

Patients Council Terms of Reference



THE PATIENTS' COUNCIL

This document contains the latest version of the Patients' Council Terms of Reference. Amendments will be notified in accordance with the agreed guidelines.



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1 Overview

The Patients' Council is an independent group of patients from the northeast sector of Greater Manchester who came together to work in partnership with the Healthy Futures Programme. All work provided by the Patients' Council is on a voluntary basis.

The Patients' Council membership started in Bury, Heywood, North Manchester, Middleton, Oldham, Rochdale, and Rossendale and their surrounding areas. Executive members of the Patients' Council have a personal health condition(s) that has been in existence for more than seven years. This ensures members have a vast personal experience of both Primary and Secondary care services to draw on.

The Patients' Council is committed to working in partnership with local PCT's, NHS Trusts and the private sector in conjunction with the development of local health care services and patient pathways and other local health service providers to develop a patient-led NHS for people living within the north east of Greater Manchester.

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2 Objectives

The aims of the Patients' Council are to work towards improving local health services in-line with the agreed outcomes of the Healthy Futures and Making It Better Consultations.

The Patients' Council aims to:

- Be an independent patient led voice in reconfiguring and developing new health services including; care patient pathways, design and content of patient literature, communications to patient and voluntary groups and in assisting local health care providers in promoting change.
- Ensure delivery of the publicly approved option from the Healthy Futures and Making it Better consultations in 2006.
- Build strong community partnerships ensuring patients views are central to the development of new and old services.
- Ensure local health services for local people are accessible and available at the right time and place.
- Develop an improved health related transport system.

These aims will expand if the Executive Board believes they will benefit its involvement and representation of those it represents.



3 Membership

All members join via a range of ways including recommendations from current members, local PPI leads and by application direct to the Patients' Council offices. All members are interviewed in-line with the Patients' Council new members policy and subject to there being an available seat the Chair will offer such applicants a seat subject to the applicant being approved by the membership committee after meeting the member personal specification, references and a CRB check included.

3.1

Non-executive Members

Membership should be made up of patients who have personal experience of NHS services and whom have a medical condition of at least seven years. Although this will normally be people with chronic disease, to ensure adequate balance from carers and the young, this requirement may be reviewed in certain circumstances, for example, a young person under 21. The committee will be restricted to fourteen members per each of the four PCT areas within the north east sector of Greater Manchester.

3.2

Executive Members

The Executive Board will be made up of eight main board members, plus any paid officials, and must reside within areas the Patients' Council is operating within.

3.3

Co-opted /Temporary Members

Co-opted/Temporary membership will be offered to suitable persons with experience, knowledge and skills appropriate to the Patients' Council's objectives as and when required. Length of term will be defined at commencement of appointment or subject to a 3-month review. These members have no voting rights.

3.4

Associate Members

Associate membership will be extended to local health care provider's representatives, voluntary organisations representatives on an "as and when needed" basis (subject to the Chairs approval). This will include the Public Panel members. These members will provide feedback and information to the Patients' Council but will have no voting rights.



4 Terms of Reference

The Patients' Council is intended to provide informal feedback to; the Healthy Futures Team, the four area PCTs (Bury PCT, Heywood, Middleton and Rochdale PCT, Manchester PCT, Oldham PCT) and Pennine Acute Hospital Trust on any issues/concerns brought to the attention of the Patients' Council which relate to the Healthy Futures and Making It Better Programmes.

Executive members will decide on activities to be taken on by the Patients' Council. If the Patients' Council are approached to carry out funded project work this will need to be ratified by 33% of the Executive Board. Executive members will carry out a full assessment of all projects to ensure that such projects taken on meet with the Patients' Council aims and ethos.

Members will undertake roles, duties and responsibilities in line with requirements of the Patients' Council. The Patients' Council will always take regard of members commitments elsewhere, but require the member once accepting responsibilities etc to carry them out with due diligence to ensure the Council's business is completed within time constraints of the current tasks. The Council will endeavour to ensure a minimum of two members share tasks to ensure ongoing cover.

- To attend both Patients' Council meeting and other local groups meeting where it is deemed appropriate to ensure the Patients' Council local partnership work is maintained and extended.
- Participation on decision-making meetings with such committees as requested.
- Network with other panels and Patients' Council groups where possible and time permitting, to obtain good practice guidance.
- To attend public meetings from time to time as deemed necessary and to ensure that such public meetings are made aware of the Patients' Council and its role, and to report to the full Council any information from these meetings as such Council members deem appropriate.
- To assist in media coverage as deemed appropriate by the committee from time to time.
- To assist in market research for the Patients' Council as deemed appropriate.
- Be available to represent the Patients' Council on health care and transport work-streams and working groups.
- All members will remind members for as long as they are able to serve the Patients' Council in its efforts to build a patient led NHS and conforming to the membership rules.
- Provide patient representation on the five Healthy Futures work-streams which have 44 sub-groups which also require patient representation (see appendix 1).
- Provide patient representation on the Healthy Futures Transport Action Group.



