

CPG82 - Appendix 2

Patient Experience Team
The Lodge
Lodge Approach
Wickford
Essex
SS11 7XX

Tel: [REDACTED]
Email: [REDACTED]

Chair: Sheila Salmon
Chief Executive: Paul Scott

Letter of Involvement – [ACTIVITY HERE]

Dear [NAME],

Thank you for your interest in carrying out involvement activity on behalf of Essex Partnership University NHS Foundation Trust (EPUT). We would like to offer you the opportunity to take part in/as [ACTIVITY HERE], in accordance with the information set out in the Lived Experience Agreement.

As a person with lived experience of health and social care services, your knowledge and experience will make an important contribution towards maintaining and raising standards for others.

As detailed in the involvement activity description, the Trust is able to offer financial recompense for your involvement in this activity at a rate of £... per hour. This is in recognition of your voluntary contribution to the Trust, it is not a payment for work undertaken and you will not be an employee or worker of the Trust.

You are not under any obligation to accept this offer or to undertake any involvement activity for the Trust. If you wish to do so, please can you read and fill out this form where required (these areas are in **bold**). Please return it back to the Patient Experience Team at the above address via Post or Email. For any assistance with this please call the Patient Experience Team where we will be happy to help you.

As you will be providing services to the Trust on a voluntary basis, you are entitled to refuse payment if you do not wish to receive it. Please indicate if you wish to receive this or not by ticking the appropriate box below:

I wish to receive payment I do not wish to receive payment

If you wish to receive payment, you will be required to complete a payment details form prior to commencing the involvement activity.

Payments will be paid by direct into your bank account via BACS. These will be paid on the [DATE TBC] by Finance of each month/week pending sign off by cut-off date [insert cut-off date].

In addition, the following expenses can be reimbursed for this activity, upon prior agreement with the activity lead:

- Travel expenses
- Parking
- Subsistence (food)
- Telephone cost
- Stationery costs
- Equipment/Software

Please specify how you would like your expenses paid:

- Direct into bank account (post activity via BACS)
- From Petty Cash on day of activity

You must produce receipts for all expenses

If you are unable to pay upfront for one or more of the above expenses please inform us as soon as you can so we can try to provide what is required.

Public transport rates will be reimbursed or mileage paid at 45p a mile (with an extra 5p added per mile per passenger).

A described in the Policy and Procedure a taxi will be provided if any of the below criteria is met:

- Public transport routes are not available to meet the starting time of the involvement activity
- Involvement activity is being held in a location where there are no public transport routes
- Where the person with lived experience has a disability (as defined within the Equality Act 2010) that prevents them from using public transport or driving.
- Where there is a cost benefit through ride sharing

If you require any support in order to successfully carry out your involvement with us please can you provide details of this below:

.....

.....

.....

In order to support you during your involvement activity, if you wish, we can notify your next of kin, so that they are aware you are taking part.

If you wish us to notify your next of kin please us know by ticking a box below:

- Please notify my next of kin Please do not notify my next of kin

If you are in receipt of benefits or a pension you should seek advice as to whether acceptance of the offer of payment will affect your benefit entitlements or pension. If receiving benefits or a pension the Trust strongly encourages obtaining specialist information on welfare rights advice on benefit or pension conditions before agreeing to undertake Involvement activities for the Trust. The Trust cannot advise on this.

It is your responsibility to discuss and clarify this potential impact with their benefits or pension advisors and declare any payment and expenses received as necessary.

Reimbursement of your expenses should not affect your benefit entitlement (although this cannot be guaranteed) and we can provide you with written confirmation of your involvement as evidence, upon request.

Whilst undertaking any involvement activity for the Trust, you should comply with any of the Trust's policies and procedures that are notified to you, including showing respect for others and maintaining confidentiality.

The Trust's relevant policies and procedures will be explained to you by [ACTIVITY LEAD NAME HERE] who is leading the activity you are involved with. You will be asked to review the EPUT Lived Experience Agreement which will be signed by you and the Project Lead. If you fail to comply with applicable expectations, standards and conduct, the Trust may to end your involvement.

Thank you for agreeing to participate. If you wish to withdraw your involvement at any point, please do so by notifying the Project Lead/Chair of Meeting responsible for overseeing your involvement.

This agreement is not intended to be a legally binding contract between us and may be cancelled at any time at the discretion of either you or the Trust. Neither of us intends any employment relationship to be created either now or at any time in the future.

Participant signature:

Date:

Activity Lead signature:

Date:

Patient Experience signature:

Date: