## Version Control

<table>
<thead>
<tr>
<th>Document Version</th>
<th>Date</th>
<th>Comments</th>
<th>Drafted by</th>
</tr>
</thead>
<tbody>
<tr>
<td>Draft version 0.1</td>
<td>April 2014</td>
<td></td>
<td>Joanne Poole</td>
</tr>
<tr>
<td>Draft version 0.2</td>
<td>June 2014</td>
<td>Amended following May Council discussion</td>
<td>Joanne Poole</td>
</tr>
<tr>
<td>Draft version 0.3</td>
<td>June 2014</td>
<td>Amended following opportunity for comments from the Council by email</td>
<td>Joanne Poole</td>
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<tr>
<td>Version 1.0</td>
<td>July 2014</td>
<td>Ratified by the Council in July subject to minor amendments</td>
<td>Joanne Poole</td>
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<tr>
<td>Version 2.0</td>
<td>April 2015</td>
<td>Amended following Council agreement in March 2015 to alter our Council meeting structure</td>
<td>Joanne Poole</td>
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</table>
1. **Key Principles**

The Senate’s approach to patient and public involvement is based on two key principles:

1. that any interested party would have opportunity to contribute to developing Senate recommendations
2. that, because of this contribution, our recommendations have a greater focus and relevance for the people most directly affected

Our approach reflects policy initiatives to involve patients, service users, carers and the public across the NHS and social care. These initiatives include:

- Health and Social Care Act (Department of Health, 2012)
- NHS Constitution (Department of Health, 2012)
- Putting people at the heart of care (Department of Health, 2009)
- Essential Standards of Quality and Safety (Care Quality Commission 2010b)

2. **Introduction**

The Senate is an impartial source of strategic clinical advice for Yorkshire and the Humber. Its role is to coordinate the provision of robust and credible strategic clinical advice and clinical leadership, to influence commissioners in the provision of the best overall care and outcomes for patients in the Yorkshire and the Humber.

The Clinical Senate model comprises of a wider Senate Assembly and a smaller Senate Council.

**Senate Council** - A core multi-disciplinary ‘steering’ group of between 20–30 members form the Senate Council. This group is responsible for the formulation and provision of independent strategic clinical advice to commissioners. The Council oversees all Senate business. Members are appointed for a mix of tenures of between two and three years, enabling the Council to manage continuity of its work at times of membership change.

The Senate Council receives objective data and information, and also views and opinions from a broad range of experts and others invited to give evidence to the Senate as the need arises.

**The Assembly** - The Assembly provides the Council with access to a broad range of experts who are co-opted onto working groups to respond to commissioner requests for advice. There is no minimum or maximum number of members as this is subject to variation. Currently in Yorkshire and the Humber we have over 100 members.

Involving patients, service users, carers and the public adds value to the discussions and ensures that we remain focused on ensuring that the development of services meets the needs of patients and the public.

This policy:

- Sets out the Senate commitment and approaches to patient and public involvement
- Outlines the underlying principles of the Senate’s approach to involving lay people
- Explains the support available to lay people involved with the work of the Senate
3. **How Can Patients and the Public Get Involved in the Senate?**

There are 2 main ways in which lay people, and the organisations that represent them, have opportunity to be involved in the Senate’s work:

a) Patients, service users, carers and the public can be involved directly in producing recommendations as formal members of the Senate Council. We have 3 patient and public members who are recruited for this role for a tenure of 2 years.

b) We also welcome patient and public members onto the Senate Assembly and following a recruitment campaign, we have 8 lay members on our Assembly who are recruited to this role for a tenure of 2 years. Once a commissioner approaches the Senate to request our advice, the Council works with the commissioner to develop an agreed approach to responding to that advice. That approach is likely to require the Council to develop a bespoke working group comprised of expert clinical members and lay members from our Assembly. The Senate may also contact charities and the voluntary sector to ensure that they have the opportunity to be involved in the Senate discussion. Our website [http://yhsenate.nhs.uk](http://yhsenate.nhs.uk) has a page where patients and the public can register their interest in the work of the Senate.

4. **The Senate’s Commitment to Patient, Service User, Carer and Public Involvement**

The Senate will:

- Produce recommendations, guidance and advice for commissioners that maintains a focus on the needs of the patient, service user and carer
- Ensure that all of the Senate working groups have representation from lay members
- Ensure that the Senate Council has at least 2 lay members as part of its core membership
- Offer support and training to lay people who contribute to the Senate work as members of the Assembly and the Council
- Pay travel expenses to lay members of the Senate Council and Assembly
- Review the processes and methods to involve lay people in its work

5. **Support for patient, service user, carer and public involvement**

The Senate recognises the need to support patient, carer and public involvement. The Senate Manager provides support to the lay members of our Council and our Assembly providing:

- A clear description of the role
- An induction programme and training and development to support the roles
- A commitment to use jargon free language and provide information such as meeting papers in good time
• Opportunities for patient and carer members on the Council and the Assembly to network
• Ongoing support and advice for individual topics
• Reimbursement of out of pocket expenses

6. Payment for Lay Involvement

All lay members of the Senate Council and Assembly working groups are offered travel and subsistence expenses. The policy is contained in Appendix A.

