

Reward and Reimbursement for Patients and Carers Policy

This policy has been created as a framework for staff when involving patients/service users, carers, and members of the public at Leicestershire Partnership NHS Trust (LPT) to value their contribution and provide a clear structure for the recognition of their contributions and expenses incurred.

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Version Control and Summary of Changes

Version	Date	Comments
number		(Description changes and amendments)
1	26/03/2020	First version
2	25/05/2023	Changes to Involvement Tiers to include Lived Experience Partner Role and payment conditions
3	18/12/2024	Changes to reimbursement of £5 per meeting will only apply to those who are undertaking involvement under tiers 1-3.
4	03/01/2025	Updated policy to reflect Lived Experience Partner role exclusions
5	13/05/2025	Updating policy to reflect the withdrawing of the £5 per meeting expense claim for tiers 1-3. Including information on how long payment takes to be processed.

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Equality Statement

Leicestershire Partnership NHS Trust (LPT) aims to design and implement policy documents that meet the diverse needs of our service, population, and workforce, ensuring that none are placed at a disadvantage over others. It considers the provisions of the Equality Act 2010 and promotes equal opportunities for all. This document has been assessed to ensure that no one receives less favorable treatment on the protected characteristics of their age, disability, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion, or belief, pregnancy, and maternity.

Due Regard

LPT will ensure that due regard for equality is taken and as such will undertake an analysis of equality (assessment of impact) on existing and new policies in line with the Equality Act 2010. This process will help to ensure that:

- Strategies, policies and procedures and services are free from discrimination.
- LPT complies with current equality legislation.
- Due regard is given to equality in decision making and subsequent processes.
- Opportunities for promoting equality are identified.

Please refer to due regard assessment (Appendix 2) of this policy.

Definitions that apply to this Policy

Service	Individuals who have used or are using the services provided by a
user/patient	health or social care organisation.
Carer	Refers to individuals who support a person using the services
	provided by a health or social care organisation without
Comico	payment.
Service Provider	Any local health or social care organisation.
Reimbursement	Refers to the refunding of specific expenses or costs that the
	service user/patient or carer have incurred duringtheir
of Expenses	involvement activity.
Patient	A paid member of LPT staff who actively promotes patient
Experience and	experience and involvement in their specific area of work.
Involvement	
Champion	
People's	The Council provides an independent voice to help to ensure that
Council	services are great for all. Its membership consists of Patient and
	Carer Leaders, Lived Experience Partners, senior representatives of
	local Voluntary, Community and Social Enterprise organisations and
	representatives of the Trust.
Lived	Lived Experience Partners will work alongside clinical and non-
experience	clinical staff, patients, and carers, drawing upon personal
Partners	experience and expertise to provide insight into the design,
	improvement and delivery of the services provided by the Trust –
	this is either via a voluntary or BANK recruitment process
Responsible	LPT staff member allocated to a specific involvement activity with a
manager	duty to support those involved (patient/service user, carer, family
	member). The responsible manager will oversee the involvement
	activity within its locality.
LPT	Leicestershire Partnership NHS Trust
Organisation	Leicestershire Partnership NHS Trust
Activity	Signed agreement between the responsible manager and
Agreement	individual involved, outlining the level of commitment required,
Form	agreed role description, and type of payment/reward due.
Expenses claim form	Claim form used to reimburse of out-of-pocket expenses.
PCEG	Patient Carer Experience Group.
Patient	A toolkit developed to support you when you are considering
Engagement	involving patients, carers, and family members in your services for
Planning	improvement purposes. To understand the cope and purpose of
Toolkit	the project to understand the level and method of involvement
. condt	required.

1.0 Purpose of the Policy

The main aim of the Reward and Reimbursement for Patients and Carers Policy is to support and value an individual's contribution to service improvement. It aims to strengthen the voice of service users/patients, carers, and members of the public in the planning, delivery, improvement, and evaluation of our services.

LPT wishes to encourage and enable participation from a diverse range of people. This policy has been developed to help support staff and individuals involved to understand and follow best practice in relation to involvement, which also includes encouraging a culture of voluntary involvement.

Individuals involved should not be left out of pocket or put at risk of being financially worse off because of involvement work within LPT, and any reimbursements should be made in good time to prevent any financial difficulties. Any contributions made by service users/carers and members of the public can and should be rewarded, recognised, and valued, as well as reimbursing any out-of-pocket expenses. This can happen in all sorts of ways such as being thanked, receiving positive feedback and acknowledgement, practical assistance, training/personal development and seeing the impact of work and changes made because of their involvement.

It is organisational practice to reward persons for their knowledge, skills and time when contributing to meetings/working groups/representation at meetings etc. As a rule, this will mean a commitment to attend several meetings. However, there may be occasions when participation in one-off activities such as recruitment panels or oneto-one interviews will be required.

This policy provides details on the types of activity which attract reimbursement of out-of-pocket expenses and various other rewards and recognition.

2.0 Summary of policy and Key Points

This policy provides the principles to guide staff in the recruitment and management of service users/patients, carers, and members of the public in involvement activities. As well as including best practice around rewarding and recognising their contributions.

This policy provides staff with guidance on how and when to recognise, reward, and to reimburse out of pocket expenses to patients/service users, carers, and members of the public when completing involvement activities on behalf of the Trust.

This policy informs patients/service users, carers, and members of the public who have expressed an interest in getting involved with the Trusts Quality Improvement agenda on how their contribution will be recognised and rewarded.

3.0 Introduction

LPT values service users/patients, carers, and members of the public experiences and expertise, and wishes to strengthen the patient voice in the planning and delivery of our services.

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The Trust is committed to ensuring that service users/patients, carers, and members of the public are involved in:

- considering and developing proposals for changes in how services are provided.
- planning of new services
- decisions that affect how services operate
- monitoring and evaluating service quality.

Many service users/patients, carers, and members of the public are already involved in a range of diverse projects across the Trust, this policy has been developed to build on this and:

- to recognise and value the contribution that service users/patients, carers, and members of the public make.
- to provide a clear structure for the recognition of this contribution by way of support and personal development along with reimbursing out of pocket expenses

4.0 Recruitment and Retention of service users/patients, carers, and membersof the public

The Trust has historically recruited individuals for involvement activities on a service need basis, and although we will continue to encourage all services to recruit individuals to get involved, we will also centrally recruit. Central recruitment enables us to develop a network of service users/patients, carers, and members of the public to call upon for various involvement activities.

