Warrington CCG
Patient Representation Policy
## Further information

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<th>Document name</th>
<th>Patient Representation Policy</th>
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<tr>
<td>Author(s) Contact(s)</td>
<td>Katie Horan Engagement Manager</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:Katie.horan@warringtonccg.nhs.uk">Katie.horan@warringtonccg.nhs.uk</a></td>
</tr>
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<td></td>
<td>01925 843745</td>
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<td>This document will be read in conjunction with</td>
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<td></td>
<td>Arpley House</td>
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<tr>
<td></td>
<td>Birchwood Boulevard</td>
</tr>
<tr>
<td></td>
<td>Warrington</td>
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<tr>
<td></td>
<td>Main Telephone Number: 01925 843636</td>
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<tr>
<td>Copies of this document are available from</td>
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Introduction

Warrington Clinical Commissioning Group is the organisation responsible for the health budget of Warrington. We have a £279m budget to get the best health outcomes we can. We are made up of the 28 GP practices in Warrington.

The NHS Constitution signalled a move away from targets and central direction towards a system of rights and responsibilities relating to the quality of care. This now gives patients legal rights to certain aspects of their care. The 2010 NHS White Paper reinforced the rights of the constitution and the need for NHS commissioners and providers to ensure that services are built around, and provided to deliver personalised patient care.

To support the NHS Constitution, Warrington CCG recognises the importance of putting patients and the public at the heart of its work, and has expanded their vast engagement work to develop a patient representation scheme.

Through patient involvement, individuals and Third Sector representatives, have an opportunity to share their experience, skills and expertise to support the CCG. Whilst making a valuable contribution to empower other patients and the public to become involved in their own healthcare and ultimately in improving healthcare services for the population of Warrington.

Aims of the Policy

This policy has been established to ensure patient representation is fair, fully transparent and protects patients, the public and staff members.

Warrington CCG recognises that those patient representatives who give their time and skills to the organisation should receive fulfilment from their role, developmental opportunities and respect for the contribution they make. The CCG should receive added value for its work, for service users and improvement in health services.

For this policy the term patient representative encompasses patients, carers, PPG and Third Sector Organisation representatives that will be involved in this area of work.

Code of Conduct (Appendix A)

A Code of Conduct has been established which patient representatives will be expected to sign up to. All patient representatives through the Code of Conduct will sign up to and adhere to the following:

- Nolan Principles of Public Life
- Grievance Guidance
- Disciplinary Guidance
- Conflict of Interest
- Expense Policy

The Code of Conduct sets out what is expected from Warrington CCG and what is expected of a Warrington CCG patient representative. Compliance to this Code of Conduct is a condition of involvement.

**Role Descriptions (Appendix B)**

Role descriptions, including person specifications, have been developed, which includes a brief overview of the role, why we need patient representatives in that role and the responsibilities and commitments. At this stage the two opportunities are patient representatives at CCG Committees and Meetings and lay readers to give a patient view of documents and resources. Additional opportunities can be identified in future. Generic person specifications has been developed, however more specific information will be included depending on the role.

**Recruitment**

The CCG have a monthly Health Forum, which is included in the CCG Governance Structure as the ‘sounding board’ and patient voice of the CCG. In the majority of patient representation opportunities the Health Forum will be used to identify patients. Also used will be the Patient Participation Group (PPG) Network. However it is also recognised for certain opportunities the Health Forum and PPG Network might not be able to identify a suitable representative with relevant experience. Therefore it will be the responsibility of the relevant Commissioner, with the Engagement Manager, to identify an appropriate patient representative, which this full Policy will then not apply to. This should be for short term task and finish groups and treatment/condition specific meetings only.

All regular members of the Health Forum and PPG Network can apply to be a patient representative. An application form, as part of the Code of Conduct will be completed including background and areas of interest. If necessary a DBS will be undertaken. It won’t be usual for a DBS check to be undertaken, this will only be on rare occasions and only when the patient representation scheme has further developed. There are other opportunities to be involved in the work of the CCG for those whom patient representation is not appropriate.

The opportunities for patient representation will be taken to the Health Forum and/or PPG Network. All interested parties will then nominate themselves. The Health Forum/PPG Network will then either make the decision who the most appropriate person is or the lead for the meeting will decide taking into consideration any specific person specification requirements.
Induction and Training

Prior to attending any meeting, events or networks all patient representatives will receive an induction and induction pack. This will include:

- Introduction to the CCG – what is the CCG, what is commissioning, how and what do we commission?
- What is patient representation training? – Understand what being a ‘representative’ or ‘lead’ entails and how to feel confident in the role, the difference between speaking as an individual and speaking on behalf of others, how to prepare and participate in meetings, how to manage conflicts of interest, how to influence others and how to support others to have a voice
- Explanation and copies of Patient Representation Strategy
- Agreement to sign up to policies and Code of Conduct

When specific opportunities have been agreed the patient representative will receive an introduction to appropriate CCG staff (those staff who Chair or facilitate the meeting/committee they will be involved in).

