RELOCATION AND ASSOCIATED EXPENSES POLICY

Policy author	HR Business Partner	
Accountable Executive Lead	Executive Lead for Workforce	
Approving body	Trust Management Board	
Policy reference	SWBH/HR/019	

ESSENTIAL READING FOR THE FOLLOWING STAFF GROUPS:

1 - Workforce Division

2 - Expenses Section of Finance

3 - All Trust Employees

STAFF GROUPS WHICH SHOULD BE AWARE OF THE POLICY FOR REFERENCE PURPOSES:

1 - All Trust Employees

POLICY APPROVAL DATE:

January 2013

POLICY
IMPLEMENTATION
DATE:
January 2013

DATE POLICY TO BE REVIEWED: March 2018

DOCUMENT CONTROL AND HISTORY

Version No	Date Approved	Date of implementation	Next Review Date	Reason for change (e.g. full rewrite, amendment to reflect new legislation, updated flowchart, etc.)
3	October 2009	October 2009	October 2012	To develop a new policy which incorporates Community Staff and SWBH Internal Audit findings and guidance.
4	January 2013	January 2013	January 2016	
4	December 2015	December 2015	June 2016	
4	September 2017		March 2018	Policy extended in application until March 2018,

RELOCATION EXPENSES POLICY

KEY POINTS

- 1. This document sets out the Trust's policy on Relocation and Associated Expenses
- 2. The policy outlines the criteria for eligibility for payment of relocation expenses
- It excludes junior doctors in training to whom separate arrangements apply as set out in the West Midlands Regional Post Graduate Dean's Guidelines available from the Medical Directors department
- 4. The policy details the circumstances new employees may require financial assistance with the relocation of their home and family in order to take up a new post in the Trust and the Trust's reasons for agreeing to this assistance.

PLEASE NOTE THAT THIS LIST IS DESIGNED TO ACT AS A QUICK REFERENCE GUIDE ONLY AND IS NOT INTENDED TO REPLACE THE NEED TO READ THE FULL POLICY Contents Page Number

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1.0 INTRODUCTION

- 1.1 In certain circumstances new employees may require financial assistance with the relocation of their home and family in order to take up a new post in the Trust. The purpose of this policy is to outline the conditions of eligibility and to specify the financial relocation package that is available to new Trust employees that are required to relocate as a direct and necessary consequence of their substantive employment with the Trust or because the Trust is finding it difficult to recruit to the post.
- 1.2 The Policy should help to facilitate a new employee's early achievement of effective performance by enabling them to resolve personal accommodation difficulties quickly and easily.

2. OTHER POLICIES TO WHICH THIS POLICY RELATES

- Recruitment and Selection Procedure HR/011
- West Midlands Regional Post Graduate Dean's Guidelines

3. GLOSSARY AND DEFINITIONS

3.1 Owner Occupier

A property which the employee is buying or has bought and is currently residing in

3.2 Rented Unfurnished

A property for which the individual is paying rent but has their own fixtures, fittings and furniture

3.3 Rented Furnished

A property for which the individual is paying rent for which fixtures, fittings and furniture is included within the property

4. PRINCIPLES

- 4.1 To ensure that eligible employees can receive relocation expenses assistance in order to support effective recruitment and selection and that reasonable costs incurred through a move are reimbursed in the interests of the service.
- 4.2 To ensure there is a clear understanding of the eligibility criteria for posts attracting relocation expenses assistance.
- 4.3 To ensure individuals know the limits and timescales for claiming relocation expenses.

5. ROLES AND RESPONSIBILITIES

5.1 Trust Board

Expenses Policy

5.2 Director of Finance and Performance

To ensure the Trust has appropriate processes in place to ensure relocation expense claims are made in line with all relevant legislation and also the Trust's SFI's and audit guidance.

5.3 Executive lead for Workforce

To ensure that all managers responsible for agreeing relocation expense claims are aware of and follow the guidelines set out in this policy and in line with the Trust's Standing Financial Instructions (SFI's.)

5.4 Executive Director/Divisional General Manager

To ensure the requirement for new staff to claim relocation expenses is agreed and authorised in line with this policy.

5.5 Deputy Director of Workforce

To be responsible for authorising the eligibility for relocation expenses under this policy for new non-medical staff.

5.6 Head of Medical Staffing

To be responsible for the approval of eligibility for all medical staff applications under this policy, and under the NHS West Midlands Relocation and associated expenses guidance for doctors in training.

5.7 Human Resources Department

To ensure that the Human Resources Department provide managers with support and advice on queries related to the application of this policy.

