**NHS Derby and Derbyshire Integrated Care Board**

**Patient and Public Involvement Payments Policy**

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| **KEY POLICY MESSAGES** |
| 1. The purpose of the policy is to set out the eligibility for payment of out-of-pocket expenses, the amount that can be claimed and how claims should be submitted. |
| 1. This policy sets out the eligibility for payment of out-of-pocket expenses, the amount that can be claimed and how claims should be submitted. |
| 1. The ICB consider it good practice to pay PPI representatives out of pocket expenses for activities undertaken for the ICB. |

**VERSION CONTROL**

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| **Title:** | NHS Derby and Derbyshire Integrated Care Board Patient and Public Involvement Payments Policy |
| **Supersedes:** | Not applicable – new policy |
| **Description of Amendment(s):** | Versions 0.1 and 0.2 – initial drafts  Version 1.0 – final (approved)  Version 1.1 – update made to Freepost address at paragraph 7.5.4.  Version 1.2 – update to delete use of cheques in paragraphs 7.2.1 and 7.5.2, and Appendix 2 |
| **Financial Implications:** | N/A |
| **Policy Area:** | Corporate Strategy |
| **Version No:** | Version 1.2 |
| **Author:** | Karen Lloyd, Head of Engagement  Sean Thornton, Assistant Director of Communications and Engagement |
| **Approved by:** | Audit & Governance Committee, 9th February 2022 |
| **Effective Date:** | February 2023 |
| **Review Date:** | December 2024 |
| **List of Referenced Policies:** | None. |
| **Key Words section (metadata for search facility online):** | Expenses  Involvement |
| **Reference Number:** | CD38 |
| **Target Audience:** | ICB approved policies apply to all employees, contractors, volunteers, and others working with the ICB in any capacity. Compliance with ICB policy is a formal contractual requirement and failure to comply with the policy, including any arrangements which are put in place under it, will be investigated and may lead to disciplinary action being taken. |

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1. Policy Statement

This policy applies to NHS Derby and Derbyshire Integrated Care Board, subsequently referred to in this document as the "ICB".

1. Introduction
   1. The ICB is committed to involving patients, carers, and the public in the decision‑making processes at all stages of the commissioning cycle, governance and assurance process, changes to services, and transformational projects operating across organisational boundaries as part of the Integrated Care System (ICS). This is referred to as Patient and Public Involvement (PPI).
   2. The ICB consider it good practice to pay PPI representatives out of pocket expenses for activities undertaken for the ICB, taking into account the following principles:
      1. no one should be excluded from taking part in ICB activities due to financial constraints;
      2. PPI representatives are not paid for the time they contribute but should not be out of pocket because of their involvement; and
      3. reasonable expenses will be reimbursed with the prior approval of the ICB.
2. Purpose

The purpose of the policy is to set out the eligibility for payment of out-of-pocket expenses, the amount that can be claimed and how claims should be submitted.

1. Definition

"Individuals"

in this policy refers to patients, carers, and members of the public, who have expressed an interest in taking part in involvement activities across the ICB.

1. Organisational Accountability/Responsibilities
   1. The ICB’s Engagement Team will ensure that staff and patient and public representatives are aware of the Policy and advise them of its application.
   2. ICB staff are responsible for ensuring that forms are completed and signed off correctly.
   3. The Finance Team are responsible for ensuring prompt payment when required.
2. Intended Users/Scope of Policy
   1. The Policy will apply to all situations where patient and public representatives are part of involvement activities within the ICB, subject to the eligibility criteria set out in this Policy.
   2. Individuals who are entitled to claim and receive out of pocket expenses will not be considered employees of the ICB. There will therefore be no contractual obligations on behalf of the ICB to these individuals.
3. Full Detail of Policy

Eligibility

* + 1. Payment of out-of-pocket expenses will be offered when individuals have been invited by name to:
       1. become involved in a specific meeting, group, activity, or event;
       2. act as a representative of a user or carer organisation and do not get paid a salary from that organisation;
       3. a Public Involvement Event to represent a specific community of interest or geography.
    2. Payments cannot be claimed when individuals are:
       1. attending public meetings or other activities without a specific invitation;
       2. attending public involvement events – even if a general invitation/promotional flyer has been sent to their home;
       3. giving views through a postal questionnaire;
       4. patients on clinical trials where the trial forms part of the hospital treatment;
       5. staff involved in activity as part of their paid role;
       6. able to claim expenses/payments from another organisation.

