

Acceptance and Management of Petitions Policy

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CONSULTATION SCHEDULE	
Title of Individual	Groups consulted
AD of Corporate Governance	
Director of Corporate Governance	
Deputy Director of Strategy, Planning and Performance	
Head of Communications and Engagement	

IMPACT ASSESSMENTS		
	Date Completed	Comments
Equality Impact Assessment (EIA)	December 2024	No impact identified
Quality Impact Assessment (QIA)		N/A
Data Protection Impact Assessment (DPIA)		N/A

VERSION CONTROL				
Version	Job Title of Lead/Policy Author	Ratification Date	Ratification Body	Summary of Amendments
1	Anna Collins	Feb 2017	North Staffs & Stoke	New Policy
2	Jane Chapman	Nov 2018	CCG	Adapted policy for use by all 6 CCGs
3	Tracey Shewan	Sept 2021	CCG	Reviewed and updated committee names & Contact details
4	Jane Chapman, Head of Governance	July 2022	ICB Board	Adopted by SSOT ICB
5	Lia Pitarokoili, Head of Governance	January 2025	ICB Board	Full review – new policy template

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1. Introduction

Petitions are an important means through which local people have a voice on Integrated Care Board (ICB) business and local health matters.

They can be raised as a discrete statement by the signatories or as a response to a proposal being made by the ICB. In this way they are either proactive – the expression of public opinion on a health issue that a section of the population believes they need to raise with the ICB – or reactive, in response to a specific commissioning decision.

A petition represents the expression of the views of the people who sign it. Petitions will therefore be used as one piece of evidence to contribute to an overall picture of public opinion and will not be used in isolation to determine a necessary action.

This policy outlines how the ICB will consider and action any petitions received from the local community, whether during or outside a formal consultation period.

2. Purpose

The purpose of this policy is to detail how Staffordshire and Stoke-on-Trent ICB (SSoT ICB) will ensure any petitions received are dealt with appropriately and in accordance with the requirements of the ICB's Constitution and Standing Orders. This policy is relevant to petitions received in either paper or electronic format.

The Policy sets out two circumstances in which petitions may be received; outside a formal consultation period or during a formal consultation period.

3. Scope

This policy relates to the receipt and management of either hard copy or e-petitions. Petitions may be proactive, e.g. unsolicited where there is public opinion that a new service may be required to fill a perceived gap in service provision; or reactive, for example, in response to a Place or collaborative initiated proposal to change an existing service. The policy sets out how petitions will be received whether outside a formal consultation period or during a formal consultation period.

The policy applies to SSoT ICB and all its employees and must be followed by all those who work for the organisation, including the Integrated Care Board, those on temporary or honorary contracts, secondments, pool staff and contractors.

4. Definitions

For the purpose of this policy, a petition is defined as a written document signed by a number of people requesting some form of action from SSoT ICB.

5. Duties and Responsibilities

• ICB Chair and Chief Executive

Where a petition submitted to SSoT ICB reaches the minimum level of signatories (1000 unique signatures or more) the Chair of the ICB will consult with the Chief Executive, or their nominated deputy, to confirm that the petition is valid and agree the scheduling of the petition as an item on the agenda of the next available meeting in public of the ICB Board.

Valid petitions that do not meet the minimum level of signatories (up to 999 unique signatories) will be redirected for consideration and response within the ICB and in accordance with the provisions of the ICB's Scheme of Reservation and Delegation.

The Chief Executive is responsible for ensuring that appropriate correspondence is sent informing petitioners of any rejected petitions providing clear and explicit reasons for the rejection.

The Chief Executive may delegate responsibility for the actions arising from a valid petition to a senior officer of the ICB (typically deputy director level or above).

• Integrated Care Board

Board Members are responsible for considering petitions brought to the attention of the SSoT ICB Board and for providing a response to the petition organiser where this is the case.

