

Patient Experience Operational Policy

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1. Assurance Statement

The purpose of this policy is to clearly outline the processes that will be followed in order to achieve the objectives set out in the Patient Experience Strategy and to ensure that Patient/ Service User and Carer involvement is safe, fair, rewarding and essential to the business planning process.

Patient Experience is an overarching term which also encompasses the experience of Carers.

The key objectives of the Patient Experience Strategy are:

- Measuring experience against Care Quality Commission (CQC) Essential Standards
- Efficient ways of undertaking audits/ surveys
- Gathering Patient/ Service User, Carer and staff feedback
- Raising professional standards
- Redefining Patient/ Service User and Carer involvement
- Maintaining a direct link from Patients/ Service Users and Carers to the Trust Board

This policy should be read in conjunction with the Patient Experience Strategy

2. Introduction

North East London NHS Foundation Trust is fully committed to developing and supporting the empowerment of Patients/ Service Users and Carers to enable them to play an active role in all aspects of the planning, delivery and evaluation of its services. The central tenet of this policy is the continued improvement of care and treatment through the ongoing involvement of Patients/ Service Users and Carers in how services are planned, designed and delivered throughout the Trust.

The policy shares the values of the Care Quality Commission and intends to follow the Commissions high standards to continually enhance the care and treatment of the people who access our services. This policy aims to ensure that care is centred on individual need, protects rights and promotes the highest quality of care.

Patients/ Service Users and Carers are 'experts by experience' and should be recognised as true partners in highlighting best practice, as well as in identifying deficits in order to shape and improve the Trust's services.

3. Aims and Objectives

The aim of this policy is to clearly outline the processes that will be followed in order to achieve the objectives set out in the Patient Experience Strategy and ensure that Patient/ Service User and Carer involvement is safe, fair, rewarding and essential.

This means:

- Safe: for the Patient, Service User or Carer
- Fair and representational: including voices from a cross section of the diverse communities that we serve and allowing different voices to be heard over time.
- Mutually rewarding for both the Trust and Patients/ Service Users/ Carers. At all times the involvement will be constructive, helping the Trust improve, and equipping the Patient/ Service User/ Carer with new skills and appropriate financial remuneration.
- Essential: to the business planning process of all our departments and teams

4. Definitions

Patient Experience: is defined by 'The Intelligent Board' (Dr Foster, 2010) as feedback from Patients/ Service Users and Carers on 'what actually happened' in the course of receiving care or treatment, both the objective facts and their subjective views of it. The factual element, often statistical, is useful in comparing what people say they experienced, against what an agreed care pathway or quality standard says should happen. The opinion element such as compliments, complaints and questionnaires tell you how Patients/ Service Users and Carers felt about their experience and helps to corroborate other quality measures.

Patient/ Service User: someone who is currently accessing the services of the North East London NHS Foundation Trust or has used those services recently. It is recognised that people may wish to identify themselves by other terms and this will be respected in the course of working with individuals and groups.

Carer: any person who provides unpaid care for anyone currently receiving services from the Trust or has used these services recently.

Involvement: Patients/ Service Users and Carers working collaboratively with staff to achieve outcomes at an individual, operational or strategic level within the Trust.

Volunteers: Individuals who choose to freely commit their time and energy to support and enhance the work of a specific service, without receiving any financial benefit beyond reimbursement of expenses. Volunteers are not covered by this policy.

Wider influence: Those Patients/ Service Users and Carers who wish to influence the wider-NHS can do so through the various community groups and Local Involvement Networks, soon to be come HealthWatch. Involvement in the wider-NHS is not covered within the scope of this policy.

5. Roles and Responsibilities

All staff whatever their role or position within the organisation, have a responsibility to work in a way that facilitates the effective involvement of Patients/ Service Users and Carers to ensure they have a good experience.

Trust Board is responsible for ensuring it receives and acts appropriately on information about areas of public concern and assuring itself that consultation with Patients, Service Users, Carers and the public has taken place before decisions on service planning are made.

Chief Nurse & Executive Director of Integrated Care (Essex) has overall responsibility for ensuring the delivery of the Patient Experience Strategy.

Strategic Lead: The Director of Nursing (Mental Health Services) is the Strategic Lead for Patient Experience. The alignment of patient experience with high professional standards is the joint responsibility of the Director of Nursing and Medical Director.

Caldicott Guardian is responsible for ensuring that all patient identifiable information is managed in accordance with the Caldicott principles and where patients request specific information relating to their care, this is provided in line with the Trust's Confidentiality and Disclosure Policy.

Director of Human Resources is responsible for ensuring that improving patient experience and public involvement is reflected in the staff appraisal system. This should inform training and education programmes to support staff in implementing the Patient Experience Strategy.

Complaints Manager is responsible for facilitating the NHS Complaints Process and for ensuring that regular reports are shared with leadership teams at regular intervals so that service deficiencies can be identified and action taken.

Equality and Diversity Leads are responsible for advising the Patient Experience Team on methods of recruiting a group of Patients/ Service Users and Carers which demographically represent our Patient/ Service User and Carer population.

Director of Finance is responsible for ensuring payments to Patients/ Service Users and Carers are processed in a timely manner.

Managing Directors and Service Directors ensure that Patients/ Service Users and Carers are engaged meaningfully in discussions relating to their individual care and the planning and delivery of services and that locality and service based user groups are kept updated on local service improvement initiatives.

Associate Director of Patient Experience has the day-to-day responsibility for the management, implementation and on going auditing of the policy.

Patient Involvement and Volunteering Manager has the day-to-day responsibility for co-ordinating and monitoring Patient/ Service User and Carer involvement across the Trust. This person is responsible for ensuring that Patients/ Service Users and Carers are trained and supported to carry out their involvement role safely and competently.

Involvement Co-ordinators will coordinate activities that will promote and build patient/service user and carer engagement both within the Trust and with external agencies.

Healthcare Professionals have a responsibility to provide their Patients/ Service Users with clear verbal and written information, including risks, benefits and alternative treatments to guide a Patient/ Service Users participation in their own care plan. Communication should be open, honest and sensitive. Staff should ensure the Patient/ Service User is satisfied with and understands the information they have been given.

Patients/ Service Users and Carers are expected to work within the parameters of Trust policies at all times.

Strategic Patient Experience Partnership reports to the Trust Board and has responsibility for monitoring adherence to the Patient Experience Strategy

Governors contribute to the strategic decision making of the organisation, including the recruitment, appointment and remuneration of the Trust Chair and Non-Executive Directors. Public Governors are expected to represent the views of their constituents,

to have a bearing on the Board's overall direction and to ensure that they provide adequate feedback to their members, which include Patients/ Service Users and Carers.

