

TERMS OF REFERENCE for PATIENT PANEL

Constitution

The Quality of Care Committee (QCC) hereby resolves to establish a Sub-Group to be known as the Patient Panel (PP) who will support the delivery of the best possible patient experience through collaborative working with the Trust.

Authority

The Patient Panel is authorised by the QCC to positively promote patient and public partnership within the Trust, providing the patient perspective on issues of discussion both within the Panel and in wider groups on which Panel members serve.

The PP is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the PP.

This authority is in accordance with the Health and Social Care Act 2012 and the NHS Constitution as updated in March 2012.

The Patient Panel does not have statutory delegated authority.

Membership

- On behalf of Ashford & St Peter's Hospitals NHS Trust, the Head of Patient Experience and Involvement or their deputy, and a representative of the Patient Experience Team to function as secretary.
- On behalf of the patients and the public, a maximum of 20 members recruited from the local community through a formal application and interview process. Such members will represent the diversity of the community and those who are considered to have protected characteristics. These can include Hospital Governors.
- On behalf of the patients and the public, representation of Healthwatch and/or any other such organisation whose aim is to advocate in health.
- The Panel will be chaired by an elected member or their designed deputy.

Membership will be a 2-year period, with a maximum of 2 terms (i.e. 4 years in total).

Attendance

Attendance of a Trust representative is essential. In the event that the Head of Patient Experience and Involvement cannot attend a meeting, the attendance of a fully briefed deputy of appropriate seniority will be arranged.

Panel members will be required to attend a minimum of 50% of the meetings per calendar year. In the event that this attendance is not achieved, ongoing panel membership will be discussed and agreed on an individual basis.

Quorum

The number of members necessary to conduct the meeting to exercise all or any of the authorities, powers and discretions invested in, or exercisable by the Panel is 8 members including the Chair or Deputy Chair.

Frequency and Conduct

The Panel will meet bi-monthly for period of two hours for 6 months of the year. (January, March, May, July, September, November)

Items for the Agenda should be submitted to the Secretary a minimum of one week prior to the meeting.

Agendas and papers will be circulated to members five working days before the meeting.

Minutes of meetings will be formally recorded by the secretary (a representative of the Trust) and sent in draft form to members for review and comments within 10 working days of the date of the meeting.

Members will be asked to formally approve minutes at the next meeting prior to them being signed by the Chair and published on the Trust website.

An action log will be kept. This will be shared with members and updated in-between meetings for review at each meeting.

Should members be unable to attend a meeting, written updates can be submitted up to the day of the meeting for inclusion in the minutes.

A record of organisational attendance will be kept by the Trust for audit purposes, to provide assurance regarding diversity and inclusion.

Membership and Terms of Reference will only be changed with the approval of the Panel and will be reviewed annually.

Duties

- To provide the perspective of patients and the public on health services provided by Trust both at Panel and various Trust Committees. This will include the perspectives of our diverse population and those who have protected characteristics (e.g. age, disability, gender, religion).
- To contribute to the quality improvement of Trust services by working in collaboration with Trust staff. This can include routine inspections, visits and surveys.

- To support the development and revision of patient focused Trust policies and strategies.
- To determine the priorities for patient surveys and focus groups as requested.
- To support patient engagement activities as requested by the Head of Patient Experience and Involvement.
- To support the development or revision of patient information, in various media within the Trust.
- To positively promote patient and public partnership through wider communication of activity through hospital and local community press.
- To enable the panel to undertake its remit and responsibilities, the Trust will:
 - a. Present members with engagement and consultation plans for work programmes at pertinent times for comments and feedback.
 - b. Communicate outcomes from engagement and consultation carried out for different work programmes.
 - c. Annually update the Patient Experience Plan for the Trust following assurance review by members of the panel to ensure it is fit for purpose and meets the needs of patients.
 - d. Invite members to join Trust committees and sub-committees.

Reporting

The Panel will report to the Patient Monitoring Experience Group (PMEG) via their minutes of meetings and an annual report.

Monitoring

To produce an annual report on activity and impact to the Patient Monitoring Experience Group and then the Quality Care Committee. Also, any Governor member may be required to attend the Patient Engagement Group (PEG) to report on activities.

Conflict of Interest

All individuals undertaking Panel responsibilities, as a member or in attendance, must declare any interests in accordance with the Trust's Standards of Business Conduct and Conflicts of Interest Policy.

It will be for the Chair to decide how declared interests are managed, including asking the individual to withdraw from the responsibility in some cases where issues are discussed, or decisions taken.