

## PATIENT AND PUBLIC EXPENSES POLICY - (REIMBURSEMENT OF EXPENSES)

**SEPTEMBER 2013**

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NHS Vale of York Clinical Commissioning Group  
PATIENT AND PUBLIC EXPENSES POLICY (REIMBURSEMENT OF EXPENSES)  
POLICY AMENDMENTS

Amendments to the Policy will be issued from time to time. A new amendment history will be issued with each change.

<b>New Version Number</b>	<b>Issued by</b>	<b>Nature of Amendment</b>	<b>Approved by &amp; Date</b>	<b>Date on Internet</b>
1.0	Christine Ebeltoft	Reviewed for CCG and in line with updated guidance	NHS Vale of York CCG Remuneration Committee	

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## 1. INTRODUCTION

- 1.1. As part of the implementation of the changes under the Health and Social Care Act 2012, NHS Vale of York Clinical Commissioning Group (CCG) has now developed as an informed and forward thinking group of clinical leaders to take on the responsibility of commissioning health and care services for their residents.
- 1.2. If the services provided, commissioned or contracted by NHS Vale of York CCG are to be effectively and appropriately developed, the patient and public unique perspective needs to be at the centre of the discussions. The CCG is committed to involving patients and the public in the planning, delivering and monitoring of local health services.
- 1.3. **Reimbursement** – Contribution to mileage, some public transport costs (see Appendix 3) for individuals participating in meetings and events.
- 1.4. **Voluntary Patient and Public Involvement in CCG Activity** – An individual taking part in patient and public involvement activities who is not getting paid for their time.
- 1.5. Examples of on-going involvement may include
  - Lay representation on the Governing Body and other Committees /Sub-Committees/Groups
  - Expert Patients Programme volunteer tutors delivering self-management techniques
  - Membership of interview panels for staff appointments
  - Members of the public attending for CCG approved events
  - Patient engagement events
- 1.6. Examples of ad-hoc and one-off involvement may include
  - Participation in a focus group
  - Speaking at CCG events (eg AGM, training events)
  - Lay support for CCG events (eg setting up for workshops)
  - Promotional /raising awareness activities (community events)

## 2. POLICY STATEMENT

- 2.1. This guidance has been developed after researching both the need for such guidance and the guidance produced by other NHS trusts. NHS Vale of York CCG staff were consulted in the development of this policy and will be approved by the NHS Vale of York CCG Remuneration Committee.

## 3. IMPACT ANALYSES

### Equality

- 3.1. As a result of performing the screening analysis, the policy does not appear to have any adverse effects on people who share Protected Characteristics and no further actions are recommended at this stage. The results of the screening are attached at Appendix 1.

## **Sustainability**

- 3.2. A Sustainability Impact Assessment has been completed for this policy and is attached at Appendix 2.

## **4. SCOPE**

- 4.1. XX

## **5. POLICY PURPOSE/AIMS & FAILURE TO COMPLY**

- 5.1. The purpose of this document is to provide guidance on reimbursement to the public who give up their time to get involved and the recognition that they should not be out of pocket with their expenses.

## **6. PRINCIPLE LEGISLATION AND COMPLIANCE WITH STANDARDS**

### **Bribery Act 2010**

- 6.1. The CCG follows good NHS business practice as outlined in the Business Conduct Policy and has robust controls in place to prevent bribery. Due consideration has been given to the Bribery Act 2010 in the development of this policy document and it is felt that the Bribery Act is particularly relevant to this policy.
- 6.2. The reimbursement of expenses made to participants is in no way intended as a bribe and they should feel free to express their views openly and honestly.
- 6.3. It should be noted that the act makes bribery a criminal offence and there are four offences:
- bribing, or offering to bribe, another person:
  - requesting, agreeing to receive, or accepting a bribe:
  - bribing, or offering to bribe, a foreign public official:
  - failing to prevent bribery:
  -

- 6.4. All individuals should be aware that in committing an act of bribery they may be subject to a penalty of up to 10 years imprisonment, an unlimited fine, or both. They may also expose the organisation to a conviction punishable with an unlimited fine because the organisation may be liable where a person associated with it commits an act of bribery.
- 6.5. Further information on the Bribery Act can be found at [www.opsi.gov.uk/acts](http://www.opsi.gov.uk/acts). A list of frequently asked questions is available from the CSU Corporate Strategy and Policy Manager.

## **7. ROLES / RESPONSIBILITIES / DUTIES**

### **Directors**

- 7.1. Directors are responsible for ensuring organisational compliance with the duty to involve patients and the public in the planning, design and evaluation of services.

