

Reimbursement, Reward and Recognition Policy

As two separate statutory bodies sharing a management team, the Reimbursement, Reward and Recognition Policy is common to both Clinical Commissioning Groups to allow for efficient working and to facilitate collaborative working wherever appropriate.

Summary:

This policy sets out the criteria and procedure for those eligible to claim for reimbursement and/or a reward and recognition payment.

Author: Pat Mcgrath

Date: April 2017

Review date: April 2018

1. What is Reward and Recognition?

Reward and recognition is a framework to ensure that we recognise and reward patients, carers and members of the public for their contribution to shaping health services in a consistent and appropriate way. The aim is to encourage and enable participation from a diverse range of people and help remove barriers to involvement. Where involvement opportunities are likely to attract interest from many people, or are in relation to senior governance positions, this will be done through a transparent process (see policy for recruitment of Lay members)

2. Scope of the policy

This policy is written for CCG staff to implement, setting out some guiding principles and practice around working with patients, their families or members of the public, when reimbursing out of pocket expenses and a recognition reward (payment). This policy applies to individuals who have been invited to be involved or attend events on behalf of Crawley Clinical Commissioning Group or Horsham and Mid Sussex Clinical Commissioning Group and not to paid staff or individuals representing other organisations. Where people are working in partnership with us, we will recognise their contribution. There are many ways to do this; being thanked, receiving an acknowledgement in writing, support to develop skills and experience, or seeing/hearing about the improvements made as a result of their input.

CCG work programmes should identify budgets for involving patients, carers and members of the public in their engagement initiatives as part of their engagement plans and they are responsible for ensuring that all payments are processed in a timely manner.

Involvement activity is split into three categories and recognition rates are set according to the type of activity undertaken. See Appendix A for a breakdown of activities in each category:

- **Category 1** activities are exempt from payment and out of pocket expenses
- **Category 2** activities will attract reimbursement of out of pocket expenses
- **Category 3** activities will attract reimbursement of out of pocket expenses and a recognition reward

3. Reimbursement of out-of-pocket expenses:

People who contribute to shaping healthcare should not be financially disadvantaged as a result of involvement in activities outlined in this policy. We will therefore arrange to reimburse those out of pocket expenses outlined below. Out of pocket expenses include travel and carer support where deemed necessary and relevant by the individual CCG work programme (see section 3.5). All reasonable expenses incurred will be reimbursed as long as they do not exceed agreed rates and receipts are provided.

There may be instances where the costs of participation are a barrier to involvement. CCG staff will encourage participants to discuss their participation needs and explore solutions together; assessment of such situations will be on a case-by-case basis.

3.1 Travel

Participants are encouraged to use public transport when travelling to and from an involvement activity, where it is practical, safe and reasonable. Participants are reminded that, regardless of the standard of travel and means of transport they use, they should ensure that any equipment or documents are held in a secure and confidential manner. Consideration should also be given to conversations about CCG business held in a public space.

3.2 Personal vehicles

It is the responsibility of participants to ensure that their vehicle insurance policy covers their journeys as a result of their involvement, and that their driving licence is valid. Participants are personally liable for any excess parking penalties, charges or fines issued to them and the CCG will not provide refunds for these charges.

The following travel costs may be reimbursed for Category 2 and Category 3 activities:

- Return trip from home (or place of work) to the activity venue on public transport e.g. bus, train where supported by receipts
- Return trip from home (or place of work) to the activity venue in private car, motorcycle, other motorised vehicle or pedal cycle at the rates shown below.
- Parking costs for the duration of the activity where parking is not provided free of charge

Type of vehicle	Rate per mile
Private car	45p
Motorcycle (or other motorised vehicle)	24p
Pedal cycle (or other non-motorised vehicle)	20p
Passenger allowance (when you give a lift to another participant)	5p

3.3 Taxis

Taxis can be reimbursed in exceptional circumstances and with prior agreement from the CCG staff member/organiser of activity, that a taxi is required for a medical or disability need. Evidence (e.g. a medical note) may be required to support the request. If a taxi is used, a receipt must be provided.