5.8 Payroll Services

To be aware of the contents of this policy and ensure Relocation Expense claims are made in line with the policy.

To ensure appropriate receipts are matched to each claim

To process Relocation Expense claims in a timely manner.

To check whether staff leaving the organisation are required to repay relocation expenses paid to them.

5.9 Line Managers

To ensure that applications for approval of relocation and associated expenses are approved by the Deputy Director of Workforce or Head of Medical Staffing for medical roles, prior to notifying to the successful candidate.

5.10 New Employees

To ensure all claims are accurate and submitted within the appropriate timescales within this policy.

To ensure all relevant receipts are either, scanned and attached to the Expenses Claim via the electronic system or if this facility is not available, the original receipts are forwarded to the Expenses Section of Payroll Services to be matched with the electronic claim form.

6.0 ELIGIBILITY

- Relocation expenses may be payable to newly appointed staff taking up their first appointment with this Trust, subject to meeting the conditions set out in section 7 and if the Trust is satisfied that the relocation of the employee's home is necessary and that the arrangements are proportionate and reasonable.
 - The employee is required to relocate to comply with their contractual terms and conditions of employment and / or
 - The budget holder, in liaison with the Deputy Director of Workforce or for medical appointments, Head of Medical Staffing, agrees that the post is a key post, fundamental to the Trust's Business Plan, which would have remained unfilled without offering support for relocation expenses.

7.0 CRITERIA FOR ENTITLEMENT

- 7.1 If it is deemed that the post is eligible for relocation expenses as detailed in section 6.0, the following criteria must then be met:
- 7.2 The post must have been advertised and a competitive interview process taken place
- 7.3 The post must be a substantive post. Exceptionally, employees appointed to fixed term or temporary posts of not less than 2 years' duration may be granted expenses at the discretion of the Deputy Director of Workforce.
- 7.4 The new employee must currently live outside of a 30 mile radius from the Trust or have a journey in excess of 1.5 hours, unless there is a clinical or contractual need to live closer
- 7.5 To justify the payment, the relocation of the employee to his/her new home must
 - Take place within 12 months of taking up the post with the Trust
 - Be within a reasonable travelling time of their normal place of work i.e. no further than one hours duration
 - Be of significant benefit to the individual in undertaking his/her post.

8.0 GENERAL CRITERIA

- 8.1 Where the employee is not currently (prior to taking up this new appointment) a house owner/occupier they may be entitled to some financial support for items such as relocation, storage and rental costs (Appendix 2)
- 8.2 For all relocation expenses at least three quotes must be obtained and the cheapest quote will be reimbursed.
- 8.3 All employees must submit claims for payment within three months of the expense being incurred.

- 8.4 All expenses to be claimed for must have been incurred by the applicant who must certify that they have not been recoverable in full or part from any other source, for example, claimed by spouse or partner. In circumstances where both partners work within the NHS and incur expenses individually, an allowance for excess travel will be given to each individual for the expense incurred by that individual.
- 8.5 In paying relocation expenses, the Trust will consider the reasonableness of the arrangements in all circumstances.

9.0 PROCEDURE FOR CLAIMING EXPENSES

- 9.1 The determination and agreement for the scope and level of the financial package is agreed prior to the individual being appointed by the Deputy Director of Workforce or for Medical appointments by the Head of Medical Staffing. Appendix 1 should be completed and forwarded to the Expenses Section of Payroll with a copy retained on the individual's personal file.
- 9.2 The application for relocation expenses should be completed by the applicant for the type of relocation/excess mileage claim being made for the costs incurred. (Appendix 3). Non compliance with the policy will result in the documents being returned to the applicant. The application should be agreed by the employee's manager and then forwarded to the Deputy Director of Workforce or Head of Medical Staffing for medical appointments for the next stage of authorisation.
- 9.3 Once authorised the claim form should be forwarded to Expenses Section of Payroll Services and a copy retained on the individual's personal file.
- 9.4 All costs for which payment is sought will be reimbursed by submitting relevant VAT original receipts/invoices which clearly show the nature of the expenditure and should refer to the employee by name. These must be submitted in accordance with the terms and conditions of this policy together with a claim form (Appendix 4) "For Payment of Relocation Expenses" which must be signed by the appropriate budget holder/manager and forwarded to the Expenses Section of Payroll Services.
- 9.5 Claims for excess mileage should also be recorded on Appendix 4.

