

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.

Key Words:	Involvement, expenses, reward and recognition, involvement activity, responsible manager	
Version:	2	
Adopted by:	Trust Policy Committee	
Date this version was adopted:	September 23	
Name of Author:	Alison Kirk Head of Patient Experience, and Involvement	
Name of responsible Committee:	Patient and Carer Experience Group	
Date issued for publication:	September 2023	
Review date:	May 2026	
Expiry date:	1 December 2026	
Target audience:	All LPT Trust staff and service users/patients, carers, and members of the public who have expressed an interest in getting involvement with the Trusts Quality Improvement agenda.	
Type of Policy:	Non-Clinical	
Which Relevant CQC Fundamental Standards?	Regulation 9 (Person Centered) Regulation 10 (Dignity and Respect)	

Contents

	Version Control	3
	Equality Statement	3
	Due Regard Assessment	3
	Definitions that apply to this policy	4
1.0	Purpose of the policy	5
2.0	Summary of the policy and key points	5
3.0	Introduction	5
4.0	Recruitment and retention of service users/patients, carers and members of the public	6
5.0	Misconduct and grievance	7
6.0	Process for paying expenses & flowchart	7
7.0	Duties and responsibilities	9
8.0	Reimbursement	12
9.0	Funding to pay expenses	15
10.0	Other forms of Reward and Recognition	15
11.0	Training needs	16
12.0	Monitoring compliance and effectiveness	17
13.0	Links to standards/performance indicators	18
14.0	References and bibliography	18
Appendix 1	The NHS Constitution	19
Appendix 2	Due regard screening	20
Appendix 3	The Registration process	22
Appendix 4	The Involvement Process	23
Appendix 5	Activity Agreement Form	24
Appendix 6	Expenses Claim form	26
Appendix 7	Patient Engagement Planning Toolkit	27
Appendix 8	Training requirements	30
Appendix 9	Stakeholders and Consultation	31
Appendix 10	Data privacy and impact assessment screening	32

Version Control and Summary of Changes

Version number	Date	Comments (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

For further information contact:

Patient Experience and Involvement Team: lpt.patient.experience@nhs.net

Patient Experience and Improvement Lead: Telephone: 0116 295 0818

Patient Experience and Involvement Manager: Telephone: 0116 295 0818

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, 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 user/patient	Individuals who have used or are using the services provided by a 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 receiving payment.
Service Provider	Any local health or social care organisation.
Reimbursement of Expenses	Refers to the refunding of specific expenses or costs that the service user/patient or carer have incurred during their involvement activity.
Patient Experience and Involvement Champion	A paid member of LPT staff who actively promotes patient experience and involvement in their specific area of work.
People's Council	The Council provides an independent voice to help to ensure that 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 experience Partners	Lived Experience Partners will work alongside clinical and non-clinical staff, patients, and carers, drawing upon personal experience and expertise to provide insight into the design, improvement and delivery of the services provided by the Trust.
Responsible manager	LPT staff member allocated to a specific involvement activity with a 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 Agreement Form	Signed agreement between the responsible manager and individual involved, outlining the level of commitment required, 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 Engagement Planning Toolkit	A toolkit developed to support you when you are considering involving patients, carers, and family members in your services for improvement purposes. To understand the cope and purpose of the project to understand the level and method of involvement 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 people 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 one-to-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.

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 members of 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 Volunteering Policy.

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.

For the Lived Experience Partner role, this will follow a different route:

- Recruitment to role
- Patient Leadership training
- System induction

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.

When participating in meetings remotely from their home we will offer a standing allowance of £5 per meeting to cover the cost of telephone calls, paper, printing ink and paper, stamps, internet connection, stationery and other home office sundries using the Expenses Claim Form (Appendix 6)

Tier 5 roles are salaried so will need to follow the same route as LPT staff unless they have chosen to volunteer, then the standing allowance will apply.

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

Process for Paying Expenses

Expense claims forms are available from the Patient Experience and Involvement Team/Appendix 6 of this policy.



Service user/carer/member of the public getting involved is responsible for:

- Completing their expense claims form accurately which includes their name, address, and amount to be paid.
- Attach/forward copies of receipts (if relevant) to be reimbursed.
- Salaried Lived Experience Partners to use the “easy pay” app to claim for expenses incurred.



Responsible Manager is responsible for:

- Checking that you agree with what has been claimed and that all details are correct.
- Check any relevant receipts are attached and match with what is being claimed for.
- The form has been coded, signed, and approved by the Budget Holder
- Email the form to lpt.patient.experience@nhs.net for processing.