HealthWatch: The Patient Experience Team will interface with local HealthWatch groups, who will have representation on the Patient Experience Partnerships.

6 Measuring Experience Against the Care Quality Commission Essential Standards

- 6.1 The Care Quality Commission Essential Standards of Quality and Safety consist of 28 regulations. For each regulation, there is an associated outcome – the experiences the CQC expect people to have as a result of the care they receive. Of these, 16 core outcomes are assessed during inspections.
- 6.2 All services are required to maintain their own evidence to demonstrate assurance of compliance with these outcomes.
- 6.3 Monthly internal CQC inspections will be carried out by the Directors of Nursing in all of the business units. Bi-monthly Executive internal CQC inspections led by the Chief Nurse and Executive Director of Integrated Care (Essex) will be carried out across the business units on a rotational basis. The results of these will be reported to the Quality and Safety Group in each business unit and a quarterly report will go to the Trust wide Quality and Safety Committee.
- 6.4 Action plans generated as a result of CQC inspections and internal CQC inspections are owned and monitored through each team's operational management structure. However, the Quality and Patient Safety team report to Quality and Safety Groups if the action plan completion date has been breached.

7 Efficient Ways of Undertaking Audits/ Surveys

- 7.1 A single data capture system is now being used to record and process the outcomes of clinical audits and Patient experience surveys throughout the Trust. This will provide consistency across the organisation.
- 7.2 The scanning technology associated with this system enables us to process a large amount of data. This means we can survey many people over a broad range of services simultaneously and results can be reported back in a much quicker time frame.
- 7.3 Work is being progressed towards also having web-based patient experience surveys on the Trust internet site, to allow real time Patient/ Service User/ Carer feedback. The use of hand held devices is also being piloted.
- 7.4 Diversity monitoring forms will enable the Trust to gauge whether respondents are representative of the population it serves or whether specific measures are needed to reach particular groups.

8 Gathering Patient/ Service User, Carer and staff feedback

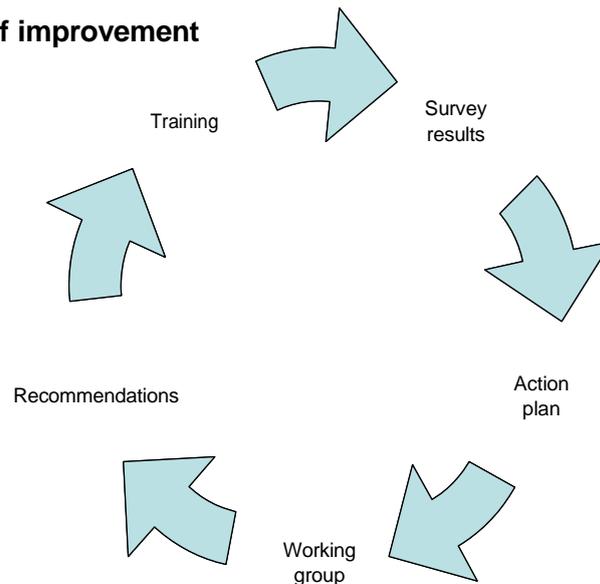
- 8.1 The Patient Experience Department will oversee Patient experience surveys, which will be carried out as required by business unit Key Performance Indicators or other requirements.

- 8.2 In areas where the Care Quality Commission National Patient Surveys are undertaken, the wording of internal NELFT Patient experience surveys will be matched with these to ensure their reliability. In areas where National surveys are not currently carried out internal surveys will be mapped against CQC requirements. This will also enable us to continually monitor our progress against CQC outcomes and to benchmark against National results.
- 8.3 A reporting plan has been developed to ensure that survey results are disseminated up through the organisation to the Trust Board, down to participating services and outwards to Patients/ Service Users/ Carers and wider stakeholders.
- 8.4 The Trust will endeavour to keep Patient experience surveys as uniform as possible across the business units, however it is recognised that additional indicators may be required in some settings, for example in inpatient services.
- 8.5 If services wish to carry out their own internal surveys to measure specific local indicators, these should be agreed with the Patient Experience Team to ensure they do not conflict with the reporting periods for planned surveys. This will reduce the incidence of over-surveying and increase response rates. The content should also be agreed with Leadership Teams.
- 8.6 Mechanisms will be established for undertaking qualitative interviews with Patients/ Service Users/ Carers. An options appraisal will need to be undertaken to assess the benefits and risks of either developing systems in house to recruit, train and support people to undertake this role or of tendering the project to an established external organisation.

9 Raising professional standards

- 9.1 The outcomes of any internal or national Patient experience survey undertaken will be carefully analysed to enhance our understanding of how the Trust is performing.
- 9.2 Following each survey, areas for improvement will be highlighted and an action plan will be put in place to enable positive steps for improvement. This may require the establishment of a working group to look at specific issues in more depth and make recommendations for change, which in turn may necessitate targeted training or other improvement work.
- 9.3 Adherence to action plans generated as a result of surveys will be monitored through operational management structures.
- 9.4 Changes made as a result of surveys will be fed back to Patients/ Service Users/ Carers via 'you said we did' posters in services. Results will also be included in Trust publications and the annual Quality Account.
- 9.5 Progress will be monitored by analysing the results of surveys against previous outcomes.
- 9.6 Surveys will also highlight areas of exceptional practice and it is important that the Trust learn from services which are performing well in order to imbed good practice across the organisation.

Figure 1: Cycle of improvement



10 Redefining Patient/ Service User and Carer involvement

- 10.1 The core principle of the Patient Experience Strategy is that Service Users/ Patients and Carers should be central to decision making about the care and treatment that is provided, especially when major changes are made to the way services are delivered.
- 10.2 In order to positively promote effective Patient/ Service User and Carer involvement the operational policy will put in place robust and equitable recruitment and governance procedures for anyone undertaking formal involvement activities.

11.0 Maintaining a direct link from Patients/ Service Users and Carers to the Trust Board

- 11.1 Each business unit has a Patient Experience Partnership group. The membership of each group consists of local Patients/ Service User and Carer representatives, the business unit Managing Director, the business unit Director of Nursing and the Associate Director of Patient Experience. Additional staff representation will be agenda driven. These groups will monitor the quality of local Patient/ Service User/ Carer experiences of services.
- 11.2 An overarching Strategic Patient Experience Partnership group will report directly to the Board. This will be a very small strategic group comprising the Patient/ Service User Chair and Vice Chair of each Patient Experience Partnership and a senior member of the Leadership Team for each business unit. This group will monitor the Patient Experience Strategy and focus on quality improvement initiatives which are common to all business units.
- 11.3 The Strategic Patient Experience Partnership will provide a yearly report to the Trust Board. This will also include a summary report of activities within each business unit Patient Experience Partnership to ensure an awareness of issues unique to each business unit is maintained.
- 11.4 The minutes of each Patient Experience Partnership will be available on the Trust website.