All recruitment of individuals for involvement activities should be registered with the Patient Experience and Involvement Team. Some roles may require a more enhanced level of training and may therefore be more suitable in a volunteer or a Lived Experience Partner role. The Patient Experience and Involvement team will discuss this with you in more detail to find the most suitable route. More information on volunteering can be found in the Trust's Management of VolunteeringPolicy. Please note that this policy is in relation to reward and reimbursement of service users and carers that get involved in Tiers 1-3 activities, as set out in 8.0, page 11.

4.1 Registration process (Appendix 3)

Registering onto the Involvement network will enable individuals to hear about current and upcoming involvement opportunities, receive Patient Experience and Involvement Newsletters. As well as learning about training, support, and reward events provided by the Patient Experience and Involvement team.

4.2 Involvement Process (Appendix 4)

Individual service user's needs will be taken into consideration to facilitate full engagement with the involvement process such as individualised training where required. The Patient Experience and Involvement Team will try to seek this information from a 'Skills, Needs, and Interests' form where possible through the registration process.

Once registered, individuals will be invited to attend an Introduction to Involvement Workshop, which includes.

- an introduction to LPT's framework for involvement
- current and future involvement opportunities
- training and support available.
- sign up to LPT's Involvement Charter.
- reward and reimbursement for patients and carers policy
- provided with an Involvement pack.

Once individuals have attended an Introduction to Involvement workshop, they will be ready to get involved. A learning disability accessible version of the involvement induction will also be available.

5.0 Misconduct and Grievance

Concerns from staff or the public relating to an individual involved with the Trust should be directed in the first instance to the Patient Experience and Involvement Team where further advice and guidance will be provided.

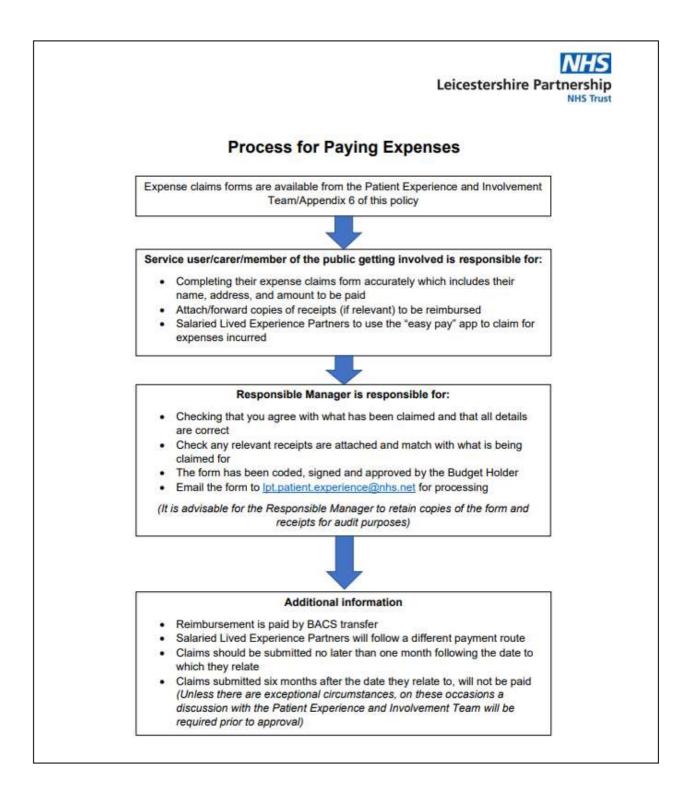
6.0 Process for paying expenses and flowchart

If those involved are to be paid expenses then this will be agreed in advance, in writing, using the Activity Agreement Form (Appendix 5).

Expenses will be claimed using the Expenses Claim Form (Appendix 6). It is the claimant's responsibility to complete the form in full; however, staff can offer support if someone is unable to complete it. It is the claimant's responsibility to ensure all information is correct. If those involved are unclear about how to claim expenses, they are encouraged to speak to their Responsible Manager (please refer to definitions on page 4) or a member of the Patient Experience and Involvement Team for further guidance and support.

Learning disability services will hold a separate process to deal with any out-ofpocket expenses Learning Disability & Autism service users may incur when getting involved. This is due to them already having a process in place and the difficulties of Learning Disability & Autism services users being able to understand the process and to complete expenses claim forms.

Flowchart for expenses



7.0 Duties and Responsibilities; within the Organisation

- The Trust Board has a legal responsibility for Trust policies and for ensuring that they are carried out effectively.
- Trust Board Sub-committees have the responsibility for agreeing policies and protocols.
- Divisional Directors and Heads of Service are responsible for: Promoting involvement activities at key points in their service delivery, redesign, and improvement stages.
- Managers and Team leaders are responsible for: Ensuring a "responsible manager" is allocated upon the commencement and throughout the duration of an involvement activity and to allocate a budget for payment of expenses incurred through involvement of patients, carers and the wider public.
- The Patient Experience and Involvement Team are responsible for the processing of all reimbursement costs.

7.1 Duties and responsibilities to patients/service users, carers, and members of the public

LPT has a duty of care towards every individual who becomes involved with the Trust. An allocated responsible manager will ensure a copy of this policy is provided prior to any commitment to become involved with the Trust.

The Trust has moved towards paying every individual via their bank account (BACS system). For any payment to be received the appropriate expenses claim form will need to be completed. The Trust will provide support to complete all necessary paperwork. All paperwork will be made available at every meeting/activity, with a named responsible manager allocated to ensure that reward and reimbursement of expenses are completed.

As and when any involvement activity is agreed, the responsible manager will put the proposal in writing to ensure those involved understand the level of commitment required, agree the description of the role, and the type of payment/reward. This will be provided via the 'Activity Agreement Form' to make sure the individual understands what is expected. (Appendix 5).

PLEASE BE AWARE THAT THE TRUST WILL PROVIDE ACCURATE INFORMATION ABOUT REWARD AND RECOGNITION MADE IF ASKED TO DO SO BY THE DWP/HMRC.

7.2 Duties and responsibilities of service user/patient, carers, and members of the public

It is the responsibility of those involved to complete their expenses claim form accurately, and to submit their form in good time enabling staff to check the information whilst current.

If those involved are in receipt of state benefits and claiming reimbursement from the Trust, it is **the individual's** responsibility to inform the benefit agency of any payments, which may affect their benefits.

In any cases of payment, it is also **the individual's** responsibility to ensure that payments are declared to HMRC, and if necessary, tax and NI is paid. The Trust may request the individual to complete a declaration to confirm this action has taken place.

When claiming money for expenses i.e., travel or lunch, those involved need to provide a receipt, although exceptions may be made at the Trust's discretion, e.g., when a travel ticket is needed for a return journey or in the instance of miles covered for petrol/fuel payments.

