

Receipt and Management of Petitions Policy

V1.0

September 2023

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

The Trust has a duty under the Data Protection Act 2018 and 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 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 General Data Protection Regulations 2016/679 please see the Information Use Framework Policy or contact the Information Governance Team

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1. Introduction

- 1.1. As stipulated in the Trust's Standing Orders, the Chair shall include a petition as an item for the agenda of the next Board of Directors meeting, pending consideration of the related Policy on the Receipt and Management of Petitions.
- 1.2. A petition represents the expression of the views of the people who sign it and petitions are an important mechanism for the expression of community views and the public voice. However, to avoid the danger of listening only to active, vocal groups, petitions should not be viewed in isolation but as one piece of evidence and information which contributes to an overall picture.
- 1.3. This guidance outlines how the Royal Cornwall Hospitals NHS Trust (hereafter referred to as the RCHT or Trust) will handle any petitions from the local community. This guidance is relevant to the receipt and management of either paper or e- petitions.
- 1.4. Any issues regarding the policy may be discussed with the Company Secretary.

2. Purpose of this Policy/Procedure

- 2.1. The purpose of this policy is to set out how the Trust will receive and manage petitions in relation to the remit of the organisation, from members of the public, staff or union bodies.
- 2.2. The policy applies to the public, all staff, RCHT members, temporary staff, seconded staff, contractors and others undertaking work on behalf of the RCHT.

3. Scope

This policy applies to any member of public, union body or staff member wishing to submit a petition to the Trust Board of Directors. Responsibility for implementing and advising on the policy sits with the Company Secretary.

4. Definitions / Glossary

- 4.1. RCHT – Royal Cornwall Hospitals NHS Trust.
- 4.2. NHS – National Health Service.
- 4.3. Local community – communities within the geographic remit of the Trust's services.

5. Ownership and Responsibilities

5.1. Role of the Chair of the Board of Directors

The Chair of the Trust is responsible for considering, on the advice of the Company Secretary, petitions submitted to the Trust Board of Directors, and determining whether to add them to the next available Board in Public agenda.

5.2. Role of the Company Secretary

The Company Secretary has responsibility for ensuring that the policy is adhered to and for advising on its application. The Company Secretary will receive submitted petitions and acknowledge their receipt to the petition organiser. The Company Secretary will liaise with other directors as required and the Chief Executive on the nature of the petition and any resulting next steps.

5.3. Role of the Board

The Board is responsible for formally receiving and noting the petition and providing a response to the petition organiser.

5.4. Role of all Trust Staff

All RCHT staff are responsible for forwarding any petition received by their team to the Company Secretary team for attention of the Chair.

5.5. Role of a petition organiser

The petition organiser should ensure that the criteria for a valid petition is met before submitting to the Company Secretary.

6. Standards and Practice

6.1. There is currently no clear, legally binding guidance to the NHS on handling petitions. In developing this policy, the Trust has drawn on published terms and conditions for submitting e-petitions to HM Government and considered policy and practice in other NHS bodies.

6.2. Criteria of consideration of petitions outside of a formal consultation process

6.2.1. In order to be received for consideration, petitions relating to matters outside of a formal consultation process (see section 6.3 below) should meet the criteria outlined below:

- Petitions should be sent to the Company Secretary in paper or electronic format and must contain a minimum of 20 signatures, excluding the petition organiser. If the minimum number of signatures is not met, the petition will be rejected by the Company Secretary.
- Petitions should include a 'statement of petition', which should comprise:
 - The organisation to which the petition is being addressed.
 - The proposition which is being promoted by the petition.
 - The timeframe over which the petition has been collected.

- The following information about each petitioner should be included:
 - ❖ Name.
 - ❖ Postcode.
 - ❖ Signature (in the case of a written petition).
 - ❖ Confirmation that each signatory is willing for their information to be shared as part of the petition - it is the responsibility of the petition organiser to ensure this is in place.
 - The petition organiser must be resident within the area to which the petition relates, and their name should be printed on the first page of the petition.
- 6.2.2. Petitions will not be considered if they are repeated, vexatious or if they concern issues which are outside the Trust's remit. A petition will be considered as a vexatious petition if it focuses on individual grievances.
- 6.2.3. A petition will be considered as a repeat petition if:
- It covers the same or substantially similar subject matter to another petition received within the previous six months, or,
 - It is presented by the same or similar individuals or groups as another petition received within the previous six months.
- 6.2.4. Petitions will also not be considered if the information contained in the proposition is confidential, libelous, false, defamatory or offensive. The Chair of the Board will make the final decision, as advised by the Company Secretary, on whether a petition should be rejected on these groups.
- 6.2.5. A petition will be considered as confidential, libelous, false or defamatory if:
- It contains information which may be protected by an injunction or court order, or,
 - It contains material which is confidential, for example legally privileged, potentially confidential, commercially sensitive, or which may cause personal distress or loss.
- 6.2.6. A petition will be considered as offensive if it contains language that may cause offence, is provocative or extreme in its views.
- 6.2.7. A petition will be considered as outside the Trust's remit if:
- It focuses on a matter relevant to another organisation, or,