### **Managers**

- 7.2. Managers are responsible for ensuring that appropriate Engagement and Involvement activity takes place and that both staff and volunteers are appropriately supported.

### **All Staff**

- 7.3. All staff are responsible for adequately supporting and recognising the contribution made by participants who give up their time to support the work of the CCG #

## **8. PRINCIPLES OF INVOLVEMENT & REIMBURSEMENT**

### **Involvement**

- 8.1. The contribution patients and the public make will be recognised and valued. This can be done in a variety of ways for example, being thanked, positive feedback and acknowledgement, practical assistance, training, personal development or seeing the impact of the work and changes made as a result of involvement.
- 8.2. Patients and the public will be given the right information at the right time to be able to make an informed choice about how and on what terms they want to be involved.

- 8.3. Commissioners/Service providers will discuss and agree with participants the terms of involvement prior to them committing to it. Involvement in unpaid activity does not require the participant to register as a volunteer
- 8.4. Individuals will not be left out of pocket or put at risk of being financially worse off as a result of their involvement in service improvement.

### **Reimbursement**

- 8.5. Reimbursement will be at a rate as described in (Appendix 1)
- 8.6. A wide range of patients and the public, with different needs and experiences will be encouraged and supported to be involved. The way that reimbursement of expenses is settled should not needlessly create barriers that deter them from being involved.
- 8.7. On the whole, reimbursement of travel expenses does not affect patients and the public in receipt of benefits.
- 8.8. Paperwork to claim reimbursement will be kept to a minimum. Paperwork is necessary to safeguard both the CCG and the participant and it will, therefore, be accessible and easy to understand.
- 8.9. Involvement / attendance at open public meetings does not qualify for reimbursement of expenses e.g. CCG Annual General Meeting.

### **Training and Supervision**

- 8.10. Training and supervision are essential in enabling people to develop their skills and contribute effectively. Where possible, training will be provided jointly with staff to promote shared working, experiences and viewpoints.
- 8.11. The term “Project Lead” will be used to describe the member of staff who is supporting the layperson in the involvement activity. The “Project Lead” must demonstrate compliance with mandatory Equality and Diversity Training.
- 8.12. The Project Lead will :
- Support the participant with the registration process and identify training needs, where appropriate
  - Offer participants individual support as and when required
  - Facilitate preparation for specific tasks
  - Offer a review of the participation activity undertaken on a regular basis.
- 8.13. The Participant will:
- Discuss their personal training needs with the Project Lead
  - Bring general issues to the attention of the Project Lead
  - Engage in the review of the participation activity undertaken

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**Undertaking Activities**

8.14. The CCG will:

- Provide the necessary facilities to enable participants to engage fully
- Work flexibly with participants to accommodate any needs they may have

8.15. The Project Lead will :

- Ensure that the participants are fully briefed on their role prior to the task being started and that they are given all relevant documentation and background information
- Ensure communication and access needs are addressed
- Be available to meet with the participants at an agreed time before the activity and address any specific concerns or questions
- Ensure the participant is supported fully during the activity
- Meet with the participant after the activity takes place
- Thank the participant for their involvement and keep them informed of subsequent outcomes

8.16. The Participant will:

- Prepare for activities as agreed with the Project Lead
- Inform the Project Lead at the earliest opportunity if unable to attend for any reason
- Follow guidance from the Project Lead on the general conduct of the activity
- Discuss with the Project Lead any concerns they may have about the activity

### **Arrangements for the Reimbursement of Expenses**

8.17. Reimbursement will be made in line with the Reimbursement Rates (Appendix 1)

8.18. The CCG will:

- Review the Reimbursement Rates (Appendix 1) on a regular basis (at least annually) in line with national guidance.

8.19. The Project Lead will:

- Provide the participant with contact details to obtain information on the implications on benefits of receiving reimbursement of expenses
- Give help with the completion of expenses claims forms if required
- Where possible, refund small amounts of expenses in cash on the day of the activity. Limit for petty cash is £150 NHS Vale of York CCG. Larger amounts will be paid as quickly as possible in a payment method appropriate for the recipient. They will ensure that this is done in a confidential and sensitive manner, acknowledging a need for privacy.

- 8.20. The Participant will:
- Complete the expenses claim form with all the necessary information and attach receipts.

### **Confidentiality**

- 8.21. Anyone voluntarily involved in CCG business may have access to information of a sensitive nature. Where this is the case, they will be required to sign a confidentiality agreement (Appendix 2). It is the responsibility of the project lead to ensure they have access to this, as appropriate.