Any training will be provided both in-house and externally via induction sessions, individual supervision sessions and Team meetings.

Depending on roles other mandatory training courses will be developed.

Support and Supervision

Warrington CCG’s Engagement Manager will be responsible for the coordination of patient representatives. The Engagement Manager can be contacted for information or advice.

Supervision sessions will be held to review the individuals performance, suggest any changes in work style, and seek suggestions from the patient rep on means of enhancing the relationship with Warrington CCG. In addition, the supervision sessions will convey appreciation and ascertain the continued interest in their role. The sessions are an opportunity for both the CCG and the patient rep to examine and improve their relationship. There will be several methods of support and supervision. The supervision sessions will be agreed on an individual basis, however the minimum requirement will be to attend a quarterly group session. The choices are listed below:

Individual or be-briefing:
Individual supervision sessions will be held when required to take a broader look at their progress and aspirations. This will also be offered for those individuals who undertake frequent activities or more intense roles to discuss any concerns or issues. These will be organised as appropriate.
Team Meetings:
Patient reps will be invited to attend Team Meetings to discuss current issues and to seek guidance on any problems in their work. This will form part of regular Health Forum meetings, so as not to create more meetings.

Feedback will be encouraged to improve CCG activities and to share good practice and work.

Record-keeping, Monitoring and Review

The following records will be kept in order to monitor and support effective involvement:

- Supervision Notes
- Training attended
- Meetings/ events attended
- Specific skills and key interests
- Any other activities undertaken

Records of personal details, discussion and supervision notes, etc will be kept confidential. Access will be limited to The Engagement and Communications Team and CCG Senior Management Team only when strictly appropriate.

To support this strategy each patient representative will have a Portfolio that will capture:

- Contact Details
- Background and Skills
- Specific Areas of Interest and Expertise
- Specific patient representative Role within Warrington CCG
- DBS undertaken and review date (if appropriate)
- Hours of activity (to form part of appreciation certificate)
- Date of Supervision
- Details and Dates of relevant training

The involvement of patient representatives will be monitored and reviewed annually and reported to the Quality Committee. This will include monitoring information on patient representatives' recruitment, roles and performance; training, support and supervision mechanisms and review of the Patient Representative Strategy.

All information will be kept and stored in accordance with the Data Protection Act.

Expenses (Appendix C)

Expenses are any reasonable costs that allow patient representatives to carry out their duties and can be classed as legitimate expenses. A Travel Expense Policy has been produced.
Absence

Warrington CCG aims to maximise the attendance of all patient reps. However, it recognises that a certain level of absence due to sickness etc. is unavoidable.

As the patient reps give their time freely to the CCG, and are not given set working patterns, it is expected through mutual trust that if a patient rep has said that they will be undertaking a certain activity, yet they are unable to do so, they should let the a member of the Engagement and Communications Team know in good time so that they can ensure that someone else is able to take their place.

If a patient representative decides to stop this role it will be encouraged that an exit interview can be arranged to evaluate their experience and for us to give and receive feedback.

Grievance Guidance (Appendix D)

Warrington CCG recognises the importance of a fair and appropriate system through which staff can express any grievance relating to patient representation. The aim of this guidance is to help patient representatives and staff, by giving practical guidance on how to deal with grievance issues.

Disciplinary Guidance (Appendix E)

The purpose of the disciplinary guidance is to ensure that Warrington CCG behaves fairly and consistently towards all patient representatives in investigating and dealing with alleged instances of unacceptable conduct or performance. There may be times when the performance or conduct of a patient representative falls below what is expected. Having a clear and established disciplinary process in place will prevent misunderstandings and seek to protect the patient representative and the CCG.

Conflict of Interest (Appendix F)

All patient representatives will be asked to complete a Conflict of Interest Form, this will ensure that no patient representatives role is undermined because of the possibility of a clash between the person’s self-interest and professional interest or public interest.