- It requests information available via freedom of information legislation, or, its aim is to correspond on personal issue(s) with an individual(s).
- 6.2.8. Where a petition **does not** meet the requirement set out in the criteria above then the Company Secretary will respond in writing within 10 working days, or sooner if a Board in Public meeting is scheduled during that period, to confirm the petition has been received and that, as the petition does not meet the criteria, no response will be provided.
- 6.2.9. Where a petition **does** meet the requirements of the criteria above, the Company Secretary will liaise with the Chair of the Board and Chief Executive and provide advice on application of the policy. Subject to the Chair's agreement and the relevant deadlines, the petition would then be added to the agenda of the next available Board in Public meeting to be formally received and noted. A response will be made in writing. The following timelines will apply where a valid petition has been submitted:
- Subject to the Chair's agreement, a petition will be included on the next available Board in public meeting if received by the Company Secretary at least ten working days before the meeting. The Chair of the Board may consider including a petition received after that deadline but is under no obligation to do so.
 - The petition, pending consideration of General Data Protection Regulation requirements, will be published to the Trust's webpages alongside the Board papers for the meeting at which it is to be received. If any GDPR concerns or restrictions are raised, a summary of the nature of the petition and number of signatures received will be published.
 - Once formally received and noted by the Board, a response will be made in writing within five working days on the meeting. The Company Secretary will draft this response on behalf of the Chair of the Board.

6.3. Petitions received during a formal consultation period

- 6.3.1 Where a petition concerns an issue out for formal consultation it will be considered as an item of correspondence, in the same way that any other response would be considered. Such a consultation may be run by the Trust itself or via the Cornwall and Isles of Scilly Integrated Care Board on a service provided by the Trust.
- 6.3.2 Petitions will be considered as valid for consideration as part of the consultation if they meet the requirements set out in the criteria outlined in this policy.
- 6.3.3 All petitions received during a formal consultation period will be shared with Cornwall and Isles of Scilly Integrated Care Board, the relevant Healthwatch group(s), scrutiny committee(s) and council(s), as appropriate, as part of the report on views received during consultation and the overall results of the consultation.

6.3.4 When a report on the outcome of consultation is prepared, the following issues will be taken into account when considering a petition:

- Consultation is not a public vote. Influence will be afforded to the most cogent ideas and arguments, and not necessarily to the views of the most numerous stakeholders.

The petition should be relevant to the subject of the consultation. It may not necessarily use the same words, but it should have a bearing on the proposal(s) within the consultation.

- The petition should reflect the latest proposals and policy statements being made and not relate to issues that are no longer under consideration. This is particularly relevant when considering the timescale during which signatures have been collected.
- The petition should provide an accurate reflection of the proposals in the consultation, rather than including misleading information or statements.
- The petition should relate to the consultation and to the proposed action of the Trust (and/or its stakeholders), rather than to broader policy agenda beyond the scope of the consultation.
- The petition's concerns will be assessed in relation to the aims being put forward in the consultation, and the rationale and constraints behind it. For example, a petition that proposes a realistic alternative option will normally be given greater weight than a petition that simply opposes an option that has been put forward for valid reasons.
- The petition's concerns will also be assessed in relation to the impact on other populations if these demands were accepted. This assessment could take into account views expressed in other petitions (which may conflict) or in more direct responses to the consultation.

6.3.5 The organiser of the petition will receive correspondence from the body which has initiated the consultation, in the same manner as other respondents (such as acknowledgement, an outcome letter describing how the issues raised during consultation have influenced the decisions made following consultation).

6.3.6 Petitions will be formally acknowledged in the analysis of consultation responses, along with all the other responses. If what petitioners call for is accepted or rejected, the reasons for this should be given, set out against a transparent set of criteria.

7 Dissemination and Implementation

- 7.1. The document is available on the document library. Significant updates will be communicated via Trust wide email.
- 7.2. Implementation of the policy will be via Trust wide communication and supported by appropriate training for the relevant members of staff.