### **Code of Conduct**

- 8.22. All participants with on-going involvement will comply with and sign the code of conduct agreement attached as (Appendix 3)

### **Health & Safety**

- 8.23. The CCG has a Health & Safety policy that needs to be observed at all times. This is available on the CCG website or by contacting CSU Engagement Team.

### **Concerns, Complaints and Disputes**

- 8.24. If either the participant or project lead has a concern, complaint or dispute, these should be resolved locally between the participant and their Project Lead.
- 8.25. If either side feels the need for third party involvement, a member of the CCG engagement team should be informed. They can then discuss with those concerned the options available and how to take the matter forward.

### **Bringing the Agreement to an End for Registered Participants**

- 8.26. The participant has the right to remove his or her name from the register at any time.
- 8.27. The CCG can remove the individual's name from the register if the terms of the agreement have been broken. This will be confirmed in writing.

## **9. POLICY IMPLEMENTATION**

- 9.1. The policy will be disseminated by being made available on the intranet and highlighted to staff through newsletters, team briefings and by managers.
- 9.2. *'Breaches of this policy may be investigated and may result in the matter being treated as a disciplinary offence under the CCG's disciplinary procedure'*

## 10. TRAINING & AWARENESS

- 10.1. In This policy will be published on the CCG's website and will be available to staff on the organisation's intranet.
- 10.2. The policy will be brought to the attention of all new employees as part of the induction process. Further advice and guidance is available from the Policy and Assurance Manager.

## 11. MONITORING AND REVIEW

- 11.1. An annual audit of recipients will be undertaken to assess compliance.

## 12. ASSOCIATED POLICIES

- 

## 13. REFERENCES

- Department of Health (August 2006) Reward and Recognition
- Department of Health (October 2008) Involving people and communities - A brief guide to the NHS duties to involve and report on consultation
- Humber Mental Health Teaching NHS Trust (September 2003) Code of Practice for Voluntary Service User and Carer Involvement in Mental Health Services
- North and East Yorkshire & Northern Lincolnshire Strategic Health Authority (October 2004) Policy for the Reimbursement of Expenses to Patients, Service Users, Carers Members of the Public and Lay Representatives when participating in SHA Patient and Public Involvement Activity and Contracted Activity
- Selby and York Primary Care Trust (June 2002) Policy for the reimbursement of Expenses of Patients, Service Users, Carers and Lay Representatives
- North East London Mental Health NHS Trust (July 2005) Policy for Payments to Service Users and Carers for Involvement in Trust Activities

## 14. CONTACT DETAILS

### Policy and Assurance Manager

Telephone: 01904 555870

Email: [valeofyork.contactus@nhs.net](mailto:valeofyork.contactus@nhs.net)

Address: NHS Vale of York Clinical Commissioning Group, West Offices, Station Rise, York. Y01 6GA

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**15. APPENDIX 1: EQUALITY IMPACT ANALYSIS FORM**

<b>1.</b>	<b>Title of policy/ programme/ service being analysed</b>
<b>2.</b>	<b>Please state the aims and objectives of this work.</b>
<b>3.</b>	<b>Who is likely to be affected? (e.g. staff, patients, service users)</b>
<b>4.</b>	<b>What sources of equality information have you used to inform your piece of work?</b>
<b>5.</b>	<b>What steps have been taken ensure that the organisation has paid <u>due regard</u> to the need to eliminate discrimination, advance equal opportunities and foster good relations between people with protected characteristics</b>
	The analysis of equalities is embedded within the CCG's Committee Terms of Reference and project management framework.
<b>6.</b>	<b>Who have you involved in the development of this piece of work?</b>
	<p><b>Internal involvement:</b> Senior Management team</p> <p><b>Stakeholder involvement:</b> Consultation with Senior Managers</p> <p><b>Patient / carer / public involvement:</b> This is an Internal policy aimed at staff employed by the CCG and contractors working for the CCG. The focus is on compliance with statutory duties and NHS mandated principals and practice. There are no particular equality implications.</p>

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7.	<p><b>What evidence do you have of any potential adverse or positive impact on groups with protected characteristics?</b>  <b>Do you have any gaps in information?</b>  <b>Include any supporting evidence e.g. research, data or feedback from engagement activities</b></p> <p>(Refer to Error! Reference source not found. if your piece of work relates to commissioning activity to gather the evidence during all stages of the commissioning cycle)</p>	
Disability	People who are learning disabled, physically disabled, people with mental illness, sensory loss and long term chronic conditions such as diabetes, HIV)	Consider building access, communication requirements, making reasonable adjustments for individuals etc
N/a		
Sex	Men and Women	Consider gender preference in key worker, single sex accommodation etc
N/a		
Race or nationality	People of different ethnic backgrounds, including Roma Gypsies and Travelers	Consider cultural traditions, food requirements, communication styles, language needs etc.
N/a		
Age	This applies to all age groups. This can include safeguarding, consent and child welfare	Consider access to services or employment based on need/merit not age, effective communication strategies etc.
N/a		