If those looking to get involved are receiving benefits, the Trust recommends that they contact the Patient Experience and Involvement Team, so that, if necessary, the terms of their involvement can be modified to prevent any unnecessary anxiety or loss in entitlement.

Service users may be involved in working with several organisations, for example with NHS England, a local authority, voluntary and community sector organisations and/or clinical commissioning groups (CCGs). If a patient is claiming expenses (and/or an involvement payment) from one organisation for involvement in a specific piece of work, they may not claim expenses (and/or an involvement payment) from any other organisation for the same piece of work.

For example, if a service user attends a workshop which is delivered jointly by a health and social care system partner and LPT the service user can only claim expenses from either LPT **or** the system partner, not both.

ULTIMATELY IT IS THE INDIVIDUAL'S RESPONSIBILITY TO KEEP WITHIN THEIR BENEFIT CONDITIONS AND NOT THE RESPONSIBILITY OF LPT.

7.3 Duties and responsibilities of the Responsible Manager

Responsible Managers are responsible for performance against the requirements of this policy and procedure will be monitored as follow:

- ensure involvement projects follow the involvement process.
- completing an Activity Agreement Form as agreed with those involved before

any involvement activity commences.

- providing assurance that anyone involved has their needs met.
- ensuring food and refreshments are provided if the activity is over 4 hours in duration.
- sending reimbursement claims for approval to the Patient Experience and Involvement team, and ensuring amounts claimed are in accordance with the policy limits.
- checking the mileage claimed is in accordance with the policy (including detours where necessary)
- ensuring that no claims are sent through for approval unless receipts, where applicable, have been provided (having sight of the receipt)

Please refer to (Appendix 5) for Activity Agreement Form which will need to be completed before any involvement activity commences. All staff wishing to carry out an involvement activity with service users/patients, carers, and members of the public will ensure they fully comply with the Reward and Reimbursement for Patients and Carers Policy.

8.0 Reimbursement: when is reimbursement necessary?

The reimbursement method is set according to the type of activity undertaken. Under this policy, activities are split into five tiers, as seen below. **Please note** that this policy is in relation to reward and reimbursement of service users and carers that get involved in Tier 1-3 activities.

Tier one

Public or open access event activities, involvement in own care planning, feedback on services accessed or the use of surveys as feedback are exempt from out-ofpocket expenses.

Tier two

Deliberate engagement. Invited to attend workshops, events, focus groups on a one-off basis. Out of pocket expenses and reward and recognition (non-financial).

Tier three

Member of regular working group meetings (policy and service design, directorate reviews, task, and finish groups) Attendance at stakeholder interview panels. Out of pocket expenses will be covered and in some cases a reward and recognition offer via Vouchers may be provided. – There is a maximum £50 worth of vouchers per year any one person can receive.

Tier four

Paid roles as Lived Experience Partners, employed through a bank contract with the Trust. Members of committees/roles that demonstrate strategic and accountable leadership and decision-making activity or members of groups that make recommendations to committees that have delegated authority of the Trust board. Co delivery of training: co leadership of quality improvement projects and transformation. Patient or Carer Lived Experience Partner role/out of pocket

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expenses and payment of £20 per hour via a payroll process.

Tier five

Paid roles, employment with LPT via contract of employment, Salaried Role.

	Lived Experience and Involvement Tiers	
	Activities	Reward and Recognition
Tier 1	People choose to attend, respond or comment on open access engagement opportunities e.g. responding to online surveys attendance at public meeting;); Involvement in own care planning; Feedback on services accessed	No payment, reward or recognition
Tier 2	Deliberate Engagement - Invited to attend workshops; events; focus groups on a one off basis	Out of pocket expenses and Reward & Recognition (non-financial)
Tier 3	Member of regular working group meetings (policy and service design, directorate reviews, task and finish programmes, etc). Attendance at stakeholder interview panels.	Out of pocket expenses and Reward & Recognition (non-financial) – vouchers (max of £50 per person per year)
Tier 4	Members of committees /roles that demonstrate strategic and accountable leadership and decision making activity or members of groups that make recommendations to committees that have delegated authority of the Trust Board. Co-delivery of training; co-leadership of quality improvement projects and transformation	Patient or Carer Lived Experience Partner role, out of pocket experiences and offer of involvement payment via. Payroll process
Tier 5	Paid roles, employment with LPT via contract of employment e.g. Peer Support Workers; Lived Experience Lead Profession	Employment/salaried role

Staff may exercise some discretion in out-of-pocket expenses which will helpsupport the diversity of voices heard. Where there is a wish to vary types of reward and recognition available, please contact the Patient Experience and Involvement Team for further discussion. This is in the interests of accuracy, consistency, fairness, and transparency.

8.1 Where individuals involved are unable to attend meetings or events (for example, housebound service users) but complete the same role but in a different way, the same level of reward will apply.

Note for staff: If you are considering undertaking any involvement work with patients and carers, please ensure that a budget has been identified to cover any expenses/costs. The Patient Experience and Involvement Team will be happy to provide advice where needed.

8.2 Reimbursement of Expenses

The Trust will take the following approach to reimbursement of expenses:

- review all reimbursement rates annually (with any updates to be effective from 6 April)
- the costs an individual is likely to incur during their involvement are discussed before the involvement activity starts.
- those individuals involved are allocated a Responsible Manager as point of contact throughout their involvement activity to discuss any expense queries

in advance.

- it is standard practice to fill out expenses claim form (see Appendix 6)
- receipts will normally be required for all expenses to be reimbursed.
- reimbursed expenses will be for the exact amount, not an averaged amount or rounded up amount.
- LPT will reimburse expenses incurred where meetings or events are cancelled at short notice, for example where arrangements have been made for carer support and cannot be cancelled without penalty.
- **8.3** Where individuals involved are unable to attend meetings or events (for example,housebound service users) but complete the same role but in a different way, the equivalent level of reward will apply.

8.4 Expenses that will be reimbursed:

Travel expenses.

Travel expenses are paid for all involvement activities undertaken in tiers 1 - 3. For those involved in tiers 1-3 activities individuals are expected to use the cheapest reasonable mode of transport. Carsharing is encouraged when this will reduce the cost of travel expenses.