8. Monitoring compliance and effectiveness

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	The Corporate Governance team will evaluate all petitions to ensure that the requirements of the policy are met.
Lead	Company Secretary
Tool	Excel spreadsheet to record petitions.
Frequency	Every three years
Reporting arrangements	Executive Leadership Team Audit and Risk Assurance Committee Trust Board of Directors
Acting on recommendations and Lead(s)	Company Secretary
Change in practice and lessons to be shared	Petitions deemed to be non-compliant will not be formally accepted by the Board. However, they will be listed as “other correspondence received” on the appropriate committee (or local council) agenda, if applicable. Compliant petitions that influence either a change in a decision previously made or a change in practice should be disseminated as appropriate to the relevant department or Trust-wide. Any suspicion of fraud or bribery should be reported at the earliest available opportunity by contacting the Trust’s Counter Fraud Specialist.

9. Updating and Review

This policy will be reviewed in three years. Earlier review may be required in response to exceptional circumstances, organisational change or relevant changes in legislation and/or guidance, as instructed by the senior manager responsible for this policy.

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:	Receipt and Management of Petitions Policy V1.0
This document replaces (exact title of previous version):	New document
Date Issued / Approved:	September 2023
Date Valid From:	September 2023
Date Valid To:	September 2026
Author / Owner:	Company Secretary
Contact details:	01872 256343
Brief summary of contents:	The Policy describes how the RCHT will handle any petitions received from the local community be they in paper or electronic format.
Suggested Keywords:	Petitions, receipt, management, policies.
Target Audience:	RCHT: Yes CFT: No CIOB ICB: No
Executive Director responsible for Policy:	Chief Executive
Approval route for consultation and ratification:	Trust Board
Manager confirming approval processes:	Company Secretary
Name of Governance Lead confirming consultation and ratification:	Deputy Company Secretary
Links to key external standards:	None
Related Documents:	None
Training Need Identified:	None
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet and Intranet

Information Category	Detailed Information
Document Library Folder/Sub Folder:	Chief Executive / Corporate Governance

Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
July 2023	V1.0	Initial version – new document.	Sian Millard, Company Secretary

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:	Receipt and Management of Petitions Policy V1.0
Department and Service Area:	Corporate Governance Team.
Is this a new or existing document?	New
Name of individual completing EIA (Should be completed by an individual with a good understanding of the Service/Policy):	Siân Millard, Company Secretary
Contact details:	01872 256343

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 describes how the RCHT will handle any petitions received from the local community be they in paper or electronic format.
2. Policy Objectives	Clarity regarding the receipt of petitions, actions required as well as the roles and responsibilities of key officers within the RCHT.
3. Policy Intended Outcomes	Clarity regarding the receipt of petitions, actions required as well as the roles and responsibilities of key officers within the RCHT.
4. How will you measure each outcome?	There is a risk in only listening to active, vocal groups and so any petitions received will not be viewed in isolation. They will be seen as one piece of evidence and information which contributes to an overall picture.
5. Who is intended to benefit from the policy?	The local community to ensure their views can be heard irrespective of whether this is part of a formal consultation process or not.

Information Category	Detailed Information
6a. Who did you consult with? (Please select Yes or No for each category)	- Workforce: Yes - Patients/ visitors: No - Local groups/ system partners: Yes - External organisations: No - Other: No
6b. Please list the individuals/groups who have been consulted about this policy.	Please record specific names of individuals/ groups: Trust Secretary, Cornwall Partnership NHS Foundation Trust. Interim Strategic Governance Advisor, Cornwall, and Isles of Scilly Integrated Care Board.
6c. What was the outcome of the consultation?	Feedback on draft policy reflected within final version. Ensuring alignment across the three NHS bodies in Cornwall and the Isles of Scilly.
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: No.

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	Positive – provides for consideration of views. No negative impact.
Sex (male or female)	No	Positive – provides for consideration of views. No negative impact.
Gender reassignment (Transgender, non-binary, gender fluid etc.)	No	Positive – provides for consideration of views. No negative impact.
Race	No	Positive – provides for consideration of views. No negative impact.
Disability (e.g. physical or cognitive impairment, mental health, long term conditions etc.)	No	Positive – provides for consideration of views. No negative impact.

Protected Characteristic	(Yes or No)	Rationale
Religion or belief	No	Positive – provides for consideration of views. No negative impact.
Marriage and civil partnership	No	Positive – provides for consideration of views. No negative impact.
Pregnancy and maternity	No	Positive – provides for consideration of views. No negative impact.
Sexual orientation (e.g. gay, straight, bisexual, lesbian etc.)	No	Positive – provides for consideration of views. No negative impact.

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: Sian Millard Company Secretary.

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](#)