

Policy for the Receipt, Acceptance and Management of Petitions

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Name of responsible committee/individual:	Quality & Safety Committee
Date approved by Committee:	See inside
Date issued:	Dec 2018
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Date of first issue	April 2013
Target audience:	All ICB staff & Non-executive directors including temporary and contracted staff and stakeholders

CONSULTATION SCHEDULE

Name and Title of Individual/Group Consulted	Date Consulted
Clinical Director, Partnerships & Engagement	Feb 2017
<i>Stoke-on-Trent Patient Congress</i>	Feb 2017
<i>North Staffs Patient Congress</i>	Feb 2017
<i>Health Watch Stoke Volunteer Engagement meeting</i>	28.02.17
Community Health Voice	March 2017

APPROVALS & RATIFICATION SCHEDULE

Communications, Engagement, Equality and Employment Committee	November 2018
North Staffs CCG & Stoke CCG Cannock Chase CCG, East Staffs CCG, South East Staffs & SP CCG, Stafford & Surrounds CCG	December 2018
Staffordshire & Stoke-on-Trent ICB	July 2022

VERSION CONTROL

V	Version/Description of amendments	Date	Author/amended by
1	North Staffs & Stoke New Policy	Feb 2017	Anna Collins
2	Adapted policy for use by all 6 CCG	Nov 2018	Jane Chapman
3	Reviewed and updated Committee names & contact details	Sept 2021	Tracey Shewan
4	Adopted by Staffordshire & Stoke-on-Trent ICB	July 2022	Jane Chapman

Impact Assessments – available on request

	Stage	Complete	Comments
Equality Impact Assessment	1	22/11/18	Strengthened the EIRA statement
Quality Impact Assessment	N/A		
Privacy Impact Assessment	N/A		

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1.0 Introduction

- 1.1 A petition represents the expression of the views of the people who sign it. For NHS Staffordshire & Stoke-on-Trent Integrated Care Board (ICB) petitions are an important mechanism for local people to have a voice on local health matters. However, to ensure that the voices are heard appropriately and in order to avoid the danger of listening only to active lobby groups, petitions will not be viewed in isolation but as one piece of evidence and information which contributes to an overall picture of public opinion. Petitions can be raised as a discrete statement by the signatories or as a response to a public consultation or proposal being made by the Clinical Commissioning Groups.
- 1.2 This policy outlines how the NHS Staffordshire & Stoke-on-Trent Integrated Care Board will handle any petitions received from the local community.

2.0 Aims & Objectives

- 2.1 This guidance outlines how the ICB will handle any petitions from the local community. This guidance is relevant to the receipt and management of either paper or e-petitions.
- 2.2. It sets out two circumstances in which petitions may be received; outside a formal consultation period or during a formal consultation period.

3.0 Scope

- 3.1 This policy relates to the receipt and management of either hard copy or e-petitions. When considering the receipt and management of e-petitions, the ICB wishes to ensure that it follows best practice. The ICB has drawn on published terms and conditions for submitting e-petitions, utilised by HM Government.
- 2.2 Petitions may be pro-active e.g. unsolicited; where there is public opinion that a new service may be required to fill a perceived gap in service provision or re-active i.e. in response to a ICB 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.

4.0 Definitions of terms used

- 4.1 For the purpose of this policy a petition is defined as a written document signed by a number of people demanding some form of action from the ICB.

5.0 Principles

In order to be received for consideration, petitions should meet the criteria outlined below:

- 5.1 A petition amounting to any number of signatures will be considered by the ICB in their commissioning decisions. The sentiment indicated in the petition will be forwarded to the most appropriate internal commissioning process. This will be determined by the subject of the petition e.g. the petition may be passed to a Commissioning Manager to incorporate into a service specification, the Clinical Priorities Advisory Group (CPAG), or the Quality Committee.
- 5.2 Where a petition, with significant support (with a minimum of 1000 signatures) has been received by the ICB, the Chair of the ICB shall include the petition as a specific item for the agenda and consideration of the next meeting of the Integrated Care Board to agree any appropriate actions.
- 5.3 Petitions may be received in paper or electronic (e.g. email, web based or social media) format.
- 5.4 Petitions should include a statement of petition which should include:
 - 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
- 5.5 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 eg a social media (eg Facebook) or 38 degrees petition, the petition will only be acknowledged as an indicator of public sentiment.
- 5.6 The name and address of the petition organiser, who must be resident within the area to which the petition relates, should be provided on the first page of the petition.