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<b>Trans</b> People who have undergone gender reassignment (sex change) and those who identify as trans	Consider privacy of data, harassment, access to unisex toilets & bathing areas etc.
N/a	
<b>Sexual orientation</b> This will include lesbian, gay and bi-sexual people as well as heterosexual people.	Consider whether the service acknowledges same sex partners as next of kin, harassment, inclusive language etc.
N/a	
<b>Religion or belief</b> Includes religions, beliefs or no religion or belief	Consider holiday scheduling, appointment timing, dietary considerations, prayer space etc.
N/a	
<b>Marriage and Civil Partnership</b> Refers to legally recognised partnerships (employment policies only)	Consider whether civil partners are included in benefit and leave policies etc.
N/a	
<b>Pregnancy and maternity</b> Refers to the pregnancy period and the first year after birth	Consider impact on working arrangements, part-time working, infant caring responsibilities etc.
N/a	
<b>Carers</b> This relates to general caring responsibilities for someone of any age.	Consider impact on part-time working, shift-patterns, options for flexi working etc.
N/a	

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<p><b>Other disadvantaged groups</b> This relates to groups experiencing health inequalities such as people living in deprived areas, new migrants, people who are homeless, ex-offenders, people with HIV.</p>	<p>Consider ease of access, location of service, historic take-up of service etc</p>
<p>N/a</p>	
<p><b>8.</b></p>	<p><b>Action planning for improvement</b> Please outline what mitigating actions have been considered to eliminate any adverse impact?</p> <p>Please state if there are any opportunities to advance equality of opportunity and/ foster good relationships between different groups of people?</p> <p>An Equality Action Plan template is appended to assist in meeting the requirements of the general duty</p>

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<b>Sign off</b>
Name and signature of person / team who carried out this analysis
Date analysis completed
Name and signature of responsible Director
Date analysis was approved by responsible Director

**17. APPENDIX 2: SUSTAINABILITY IMPACT ASSESSMENT**

Staff preparing a policy, Governing Body (or Sub-Committee) report, service development plan or project are required to complete a Sustainability Impact Assessment (SIA). The purpose of this SIA is to record any positive or negative impacts that this is likely to have on sustainability.

Title of the document	Policy Name
What is the main purpose of the document	
Date completed	
Completed by	

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Domain	Objectives	Impact of activity Negative = -1 Neutral = 0 Positive = 1 Unknown = ? Not applicable = n/a	Brief description of impact	If negative, how can it be mitigated? If positive, how can it be enhanced?
Travel	Will it provide / improve / promote alternatives to car based transport?			
	Will it support more efficient use of cars (car sharing, low emission vehicles, environmentally friendly fuels and technologies)?			
	Will it reduce 'care miles' (telecare, care closer) to home?			
	Will it promote active travel (cycling, walking)?			
	Will it improve access to opportunities and facilities for all groups?			
	Will it specify social, economic and environmental outcomes to be accounted for in procurement and delivery?			
Procurement	Will it stimulate innovation among providers of services related to the delivery of the organisations' social, economic and environmental objectives?			
	Will it promote ethical purchasing of goods or services?			
Procurement	Will it promote greater efficiency of resource use?			

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Domain	Objectives	Impact of activity Negative = -1 Neutral = 0 Positive = 1 Unknown = ? Not applicable = n/a	Brief description of impact	If negative, how can it be mitigated? If positive, how can it be enhanced?
	Will it obtain maximum value from pharmaceuticals and technologies (medicines management, prescribing, and supply chain)?			
	Will it support local or regional supply chains?			
	Will it promote access to local services (care closer to home)?			
	Will it make current activities more efficient or alter service delivery models			
Facilities Management	Will it reduce the amount of waste produced or increase the amount of waste recycled? Will it reduce water consumption?			
Workforce	Will it provide employment opportunities for local people?			
	Will it promote or support equal employment opportunities?			
	Will it promote healthy working lives (including health and safety at work, work-life/home-life balance and family friendly policies)?			
	Will it offer employment opportunities to disadvantaged groups?			