Payments to reimburse reasonable travel include:

- public transport (the actual cost of travel, supported by a ticket or receipt will be reimbursed)
- private car (paid on a postcode-to-postcode basis)
- parking costs (actual cost, supported by a ticket or receipt)
- if taxis are the most appropriate form of transport (subject to need and will be means tested) a member of the Patient Experience and Involvement Team can arrange taxis using an approved taxi firm

Individuals who have agreed to use their own vehicle in line with their involvement activity must ensure they possess a valid driving license, insurance, and MOT certificate. The motor insurance covers the fact they are fit to drive, drive safely, and obey relevant laws, e.g., speed limits etc. The individual must inform the Trust if there is a change to their status. The Trust will request verification of any of the above at any time, for example by asking for a copy of an MOT certificate or valid certificate of insurance.

This documentation will be requested as soon as the involvement placement commences and annually thereafter.

Claims will only be accepted for use of a private car:

- for most direct route available (postcode to postcode)
- if the vehicle is covered by full third-party insurance, including cover again risk or injury to, or death of passengers and damage to property, and that the policy is maintained at the date of the claim.
- if the vehicle is always maintained in a roadworthy condition by terms of the insurance policy covering the vehicle.

(Please note rates for travel via a motorcycle and bicycles are also claimable)

Rates of reimbursement are in line with HMRC service recommendations, taken from the HMRC website and correct as of April 2017.

Approved mileage rates from tax year 2011 to 2012 to present date	First 10,000 business miles in the tax year	Each business mile over 10,000 in the tax year
Cars and vans	45p	25p
Passenger allowance	2p per mile	2p per mile
Motorcycles	24p	24p
Bicycles	20p	20p

Car park costs can also be claimed for, although a receipt is required.

Please note that those involved will need to keep a record of the number of miles they drive in a tax year for LPT and any other organisation(s). If they have driven for two or more organisations in the year, then the 45p rate applies to the first 10,000 miles driven for all organisations added together.

The Trust will not cover any fines for any incorrect or illegal use of their vehicle. For further information on calculating mileage allowance go to: <u>https://www.gov.uk/government/publications/rates-and-allowances-travel-</u> <u>mileage-and-fuel-allowances/travel-mileage-and-fuel-rates-and-allowances</u>

8.5 Subsistence

Where involvement duration is 4 hours or longer, the individual involved may claim the actual cost of meals and/or refreshments; where this is not already being provided as part of the activity, and where those involved unnecessarily incur additional expenditure. The amount must be exact and not rounded up and receipts should be provided:

- up to a maximum of £5.00 for any one daytime claim where the total meeting/visit time (including travel) exceeds 4 hours (unless the food and refreshments are already included at the event)
- where attendance duration exceeds more than one requirement for a meal, then a claim amount can be increased but the amount will need to be discussed and agreed first.

8.6 Childcare Costs, Replacement Carer Costs or Cost of a Personal Assistant

The following costs will be reimbursed if the individual involved require additional support to enable them to undertake involvement activities or attend meetings:

- *Childcare costs from an OFSTED registered provider.
 - Childcare providers must be registered with Ofsted Early Years Register for children aged 5 or under.
 - Childcare providers must be registered with Ofsted General Childcare Register for children aged 5 7 years.
- *Replacement carer costs
- *Personal assistant costs
- interpreter Costs (where LPT have not been able to source our own interpreters through our interpreting services

*A cap on carer and childcare costs will be a maximum of £16 per hour, for no more than 8 hours per day unless prior agreed.

Payments for caring/personal assistants will be made directly to the agency (or individual carer or personal assistant) on production of an invoice (requires a countersignature by the service user or carer).

If a person wishes to be accompanied/supported by a non-registered/nonprofessional carer or support worker to support them to effectively participate, such as a family member, LPT will cover their expenses, for example travel costs, in addition to covering the person's own expenses.

8.7 Other equipment which may be needed

Additional expenses may arise if individuals involved are assessed as requiring equipment for them to get involved, each request for equipment will be managed on a case-by-case basis and overseen by the Patient Experience and Involvement Team:

- equipment such as chair/tables required to meet the needs of individuals who have protected characteristics, to enable them to engage with the Trust.
- IT equipment for the role and enables them to carry out their duties, then IT equipment can be loaned.
- internet connections and online training access for an individual to carry out their duties.

8.8 Other out of pocket expenses

Individuals involved may be reimbursed other out of pocket expenses (other than those mentioned above) incurred 'wholly, exclusively and necessarily' during involvement activities such as postage/stationary etc. Where an individual may be away for a 24-hour period, then the Patient Experience and Involvement Team will organise any accommodation. Any other expenses to be reimbursed must be discussed and agreed with the Patient Experience and Involvement Team.

9.0 Funding to pay expenses

The Patient Experience and Involvement Team will fund expenses for those involved where their activity has been initiated by the Patient Experience and Involvement Team.

If other teams/services wish to undertake involvement activities, they are required to ensure that they have identified a budget to cover expenses and out-of-pocket costs. This should be agreed with the Patient Experience and Involvement Team and refer to the Engagement planning tool kit (Appendix 7) before proceeding with the activity.

10.0 Other forms of Reward and Recognition

Where activities require a significant time commitment or specialist knowledge, we

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will recognise this by offering a reward. The below list gives some examples of rewards, incentives or recognition that may be offered.

- Providing feedback to individuals involved in the activity development, process, and outcomes.
- Certificates or letters thanking the individual for their input, from the service, LPT Trust Board, Peoples Council, CEO etc.
- Training opportunities such as 'training the trainer', assertiveness training, understanding and basics of research, training in research methods etc.
- Attendance at conferences and relevant events (and the opportunity to present)
- Other training or continuous development opportunities, internal or external, such as IT, presentation skills and communication skills.
- Advice and support on personal and professional development, such as help with CV's, job applications, enhancing relevant experience etc.
- Acknowledgment of an individual's contribution to an involvement activity such as co-authors in reports, publications, posters and/or presentations.
- Celebration and thank you events held to celebrate the involvement and achievements.
- Opportunity to be nominated for a yearly award at the LPT Celebrating Excellence awards.

11.0 Training needs (Appendix 8)

There is a requirement to identify training needs within this policy. In accordance with training classification as outlined in the Trust Learning and Development Strategy, training has been identified as role development training.

The governance group responsible for monitoring training is Patient Carer Experience Group (PCEG)

The People's Council will keep an overview of the Trust's performance around training patients and carers in respect of involvement and will be consulted on what type of training and in what format that training could be provided to.

Patient Experience and Involvement Champions and other staff working with service users/patients, carers, and members of the public wanting to get involved will be made aware of this policy, its implications and how it will work in practice.

All directorate Patient Experience and Involvement leads will be made aware of this policy via PCEG and will be expected to make their staff aware of this policy.