6.0 Roles & responsibilities

- 6.1 The Chair of the Integrated Care Board - where a petition, with significant support (with a minimum of 1000 signatures), has been received shall include the petition as an item for the agenda of the next meeting of the ICB.

- 6.2 The ICB is responsible for considering the petition and providing a response to the petition organiser.
- 6.3 The Non-Executive with responsibility for David Pearson Committee is responsible for reporting to the ICB the results of any petitions received.
- 6.4 The Chief Executive Officer has responsibility for ensuring that the policy is adhered to by the ICB.
- 6.5 The Corporate Services Team is responsible for providing administrative support to the process of acknowledging receipt of the petition.
- 6.6 All ICB staff are responsible for forwarding all petitions received by their team to the Corporate Services Team for attention of the Chair.

7.0 Review of the policy

The policy will be reviewed every three years unless there are any significant changes which require an earlier review.

8.0 Development of policy

The policy is based on that developed by North Staffordshire and Stoke on Trent CCG. As part of the development, a number of patient groups (see Consultation schedule) provided feedback and advice.

This policy has been assessed in relation to having 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.

The Policy was adopted by NHS Staffordshire & Stoke-on-Trent Integrated Care Board on the 1st July 2022.

9.0 Management of Petitions

9.1 Acceptance of Petitions

- 9.1.1 An acknowledgement of receipt of the petition will be provided to the lead petitioner within 5 working days of receipt with a clear explanation about what will happen next.
- 9.1.2 Petitions will not be considered if they are repeated, vexatious or if they concern issues which are outside the ICB's remit. Petitions will also not be

considered if the information contained is confidential, libellous, false, defamatory or offensive.

A petition will be considered as a repeat petition if:

- a) it covers the same or substantially similar subject matter to another petition received within the previous six months.
- b) it is presented by the same or similar individuals or groups as another petition received within the previous six months.

A petition will be considered as a vexatious petition if:

- c) it focuses on individual grievances
- d) it focuses on the actions or decisions of an individual and not the organisation

A petition will be considered as outside the ICB's remit if:

- e) it focuses on a matter relevant to another organisation
- f) it requests information available via Freedom of Information legislation
- g) its aim is to correspond on personal issue(s) with an individual(s)
- h) signatories are not based in the UK

A petition will be considered as confidential, libellous, false or defamatory if:

- i) it contains information which may be protected by an injunction or court order
- j) it contains material which is potentially confidential, commercially sensitive, or which may cause personal distress or loss

A petition will be considered as offensive if:

- k) it contains language that may cause offence, is provocative or extreme in its views

9.1.3 Where a petition does not meet the requirement set out in the criteria above then the relevant ICB will respond in writing within 10 working days to confirm that the petition has been received and that, as the petition does not meet the criteria. The reason for rejection will be given clearly and explicitly.

9.1.3 For petitions received outside a formal consultation period, the Chair may delegate responsibility for receiving a petition to a nominated representative. The Chair 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.

9.1.5 Once received, the Chair's nominated representative will ensure that the petition receives appropriate and proportionate consideration and that a response is made in writing.

9.1.6 Petitions received during a formal consultation period and relating 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.

9.2 Management of Petitions

9.2.1 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.
- 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 the ICB has put forward.
- The petition should reflect the latest proposals and policy statements being made by the 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 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.

9.2.2 The organiser of the petition will receive correspondence from the ICB as the body that has initiated the consultation, in the same manner as other respondents (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.

- 9.2.3 Petitions will be formally acknowledged in the analysis of consultation responses, along with all the other responses. If what Petitioners call for is accepted or rejected, the reasons for this should be given.
- 9.2.4 Hard copy and electronic petitions will be stored in a secure place within the ICB for 3 years and will then be destroyed as Confidential Waste (in the case of hard copies) or deleted (e-petitions.).
- 9.3 Sending a petitions
- 9.3.1 Hard copy petitions should be addressed to

The Chief Executive Officer
NHS Staffordshire & Stoke-on-Trent Integrated Care Board
Stafford Education & Enterprise Park,
Weston Rd,
Stafford
ST18 0BF

If you wish to make an appointment in advance to have your petition formally received;-

Telephone: 0300 123 1461 or email [XXXXXXXXXX](#).

Electronic petitions can be brought to the attention of the Chief Executive Officer by sending a link to [XXXXXXXXXX](#)