3.4 Rail travel

The “lowest logical fare” should be booked for rail journeys, making the best of off peak and advance fares. First class rail is not permitted unless there is a medical or disability need. Evidence (e.g. a medical note) may be required to support the request. This must be agreed in advance with the CCG staff member/organiser of activity.

3.5 Carer/support worker costs

In some circumstances participants will need to arrange for carers/support workers to accompany them to a meeting, or to take over caring responsibilities while they are at a meeting (including child care, care of family members with disabilities). This must be agreed in advance with the CCG staff member/organiser of activity and budgeted for from within the CCG work programme’s engagement budget.



The CCG will meet the reasonable expenses/costs of carer/support workers and will cover the travel requirements of the carer/support worker accompanying a participant, unless this is already paid by a third party. Rates paid will reflect those paid by the local authority, provided that participants have previously explored access to any statutory provision.

Reimbursement for child care arrangements will reflect the current child minding rates paid by the local authority, provided that participants have previously explored access to any statutory provision.

Where reimbursement is needed for carers/support workers, this is looked at on a case by case basis and should be agreed in advance with the CCG staff member/organiser of activity. The CCG will reimburse the cost of care or support workers to support participants to attend, providing this is delivered by a registered worker. Receipts should provide details of the carer's registration and/or professional organisation providing the care.

4. Recognition rewards - rates

Department of Health guidance states that: *"It is best practice that service users involved with service providers in activities that involve deciding together, acting together and encouraging independent initiatives are offered payment. The service user can decline this offer if they wish and be involved on a voluntary unpaid basis."*

Where activities require a significant time commitment or specialist knowledge, as outlined as category 3 activities in Appendix A, we will recognise this by offering a recognition reward.

The reward sum will be £20 per half day session. Included in this sum is preparation (pre-reading, printing of appropriate papers, any phone calls and travel time to the activity and follow-up work as required).

It's possible that alternative recognition rewards could be offered instead of a financial payment. These may include access to vouchers, The appropriate type of reward should be agreed with the participant before the event. Vouchers may be considered to be income and therefore must be declared in the same way as a recognition reward payment.

5. Exemptions

The following exemptions apply:

- A person paid by another organisation for participating in the activity if it is part of their job, may not make a claim under this policy.
- If an individual involved in an activity chooses to waive their payment, their affiliated organisation may not claim payment on their behalf.
- A carer being paid under the scheme to support a person to be involved may not additionally claim the reward payment.

6. Tax and benefits - points to note:

The provision of payment under this scheme including care costs and reward payments will be regarded as taxable income and may affect a person's benefits. Further advice and information can be obtained from <https://www.gov.uk/contact-jobcentre-plus>.

The CCG follows good practice and has a duty to provide accurate information about payments made when asked to do so by the Benefits Agency and HM Revenue & Customs. Records of payments made, will be made available for monitoring and audit purposes. Any personal information will be held in accordance with the Data Protection Act 1998. No personal information

will be passed on to third parties for commercial purposes.

- It is the responsibility of patients, their families and members of the public to declare payments in relation to tax, state benefits and earnings.
- Participants in receipt of state benefits should check with the benefit agency about any restrictions on the amount of payments permitted
- Ability to participate does not assume that an individual is capable / fit to work within the rules governing benefits payments.
- While the payment is for work undertaken, participating individuals are not employees of the two CCGs.

7. Procedure for reimbursement of expenses and claiming recognition payments

7.1 All work programmes are required to identify funds for payments and to process payment claims for participants involved in their engagement activities in a timely manner. The engagement team can advise on process.

7.2 When working jointly with other statutory bodies, CCG staff should identify and agree in advance which organisation is funding engagement activities and clarify where rates differ.

7.3 CCG staff who are responsible for regular on-going engagement activities/meetings are responsible for ensuring that participants receive:

- a copy of the **reward and recognition policy** and a claim form
- a **role description** clarifying expectations for both the participant and the CCG
- a **letter of agreement and confidentiality** setting out the terms of the involvement
- a **demographic form**, to understand who we are involving in planning and shaping our services and to ensure we seek the views of a range of people and groups.

If a participant is involved in a number of activities, they are only required to sign one letter of agreement at the beginning of their involvement with us.

