Royal Cornwall Hospitals
NHS Trust

Patient Leader Programme and Patient and Public Voice Partners Policy

V2.0

July 2025

Summary

Royal Cornwall Hospitals NHS Trust Patient Leader Programme Policy

Involving patients and the public is a legal requirement in our commissioning arrangements and brings a range of benefits for better healthcare services.

Promoting equality and addressing health inequalities are at the heart of Royal Cornwall Hospitals NSH Trust's values. Throughout the development of the policies and processes cited in this document, we have:

- Given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it; and

- Given regard to the need to reduce inequalities between patients in access to, and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities.

Key Points and Actions

Patient and public participation is an essential part of Royal Cornwall Hospital Trust's (RCHT) way of working. We want to build strong and supportive relationships with our Patient Leaders and patient and public voice partners (PPV's) to get the very best from our participation activity in order to serve our community with the services they need. Patient Leaders and PPV's are people who are willing to share their perspective and experience with RCHT to inform our services in a range of different ways in order to changes and improvements that are meaningful to our community.

The term 'Patient Leader' includes patients, service users, carers and families and the general public who have accessed RCHT in the past 12 months or manage a long term condition which requires them, or may in the future require them to access our acute services and are residents of Cornwall, and who have been recruited onto the RCHT Patient Leader Programme.

This policy relates to individual Patient Leaders and does not apply to our work with patient and public organisations (such as national charities or voluntary and community organisations).

Patient Leaders and PPV's get involved in a wide range of activities with RCHT. An individual might get involved in a range of different programmes of work and may take on a number of different types of role while involved in that work.

NHS England has identified four different types of Patient and Public Voice PPV role and has detailed the characteristics of each role fully at Appendix 1. RCHT intend to recruit Roles 1, 2 and 3 (see Appendix 1). Those recruited to roles 1 and 2 will be known as Patient and Public Voice Partners (PPV) and those recruited to role 3 will be known as Patient Leaders.

RCHT is committed to involving diverse groups of patients and the public in its work. This involvement brings a wealth of insight, perspectives, expertise and experience to its programmes. RCHT's vision of working with Patient Leaders is that they can bring unique

perspectives and insights into our work, perhaps through their lived experience as a patient/carer or as a member of a community with particular health and care needs. They can challenge thinking, help innovate and improve what our Trust does, ultimately making our services more responsive to people's needs, improving access to services as well as improving health outcomes.

Individual teams in RCHT have responsibility for engaging Patient Leaders in their work. This means consistently applying a set of standards and ways of working with our Patient Leaders. This will ensure Patient Leaders know what to expect when participating in RCHT's work programmes, and staff will understand how best to support our Patient Leaders. Staff should consider the best approach to participation for our varied and different programmes of work. It is important to identify what involvement activities are needed for different situations and involve people early in the process, not as an afterthought. Plan ahead for any involvement events or the recruitment of PPV partners to roles on committees or working groups.

People involved in working with the Patient Leader Programme may face barriers to engagement. Patient Leaders may have long term conditions or be part of diverse communities that are seldom heard including people with a lived experience. It is important to involve people in ways that are appropriate to their needs and values diversity.

Ensure that all of our participation activity has a named team to contact; a team who a Patient Leader can contact with any queries or support needs. A lead contact team is particularly important where Patient Leaders and PPV partners are joining events or workshops, or where they are taking part in regular meetings. Where regular events are attended the Patient Leader will have a named contact within the RCHT responsible for that group.

The Patient Engagement Team in conjunction with the Voluntary Services Team should provide Patient Leaders with the RCHT Patient Leader Welcome Pack and highlight the corporate induction process for patient leaders.

Training and development opportunities are available to both staff and Patient Leaders partners to support them in their participation activities. The Patient Experience Team can signpost to internal RCHT training opportunities and NHS England who hold case studies, toolkits, resources, e-learning and information about other support opportunities.

Keep good records of your approach to participation including securely storing Patient Leader personal data in line with Information Governance Policy.

Consider any safeguarding arrangements, for both Patient Leaders, PPV's and staff, which may be required in relation to involvement activities. Refer to the RCHT safeguarding policy for further information.

In the event of concerns raised by Patient Leaders. PPV's or staff, these should be resolved locally where possible, through discussion. If necessary, contact the Patient Engagement Team or Voluntary Services team for support.

The Patient Engagement team can be contacted for advice or support:

rcht.patientengagement@nhs.net or rcht.patientleader@nhs.net

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Data Protection Act 2018 (UK General Data Protection Regulation – GDPR) Legislation.

The Trust has a duty under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out, it must be opt in.

Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 please see the Information Use Framework Policy or contact the Information Governance Team.

Royal Cornwall Hospital Trust rch-tr.infogov@nhs.net

1. Introduction

1.1. This policy sets out how RCHT supports Patient Leaders and PPV's to be involved in our work.

1.2. Patient Leaders and PPV's are people who are willing to share their perspective and experience with RCHT to inform our services in a range of different ways in order to changes and improvements that are meaningful to our community. Patient Leaders and PPV's include patients, service users, carers, families and other members of the public.

1.3. **Why involve Patient Leaders and PPV's?**

"…the health service needs to change, arguing for a more engaged relationship with patients, carers and citizens so that we can promote wellbeing and prevent ill health. We need to ensure that patients and the public are an integral part of our governance, decision making forums, service improvement, re-design and assurance. It is vital that the patient and public voice (PPV) is embedded in all our commissioning process."

Five Year Forward View, NHS England, October 2014

RCHT is committed to involving diverse groups of patients and the public in its work. This involvement brings a wealth of insight, perspectives, expertise and experience to its programmes. RCHT's vision of working with Patient Leaders is that they can bring unique perspectives and insights into our work, perhaps through their lived experience as a patient/carer or as a member of a community with particular health and care needs. They can challenge thinking, help innovate and improve what our Trust does, ultimately making our services more responsive to people's needs, improving access to services as well as improving health outcomes.

RCHT strongly values the significant contribution that patients and the public make towards improving the NHS for all groups of people.

NHS England's commitment is reiterated in the Next Steps on the Five Year Forward View, published in March 2017.

"Making progress on our priorities and addressing the challenges the NHS faces over the next two years cannot be done without genuine involvement of patients and communities. Nationally, we will continue to work with our partners, including patient groups and the voluntary sector, to make further progress on our key priorities."

Every element of RCHT's services needs to be informed by insightful listening and acting on the views of those who use and care about our services. Their views should inform service development; this helps us get services right for patients and supports continuous improvement.

Involving patients and the public is a legal requirement in our commissioning arrangements and brings a range of benefits for better healthcare services. This

is described under Section 13Q of the NHS Act 2006 (as amended by the Health and Social Care Act 2012).

RCHT's work with PPV partners is part of NHS England's wider approach to patient and public involvement and complements other approaches; for example, working with the voluntary and community sector; digital engagement; review and analysis of patient insight and feedback data and social research.