10.0 CLAIMABLE EXPENDITURE

- 10.1 Once an employee has been deemed eligible for financial support in relation to relocation expenses, they may claim for their relocation expenses in accordance with the list of items of expenditure included as Appendix 2. This list is not exhaustive and account will be taken of individual circumstances.
- 10.2 The maximum allowance to be paid will be as follows:

Owner Occupied accommodation £8000 including VAT Rented furnished accommodation £1700 including VAT Rented unfurnished accommodation £4250 including VAT

10.3 The allowances above are maximum levels and payments will only be made when original copies of supporting documentation are provided by the employee detailing expenses incurred. It must be noted however, that if the individual incurs expenses greater than the maximum levels these will not be reimbursed.

11.0 SIGNED UNDERTAKING AND CLAIMING FOR EXPENSES

- 11.1 An employee claiming relocation and associated expenses must submit a signed undertaking stating it is their intention to relocate to the new area in accordance with this policy within one year of taking up appointment and that costs incurred are not recoverable in full or in part from any other source.(Appendix 3).
- 11.2 Payments will only be reimbursed once an individual has commenced employment with the Trust and has given a signed undertaking that if they leave the Trust employment within two years of taking up the appointment they will refund payments made by the Trust in line with section 12 of the policy.
- 11.3 If the employee does not move within one year of taking up appointment, then the Trust will have the right to re-claim all expenditure incurred and to withdraw any agreement of financial support for relocation expenses.

12.0 RETURN OF PAYMENT

12.1 If the employee leaves the Trust's employment within 2 years of taking up appointment other than for reasons of compulsory redundancy, then all payments made by the Trust are refundable to the Trust by the employee on the following basis:

Within 1 year of commencement of appointment 100% 1 Year up to 18 months of appointment 75% 18 months to 2 years of appointment 50%

- 12.2 Post holders who are eligible for relocation expenses shall give a signed undertaking that if they leave the Trust's employment within 2 years of the appointment which gave rise to the expenses, they will repay the expenses at the proportions specified above.
- 12.2 It is the responsibility of the budget holder to notify the Payroll Department regarding the termination of a contract of employment.

13.0 COUNTER FRAUD

- 13.1 This policy is subject to audit which monitors claims made and identifications of possible fraud will be made to the counter fraud specialists.
- 13.2 Failure to comply with the requirements could result in disciplinary action under SWBH's Counter-Fraud Policy and criminal proceedings.
- 13.3 Any suspicions that the policy has been breached and/or potential fraudulent activity has been committed will be reported to either of the following:
 - LCFs (Local Counter Fraud Specialists)
 - Regional CFSMS (Counter Fraud and Security Management Service)
 - National FCRL (Fraud and Corruption Reporting Line)

14.0 CONSULTATION

Consultation on the policy has taken place with Trust Managers via Team Brief and TMB and the Trust's trade unions via PPAC and JCNC.

15.0 AUDITABLE STANDARDS/PROCESS FOR MONITORING EFFECTIVENESS

Compliance with the requirements of the policy will be monitored by the Workforce Directorate, Director of Finance and Internal Audit.

Breaches of this policy will be investigated and may result in the matter being treated as a disciplinary offence under the Trust's Disciplinary Procedures.

16.0 TRAINING AND AWARENESS

Advice to employees and line managers on interpretation of this policy will be provided by the Workforce Directorate and Expenses section, Payroll Services.

17.0 EQUALITY AND DIVERSITY

The Trust recognises the diversity of the local community and those in its employ. Our aim is, therefore, to provide a safe environment free from discrimination and a place where all individuals are treated fairly, with dignity and appropriately to their need.

The Trust recognises that equality impacts on all aspects of its day-to-day operations and has produced and Equality Policy Statement to reflect this. All policies are assessed in accordance with the Equality initial screening toolkit, the results for which are monitored centrally.

18.0 REVIEW

This policy will be reviewed in 2 years time. Earlier review may be required in response to exceptional circumstances, organisational change or relevant changes in legislation or guidance.

19.0 REFERENCE DOCUMENTS AND BIBLIOGRAPHY

Agenda for Change Terms and Conditions Handbook Sandwell and West Birmingham Hospitals NHS Trust – Internal Audit Report 2010/11 11_SWB03h 0 Staff Expenses

20.0 FURTHER ENQUIRIES

For queries on the application of this policy please contact the Workforce Directorate or Expenses section of Payroll Services.

