

PATIENT, CARER and PUBLIC INVOLVEMENT

Reimbursement of Expenses Policy

July 2018

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If this document has been printed or saved to another location, you must check that the version number on your copy matches that of the document online.

Name of Policy:	Patient, Carer and Public Involvement Reimbursement of Expenses Policy
Date Issued:	September 2018
Date to be Reviewed:	September 2020

Policy Title:	Patient, Carer and Public Involvement Reimbursement of Expenses Policy	
Supersedes: (Please List)	Engaging with Patients and the Public Including Reimbursement of Expenses Version 1.0	
This policy will impact on:		
Policy Area:	Public and Patient Involvement	
Version No:	2.0	
Author:	Christine Ebeltoft	
Effective Date:	September 2018	
Review Date:	September 2020	
Equality Impact Assessment Date:		
APPROVAL RECORD		Date:
Consultation:		

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1. INTRODUCTION

If the services provided, commissioned or contracted by Hull CCG are to be effectively and appropriately developed; the patient and public unique perspective needs to be at the centre of the discussions. The CCG is committed to involving patients, carers and the public in the planning, delivering and monitoring of local health services

2. SCOPE

This policy applies to all employees of the CCG and staff who are seconded to the CCG; contract and agency staff and any individual working or volunteering on CCG premises or at a venue or location as required by CCG officers.

3. POLICY PURPOSE AND AIMS

This policy provides guidance on the CCG's approach to providing reimbursement to patients, carers and the public who give up their time to get involved in the recognition that they should not be out of pocket with their expenses.

4. IMPACT ANALYSIS

4.1 Equality

The CCG is committed to:

- Eliminating discrimination and promoting Equality and Diversity in its Policies, Procedures and Guidelines and
- Designing and implementing services, policies and measures that meet the diverse needs of its population and workforce; ensuring that no individual or group is disadvantaged.

4.2 Bribery Act 2010

NHS Hull Clinical Commissioning Group has a responsibility to ensure that all staff are made aware of their duties and responsibilities arising from The Bribery Act 2010.

The Bribery Act 2010 makes it a criminal offence to bribe or be bribed by another person; by offering or requesting a financial or other advantage as a reward or incentive to perform a relevant function or activity improperly performed. The penalties for any breaches of the Act are potentially severe. There is no upper limit on the level of fines that can be imposed and an individual convicted of an offence can face a prison sentence of up to 10 years.

For further information see <http://www.justice.gov.uk/guidance/docs/bribery-act-2010-quick-start-guide.pdf>.

Due consideration has been given to the Bribery Act 2010 in the development of this policy (or review as appropriate) of this policy document and no specific risks were identified.

5. NHS CONSTITUTION

The CCG is committed to:

- The achievement of the principles, values, rights, pledges and responsibilities detailed in the NHS Constitution.
- Ensuring they are taking account of in the production of its Policies, Procedures and Guidelines

This Policy supports the NHS Constitution by committing to put patients at the heart of its decision making.

6. ROLES / RESPONSIBILITIES / DUTIES

Directors

Directors are responsible for ensuring organisational compliance with the duty to involve carers and the public on a voluntary basis in the planning, design and evaluation of services.

Project Lead

Project leads are responsible for providing the participant with contact details to obtain information on the implications on benefits of receiving reimbursement of expenses.

Project leads also have a responsibility to provide expense claim forms to participants and support the completion of forms if required; refunding small amounts of expenses from petty cash on the day of the activity (considering availability of petty cash in advance). Larger amounts will be paid as quickly as possible in a payment method appropriate for the participant. They will ensure that this is done in a confidential and sensitive manner, acknowledging a need for privacy.

All Staff

All staff are responsible for adequately supporting and recognising the contribution made by patients and members of the public engaged voluntarily in CCG activities.

Managers

Managers are responsible for ensuring that appropriate Engagement activity takes place and that both staff and those engaged voluntarily in the CCG activities are appropriately supported and participants are reimbursed where applicable.

Participants

Participants are responsible for completing the expense claim form with all the necessary information attaching receipts and submitting these in a timely manner.

7. PRINCIPLES OF INVOLVEMENT & REIMBURSEMENT

The CCG is committed to offering involvement opportunities to all its population including carers, people with disabilities and those individuals with additional needs. Reimbursement of costs incurred as part of the involvement activity will always be viewed positively and takes into account any financial implications for the individual.

8. INVOLVEMENT

The contribution patients, carers and the public make will be recognised and valued. This can be done in a variety of ways; for example, being thanked, providing positive feedback and acknowledgement, practical assistance, training, personal development or seeing the impact of the work and changes made as a result of involvement.

Patients and the public will be given the right information at the right time to be able to make an informed choice about how and on what terms they want to be involved.

Commissioners will discuss and agree with participants the terms of involvement prior to them committing to it. Involvement in unpaid activity does not require the participant to register as a volunteer.

Individuals will not be left out of pocket or put at risk of being financially worse off as a result of their involvement.

9. TRAINING AND SUPERVISION

Training and supervision are essential in enabling people to develop their skills and contribute effectively. Where possible, training will be provided jointly with staff to promote shared working, experiences and viewpoints.