Where individuals are eligible to claim out of pocket expenses, this should be highlighted in any correspondence and copies of this policy should be available upon request.

Out of Pocket Expenses

* + 1. All basic 'out of pocket' expenses must be paid by bank transfer.
    2. Payment of expenses needs to be arranged by the person organising the meeting, event, or activity. We no longer have the facility to pay cash routinely.
    3. In order to be paid by bank transfer, they will need to be set up as a supplier with the finance team, a process that can take one week. This only needs to be done once. Set-up should ideally occur in advance of attendance at meetings to prevent a delay in the payment of expenses. The 'Account set up form' in Appendix 3 should be used for this purpose.
    4. Expenses include:
       1. all reasonable travel by public transport or taxi (taxi journeys must be agreed in advance, please see paragraph 7.3.2);
       2. travel by private car at the agreed mileage rate and payable only for the shortest route for the journey (the ICB uses the AA Route Planner to calculate the number of miles);
       3. car parking, where free parking is not available;
       4. essential childcare costs for the duration of the activity;
       5. the cost of a carer or personal assistant for the duration of the activity; and
       6. meal costs, where applicable.
    5. For payment of 'out of pocket' expenses individuals must provide appropriate proof of expenditures such as:
       1. bus or rail tickets;
       2. car parking tickets;
       3. receipts from taxis or for meal claims; and
       4. childcare/carer receipts that provide details of the carer’s registration and/or the professional organisation providing the care.

Amounts Payable (correct as of December 2022)

|  |  |  |
| --- | --- | --- |
| **From tax year 2022 to 2012 onwards** | **First 10,000 business miles in the tax year** | **Each business mile over 10,000 in the tax year** |
| Cars and vans | 45p | 25p |
| Motorcycles | 24p | 24p |
| Bicycles | 20p | 20p |

Attendees can also claim 5p for each mile if a passenger is transported to the same event.

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| --- | --- |
| **Public Transport** | Exact cost of travel by bus or train as shown on ticket or receipt. |
| **Childcare** | Cost of paying a registered childminder for the duration of the activity, including travelling time. Costs must be agreed in advance with the ICB. |
| **Carers** | Cost of arranging care for the duration of the activity including travelling time. Costs must be agreed in advance by the ICB. |
| **Interpreters** | Cost of interpreter including BSL if arranged by the ICB through the Interpreter Service – the ICB must be notified in advance. Please see section 7.3.3. |
| **Taxis** | Cost of travelling by taxi where it is the most appropriate option. Costs must be agreed in advance by the ICB. There may be a variety of reasons when a taxi is the most appropriate option such as disability or safeguarding reasons. Please see item 7.3.2. |
| **Meal costs** | Up to £5 for lunch - meetings/events take place from 12 noon or earlier through to 2 pm or later, and lunch is not provided or meetings/events last more than 4 hours and no lunch is provided.  Up to £15 for evening meal - meetings/events last more than 10 hours and finish at 7pm or later and a meal is not provided. |

* + 1. Childcare and Carer Costs
       1. Reimbursement may be claimed for a personal carer/support to enable attendance at an ICB meeting or activity, for children aged 16 or under or for other dependants where care is required for medical or social care needs. For the avoidance of doubt the carer/support worker is engaged by the individual receiving the care and not by the ICB. Prior agreement for costs of care must always be reached with the ICB.
       2. The ICB will cover the hourly rate costs of the carer/support worker where these costs are not normally covered elsewhere (for example via service user payments from other public funds such as social services).
       3. A claim may not be made for care provided by a member of the household or by a person under 16 nor if care is already in place and provided by an organisation (e.g. DCC Social Care).
       4. To allow for essential travelling time, payment may be claimed for periods starting up to a maximum of one hour before the time at which the meeting starts and ending up to one hour after it finishes.
       5. An invoice or a receipt to support the claim must be attached to the Expenses Claim Form.
    2. Taxi Costs
       1. The ICB has several taxi firms registered as suppliers across Derbyshire who can be paid via invoice.
       2. If there is an individual who will need regular taxi trips, please contact [ddicb.engagement@nhs.net](mailto:ddicb.engagement@nhs.net) who will raise a PO number for an agreed amount to approximately cover the total amount of meetings, where a taxi will be needed during the financial year. The PO number will need to be provided to the taxi firm who will then invoice for each trip, and this will be deducted from the allocated amount following each claim. Please ensure arrangement in advance with the engagement team.
       3. Where there is no taxi firm in the area on account the individual will need to claim back their expenses, however, the cost of the taxi must be agreed beforehand, and a receipt provided for the amount.
       4. The ICB has active accounts with the below firms:

