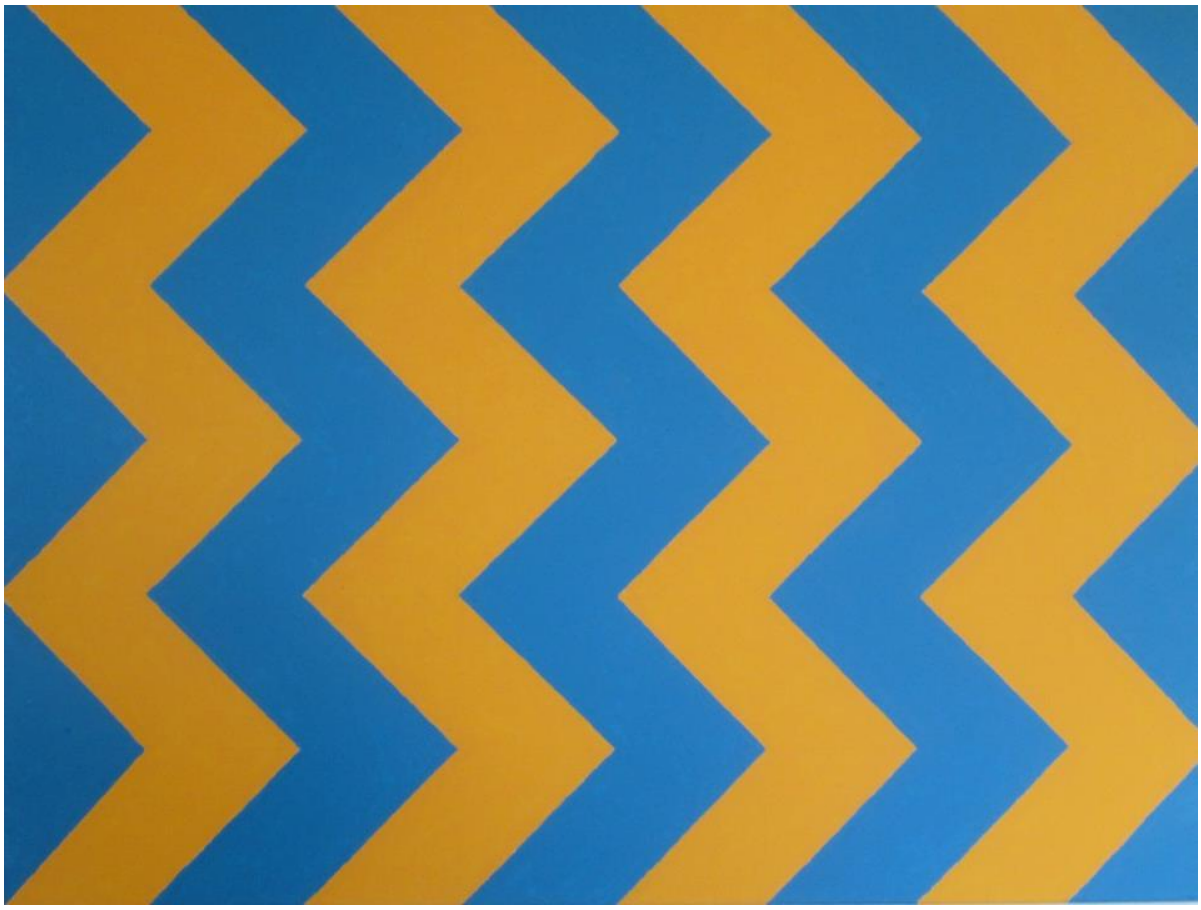
Quality Improvement

Central and North West London NHS
NHS Foundation Trust

Involving Patients and Carers in Quality Improvement Projects: A Practical Guide



Introduction

This guide explains how to involve patients and carers in Quality Improvement (QI) projects.