Expectation on the CCG

Warrington CCG’s Engagement and Communication Team will be responsible for all support to patient representatives. This will include:

- commitment to providing timely and clear information on each activity (including hard copy information is requested)
• help and support to carry out activities
• provide appropriate materials to carry out activities
• advise and support in dealing with any difficulties and provide guidance with situations that are new
• provide correct and up to date information, sent in an agreed way and format (such as email or post)
• to give feedback from the meeting/committee in a timely manner
• to treat the patient representative as a full member of any committee/ meeting
• hold meetings or events at an accessible venue at an appropriate and convenient time
• provide appropriate ID, training and DBS Checks if appropriate
• Reimbursement of Travel Expenses in a timely manner

The CCG will consider more practical issues according to the meeting that a patient representative will attend, these will include:
• everyone should introduce themselves at each meeting
• patient reps should not be asked or pressured to participate in activities for which their limitations may not have been taken into account for when designed. e.g. NHS staff sometimes sit through meetings without a break for 2-3 hours.
• staff in meetings should not use NHS jargon that might intimidate a patient rep or requires a patient rep to either constantly interrupt to ask for explanations, or stay silent and confused.

Appreciation

The CCG recognise the important work that the patient representatives, lay reader and members of the Health Forum and PPG Network do for the CCG and also the wider health system. Therefore it is vital to recognise and appreciate their work. During national Volunteer Week (1st – 7th June) the CCG will show their appreciation and highlight the work of the patient representatives. This will include certificates to relevant members and highlighting the work through social media and digital channels.

Contact Details
Katie Horan
Engagement Manager
Katie.horan@warringtonccg.nhs.uk
01925 843745

Maria Austin
Strategy Head of Communications and Engagement
mariaaustin@nhs.net
# Warrington CCG Patient Representatives Application and Code of Conduct

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<thead>
<tr>
<th>Name</th>
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<td>Contact Details</td>
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**Opportunity interested in? Please select**

- Patient Representation
- Lay Reader Panel

**Interested in (please select all that apply)**

- Children, Young People and Families
- Mental Health for children
- Mental Health for adults
- Acute Care
- Primary Care
- Finance
- Quality
- Community Care
- Medicines Management
- Long Term Conditions
- Others please specify

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Please briefly write any background information and relevant skills that you feel is relevant to this role

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Please state any additional needs that the CCG need to be aware of to support you in this role
The Code of Conduct sets out what is expected from Warrington CCG and what is expected of a Warrington CCG patient representatives. Compliance to this Code of Conduct is a condition of involvement in the CCG Patient Representative Scheme.

All patient representatives should as a minimum requirement adhere to the Seven Nolan Principles of Public Life, which are set out below.

Selflessness
Holders of public office should take decisions solely in terms of the public interest. They should not do so in order to gain financial or other material benefits for themselves, their family, or their friends.

Integrity
Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might influence them in the performance of their official duties.

Objectivity
In carrying out public business, including making public appointments, awarding contracts or recommending individuals for rewards and benefits, holders of public office should make choices on merit.

Accountability
Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.

Openness
Holders of public office should be as open as possible about all the decisions and actions they should take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.

Honesty
Holders of public office have a duty to declare any private interests relating to their public duties and take steps to resolve any conflicts arising in a way that protects the public interest.

Leadership
Holders of public office should promote and support these principles by leadership and example.

It is likely that you will want to be involved in different ways at different times in Warrington CCG. The following provides some general codes of conduct which may only be applicable dependent on your chosen patient representation activities.

- commit to playing an active role in Warrington CCG
• act and conduct myself in a reasonable and responsible way to any staff or patient representatives or members of the public I work with or meet as a patient representatives
• never disclose confidential and sensitive information unless there is a legal duty to do so for example in the interests of patient safety
• declare any conflict of interest, or anything that might be seen by other people as a conflict of interest, as soon as it arises. Register of Interests will be kept by Warrington CCG
• not accept gifts or hospitality which could be seen as trying to influence the decisions, independence or activities of Warrington CCG
• comply with relevant legislation including equal opportunities, discrimination, human rights, data protection and freedom of information
• treat all people with respect and act in a way which does not discriminate against or exclude anyone
• to inform Warrington CCG staff if you are unable to attend or undertaken agreed activity in good time
• to undertake mandatory training
• to attend regular supervision sessions as appropriate

Warrington CCG's Engagement and Communication Team will be responsible for all support. This will include:

• commitment to providing timely and clear information on each activity (including hard copy information is requested)
• help and support to carry out activities
• provide appropriate materials to carry out your activities
• advise and support in dealing with any difficulties you are having and provide guidance with situations that are new to you
• provide correct and up to date information, sent in an agreed way and format (such as email or post)
• to give feedback from the meeting/committee in a timely manner
• to treat the patient representative as a full member of any committee/meeting
• hold meetings or events at an accessible venue at an appropriate and convenient time
• provide appropriate ID, training and DBS Checks if appropriate
• Reimbursement of Travel Expenses in a timely manner

I have read and agreed to the Patient Representation Policy

Signed Patient representatives

Date

Signed CCG

Date
Appendix B
Patient Representative Role descriptions

It is likely that you will want to be involved in different ways at different times. There are differing opportunities to be involved these include:

- Patient Representation at meetings/committees
- Lay Readers

For each opportunity role descriptions, with commitments and responsibilities have been produced.