|  |  |
| --- | --- |
| **Supplier Number** | **Supplier Name** |
| 156318 | HALO TAXIS |
| 117042 | NAYLORS TAXIS |
| 153461 | PDS TAXIS |
| 28846 | DUCKMANTON TAXI & MINIBUS HIRE LTD |
| 112232 | NORTHERN TAXIS LTD |
| 177974 | ABACUS CARS |
| 139515 | DERBY CITY CARS LTD |
| 165695 | BOROUGH OF BROMLEY CARS |
| 58575 | CENTRAL CARS (CHESTERFIELD) LTD |
| 156318 | HALO TAXIS |
| 117042 | NAYLORS TAXIS |
| 153461 | PDS TAXIS |
| 28846 | DUCKMANTON TAXI & MINIBUS HIRE LTD |
| 112232 | NORTHERN TAXIS LTD |

* + 1. Interpreter Bookings
       1. Interpreters can be booked on the Capital portal using the ICB PIN and password, available on request by contacting the engagement team [ddicb.engagement@nhs.net](mailto:ddicb.engagement@nhs.net). Information is available about ICB Interpreting Services and who can use them here.
       2. If the meeting is via teams, interpreters have will require the link to be able to join the meeting.
       3. Interpreters will need to be provided with the meeting documents at least a week prior to the meeting so that they can prepare themselves on the topics to be discussed.
       4. If bookings are cancelled at short notice, the ICB will still get charged.

Virtual Meetings

* + 1. Due to developments in the way that we work it is now possible that meetings will be held remotely.
    2. Where individuals are 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, stamps, internet connection, stationery, and other home office sundries (without the need for evidence such as receipts).
    3. The individual should complete the form in Appendix 2 and submit this to the facilitator of the meeting who will process this. Meeting organisers should send completed and authorised claim forms to [ddicb.engagement@nhs.net](mailto:ddicb.engagement@nhs.net). The Engagement Team will then arrange for Executive Director sign off and forward to the Finance Team. Finance will then arrange payment.

Claim process

* + 1. All claims must be made by completing a Reimbursement of Expenses Form (Appendix 1) or a £5.00 discretionary payment for Virtual meetings Form (Appendix 2).
    2. All evidence of expenditure should be attached to the claim form. Assistance will be given, where needed, to complete a claim form. Bank Transfer payments can be set up for individuals attending meetings on a regular basis. A supplier form should be completed and submitted via the meeting facilitator to ddicb.engagement@nhs.net who will then liaise with the Finance Team. Please note that setting up an individual on the system can take one week. Once an individual is set up on the system they should be advised that they will be paid within four weeks of receipt of the claim form.
    3. Alternative arrangements must be made for individuals without bank accounts.
    4. Claim forms should be given to the ICB member of staff responsible for the meetings or posted to our Freepost address – no stamp needed. Send to: FREEPOST JUCD – please only address the envelope this way, adding any other wording will incur an additional charge to the ICB.
    5. Claim forms which do not require receipts to be attached may also be emailed.

Special Circumstances

Payment can also be made using high street vouchers, this might be particularly suitable for young people, but can be requested by any individual. If this is the preferred option, the individual should tell the ICB in advance of the meeting which vouchers they would prefer, and the vouchers will be given out at the meeting or event.

Payments and Benefits

If an individual is claiming benefits, it is the responsibility of the individual claimant to inform the Benefits Agency of any payments they receive as these may be considered earnings and may affect their claim. High street or gift vouchers may be viewed and treated as earnings by the Benefits Agency in the same way as any other forms of payment and should be declared in the same way as cash, cheques or bank transfers.

Payments and Tax/National Insurance

Individuals will be asked to sign expenses claim which will confirm they are responsible for any Tax and National Insurance liability resulting from the payment. Anyone claiming for car mileage will also be asked to confirm that they hold a valid driving licence and that their vehicle has valid tax, insurance, and MOT certificate, where needed.