- 11.5 There are also a range of local Borough-wide, condition specific and service specific Patient/ Service User/ Carer groups across mental health and community health services, who will inform the Patient Experience Partnerships.
- 11.6 The NELFT Board of Directors holds part of its monthly meeting in public. The meeting always begins with a 'patient journey'. This is an opportunity for a Patient/ Service User or Carer to directly describe their experiences of our services. There is enormous value in hearing directly from patients as it allows the Trust to understand in much more depth the quality of Patient's experience of our services, to share good practice and learn lessons and make recommendations for change when experiences are less positive.



12.0 Process for registering for involvement

- 12.1 Patients/ Service Users and Carers who would like to register for involvement or who would like further information about involvement opportunities in NELFT can do so in the following ways:
- Complete the tear off application form in the NELFT leaflet 'Patient, Service User and Carer Involvement'
 - Download the registration form from the Service User and Carer page of the NELFT website
 - E-mail the Patient Experience team at involvement@nelft.nhs.uk
 - Contact the team by telephone on 0300 555 1201 x 4228, 4229 or 4382
- 12.2 Once an individual has registered their interest a member of the Patient Experience Team will contact them and arrange to meet with them. During this meeting the principles and values of patient experience and involvement will be explained to them and a record will be made of specific interests and skills they may have. We will also discuss any individual needs they may have which we will need to consider to enable them to be effectively involved.
- 12.3 Personal details and a record of each person's interests, skills and individual needs will be kept on a confidential database (the Involvement Register). This is password protected and not accessible to anyone outside the Team. Details will

also be taken for an identified person to contact in case of emergencies.

- 12.4 The Involvement Register enables the Patient Experience Team to match people's skills, interests and expertise with involvement requests so that they can notify the people who have expressed an interest in a particular field of involvement if opportunities arise in that area.
- 12.5 The database also provides a demographic record of all individuals registered for involvement, so that the Trust can identify whether they are representative of the local population or whether specific measures are needed to try and engage particular groups.
- 12.6 Everyone who has registered for involvement activities will be known as an 'Involvement Representative'

13.1 Involvement is Safe

The operational policy describes the procedures in place to ensure there are good standards of governance which ensure that involvement is safe for all and that there are processes in place to safeguard adults and children.

13.2 Disclosure and Barring Services Check

- A Disclosure and Barring Services (DBS) check is needed before anyone can commence involvement activities, as they may be required to work with vulnerable people. A list of the approved identity documents required for this will be provided by the Patient Experience Team.
- An admitted criminal record will not necessarily prevent an individual from being involved in Trust activities, but it may exclude them from particular aspects of involvement. All criminal records will be discussed with the individual concerned and they will be informed of any decisions made which may limit the activities they are able to be involved in and the reasons for this.
- DBS checks will be kept up to date in accordance with Trust requirements (currently every three years). The Involvement and Volunteering Manager can arrange DBS checks and is available for advice.
- The Patient Experience Team will be happy to discuss any queries or concerns about DBS checks.

13.3 Health and Safety

- The Trust has a duty to ensure that its staff and those not directly employed, including patients, visitors, contractors etc, are not exposed to risks to their Health & Safety. It is everyone's responsibility to take reasonable care for the Health and Safety of themselves and consider the safety of others and to work within NELFT Health and Safety Policy.
- Involvement Representatives should report all accidents, dangerous occurrences, unsafe practices, hazards or damage to a member of staff immediately.
- Employees and those persons working on behalf of the Trust will be made aware, as part of their induction, of their responsibilities and duties with regard to the obligations in respect of Health and Safety

- All visitors to Trust premises are covered by the NELFT Public Liability Insurance.
- During any involvement activity it is the responsibility of NELFT staff to ensure that Involvement Representatives are aware of the fire safety arrangements at the location the activity is taking place.

13.4 Induction and Training

- 13.4.1 A new induction package is being developed to support Patients/ Service Users and Carers who have been recruited for involvement. The aim of the induction package is two fold: Firstly to introduce them to the Trust and explore the wide range of involvement opportunities available. Secondly it will raise awareness of protocols and procedures which must be adhered to in relation to Fire Safety, Health and Safety, Safeguarding Vulnerable Adults and Children, Equality and Diversity, Confidentiality and Data Protection.
- 13.4.2 At the point of registration, all new Involvement Representatives will watch the Trust presentation video to introduce them to the Trust and its vision and values.
- 13.4.3 A service agreement will be provided (appendix 1) with written information regarding statutory requirements in relation to Fire Safety, Health and Safety, Safeguarding Vulnerable Adults and Children, Equality and Diversity, Confidentiality and Data Protection. A member of the Patient Experience team will discuss this with the Involvement Representative and answer any questions. Involvement Representatives will be required to sign the service agreement to say that they have understood it and agree to work within its terms.
- 13.4.4 Full copies of the relevant Trust policies can be accessed on the NELFT web-site. For Involvement Representatives without internet access, paper copies of Trust policies can be provided on request.
- 13.3.6 Patients/ Service Users and Carers are not expected to have all the skills necessary for involvement. Training sessions will be organised to support individuals to develop specific skills, for example interviewing skills training.
- 13.3.7 Patients/ Service Users and Carers who have an involvement role can attend training courses provided by the Trust which are relevant to their role. Request to attend Trust training should be made to the Involvement and Volunteering Manager, who will sign a training application form if the course is appropriate.
- 13.3.8 Training is viewed as personal development and not a structured involvement activity, therefore it does not attract payment. However, travel expenses will be reimbursed after a ticket or receipt has been provided.

13.4 Standards of Conduct and Behaviour

- 13.4.1 NELFT's 'Staff Charter' outlines the standards of conduct and behaviour expected from Trust employees.
- 13.4.2 Patients/ Service Users and Carers who are involved in Trust activities also need to be made aware of the required standard of conduct.
- 13.4.3 In line with this, a Code of Conduct (appendix 2) has been developed for Involvement Representatives undertaking activities within the Trust. Involvement

Representatives will be required to sign the Code of Conduct to say that they have understood it and have agreed to work within its terms.

- 13.4.4 A Support Code has also been developed which outlines ground rules for Patient/ Service User/ Carer chaired meetings.

Everyone has a right to feel safe whilst involved in Trust activities and any breaches in conduct may lead to a review of, or suspension from, involvement in Trust activities.

13.5 Identity Badges

Once registered for involvement activities the Patient/ Service User/ Carer will be issued with a NELFT ID badge bearing the title 'Involvement Representative'.