The following areas are covered in the guide and for ease, you can use the list below as a checklist:

We're happy to advise on any aspect of involvement. Please contact Lucy Palmer, Head of Patient and Carer Involvement on 0208 637 6195, or email Lucy.Palmer7@nhs.net

Front cover artwork: 'He's a Superstar' by Cady Stone

1: Decide how you want to involve patients or carers

Think about what you need the person for and when you need them. It's important to have a clear purpose and need from the start. Patients and carers can be involved in many activities and on many different levels, for example:

Identifying areas for improvement	Agreeing the aim of the project	Being a fully involved QI project team member from start to finish
Leading in the design of leaflets and questionnaires	Interviewing other patients and carers	Completing surveys as a user of the service
Reviewing documents	Writing up and presenting QI findings	Attending or running focus groups with staff, service users or carers
Being involved in the governance of the project	Collecting data	Co-designing the products or outputs of the project

What do we mean by 'little i and Big I?'

When we talk about patient and carer involvement in QI, we refer to little i and Big I.

Involvement with a little i means asking the people who use your service for ideas, what needs improving, have they noticed the improvements. This can be done through a survey, focus groups etc. It is a periodic partnership.

Involvement with a Big I means involving patients and carers directly in your project and QI development and delivery. It is a full and continuous partnership.

We recommend you always consider little i and Big I when developing your project.

Think about how many patients and carers you need.
It's good practice to involve more than one person so they're not a lone voice in meetings and so if one person can't attend, you still have a user voice. For focus groups, 6-10 patients and carers can work well.

Adapt the template role description, person specification and application form at the back of this guide to fit your project. This is designed for people who you plan to recruit to your QI project team and includes the skills or experience required. It also includes details of i) the work involved, ii) expenses and payment offered and iii) where known, details of venues, timings, frequency of meetings and the time limit of the role.

2. Recruit patients and carers

Decide how to recruit the person.
For ad-hoc, time limited tasks where a particular skill or experience is required, you might choose to invite a patient or carer you already know. If so, discuss the role description with them, allow time for questions and check you're both happy it's a good fit.

For any substantial posts, it's good practice to open it out to others, giving more people the chance to get involved and helping you hear fresh perspectives. Either way, choose someone who understands the problem you're trying to solve and has the right skills for the job – not just anyone who happens to be a patient or carer.

If advertising your post, you can use the template advert at the back of the guide to promote it through your local service, charities, community or patient and carer groups. Consider the diversity of your patient and carer colleagues and whether there are groups your project would really benefit from involving. If so, there's likely to be a group or network that can help.

Once people have applied for the role, shortlist and agree a time for a short, informal interview on the phone or face to face, using the example questions provided. Also consider asking a patient or carer to join you on the interview panel, especially if you're interviewing several people in a competitive process. This adds a valuable viewpoint and can help make the interviewees feel more at ease. After the interviews, let people know how soon they can expect to hear from you. If any unsuccessful candidates ask for feedback, provide this in a sensitive and constructive manner.

Getting the right person for the role is essential!

Employing patient and carer peers who are not fit for purpose can cause feelings of failure, damage the project and can cause people to question the ability of patients and carers to work effectively at this level. It also does a disservice to the patients and carers who should be at the centre of the work. Taking time to find the right person for the job means that all parties are likely to get the most of working together and helps avoid potential dissatisfaction further down the line.

3. Provide an induction and agree ways of working

One of the most common reasons that user involvement doesn't reach its potential is a lack of information given to patients or carers from the start. By providing a strong induction, you'll equip people with the knowledge to make a real impact, meaning greater satisfaction for them and for you.

Choose someone to be a named, consistent link person: someone from the QI project that the patient and carers will have contact with throughout, to answer questions, provide support, information and advice. Choose someone with strong communication skills and the ability to foster positive relationships.