<table>
<thead>
<tr>
<th>Role Title</th>
<th>Lay Readers</th>
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<tbody>
<tr>
<td>Why we want you:</td>
<td>As part of the CCG’s ongoing engagement and communications work, resources and promotional materials are produced. These can be specific to CCG work areas and pieces of work. It is essential that these resources are user friendly and contain the most appropriate information. Therefore Lay Readers are essential.</td>
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<tr>
<td>Commitment:</td>
<td>Lay Reader activities will vary but it would be unusual for you to undertake activities more than once a month.</td>
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<tr>
<td>Responsibilities</td>
<td>Information/draft resources will usually be shared via email, unless otherwise agreed. Feedback must be given within 10 days. The CCG will share the final version of materials with the lay readers.</td>
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<tr>
<td>Role Title</td>
<td>Representation</td>
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<tr>
<td>Why we want you:</td>
<td>It is important that patients and carers are represented at every level of the CCG and the wider health economy.</td>
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<td></td>
<td>In certain circumstances at CCG meetings/boards and wider health meetings patient representative will be required.</td>
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<td></td>
<td>The Health Forum and PPG Network will be given the opportunity to provide this representation.</td>
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<td>Commitment:</td>
<td>These opportunities will vary, they will be attendance at regular meetings and also ad hoc but should not be more than once a month. Taking into account varying commitments a deputy can be appointed to attend on behalf of the nominated patient representative.</td>
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<tr>
<td>Responsibilities</td>
<td>Champion the service users’, patients’ and carers’/families’ viewpoints, helping to ensure that the needs of patients/carers are met through any proposals and outcomes of the service/programme.</td>
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<td>Consider the impact of proposals on diverse populations within the Warrington</td>
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<td></td>
<td>Provide “critical friend” challenge within the group as appropriate.</td>
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<td></td>
<td>Advise on how to raise patient and public awareness of the strategy’s future outcomes and achievements.</td>
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<td></td>
<td>Update the Health Forum on the progress of the forum in an agreed format and in a timely fashion.</td>
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<td>All representation must be agreed by the CCG and the Health Forum or PPG Network.</td>
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<td>Act and conduct in a reasonable and responsible way, abiding by the Nolan Principles of Public Life</td>
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<td></td>
<td>Not accept gifts or hospitality which could be seen as trying to influence the decisions, independence or activities of Warrington CCG</td>
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<td></td>
<td>Comply with relevant legislation including equal opportunities, discrimination, human rights, data protection and freedom of information</td>
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<tr>
<td></td>
<td>To inform Warrington CCG staff if you are unable to attend or undertaken agreed activity in good time</td>
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<td>To undertake any relevant training and a DBS check if appropriate</td>
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| Person specification | Ability to contribute confidently to high-level discussions and ensure the patient voice is heard, providing "critical friend" challenge within the meeting as appropriate.  
| | Ability to display sound judgment and to be objective  
| | Awareness of, and commitment to, equality and diversity  
| | Understanding of the need for confidentiality when required  
| | Sufficient time and (if relevant) management support from your employer /organisation to be able to effectively participate (including reading material in preparation for meetings)  
| CCGs Responsibilities | Commitment to provide timely and clear information  
| | Help and support to carry out activities  
| | Provide appropriate materials to carry out your activities  
| | Advise and support in dealing with any difficulties you are having and provide guidance with situations that are new to you  
| | Provide correct and up to date information, sent in an agreed way and format (such as email or post)  
| | Provide appropriate ID, training and DBS Checks (if appropriate)  
| | Reimbursement of Travel Expenses in a timely manner  
| | CCG to consider whether the patient representative is able to use/receive information electronically or require paper copies  
| | CCG to consider whether patient representatives are required to and/or are able to transport themselves or need assistance.  
| | CCG to consider whether patient representatives are able to write their own notes or need assistance/support. |
Travel Expense Policy

Introduction
Warrington CCG recognises the importance of involving patients and the public. A patient representatives scheme has been developed to engage and involve patients and the public.