The NELFT ID badge must only be used when undertaking involvement activities for the Trust and must be surrendered when a person leaves the role. These requirements are made explicit in the Code of Conduct.

13.6 Support Needs

- 13.6.5 The Trust recognises that Patients/ Service Users and Carers may experience fluctuations in their health or the health of the person they support and at times may have periods of increased stress. This may make it difficult for them to undertake involvement roles at these times. Wellness Guidelines have been developed to help people make decisions about their ability to participate at such times (appendix 3)

- 13.6.6 Everyone has a right to take time out to take care of themselves and their own health. This will not affect them being able to participate in future.

- 13.6.7 If an Involvement Representative feels upset or distressed during an involvement activity or thinks that somebody else may be upset, they should speak to any member of staff who is present or contact the Patient Experience Team.

- 13.6.8 If an Involvement Representative wishes to discuss any extra support needs they may have which would enable them to continue to participate they can ask for an appointment with a member of the Patient Experience Team.

- 13.6.9 At the initial interview the Patient Experience Team will ask about any situations which the Involvement Representative might find difficult and any action they would like taken if they become unwell during a period of involvement, for example if they would like a carer or health professional contacted.

If a member of the Patient Experience Team is concerned about the health of an Involvement Representative they will discuss this with them and can support them to get help, for example by asking their permission to contact a member of their care team. The Patient Experience Team will only contact someone with consent, unless they have serious concerns about risk to the Involvement Representative and/ or others.

13.7 Concerns and complaints

- 13.7.5 If an Involvement Representative has an issue with another Involvement Representative or a member of staff they should discuss the matter with them and try and seek a resolution.
- 13.7.6 If the Involvement Representative feels unable to do this, or a resolution cannot be reached they should speak to the Involvement and Volunteering Manager, who will look into the concern or complaint and feedback outcomes to those concerned.
- 13.7.7 Should the Involvement Representative be dissatisfied with the outcome or wish to make a more formal complaint the Involvement and Volunteering manager will advise them of the most appropriate person to contact to take this forward.

14.1 Involvement is fair and representational

Effective engagement involves developing equal relationships where Patients/ Service Users/ Carers and staff are properly informed, supported and empowered to talk and work together as equals. It is essential that there is recognition of the skills and expertise on both sides: Patients/ Service Users and Carers recognising the expertise of NHS professionals and NHS professionals genuinely understanding the experience and expertise that Patients/ Service Users and Carers can bring to any debate.

14.2 Time Limiting Involvement Activities

- 14.2.1 The Trust recognises the value of having Patients/ Service Users and Carers who are experienced in involvement activities and can act as role models and mentors to others. However, in order to ensure that those who are less experienced in involvement also have opportunities to participate, each involvement activity needs to be time limited. The time frame for each involvement activity will be made clear from the outset. This will ensure that the Trust captures the perspectives of a wide range of Patients/ Service Users and Carers
- 14.2.2 Some involvement opportunities will be short term, for example task and finish groups. Others will be sessional, such as involvement in staff recruitment. Membership of some committees may require specialist training and expertise so a longer term commitment may be required. The role description for each involvement opportunity will specify the period of commitment required.
- 14.2.3 Some involvement activities, such as specific service improvement initiatives, will require recent experience of that service. Other opportunities may be equally relevant to both those with recent and more historic knowledge of services. The role description for each involvement opportunity will specify the experience and skills required.

14.3 Process for Requesting Involvement

- The systems and processes used to recruit Involvement Representatives for specific task have been comprehensively reviewed to ensure they are equitable, open and transparent.
- In order for these processes to be fairly implemented and properly planned adequate time is needed, therefore the Patient Experience Team need a

minimum of three weeks notice for any request for Patient/ Service User/ Carer involvement.

- The manager responsible for co-ordinating the individual activity will need to seek authorisation for payment for the involvement activity from their local budget holder, as it is the requesting team's responsibility to cover any associated costs.
- The requesting manager is responsible for preparing a role description and an outline of the skills and experience required for the role. This should include the expected time commitment and the closing date for applications. If the request is for a panel member for an interview the job description and person specification should be provided. The Patient Experience Team will supply a sample role description/ skills outline if required.
- The Patient Experience Team will post the role description, skills outline and an application form to all Involvement Representatives who have expressed an interest in being involved in the particular type of work (or in the case of interview panels have undertaken Recruitment Skills Training). A Freepost envelope will be included. Applications can also be submitted by e-mail or telephone. The Patient Experience Team will support Involvement Representatives who may require assistance in completing the form.
- When the closing date is reached all applications received will be passed to the requesting manager, who will be responsible for selecting the candidate/s. Successful candidates will be selected by scoring the information provided in the application against the skills outline for the role. Interviews may be held for longer term roles where a specific knowledge base is required or if candidates score equally.
- The requesting manager is responsible for contacting successful/ unsuccessful applicant/s by letter or telephone. Feedback may be requested by unsuccessful applicants.
- The requesting manager must inform the Patient Experience Team of outcome and provide budget code to process Patient/ Service User/ Carer payment.
- The Patient Experience Team will then add the details of the role, the name of the Involvement Representative/s undertaking it and the dates they are required to the involvement calendar. This enables the team to track all involvement activities within the Trust.
- A flow chart outlining these processes is provided (appendix 4).
- Following completion of an involvement activity, the requesting manager should inform all Involvement Representatives who took part of the outcome of the activity and provide them with copies of any reports or recommendations. It is important that Involvement Representatives know that their contributions and suggestions are valued by the organisation.

15 Diversity in involvement

- 15.1 'No decision about us without us' (DOH, 2012) states: "Authorities will need to consider carefully who might be affected by, or interested in, a particular function and ensure any information provision, consultation or involvement opportunity effectively reaches the relevant parts of the community- including those who can often be marginalized or vulnerable people (sometimes referred to as 'hard to reach'). It is important that information provision, consultation and involvement opportunities are not limited to those with the 'loudest voice'."
- 15.2 Equality and diversity are two of the key principles of community engagement. They are principles that must underpin any engagement activity. Put at its simplest, good equality and diversity means appreciating and understanding differences whilst enabling each individual to participate fully.
- 15.3 Equality and diversity is enshrined in the Trust's "vision and values". The Trust is committed to promoting equality of opportunity for the population it serves. It has identified equality, diversity and inclusiveness to be at the heart of involvement and is committed to developing involvement opportunities that are inclusive, appropriate and positive for Patients/ Service Users and Carers. The Trust will ensure that the most marginalised Patients/ Service Users and Carers will be equally able to become involved and impact on the services they receive.
- 15.4 The Equality Act 2010 covers nine protected characteristics, which cannot be used as a reason to treat people unfairly. The protected characteristics are:
- Age
 - Disability
 - Gender re-assignment
 - Marriage and civil partnership
 - Pregnancy and maternity
 - Race including national identity and ethnicity
 - Religion or belief
 - Sex (gender)
 - Sexual orientation
- 15.5 In order to ensure that involvement within the Trust is as diverse possible and representative of the local population diversity monitoring forms will be completed for everyone registering for involvement activities. This information will be recorded on the Involvement Register so that we can monitor whether involvement within the Trust is as diverse as possible and representative of the local population or whether specific measures are needed to try and engage particular groups.
- 15.6 All Patients/ Service Users and Carers recruited as Involvement Representatives must adhere to NELFT's Equality and Diversity in Employment policy and are required to undertake mandatory Equality and Diversity training. Safeguarding training is also mandatory.
- 15.7 No individual or organisation has the complete body of knowledge required to identify the needs of the local population. It is therefore important to create an environment where communities and agencies can share that knowledge and fill the gaps. The Patient Experience Team will work closely with local Community Groups, Community Development Workers and HealthWatch to ensure that the Trust moves towards more "outward looking" involvement that is representative of