• Director of Corporate Governance

The Director of Corporate Governance has delegated authority from the Chief Executive for the strategic and operational management to ensure that ICB processes comply with legal, statutory, and good practice guidance requirements, including oversight of the implementation of this policy. The Director of Corporate Governance will also ensure that stakeholder relations are managed effectively.

• Corporate Governance Team

The Corporate Governance Team is responsible for ensuring the process of handling petitions is properly managed and executed in compliance with this policy, including providing administrative support to the process of acknowledging receipt of the petition and confirming how the ICB is processing the petition.

- **All Staff**

All ICB staff, including temporary and agency staff, are responsible for forwarding all petitions received by their team to the relevant inbox (see Section 6.1). They must ensure compliance with relevant policy and procedure documents and co-operate with the Corporate Governance Team to respond to petitions relevant to their team when requested to do so.

6. Subject Matter of Policy

6.1 Submission of Petitions

Petitions may be submitted to the SSoT ICB for consideration by either:

- a) Sending hard copy petitions by post to: FAO Chief Executive, NHS Staffordshire & Stoke-on-Trent Integrated Care Board, Stafford Education & Enterprise Park, Weston Rd, Stafford, ST18 0BF
- b) Sending notification of a petition electronically: FAO Chief Executive, to governance@staffsstoke.icb.nhs.uk

Where petitions are received by other staff members or teams within SSoT ICB, they will forward the correspondence to the above address to enable the petition process to be co-ordinated from a central point.

Once a petition is received, the Corporate Governance team will assess that it meets the criteria of a petition (as detailed in Sec.6.2) and log its receipt. Once the assessment is complete, the petition will be either:

- Declined;
- Accepted as a discrete statement for consideration;
- Accepted as a response to a consultation or proposal for consideration

6.2 Eligibility of Petitions

6.2.1 In order to be received for consideration, petitions should meet the following criteria:

- Petitions may be received in paper or electronic (e.g., email, web based or social media) format.
- Petitions should include a statement of petition containing:
 - the organisation to which the petition is being addressed.
 - the proposition which is being promoted by the petition.
 - the timeframe over which the petition has been collected.
- The following information about each petitioner should be included:
 - Name

- Postcode
- Signature (in the case of a written petition)
- Email address (in the case of an electronic petition). If this data is not collected due to the data controller not sharing the data, the petition will only be acknowledged as an indicator of public sentiment.
- The name and address of the petition organiser, who must be a resident within the area to which the petition relates, should be provided on the first page of the petition.

6.2.2 Petitions will not be considered if one of the following exemptions apply:

- They are repeated, meaning:
 - covering the same or substantially similar subject matter to another petition received in the preceding six months, or
 - presented by the same or similar individuals or groups as another petition received within the previous six months.
- They are vexatious, meaning:
 - focussing on individual grievances, or
 - focussing on the actions or decisions of an individual and not the organisation.
- They concern issues which are outside the ICB's remit, meaning:
 - concerning matters relating to another organisation,
 - requesting information available via a Freedom of Information request,
 - being used to correspond with individuals on personal issues, or
 - from signatories not based in the UK.
- The information contained is confidential, libellous, false, defamatory, or offensive, meaning:
 - it contains information which may be protected by an injunction or court order,
 - it contains information that is potentially confidential, commercially sensitive, or which may cause personal distress or loss, or
 - it contains language that may cause offence, is provocative or extreme in its views.

Where a petition does not meet the requirement set out in the criteria above then the Director of Corporate Governance will respond in writing within ten (10) working days to confirm that the petition has been received and that the petition does not meet the criteria. The reason for rejection will be given clearly and explicitly.

6.3 Acceptance of Petitions

An acknowledgement of receipt of the petition will be provided to the lead petitioner by the Director of Corporate Governance within five (5) working days of receipt with a clear explanation about what will happen next.

A petition will be considered as part of the decision-making of the ICB (unless one of the exemptions set out in Sec.6.2 applies).