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Domain	Objectives	Impact of activity Negative = -1 Neutral = 0 Positive = 1 Unknown = ? Not applicable = n/a	Brief description of impact	If negative, how can it be mitigated? If positive, how can it be enhanced?
Community Engagement	Will it promote health and sustainable development?	0		
	Have you sought the views of our communities in relation to the impact on sustainable development for this activity?	N/a		
Buildings	Will it improve the resource efficiency of new or refurbished buildings (water, energy, density, use of existing buildings, designing for a longer lifespan)?			
	Will it increase safety and security in new buildings and developments?			
	Will it reduce greenhouse gas emissions from transport (choice of mode of transport, reducing need to travel)?			
	Will it provide sympathetic and appropriate landscaping around new development?			
	Will it improve access to the built environment?			

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<u>Adaptation to Climate Change</u>	<u>Will it support the plan for the likely effects of climate change (e.g. identifying vulnerable groups; contingency planning for flood, heat wave and other weather extremes)?</u>			
<u>Models of Care</u>	<u>Will it minimise 'care miles' making better use of new technologies such as telecare and telehealth, delivering care in settings closer to people's homes?</u>			
	<u>Will it promote prevention and self-management?</u>			
	<u>Will it provide evidence-based, personalised care that achieves the best possible outcomes with the resources available?</u>			
	<u>Will it deliver integrated care, that co-ordinate different elements of care more effectively and remove duplication and redundancy from care pathways?</u>			

**18. APPENDIX 3: REIMBURSEMENT RATES**

Reimbursement rates will be set alongside the national public transport rate of 25 pence per mile

**Parking/speeding fines and/or loss of personal belongings will not be reimbursed by the CCG**

**Public Transport**

Standard public transport rates will be reimbursed upon receipt of a valid ticket.

**Taxi**

Taxi fares will be reimbursed in exceptional circumstances subject to prior approval and with the production of a valid receipt. Contact Engagement Lead for pre-booking arrangements.

**The CCG is committed to offering involvement opportunities to the whole community including carers, people with disabilities and those individuals with additional needs. Reimbursement of costs incurred as part of the involvement activity will always be viewed positively and take into account any financial implications for the individual.**

**19. APPENDIX 4: NON-DISCLOSURE OF CONFIDENTIAL INFORMATION**

The NHS has a legally binding obligation not to disclose information of a confidential nature concerning patients' illnesses, their affairs or Trust and staff business and likewise, they have a duty to draw attention to their staff and volunteers to this obligation.

Participants must not disclose, either during or after the termination of their volunteering activity period, any information of a confidential nature relating to the CCG, its patients or any further third party without first obtaining the written permission of the Trust of the party concerned.

Disclosure of confidential information can occur either directly or indirectly and staff and volunteers have a duty to ensure that indirect disclosure does not occur due to the unauthorised access to, or misuse of information.

Any unauthorised disclosure of such information will be regarded as a serious breach of discipline and, therefore, action will be taken. If the volunteer has left the organisation, legal action may be considered by the Trust. An unauthorised disclosure is an offence under the Data Protection Act 1988 and as such the Information Commissioner or Director of Prosecution could commence proceedings against the individual.

Staff should be aware of and adhere to the relevant Information Governance Policies.

Any unauthorised disclosure of such information will be regarded as a serious breach of discipline and therefore, appropriate disciplinary action will be taken.

I have read and understood the above

.....  
.....

(Signature)

Name (Block Capitals) .....

Department Base .....

Date .....

## 20. APPENDIX 5: CODE OF CONDUCT

The principles listed below make up the Code of Conduct, and reflect a summary of the conditions attached to volunteering in or contributing to the NHS in any unpaid capacity.

- Involvement necessitates respect for all others, be they staff, other volunteers, patients, service users/carers.
- Individuals/groups must be recognised and respected for their own beliefs, irrespective of whether they differ from our own.
- Cultural and ethnic diversity must be acknowledged and valued, and at all times equality and fairness must be promoted.
- Discrimination of any kind (be it direct or indirect) will not be tolerated.
- Language or actions perceived to be aggressive, intimidating or abusive will not be tolerated.
- Practice in a non-judgemental manner and not to impose our own beliefs, values or opinions on anyone else.
- The highest regard for confidentiality must be understood and maintained (including the protection of patient identification and respect for privacy)
- Share any concerns we may have (be it related or of a personal nature) with the appropriate staff contact
- Report any possible breaches of this code to your staff contact and Engagement Lead

I have read and understood the above..... (Signature)

Name (Block Capitals) .....

Department Base .....

Date .....

**21. APPENDIX 6: DISSEMINATION RECORD –**

**To be used once document is approved.**

Date put on register / library of procedural documents		Date due to be reviewed		
Disseminated to: (either directly or via meetings, etc)	Format (i.e. paper or electronic)	Date Disseminated	No. of Copies Sent	Contact Details / Comments