The CCG values this contribution and we want to ensure that there are no barriers to involvement. Out of pocket expenses incurred in the course of scheme activity will be reimbursed. In order to claim expenses, an expense form must be completed and handed into the Engagement, Experience and Communications Team.

Scope
This policy is relevant to CCG patient representatives only.

Activity covered by the policy
Any activity that has been agreed by the Engagement and Communications Team. This excludes the CCGs Health Forum, PPG Network, any public Board of Governors meetings or any other meetings or events not facilitated by Warrington Clinical Commissioning Group.

What expenses will be paid for?
- Travel to include bus, train or car (car mileage will be paid at the standard 45p a mile)
- Taxis will only be paid for if agreed in advance by the CCG
- Actual travel related costs e.g. parking costs

Warrington CCG encourages the following to save costs:
- Use of car sharing
- Use of public transport

Make a claim
When a patient representatives wishes to make a claim they need to fill in a Member Expense Form within 30 days of attending the meeting/ event and submit to the Engagement and Communications Team. The form is available via the Team. Relevant supporting tickets/ receipts will need to be provided.

When an expense form has been completed and authorised a payment will then be made either by cash or into their bank account (where bank details and permission have been given).

Fraudulent expense claim
Fraudulent expense claims will be considered as theft. Any patient representatives found to be making fraudulent claims will be removed from being a patient representative and may be reported to the police.
Appendix D
Grievance Guidance
Warrington CCG recognises the importance of a fair and appropriate system through which patient representatives can express any grievance related to their role.

The aim of this policy is to help staff and patient representatives by giving practical guidance on how to deal with grievance issues.

Any patient representatives, at some time, may experience problems or concerns about their tasks or relationships with colleagues or staff that they wish to talk about. The grievance needs to be addressed, and if possible, resolved before it develops into major difficulties for all concerned.

Process
Informal Grievance
All patient representatives should approach the Engagement Manager in the first instance to discuss the matter informally.

Where the grievance is against staff and the patient representative feels unable to approach him/her, the patient representative should approach the CCGs Strategic Head of Communications and Engagement who will have an informal discussion with the patient representatives.

Formal Grievance
If the patient representative feels the matter has not been resolved through informal discussion or if the matter is serious, they should then provide staff with full details of the grievance in writing. The Engagement Manager will arrange to meet with the patient representatives concerned to discuss the grievance.

Third party representative can be involved to support the patient representative

Where the grievance is against the staff and the patient representative feels unable to approach him/her, the patient representatives should write to the CCGs Strategic Head of Communications and Engagement.

The appropriate nominated person will call a meeting with the patient representatives to discuss the grievance.

The nominated person may need to carry out further investigations to establish the facts of the case before reaching a decision which may delay the decision.

After the meeting, a decision in writing will be sent to the patient representative.

Mediation
Warrington CCG may in some cases ask the individuals involved in a dispute to participate in mediation if it is felt that this may be beneficial to resolving the dispute.
This is voluntary and patient representatives may choose to decline to participate in mediation.

Third party representative can be involved to support the patient representative
Appendix E
Disciplinary Guidance

The purpose of the disciplinary guidance is to ensure that Warrington CCG behaves fairly and consistently towards all patient representatives in investigating and dealing with alleged instances of unacceptable conduct or performance.

The aims of this guidance are:
- To encourage patient representatives to achieve and maintain standards of behaviour
- To be fair to all patient representatives at all levels of the organisation
- To allow for careful investigation of any allegations
- To deal rapidly and effectively with misconduct issues
- Aim to correct behaviour where possible

This guidance is applicable to all Warrington CCG patient representatives. Any patient representatives can have their role terminated at any time.

Informal Stage
In some instances, staff may consider that it is sufficient to guide and support a patient representative where conduct or capability is considered to be unsatisfactory. In most cases, supervision session will attempt to address any issues.

Examples of General Misconduct (These will normally be discussed and dealt with the informal stage)
- Minor breaches of Code of Conduct and procedures
- Minor safety violations
- Lack of co-operation
- Unsatisfactory standards
- Lack of application

Formal Stage
If matters have not been settled through the informal stage, a meeting will be held. If a patient representatives continues to be unavailable to attend a meeting, the CCG may conclude that a decision will be made on the evidence available and will inform the patient representatives of this prior to reaching a decision.