1. Working in partnership with other organisations
   1. The Policy relates to individual patients, carers and members of the public who help the ICB with its work. Paid workers from other organisations including from the voluntary and community sector are expected to seek support from their own organisations.
   2. When the ICB is working jointly with other organisations e.g. NHS provider organisations, local authorities, Public Health England, it should be made clear in advance which organisation is responsible for paying involvement expenses and this should be communicated to potential claimants prior to the event.
2. Summary of the Policy Development Process

The Policy was developed in line with best practice set out in ‘Reward and Recognition’ published by the Department of Health in 2006. The original policy was ratified by the Executive Team of the NHS Derby City NHS Derbyshire County Cluster and subjected to an Equality Impact and Risk Assessment. It was later adopted by the four Derbyshire CCGs. This policy has now been adopted by the ICB, a new organisation replacing the CCGs. This revised policy pertaining to the Integrated Care Board relates to the reimbursement of out-of-pocket expenses and includes updated information about the payment of taxi fares, and payments for virtual meetings.

1. Review and Revision Arrangements

The Policy will be reviewed annually by the Director of Corporate Development and should be reviewed and approved by the ICB's Audit and Governance Committee.

1. Dissemination and Implementation

The Policy will be available on the intranet and website and featured in team briefings and staff newsletters. Staff will also be informed of the Policy by email. It will be implemented through the Engagement Team.

1. Document Control

The final Policy is held by the Director of Corporate Development.

1. Process for Monitoring Compliance with the Policy

Compliance will be monitored by the Engagement Team.

1. References

Reward and Recognition; DoH revised 6 April 2017

<http://www.hmrc.gov.uk/rates/travel.htm>

Appendix 1 – Claim Form

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Travel Expense Claim Form** | | | | | | | | | | |
| **Name:** | | | | **Address:** | | | | | |
| **Date** | **Event/ Meeting** | **Details of Journey** | | | **Mileage** | **Bus/Taxi Fares** | **Other Expenses** | **Costs**  **£** |
| **From** | **To** | |
|  |  |  |  | |  |  |  |  |
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|  |  |  |  | |  |  |  |  |
|  |  |  |  | | **TOTAL EXPENSES** | | | **£** |

I declare the expenses detailed above were necessarily incurred by myself.

I take responsibility for any tax that may be due on this payment or any impact on benefits.

I confirm I hold a valid driving licence and that my car has valid tax, insurance, and an MOT, where required.

Signature of Claimant: Date:

|  |
| --- |
| **NOTE: This claim must be countersigned by the appropriate Senior Officer before submission to the Engagement Team, who will arrange for corporate sign off and forward to the Finance Department.** |

I certify to the best of my knowledge that the expenses were incurred by the claimant.

Signature of certifying officer: Date:

Appendix 2 – Patient and Public Involvement Virtual Meeting – Out of Pocket Expense form

Where individuals are 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, stamps, internet connection, stationery, and other home office sundries (without the need for evidence such as receipts).

The information collected below is to administer the payment and is used as a record proof of payment.

|  |  |
| --- | --- |
| **Name of person claiming payment:** |  |
| **Email address of person claiming payment:** |  |
| **Meeting(s) attended** | **Date** |
|  |  |
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|  |  |
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|  |  |
| --- | --- |
| **Payments will be paid by Bank Transfer** | *Please ensure you have completed Appendix 3 – Account Set Up Form*  *(this form need only be completed once)* |
| **Date form submitted:** |  |

Please send completed forms to the administrator or your lead contact for the meeting you attend.

*Staff use only- please ensure information below is included:*

Administrator or lead contact signature (please attach email proof)

Name: Signature:

Executive or nominated deputy (Director) signature (please attach email proof)

Name: Signature

**Completed forms should be returned to** [**ddicb.engagement@nhs.net**](mailto:ddicb.engagement@nhs.net)

Appendix 3 – Account Set Up Form

If you are a Patient or Public Representative and would like your expenses paid directly into your bank account, then you will need to complete an Account Set Up Form.

Setting up an account can take 5–7 working days.

Please complete and return the form below ensuring all details are correct and match the details supplied on any expense's forms.

If you have any queries, please contact [ddicb.financialservices@nhs.net](mailto:ddicb.financialservices@nhs.net)

|  |  |
| --- | --- |
| **Contact Details** |  |
| **Name:** |  |
| **Address Line 1:** |  |
| **Address Line 2:** |  |
| **Town/City:** |  |
| **Postcode:** |  |
| **Country:** |  |
| **Telephone Number:** |  |
| **Email Address (for remittance advice):** |  |
| **Bank Account Details** |  |
| **Name of Bank:** |  |
| **Sort Code:** |  |
| **Account Number:** |  |
| **Account Name:** |  |