6.4 Petitions received outside formal consultation period

For petitions received outside a formal consultation period, the Chief Executive may delegate responsibility for receiving a petition to a nominated representative. The Chief Executive, or nominated representative, will arrange for a short private meeting with the petition organiser to formally receive the petition. All photographic opportunities may be politely declined by the ICB during this meeting.

Once received, the Chief Executive, or nominated representative will ensure that the petition receives appropriate and proportionate consideration and that a response is made in writing.

6.5 Petitions received during a formal consultation period

If a petition relates to a subject, proposal or matter about which the ICB is actively seeking public opinion, and if the petition is submitted before the publicised close date of the engagement or consultation process, the petition will be considered as an item of correspondence, in the same way that any other response would be considered.

Petitions will be considered as valid for consideration as part of the consultation if they meet the requirements set out in the criteria outlined in this policy.

6.6 Processing of Petitions

6.4.1 Where a valid petition is submitted on a specific subject by a group of individuals who wish to raise an issue of concern with the Board, the process to be followed will be:

- 1) The Director of Corporate Governance, or their nominated deputy in their absence, will receive the petition and acknowledge receipt of the petition to the lead petitioner within five (5) working days of receipt, together with a clear explanation about what will happen next.

- 2) For petitions with significant support (defined as supported by 1,000 or more unique signatories), the Chair of the ICB will consult with the Chief Executive, or their nominated deputy, to confirm that the petition is valid and agree the scheduling of the petition as an item on the agenda of the next available meeting in public of the ICB Board.
- 3) In all circumstances, the response and outcome will be advised to the lead petitioner in writing via the Corporate Governance team within ten (10) working days from the date the response is agreed.

6.4.2 When a report on the outcome of consultation is prepared, the following issues will be taken into account when considering a petition:

- If a petition is raised about a perceived lack of or missing service, consultation is not a public referendum or public vote. Influence will be afforded to the most cogent ideas and arguments, based upon clinical effectiveness, quality, patient safety, clinical and cost effectiveness and not necessarily to the views of the most numerous stakeholders.
- Where submitted in response to a consultation, the petition should be relevant to the subject of the consultation. It may not necessarily use the same words, but it should have a bearing on the proposal(s) that SSoT ICB have put forward.
- The petition should reflect the latest proposals and policy statements being made by the SSoT ICB and not relate to issues that are no longer under consideration. This is particularly relevant when considering the timescale during which signatures have been collected.
- The petition should provide an accurate reflection of the proposals in the consultation, rather than including misleading information or statements.
- The petition should relate to the consultation and to the proposed action of the ICB (and/or its stakeholders), rather than to broader policy agenda beyond the scope of the consultation.
- The petition's concerns will be assessed in relation to the aims being put forward in the consultation, and the rationale and constraints behind it. For example, a petition that proposes a realistic alternative option will normally be given greater weight than a petition that simply opposes an option that has been put forward for valid reasons.
- The petition's concerns will also be assessed in relation to the impact on other populations/Places if these demands were accepted. This assessment could take into account views expressed in other petitions (which may conflict) or in more direct responses to the consultation.

6.4.3 The organiser of the petition will receive correspondence from SSoT ICB as the body that has initiated the consultation. Petitions will be formally acknowledged in the analysis of consultation responses, along with all the other responses (e.g. acknowledgement, an outcome letter describing how the issues raised

during consultation have or will influence the decisions made following consultation) within 28 days of receipt of the petition. If what Petitioners call for is accepted or rejected, the reasons for this should be given.

6.4.4 The ICB is committed to ensuring that all personal information is managed in accordance with current data protection legislation, professional codes of practice and records management and confidentiality guidance. More detailed information can be found in the IG Data Protection & Security Policy and related procedures.

7. Training and Implementation

All staff will be informed of the ratification of the Policy via the Staff Bulletin which will provide a link to the document on the ICB's intranet.