21.00 APPENDICES

Appendix 1	Application for Relocation Expenses for a Post
Appendix 2	Reimbursable Items within the Overall Limits Set
Appendix 3	Application for Consideration of Eligibility for Relocation Expenses
Appendix 4	Payment of Relocation Expenses Form



Application for Relocation Expenses for a Post

Details Post title Attached Job Description and person specification
Attached Job Description and person
· ' '
specification
-p
Date post advertised
Media used for advertisement
Criteria Mark with a tick to confirm or x to deny
The postholder is required to
Relocate to comply with their
contractual terms and
conditions of employment
and or
The budget holder, in liaison
with the Deputy Director of
Workforce or for medical
appointments, the nominated
Medical Staffing Officer, agrees
that the post is a key post,
fundamental to the Trust's
Business Plan, which would
have remained unfilled without
offering support for relocation
expenses.
Substantive post OR
Substantive post On
2 years' duration (mandatory)
2 years' duration (mandatory)
2 years' duration (mandatory) Managerial authority
2 years' duration (mandatory) Managerial authority I hereby declare as the budget holder subject to the approval of the Deputy Directors
2 years' duration (mandatory) Managerial authority I hereby declare as the budget holder subject to the approval of the Deputy Director of Workforce/Head of Medical Staffing for Medical appointments, that the post meet
2 years' duration (mandatory) Managerial authority I hereby declare as the budget holder subject to the approval of the Deputy Director of Workforce/Head of Medical Staffing for Medical appointments, that the post meet the criteria outlined in the Relocation and Associated Expenses Policy for qualifyin
2 years' duration (mandatory) Managerial authority I hereby declare as the budget holder subject to the approval of the Deputy Director of Workforce/Head of Medical Staffing for Medical appointments, that the post meet
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2 years' duration (mandatory) Managerial authority I hereby declare as the budget holder subject to the approval of the Deputy Director of Workforce/Head of Medical Staffing for Medical appointments, that the post meet the criteria outlined in the Relocation and Associated Expenses Policy for qualifyin for relocation and associated expenses.
2 years' duration (mandatory) Managerial authority I hereby declare as the budget holder subject to the approval of the Deputy Director of Workforce/Head of Medical Staffing for Medical appointments, that the post meet the criteria outlined in the Relocation and Associated Expenses Policy for qualifying for relocation and associated expenses. Signed:
2 years' duration (mandatory) Managerial authority I hereby declare as the budget holder subject to the approval of the Deputy Director of Workforce/Head of Medical Staffing for Medical appointments, that the post meet the criteria outlined in the Relocation and Associated Expenses Policy for qualifying for relocation and associated expenses. Signed: Name (Please print):
2 years' duration (mandatory) Managerial authority I hereby declare as the budget holder subject to the approval of the Deputy Director of Workforce/Head of Medical Staffing for Medical appointments, that the post meet the criteria outlined in the Relocation and Associated Expenses Policy for qualifying for relocation and associated expenses. Signed: Name (Please print):
2 years' duration (mandatory) Managerial authority I hereby declare as the budget holder subject to the approval of the Deputy Director of Workforce/Head of Medical Staffing for Medical appointments, that the post meet the criteria outlined in the Relocation and Associated Expenses Policy for qualifying for relocation and associated expenses. Signed: Name (Please print): Deputy Director of Workforce/ Head of Medical Staffing Authority I hereby declare that the post is a key post fundamental to the Trust's Business Pla

Date:		
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Appendix 2

Reimbursable Items Within The Overall Limits Set

After approval of entitlement, relocation expenses will normally be paid for the following items of expenditure:

Preliminary Visits to look for accommodation e.g. miles travelled at standard rate, standard rail fares

Subsistence allowance, for Temporary accommodation, prior to the sale of the old house.

Legal Fees for Sale and Purchase: Solicitors Fees

Stamp Duty
Land Registration Fees
Surveyor Fees.
House agents or auctioneers' fees
Electrical Wiring Test
Electrical of furniture and effects

Storage of Furniture

The above are items which can be reimbursed tax free, although this may change in line with future changes to tax rules.

Interest charges on bridging loans or interest-free loans for bridging mortgage assistance

Disturbance allowance Charges for maintenance of empty property Loss on Travel Season Tickets

Refitting Carpets and Curtains

The above items may be reimbursed, but will be subject to Tax Reimbursement will not be made for expenditure relating to internal redecoration and soft furnishings.

However this is NOT an exhaustive list and individual circumstances will be taken into account when deciding which items of expenditure can be included and in these instances authorisation will be required from the Director of Workforce.

Sandwell and West Birmingham Hospitals NHS Trust

Application for Consideration of Eligibility For Relocation Expenses

Please complete in block letters and *delete as appropriate.

