

## Regional Centre for Teaching, Trauma & Tertiary Care Patient and Public Design Panel: Terms of Reference

### 1. Introduction

Section 242 of the Health and Social Care Act 2007 placed a duty on NHS trusts, PCTs and SHA to make arrangements to involve and consult patients/the public not only about proposed changes but in the development of plans prior to these proposals. This imperative was strengthened by the Local Government and Public Involvement in Health Bill (December 2006), Moreover, the NHS Constitution (January 2009) under right 20 specifies the following:

*“You have the right to be involved, directly or through representatives, in the planning of healthcare services, the development and consideration of proposals for changes in the way these services are provided, and in decisions to be made affecting the operation of these services<sup>1</sup>.”*

One of the ways 3Ts plans to meet this requirement is by setting up a Patient and Public Design Panel, (as agreed by the Programme Board in July 2009).

### 2. Purpose

The Patient and Public Design Panel (thenceforward referred to as “the Panel”) will assist in the design of an effective and fully functioning hospital.

The Panel will have the opportunity provide advice on the following areas:

- single patient rooms and en suite bathrooms/toilets
- ‘stand alone’ toilets/baby change
- patient waiting areas and reception
- Outpatient consulting/examination rooms
- ‘pass through’ changing rooms, eg. for CT scans

The Panel will be responsible for ensuring that the concerns of those patient and public representatives who sit on the Panel are raised with the Trust during implementation and any issues which can not be resolved are brought to Core Team’s attention for necessary action.

The Panel will also provide advice as required on issues which relate to the provision of better patient care such as disability access, patient transport, information requirements and other systems issues which may arise.

### 3. Governance

The Panel is a subcommittee of the Core Team which reports to the 3Ts Programme Board.

The Panel will be responsible for ensuring that the views of the public and patients regarding design and access and clinical care issues are fed into the Design Team via Core Team.

The Panel will operate in such a way that all members can participate fully, regardless of physical or mental disability

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<sup>1</sup> P.19 (Department of Health) NHS 2010-2015: from good to great. preventative, people -centred, productive. CM 7775

The Panel is required to submit periodic performance monitoring reports to the Trust Board, eg. through the Board's regular 3T updates. The committee will meet as frequently as required to achieve its objectives, likely every month initially. It may co-opt members and establish subcommittees as required to complete its programme of work.

The minutes of the Panel shall be formally recorded and presented to the Core Team for approval. For meetings to proceed, one of the following members must also be present;

- Associate Director
- Patient Experience Manager

#### **4. Membership**

The Panel will consist of at least 4 members of the public who meet at least three of the following criteria:

- Patients of BSUH who live in the catchment area i.e. Brighton and Hove, East and West Sussex.
- People who have cared for/ supported someone who has been a patient at BSUH
- People who can access views and represent other local patients or are LINKs representatives from the catchment area
- People who can spare 2/3 hours per month and live in the BSUH catchment area
- People who have relevant experience of participating in a working group and live in the catchment area.
- People who have experience or an interest in health related design and live in the BSUH catchment area.

This group will be administratively supported by the following:

- AD, 3T Head of Programme Office & Governance (chair) BSUH
- Patient Experience Manager BSUH.

Anna Barnes  
4<sup>th</sup> February 2010