sentence or suspended sentence of 3 months or more in the last 5 years
- b) Persons who are the subject of a bankruptcy restrictions order or interim order, or a debt relief order or interim debt relief order under Schedule 4ZB to the Insolvency Act 1986
- c) Persons who have had an earlier term of appointment with a health service body terminated on the grounds
 - 1) That it was not conducive to the interests or good management of the body that the person should continue to hold office

- 2) That the person failed to attend a meeting of the body on three consecutive occasions
- 3) That the person failed to declare a pecuniary interest or withdraw from consideration of a matter in respect of which the person had a pecuniary interest
- 4) Of misconduct or failure to carry out the person's duties
- d) Anyone who is under a disqualification order under the Company Directors Disqualification Act 1986;
- e) Or anyone who has been removed from trusteeship of a charity.

3.9 Conflict of Interests

You should particularly note the requirement for you to declare any private interests which may, or may be perceived to, conflict with the role and responsibilities as the Member of QAIPB including any business interests and positions of authority outside of the role in QAIPB.

If appointed, you will also be required to declare these interests on appointment which will be entered into a register which will be physically available.

You will be expected to demonstrate high standards of corporate and personal conduct. All successful candidates will be asked to subscribe to the [Code of Conduct for Board Members of Public Bodies](#).

3.10 Diversity and equality of opportunity

NHS England values and promotes diversity and is committed to equality of opportunity for all.

4 Annex B: Quality Assurance Implementation Programme Board - role and responsibilities

The Quality Assurance Implementation Programme Board (QAIPB) has been established within Specialised Commissioning in order to deliver against the following strategic objectives:

- Develop and implement a quality assurance approach for specialised services through a Quality Assurance and Improvement Framework that connects to the wider quality agenda.
- Oversee a quality assurance programme of activities to deliver high quality health care for specialised services

The board is responsible for:

- Overseeing progress against agreed plan deliverables
- Managing programme level risks and issues – monitoring through the risk register and escalating as appropriate to the Specialised Commissioning Senior Management Team.
- Managing the critical dependencies of the programme
- Ensuring key project management documentation is in place in accordance with best practice methodology
- Endorsing key documentation, before appropriate approval (for example, by the SRO)
- Disseminating information to appropriate stakeholders
- Ensuring that the programme remains on course to deliver its final outcome.
- Identifying tools, guidance and mechanisms of support that will facilitate effective delivery of Quality assurance accountabilities within national, regional and hub teams.

This programme board does not replace or alter the local accountability arrangements for the management of quality assurance within regional or hub teams.

QAIPB is an NHS England committee.

5 Annex C: The Selection Process

We aim to deal with your application as quickly as possible. After the closing date for applications:

- You will receive an acknowledgement of receipt of your application by email within 5 working days.
- The panel will assess a candidate's application to determine who they believe best meet the criteria for the role. Please ensure that you provide evidence to support how you meet all of the essential criteria
- We will let you know whether or not you will be offered an interview. Due to the volume of applications we receive, we are not able to provide feedback to individuals not shortlisted for interview.
- Where a candidate is unable to attend an interview on the set date, an alternative date will only be offered at the discretion of the panel.
- The selection panel will be chaired by the Chair/Deputy Chair of the QAIPB, and the Project Manager (Quality Assurance).
- If invited to interview, the panel will question you about your expertise and ask specific questions to find whether you meet the competencies required.
- The panel will select the strongest applicant who they feel have demonstrated that they best meet the criteria set out in the person specification.
- If you are successful, you will receive a letter from the NHS England Senior Responsible Officer appointing you as Member of QAIPB, which will confirm the terms on which the appointment is offered
- If you are unsuccessful, you will be notified by the Specialised Commissioning Clinical Quality Team.
- We appreciate it takes a lot of time and effort to apply for roles and that feedback is a valuable part of the process.
- The time taken between short listing and a final appointment decision being made can sometimes take a number of weeks. Candidates will be kept informed of progress.
- Applicants are asked to provide suitable daytime and evening contact details.
- For further information on how we will manage the personal information that you have provided to us through your application, see Annex D

Queries

For queries about your application, or if you have difficulties in accessing the on line application form, please contact england.voice-crg@nhs.net

If you would like an informal discussion about this opportunity, please call Julie Godfrey, Project Manager (Quality Assurance) at NHS England on 07785 591401 or email julie.godfrey1@nhs.net

NHS England will aim to process all applications as quickly as possible and to treat all applicants with courtesy. If you have any complaints about the way your application has been handled, please contact england.voice-crg@nhs.net

6 Annex D: How we will manage your personal information

Your personal information will be held in accordance with the Data Protection Act1998. You will not receive unsolicited paper or electronic mail as a result of sending NHS England any personal information. No personal information will be passed on to third parties for commercial purposes.

When we ask you for personal information, we promise we will:

- Only ask for what we need, and not collect too much or irrelevant information ensure you know why we need it
- Protect it and insofar as is possible, make sure nobody has access to it who shouldn't
- Ensure you know what choice you have about giving us information
- Make sure we don't keep it longer than necessary
- Only use your information for the purposes you have authorised

We ask that you:

- Provide us with accurate information
- Inform us as soon as possible of any changes or if you notice mistakes in the information we hold about you

If you apply for a post, we will share some of the information you provide with the members of the selection panel for the post to which you are applying, so that your application can be assessed.

The diversity monitoring information you provide will not be used in the selection process and will therefore not be shared with the selection panel assessing your application at any stage.