Each engagement activity will have a named Project Lead who will be responsible for identifying the individuals to be engaged and supporting them through the engagement activity.

Where the engagement activity is one-off or ad hoc, the Project Lead will:

- Liaise with the Engagement Manager to consider appropriate mechanisms to invite participation.
- Identify any training needs for participants.
- Facilitate preparation for specific tasks.
- Offer individual support as and when required.
- Consider reimbursement of expenses in accordance with this policy.
- Offer a review of the participation activity undertaken on a regular basis.
- Ensure that the participants are fully briefed on their role prior to the task being started.
- Ensure participants are given all relevant documentation and background information.
- Ensure communication and access needs are addressed.
- Be available to meet with the participants at an agreed time before the activity and address any specific concerns or questions.
- Ensure the participant(s) are supported fully during the activity.
- Meet with the participant(s) after the activity takes place.
- Thank the participant(s) for their involvement and keep them informed of subsequent outcomes.

10. CATERING / SUBSISTENCE

Where catering is required, the CCG will normally arrange for all catering to be provided for the participants at the meeting/event so individuals will rarely be expected to incur individual subsistence expenses. However, in the rare instances where these may need to be reimbursed; the rates of reimbursement will be in line with the current NHS Agenda for Change Handbook.

Reimbursement

A wide range of patients, carers and the public with different needs and experiences will be encouraged and supported to be involved. The way that reimbursement of expenses is settled should not needlessly create barriers that deter them from being involved.

Reimbursement for costs incurred through the use of an individual's own transport will generally be paid at the rate of 45 pence per mile. This is in line with the NHS Employees Agenda for Change Reserve Rate for non-business essential travel.

The CCG will also reimburse passenger costs at 5 pence per mile and will refund direct costs incurred through use of public transport upon receipt of a valid ticket. If an individual has special transport requirements these should be requested via the CCG who will make alternative arrangements.

The amount of reimbursement for mileage will normally be calculated from the participant's usual home address to the event and return. Any deviation from this should be disclosed at the earliest opportunity and appropriate payment agreed with the Project Lead.

Parking/speeding fines and/or loss of personal belongings will not be reimbursed by the CCG.

Other Reimbursements

Where any other expenses need to be incurred, these should be agreed in advance and, if approved, will be reimbursed through the reimbursement claim form.

Links to Benefits

On the whole, reimbursement of travel expenses does not affect patients and the public in receipt of benefits.

How to Claim

Paperwork is necessary to safeguard both the CCG and the participant. It will therefore be accessible and easy to understand. Paperwork to claim reimbursement will be kept to a minimum and payment will normally be made through the participant's bank account.

Individuals will be asked to complete the declaration form (Appendix 1) and will receive payment within 30 days.

The Project Lead will:

- Provide the participant with contact details to obtain information on the implications on benefits of receiving reimbursement of expenses.
- Give help with the completion of expense claim forms if required.
- Ensure that this is done in a confidential and sensitive manner, acknowledging a need for privacy.

The Participant will:

- Complete the expense claim form with all the necessary information and attach receipts.
- Inform the Project Lead at the earliest opportunity if unable to attend for any reason.
- Follow guidance from the Project Lead on the general conduct of the activity.
- Act as a critical friend, helping the Project Lead to have a constructive discussion and explore both the positive and the negative aspects of issues raised.

11. CODE OF CONDUCT

The principles listed below make up the Code of Conduct and reflect a summary of the expectations attached to contributing to the NHS in any unpaid capacity.

- Involvement necessitates respect for all others, be they staff, other volunteers, patients, service users/carers.
- Individuals/groups must be recognised and respected for their own beliefs, irrespective of whether they differ from our own.
- Cultural and ethnic diversity must be acknowledged and valued. At all times equality and fairness must be promoted.
- Discrimination of any kind (be it direct or indirect) will not be tolerated.
- Language or actions perceived to be aggressive, intimidating or abusive will not be tolerated.
- Practice in a non-judgemental manner and not to impose our own beliefs, values or opinions on anyone else.
- The highest regard for confidentiality must be understood and maintained (including the protection of patient identification and respect for privacy)

- Share any concerns we may have (be it related or of a personal nature) with the appropriate staff contact.

12. CONCERNS, COMPLAINTS AND DISPUTES

If either the participant or Project Lead has a concern, complaint or dispute in relation to reimbursement; these should be resolved locally between the participant and their Project Lead.

If either side feels the need for third party involvement, a member of the engagement team should be informed. They can then discuss with those concerned the options available and how to take the matter forward. If necessary, the CCG complaints process should be followed.

13. MONITORING AND EFFECTIVENESS

The effectiveness of this Policy will be monitored by the Engagement Manager (Community).

14. REVIEW

This Policy will be reviewed within two years from the date of implementation. The reimbursement rates will also be reviewed on a regular basis in line with national guidance.

Minor amendments (such as changes in title) may be made prior to the formal review; details of which will be monitored/approved by Hull CCG.

Such amendments will be recorded in the Register and a new version of the document issued.