1.4. This version supersedes any previous versions of this document.

2. Purpose of this Policy/Procedure

2.1. RCHT involves diverse groups of patients and the public in a range of ways, from seeking input to our patient and family surveys, jointly designing service improvements and involving people as members of working groups and strategic committees. RCHT is committed to enabling our Patient Leaders and PPV's to be effective in their diverse roles. A single approach will not be appropriate to every PPV role. This policy sets out clear and consistent support and governance arrangements for the 'lifecycle' of a Patient Leader's involvement with RCHT.

2.2. The aim is that:

1. Patient Leaders are valued and supported to maximise their contribution to the work of RCHT.

2. Patient Leaders have a positive experience of involvement with RCHT.

3. RCHT works with a diverse range of Patient Leaders and supports them in ways that are effective and proportionate to their roles and their individual needs.

4. RCHT minimises corporate risks and applies robust governance arrangements in involving Patient Leaders in its work.

Individual teams in RCHT have responsibility for engaging Patient Leaders in their work. This means consistently applying a set of standards and ways of working with our Patient Leaders. This will ensure Patient Leaders know what to expect when participating in RCHT's work programmes, and staff will understand how best to support our Patient Leaders.

3. Scope

3.1. This policy applies throughout RCHT; i.e. to all our hospital sites including Royal Cornwall Hospital, West Cornwall Hospital and St Michaels Hospital.

3.2. This policy relates to individual Patient Leaders and PPV's and does not apply to our work with patient and public organisations (such as national charities or voluntary and community organisations). It is recognised that working with patient organisations and the voluntary and community sector also brings valuable insight and input to our work. Patient Leaders and PPV's are not employees, workers or agents of RCHT.

3.3. This policy does not apply to people working with RCHT who are not Patient Leaders, such as expert advisers for example ethicists, clinicians, scientific advisers, contractors or people working in other consultancy roles.

3.4. The policy and associated documents are available to RCHT staff on the staff intranet and from the Patient Engagement Team by emailing rcht.patientengagement@nhs.net.

4. Definitions / Glossary

- **Patient Leader** – The term 'Patient Leader' includes patients, service users, carers and families and the general public who have accessed RCHT in the past 12 months or manage a long-term condition which requires them or may in the future require them to access our acute services and are residents of Cornwall, and who have been recruited onto the RCHT Patient Leader Programme. They will be members of working groups which meet regularly e.g., policy and service design, task and finishing programmes etc.

- **Patient and Public Voice Partner** – someone who chooses to attend, respond or comment on open access engagement opportunities, e.g. responding to online surveys, or someone who is invited to attend workshops/events/focus groups on a one off basis.

- **Volunteer** – anyone who gives of their time to undertake duties not covered by paid staff for which they receive no financial compensation, apart from limited reimbursement of travel expenses, if requested as per the RCHT Volunteer Policy.

- **Introduction and Welcome** – new Patient Leaders attend RCHT corporate induction provided by staff trainers and covering general issues related to working on hospital premises (eg fire safety, information governance, adult and child safeguarding level 1) but not covering specific Patient Leader roles.

- **Local Induction** - training provided by RCHT staff or experienced Patient Leaders and covering specific Patient Leader roles and safety issues (eg fire exits, security of personal possessions, staff lines of responsibility etc).

- **DBS** – Disclosure and Barring Service

- **ESR** – Electronic Staffing Records

5. Ownership and Responsibilities

5.1. Role of Voluntary Services department

The Voluntary Services Department is responsible for ensuring that:

- All new Patient Leaders attend a corporate induction (currently one day).

- All Patient Leaders attend Safeguarding Level 2 for Adults and Children.

- New Patient Leaders sign up to An Agreement to Volunteer and Confidentiality and Conduct regulations (including Guidelines for the Responsible Use of Social Media).

- All Patient Leaders have an enhanced DBS, occupational health clearance and two acceptable references prior to commencement on the programme.

5.2. Role of RCHT Patient Engagement Team

- All new Patient Leaders undergo an introduction and induction process.

- All new Patient Leaders are given sufficient training within their chosen work area by RCHT staff experienced in that specific area; where required, further specialist training is undertaken for specific Patient Leader roles.

- All Patient Leaders are given localised training regarding fire safety, personal security, confidentiality and staff lines of responsibility.

- Patient Leaders are supplied with clear role descriptions.

- All Patient Leaders have clearly specified lines of support and supervision.

- Ensure all Patient Leaders are shown respect, appreciation for their services and must be free from discrimination and have safe working conditions.

- The Patient Engagement Team will be the lead team for coordinating Patient Leaders are reimbursed for travel expenses. Care Groups and Service areas are responsible for paying the expenses of the Patient Leaders they use for their projects.

- To ensure that Patient Leaders are allowed to arrange holidays and appropriate breaks to suit their own needs.

- To allow that after a minimum of six months in post as a Patient Leader a reference of volunteering undertaken can be provided.

- To maintain Accurate records of applications received, interviews held, completion of induction and other training.

- Patient Engagement team responsible for recruiting, recording data and allocating appropriate PPV's to Role 2 positions/opportunities.

- Patient Engagement Team are responsible for ensuring that information about the way that we work with Patient Leaders, and the impact that this has on our work is recorded. This information may be used to inform RCHT's Patient Experience Group annual report.

- Patient Engagement team will act as the lead contact team for PPV's and Patient Leaders and will have the following responsibilities as lead contact team:

    - The lead contact team has the responsibility of the end-to-end management of the PPV partner's involvement with RCHT.

- The lead contact team is responsible for identifying any resource requirements associated with the PPV and Patient Leader involvement activity. This will usually include coordination of funding for PPV partners' expenses. Care Groups who use Patient Leaders in their groups/committees will be responsible for the payment of reasonable travel expenses. This may include costs to enable PPV partners to participate effectively. Where individuals have specific, personal and/or complex needs, and prefer to arrange their own support, we may reimburse these costs where agreed in advance with the named lead contact, and with evidence of expenditure such as receipts.

- The need to ensure availability of staff time e.g. providing briefing information and making travel arrangements for Patient Leader and PPV partners should also be considered.

- The lead contact team should ensure that any personal data in respect of Patient Leaders and PPV partners is securely maintained and registered on a secure database approved by RCHT Information Governance, in line with our Information Governance requirements and data protection law.

- The lead contact team is the first line contact for the Patient Leader and PPV partner to ask questions or raise any concerns in respect of their role.

5.3. Role of the Chair of the group of which the Patient Leader or PPV is a member (if different to the lead contact team)

5.3.1. The Chair of the group is responsible for ensuring that the Patient Leader member, and indeed any other member, is fully involved in the group and that their views and input are given consideration equal to the rest of the group.

5.3.2. Chairs should consider any additional support that a Patient Leader might need to gain confidence and contribute effectively to the group; an informal welcome, or briefing/ de-briefing discussion may be useful. Chairs may also need support, as much as Patient Leaders, in creating an inclusive environment.

5.3.3. If the Patient Leader experiences any difficulties or concerns about participating in the group, they should discuss this with their lead contact team in the first instance.

5.3.4. If a Chair recruits a patient to participate in their group without using the Patient Leader Programme, they are responsible for ensuring the recommendations of the Lampard Report have been considered, and that all aspects of safeguarding, confidentiality, health and safety and support for the patient have been put into place. Voluntary Services will ensure any volunteer is recruited in accordance with these guidelines.