Agree a time to induct the patient or carers – someone from the QI project should provide this using a checklist and handbook which covers the following:

Induction meeting checklist

Area to discuss	Done? ✓
Brief introduction to CNWL and aims of the QI project:	
Introduction to QI and a discussion of training needs required to help the person fulfil their role (contact Lucy Palmer or Marcus Maguire for info on the available training).	
What is expected of the person and what the person can expect from you.	
Information about payment, travel, dates and venues of meetings	
Discussion of any access, dietary, communication needs etc. – it's important to identify these early on so you can support full involvement.	
Agreement about how the person will be supported and supervised, e.g. pre and post briefings/de-briefings (if desired), preferred methods of contact.	
Agree who to contact if the project team are ever concerned about the health or wellbeing of the person.	
Discussion on who the person can contact if things aren't working.	
Agree dates for regular catch ups so the service user and link person can give feedback on how things are going. The frequency of contact will vary from person to person but it's good practice to agree something and stick to it.	
Ask them to sign the confidentiality agreement at the back of this guide	
(If likely to have unsupervised access to vulnerable people) discuss getting a DBS check. It is unlikely that this will be the case in most QI projects but if you are unsure, please contact us.	

4. Run inclusive and effective meetings

Establish an open, positive and inclusive culture so that everyone feels genuinely involved and included. Many people find meetings difficult to participate in on an equal basis so a good facilitator is needed to make sure all voices are heard. QI project work should be engaging, fun and not overly formal. Consider an ice breaker exercise and some time spent agreeing ground rules for the group. Templates for both can be found at the back of this guide.

Understand people's motivation for joining in. Many patients and carers joining a QI group are doing so because the topic is something close to their heart. They may have had an experience of a health service (good or bad) that makes them highly committed to the cause. This energy and insight can have a hugely positive impact. At the same time, people's stories are important to them and if they need time at the beginning of the QI process to talk about this, please allow it.

Acknowledge the different expertise in the group and make it clear that all views are equally valid. Staff have expertise in their area; patients and carers are experts in their own lives and health. And of course many of us have experience of having dual roles, where we can relate to being service users, carers or 'professionals' at the same time.

Get to know your patient and carer colleagues and find out what they can bring to the group. Don't assume they are only there to give a patient or carer perspective- everyone has many skills and experiences to bring to a group. People can also develop skills on the job, such as giving presentations, analysing data and writing reports or papers.

Be prepared to be challenged. You're involving people because you want to improve services. As colleagues in East London pointed out – "When someone challenges us, we welcome it. It's an opportunity. We don't pretend everything is fine. This work is about a culture change. It is about listening. It is about being challenged and accepting that challenge. If you don't welcome honest, constructive feedback, I would really question how you can deliver a quality health service". – Paul Binfield, Head of People Participation, East London Foundation Trust.

Be prepared to work differently. Involving patients and carers can take a bit more time initially but when done well, the rewards more than make up for it.

Below are some practical steps you can take to help people participate fully:

Before each meeting or activity the link person should:

- Make sure that all members know the date, time and venue of the meeting in advance, including details such as whether refreshments will be provided

- Check if anyone wants to add anything to the agenda or clarify anything. Check if anyone needs any support with travel or access

- Offer the option of having a few minutes speaking to the link person before and after meetings and activities. This can help clarify any questions the patient or carer has, check for concerns and provide the chance for a quick de-brief if needed

- Let people know what session fees and expenses will be reimbursed and how this will be reimbursed

During each meeting or activity the link person should:

- Avoid jargon, managerial speak and abbreviations. These can be alienating and irritating to everyone (whether staff or service users).

- Encourage people to speak out if they're unsure, explaining there's no such thing as silly question. Where technical terms are needed, check that everyone has a shared understanding of the terms being used. This is especially important in the early stages because if members of the group are unable to follow what's happening, they're likely to feel lost and unable to make a full contribution.

- Encourage all members of the group to join in. If members are quiet, try to find out why, without putting people on the spot. Consider using different techniques to involve people who may find speaking out in larger groups difficult, like working in pairs or smaller groups where appropriate. If one member of the group is dominating the conversation, bring the conversation back to others, and check with different people in the group to see what they think.

- When agreeing actions, make sure everyone is clear about what they're doing and when they need to do it by. Let people know who to go to if they need to discuss their tasks in between meetings and make it clear it's okay to do this.