(It is advisable for the Responsible Manager to retain copies of the form and receipts for audit purposes)



Additional information

- BACS transfer pays reimbursement.
- Salaried Lived Experience Partners will follow a different payment route.
- Claims should be submitted no later than one month following the date to which they relate.
- Claims submitted three months after the date they relate to, will not be paid *(any claims made outside of the three months will be paid in agreement with the head of the particular service involved)* .

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.
- The Trust Policy Committee is mandated on behalf of the Trust Board to adopt policies.
- 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.
- The Patient Experience and Involvement Team are responsible for the central involvement budget.

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 becoming 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. Salaried Lived Experience Partners will be required to submit their expenses via the “easy pay” app.

Salaried Tier 4 and 5 roles will be subject to statutory deductions including tax and NI, dependent on individuals’ earnings and tax code. The changes are to ensure that we pay in a tax compliant way, in line with HMRC guidance. If Lived Experience Partners have questions about tax or NI, they can contact their local HMRC office (HMRC Helpline 0300 200 3311).

Lived Experience Partners who have chosen to volunteer in this role will be required to use the claims expense form (Appendix 6)

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 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 while 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 case 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 the Integrated Care Board (ICB) and LPT the service user can only claim expenses from either LPT **or** the ICB, 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.
- ensure 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:

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-of-pocket expenses.

Tier two

Deliberate engagement. Invited to attend workshops, events, focus groups on a one-off basis. Out of pocket expenses, 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, reward, and recognition (non-financial)
Vouchers – maximum £50 per year.

Tier four

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 expenses and offer of involvement payment via payroll process.

Tier five

Paid roles, employment with LPT via contract of employment, e.g., Peer Support

Workers/Lived Experience Lead profession. 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 help support the diversity of voices heard. Where there is a wish to make various 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 undertaking a piece of work which will involve tier three, please discuss it with the Patient Experience and Involvement Team **before commencement** as funding needs to be discussed and agreed prior to the activity taking place.

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 a 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.

Staff may exercise some discretion in out-of-pocket expenses which will help support the diversity of voices heard. Where there is a wish to make various 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.

8.3 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 same level of reward will apply.

8.4 Expenses that will be reimbursed:

Travel expenses.

Individuals are expected to use the cheapest reasonable mode of transport. Car sharing is encouraged when this reduces 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. 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 against 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:

<https://www.gov.uk/government/publications/rates-and-allowances-travel-mileage-and-fuel-allowances/travel-mileage-and-fuel-rates-and-allowances>

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.

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/non-professional 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.
- internet costs can be claimed at £5 per meeting attended. An expense claim form will need to be completed and submitted and authorized by the service area. (Please see Appendix 6)

The Patient Experience and Involvement Team holds a central budget to fund these types of costs. The Head of Patient Engagement and Involvement must be contacted to decide on using the funds in this way.

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 the Patient Experience and Involvement Team has initiated their activity.

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 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 a 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 in 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 their 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 treatment of 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: www.invo.org.uk/wp-content/uploads/2011/12/NIHRProgrammesPaymentRates2009.pdf
- 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 Remuneration 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	X
Support and value its staff	X
Work together with others to ensure a seamless service for patients	X
Help keep people healthy and work to reduce health inequalities	<input type="checkbox"/>
Respect the confidentiality of individual patients and provide open access to information about services, treatment, and performance	<input type="checkbox"/>

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 carrying out the Assessment	Corporate/Enabling: Patient Experience and Involvement Team
Name and role of person undertaking this Due Regard (Equality Analysis)	Haley Cocker Patient Experience and Involvement Manager
Give an overview of the aims, objectives, and purpose of the proposal:	
AIMS: 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 reimbursing, rewarding, and recognising their contributions.	
OBJECTIVES:	
<ul style="list-style-type: none"> 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. 	
Section 2	
Protected Characteristic	If the proposal/s have a positive or negative impact, please give brief details.
	The Reward and Reimbursement for Patients and Carers Policy supports involvement opportunities for all members of the local community including patients/service users, carers, and members of the public. It aims therefore to have a positive impact on all the protected characteristics.
Age	May have a negative impact for individuals under the age of 16 years as some involvement opportunities may be limited, or not suitable due to requiring a DBS which is not open to minors.
Disability	We welcome individuals to get involved with disabilities and make reasonable efforts to facilitate their involvement activities. Wheelchair access to some areas on site is poor/restricted. Involvement information can be made available in large print, Braille or audio tape.
Gender reassignment	Positive
Marriage & Civil Partnership	Positive
Pregnancy & Maternity	Positive
Race	We welcome individuals to get involved from all races/cultures and encourage that involvement is representative of local communities. Involvement information can also be made available in alternative languages.
Religion and Belief	We encourage individuals to get involved from different faiths.