5.4. **Responsibilities of Executive Team**

The Executive Team take an overview of patient and public engagement across their programmes of work. They are responsible for ensuring that patient and public involvement is embedded in RCHT's programmes and services, and for ensuring appropriate Patient Leader activity is monitored and securely recorded. Directors have responsibility for ensuring data is securely held in line with RCHT's Information Governance policy and Data Protection Act 2018. The inclusion of Patient Leaders in programmes and commissioning activity should be considered as part of the participation planning and recorded as part of the assurance process. Directors have responsibility to ensure that information about the way that we work with Patient Leaders, and the impact that this has on our work is recorded. This information may be used to inform RCHT's Patient Experience Group annual report.

5.5. **Role of Patient Leader**

- Carrying out their role in a way that accords with the aims and values of the Trust
- To share their diversity of experience and insight and to participate fully in events and meetings
- Complete their induction fully and make the lead teams aware of any needs regarding support or accessible information.
- Ensuring the Lead Contact Team has their current and correct contact details
- Advising the Lead Contact Team of unavailability due to illness, holidays, etc
- Advising the Patient Engagement Team of any difficulties they are experiencing that have not been able to be resolved locally
- Respect all other Patient Leaders, patients, visitors and staff
- Adhere to the strict rules of confidentiality and conduct and carry out their role regarding the health and safety of themselves and others and comply with all relevant guidelines and policies of the Trust.
- Patient Leaders must not represent themselves as, or imply that they are an employee, worker or agent of RCHT, through whatever channel including social media.
- Return their ID badge when retiring from the Patient Leader Role

5.6. **A summary of Patient and Public Voice roles (PPV) (NHS England)**

5.6.1. It is recognised that patients and the public support the work of the NHS in a variety of ways. NHS England has developed a detailed description of a number of different roles that PPV partners undertake and how each of these contributes to the work of NHS hospital trusts, from one off participation activities, to regular involvement roles. All types of involvement and roles are valuable, however the support and governance arrangements for different roles will vary.

5.6.2. Role description information is described in detail at appendix 3 and includes:

- A description of each role.
- Examples of the type of engagement for each role.
- How each role contributes to our work.
- What expenses/involvement payment category applies for each role.
- Information about different involvement approaches, included where an application process and/or references are required.
- Information about when confidentiality agreements or declaration of interests are required.
- Management of personal information.
- Where there are training requirements that apply to the role.

5.6.3. The breadth of different roles allows NHS hospital trusts to offer a variety of engagement opportunities, designed to meet a diversity of needs and interests and supports us to meet our involvement duties under Section 13Q of the NHS Act 2006 (as amended by the Health and Social Care Act 2012).

5.6.4. The RCHT Patient Leader Programme will recruit patients, public and carers to Roles 1, 2 and 3.

5.6.5. RCHT will be going beyond the governance requirements set out in this table, by asking Role 3 Patient Leaders to undergo a DBS check and submit referees to ensure adherence to the Lampard Report recommendations.

5.6.6. Different teams in RCHT will have a variety of ways that they engage with Patient Leaders and PPPV's subject to their business need and specific programme of work.

5.6.7. Patient Leaders may hold several different roles at the same time.

5.6.8. Example:

Following an application and interview process, Mary Smith was selected to become a Patient Leader on the Incident Reporting and Learning Group (IRLG). The involvement that she has with this committee is designated as Role 3. Mary can claim reasonable travel expenses for attending these IRLG meetings.

5.6.9. Mary is also interested in good access to outpatient services. Outpatients Transformation Team held a number of workshops and events to hear from patients up and down the county about their views on using an online outpatients service. Mary joined some of these discussion workshops. One event was held in a town local to where she

lived. Mary registered for this event and went along to be part of the discussions. She was able to claim reasonable travel expenses back for attending the event. PPV partners attending these events were designated as Role 2.

5.6.10. Mary also responded to a number of RCHT online questionnaires. She completed these surveys when she had time at home. This type of involvement is designated Role 1.

5.6.11. It is possible for a PPV partner/Patient Leader to undertake a range of different roles at any one time. However, as described in Appendix 3, the number of roles involving membership of groups/committees that an individual can hold simultaneously is limited. This helps us to ensure that there are opportunities for a greater range of people to participate.

6. Standards and Practice

6.1. Recruitment and selection of Patient Leaders

6.6.1. The Trust complies with the Data Protection Act 2018, and General Data Protection Regulation using application forms and keeping databases in line with Information Governance Requirements.

6.6.2. Equal opportunity principles apply to Patient Leader recruitment in the same way as Trust staff.

6.6.3. Patient Leaders are actively recruited from all sections of the community without discrimination in line with the Trust's Inclusion and Human Rights policies.

6.6.4. Prospective Patient Leaders are required to complete an application form, specifying two referees who have known them for a minimum of two years and can provide a character reference in line with the role of Patient Leader.

6.6.5. A separate Inclusion Monitoring Information sheet is completed by the applicant.

6.6.6. All prospective Patient Leaders are interviewed either at an informal group interview or at interview overseen by the Patient Engagement Team with support from the Voluntary Services Team.

6.6.7. The Trust reserves the right for the Voluntary Services Team and/or the Patient Engagement Team not to take up every application received, or every applicant interviewed.

6.6.8. Patient Leaders must provide documentation for an Enhanced Disclosure and Barring Service check during the interview process. DBS checks are undertaken in line with Trust DBS policy.

6.6.9. All Patient Leaders complete an Occupational Health pre-employment health clearance form during their formal interview, as do staff working at the Trust. Occupational Health are provided with the relevant role description.

6.6.10. The Voluntary Services department ensures that all checks on volunteer Patient Leaders, including two references, OH clearance checks DBS checks are taken up, recorded and are satisfactory before the Patient Leader commences.

6.6.11. Once placed in a role, it is the duty of Patient Leaders to comply with the Trust's existing policies and procedures. All Patient Leaders are required to wear their identification badges when attending the hospitals sites in their role as Patient Leader.

6.2. Maintaining Records and training records

6.2.1. All Patient Leaders are registered on a volunteer database within the Voluntary Services and Patient Engagement Teams and all details will also be held on the Trust's Information Governance approved data storage system. These databases are stored on a secure server in accordance with the Trust Information Governance Policy.

6.2.2. Patient Leaders are required to provide the Voluntary Services and/or Patient Engagement Team with any change of personal details such as address, telephone number or name, to ensure that accurate details are always held on the database.

6.2.3. PPV details are also stored on a secure database with the Patient Engagement Team, stored on a secure server in accordance with the Trust Information Governance Policy.

6.3. Support for Patient Leaders and PPV's

6.3.1. Paid members of staff, where possible, provide Trust support to Patient Leaders and PPV's in areas where they are placed.

6.3.2. The Trust ensures that the working environment complies with health and safety legislation and that Occupational Health Services provide support and advice where required.