7. Evaluation and Development

The Senate recognises that patient, service user, carer and public involvement can always be improved. We aim to develop new, expanded and improved opportunities, processes and methods for involving patients, service users, carers and the public in the following ways:

• To ensure that all the Senate work has the opportunity for lay involvement and lay people’s views and experiences to be expressed
• To take account of the views of diverse populations by reflecting their needs and points of view in the development of our recommendations
• To strengthen the relationship with voluntary, charitable and third sector organisations
• To share lessons learnt from involving patients, service users, carers and the public across different Senate work programmes
• To review the format, content and communication of our written information so it better meets the needs of patients, service users, carers and the public
• To maintain our web presence so that is accessible for patients, service users, carers and members of the public
• To consider how to engage with groups of people that cannot take part directly in our Assembly working groups, such as people with communication difficulties
• To continue to develop processes and methods to evaluate the successes and limitations of patient, service user, carer and public involvement work at the Senate
Appendix A

Expenses Policy

The work of the Strategic Clinical Networks and Senate involves a number of people outside the core team, including patients and clinical leads. It has been agreed where people outside the core team undertake work on behalf of the SCN and Senate they are entitled to claim for the reimbursement of their travel costs and, in exceptional circumstances only, accommodation costs.

Rail Travel

Rail travel will usually be booked and purchased by the Senate Administrator on behalf of PPV partners, however we recognise that on some occasions this will not be possible. If travellers require a standard underground travel card, this can also be purchased via the Administrator.

Bus Travel

Travel on buses and trams will be reimbursed, when accompanied by receipts or tickets quoting the price paid for travel.

Taxi

Taxis may only be used where there is a justification on the grounds that it works out cheaper than other forms of transport, personal safety, disability or efficiency e.g. meetings in different parts of a city during the day or travelling with heavy items of luggage or late at night or where this is the only feasible mode of transport. Claims should be evidenced through receipts.

Personal Vehicles

Rates of reimbursement are in line with Her Majesty’s Customs and Revenue Service (HMRC) recommendations, correct at HMRC website August 2014. When travelling by personal vehicle, the vehicle must have valid insurance tax and an MOT certificate.

PPV Partners, who necessarily incur charges in the performance of their duties, for example, tolls and congestion charges, will be refunded these expenses on production of receipts.

PPV Partners are personally liable for any excess parking penalties, charges or fines issued to them and NHS England will provide no refunds for these charges. Similarly, excess fare charges on any means of public transport are normally the responsibility of the PPV Partner and not NHS England, unless it can be demonstrated that this was an unavoidable circumstance beyond their control.

Carrying passengers on the same journey

If a passenger is carried (by car or van) to the same meeting, an additional 5p per mile can be claimed. This is in line with HMRC policy (correct at August 2014).
Air Travel

All travel by aircraft will be at standard economy rate. Air travel can be booked through NHS England’s travel system. Any car parking and transfer costs will be taken into account.

Accommodation

Accommodation requirements will usually be booked and purchased through NHS England’s travel system, although it is recognised that on some occasions this will not be possible.

Assistance Animals

PPV partners who require the support of a guide/assistance animal will be booked into user friendly accommodation and any additional cost for their assistance animal will be covered by NHS England.

Subsistence/Meals

If PPV partners are involved in NHS England activity away from home for a considerable period of time, reimbursement may be claimed as detailed below. Receipts must be retained and submitted for the claim. The following rates may be claimed:

<p>| | |</p>
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<tr>
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<tbody>
<tr>
<td>Breakfast (where leaving</td>
<td>Up to £5</td>
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<tr>
<td>the house before 7am)</td>
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<tr>
<td>Lunch</td>
<td>Up to £5</td>
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<tr>
<td>Evening meal</td>
<td>Up to £15</td>
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<tr>
<td>NB: Maximum claim per 24</td>
<td>Up to £20</td>
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<tr>
<td>hour period</td>
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</table>

These rates include the cost of food and drinks, but in line with NHS policy the purchase of any alcoholic drinks will not be reimbursed. Where refreshments and food are provided at meetings/NHS activities, subsistence allowances will not be paid.

Please note tips (for example in restaurants or taxis) will never be reimbursed and remain solely at the individuals’ discretion.