	The chaplaincy department caters for all major faiths, with prayer rooms & foot washing facilities available if required.		
Sex	The faith/culture of some patients/service users requires that they may only receive support from gender-specific people.		
Sexual Orientation	Neutral		
Other equality groups?	<p>Before acceptance, individuals getting involved must complete a successful Occupational Health assessment to determine a suitable level of fitness for their proposed involvement activity.</p> <p>Prior to commencing an involvement activity, a skills audit will be completed to inform any areas for development, areas of concern, and/or areas to action reasonable adjustments before the involvement activity commences.</p> <p>The Trust reimburses out of pocket expenses, and recognises individuals for their contribution made through involvement activity.</p>		
Section 3			
Does this activity propose major changes in terms of scale or significance for LPT? For example, is there a clear indication that, although the proposal is minor it is likely to have a major affect for people from an equality group/s? Please <u>tick</u> appropriate box below.			
Yes		No x	
High risk: Complete a full EIA starting click here to proceed to Part B		Low risk: Go to Section 4.	X
Section 4			
If this proposal is low risk, please give evidence or justification for how you reached this decision:			
The implementation of the Reward and Reimbursement for Patients and Carers Policy applies to all LPT staff working whservice users/carers, families, and member of the public for involvement purposes, regardless of the service area where the involvement is taking place.			
Signed by reviewer/assessor	Haley Cocker	Date	31/05/2023
<i>Sign off that this proposal is low risk and does not require a full Equality Analysis</i>			
Head of Service Signed	Alison Kirk	Date	



Registration Process

Service user/patient, carer enquiry about involvement enquirer will be provided with the Involving You Leaflet, or referred to <https://www.leicspart.nhs.uk/involving-you/involving-you/> for additional information on involvement and to virtually complete forms.

Expression of Interest form received – details will be inputted to involvement database and service user/carers distribution list to receive our monthly Patient and Experience Involvement Newsletter.

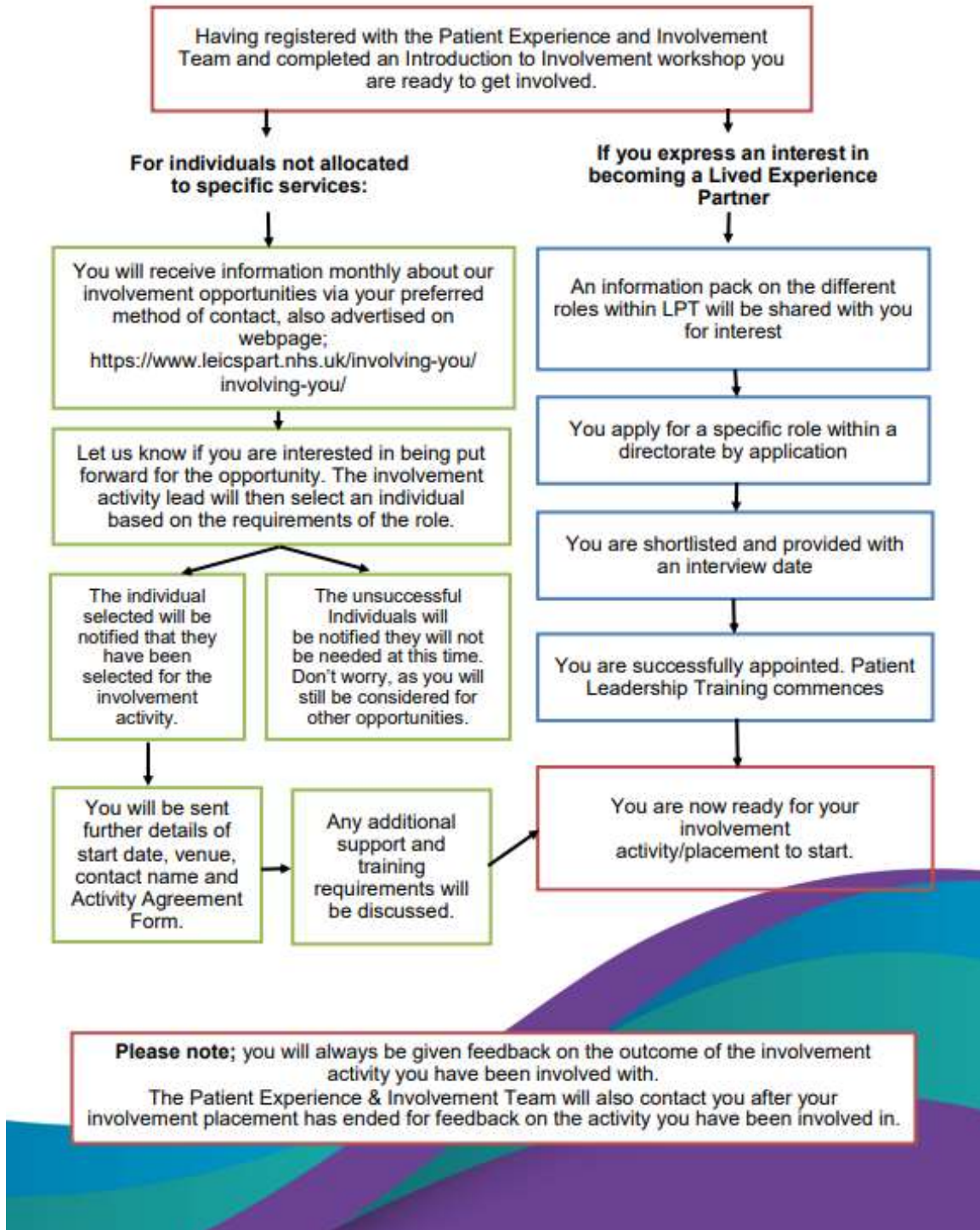
The Patient Experience and Involvement Team will make contact with enquirer, to book them onto a bimonthly Introduction to Involvement workshop, and post out an Involvement pack which includes the Involvement Charter and skills needs and interest forms if not already received.