After each meeting or activity the link person should:

- Check how patients and carers found the meeting. Once you get into the rhythm of the work, it may be that you don't need to do this so often but it's good to have the option of quick de-briefs. This can also provide helpful feedback about how to improve future meetings.

The importance of the project link worker

By being available as a consistent contact and helping to establish a good relationship from the start, the link worker (and others) help to make sure that patients and carers feel relaxed, listened to and genuinely valued. This makes it much more likely that carers and patients will make an impact on the project.

Key principles to aid service user and carer involvement, adapted from the National Service User Network standards:

To bear in mind that our ultimate goal is to improve people's health, wellbeing and recovery, a key part of which is to improve services and people's experience of those services;

The need to embrace inclusivity, equality of opportunity and fairness;

A commitment to listen to service users and carers with respect and openness;

A commitment to change in response to the views of service users and carers;

Clarity and transparency from the start in all communications;

Acknowledgement of the power differentials that exist between professionals and service users, and a commitment to minimise them where possible;

A commitment to support race equality and to challenge discriminatory organisational practices;

An open-minded approach towards cultural differences and diversity in ways of working;

Sensitivity about language and actions: to acknowledge that there are different ways of expressing and doing things.

5. Tackling difficulties

When staff take the time to induct, inform and involve carers and patients, things are likely to run smoothly. If difficulties and challenges do arise from time to time, some of the following tips might be helpful. These are not issues specific to user involvement – they can arise when working with staff, patients or carers.

A person on the team is…	Suggested approach
Being dismissive of the views of others, or using language or behaviour that is insensitive or rude towards patients, carers or staff	This should be challenged either in the meeting or by taking the person to one side. Remind people of the importance of respecting all views. Also consider the use of ground rules. Sometimes people use terms that can be de-personalising or upsetting to others and might need help understanding the impact this has. See the guide to language at the back of this guide.
Being patronising to patients or carers	Occasionally staff might assume that patients and carers are more vulnerable or inexperienced than they are and speak to them in a way that can feel patronising or infantilising. The chair or link person could manage this by speaking to the person/s involved and by role modelling behaviour where patients and carers are respected.
Regularly not attending meetings	Find out what the reason is. If there's a good reason (for example, the person has stepped back due to ill health) you can try to accommodate this where possible and within reason. If the person has stopped joining in because they don't feel it's worthwhile, discuss this and see what you can do. For general, unexplained absences, ground rules can be useful to agree how many times it's acceptable to miss the meeting before the person is asked to step aside. Keeping people on a group who don't join in does a disservice to other patients and carers who would use the time more effectively.
Not contributing to the work	Find out why this is happening – maybe the person feels uncomfortable or intimidated by others in the group, in which case the chair or link person should work to involve them and help them gradually develop more confidence. In other cases, the person might feel they have plenty to add but that their views are being ignored. Having a few minutes before or after meetings to discuss any thoughts the person has can be helpful, so the chair can then make sure these are discussed in the meeting.
Spending a lot of time talking about one issue at the expense of the task, or regularly straying off topic	This can happen to anyone. Be respectful and understanding but don't be afraid to move the conversation on. Acknowledge the importance of the topic to the person and (if true) say that this is something your QI project is trying to improve. Make it clear you need to spend time on other topics. Try steering people back on track by asking questions such as 'What have we decided to do about...' or saying, 'I can see your point but we really need to focus on…' You might also agree when setting your groundrules that 'parking slots' will be used, where you put additional topics to one side and return to them later when they're more relevant. The Chair can explain at the beginning of the meetings that they will need to move the conversation on from time to time.

A person on the team is…	Suggested approach
Expecting more of other team members than is reasonable	Occasionally, staff expect the patient or carer to be their 'go-to' person for all questions on user experience. Likewise patients and carers might think that staff on the project team can deal with a specific issue to do with their healthcare when this is not the case. Where people are not clear about what other team members can realistically offer, clarify this and let people know where they can go to get the information and support they need.
Struggling with health or wellbeing	If a person seems unwell during a meeting, offer them time out and a quiet space. During their induction you'll also have agreed what might happen if there are concerns about the patient or carer's health or wellbeing and you can follow that plan.