the local population, spending time with local groups sharing information and encouraging involvement.

16.0 Enabling Participation

- 16.1 The Trust recognises the needs and circumstances of each Patient/ Service User and Carer and will endeavour to ensure that involvement opportunities are accessible, appropriate and effective for all.
- 16.2 The Trust will endeavour to ensure that any involvement activity organised is held in an accessible venue and will provide a taxi if the Patient/ Service User or Carer has a disability preventing them from using alternative modes of transportation.
- 16.3 An interpreter or signer will be booked if this is required to enable someone to participate.
- 16.4 If a Carer is unable to leave the person they care for without support a respite carer can be organised by the Patient Experience Team. It is also recognised that that some Patients/ Service Users may need the support of a Carer, advocate or mentor in order to be able to participate fully.
- 16.5 If a person has parental responsibility and needs to arrange childcare in order to participate costs will be reimbursed when the care is provided by a registered person. Evidence of this will be required. Jobcentre Plus must be consulted and agree to treat these reimbursed costs as expenses that are ignored for benefit purposes.
- 16.6 If any special arrangements are required to support a person to participate, the exact arrangements should be discussed between the Patient/ Service User or Carer and the Patient Experience Team and agreed in advance.
- 16.7 During large events, such as recruitment days, a member of the Patient Experience Team will always be on site to provide support to the Involvement Representatives participating.

17.0 Involvement is mutually rewarding

- 17.1 Paying Patients/ Service Users and Carers for their expertise and time when undertaking involvement activities organised by the Trust is right and proper. Payments will be offered to Involvement Representatives who have been recruited for specific tasks that contribute to service development. These tasks may include providing staff training, participating in Patient Experience Partnership groups, sitting on interview panels, presenting at staff inductions and participation in committees and meetings.
- 17.2 All activities that attract payment will be identified in advance and agreed with the manager/ budget holder of the requesting service or through the Involvement and Volunteering Manager.
- 17.3 Payment will not be made for attendance at open access events, public consultation events or for attendance at an event or training which is for an individual's own personal development.

- 17.4 A clear and standard set of procedures is in place to ensure the process of payments is as straightforward as possible. This financial procedure allows the Trust to account properly for any payments made to Involvement Representatives.
- 17.5 An hourly rate of pay is offered in line with the national minimum wage. The number of hours required for each involvement activity will be agreed in advance. For piecework such as report writing, which may be difficult to quantify in terms of time, a set fee will be agreed in advance.
- 17.6 In order for payment to be made, a claim form should be completed and signed by the Involvement Representative and authorised by the budget holder for the service requesting the involvement activity.
- 17.7 Involvement Representatives are also entitled to be reimbursed for essential expenses. Reimbursement will only be made after receipts have been produced. The Trust will make payments to reimburse the reasonable travel and subsistence costs in the areas as follows:

Public transport: Cost of return travel from home address, supported by ticket or receipt.

Private car: Payment per mile for return travel from home address at the current Trust mileage rates.

Claims will only be accepted for use of a private car if the following conditions are met:

- Only one payment will be made per car for each journey
- The most direct route available must be used
- Insurance must include travel to and from a place of work (Please check with your insurers)
- The vehicle is covered by full third party insurance, the policy is valid at the date of the claim and the vehicle is maintained at all times in a roadworthy condition determined by terms of the insurance policy covering the vehicle
- Verification of any of the above may be requested at any time

Parking costs: Actual cost, supported by ticket or receipt

Taxis: Where the Involvement Representative has a registered disability preventing them from using alternative modes of transportation, taxis can be provided. Involvement Representatives who require taxi transportation will be asked to show proof of address and must provide evidence of one of the following:

- A Department of Transport Blue Badge or number
- An award letter for Attendance Allowance
- An award letter for the higher rate mobility component of Disability Living Allowance/ enhanced rate mobility component of Personal Independence Payment
- An award letter for a War Pensioners Mobility Allowance
- An award letter for guaranteed income payment for tariff levels 1 - 8 under the 2005 Armed Forces Compensation Scheme
- A letter or report from a healthcare professional confirming that they are unable to travel independently by public transport and which contains their contact details.

Subsistence: If more than four hours work is required at one time a light lunch will be provided or the cost of a light lunch reimbursed if a receipt is provided.

- 17.8 The Patient Experience Team will support any Involvement Representatives who require assistance in submitting claims for payments and expenses.
- 17.9 In all cases, expenses will only be paid when pre-agreed by the Patient Experience Team and only after receipts have been produced and agreed.
- 17.10 It is recognised there may be occasional exceptions to these criteria these should be discussed and agreed with the Involvement and Volunteering Manager.
- 17.11 An Involvement Representative may choose to:
- not make a claim for payment
 - make a claim for full or part payment
 - have payments made in the form of a donation to a health organisation of the individual's choice in the area

Law does not allow an individual to choose to be paid for some involvement activity and be unpaid for involvement activity on other occasions. The Involvement Representative must be either paid for all the hours of involvement or unpaid for all the hours of involvement.

18.0 Effect of Policy on State Benefits and Tax Liability

- 18.1 Patients/ Service Users and Carers who receive payments or expenses under this Policy may find that their state benefits are affected. Anyone who is considering involvement must be able to make an informed choice about involvement rates and terms before committing to involvement.
- 18.2 People do not become involved because they are capable of work. They are involved because of their relevant experience of using health and/ or social care services. If Involvement Representatives are in receipt of disability based benefits Permitted Work rules will apply.
- 18.3 Because benefits rules and earnings limits differ according to the benefit received it is advisable to seek advice from an independent benefits advisor. Most local authorities have a free welfare rights advice service.
- 18.4 If an Involvement Representative is in receipt of benefits they have a duty to inform Job Centre Plus of their involvement work. Payments may be subject to tax and national insurance, and it is the responsibility of the Involvement Representative to ensure they comply with any legal requirements
- 18.5 NELFT is required by law to give accurate details of any payments made to an individual if asked to do so by the Benefits Agency or Inland Revenue. If any such requests are received, the Patient Experience Team will inform the individual concerned.