- Support PPI Leads in attending public events, road-shows, sheltered accommodations, community groups, etc to keep the public up to date on the Implementation stages of the Healthy Futures and Making It Better Programmes.

The Patients' Council intends to evolve over time to become a not for profit social enterprise, to allow the Patients' Council to offer more services to health care providers, amendments to these terms of reference will be made by executive members and non-executive members will be notified of such amendments.

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5 Mode of Operation

5.1

Meeting Frequency

The NE sector of Greater Manchester Patients' Council will hold monthly meetings, not including the month of August.

The Executive Board will hold bi-monthly meetings, not including the month of August.

Sub-groups may be identified for responses to specific issues and a chair for each sub-group should be allocated accordingly. Any identified sub groups will meet as required to deliver their projects on time.

Any open meetings will be advertised in advance when and where deemed necessary.

5.2

Meeting Venue

Meetings will be held at the Masonic Hall in Middleton.

5.3

Agenda

The agenda will be sent out to arrive with members one week prior to all meetings.

5.4

Apologies

Apologies for absence are to be forwarded as soon as is practicably possible to Patients' Council Secretary/Administration Officer via usual contacts.

The Council reserves the right to replace members who have been absent at meetings on four consecutive occasions without apologies.

5.5

Guest Attendance Rules

Persons who are not members of the Council may attend the Patients' Council and subgroups as a guest at the invitation of the appropriate chair. Such membership entitles these persons to observe and contribute to open discussions within the meeting but does not offer them a right to vote. Such persons are governed by the Patients' Council code of conduct.

5.6

Quorum

Minimum of Chair or Acting Chair plus 25% of membership for any voting.



5.7

Authority

Final decisions rest with the executive board, in the case of a split vote the chair will hold the casting vote.

In case of a complaint the membership committee will deal with all such issues, matters that cannot be dealt with by the membership committee will be referred to the executive board where their decision will be final.

5.8

Reporting procedures

Both the executive and non executive committees will produce a monthly record of its meetings which will be published on the Patients' Council website once such agreed monthly records have been approved. These will incorporate a brief up-date on all current projects

5.9

Safeguarding

The Patients' Council will operate the Standard Disclosure checks, which will ensure members have been checked for working with children and vulnerable adults. The cost of these checks will be at the expense of the member.

5.10

Conflicts of Interest

All members must declare any potential conflicts of interest linking to paid or voluntary work that could be deemed conflicts of interest.

5.11

Website

This is to be run by members and should be updated on a frequent basis.

5.12

Conduct at Meetings

By accepting the position as a Patients' Council member you are deemed to agree to the membership rules as stated below:

- All questions will be addressed through the chair.
- All mobile phones will be switched off or placed on silent during meetings.
- Executive membership entitles you to a vote on matters requiring Council permission on the executive board and committee meetings.
- Non Executive membership entitles you to a vote on matters requiring the Patients' Council committee meetings.
- Members wishing to put forward for discussion any questions, which have not previously been submitted for inclusion within the agenda should either bring these



matters to the attention of the chair at the prior to the commencement of the meeting in order that they may be considered under any other business. Alternatively, a phone call/e-mail submitted to the Chair/Agenda Secretary to request that such items be listed for discussion on the next available agenda.

- Members must at all times give other members the opportunity to finish expressing their opinion before commencing to add theirs and at all times respect other people's views.
- The opinions of every member will at all times be respected during open discussions.
- Members must at all times keep to discussion of items included within the agenda.
- At no time will any member of the Patients' Council be offensive to any other member or to any visitors invited to attend Council meetings. Breach of this rule will result in the first incidence of the member being asked to leave for the remainder of the meeting. Persistence of non-acceptable behaviour may result in the Patients' Council terminating that individual's membership of the Patients' Council.
- Patients' Council members need to be fair and open minded about all proposals placed in front of them for consideration.
- When speaking as a member of the Patients' Council to any format of audience or media, the Patients' Council member must only express the views of the Patients' Council and no personal views must be expressed.
- When attending meetings as a guest, speaker or a member of the audience, at no time should the Patients' Council member act in an improper manner.
- Members are restricted from divulging information that is classified as confidential to the Patients' Council to any other source unless approval is obtained in writing from the chair.
- No member of the Patients' Council will give an interview directly to the media without approval from the chair on Patients' Council business.

5.13

Discipline Procedure

The Patients' Council wishes to ensure high standards from its members. The Discipline Procedure enables the Patients' Council to take appropriate action against you where your conduct is unsatisfactory. However, the Patients' Council abides by a number of principles to ensure that any member's subjected to disciplinary action receives consistent and fair treatment:

Principles

Any complaint made against you will be fully investigated and no disciplinary action will be taken until you have been informed of the nature of the complaint and given the opportunity to make representations at a disciplinary meeting.

You will at all times have the right to be accompanied by a fellow member of the Patients' Council of your choice at any disciplinary or appeal meeting.



Whilst the Patients' Council will make all reasonable efforts to ensure that you are present at any disciplinary hearing, in case of absence exceeding fourteen days then the Patients' Council has the right to hold the hearing in your absence, in which case you may make written representations.