If you need further advice, please get in touch with us

6. Reimbursing expenses and session fees

The CNWL rate for patient and carer involvement is £10 per hour and session fees should be offered to all patients and carers involved in QI activities, except for service user or carers who are taking part in an activity as a governor. The payment policy and reimbursement form can found overleaf. The funds will come from your budget.

7. Capturing the impact of involvement

Ideally, you should think at the beginning of the project about what impact you want patients and carers to have on the project and record how this is going by:

1. Briefly logging in your minutes or action list who suggested what, or who took on what tasks throughout the project (this can be done by patients, carers or staff)
2. Asking carers, patients and staff questions like:

- What were the intended outcome of involvement and which ones were met?
- What actual difference has involvement made to the project, activity or organisation?
- What were the challenges of involvement and what can we learn from this?
- Did the involvement of patients and carers result in any unexpected consequences, good or bad? What impact has it had on people's knowledge, wellbeing, or skill set?
- What would we have missed if we hadn't involved patients and carers in the QI project?
- To what extent did patients and carers feel an equal member of the QI team?
- What would we do differently next time?

This can be discussed as a team, or with individuals or through a survey. Please share learning within your team and the patient and carer involvement team at Trust HQ.

This is the end of the guide. If you have any questions, please get in touch. If you have feedback on this guidance, please let us know – we are a learning team and will improve this guidance as time goes by.

Appendix 1: Useful Templates and Policies

A) A Guide to Payment and Reimbursement for Patient and Carer Involvement

1.0 Introduction

CNWL NHS Foundation Trust is committed to working in partnership with all who use our services to improve health and wellbeing and we recognise that lived experience must be at the heart of how we plan and deliver care and treatment for our patients and their carers. The Trust actively seeks the involvement of our patient and carers to inform and improve our services and we value and acknowledge the significant contribution that patients and carers make towards improving their health service.

The Trust is committed to:

- providing a **range of opportunities** to our patients and their carers to get involved
- ensuring that involvement does not leave patients and carers financially 'out of pocket' and that **payment is offered** for involvement where appropriate
- promoting **equality of access** to our involvement opportunities including recognising potential barriers to participation such as financial circumstances.

2.0 Types of payment

Payment for involvement

'Payment for involvement' refers to payment made to a patient or carer for the input of time, skills and expertise in an involvement activity at Trust.

Covering expenses

'Covering expenses' refers to reimbursing costs incurred by a patient or carer in the course of their involvement activity with the Trust. This includes travel, meals, and respite support where necessary.

3.0 When will the Trust offer reimbursement for expenses and/or payment for involvement?

The following activities and will attract reimbursement and payment.

- Co-production activities
- Recruitment and selection of Staff
- Presentations and Training staff
- Service Monitoring and Evaluation – reviews, surveys, site visits, mystery shopping
- Service Development and Quality Improvement – including attending meetings and workshops
- Procurement and Tendering
- Policy design and review
- Co-designing and reviewing communications materials e.g. patient leaflets

These activities are defined as requiring specific skills, expertise, and direct involvement in decision making, delivery and/or evaluation. If the activity requires **preparation time** exceeding one hour then this must be arranged in advance and appropriate payment agreed.

Vouchers may be offered to children and young people under 16 in lieu of payments.

Payment is not offered in the following cases:

- Information sharing and open consultation events will not attract payment or reimbursement.

- Training attended by Patients and Carers will generally not be paid but expenses will be reimbursed
- The constitution of CNWL NHS Foundation Trust states that no payments will be made to Trust governors for any work undertaken on behalf of the Trust in that role. Governors are able to claim reimbursement of reasonable expenses.

4.0 Rates of payment
As of January 2nd 2018, the Trust increased its rate of payment in line with other Trusts, good practice guidance and national minimum wage requirements to £10 per hour. The old sessional rate of £18 for up to three hours involvement will no longer apply.