6.3.3. The Trust, via the Patient Engagement Team and Voluntary Services Team, provides an induction period for Patient Leaders; assesses the progress of their placements and attempts to resolve any problems at an early stage.

6.3.4. Patient Leaders will not receive any payment for their role apart from reasonable travel expenses as detailed in section 6.14.

6.3.5. Free Parking is provided for Patient Leaders, where possible, on whilst on duty.

6.3.6. At the Royal Cornwall Hospital, as part of the Trust volunteer group, Patient Leaders will have access to free parking on site and free Park and Ride access. More information will be provided around the accessing these on commencement of the role.

6.3.7. SMH permits are provided by the general office. These permits do not guarantee a parking space.

6.3.8. There is no on-site parking at WCH.

6.3.9. The Trust has insurance for the provision of cover for Patient Leaders and PPV's whilst they are on duty on Trust premises.

6.3.10. Patient Leaders are given information about Trust Policies or protocols that might affect them.

6.3.11. Patient Leaders should not use their position for personal advantage or to gain preferential treatment. They must declare any involvement they may have in any organisation with which the Trust may be considering entering a contract.

6.3.12. Patient Leaders are told who to contact if they have a concern about any aspect of their work. Wherever possible, cases are resolved informally with face-to-face communication between the individuals concerned and with the assistance of the Patient Engagement Team.

6.4. Relationships with paid staff

6.4.1. The roles of Patient Leaders, PPV's and paid staff are complementary and mutually supportive.

6.4.2. The Trust takes steps to ensure that paid staff are aware of the rights and roles of Patient Leaders and PPV's and that good working relationships are fostered between paid staff and volunteers.

6.5. Termination of Service

6.5.1. The Voluntary Service Manager or Patient Experience Manager has the authority at any time to ask a Patient Leader to withdraw their help for reasons of conduct or capability.

6.5.2. On termination of service, whether by request or by choice, Patient Leaders are required to return their ID badge, parking pass and any other Trust property to the Voluntary Services office.

6.6. Accessible involvement

6.6.1. RCHT is committed to involving a diversity of Patient Leaders and PPV's and removing barriers to participation. We recognise that many of our Patient Leaders and PPV's will also be service users and by definition are likely to have complex conditions, ill health, disabilities, or be carers and this may mean making bespoke arrangements to support people's involvement.

6.6.2. RCHT should aim to maximise the accessibility of communication, information and documents relating to engagement opportunities.

6.6.3. Documents should be written in plain English (in so far as is possible for technical or complex information) and where appropriate should be available in alternative languages and formats as set out in the NHS England Accessible Information and Communication Policy.

6.6.4. In addition, digital engagement opportunities, including online surveys, should be accessible to those using assistive technologies including screen-readers. Consideration should also be given to translation and interpreting services where appropriate.

6.6.5. Face to face involvement opportunities, whether a one-off workshop or event, or regular meetings, should consider the access and support needs of the target audience and those attending.

6.6.6. Delegates attending workshops and events, including patients and the public, should be given the opportunity to provide advance details of accessibility needs. RCHT's Patient Engagement Team can be used to register such accessibility needs. Venues should meet the accessibility needs of the delegates (including, but not limited to accessibility for wheelchair users, or hearing loop users).

6.6.7. Where Patient Leaders are involved in regular meetings, they should ensure that their lead contact and the Patient Engagement Team is aware of any accessibility needs. It is the responsibility of the event organiser or lead contact to ensure that these needs are met as far as is practicable.

6.6.8. Using technology and remote access engagement approaches, e.g. webinars and teleconferences can be cost effective as well as supporting those who live in geographically remote areas, or those who have difficulty travelling to get involved.

6.7. Engaging Patient Leaders in regular activities

6.7.1. While much of RCHT's involvement activity will take place through one off events, workshops, surveys and other activity under roles 1 and 2 (as per Appendix 3), RCHT also has regular involvement with Patient Leaders who join our working groups/committees. RCH Patient Leaders will fall under the NHSE PPV roles 3 as described in the role description table (Appendix 3). This will involve a structured and transparent process to identify Patient Leaders to take part in regular meeting commitments. Patient Leaders are volunteers and are not RCHT employees and different involvement approaches will be appropriate in different circumstances. These will depend on the requirements of the working group, committee or board. As a general principle, these approaches should be open and transparent and support a diversity of involvement.

6.7.2. It is good practice to involve more than one Patient Leader in a group, to bring different Patient Leader perspectives to the work. Appointing a Patient Leader as the chair of a working group, where appropriate, can send an important message about how their contribution is valued. A small number of Patient Leaders as members of a group cannot fully represent a wider population and further engagement work may be needed to effectively support the improvement and development of our services.

6.7.3. Engagement through representatives should only be used where directly engaging with service users is not practicable or proportionate. It should complement – not substitute – opportunities for direct public and patient engagement. Where involvement takes place via Patient Leaders on working groups, staff should seek assurance that they offer a fair representation of the views of others.

6.7.4. Members of staff from voluntary, community and social enterprise (VCSE) sector organisations, charities and patient organisations can also bring valuable input and insight to our work. Their input would normally be from a perspective of representing their organisation, or organisation membership, rather than that of a Patient Leader, unless they are contributing solely in a personal capacity.

6.7.5. Any team involving Patient Leaders should always ensure that Patient Leaders have a named, lead contact from within the team.

6.8. Initial 'Identify/select and involve' phase

6.8.1. The lead contact/Patient Engagement Team should ensure that Patient Leader roles have a clear role description indicating the nature of the role, any skills and experience required, how long the role will last and any mandatory training associated with the role. Involvement approaches should actively encourage applications from a diverse range of candidates, including those from protected characteristic groups as defined in the Equality Act 2010 as well as people with a lived experience. Staff recruiting Patient Leaders should keep records of how they have promoted their involvement opportunities. People who receive state benefits may require prior permission from the benefits agency before they agree to regular involvement activity and before accepting any involvement payments. This may take additional time and should be factored into a recruitment process. It is the responsibility of the Patient Leader to establish what affect any involvement payments, for example travel expenses, will have on the payment of their benefits.

6.8.2. For PPV partners in roles 3 and 4 there is a restriction on the number of roles that a Patient Leader can hold simultaneously. This is to encourage diversity of Patient Leaders. Patient Leaders should hold no more than five roles, if those roles do not attract an involvement payment. Staff teams should identify at the initial selection stage if Patient Leader applicants hold any other PPV role with RCHT or CFT.

6.8.3. We recognise that Patient Leaders may need to attend a number of meetings in their role, e.g. a member of a PPV Advisory Group may also attend a Programme Steering Committee to feedback from the Advisory Group. These do not count as separate Patient Leader roles.

6.8.4. NHS England has set a limit to the length of time PPV partners (Patient Leaders) can be members of a group/committee and RCHT will also set this time limit. This is limited to a maximum of four years continuous involvement. By doing this we aim to ensure that our Patient Leaders contribute effectively to our programmes and that we continue to make opportunities available for a diversity of people to support our work.

6.8.5. RCHT will be retaining Patient Leaders for one year with a maximum of 18 months. There may be occasions where projects require a Patient Leader for longer than this time period and this is at the discretion of the committee lead contact but is still limited to a maximum of four years.