19.0 Implementation Process

- 19.1 Staff will be made aware of any new approved policies/ procedures/ guidelines via the monthly Team Brief. The Quality and Patient Safety Team will be responsible

for ensuring newly approved documents are sent to the Communications team in order for them to insert in Team Brief.

- 19.2 All senior managers/ heads of service/ team leaders need to ensure new policies and procedures are placed on team meeting agendas for discussion. There is an expectation that the team leader will develop local systems to ensure their staff are instructed to read all relevant policies and to identify any outstanding training deficits.

20.0 Monitoring Arrangements

The effectiveness of this document is monitored and reported through:

- Annual audit by Trust appointed auditors
- Annual report to Trust Board from Strategic Patient Experience Partnership group
- Minutes of all business unit Patient Experience Partnership groups made available to Trust Board

21.0 Equality Statement

This policy reflects the organisation's determination to ensure that all parts of our community have equality of access to services and that everyone receives a high standard of service as a Patient/ Service User, a Carer or employee. This policy anticipates and encompasses the Trust's commitment to prevent discrimination on any illegal or inappropriate basis and recognise and respond to the needs of individuals based on good communication and best practice. We recognise that some groups of the population are more at risk of discrimination or less able to access to services than others and that services can often unintentionally put barriers in place that can limit or prevent access. The organisation is continually working to prevent this from happening

22.0 References

Department of Health (2012). *No decision about us without us*. London

Dr Foster (2010). *The Intelligent Board 2010: Patient Experience*

Equality Impact Assessment Screening Tool

Directorate/Department	Patient Experience
Policy or Operating Procedure or Guidelines Title/Service	Patient Experience Operational Policy
New or Existing Policy/Service?	New
Name and role of Assessor	Debbie Smith Associate Director Patient Experience
Date of Assessment	21 st August 2013

Please complete the following questions

		Yes/ No	Comments
1	Does the policy/guidance affect one group less or more favourably than another on the basis of:	Yes	To seek the views of our patients and the wider community on clinical care and when <u>planning/developing new services</u>
	<ul style="list-style-type: none"> Race, Ethnic origins (including, gypsies and travellers) and Nationality 		<p>The Trust currently has 102 patients/service users registered to be involved in patient experience work. The ethnicity of these are as follows:</p> <p>58.5% White 2.6% White Other 15.6% Black 10.4% Asian 7.8% Mixed 3.9% - Other ethnic Group 1.3% Not Disclosed</p> <p>Some of the barriers for those from particular ethnic groups to be involved are: language (non-English speaking people and lack of engagement from particular ethnic groups.</p> <p>The team has access to interpreting services and will use these if required to enable participation of all groups.</p> <p>Every effort will be made to provide those who are participating, to be provided with information in ways that they can understand, so that they are able to make informed decisions. The Equality and Diversity Group to support the Practice Improvement Department in the recruitment of a diverse patient experience group.</p>
	<ul style="list-style-type: none"> Gender (including transgender and gender reassignment) 		<p>Current breakdown by gender:</p> <p>50% Males 50% Females</p> <p>The group is well represented in terms of gender. Work will be undertaken to encourage participation of those from the transgender/reassignment groups.</p>
	<ul style="list-style-type: none"> Age 		<p>Breakdown by age: This data is currently not been collected, but will form the basis of the implementation of this strategy to collect monitoring data by age.</p> <p>One of the barriers for those with long-term physical</p>

		<p>conditions and chronic illnesses, means they are house bound or have limited mobility. The Trust would consider other formats of involvement with these groups.</p> <p>Currently, there is a gap in involvement of young people and older adults. The strategy will address ways of engaging with these group to improve quality of care.</p>
	<ul style="list-style-type: none"> • Religion, Belief or Culture 	<p>Breakdown by religion/belief – to be collected for all currently on the register and for new application.</p>
	<ul style="list-style-type: none"> • Disability – mental and physical disability 	<p>Consideration will be given to those with a disability for the following:</p> <ul style="list-style-type: none"> • Access to sites • Introducing a purpose-designed comment card to enable people with learning disabilities to tell us about their experience and to engage in consultation, if those with LD are unable to engage in forum meetings. • Access to information in different formats, e.g. easy read, large print, plain English, braille and use of British Sign Language or lip speakers. • Establish the most effective way of communicating with participants and, if necessary, consider ways of making information accessible and understandable (for example, using pictures, symbols, large print, different languages, an interpreter or a patient advocate). • Use words and language that is understood; confirm understanding by questions; define unfamiliar words; write down key words; draw diagrams
	<ul style="list-style-type: none"> • Sexual orientation including lesbian, gay and bisexual people 	<p>Data to be collected as part of the implementation process.</p>
	<ul style="list-style-type: none"> • Married/or in civil partnership 	<p>Those with parental responsibilities, and childcare, will be reimbursed if the care is provided by a registered person, when participating in patient involvement. The groups, if feasible, will consider meeting times or alternative ways of consultation with those with parental and childcare responsibilities.</p>
	<ul style="list-style-type: none"> • Pregnant 	<p>Pregnant women should be offered opportunities to attend participant-led forums for services or imitative e.g. breast feeding, pre-natal, maternity services, ...</p>
2	<p>Is there any evidence that some groups are affected differently?</p>	<p>There is evidence that some minority groups, generally described as hard to reach groups (homeless, those with HIV and Aids, LGBT groups) find it difficult to participate in involvement. The Equality and Diversity group, through their implementation of the Equality Delivery System, will look at developing a strategy to engage with these groups in particular aspects of improving care for patients and carers. Currently, systems have been developed to use intelligence from patient feedback and complaints data to hear the views of these groups. There is also evidence that those with Learning Disabilities find it difficult to make a complaint due to lack of information available in Easy</p>