1. PERSONAL INFORMATION

SURNAME	Dr/Mr/Mrs/Miss*
FORENAMES	
MARITAL STATUS	

2. APPOINTMENT DETAILS

A) Current Position

EMPLOYER	
POST HELD	
DATE COMMENCED	(dd/mm/yy)
DATE OF TERMINATION	(dd/mm/yy)
CONTRACT COMPLETED?	YES / NO*
RELOCATION EXPENSES PAID?	YES / NO*

B) New Appointment

SWBH BASE	
TITLE OF POST	
DUE TO COMMENCE	(dd/mm/yy)
TYPE OF CONTRACT	
SUBSTANTIVE/FIXED TERM	
IF FIXED TERM PLEASE	

SPECIFY TIMESCALE						
3. ACCOMMODATION	3. ACCOMMODATION					
A) Former Area - (Please note that the post holder's place of residence must be at least 30 miles from the new place of work.)						
ADDRESS						
TYPE OF ACCOMMODATION** (Tick as appropriate) (Please note that the post holder must currently own the property and need to sell it)	Rented Furnished Rented Unfurnished Owner Occupied					
B) New Area - (please specify who (i) New temporary accommodation (whils	ether it is temporary or permanent accommodation) st looking for permanent residence)					
ADDRESS						
TYPE OF ACCOMMODATION** (Tick as appropriate)	Rented Furnished Rented Unfurnished					
(ii) New permanent accommodation						
ADDRESS						
DATE OCCUPIED	(dd/mm/yy)					
TYPE OF ACCOMMODATION** (Tick as appropriate)	Rented Furnished Rented Unfurnished Owner Occupied					
Is your partner receiving relocation expenses from his/her employer?	YES / NO*					
Travelling distance from FORMER residence to NEW headquarters/base:	Miles					
Travelling distance from NEW residence to NEW headquarters/base	Miles					

I hereby make an application for assistance with Relocation Expenses. It is my intention to move my permanent accommodation in accordance with the Trust policy. I declare that the Relocation and Associated Expenses Policy Jan13

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information given on this form is correct and that reimbursement has or will not be obtained from any other source (not claimed by another member of the family). I declare that all expenses claimed will be actually and necessarily incurred by me in connection with my new appointment. I will immediately notify the trust to these particulars. I have read and understood the guidelines provided. (N.B. ORIGINAL RECEIPTS WILL BE REQUIRED BEFORE ANY EXPENDITURE IS REIMBURSED.

PROOF OF SALE/PURCHASE IS REQUIRED.)

As a condition of receiving payment of relocation expenses I undertake that:

- a) I will relocate to the new area within one year of taking up appointment and confirm that the costs incurred are not recoverable in full or in part from any other source.
- b) I will not leave the service of the Trust within a period of two years.

I understand that if I break this undertaking, the trust has the right to reimbursement of the whole or part of the expenses paid to me in accordance with the policy and that such amounts will be deducted from any final salary.

Signed:	Date:
I hereby certify that the above named is eligible for reimburassociated expenses.	sement of relocation and
Signed:	Date:
Managerial Authority - Divisional General Manager/Exe	ecutive Director
I Confirm That The Above Named Employee Has Taken Entitled To Make A Claim For Relocation Expenses In L Relocation and Associated Expenses Policy.	
Signed:	
Name:	
Date:	
Deputy Director of Workforce/ Head of Medical Staffing Authority	for Medical Appointments
I Confirm That The Trust Authorises The Payment Of C To The Above Named Employee In Line With The Appro	
Signed:	
Name:	
Date:	

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Relocation and Associated Expenses Policy Jan13



Payment of Relocation Expenses Form

I wish to claim reimburse	ement of relocation and associated expen	ses as deta	ailed hereunder:		
Name:					
Present address:					
Date	sale/purchase, excess mileage etc)	Amount Claimed		FOR FINANCE USE SUM APPROVED	
	(Please include all receipts, tenders, vouchers, etc.)				
		£	р	£	р
	1	1			

	TOTAL OF THIS CLAIM:				
I certify that the expenditure as set out above was necessarily incurred in connection with the relocation of my household and family from					
Signed: (Claimant) Date:					
MANAGERIAL AUTHORITY (DIVISIONAL GENERAL MANAGER/EXECUTIVE DIRECTOR)					
I Confirm That The Above Named Employee Has Taken Up His / Her Post And Is Entitled To Make A Claim For Relocation Expenses In Line With The Appropriate Expenses Policy.					
Signed:					
Name:					
Date:					