6.8.6. Accepting a Patient Leader role does not constitute a contract of employment. Nothing in the arrangements between RCHT and a Patient Leader shall render a Patient Leader as an employee, worker or agent of RCHT. This must be made clear from the outset (e.g. when advertising a Patient Leader role) and in relevant documentation (e.g. welcome pack, appointment letter). The Patient Leader must not imply that they are an employee or a representative of RCHT through any channel, including social media.

6.9. Induction phase

6.9.1. New Patient Leaders should be welcomed to the role by the lead contact teams (Voluntary Services and Patient Engagement), with a briefing about their role, information about where to access support and an opportunity to ask questions.

6.9.2. Patient Leaders should be given the RCHT Patient Leader welcome pack. Where it is a requirement of the role, Patient Leaders will be asked to return the confidentiality agreement and declaration of interests' form, which can be found on the intranet. These should be returned to the Voluntary Services team with copies held securely by the lead contact teams.

6.9.3. The lead contact teams should provide Patient Leaders with induction information specific to their new role. This should include an introduction to other members of the group or committee and provision of a copy of the Terms of Reference and any other relevant documentation.

6.10. Support and development phase

6.10.1. Patient Leaders should discuss their support and development needs with their lead Contacts team.

6.10.2. Several development and training opportunities are available to both staff and Patient Leaders to support their participation practice and this will be ongoing throughout their time as a Patient Leader.

6.11. Completing the role

6.11.1. Patient Leaders will usually end their engagement in RCHT's groups/committees via the following routes:

- The agreed period of membership expires; the Patient Leader should receive a reminder communication in advance of the end of the membership period. A succession plan for the group should be put in place in a timely manner to ensure Patient Leader input is continued within the group.

- The Patient Leader resigns; the Patient Leader should notify their lead contact teams and the chair of the committee in writing.

- The group or committee is dissolved / the piece of work comes to an end.

- The Patient Leader is asked to leave the group for reasons of unsuitability; this should be a managed and recorded process (see section 10).

6.11.2. The Patient Leader should receive a communication thanking them for their involvement. The lead contact teams should seek feedback from the Patient Leader partner about their experience and record it. It is useful to share any examples of good practice or themes for improvement with the Patient Engagement team so that any good practice can be shared and other information can inform our continuous improvement process.

6.12. Participating fully

Patient Leaders and PPV's working with RCHT have a diversity of experience and insight to share. Patient Leaders should undergo all the induction processes outlined in the Welcome Pack. Patient Leaders and PPV's should be encouraged and supported to participate fully in events and meetings. To enable this, Patient Leaders are asked to complete their induction, and make their lead contact team aware of any needs regarding support or accessible information. Patient Leaders should read the Welcome Pack and any other information provided which is appropriate to their role. Chairs of groups where Patient Leaders are represented will provide all necessary information and support for full participation of all members of the group. The Patient Engagement Team support this by providing a resource group to group chairs which gives guidance on good practice co-production.

6.13. Working together

6.13.1. Our Patient Leaders and PPV's are expected to understand and promote a working environment that demonstrates respect and tolerance to help make our meetings, events and involvement activities inclusive and safe for all. We expect our Patient Leaders to support our organisational values.

6.13.2. All Patient Leaders and staff have the right to participate in meetings and workshops without fear of discrimination or prejudice based on ethnicity, sexuality, nationality, age, gender identity, gender presentation, language, ability or disability, asylum status, political or religious affiliation or other protected characteristics outlined in the Equality Act 2010. Where individuals demonstrate discriminatory behaviour, or behaviours that are inconsistent with RCHT's values (such as bullying or harassment), they may be asked to leave the meeting/group.

6.13.3. Patient Leaders must not represent themselves as, or imply that they are an employee, worker or agent of RCHT.

6.14. Claiming expenses and/or involvement payments

6.14.1. Patient Leaders are volunteers and will not receive any payment for their role. However, travel expenses will be reimbursed; mileage will be paid for travel by car at a limit of 50-mile round trip and public transport within the county will be reimbursed. Any mileage over the limit and public transport costs outside of the county that may be required to fulfil the role, will be considered on an individual basis at the discretion of the Patient Engagement Team or Care Group/Service using a Patient Leader or PPV. Taxi expenses will not be reimbursed unless this is the only option to ensure the accessibility to the Trust sites or other meeting venues. The Patient Engagement Team, or Care Group/Service reserves the right to request proof or confirmation that a patient leader requires to travel by a particular mode of transport. Agreement of any reimbursement for increased mileage, out of county public transport and taxi fares will need to be provided in writing prior to any travel being undertaken by the Patient Leader. They will adhere to the Staff Travel and Expenses Policy and Procedure for the reimbursement of such expenses. Expenses are claimed using the claim forms from either the Voluntary Services office or Patient Engagement Team.

6.14.2. People who receive state benefits may require prior permission from the benefits agency before they agree to regular involvement activity and before accepting any involvement payments. It is the responsibility of the Patient Leader to establish what affect any involvement payments for example travel expenses, will have on the payment of their benefits.

6.14.3. Expenses will be covered by the Care Group Project that the project sits in and the process will be agreed with the Patient Engagement Team and the project chair prior to the commencement of a project.

6.14.4. This policy is aligned to the NHS England PPV partners' expenses policy entitled Working with our Public Voice Partners: reimbursing out of pocket expenses and involvement payments for Patient and Public Voice.

6.14.5. It is the responsibility of the lead contact teams to ensure that the Patient Leader is provided with a copy of the Patient Leader Policy and a copy of the claim and transport booking forms. It may be helpful to discuss the policy with Patient Leaders to explore any queries about expenses. The prompt reimbursement of expenses is an important way that we support and value our volunteers.

6.14.6. Patient Leaders are required to claim any expenses reimbursement or involvement payment within 12 weeks of incurring the expense.

6.15. Training and development available for staff and Patient Leaders

6.15.1. Resources for all

NHS England has an Involvement Hub on its website to support better public involvement and share good practice. The Hub is a one-stop shop of tools, best practice, training and development opportunities linked to patient and public participation.

6.15.2. Resources for Patient Leaders

The welcome pack and induction information support RCHT Patient Leaders to understand how they can best contribute and what they can expect of their involvement. Any training mandatory for a specific Patient Leader role in RCHT will be described in the welcome pack.

6.15.3. Staff training and information

Information about staff training on public participation and this policy can be found on the intranet. A handbook for staff advising on best practice with co-production and involving patients and our communities will be available for all staff from the Patient Engagement team or on the intranet.

6.16. Feeding back outcomes to Patient Leaders

It is good practice to feedback to people what happened as a result of their participation. Where things cannot be changed, in line with feedback received, it is important to communicate this too.

6.17. Managing concerns

6.17.1. The lead contact team should try to deal with any concerns raised by Patient Leaders in the first instance, exploring the issues with the Patient Leader and trying to understand where, why and how they have arisen to jointly identify solutions.