			Read. The team will look at the development of Easy Read patient surveys or comment cards to address this,
3	Is there a need for external or user consultation?		<p>The strategy addresses the need to engage with relevant stakeholders, including our Local Involvement Networks, such as HealthWatch and develop listening exercises through various forum, compliments, complaints, PALS where appropriate, and actively participate in external forums.</p> <p>The policy and operational policy has been consulted with patients, service users,, carers groups, Governors Groups, HealthWatch leads, staff working in NELFT and the Senior Leaders.</p>
4	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	Yes	The strategy will address some the gaps in involvement from particular groups and will envisage to work with local HealthWatch and voluntary sector organisations to seek appropriate involvement.
5	Is the impact of the policy/guidance likely to be negative?	No	The impact is positive, offering consistency and a fair process for all. The Trust is aware of the barriers in engagement with particular groups, and this will be addresses through the implementation and monitoring of the strategy.
6	If so, can be impact be justifiable?	Yes	The diversity monitoring on a quarterly basis through forum meetings and shared with the Equality and Diversity Team to support and advise the Practice Improvement Department on how to address some of the gaps.
7	What alternatives are there to achieving the policy/guidelines without the impact?		See actions below.
8	Can we reduce the impact by taking different actions?		<ul style="list-style-type: none"> • Diversity monitoring to be audited on a quarterly basis to ensure a representative group. • Mandatory Equality and Diversity Training for all recruited to be involved in patient experience work. • Using Trust's 'intelligence' about patient experience through findings of National Patient Surveys, plus a range of largely ad hoc local patient surveys. • Training and education to be implemented as required (e.g. interviewing skills). • A statistically robust discharge survey for inpatients • An annual survey of outpatients' experience • Consider the use of comments cards on wards and in clinics, available in different formats. • An induction programme that addresses code of practice and other key policies. • Recruiting, training and retaining volunteers • Develop a systematic approach to patient and public engagement methods, such as focus groups and interviews – every voice is heard.

Recommendation

Full Equality Impact Assessment required: NO YES review data on a quarterly basis and address the gaps as actions for the implementation process)

Assessor's Name: Debbie Smith

Date: 21st August 2013

Name of Director: Stephanie Bridger

Assessment authorised by: Name: Harjit K Bansal
(member of the Equality and Diversity Group)

Date: 21st August 2013

Service Agreement for Involvement Representatives

Overall Purpose of the Job

Involvement Representatives are Patients/ Service Users and Carers working collaboratively with staff to achieve outcomes at an individual, operational or strategic level within the Trust. Examples of involvement roles are:

- Recruitment and induction of staff
- Serving on committees or working groups
- Facilitating staff training
- Monitoring the quality of services

Requirements

Involvement Representatives must:

- Have a genuine desire to improve the quality of NELFT services and be able to represent a broad range of service user views and experiences
- Work within the parameters of Trust policy at all times
- Always treat others with respect and dignity and adhere to the Involvement Representative Code of Conduct

Confidentiality

Anyone working within NELFT has a legal duty to keep information relating to Patients/ Service Users and Carers strictly confidential. This is in compliance with the Data Protection act. All information you obtain in the course of involvement activities should be treated as strictly confidential unless otherwise stated. Any personal information discussed at meetings should stay in that meeting and only be discussed with other members of that group. Any minutes or printed information should not be passed on to anyone outside of the group. If you have any concerns regarding confidentiality or information discussed or are unsure whether you are able to share any information you have received, you should speak to the named contact person responsible for your involvement activity. Any breach in confidentiality will lead to an investigation and a review of the persons continued involvement in Trust activities.

Your own personal details and a record of your interests, skills and individual needs are kept on a confidential database (the Involvement Register). This is password protected and not accessible to anyone outside the Team in accordance with the Data Protection act. The Involvement Register enables the Patient Experience Team to match people's skills, interests and expertise with involvement requests so that they can notify the right people about opportunities for involvement and share information that may be of interest.

Any concerns regarding confidential information can be discussed with a member of the Patient Experience Team.

Health and Safety

The Trust has a duty to ensure that its staff and those not directly employed, including patients, visitors, contractors etc, are not exposed to risks to their Health & Safety. Involvement Representatives should report all accidents, dangerous occurrences, unsafe practices, hazards or damage to a member of staff immediately. It is everyone's responsibility to take reasonable care for the Health and Safety of themselves and consider the safety of others and to work within NELFT Health and Safety Policy. The Health and Safety policy can be downloaded from the Trust website or can be requested from a member of the Patient Experience Team.

Equality and Diversity

The Trust promotes Equal Opportunities for all Patients/ Service Users and Carers who participate in involvement activities. We will treat everyone fairly regardless of age, gender, sexuality, ethnicity, religion or disability. We also expect the same from you.

We will encourage and support Patients/ Service Users and Carers from diverse populations to participate in involvement activities in a way that is appropriate to them. If you have any special requirements we need to be aware of to enable you to participate fully please discuss these with a member of the Patient Experience Team.

All Involvement Representatives are expected to undertake mandatory Equality and Diversity training.

Respect

You should treat everyone you meet with respect, regardless of whether they are Patients/ Service Users, Carers or staff. You should also expect to be treated with respect. Verbal and physical abuse or threatening behaviour will not be tolerated and you will be suspended from involvement activities if you subject anyone to abuse. If you are subject to any abuse you should speak to any member of staff present or contact the Patient Experience Team.

Complaints Procedure

If you have an issue with another Patient/ Service User, Carer or member of staff you should discuss the matter with them and try and seek a resolution. If you feel unable to do this, or a resolution cannot be reached you should speak to the Involvement and Volunteering Manager, who will look into the concern or complaint and feedback outcomes to those concerned. Should you be dissatisfied with the outcome or wish to make a more formal complaint the Involvement and Volunteering manager will advise you of the most appropriate person to contact to take this forward.

Safeguarding Adults and Children

A Disclosure and Barring Services (DBS) check is needed before anyone can commence involvement activities as they may be required to work with vulnerable people. An admitted criminal record will not necessarily prevent an individual from being involved in Trust activities, but it may exclude them from particular aspects of involvement. All criminal records will be discussed with the individual concerned and they will be informed of any decisions made which may limit the activities they are able to be involved in and the reasons for this. DBS checks will be kept up to date in accordance with Trust requirements (currently every three years). The Patient Experience Team will be happy to discuss any queries or concerns about DBS checks.

If during the course of your involvement activities you suspect, observe or are told about anyone being abused or neglected or have any concerns in relation to this please report them to a member of staff immediately. All Involvement Representatives will be expected to attend safeguarding training.

Illness and Infection Control

If you are ill you should send your apologies for any involvement activity you were due to undertake. In the case of vomiting and/ or diarrhoea you should not undertake any involvement activity until you have been symptom free for 48 hours. You must maintain good personal hygiene and wash your hands regularly. If you have to go to a ward/ clinical environment as part of an involvement role you should use the hand gel provided on entering and leaving the area.

Fire Regulations

Involvement Representatives should familiarise themselves with the fire procedures for the area in which they are carrying out an activity including the location of fire exits, fire alarms, hydrants and assembly points in case of an alarm.