The enquirer may also express an interest in becoming a Lived Experience Partner. An information pack will be provided upon request.

Introduction to Involvement Workshops are offered bimonthly and include;

- Introduction to our Involvement Framework
- Overview of the five tiers to involvement
- Current and future involvement opportunities
- Training and support available
- Sign up to LPT's Involvement Charter
- Reward and Recognition for Patients and Carers Policy

Involvement Process



Appendix 5

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 provides 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 representation, what is the name and purpose of meeting?	
Describe the role the participant will fulfil:	
Would the role be most effective if the participant was (please tick):	
Active or recent service user/patient	
Not current service user although accessed services within the last 12 months	
Parent or carer currently supporting someone to access services	
Not current parent or carer, although accessed services within the last 12 months	
Public member/member of Healthwatch (public interest view)	
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 format of the group, committee, or project i.e., how often to you meet, for how long, where?	
How much time (outside 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 will you provide for the participant?	
Please refer to the Trusts Reward and Reimbursement for Patients and Carers Policy and define the level of reward and recognition that the role may attract (tick and describe all that apply):	
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 required to attend wards on their own etc)	
Date of role description:	

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 on 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

Appendix 6

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		
Car Parking				
Meals / refreshments				
Postage				
Stationery				
Telephone Calls				
Childminding / Carers Costs				
Virtual meeting costs, £5 per meeting				
				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 them in 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

PATIENT ENGAGEMENT PLANNING TOOLKIT

This engagement planning toolkit has been developed to support you when you are considering involving patients and carers in your services. Please work through the two sections providing as much information as possible, as this will help define what engagement activities you may need to undertake.

An electronic copy of this survey is also available <http://ratenhs.uk/NndbvX>, once you have submitted this form the team will get in contact with you.