Carers and Support Workers

NHS England recognises that in some circumstances PPV partners will need to arrange for carers/support workers to accompany them to a meeting, or to take over caring responsibilities while they are at a meeting (including child care, care of family members with disabilities). NHS England will meet the reasonable expenses/costs of carer/support workers, we will cover the travel/accommodation/subsistence requirements of the carer/support worker who accompanies the PPV partner in line with the guidelines above. We will also cover the hourly costs of the carer/support worker where these costs are not normally covered elsewhere (for example via service user support payments from other public funds e.g. social services). Where reimbursement is needed for carers/support workers, this is looked at on a case by case basis and should be agreed in advance with the meeting organiser.
Where NHS England is reimbursing the cost of care or support workers to support participants to attend, this should be delivered by a registered worker. For the avoidance of doubt, the carer or support worker is engaged by the PPV partner and not by NHS England. NHS England will reimburse actual expenditure based on receipts submitted with expense claims. The receipt should provide details of the carer’s registration and/or professional organisation providing the care.

**Office supplies**

NHS England recognises that many PPV partners will make use of home office supplies as part of their involvement with us. These might include joining remote meetings via phone or internet meetings, or it might also include printing out papers at home that have been sent through via email. While PPV partners can always request that hard copies of papers be posted to them at home, we understand that this is not always possible within the meeting timescales.

Where PPV partners are engaged to support NHS England at meetings, events or workshops, we would expect paperwork to be posted out in advance or available on the day with time allocated for reading or working with this material.

However where PPV partners volunteer to support NHS England by participating in meetings remotely from their home we will offer a standing allowance of £5 per meeting to cover the cost of telephone calls, paper, printing ink and paper and home office sundries. We have taken this approach to reduce the administrative burden for PPV partners in for example, estimating proportionality of broadband usage, producing copies of monthly telephone bills, estimating ink used etc. Where this amount is being claimed, it must be agreed in advance with the meeting lead.

**Process for Reimbursement of Expenses**

PPV members seeking reimbursement of expenses must provide evidence of expenditure in the form of a receipt or ticket and can only reclaim only their own expenses and not for expenses incurred by other colleagues.

PPV partners should submit claims in a timely manner, not more than three months after the event/activity that their claim refers to.

Where receipts are difficult to obtain (for example the use of Oyster cards or calls made on mobile phones) copies of bills or computer printouts with the relevant section highlighted can be accepted.

If receipts are lost, the PPV partner should discuss this with the meeting organiser.

Payments can only be made by cheque and claimants must include their name and the address to which they would like the cheque issuing. The rate of re-imbursement is defined by NHS England.

For the reimbursement of travel costs, claimants need to complete the following “Patient and Public Voice Participant Expenses Claim Form.”
### Patient and public voice (PPV) participant Expenses

**Claim Form**

<table>
<thead>
<tr>
<th>Date</th>
<th>Event Title and Location, details of expenses claimed</th>
<th>Mileage claimed (mileage rates on page 2)</th>
<th>Travel fares</th>
<th>Other expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Full mileage rate</td>
<td>Passenger miles</td>
<td>Passenger name</td>
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<td></td>
<td></td>
<td></td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Please attach receipts</td>
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**Total**

**Attendee Declarations** (please tick to confirm your agreement):

1. I confirm that the above expenses have been incurred as a result of working in partnership with NHS England and they comply with NHS England’s PPV expenses guidance. [ ]

2. The motor vehicle for which I have claimed a mileage allowance above is insured. The vehicle is maintained at all times in road-worthy condition and complies with the requirements of the Road Traffic Acts. I hold a valid driving licence. [ ]

3. If you have received an involvement payment for any work done, please tick to confirm that you understand that you are responsible for declaring this income to HMRC or other income providers (e.g. Jobcentre Plus, or insurance companies who may provide income to individuals). [ ]
Please email your claim form to stephaniebeal@nhs.net or post to Clinical Senate, NHS England, Oak House, Moorhead Way, Brampton, Rotherham S66 1YY, marked for the attention of Stephanie Beal.

Please note that you will be paid by cheque to the address that you have listed on your form within 14 days of receiving your claim form.

**Approved mileage rates:**
Rates of reimbursement are in line with Her Majesty’s Customs and Revenue Service (HMRC) recommendations, correct at HMRC website January 2015. When travelling by personal vehicle, the vehicle must have valid insurance, tax and an MOT certificate. **If a passenger is carried (by car or van) to the same meeting, an additional 5p per mile can be claimed.** This is in line with HMRC policy (correct at January 2015).

<table>
<thead>
<tr>
<th>From HMRC website valid from 2011</th>
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<tbody>
<tr>
<td>Cars and vans</td>
<td>45p</td>
<td>25p</td>
</tr>
<tr>
<td>Motor cycles</td>
<td>24p</td>
<td>24p</td>
</tr>
<tr>
<td>Bicycles</td>
<td>20p</td>
<td>20p</td>
</tr>
</tbody>
</table>