Information contained in this policy will be incorporated into the quarterly Introduction to Involvement Workshops for service users, carers, members of the public, and Lived Experience Partners. All those getting involved will be given a copy as part of their Introduction and will be encouraged to read and understand the policy, either as part of group or on a one-to-one basis.

12.0 Monitoring Compliance and Effectiveness The implementation of this policy will be monitored through the Patient and Carer Group meeting (PCEG).

Ref	Minimum Requirements	Evidence for Self- assessment	Process for Monitoring	Responsible Individual / Group	Frequency of monitoring
Whole doc'	Organisation will increase the number of people who are positively participating with service improvement	Whole document	Life QI activity Qtly Patient Experience & Involvement reports	PCEG	Qtly
Whole doc'	The organisation will make it easy and straight forward for people to share them experiences	Whole document	Life QI activity Qtly Patient Experience & Involvement reports	PCEG	Qtly
Pages 8-14	Organisation will make sure that individuals involved are not financially out of pocket		Life QI activity Lived Experience Leadership Framework	PCEG	Qtly
Pages 8-14	Organisation will ensure individuals are valued and recognised for their involvement contribution, and reward accordingly		Life QI activity Qtly Patient Experience & Involvement reports Lived Experience Leadership Framework	PCEG	Qtly

13.0 Standards/Performance Indicators TARGET/STANDARDS	KEY PERFORMANCE INDICATOR
CQC Fundamental Standards, Regulation 9: Person Centered Care. The care and treatmentof service users must be appropriate, meet their needs and reflect their preferences.	Fundamental standards, this policy supports standard number 9.

CQC Fundamental Standards, Regulation 10: Dignity and respect. Service users must be treated with dignity and respect.	Fundamental standards, this policy supports standard number 10.
Under the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012) NHS providers have a duty to promote the involvement of patients in the ongoing provisions of services	This policy supports the Involvement of patients in the ongoing provisions of services.

14.0 References and Bibliography

This procedure has been considered in the context of relevant legislation (such as Human Rights and Race Relations Acts, Equality Act 2010 etc.). The policy was drafted with reference to the following:

- DOH (2006), "Reward and Recognition", Dept. of Health, (August 2006)
- NIHR principles for payment: <u>www.invo.org.uk/wp</u> <u>content/uploads/2011/12/NIHRProgrammesPaymentRates2009.pdf</u>
- LPT's Management of Volunteering Policy (Sept 2022 Sept 2025)
- Working with Patient and Public voice partners reimbursement of expenses and paying involvement payments NHS England (October 2021)
- West Midlands ADASS Renumeration Policy (April 2022)

The NHS Constitution

The NHS will provide a universal service for all based on clinical need, not ability to pay. The NHS will provide a comprehensive range of services

Shape its services around the needs and preferences of individual patients, their families, and their carers	X
Respond to different needs of different sectors of the population	x
Work continuously to improve quality services and to minimise errors	Х
Support and value its staff	Х
Work together with others to ensure a seamless service for patients	х
Help keep people healthy and work to reduce health inequalities	
Respect the confidentiality of individual patients and provide open access to information about services, treatment, and performance	