6.17.2. If RCHT staff have concerns about the behaviour or suitability of a Patient Leader in their role, these should be raised in a supportive way, with the individual directly, where possible. Involving the chair of the group and the lead contact may also be helpful. A local resolution should be sought; in practice this means having discussions with the Patient Leader, representative from the lead contact teams and chair of the group to identify the issues arising and jointly agree an approach to address these, identifying any support or training that the Patient Leader might benefit from.

6.17.3. Where concerns cannot be resolved locally, the Patient Engagement team can be contacted for advice about a course of action. Whilst every reasonable effort to resolve concerns will be made, where it is not possible to resolve concerns through these routes, Patient Leaders may be required to stand down from their role or asked to take on an alternative role that may be more suited to their experience and skills.

6.17.4. For very serious concerns, the National Director: Transformation and Corporate Operations is NHS England's appointed 'Freedom to Speak Up Guardian' and can be contacted via the following e-mail address: england.voicingyourconcerns@nhs.net.

6.17.5. Alternatively you can raise a whistleblowing issue, or make a qualifying disclosure of a concern in the public interest by contacting the national Whistleblowing helpline: telephone: 08000 724 725 email: enquiries@wbhelpline.org.uk.

6.18. Safeguarding and health and safety

6.18.1. Safeguarding arrangements

RCHT has safeguarding arrangements in place to protect children and adults from harm, abuse, neglect, persecution and degrading treatment. Staff who are working with Patient Leaders should have regard for the RCHT's safeguarding policies.

Information about the policies and actions required in the event of a disclosure or concern for an individual's safety can be obtained from the Safeguarding Team. This includes any immediate actions as well as arrangements for recording and reporting the concern or incident. In the event of concern that an individual is at immediate risk of significant harm, the emergency services should be notified.

Patient Leaders are not required to complete safeguarding training but are provided with information in the Welcome Pack if they need to raise a concern.

All RCHT staff must complete the mandatory safeguarding training.

Any concern about a Patient Leader should be referred to the Patient Engagement Team or the Voluntary Services Team who will alert the Safeguarding Team: rch-tr.SGAdults@nhs.net

6.18.2. Disclosure and Barring (DBS) checks

Any staff working on a one-to-one basis with patients and the public and any staff working regularly with Patient Leaders should have undertaken a Disclosure and Barring (DBS) check.

Patient Leaders are not routinely required to have a DBS check unless it is a requirement of their specific role. Most Patient Leader roles will not require a DBS check. However, if all other members of a committee or group have undertaken a DBS check due to the nature of the business or way of working, it would usually be appropriate to expect Patient Leaders to do so also. Any requirements for DBS checks must be set out in recruitment documentation. The RCHT Patient Leader recruitment and induction process does however ask all Patient Leaders to undertake a DBS check.

6.18.3. Safe ways of working

Additional guidance and information on safeguarding considerations when working with Patient Leaders is available for staff, on the NHS England intranet and RCHT intranet. Guidance includes:

1. Safely involving children and young people.
2. Safely involving vulnerable adults.

3. Safeguarding considerations at events with Patient Leaders and PPV partners.

4. RCHT's social media and attributed content policy.

5. Safely managing telephone and online engagement activity.

Staff should contact the Safeguarding Team, or the Patient Engagement team with any queries about safeguarding in relation to engaging with patients and the public. As with any visitor, RCHT has a duty of care to Patient Leaders when they visit our premises.

6.19. Information governance

6.19.1. Sending out sensitive documents securely

During the course of their involvement with RCHT, Patient Leaders may have access to confidential or sensitive information, for example:

- Commercially sensitive material (for example if Patient Leaders are part of a procurement process).
- Personal data (if Patient Leaders are part of a recruitment process).
- Budget and resource information.
- Programme documentation in early draft.
- RCHT staff sending sensitive information to Patient Leaders should ensure that:
- The Patient Leader has completed a confidentiality agreement
- The information is sent electronically via a password encrypted zip file, via Kiteworks for example, or if sent as a hard copy, this should be by recorded delivery.
- Unless otherwise agreed, any information sent electronically to Patient Leaders as a group should be done using the 'blind copy' function.

If staff are in doubt about the management of sensitive information, they should contact the Information Governance team for advice.

6.19.2. Managing personal Patient Leader data

Management of information about Patient Leaders and prospective Patient Leaders (candidates for roles) should follow the requirements of RCHT's Information Governance Policy. All personal data should be securely stored, appropriately managed in accordance with the Data Protection Act 1998 and identified as part of an asset in the Information Asset Management (IAM) System, explained in Information Asset Management on the NHS England intranet.

6.20. Standards of business conduct

6.20.1. The Code of Conduct and Code of Accountability in the NHS (second revision July 2004) sets out the following three public service values:

i. Accountability - everything done by those who work in the NHS must be able to stand the test of parliamentary scrutiny, public judgements on propriety and professional codes of conduct.

ii. Probity - there should be an absolute standard of honesty in dealing with the assets of the NHS: integrity should be the hallmark of all personal conduct in decisions affecting patients, officers and members and suppliers, and in the use of information acquired in the course of NHS duties.

iii. Openness - there should be sufficient transparency about NHS activities to promote confidence between NHS England and its staff, patients and the public.

6.20.2. The Board of NHS England has approved a Standards of Business Conduct policy which describes the standards and public service values which underpin the work of NHS England and reflects best practice. The policy sets out requirements in terms of declaring and managing actual and potential conflicts of interest, offers of gifts and hospitality and commercial sponsorship.

6.20.3. Whilst the current policy refers to NHS England staff, it is expected that Patient Leaders in roles 3 would also comply with its requirements in relation to declaring conflict of interest arising from:

- Any activity indicated in the 'Declaration of interest' form
- Any employment, commercial sponsorship or volunteering activity
- Receiving gifts or hospitality which may be regarded as a conflict of interest with the programme of work that the Patient Leader is involved in.

6.20.4. It is not anticipated that the Standards of Business Conduct policy would usually be applicable to those in roles 1 and 2. The lead contact should ensure that Patient Leaders are clear about the requirements of Standards of Business Conduct. For further information contact england.governance@nhs.net or RCHT's Freedom to Speak Up Guardians.

7. Dissemination and Implementation

7.1. This policy will be publicised and made available via the RCHT intranet. Implementation support can be accessed from the Patient Engagement Team.

7.2. The Patient Engagement team offers regular staff training around participation themes and content from this policy will be included in the staff training.

7.3. The policy will enter an annual review. Comments or suggestions to be considered as part of a review should be forwarded to the Patient Engagement team.

8. Monitoring compliance and effectiveness

There will be ongoing engagement with staff and Patient Leaders, about how the policy is working in practice, and their views sought through a survey on an annual basis. This policy will be reviewed bi-annually to take account of feedback from staff and Patient Leaders.