Wherever possible the Patients' Council will use its best endeavours to keep all details relating to any disciplinary investigation or procedure confidential.

The Procedure

The Patients' Council membership secretary will deal with minor problems but if the matter is more serious, the following procedure is used:

Stage 1 – Verbal Warning

If your conduct has been unsatisfactory, the membership secretary will normally give you a formal verbal warning. You will be informed of the reason for the warning. A note of the verbal warning will be kept on your membership file but will be considered “spent” for disciplinary purposes after a period of 6 months unless, otherwise specified.

Stage 2 – Written Warning

If a serious disciplinary matter occurs or if there has been a failure to improve following a previous verbal warning, you will be given a formal written warning. The written warning will give details of the complaint, the improvement required from you and the period in which it has to be achieved. It will also warn that a final written warning may be issued if there is no satisfactory improvement within the required period and will advise of the right to appeal. A note of the warning will be kept on file but will be considered “spent” for disciplinary purposes after 12 months, unless otherwise specified.

Stage 3 – Final Written Warning

If there is insufficient improvement following a written warning or if there is misconduct that is serious enough to warrant only one written warning, a final written warning may be given to you. This will give details of the complaint and will warn that dismissal, or some other action short of dismissal, may result if there is no satisfactory improvement within a particular period. It will also advise of the right to appeal. A note of the warning will be kept on file but will normally be considered “spent” for disciplinary purposes after a period of 12 months, unless otherwise specified.

Stage 4 – Dismissal

If you fail to meet, the standards required of you, or if there is gross misconduct, dismissal will normally result. A decision to dismiss can only be taken by the Chairman. If the Patients' Council is considering dismissal, you will be given a written statement prior to the formal disciplinary meeting, setting out the reasons for the proposed course of action. The issues will be fully discussed at the meeting and you will be informed in writing of the outcome.

If you are dismissed, you will be provided with written reasons for dismissal, the date your termination and details of any notice pay to which you are entitled. You will also be informed of your right to appeal.

The Patients' Council reserves the right to enter this procedure at any stage if your misconduct warrants such action.



Gross Misconduct

The following is a non-exhaustive list of examples that are normally regarded as gross misconduct:

- Theft, fraud, deliberate falsification of records
- Physical violence including fighting and assault on another person
- Deliberate damage to property or property belonging to any member
- Serious incapability through alcohol
- Abuse of drugs
- Negligence which causes significant damage to the Patients' Council image
- A serious act of insubordination
- Serious misuse of the Patients' Council computing, telephone or postage facilities
- Sexual, racial or disability harassment
- Disclosure of confidential information
- Dishonest use of the Patients' Council property or name
- Bringing the Patients' Council into disrepute

If gross misconduct is alleged against you, the Patients' Council may suspend you pending investigation of the matter. You will be given a written statement prior to the formal disciplinary meeting, setting out the reasons for the proposed course of action. The issues will be fully discussed at the meeting and you will be informed in writing of the outcome. If, following investigation and after a full disciplinary meeting, the Patients' Council is satisfied that there has been gross misconduct, the outcome will normally be summary dismissal.

Appeals

You have the right to appeal against any warning, suspension or disciplinary dismissal within five working days. The Chairman will hear all appeals.

You will be informed in writing of the date of any appeal and you will be entitled to bring a fellow Patients' Council member with you to the appeal hearing. The Chairman may decide the matter at the hearing or adjourn the hearing for further investigation or for further consideration. You will be informed of the outcome of any appeal hearing, in writing, as soon as possible and such decision is final.

5.14

Expenses

Any reasonable expenses incurred whilst attending meetings/events will be paid for as approved by the chair where appropriate unless otherwise advised by the central office. Members are required to use their own transport where possible and can claim 23p per mile. The Patients' Council encourages car sharing schemes and offers a rate of 30p per mile when members car share where possible. When no personal transport is available, a taxi will be booked upon receipt of a completed taxi request form.



Reviews

Membership and terms of reference of the group will be reviewed on an annual basis.

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Appendix 7.1 – List of Healthy Futures Work-streams and sub-groups

Work-stream	Sub-groups
CANCER	Breast
	Lung
	Head and Neck
	Haematology
	Skin
	Gynaecology
	Radiation Oncology
	Upper GI
	Urological
	Colorectal and Lower GI
LONG TERM CONDITIONS	Anticoagulation Services
	Diabetes/Endocrinology
	HIV/Infectious Disease
	Pain Management
	Palliative Care
	Renal Services
	Respiratory Services
	Rheumatology
	Stroke Services
	Therapies/Rehabilitation
SCHEDULED CARE	Dental
	Dermatology
	ENT
	Neurology
	Ophthalmology
	Oral and Max Facial
	Orthopaedic
	Plastics
	Urology
	Vascular
	General Surgery
UNSCHEDULED CARE	Orthopaedic Trauma
	Urgent Care
	Acute COPC
	Gastroenterology
	General Acute Medicine
	General Acute Surgery
	Cardiology
	Sexual Health
	Critical Care/ICU
WOMEN'S AND CHILDREN	Neonatal
	Community Midwifery
	Obstetrics and Maternity
	Gynaecology