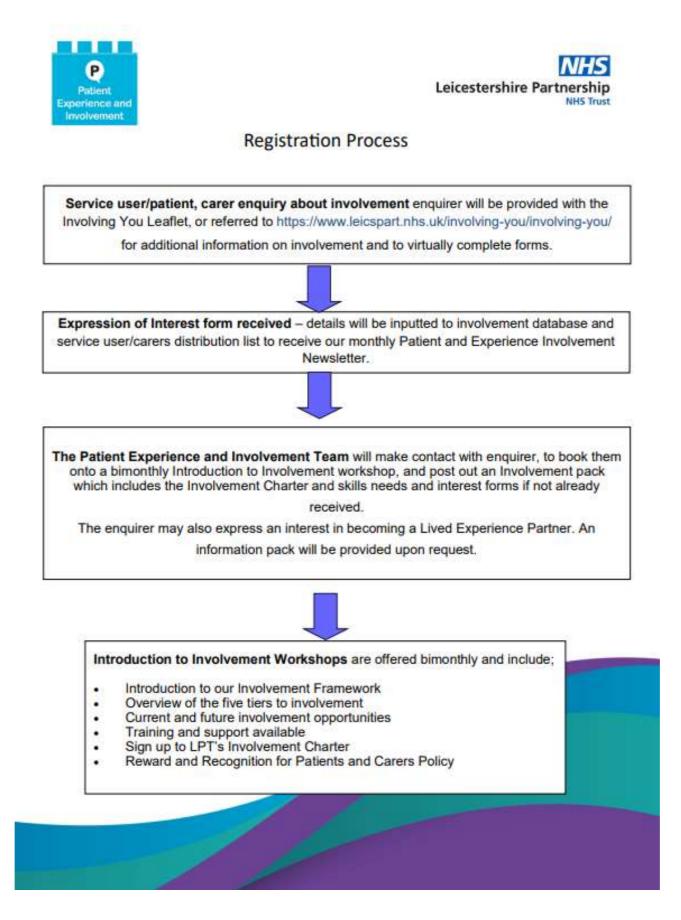
Due Regard Screening Template

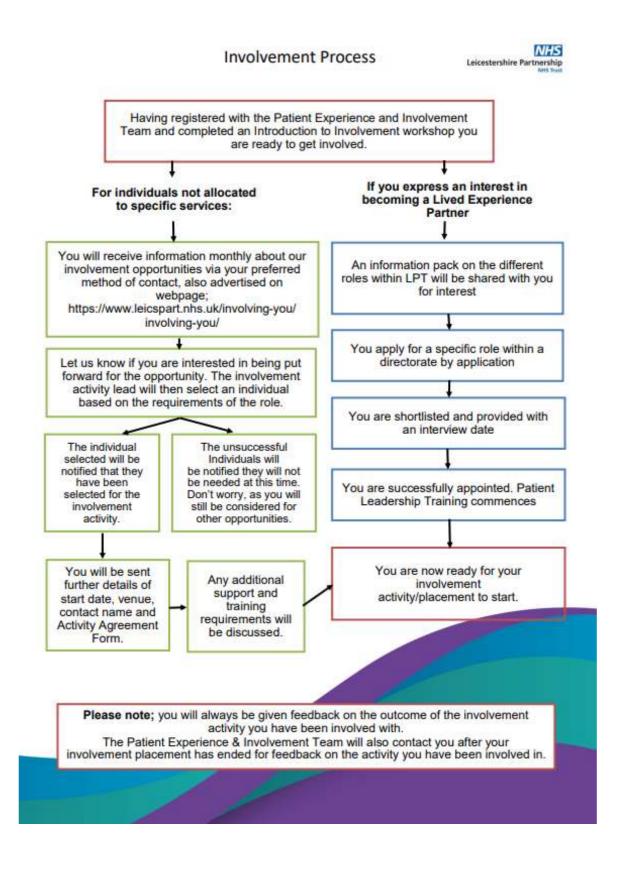
Section 1		
Name of activity/proposal		Reward and Reimbursement for Patients and
		Carers Policy
Date Screening commenced		31/05/2023
Directorate / Service carryin	ig out the	Corporate/Enabling: Patient Experience and
Assessment	dortoking	Involvement Team
Name and role of person un this Due Regard (Equality A		Haley Cocker Patient Experience and Involvement Manager
		and purpose of the proposal:
		guide staff in the recruitment and management
		ers of the public in involvement activities. As well
	•	g, rewarding, and recognising their contributions.
OBJECTIVES:		
 to reimburse out of poor of the public when com This policy informs pat have expressed an interview 	ket expenses to pleting involve ients/service u erest in getting	ce on how and when to recognise, reward, and to patients/service users, carers, and members ment activities on behalf of the Trust. sers, carers, and members of the public who involved with the Trusts Quality Improvement be recognised and rewarded.
Section 2		
	Policy suppor the local com and members It aims therefor characteristic	and Reimbursement for Patients and Carers ts involvement opportunities for all members of munity includingpatients/service users, carers, s of the public. ore to have a positive impact on all the protected s.
Age	16 years as s or not suitable minors.	egative impact for individuals under the age of ome involvement opportunities may be limited, e due to requiring a DBS which is not open to
Disability	make reasona activities. Wheelchair a Involvement i Braille or aud	individuals to get involved with disabilities and able efforts to facilitate their involvement ccess to some areas on site is poor/restricted. nformation can be made available in large print, io tape.
Gender reassignment	Positive	
Marriage & Civil Partnership	Positive	
Pregnancy & Maternity	Positive	
Race Religion and Belief	and encourag communities. available in al	individuals to get involved from all races/cultures ge that involvement is representative of local Involvement information can also be made Iternative languages. e individuals to get involved from different faiths.
	we encourag	e muiviquais to get involved from different faiths.

Reward and Reimbursement for Patients and Carers Policy

	The chaplaincy depa prayer rooms & foot			
Sex	The faith/culture of so they may only receive	ome patients/servio	ce users requi	res that
Sexual Orientation	Neutral			-
Other equality groups?	Before acceptance, i complete a successfu determine a suitable involvement activity. Prior to commencing be completed to infor concern, and/or area before the involveme The Trust reimburses individuals for their co	al Occupational He level of fitness for an involvement ac m any areas for de s to action reasonant activity commer s out of pocket exp	ealth assessme their proposed ctivity, a skills a evelopment, a able adjustme nces. enses, and ree	audit will reas of nts cognises
Section 3 Does this activity propos				
	e major changes in terr ear indication that, alth	ough the proposa	al is minor it i	s likely
Does this activity propos For example, is there a cl to have a major affect for	e major changes in terr ear indication that, alth people from an equalit	ough the proposa	al is minor it i	s likely
Does this activity propos For example, is there a cl to have a major affect for box below. Ye High risk: Complete a full E	e major changes in terr ear indication that, alth people from an equalit	ough the proposa	al is minor it i e <u>tick</u> approp No x	s likely
Does this activity propos For example, is there a cl to have a major affect for box below. Ye High risk: Complete a full E	e major changes in terr ear indication that, alth people from an equalit	ough the proposa y group/s? Please	al is minor it i e <u>tick</u> approp No x	s likely riate
Does this activity propos For example, is there a cl to have a major affect for box below. Ye High risk: Complete a full E here to proceed to Part B Section 4 If this proposal is low risk	e major changes in terr ear indication that, alth people from an equalit es	ough the propose y group/s? Please Low risk: Go to	al is minor it i e <u>tick</u> approp No x o Section 4.	s likely riate
Does this activity propos For example, is there a cl to have a major affect for box below. Ye High risk: Complete a full E here to proceed to Part B Section 4 If this proposal is low risk reached this decision:	e major changes in terr ear indication that, alth people from an equalit S IA starting click	ough the propose y group/s? Please Low risk: Go to or justification fo	al is minor it i e <u>tick</u> approp No x o Section 4.	s likely riate X
Does this activity propos For example, is there a cl to have a major affect for box below. Ye High risk: Complete a full E here to proceed to Part B Section 4 If this proposal is low risl reached this decision: The implementation of the	e major changes in terr ear indication that, alth people from an equalit es IA starting click k, please give evidence Reward and Reimbursen	ough the propose y group/s? Please Low risk: Go to or justification for	al is minor it i e <u>tick</u> approp No x o Section 4. or how you nd Carers Poli	s likely riate X
Does this activity propos For example, is there a cl to have a major affect for box below. Ye High risk: Complete a full E here to proceed to Part B Section 4 If this proposal is low risk reached this decision: The implementation of the applies to all LPT staff work	e major changes in terr ear indication that, alth people from an equalit es A starting click c, please give evidence Reward and Reimbursen king whservice users/care	ough the propose y group/s? Please Low risk: Go to or justification for nent for Patients are ers, families, and m	Al is minor it i be <u>tick</u> appropriation No x by Section 4. be how you and Carers Polionember of the product	s likely riate X
Does this activity propos For example, is there a cl to have a major affect for box below. Ye High risk: Complete a full E here to proceed to Part B Section 4 If this proposal is low risk reached this decision: The implementation of the applies to all LPT staff work for involvement purposes, i	e major changes in terr ear indication that, alth people from an equalit es IA starting click c, please give evidence Reward and Reimbursen king whservice users/care regardless of the service	ough the propose y group/s? Please Low risk: Go to or justification for nent for Patients are ers, families, and m	Al is minor it i be <u>tick</u> appropriation No x by Section 4. be how you and Carers Polionember of the product	s likely riate X
Does this activity propos For example, is there a cl to have a major affect for box below. Ye High risk: Complete a full E here to proceed to Part B Section 4 If this proposal is low risl reached this decision: The implementation of the applies to all LPT staff work for involvement purposes, i place.	e major changes in terr ear indication that, alth people from an equalit S IA starting click k, please give evidence Reward and Reimbursen king whservice users/care regardless of the service	ough the propose y group/s? Please Low risk: Go to or justification for nent for Patients ar ers, families, and m area where the inv Date	Al is minor it i be <u>tick</u> appropriation No x of Section 4. For how you and Carers Polition of the production of the production of the production of the production of the production of the product o	s likely riate X