Smoking

The Trust operates a strict no smoking policy. Should you wish to smoke you must completely leave the Trust premises including the grounds.

Attendance and Commitment

We understand that there will be occasions when you won't be able to attend an arranged activity. In such cases you should let the person you are due to meet or a member of the Patient Experience Team know as soon as possible.

If you repeatedly do not attend arranged activities, we will offer you the opportunity to discuss whether any support can be put in place to enable you to attend or whether there are other activities that may be more suitable for you.

Support needs

At your initial interview the Patient Experience Team will ask about any situations which you might find difficult and any action you would like taken if you become unwell during a period of involvement, for example if you would like a carer or health professional contacted. If a member of the Patient Experience Team is concerned about your health they will discuss this with you and can support you to get help, for example by asking your permission to contact a member of your care team. The Patient Experience Team will only contact someone with consent, unless they have serious concerns about risk to yourself and/ or other people..

If you feel upset or distressed during an involvement activity or think that somebody else may be upset, you should speak to any member of staff who is present or contact the Patient Experience Team.

If your personal circumstances change and you wish to discuss any extra support needs you may have which would enable you to continue to participate you can ask for an appointment with a member of the Patient Experience Team.

Visits to the Patient Experience Department

If you have any questions, queries or support needs in relation to your involvement activities you can ask for an appointment with a member of the Patient Experience Team. We ask that you book an appointment so that we can ensure that a member of staff will be available to help you.

If you are undertaking involvement activities on the Goodmayes site you are welcome to use the waiting area in the Patient Experience Department if you have arrived early or have to wait for transport after. However, staff may be involved in other duties and may not be available to speak to you.

We recognise that at times you may also need to talk to someone after an involvement activity. It is always best to phone first to ensure someone is available. If we cannot meet with you straight away we will book you an appointment as soon as possible.

Payments

Payments will be offered if you have been recruited for specific tasks that contribute to service development. All activities that attract payment will be identified in advance and agreed with the manager/ budget holder of the requesting service or through the Involvement and Volunteering Manager.

An hourly rate of pay is offered in line with the national minimum wage. The number of hours required for each involvement activity will be agreed in advance. For piecework such as report writing, which may be difficult to quantify in terms of time, a set fee will be agreed in advance. You are also entitled to be reimbursed for essential expenses. Expenses must be agreed in advance and reimbursement will only be made after receipts have been produced.

Payment will not be made for attendance at open access events, public consultation events or for attendance at an event or training which is for an individual's own personal development.

Anyone who receives payments or expenses may find that their state benefits are affected. Because benefits rules and earnings limits differ according to the benefit received it is advisable to seek advice from an independent benefits advisor. Most local authorities have a free welfare rights advice service. If you are in receipt of benefits you have a duty to inform Job Centre Plus of your involvement work.

NELFT is required by law to give accurate details of any payments made to an individual if asked to do so by the Benefits Agency or Inland Revenue. We will inform you if we are requested to provide this information.

I have read and understood the Involvement Representative Service Agreement and agree to work within the terms and conditions of this. I have been given a copy of this agreement.

Involvement Representative

Patient Experience Team

Name:.....

Name:.....

Signature:.....

Signature:.....

Date:.....

Date:.....

Code of Conduct for Involvement Representatives

As an Involvement Representatives for North East London NHS Foundation Trust we expect that you will:

- Work within the parameters of Trust policy at all times
- Always treat others with respect and dignity
- Acknowledge and value diversity. Treat individuals equally regardless of age, ethnicity, sexuality, physical ability, religion or gender.
- Work in a non judgemental manner, respect each others views but do not impose your own opinions or beliefs on others
- Never be rude, shout, use bad language, verbally or physically abuse others or threaten to do so
- Apologise if your comments do cause offence to others inadvertently
- Respect confidentiality
- Share any concerns you may have with a member of the Patient Experience Team
- Report any possible breaches of conduct to a member of the Patient Experience Team
- Never undertake any task within the Trust which is outside of the scope of the involvement role for which you have been appointed.
- Never consume alcohol or drugs prior to or during any involvement activities. Any Involvement Representative found to be under the influence of alcohol or drugs will be suspended from involvement in Trust activities.
- Comply with the Trust no smoking policy
- Always be neat in appearance and take care of your personal hygiene when carrying out involvement activities
- Wear your identity badge at all times when carrying out Involvement activities
- Not wear your identity badge at any other time or use your identity badge for any other purpose
- Return your identity badge if you decide to no longer undertake an involvement role

I have read and understood the Code of Conduct and agree to abide by it. I understand that if I breach any part of the Code of Conduct this may lead to an investigation and a review of my involvement in Trust activities.

I have been given a copy of the Code of Conduct to keep.

NAME _____

SIGNATURE _____

DATE _____

Wellness guidelines

We recognise that Patients/ Service Users and Carers may experience fluctuations in their health or the health of the person they support and at times may have periods of increased stress. This may make it difficult for you to undertake involvement roles at times. Your main priority must always be looking after your own health.

Everyone needs to be able to make a decision about their ability to participate at any given time. These are some pointers that might help you decide whether your own health needs must come first.

<p>Are you physically unwell and need time to recover properly?</p>	<p>Make sure you consider your own health. If you have any concerns about your health, see your GP and take their advice seriously. Getting physically better must be a priority.</p>
<p>Are you feeling very overburdened? Do you feel weighed down or stressed, with too many things going on?</p>	<p>Taking on more might make you feel even more overwhelmed. Maybe you could send a message, with your ideas and comments, and give yourself some time to rest and relax</p>
<p>Are you feeling cross, angry or generally irritable? Are you finding yourself getting snappy with people?</p>	<p>It might not be a good time to come into a meeting. Talk over how you are feeling with someone you trust, and come back when things are feeling more settled for you.</p>
<p>Are you feeling like crying a lot of the time, can't really concentrate on much, and don't feel like talking to anyone?</p>	<p>Make sure you consider your own health and feelings and spend some time looking after yourself. Your contributions are always valued, but maybe this time you could just send your comments.</p>
<p>Are you feeling overly energetic and slightly manic? Do you feel over excited about things and want to get involved with everything but get easily distracted?</p>	<p>You might find it difficult to concentrate for a meeting or find it hard to sit still for long enough. You might not think through what you are saying and make a comment you later regret. Try and take things easy and return to us when you are feeling calmer.</p>

Remember – Your first responsibility is to yourself and your own health.

Everyone has a right to take time out to take care of themselves and their own health. This will not affect you being able to participate in future.

If you are concerned about your physical or mental wellbeing always seek advice from your GP or care team.

Patient/ Service User & Carer Involvement Request Flow Chart