Third party representative can be involved to support the patient representative

Examples of Serious Misconduct (These will normally be discussed and dealt with the formal stage)
- Serious breaches of Code of Conduct and procedures
- Persistent minor breaches of Code of Conduct and procedures
- Offensive, abusive or objectionable behaviour
- Posting or distributing unauthorised literature
- Serious neglect
- Misuse of Warrington CCG property
Persistent example of general misconduct
These lists are for the purpose of illustration and are not exhaustive.

The patient representatives may be suspended from their role pending the conclusion of the investigation and/or meeting, without prejudice.

**Gross Misconduct**
No patient representatives will have their placement terminated for unsatisfactory standards except for instances of gross misconduct. In cases requiring investigation, the patient representatives may be suspended. Such a suspension will be for as short a period as possible. The consequence for gross misconduct may be immediate termination.

**Examples of Gross Misconduct**
- Falsification of records, or documents.
- Fighting or acts of violence or intimidation against any patient representatives, employee or visitor.
- Persistent refusal to obey reasonable instructions given by staff.
- Wilfully endangering others.
- Serious misrepresentation on the patient representatives’ application.
- Unauthorised possession of Warrington CCG property or property of third parties.
- Serious negligence which causes unacceptable loss, damage or injury.
- Conduct which could bring Warrington CCG into disrepute.
- Theft, attempted theft or wilful damage to Warrington CCG property, or property belonging to any patient representatives, employee or visitor.
- Being drunk and disorderly, or under the influence of alcohol on Warrington CCG premises or conducting CCG activities.
- Being in possession of illegal substances whilst on Warrington CCG premises or conducting CCG activities.
- Unauthorised disclosure of any Warrington CCG information.
- Serious and/or persistent harassment or discrimination or bullying whether sexual, racial or otherwise.
- Serious act of insubordination or insulting, abusive or indecent behaviour.
- Convictions for any offence affecting staff or external relations which amount to a breach of trust.
- The abuse or misuse of Warrington CCG internet or email systems.
- Serious breach of the Code of Conduct.
- Serious breach of the Confidentiality of Information Policy.
- Gross negligence.
- Gross insubordination.
- Persistent examples of Serious Misconduct.

This list is for purpose of illustration and is not exhaustive. The patient representative will have the right to appeal which will be outlined to them should this arise.
Declarations of Interest Form

<table>
<thead>
<tr>
<th>Name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yourself</td>
<td>Close relative and/or associate</td>
</tr>
</tbody>
</table>

Who has the ‘interest’? (please tick box)

<table>
<thead>
<tr>
<th>Name of close relative/ associate</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Company/ Organisation/ Body that ‘interest’ is in:</th>
<th>1.</th>
<th>2.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Nature of ‘Interest’ – Please provide brief details of the interest</th>
<th>1.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date ‘interest’ commenced</th>
<th>1.</th>
<th>2.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date ‘interest’ will cease (if known)</th>
<th></th>
</tr>
</thead>
</table>

Signed ……………………………………………………………… Date ……………………

Note: A declaration of interest must be made where either yourself or close relative/ associate has a controlling and/or significant financial interest in a business (including a private company, public sector organisation, other NHS employer and/or voluntary organisation) or in any other activity or pursuit, which may compete for an NHS contract to supply either goods or services to the employing authority.
Appendix G

Equality Impact and Risk Assessment
Policy Development and Review

Equality Impact and Risk Assessment
Patient Representation Policy

Equality & Inclusion Team, Corporate Affairs
For enquiries, support or further information contact
Email: equality.inclusion@nhs.net
### EQUALITY IMPACT AND RISK ASSESSMENT

**ALL SECTIONS MUST BE COMPLETED**

### SECTION 1 – DETAILS OF POLICY

**Date of commencing the assessment:**
16.01.17

**Date for completing the assessment:**
16.01.17

**Policy implementation Date:**
01.02.17

**Responsible Director/CCG Board Member:**
Maria Austin  
Strategic Lead for Communications and Engagement

**Directorate/Team:**
Engagement and Communications

**Policy Assessment Lead and Contact Details:**
Katie Horan – Engagement Manager  
Katie.horan@warringtonccg.nhs.uk

**Who else will be involved in undertaking the assessment?**
N/A

---

### EQUALITY IMPACT ASSESSMENT

<table>
<thead>
<tr>
<th>Please tick which group(s) this policy will or may impact upon?</th>
<th>Yes</th>
<th>No</th>
<th>Indirectly</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients, service users</td>
<td>*</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
How was the need for the policy identified?

In order to increase patient representatives the CCG needs to ensure a process is in place. There is increasing opportunities for patient representation within the CCG, there is a need to ensure this is consistent and the CCG and patients have the same level of expectation.