Appendix 3





Involvement Activity Brief and Agreement Form

- Organiser to complete this form before the start of a new involvement activity
- The 'Responsible Manager' is a point of contact for the involvement activity and provide support to the service user/carer whilst the activity is ongoing
- This form must be signed and agreed prior to involvement commencing by both responsible manager and service user/carer being involved
- If you need support completing this brief, please contact the Patient Experience and Involvement Team for guidance

Name of team/service:				
Responsible manager name:				
Phone number:				
Email address:				
Name of activity e.g., discussion/focus group:				
If committee/group represen	tation, what is the name and purpose of meeting?			
Describe t	he role the participant will fulfil:			
	effective if the participant was (please tick):			
Active or recent service user/patient				
	essed services within the last 12 months			
Parent or carer currently supporting s				
Public member/member of Healthwate	accessed services within the last 12 months			
Representative view of a particular group from voluntary or community sector Are there any skills or knowledge you are looking for in a participant?				
Please describe the t	format of the group, committee, or project			
i.e., how often to you meet, for how long, where?				
	e of the meetings) is required to fulfil the role			
e.g.,	for the reading of papers?			

Over what period will the participant	be expected to undertake the role?
· · ·	•
What initial induction and support v	vill you provide for the participant?
Please refer to the Trusts Reward and Reimburs	ement for Patients and Carers Policy and define
the level of reward and recognition that the role	-
Out of pocket expenses (reimbursement may take	
up to 30 days to process)	
Recognition	
Reward	
Lunch (when activity is over 4 hours)	
Criminal Records check required? (If r	equired to attend wards on their own etc)
Date of role description:	1

I have read, understood and agreed to the terms contained in this written agreement. If any further information is required, or any concerns arise about what is set out above please contact the named responsible manager in this form in the first instance.

Leicestershire Partnership NHS Trust would like to take this opportunity in advance to thank you for taking part in the Trusts Quality Improvement work.

Signed (participant): Date:.....

Name (please print):

Signed (responsible manager): Date:....

Name (please print):

Once signed please retain a copy of this form with the service/terms of reference of the group/committee or project (where appropriate)

Provide the participant with a copy

Send a copy of the completed form to the Patient Experience and Involvement Team at: lpt.patient.experience@nhs.net

Expenses Claim Form

Name of Event or Activity:	Date and time of Event: From: To:	Location of Event:
Name of Applicant: Mr./Ms/Mrs/Other		
Address:		
Contact Telephone Number:		
Email Address:		

Details of Expenses Claimed (Please attach all receipts / tickets)

Travel by	Journey from/to	Single/return	Fare	Amount claimed	
Bus					
Train					
Taxi					
	Vehicle Registration	Pence per Mile	Miles claimed		
Bicycle		20p			
Car/ Motorcycle		45p			
Cor Dorking					
Car Parking					
Meals / refresh					
Postage					
Stationery					
Telephone Cal					
Childminding /	Carers Costs				
			TOTAL		

Claimant Declaration

I confirm that I have incurred the above expenses in accordance with the Expenses Guidance. I also confirm that by claiming car mileage I hold a valid driving license, that the car is taxed, has a current MOT certificate, and is fully insured. Carer costs, where claimed, are in accordance with the Expenses Policy. Reimbursement has not been sought from another source for the expenses claimed. I confirm it is my responsibility to ascertain if any entitlements I may receive are affected by this claim and, if applicable, to include on income tax returns.

Name (please use capitals)	Signature	Date:
----------------------------	-----------	-------

Please note that the Trust is moving towards BAC's transfer for payment of expenses instead of cheques. Please fill in the following information.

Name and address of bank:		
Bank Sort Code:	Bank Account No:	National Insurance Number:

Claim / Expense Authorisation- LPT staff to complete

I confirm that the participant has provided the necessary receipts to evidence this claim, and that full payment will be made within 28 days by Bank Transfer.

Name (please use capitals)	Signature				Date:								
Cost Code:													

Appendix 7

Staff planning tool for involving patients and carers

This planning tool has been developed to support you when you are considering involving patients and carers in your services.

Please read through involvement framework to better understand what type of involvement activity you require, and the reward and recognition required. Then work through the sections providing as much information as possible, as this will help to define what type of engagement activities you may need to undertake and finance you may need to take into consideration.

Please see the following link to the Trusts 'Reward and Reimbursement for Patients and Carers Policy. <u>http://tinyurl.com/mr2m3ekm</u>

Once you have completed this document, please contact the Patient Experience and Involvement Team who will support you in terms of taking this work forward. Email <u>LPT.Patient.Experience@nhs.net</u>

About the team

Enabling:

Supporting you and the involvement network members during your involvement project/activity. Advising:

We are here to advise on what type of involvement will be most effective for your project/activity Guiding:

We can help to guide you through the process of obtaining the right network member with the right level of experience for your specific project.

	Lived Experience and Involvement Tiers	
	Activities	Reward and Recognition
Tier 1	People choose to attend, respond or comment on open access engagement opportunities e.g. responding to online surveys attendance at public meeting;); Involvement in own care planning; Feedback on services accessed	No payment, reward or recognition
Tier 2	Deliberate Engagement - Invited to attend workshops; events; focus groups on a one off basis	Out of pocket expenses and Reward & Recognition (non-financial)
Tier 3	Member of regular working group meetings (policy and service design, directorate reviews, task and finish programmes, etc). Attendance at stakeholder interview panels.	Out of pocket expenses and Reward & Recognition (non-financial) – vouchers (max of £50 per person per year)
Tier 4 Members of committees /roles that demonstrate strategic and accountable leadership and decision making activity or members of groups that make recommendations to committees that have delegated authority of the Trust Board. Co-delivery of training; co-leadership of quality improvement projects and transformation		Patient or Carer Lived Experience Partner role, out of pocket experiences and offer of involvement payment via. Payroll process
Tier 5	Paid roles, employment with LPT via contract of employment e.g. Peer Support Workers; Lived Experience Lead Profession	Employment/salaried role

Involvement Tiers Guide

Involvement examples

Tier 1	Tier 2	Tier 3	Tier 4	Tier 5
Patient/carer perspectives, patient story, sharing exp' of using our services	Getting involved in QI on a one off basis	Patient/carer perspective on recruitment panels	Member of level 3 committee, strategic roles e.g. People's Council member	Paid role – patient partner role
Proving feedback on decisions about own care	Attending a focus group	Attending regular focus groups, QI, meetings – working groups	Co-delivery partner e.g. training, co- chair of coproduction/QI groups;	Paid role – peer support worker
Reader panel – feeding back on patient facing docs, draft surveys etc	Invited to attend feedback event	Part of review group	Design Partner – training	Employment, salaried role

For example:

- If you are looking for a focus group, you will want to consider tiers 2 and 3 on our involvement guide.
- If you want patients involved in interviews, then you want to consider tier 3.
- If you want patients to review a draft discharge letter, then you want to consider tier 1.
- If you are looking for a coproduction and codesign partner, then you want to consider tier 4.
- If you are looking for a Peer Support Worker or are developing a substantive post, then you want to consider tier 5.