7.4 Participants complete a claim form (Appendix B) attaching receipts and return to the CCG staff member/organiser of activity, who then raises a payment request with the CSU and will liaise with them until payment is complete (Appendix C/D). The CSU will process payment and send to the participant. Participants in regular receipt of payments, can be set up for BACS payment; the engagement team can advise CCG staff on how to do this.

8. Making a claim – note for participants

8.1 Participants should request a claim form from the CCG staff member/organiser of activity. When making a claim, participants should provide receipts and complete the appropriate sections of the **expenses claim form** (Appendix B). All relevant sections of the form must be completed in full to avoid unnecessary delays in payment.

8.2 Every claim form needs to be validated by the CCG staff member/organiser of activity

8.3 Participants should submit claims in a timely manner; not more than three months after the event/meeting that their claim refers to

8.4 All claims must be made within the same financial year (1st April - 31st March).

8.5 Regular participants may be asked to complete a Bank Automated Credit System (BACS) form to aid payment. Payments may take up to 30 days to process.

9. Where to send the claim form

Name of CCG staff member/organiser of activity
FREEPOST RSZZ-YLJS-TETL

Crawley CCG & Horsham and Mid Sussex CCG

Crawley Hospital

West Green Drive

CRAWLEY

West Sussex RH11 7DH

Appendix A - Activities attracting reimbursement and reward

Activity	Category	R&R Payment
Public meeting	1	Not applicable
Road show	1	Not applicable
Exhibition	1	Not applicable
Completion of surveys / polls	1	Not applicable
Activities attended by a CCG officer but organised by external group / organisation	1	Not applicable
Attendance at board meetings (as a member of the audience)	1	Not applicable
Stakeholder event – invited	2	Out-of-pocket expenses
Seminar or workshop	2	Out-of-pocket expenses
Public Panels	2	Out-of-pocket expenses
Voluntary activity (pre-agreed)	2	Out-of-pocket expenses
One-to-one interviews	3	Expenses & reward payment
Participation in a focus group	3	Expenses & reward payment
Committee / board representation	3	Expenses & reward payment
Participation on working / task group	3	Expenses & reward payment
Citizen's jury	3	Expenses & reward payment
Acting as mystery shopper	3	Expenses & reward payment
Involvement in recruitment	3	Expenses & reward payment
Involvement in procurement	3	Expenses & reward payment
Direct participation at a workshop / seminar / training event (i.e. giving a presentation)	3	Expenses & reward payment

Type of expenses claimed (completed by claimant)	This column to be completed by the event organiser	
Travel by private car @ 45p per mile: miles	£	
Travel by motor cycle @ 24p per mile: miles	£	
Travel by pedal cycle @ 20p per mile: miles	£	
Number of passengers (if any):		
Passenger mileage costs (5p per mile per passenger):	£	
Public transport type:	£	(receipt required)
Other expenses (e.g. parking, taxi*): * only if pre-authorized by involvement organiser	£	(receipt required)
Care costs (if agreed in advance):	£	(receipt required)
TOTAL	£	
Signature of Claimant		

Authorised by: (name, signature, position)

Please return to:
Name of CCG staff member/organiser of activity
FREEPOST RSZZ-YLJS-TETL
 Crawley CCG & Horsham and Mid Sussex CCG
 Crawley Hospital
 West Green Drive
CRAWLEY West Sussex RH11 7DH
 or Email:

Appendix C – For internal use only - Excel spreadsheet for HMS
 Staff must use [Link to form](#):