5.0 Putting it into practice – Covering expenses
The Trust will reimburse all reasonable expenses incurred by patients and carers engaged in the involvement activities listed above in accordance with agreed rates (see below). Following changes to legislation in April 2014 and April 2015, people who receive state benefits can now have their involvement expenses reimbursed and these will be ignored by benefits agencies and not treated as earnings.

Reimbursement for expenses will continue to be made through petty cash on the day to make sure participants are not financially penalised as a result of their involvement activity.

Expenses will include:

Travel:
Public transport expenses will be reimbursed on production of a valid receipt and completed expenses form signed by the involvement activity organiser. Any amounts exceeding a daily rate of £10 must be agreed in advance. Payment for taxis and personal vehicle expenses/parking expenses must be agreed in advance and will only be authorised if deemed strictly necessary.

Meals/Subsistence:
If patients and carers are engaged in an involvement activity away from home for a lengthy period of time and refreshments are not provided, reimbursement may be claimed to a maximum of £10 per day. Receipts must be retained and submitted with a completed expenses from signed by the involvement activity organiser.

Carers and support workers:
CNWL recognises that in some circumstances patients or carers will need to arrange for carers / support workers to accompany them to an involvement activity or to take over their caring duties while they attend an involvement activity. CNWL will meet reasonable expenses/costs or care cover arrangements and will reimburse travel/subsistence costs for accompanying carers/support workers. Patients and carers will need to discuss any arrangement in advance, and be able to provide evidence of the costs, such as an invoice.

6.0 Putting it into practice – Paying for Involvement
The payments process is under review and, following a pilot at corporate services in January 2018, we will roll out a new and improved payment system allowing payment to be made direct to bank accounts.

Until then, the current petty cash system will continue to be used to make payments using the new reimbursement form.

Central and North West London NHS
NHS Foundation Trust

INVOLVEMENT REIMBURSEMENT FORM

Cost Centre: _____

Account Code: _____

PLEASE PRINT NAME _____

DATE	ACTIVITY/MEETING	RATE	AMOUNT PAYABLE
		£10.00 per hour (1/2 hour = £5)	
		£10.00 per hour (1/2 hour = £5)	
		TOTAL	

EXPENSES - Tickets/receipts must be attached to this form to claim travel or lunch expenses

DATE	TYPE OF EXPENSE (E.G TRAVEL / LUNCH)	AMOUNT	RECEIPT ATTACHED *(PLEASE TICK IF YES)*

PAYMENT RECEIVED BY:

*Signature*_____ *Date*_____

FOR AUTHORISER ONLY

AUTHORISED BY: (please ensure correct hours are signed for only)

PRINT NAME _____ *Department/Service* _____

Signature _____ *Date* _____

PTO….

Patients and carers in receipt of State Benefits

The Trust recognises that many of our patients and carers have ongoing health conditions and may be in receipt of state benefits. We do not wish this to constitute a barrier to involvement but acknowledge that receiving payments that may be deemed to be earnings may put benefit entitlements at risk.

It is therefore very important that the Trust acts sensitively and transparently in making payments for involvement activities. A transparent and auditable system of payment is required for this.

Patients and carers receiving state benefits must keep to their benefit conditions when undertaking paid involvement activity. These conditions can be complicated and can change depending on circumstances. The Trust should advise people who are receiving state benefits that it is their responsibility to get advice from a trusted source of welfare benefits advice before undertaking any paid involvement activity. Consultation on this paper flagged the need for a guide to state benefits that may be affected by involvement to be provided. A ***Guide to Benefits*** is being developed for patients and carers getting involved with the Trust. Our new patient and carer payments policy and procedure will advise staff on how to approach this.

Tax and National Insurance

Patients and Carers are required to notify HM Revenue and Customs of any payment received only if their annual income exceeds their personal income tax allowance at the end of the financial year. Patients and Carers are responsible for calculating whether they will need to pay any tax or National Insurance and should be advised accordingly. HMRC have advised that they do not wish to be informed if payment received for involvement at the end of the financial year does not take annual taxable income above the personal income tax allowance.