Defining the purpose of engagement	Prompting questions/ideas	Description	What will you do?
What is the purpose of this engagement?	The Trust will only ongage where there is a clear reason to do so <u>and</u> . •Providing intelligence to inform a review of a <u>second</u> . •To find out what the impact of changes to a service may be on <u>outlents</u> . •To involve in developments of a new service. Any work the Trust undertakes that will have in impact on the service the publicit receives should be informed by engagement.		
What services does this engagement cover?	List all service that the engagement activity relates to directly and indirectly.		
Who will be most affected by the changes? EG users of the service, staff	List all of those who will be affected by the activity you are engaging on		
How does this engagement activity link to the SUTG	What Step up to Great priorities does this activity link to? Does it link into directorate transformation plans? EG DMH co-production groups		
Do you have a budget for this involvement activity?	The Trust has a Reward & reithbursement, policy for patients & carers, including travel expenses, online meetings, different rewards for different levels of involvement.		

You will also be required to complete an activity brief as part of this planning tool process.

Appendix 8

Training Requirements

Training Needs Analysis

Training topic:	Staff involving service users/patients, carers, and members of the public		
Type of training: (See study leave policy)	Personal development		
Division(s) to which the training is applicable:	 Directorate of Mental Health Community Health Services Enabling Services Families Young People Children and Learning Disability and Autism Services Hosted Services 		
Staff groups who require the training:	All levels of LPT staff who wish to participate in involvement activities. All Patient Experience and Involvement Champions All directorate PCEG leads		
Regularity of Update requirement:	As a minimum prior to any involvement activity commences and updated as and when required.		
Who is responsible for delivery of this training?	Involvement leads		
Have resources been identified?	Yes, service users and carers wanting to get involved will attend an Introduction to Involvement workshop prior to commencing any involvement activity. Lived Experience Partners to attend recruitment interview and Induction.		
Has a training plan been agreed?	Introduction to Involvement Workshops provided to all individuals wishing to get involved. Lived Experience Partners to attend Leadership Training Programme on commencement of role		
Where will completion of this training be recorded?	 ULearn Other (please specify) 		
How is this training going to be monitored?	PCEG		

Stakeholders and Consultation

They manufadais involved in developing the document.				
Name	Designation			
Alison Kirk	Patient Experience and Improvement Lead			
Haley Cocker	Patient Experience and Involvement Manager			
Sandra Warden	Patient Experience and Involvement Coordinator			

Key individuals involved in developing the document.

Circulated to the following individuals for comment.

Name	Designation		
Anne Scott	Deputy Chief Nurse		
Andres Patino	Deputy Director, Mental Health Services		
Helen Thomson	Divisional Director FYPC Services		
Mark Roberts	Assistant Director		
Rob Melling	Head of Community Development		
Teresa Spilsbury	Community Development Leader		
Heather Darlow	Head of Governance CHS		
Minaxi Patel	Voluntary Services Manager		
Sheila Brooker	DMT / Patient & Carer Experience and EDI		
	Group members		
Haseeb Ahmad	Head of Equality, Diversity, and Inclusion		
Victoria Clarke	Complaints and Clinical Governance		
	Practitioner		
Cath Hollis	Governance Manager CHS		
Emily Robertshaw	Deputy Head of Patient		
	Experience and Involvement		
Mark Burleigh	Head of Chaplaincy and Bereavement		
	Services		
Sara Lowe	CHS Transformation Lead		
Stacy Hollis	Purchase Ledger Supervisor		
Danielle Cecchini	Director of Finance		

Externally circulated to the following individuals/Stakeholders for comment

Name	Designation
Mark Farmer	Healthwatch Leicester and Leicestershire
Michael Smith	Healthwatch Leicester and Leicestershire
Sarah Iveson	Healthwatch Rutland
Jo Ryder	Leicester City CCG
Nic Cawrey	Leicester City Council

DATA PRIVACY IMPACT ASSESSMENT SCREENING

Data Privacy impact assessment (DPIAs) are a tool which can help organisations identify the most effective way to comply with their data protection obligations and meet Individual's expectations of privacy.

The following screening questions will help the Trust determine if there are any privacy issues associated with the implementation of the Policy. Answering 'yes' to any of these questions is an indication that a DPIA may be a useful exercise. An explanation for the answers will assist with the determination as to whether a full DPIA is required which will require senior management support, at this stage the Head of Data Privacy must be involved.

Name of Document:	Reward & Reimbursement of Patients and Carers Policy					
Completed by:	Sandra Warden					
Job title		xperience &		Date 31.05.23		
	Involvement Coordinator					
Screening Questions	Yes /					
			No	Explanatory Note		
1. Will the process described in the document involve			NO			
the collection of new inform						
This is information more than what is required to						
carry out the process described within the document.						
2. Will the process described in the document compel			NO			
individuals to provide information about them? This is						
information more than what						
the process described withi						
3. Will information about inc			NO			
organisations or people who have not previously had						
routine access to the information as part of the						
process described in this document?						
4. Are you using information			NO			
purpose it is not currently used for, or in a way it is						
not currently used?						
5. Does the process outlined in this document involve			NO			
the use of new technology which might be perceived						
as being privacy intrusive? For example, the use of						
biometrics.						
6. Will the process outlined in this document result in			NO			
decisions being made or action taken against						
individuals in ways which can have a significant						
impact on them?						
7. As part of the process outlined in this document, is			NO			
the information about individuals of a kind particularly						
likely to raise privacy concerns or expectations? For						
examples, health records, criminal records or other						
information that people would consider to be						
particularly private.			NO			
8. Will the process require you to contact individuals in ways which they may find intrusive?			NU			
If the answer to any of these questions is 'Yes' please contact the Data Privacy Team via						
Ipt.dataprivacy@nhs.net in this case, ratification of a procedural document will not take						
place until review by the Head of Data Privacy.						
Data Privacy approval na	me: N/A					