<div style="display: flex; justify-content: space-between; align-items: center;"> South Commissioning Support Unit </div>						
<i>ALL FIELDS MUST BE COMPLETED</i>			LOCAL REF NUMBER		<input style="width: 100%;" type="text"/>	
PAYMENT / CHEQUE REQUEST						
ENTITY:			NHS Horsham & Mid Sussex CCG			
ONCE COMPLETE, AUTHORISER TO EMAIL TO:		SOUTHCSU.09XFS@nhs.net				
(Subject: Payment Request)		NOTE: REMEMBER TO FORWARD RELEVANT BACKING DOCUMENTATION				
SUPPLIER NAME		<input style="width: 100%;" type="text"/>				
CUSTOMER ADDRESS:		LINE1: <input style="width: 100%;" type="text"/>				
		LINE2: <input style="width: 100%;" type="text"/>				
		TOWN / CITY: <input style="width: 100%;" type="text"/>				
		COUNTY: <input style="width: 100%;" type="text"/>				
		POST CODE: <input style="width: 100%;" type="text"/>				
PAYMENT DETAILS						
PAYMENT AMOUNT TO:		<input style="width: 100%;" type="text"/>			<input style="width: 100%;" type="text"/>	
		Entity Code	Cost Centre	Subjective	Analysis 1	Analysis 2
FINANCIAL CODE:		09XN				
FINANCIAL CODE:		09XN				
FINANCIAL CODE:		09XN				
					TOTAL	£ -
BACKING DOCS TO BE SENT TO SUPPLIER?		NO		RETURN TO CHEQUE REQUESTOR?		NO
REQUESTOR NAME			AUTHORISER NAME			
REQUESTOR CONTACT TEL			AUTHORISER POSITION			
DATE REQUESTED			AUTHORISER CONTACT TEL			
CSU OPERATIONAL FINANCE USE ONLY:						
ENTERED INTO ORACLE						
				INPUT BY		
				DATE		
				PAYMENT REF		
				SUPPLIER NUMBER (IF ANY)		
				PAYMENT TYPE		

Appendix D – For internal use only - Excel spreadsheet for HMS
 Staff must use [Link to form](#):

<div style="text-align: center;"> <h2 style="margin: 0;">South Commissioning Support Unit </h2> </div>							
ALL FIELDS MUST BE COMPLETED			LOCAL REF NUMBER		<input style="width: 100%;" type="text"/>		
PAYMENT / CHEQUE REQUEST							
ENTITY:			NHS Crawley CCG				
ONCE COMPLETE, AUTHORISER TO EMAIL TO:		SOUTHCSU.09HFS@nhs.net					
(Subject: Payment Request)		NOTE: REMEMBER TO FORWARD RELEVANT BACKING DOCUMENTATION					
SUPPLIER NAME		<input style="width: 100%;" type="text"/>					
CUSTOMER ADDRESS:	LINE1:	<input style="width: 100%;" type="text"/>					
	LINE2:	<input style="width: 100%;" type="text"/>					
	TOWN / CITY:	<input style="width: 100%;" type="text"/>					
	COUNTY:	<input style="width: 100%;" type="text"/>					
POST CODE:	<input style="width: 100%;" type="text"/>						
PAYMENT DETAILS							
<input style="width: 100%; height: 100%;" type="text"/>							
PAYMENT AMOUNT TO:		<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>			
		Entity Code	Cost Centre	Subjective	Analysis 1	Analysis 2	Amount
FINANCIAL CODE:		09HN	<input style="width: 100%;" type="text"/>				
FINANCIAL CODE:		09HN	<input style="width: 100%;" type="text"/>				
FINANCIAL CODE:		09HN	<input style="width: 100%;" type="text"/>				
						TOTAL	£ -
BACKING DOCS TO BE SENT TO SUPPLIER?		NO		RETURN TO CHEQUE REQUESTOR?		NO	
REQUESTOR NAME		<input style="width: 100%;" type="text"/>			AUTHORISER NAME		<input style="width: 100%;" type="text"/>
REQUESTOR CONTACT TEL		<input style="width: 100%;" type="text"/>			AUTHORISER POSITION		<input style="width: 100%;" type="text"/>
DATE REQUESTED		<input style="width: 100%;" type="text"/>			AUTHORISER CONTACT TEL		<input style="width: 100%;" type="text"/>
CSU OPERATIONAL FINANCE USE ONLY:							
ENTERED INTO ORACLE				INPUT BY			<input style="width: 100%;" type="text"/>
				DATE			<input style="width: 100%;" type="text"/>
				PAYMENT REF			<input style="width: 100%;" type="text"/>
				SUPPLIER NUMBER (IF ANY)			<input style="width: 100%;" type="text"/>
				PAYMENT TYPE			<input style="width: 100%;" type="text"/>