What are the aims and objects of the policy?

To increase patient representation in CCG meetings and committees to ensure that the voice of the patient is truly at the heart of our decision making.

The objective is to ensure a robust and fair process is undertaken, which supports the CCG and the patient representatives.

SECTION 2

In this section you will need to consider:

What activities you currently do that help you to comply with the Public Sector Equality Duty (three aims).

Will your policy affect your ability to meet the Public Sector Equality Duty?

How you will mitigate any adverse impact?

- Eliminate, unlawful discrimination, harassment, victimisation and any other conduct prohibited by the Act;
- Advance equality of opportunity between people who share a protected characteristic and those who do not;
- Foster good relations between people who share a protected characteristic and those who do not.

Please answer ‘Yes’ or ‘No’ and explain your answer

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Explain</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the policy aim to eliminate discrimination,</td>
<td>*</td>
<td></td>
<td>The policy aims to increase patient representation,</td>
</tr>
<tr>
<td>harassment and victimisation?</td>
<td>including representation of protected characteristics within CCG meetings and committees. This has the potential to ensure that unlawful discrimination is not taking place by including those who use services.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>--------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>What do we mean?</td>
<td>Unlawful discrimination takes place when people are treated ‘less favourably’ as a result of having a protected characteristic (age, race, ethnic group, disability, etc.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does the policy aim to consider advance equality of opportunity between people who share a protected group and those who don’t share it?</td>
<td>The policy aims to increase patient representation, including representation of protected characteristics within CCG meetings and committees. This has the potential to ensure equality of opportunity by including those who use services.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>What do we mean?</td>
<td>Equality of opportunity is about making sure that people are treated fairly and given equal access to opportunities and resources. Promoting is about:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
|                               | - Encouraging people/services to make specific arrangements  
- Take action to widen participation  
- Marketing services effectively  
- Remove or minimise disadvantages  
- Take steps to meet different needs  
- Securing special resources for those who may need them |

* Patient representatives will be included in discussions including how to widen participation, removing or minimise disadvantages and taking steps to meet different needs.
Does the policy aim to foster good relations between people who share a protected characteristic and those who don’t share it

What do we mean?

Foster Good Relations between People: This is about bringing people from different backgrounds together by trying to create a cohesive and inclusive environment for all. This often includes tackling prejudice and promoting understanding of difference.

- Tackle prejudice
- Promote understanding
- Community cohesion (involvement, engagement)

Has engagement/involvement or consultation been carried out with people who will be affected by the policy?

Has the engagement/involvement or consultation highlighted any inequalities?

Have you added an Equality Statement to the Policy?

Example statement: Promoting equality and addressing health inequalities are at the heart of NHS England’s values. Throughout the development of the policies and processes cited in this document, we have given 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
- 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

The policy aims to bring together people with a protected characteristic, NHS and health professionals to create a cohesive and inclusive environment to discuss health services and work streams.

The draft policy has been shared for comments, which have been taken on board.

*
SECTION 3

Does the ‘policy’ have the potential to:

- Have a positive impact (benefit) on any of the equality groups?
- Have a negative impact / exclude / discriminate against any person or equality groups?
- Explain how this was identified? Evidence/Consultation?
- Who is most likely to be affected by the proposal and how (think about barriers, access, effects, outcomes etc.)

<table>
<thead>
<tr>
<th>Equality Group / Protected Group</th>
<th>Positive effect</th>
<th>Negative effect</th>
<th>Neutral effect</th>
<th>Please explain</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>*</td>
<td></td>
<td></td>
<td>The policy aims to include people with protected characteristics in CCG decision making committees, therefore increasing understanding the patient views and experiences.</td>
</tr>
<tr>
<td>Disability</td>
<td>*</td>
<td></td>
<td></td>
<td>As above</td>
</tr>
<tr>
<td>Sexual Orientation</td>
<td>*</td>
<td></td>
<td></td>
<td>As above</td>
</tr>
<tr>
<td>Gender Reassignment</td>
<td>*</td>
<td></td>
<td></td>
<td>As above</td>
</tr>
<tr>
<td>Sex (Gender)</td>
<td>*</td>
<td></td>
<td></td>
<td>As above</td>
</tr>
<tr>
<td>Race</td>
<td>*</td>
<td></td>
<td></td>
<td>As above</td>
</tr>
<tr>
<td>Religion or Belief</td>
<td>*</td>
<td></td>
<td></td>
<td>As above</td>
</tr>
<tr>
<td>Pregnancy and Maternity</td>
<td>*</td>
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<td></td>
<td>As above</td>
</tr>
<tr>
<td>Marriage and Civil Partnership</td>
<td>*</td>
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<td>As above</td>
</tr>
<tr>
<td>Carers</td>
<td>*</td>
<td></td>
<td></td>
<td>As above</td>
</tr>
<tr>
<td>Deprived Communities</td>
<td>*</td>
<td></td>
<td></td>
<td>As above</td>
</tr>
<tr>
<td>Vulnerable Groups e.g. Homeless, Sex Workers,</td>
<td>*</td>
<td></td>
<td></td>
<td>As above</td>
</tr>
<tr>
<td>Military Veterans</td>
<td></td>
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</tbody>
</table>

| SECTION 8 |
| FINAL SECTION |

<table>
<thead>
<tr>
<th>Date completed:</th>
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<tbody>
<tr>
<td>16.01.17</td>
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</table>

<table>
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<tr>
<th>Date received for quality check:</th>
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<table>
<thead>
<tr>
<th>Signature of person completing the assessment:</th>
</tr>
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<tbody>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Date reviewed by Equality and Inclusion Team:</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature and Date signed off by Equality and Inclusion Team:</th>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Date signed off by CCG / CSU Committee:</th>
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</table>

This is the end of the Equality Impact and Risk Assessment process: By now you should be been able to clearly demonstrate and evidence your thinking and decision(s).

Save this document for your own records, once this is signed off by your organisation you should published on your website.

- Send this document and copies of your completed Stage 2 Human Rights Screening document and Stage 2 Privacy Impact Assessment to the Equality & Inclusion Team equality.inclusion@nhs.net
This document can be made available in a range of alternative formats including various languages, large print, Braille and audio cassette. To discuss your requirements please ring 0800 389 6973.

Ky dokument mund të jetë në dispozicionin tuaj në një varg të formatave alternative përflirë gjuhë të ndryshme, të shtypura, Braille dhe audio kaseta. Për të diskutuar kërkesat tuaja, ju lutemi thirrni në 0800 389 6973

(Albanian)

يمكن توفير هذه الوثيقة في العديد من الإشكال بما في ذلك مختلف اللغات، بخطوطة كبيرة، كتابة بريل أو على شريط كاسيت.

(Arabic)

ইই দলিলটি বিভিন্ন ফর্মেটে বিকাস-পূর্ণ যাবে পাওয়া যাবে যার মধ্যে অন্তর্ভুক্ত আছে বিভিন্ন ভাষা, বড় লিপি, ব্রেইল পদ্ধতি এবং একাডেমিক ফর্ম। আপনার প্রয়োজনের ব্যাপারে আলোচনা করার জন্য আনুগুপ্ত করে ০৮০০ ৩৮৯ ৬৯৭৩ নম্বরে ফোন করুন।

(Bengali)

这份文件备有多重不同形式的版本（包括不同语文、大字体、凸字和录音带）可供索取。欲知详情，请致电0800 389 6973查询。

(Traditional Chinese)

आ दस्तावेज विभिन्न भाषाओं, संस्कृति घाटक, अंग्रेजी भाषा अने अोटियो एकेट संस्कृति व वेक्सिट व्यवस्था उपयोग कर करके और कराते हैं। ताजी हारियातीनी वर्गीय करना कर्ज जरी जरी की करें।

(Gujarati)

这份文件备有多重不同形式的版本（包括不同语文、大字体、凸字和录音带）可供索取。欲知详情，请致电0800 389 6973查询。

(Simplified Chinese)

Niniejszy dokument może być udostępniony w innych alternatywnych formatach, w tym w różnych językach, dużym drukiem, w alfabecie Braille’a i na kasecie magnetofonowej. Prosimy zadzwonić pod numer telefonu 0800 389 6973 w celu omówienia Państwa wymagań.

(Polish)

टिप्पणी दशकेंद्र कहीं उत्तर पूर्व भारत धर्म परिवर्तन सभी संचार में निस्कर्ष एंड-एंड सम्बंधित रहा। अन्य दुनिया दीक्षित परिवार को भी बन्द करने बाल भी बनाने के 0800 389 6973 के हेल करे।

(Punjabi)

بے دستاویزیت سے متبادل نمونوں بشمول مختلف زبانوں، بھی پی ان اور اواتار کیسٹ مس میباکی جامعیتی بے اپنی ضروریات سے متعلق بات جیب کرنے کے لیے براہ مربی 0800 389 6973 برفون کریں۔

(Urdu)