APPENDIX 1

REIMBURSEMENT DECLARATION FORM

NAME (Please Print): _____

HOME ADDRESS: _____

_____ Post Code: _____

Email: _____ Tel/Mobile No: _____

Event(s):	Venue:	Date:

BANK DETAILS

Name of Bank: _____ Sort Code: _____

Account Holder: _____ Account No: _____

TRAVEL EXPENSES (Please attach tickets or receipts)

- Rail Fare (Standard Class) £ _____
- Bus Fare £ _____
- _____ miles @ 45p per mile £ _____
- Passenger _____ miles @ 5p per mile £ _____
- Parking £ _____
- Taxi Fare* £ _____
- Other (please describe below) £ _____

**State reason taxi required, e.g. mobility problems, rural transport problems, late night/early morning travel*

• **TOTAL CLAIM** £ _____

I declare that this claim is true and correct and the result of travel undertaken at the request of Hull Clinical Commissioning Group (CCG).

Signed: _____ **Dated:** _____

Approved by: _____ **Job Title:** _____

**Please send this completed form to Engagement Team
FREEPOST RTGL-RGEB-JABG**

**NHS Hull Clinical Commissioning Group
2nd Floor, Wilberforce Court, Alfred Gelder Street, Hull, HU1 1UY**

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HR / Corporate Policy Equality Impact Analysis:	
Policy / Project / Function:	
Date of Analysis:	
Completed by: (Name and Department)	
What are the aims and intended effects of this policy, project or function?	
Are there any significant changes to previous policy likely to have an impact on staff / other stakeholder groups?	
Please list any other policies that are related to or referred to as part of this analysis	
Who will the policy, project or function affect?	
What engagement / consultation has been done, or is planned for this policy and the equality impact assessment?	
Promoting Inclusivity and Hull CCG's Equality Objectives. How does the project, service or function contribute towards our aims of eliminating discrimination and promoting equality and diversity within our organisation? How does the policy promote our equality objectives: 1. Ensure patients and public have	

Comment [WU1]: Details around equality can be found on the CCG Website at <http://www.hullccg.nhs.uk/pages/equality-and-diversity>
Alternatively support is available from the Corporate Governance Team on 344703.

<p>improved access to information and minimise communications barriers</p> <p>2. To ensure and provide evidence that equality is consciously considered in all commissioning activities and ownership of this is part of everyone's day-to-day job</p> <p>3. Recruit and maintain a well-supported, skilled workforce, which is representative of the population we serve</p> <p>4. Ensure the that NHS Hull Clinical Commissioning Group is welcoming and inclusive to people from all backgrounds and with a range of access needs</p>	
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Equality Data	
<p>Is any Equality Data available relating to the use or implementation of this policy, project or function?</p> <p>Equality data is internal or external information that may indicate how the activity being analysed can affect different groups of people who share the nine <i>Protected Characteristics</i> – referred to hereafter as '<i>Equality Groups</i>'.</p> <p>Examples of <i>Equality Data</i> include: (this list is not definitive)</p> <p>1: Recruitment data, e.g. applications compared to the population profile, application success rates</p> <p>2: Complaints by groups who share / represent protected characteristics</p> <p>4: Grievances or decisions upheld and dismissed by protected characteristic group</p> <p>5: Insight gained through engagement</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Where you have answered yes, please incorporate this data when performing the <i>Equality Impact Assessment Test</i> (the next section of this document). If you answered No, what information will you use to assess impact?</p> <p>Please note that due to the small number of staff employed by the CCG, data with returns small enough to identify individuals cannot be published. However, the data should still be analysed as part of the EIA process, and where it is possible to identify trends or issues, these should be recorded in the EIA.</p>

Assessing Impact

Is this policy (or the implementation of this policy) likely to have a particular impact on any of the protected characteristic groups?
 (Based on analysis of the data / insights gathered through engagement, or your knowledge of the substance of this policy)

Protected Characteristic:	No Impact:	Positive Impact:	Negative Impact:	Evidence of impact and, if applicable, justification where a <i>Genuine Determining Reason</i> ¹ exists (see footnote below – seek further advice in this case)
Gender				
Age				
Race / ethnicity / nationality				
Disability				
Religion or Belief				
Sexual Orientation				
Pregnancy and Maternity				
Transgender / Gender reassignment				
Marriage or civil partnership				

Action Planning:

As a result of performing this analysis, what actions are proposed to remove or reduce any risks of adverse impact or strengthen the promotion of equality?

Identified Risk:	Recommended Actions:	Responsible Lead:	Completion Date:	Review Date:

1. ¹ The action is proportionate to the legitimate aims of the organisation (please seek further advice)

Sign-off
All policy EIAs must be signed off by Mike Napier, Associate Director of Corporate Affairs
I agree / disagree with this assessment / action plan
If <i>disagree</i>, state action/s required, reasons and details of who is to carry them out with timescales:
Signed:
Date:

Comment [WU2]: EIA Must be signed off in advance of final approval of policy. Allow 7 days for sign off of EIA email michael.napier@nhs.net

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