B) Template poster

Would you like to help improve [add simple aim of the QI project]?

We're based in the [name of service or CNWL area] and we're looking for someone who has used [type of service] or cares for someone who has, to join our Quality Improvement (QI) project team.

This will involve:

- Joining a group of X people, including clinicians and… who will work together, using QI methods to make a difference to the care CNWL provides
- We'll be meeting about X times between [dates], at [venue] for an hour a time
- Occasional work in between meetings may also be required
- Induction, training and support will be provided
- Reasonable travel fees and a session fee of £10 per hour will be offered
- By taking part you will develop your skills and help change services

For more information, contact: [name and details]. To apply for this post we may ask you complete a short application form and have a brief interview, to check this is a suitable role for you.

C) Template role description and application form (amend accordingly).

We're looking for someone who has used [type of service] or cares for someone who has, to join our Quality Improvement (QI) project team. The aim of our project is to…

This will involve:

- Joining a group of X people, including clinicians and… who will work together, using QI methods to help make CNWL services better
- We'll be meeting about X times between [dates], at [venue] for an hour a time
- Occasional work in between meetings may also be required
- Induction, training and support will be provided

Taking part can help you develop more skills, enhance your CV, build your confidence and build new relationships. We also offer reasonable travel fees and a session fee of £10 per hour.

Below are the skills and experience we are looking for. Please complete this application form and send back to [name] by [deadline]

Essential	**Yes/No**
Experience of using X services or caring for someone who has	
Good communication and team work skills team	
Passionate about improving health services	
Desirable	**Yes/No**
Previous work in quality improvement	
Access to email and internet and basic computer skills	
Ability to read documents and comment on documents	
Supporting statement. In no more than 150 words, please tell us why you're interested in this role and what you feel you would bring to it.	

We may hold informal interviews to choose the most suitable people for the role.

D) Example interview questions

Question	Answer	Score out of 10
Can you tell us why you're interested in this role?		
What do you think you could bring to a team situation?		
Have you ever been involved in improving services before? If you have, can you tell us a bit about that?		
What support or training do you think you would need to perform this role?		N/A
Do you have any questions for us?		N/A
Comments from the interview panel		Total score

E) Notes on Language

Here are some common terms that people can find offensive or demoralising, with some alternative suggestions. This is not an exhaustive list and there are no hard and fast rules on language. (Adapted from Mind and Gov.uk).

Instead of..	**Consider..**
The disabled	Disabled person/people
Able bodied/normal	Non-disabled person
The blind/the deaf	A person with visual / hearing impairment
Wheelchair bound/confined to a wheelchair	Wheelchair user / uses a wheelchair
Is suffering with or a victim of, health issues	Experiences, or is being treated for, health issues
Is bipolar, is a schizophrenic, is OCD	Has a diagnosis of/has….bipolar disorder/schizophrenia/OCD etc
Mental patient, or mental health case	Is receiving mental health care
Is insane, unbalanced, mental, unhinged, disorded, disturbed, not right	Has a mental health condition/illness
Is in a mental institution/mental unit	Is in a mental health hospital
Addict/user/junkie/abuser	Has an alcohol or drug problem
Prisoners or inmates (when in an inpatient unit)	Patients
Committed suicide, completed a successful suicide	Has died by/from suicide or taken their life
An overdose	Has taken an overdose
Is a self-harmer, does deliberate self-harm	Has self-harmed/self-injured
Is psychotic or a psycho	Experiences psychotic symptoms or psychosis
Is an attention seeker	Is someone in need of support
Mental retardation	Learning disability
Professional service user	Active in service user involvement

It is also upsetting to be called a bed blocker, a delayed discharge, or a frequent flyer– this can feel blaming and can lead to people believing they are not worthy of help.