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 ipt.patient.experience@nhs.net

We can also arrange a meeting to support you to complete the toolkit, please contact either Haley Cocker, Patient Involvement Manager at Haley.Cocker@nhs.net or Alison Kirk Head of Patient Experience and Involvement at Alison.Kirk3@nhs.net

DEFINE PURPOSE OF ENGAGEMENT/ACTIVITY		
The purpose of this step is to:	a) Identify if there is a need for engagement – the Trust will only undertake if there is a clear reason to do so ... b) Clarify what the engagement will inform... for example... c) Establish what questions the engagement will seek to answer – having clear engagement questions will help provide a focus for engagement and ensure any engagement activities are shaped in the right way to provide the information you need d) Establish who you need to engage with – An understanding of who you need to engage is vital and will help determine the best approach	
	Description	What will you do?
What is the purpose of the engagement?	The Trust will only engage where there is a clear reason to do so. Reasons for engagement include: <ul style="list-style-type: none"> • Providing intelligence to inform review of a service • To find out what the impact of changes to services may be on patients • To involve patients in the development of new programmes or services ANY WORK THE TRUST UNDERTAKES THAT WILL HAVE AN IMPACT ON THE SERVICE THE PATIENT RECEIVES SHOULD BE INFORMED BY ENGAGEMENT	
What services does this engagement cover? Please list all the services related to this engagement	List all services that the engagement activity relates to directly and indirectly. Provide a very short overview of each service	
Who will be most	List of all those who will be affected by	

affected by the changes? E.g., users of the service, staff, registered patients	the activity you are engaging on	
What will the engagement inform and what change can happen as a result?	Many participants may choose not to get involved in a process with very slim chances of making an impact. It is important not to give participants false hopes about what impact they will have. Be clear about what the findings of the engagement will inform and the extent to which the feedback will have an influence. What SPECIFICALLY will we be able to do differently as a result of the engagement?	
What resources have you initially identified for this engagement (both physical and financial)?	You need to start to consider what resources you will need for your engagement. This is an opportunity to start to think about the resources both physical in terms of people and financial in terms of carrying out the engagement activity. You can get support from the engagement team to help you think about resources	
What are the key questions you are seeking to answer?	<p>The following questions have also been developed to help you define your engagement questions:</p> <ul style="list-style-type: none"> • What evidence/data have you used to arrive at your proposal? • What information gathering have you done? • Who do you think are the relevant groups/demographics? • How deep and robust is the analysis? • How relevant is the JSNA/other data for your project? • Who are you going to engage with? • How have you considered groups who do not engage? • What do you already know about the community the service is for? • How will you determine what goes in the survey? • Why this service? What evidence of need is there for the service? 	
DEFINE THE SCOPE OF YOUR ENGAGEMENT		
The purpose of this step is to:	<ul style="list-style-type: none"> a) Understand the scale of engagement required b) Establish the timescales for engagement 	

How does this engagement activity link to the Trust's priorities	What Step Up to Great priorities does this activity link to e.g., Mental Health, Improving Access	
Summary of changes proposed by the activity the engagement is informing	Please list all the planned changes this engagement is set to make e.g., design of a new service, improvement in current service delivery. If you do not know what changes will be made, for example if you are engaging to inform the review of a service or options for change, provide detail of what can potentially be changed. We need to be clear about what people can influence and what they cannot.	
Number of patients affected by this change?	How many patients currently access this service, will all these patients be affected by the changes planned	
What are the key demographics of patients who will be affected? (Taken from the Equality Impact Assessment)	Have you undertaken an Equality Impact Assessment? If yes, this can be linked to your engagement planning. If not, you will need to complete an Equality Impact Assessment before undertaking any commissioning and engagement activity	

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)	<input type="checkbox"/> Personal development
Division(s) to which the training is applicable:	<input type="checkbox"/> Directorate of Mental Health <input type="checkbox"/> Community Health Services <input type="checkbox"/> Enabling Services <input type="checkbox"/> Families Young People Children and Learning Disability and Autism Services <input type="checkbox"/> 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 for 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?	<input type="checkbox"/> ULearn <input type="checkbox"/> Other (please specify)
How is this training going to be monitored?	PCEG

Stakeholders and Consultation

Key individuals 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

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

Appendix 10

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	Patient Experience & Involvement Coordinator	Date 31.05.23
Screening Questions	Yes / No	Explanatory Note
1. Will the process described in the document involve the collection of new information about individuals? This is information more than what is required to carry out the process described within the document.	NO	
2. Will the process described in the document compel individuals to provide information about them? This is information more than what is required to carry out the process described within the document.	NO	
3. Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information as part of the process described in this document?	NO	
4. Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?	NO	
5. Does the process outlined in this document involve the use of new technology which might be perceived as being privacy intrusive? For example, the use of biometrics.	NO	
6. Will the process outlined in this document result in decisions being made or action taken against individuals in ways which can have a significant impact on them?	NO	
7. As part of the process outlined in this document, is 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?	NO	
If the answer to any of these questions is 'Yes' please contact the Data Privacy Team via lpt.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 name:	N/A	