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	The effectiveness of recruiting patient leaders will be monitored by supervising Patient Leaders, gathering feedback and how effective they feel their role has been and working with staff recruiting Patient Leaders to understand the impact this has had on the projects.
Lead	Purva Shrivastava, Patient Experience Manager
Tool	Tractivity
Frequency	Activity relating to this policy will be reported on quarterly to the Patient Experience Group
Reporting arrangements	Activity relating to this policy will be reported on quarterly to the Patient Experience Group which will be documented in the meeting minutes and any actions recorded in the relevant action log.
Acting on recommendations and Lead(s)	The Patient Experience Team will undertake subsequent recommendations and action planning for any or all deficiencies and recommendations within reasonable timeframes. Required actions will be identified and completed in a specified timeframe and report back into the Patient Experience Group.
Change in practice and lessons to be shared	Any relevant lessons will be shared with all the relevant stakeholders following review.

9. Updating and Review

This policy will be reviewed every two years by the Patient Experience Manager for accuracy and relevance; please see Appendix 1.

10. Equality and Diversity

10.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the Equality Diversity And Inclusion Policy or the Equality and Diversity website.

10.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information

Information Category	Detailed Information
Document Title:	Patient Leader Programme and Patient and Public Voice Partners Policy V2.0
This document replaces (exact title of previous version):	Patient Leader and Patient and Public Voice Partner Policy V1.0
Date Issued/Approved:	January 2025
Date Valid From:	July 2025
Date Valid To:	July 2028
Directorate / Department responsible (author/owner):	Megan Nicholls, Patient Engagement Manager
Contact details:	01872 252793
Brief summary of contents:	This policy sets out the procedures for recruiting Patient Leaders and Patient Voice Partners appropriately and manage them effectively to inform Trust processes and work on Trust projects.
Suggested Keywords:	Patient leaders, patient partners, patient pool, volunteers, volunteer, patient voice partner, patient voice, patient partner, expert patient, expert patients.
Target Audience:	**RCHT:** Yes **CFT:** No **CIOS ICB:** No
Executive Director responsible for Policy:	Deputy CEO and Chief Nurse
Approval route for consultation and ratification:	Patient Experience Group
General Manager confirming approval processes:	Bernadette George, Director of Nursing, Midwifery and Allied Health Professionals
Name of Governance Lead confirming approval by specialty and care group management meetings:	Purva Shrivastava, Patient Experience Manager

Links to key external standards:	None required
Related Documents:	Volunteering Policy
Training Need Identified?	No
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet and Intranet
Document Library Folder/Sub Folder:	Clinical / Patient Experience

Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
November 2022	V1.0	Initial issue	Joanna Dobson, Patient Engagement and Feedback Manager
November 2024	V2.0	Full update.	Megan Nicholls, Patient Engagement Manager

All or part of this document can be released under the Freedom of Information Act 2000.

All Policies, Strategies and Operating Procedures, including Business Plans, are to be kept for the lifetime of the organisation plus 6 years.

This document is only valid on the day of printing.

Controlled Document.

This document has been created following the Royal Cornwall Hospitals NHS Trust The Policy on Policies (Development and Management of Knowledge Procedural and Web Documents Policy). It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Equality Impact Assessment

Section 1: Equality Impact Assessment (EIA) Form

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or particular group of people.

For guidance please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity, and Inclusion Team rcht.inclusion@nhs.net

Information Category	Detailed Information
Name of the strategy / policy / proposal / service function to be assessed:	Patient Leader Programme and Patient and Public Voice Partners Policy V2.0
Department and Service Area:	Patient Experience Team
Is this a new or existing document?	Existing
Name of individual completing EIA (Should be completed by an individual with a good understanding of the Service/Policy):	Purva Shrivastava, Patient Experience Manager
Contact details:	purva.shrivastava1@nhs.net

Information Category	Detailed Information
1. Policy Aim - Who is the Policy aimed at? (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed)	The policy is aimed at all Trust staff and departments who want to work with patients on quality improvement projects, and all patients or members of the community who may want to work with the Trust. Involving patients and the public is a legal requirement in our commissioning arrangements and brings a range of benefits for better healthcare services.
2. Policy Objectives	Patient Leaders bring unique perspectives and insights into our work, through their lived experience as a patient/carer or as a member of a community with particular health and care needs. Patient Leaders can challenge thinking, help innovate and improve what our Trust does, ultimately making our services more responsive to people's needs, improving access to services as well as improving health outcomes.
3. Policy Intended Outcomes	Reduce health inequalities. Ensure patient involvement and patient voice heard during key improvement projects.

Information Category	Detailed Information
4. How will you measure each outcome?	Patient Leader activity will be recorded and reviewed every quarter as part of the Patient Experience Quarterly Report, which is approved through the Patient Experience Group and the Quality Assurance Committee.
5. Who is intended to benefit from the policy?	RCHT.
6a. Who did you consult with? (Please select Yes or No for each category)	• Workforce: No • Patients/ visitors: Yes • Local groups/ system partners: Yes • External organisations: Yes • Other: Yes
6b. Please list the individuals/groups who have been consulted about this policy.	**Please record specific names of individuals/ groups:** Patient Experience Group.
6c. What was the outcome of the consultation?	Approved.
6d. Have you used any of the following to assist your assessment?	**National or local statistics, audits, activity reports, process maps, complaints, staff, or patient surveys:** NHS England Patient and Public Voice Partners Policy.

7. The Impact

Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.

Where a negative impact is identified without rationale, the key groups will need to be consulted again.

Protected Characteristic	(Yes or No)	Rationale
Age	No	
Sex (male or female)	No	
Gender reassignment (Transgender, non-binary, gender fluid etc.)	No	
Race	No	

Protected Characteristic	(Yes or No)	Rationale
Disability (e.g. physical or cognitive impairment, mental health, long term conditions etc.)	No	
Religion or belief	No	
Marriage and civil partnership	No	
Pregnancy and maternity	No	
Sexual orientation (e.g. gay, straight, bisexual, lesbian etc.)	No	

A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.

I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

Name of person confirming result of initial impact assessment: Purva Shrivastava, Patient Experience Manager.

If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here:
Section 2. Full Equality Analysis

Appendix 3. Associated documentation

- Equality Act 2010.
- Section 13Q of the NHS Act 2006 (as amended by the Health and Social Care Act 2012).
- Lampard Report.
- RCHT Information Governance Policy.
- Data Protection Act 2018.
- RCHT Inclusion and Human Rights Polices.
- RCHT Staff Travel and Expenses Policy and Procedure.
- Working with out Public Voice Partners: reimbursing out of pocket expenses and involvement payments for Patient and Public Voice.
- NHS England's Patient and Public Participation Policy.
- The Equality and Health Inequalities Analysis for NHS England's Public Participation Policy.
- Patient and public participation in commissioning health and care: statutory guidance for CCGs and NHS England'.
- NHS England Safeguarding policies (available from the Safeguarding team).
- NHS England Accessible Information and Communication Policy.
- Frameworks for patient and public participation in primary care, public health, armed forces, health and justice and specialised commissioning.

  NHS England Policies can be sourced from the:

  The Public Participation Team,

  NHS England,

  Quarry House,

  Quarry Hill,

  Leeds LS2 7UE.

  e-mail: england.nhs.participation@nhs.net phone: 0113 825 0861.