Some further tips on communicating, taken from Gov.uk

- Use a regular tone of voice, don't patronise or talk down
- Don't be too precious– being super-sensitive to the right and wrong language will stop you doing anything
- Don't attempt to speak or finish a sentence for the person you are talking to
- Speak directly to a disabled person, even if they have an interpreter or companion with them

For useful tips on communicating with people who have learning disabilities, please see Mencap's guide

For discussion on the use of language such as 'manipulative' or 'attention seeker'', see page 18 of the Royal College of Nursing Report called Informed Gender Practice.

F) Confidentiality Agreement

Central and North West London NHS
NHS Foundation Trust

Human Resources Department
Trust Headquarters

CONFIDENTIALITY STATEMENT

People working within the Trust or on behalf of the Trust, such as secondees, work experience placements or with an Honorary Contract should be aware that the Trust produces confidential information relating to patients, staff and commercial information. Disclosure of personal, medical, commercial information, systems passwords or other confidential information to any unauthorised person or persons will be considered as gross misconduct and will lead to the immediate termination of the placement**.**

Disclosures of information in whatever way it is held relating to patients e.g. diagnosis, treatment, personal data; staff e.g. personnel records; business sensitive or commercial information e.g. contractual and rental agreements, financial arrangements; or that which you acquire during the course of your employment e.g. computer software, research projects, inventions and designs; may only be disclosed with the agreement of your manager. All employees have a responsibility for ensuring security of information and to comply with the Data Protection Act, Access to Health Records Act and Computer Misuse Act. Disclosure of personal, medical, business sensitive or commercial information, systems passwords or other information of a confidential nature to any unauthorised person or persons will be considered as gross misconduct and will lead to disciplinary action which may include dismissal. Moreover the Data Protection Act 1998 also renders an individual liable for prosecution in the event of unauthorised disclosure of information, or an action for civil damages under the same Act.

Data/files removed from Trust premises by external organisations must be in agreement with the Trust and used only for the sole purposes as agreed with other parties, i.e., scanning,

As a representative of the organisation you have a responsibility to ensure you maintain a high quality of data and record management and ensure the documents are used for the sole purposes as outline above.

Disclosures of confidential information to the media or via any social networking site should only be undertaken following specific authorisation from the Chief Executive or his/her delegated representative. You should always seek support from your immediate line manager and from middle and senior management whenever a serious incident occurs or there is media interest.

You must not remove any documents, computer disks or tapes or undertake any electronic transfer of such material that contains any confidential information from any of the Trust's premises or sites that the Trust operates from at any time without proper advance authorisation. All such documents, disks, tapes and any copies are the Trust's property. You are required upon termination of your employment to immediately return to the Trust all confidential information in whatever way it is held and any other material in your possession relating to the Trust or its personnel, supplies, patients, or affairs and all other property belonging to the Trust.

Should you require more information on the above, please contact either the Human Resources Department, or the Information Department at the address given below.

Please sign below, as agreement to the **above:**

I _____, hereby confirm that I have read and agree to the above statement of confidentiality.

Signed: _____ **Date:** _____

Name: _____
(Please print)

Please return a signed copy of this agreement to:

Lucy Palmer, CNWL
1st Floor, 350 Euston Road, London NW1 3AX

G) Example Groundrules

You can adapt these or create your own. Ideally, they should be introduced at the first meeting.

1. We will work together to make positive changes
2. We welcome open and honest communication and challenge
3. We will be flexible, listen, ask for help and support each other
4. We will respect other's views and speak in a sensitive and non-judgmental manner
5. We will not interrupt each other
6. We will keep disruptions (like mobile phones) to a minimum
7. We will stick to the agenda and start and finish on time
8. We will avoid using jargon
9. We understand that the meeting is not a forum for individual complaints and single issues and we will use other procedures for managing those

Icebreaker Bingo – Getting to Know You!

Speak to the person/people next to you to see how many of these you can tick off between you. The first to complete a row wins!

Likes dancing	Can drive	Has a pet	Is a vegetarian
Speaks more than one language	Has swam in the sea	Has a tattoo	Owns a hat
Can play a musical instrument	Likes spicy food	Has done karaoke	Can juggle
Has met a celebrity	Has been on a motorbike	Does not wear glasses or contact lenses	Likes drawing