

NHS LINCOLNSHIRE EAST CLINICAL COMMISSIONING GROUP
PATIENT COUNCIL
TERMS OF REFERENCE
SEPTEMBER 2018

1. INTRODUCTION

1.1 Lincolnshire East Clinical Commissioning Group's (LECCG's) Patient Council is established as part of the governance arrangements of the CCG. These terms of reference define the purpose of the Patient Council; its membership; roles and responsibilities and accountability. The Patient Council operates with delegated authority for decision making as a sub-committee of the CCG.

2. PURPOSE

2.1 The Patient Council exists to provide assurance and scrutiny in relation to the CCG's duties to communicate and engage with patients and the public under the Health and Social Care Act 2012.

2.2 The Patient Council acts as a representative body for patients and the public through a membership of representative organisations and individuals.

2.3 The Patient Council also:

- Provides feedback on health and care issues and services through the involvement of groups and individuals who represent other patients and members of the public.
- Provides scrutiny and challenge of the CCG's plans for communications and engagement.
- Reviews the CCG's policies and plans, representing the interests of patients and the public.
- Acts as the conduit of information between the CCG and wider communities, groups and networks of patients and members of the public.
- Acts as the voice of the patient, providing advice and challenge on a range of issues.

3. MEMBERSHIP

3.1 Membership will be regularly reviewed to ensure that the Patient Council remains a representative group. Patient and public representatives attend Patient Council on behalf of the group or network they represent. The CCG is currently reviewing further representation from patients from the Hidden Voices conference and young people via school councils.

3.2 The Patient Council will have the following membership:

- LECCG Lay Member for the patient and public involvement (Chair)
- PPG representatives from LECCG member practices
- A patient representative from Lincolnshire Partnership NHS Foundation Trust
- A patient representative from United Lincolnshire Hospitals NHS Trust
- A patient representative from Lincolnshire Community Health Services NHS Trust
- LECCG Chief Nurse or Deputy
- A representative from the Practice Manager's network
- GP representative
- Communications and Engagement representative
- LECCG Senior Locality Manager or Locality Manager
- Carer's representative
- Healthwatch representative.

The CCG also receives regular reports from the Parent Carer Forum.

4. FREQUENCY OF MEETINGS

4.1 Meetings will be held quarterly in Line with the Quality and Patient Experience Committee (QPEC).

5. ACCOUNTABILITY AND REPORTING ARRANGEMENTS

5.1 The Patient Council is accountable to the Governing Body of LECCG and reports in via the Quality and Patient Experience Committee (QPEC). Patient Council Chair Exception reports will be presented to each Quality and Patient

Experience Committee which will then feed in to the Governing Body, as appropriate.

6. DELEGATED AUTHORITY

6.1 The Patient Council does not have statutorily delegated authority. The Patient Council reports to the Quality and Patient Experience Committee (QPEC) who retain the delegated authority to act on behalf of the Governing Body as set out in their terms of reference.

6.2 On occasion where the Patient Council representatives raise issues which require further authorisation than the remit of the Patient Council the following process will apply:-

- The Patient Council Chair / CCG Lead will escalate the concern or issue to QPEC or, if appropriate, Governing Body for consideration and agreement of action. Their response will be fed back to Patient Council.
- If the concern or issue require external escalation (for example NHS England or Department of Health and Social Care) the Patient Council Chair will write on behalf of the patient representatives. Voting details of the number of patient representatives who voted for and against the decision will be documented. The CCG will endeavour to support patient representatives through the appropriate processes and signposting.

7. CODE OF CONDUCT/MEETING ETIQUETTE AND GROUND RULES

7.1 The following Meeting Etiquette & Ground Rules will be followed by all members of the Patient Council:-

- This meeting is not a forum for individual complaints and single issues, and the Patient Council should not be seen as a complaint platform.
- As per confidentiality rules, no personal issues should be discussed.
- All views are valid, everyone's views must be listened to and respected.
- No discrimination will be tolerated by the Patient Council.
- The meeting will be an open, safe and honest environment.
- All members will be treated with respect and have a chance to air their views.

- Members will respect each other, the practice, their staff members and confidentiality at all times.
- The group will commit to delivering results for the Patient Council.
- Mobile phones will be switched off or put on silent to not disturb the meeting.
- The meeting will start and finish on time.
- All members will stick to the agenda to be discussed.

8. NOLAN PRINCIPLES

8.1 The Patient Council will comply with the 7 Nolan Principles. Although voluntary, membership to the Patient Council is a responsible public position, members will represent the voice of patients' registered at a practice. The Patient Council is therefore governed by the 7 Nolan principles of public life, as identified below:-

1. **Selflessness** - Holders of public office should take decisions solely in terms of the public interest. They should not do so in order to gain financial or other material benefits for themselves, their family, or their friends.
2. **Integrity** – Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might influence them in the performance of their official duties.
3. **Objectivity** – In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.
4. **Accountability** – Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.
5. **Openness** – Holders of public office should be as open as possible about all the decisions and actions that they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.
6. **Honesty** – Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.

7. **Leadership** – Holders of public office should promote and support these principles by leadership and example.

9. MEETING CHAIR ARRANGEMENTS

- 9.1 LECCG Patient Council is chaired by the CCG's Lay Member for Patient and Public Involvement.
- 9.2. In the absence of the CCG's Lay Member for Patient and Public Involvement, the meeting will be chaired by a Deputy Chair, who will be elected annually from patient members of the Patient Council. The Deputy chair will be required to submit an expression of interest to the CCG and attend three out of four Patient Council meetings in the year. Re-elections for the Deputy Chair role will take place on an annual basis.

10. ADMINISTRATION

- 10.1 Administration support is provided by the CCG and meeting minutes will be disseminated to all members within one month of the meeting. Papers for each meeting will be available to view on the Virtual Patient Council via the LECCG website.

11. EXPENSES

- 11.1. Reimbursement of travel expenses for volunteer members of the Patient Council will be paid in line with the Lincolnshire East Patient and Public Involvement Reimbursement Policy, which is available on the CCG's website.

12. REVIEW AND MONITORING

- 12.1 The Terms of Reference and Patient Council effectiveness will be reviewed annually by the Patient Council unless otherwise determined by the Council or Governing Body.

Date of review: Revised September 2018

Date of next review: September 2019

Election of Deputy Chair: To take place at the Patient Council meeting being held on 28 November 2018