Appendix 4. NHS England's Patient and Public Participation Policy: description of roles

Role Requirements	Role 1	Role 2	Role 3	Role 4
Nature of Activity	PPV partners who choose to attend, respond or comment on **open access engagement** opportunities e.g. responding to online surveys.	PPV partner is invited to attend workshops/events / focus groups **on a one off basis.**	PPV partner is **a member of a working group which meets regularly** (policy and service design, commissioning reviews, task and finish programmes, etc.)	PPV partners are in senior Expert PPV adviser roles that demonstrate **strategic and accountable leadership and decision making activity, including groups that make recommendations to committees that have delegated authority of the NHS England Board.**
Example roles or activity	Online survey / public consultation digital respondent / comment / attends open access public meeting e.g. AGM or "market stall" type activity (e.g. an information stall in a shopping mall) someone who received information form us (e.g. registered for e-bulletins)	Work ships, events, roundtable discussions to provide service user and public views and comments e.g. an event where the public comments on specific policy proposals / options or a workshop event to hear service user feedback on their experience of care, or to give their views on a proposed new specification or policy.	Advisory group member, member of a working group or Task and Finish Group. NHS England Youth Forum Member; Older People's Sounding Board member; Learning Disabilities and Autism Advisory Group.	Membership of the national clinical reference groups, or individual funding request panels or formally agreed co-production forums, delivering training, involvement in recruitment panels, Member of a procurement panel, member of an NHS England business priority Programme Board e.g. NHS Citizen Member of the national Clinical Priorities Advisory Group, member of the national Oversight groups.

Role Requirements	Role 1	Role 2	Role 3	Role 4
Level of Input	Informs NHS England's work.	Informs NHS England's work.	Input to NHS England's committees and working groups.	Input and shared decision making in NHS England's committees and priority programmes. Members may be involved in making recommendations as part of committees that have delegated authority from the board.
Expenses Category	A (no financial contribution from NHS England).	B (out of pocket expenses covered).	B (out of pocket expenses covered).	C ("Expert PPV adviser role" includes expenses and involvement payment).
Time commitment/ Tenure (note: tenure length is aligned with other NHS organisations)	None specified by NHS England.	Durations of the one off activity / event usually expected to be one day or less.	Regular meetings, duration of tenure of any committee should be no more than 4 years after which alternative membership should be sought to support a diversity of views and membership.	Regular meetings, tenure should be no more than 4 consecutive years, and not more than 8 years in a 20 year period. This role also includes programmes that requite intensive input for a short term programme e.g. being part of an intensive review team or involvement in a recruitment assessment centre.

Role Requirements	Role 1	Role 2	Role 3	Role 4
Experience / skills needed	Any member of the public.	Lived or related experience or knowledge of the issue being discussed.	Lived or related experience or knowledge of the issue being discussed, Experience of championing health improvements, able to be a critical friends, ability to understand and evaluate a range of information and evidence, connected to related PPV networks.	As Role 3 AND interacting with multiple stakeholders at senior management level. Previous experience of representing patient and public voice in regional or national healthcare forums. Experience of working in partnership with healthcare organisations or programmes. Can display sound judgement and an ability to be objective. Able to put forward views on behalf of wider community / group of patients (not just present own opinion). Some committees may also require experience of national strategy development, national patient advocacy, complex decision making.
Is an application process needed?	None – opportunities open to any member of the public.	No application needed but events / workshops will have a registration process.	Yes (light tough and proportionate to the requirement, this will usually involve a short form expression of interest) (templates available on the intranet).	Yes – will include submission of an application form and will include review of shortlisted candidates (templates available on the intranet).

Role Requirements	Role 1	Role 2	Role 3	Role 4
Are references required for this role?	No	No	These are usually not needed but depending on the nature of the committee may be requested.	Yes
Is a DBS required for the tole?	No	No	No, except where the PPV member is joining a committee where a DBS is required of all members.	No, except where the PPV member is joining a committee where a DBS is required of all members.
Is a welcome pack needed?	No	No	Yes	Yes
Appointment letter required?	No	No	Yes	Yes
Is a Declaration of Interest form required?	No	No	Yes – usually this will be oral declarations at meetings, but depending on nature of group's work, a written declaration may be required.	Yes – a signed form is required. As per terms of NHS England's Standards of Business Conduct, plus oral declarations in meetings.
Is the Declaration of Interest information published	No	No	No	Yes, in some circumstances. Some committees will publish minutes and the DOI of all members. PPV partners should be advised of this at recruitment stage.

Role Requirements	Role 1	Role 2	Role 3	Role 4
Are names published in minutes / documents	No	No	No	Yes, if the committee minutes are published, then all of the committee members are listed.
Is a confidentiality agreement needed?	No (information discussed / distributed will not be confidential).	No (information discussed / distributed will not be confidential).	In some circumstances. In most cases groups will be reviewing non-sensitive material, but in some cases the groups will be presented with restricted material e.g. draft documents. If this is a regular requirement for the group, then a confidentiality agreement is required.	Yes. Committee members are to be presented with material that would be covered under the “NHS Protest” policy.
Is any training required for this role?	None	None	Induction Webex (or alternative induction support for those with communication needs for PPV partners who first join NHS England. Welcome Pack is sent. PPV partners are encouraged to use the	As Role 3 PLUS any mandatory training for a specific PPV role in NHS England will be described in the recruitment pack and might include one / several of the following: Information Governance; Equality and Diversity; safeguarding Level

Role Requirements	Role 1	Role 2	Role 3	Role 4
			Involvement Hub to review resources of interest.	1.
Is multiple group membership permitted?	Yes	Yes	Yes but not usually more than 5 roles held simultaneously (to encourage diversity of PPV partners).	Yes but not usually more than 3 roles held simultaneously (to encourage diversity of PPV partners and ensure that we are not paying individuals for an extensive portfolio of roles).
Will NHS England process the PPV partner's personal data?	No (recording of these activities would be done locally by delivery teams and would only show numbers attending, not personal data)	Yes – recording of personal data is managed via NHS England's event booking process (a data storage statement must be presented on the booking/ registration information). Personal data must be managed in accordance with Information Governance Policy and Data protection law.	Yes – Personal data must be managed in accordance with Information Governance. Policy and Data protection law.	Yes – Personal data must be managed in accordance with Information Governance Policy and Data protection law.

Role Requirements	Role 1	Role 2	Role 3	Role 4
Is consent required for personal data storage in this role?	No (recording of these activities would be done locally by the relevant team and would only show numbers attending, not personal data).	Yes - recording of personal data is managed via NHS England's event booking process (a data storage statement must be presented on the booking/ registration information).	Yes	Yes
Will PPV partners' information be registered on the NHS England PPV partner database (CRM) system when this is operational?	No	No (except where people wish to sign up for the "In Touch" newsletter).	Yes (with PPV partner consent).	Yes (with PPV partner consent).
Do the "Standards of Business Conduct (SoBC)" apply?	No	No	As role 4, the principles of SoBC will apply and the working group's Terms of Reference should indicate wats of working and ground rules should be established if there are no formal Terms of Reference.	The principles of the SoBC will apply in regard to declaring any conflict of interest relating to: Gifts/hospitality received; employment; commercial sponsorship.