All directors and managers are responsible for ensuring that relevant staff within their own directorates and departments have read and understood this document and are competent to carry out their duties in accordance with the procedures described.

No specific training requirements associated with this policy have been determined.

8. Monitoring

The Director of Corporate Governance is responsible for ensuring the process of handling petitions is properly managed and executed in compliance with this policy, including providing administrative support to the process of acknowledging receipt of the petition.

Petitions received will be retained by SSoT ICB for a period of five years, consistent with the retention period for public consultation documents as defined in the NHS Records Management Code of Practice 2021.

Hard copy documents will be retained in offsite storage under ICB archiving arrangements. Electronic copies of petitions will be retained for the same period.

9. Review, Ratification and Archiving

The policy will be reviewed every 3 years, or earlier if national policy or guidance, organisational changes are required to be considered. The review will then be subject to review and re-ratification.

The Corporate Governance Team is responsible for ensuring that archive copies of superseded working documents are retained. All policies which have been superseded will be archived.

Please note the authors' responsibilities regarding archiving superseded copies. The author will ensure that a review of the document is carried out in the event of a change in circumstances or immediately prior to the expiry date.

10. Dissemination and Publication

Dissemination of the final policy is the responsibility of the author. They must ensure the policy is uploaded on the intranet and the ICB website via the Communications Team. The Communications team is responsible to issue an organisation-wide notification of the existence of the Policy.

Heads of Departments/Managers are responsible for ensuring that all staff (including bank, agency, contracted and volunteers) have access to and are made aware of policies that apply to them.

All staff will be able to access copies of policies via the policy section of the ICB intranet.

11. References and Associated Documents

ICB Constitution

NHS Records Management Code of Practice

Anti-Fraud, Bribery and Corruption Policy

NHS Records Management Code of Practice 2021

IG Data Protection & Security Policy

12. Impact Assessments

Equality Impact Assessments are carried out to demonstrate due regard to (1) the public sector equality duty (PSED) 3 aims, dropping down from the Equality Act 2010 to: eliminate discrimination, harassment victimisation; advance equality of opportunity; and foster good relations", (2) The Health & Social Care Act 2012 re evidencing showing due regard to reducing health inequalities between the people of England.'

Initial Assessment Statement

This policy has been through an Initial Assessment process and no identifiable or potential adverse impact against any protected characteristics or inclusion health group have been identified or mitigating actions have been taken. In the event of any new data, information or

reporting, identifying any adverse or potential adverse impact, this assessment will be reviewed, and a full impact assessment will be carried out where it is deemed necessary to do so. Accessible and inclusive Information and equality monitoring (where it is practical to do so) have been considered.

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13. Appendix 1 – Petition Acknowledgement

Reference: [Insert No] Acknowledgement

Thank you for submitting your petition to the Staffordshire and Stoke on Trent ICB.

Your petition is being processed in accordance with the Acceptance and Management of Petitions Policy, which is available to view on the ICB website.

If the petition is valid (i.e., it meets the requirements set out in section 6.2 of the policy) it will be considered by the relevant team and responded to.

If the petition relates to a subject, proposal or matter about which the ICB is actively seeking public opinion and was submitted before the publicised close date of the engagement or consultation process, the petition will be considered as an item of correspondence in the same way that any other response would be considered.

Where a petition has received 1000 signatures or more, the Chair of the ICB will consult with the Chief Executive, or their nominated deputy, as to whether the petition should be included as a specific item for the agenda at the next meeting of the ICB Board to agree any appropriate actions.

If the petition is not valid (i.e., it does not meet the requirements set out in section 6.2 of the policy) you will be informed in writing within ten working days. The reason for the rejection will be given clearly and explicitly.

If you have any queries about this request or wish to contact us again, please email governance@staffsstoke.icb.nhs.uk and the message will be forwarded appropriately. Please remember to quote the reference number above in any future communications.