group policies and procedures

# GUidelines & conditions for travel expenses policy

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| Category | Human Resources |
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| Date of issue | May 2019 |
| Next review date | September 2025 |
| Document ref & version | Guidelines & Conditions for Travel Expenses Policy V1 |

**Related policies and guidance**

**Document revision and approval history**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Version | Date | Author | Approved by | Comments |
| Final | May 2019 | JL | FC |  |
|  | Oct 2021 |  | JL | Reviewed |
|  | Sep 2023 |  | JL | Reviewed |

# INTRODUCTION

Castleman Healthcare Ltd recognises that there will be occasions when employees need to make use of a private vehicle in order to carry out Castleman business.

These guidelines cover the principles which staff and managers should apply when making and authorising claims for travel expenses incurred on Castleman business.

These guidelines are applicable to employees of Castleman Healthcare Ltd. who hold a Castleman contract of employment and terms and conditions of Employment or who are Castleman employees employed by a lead practice.

# Purpose and scope

The purpose of these Guidelines and Conditions is to set out the requirements for business travel within Castleman Healthcare Ltd, particularly mileage generated by motor vehicle usage.

These Guidelines and Conditions should be applied consistently to all directly employed staff irrespective of their position in the organisation or in respect of the circumstances of their cases and regardless of gender, gender reassignment, race, colour, ethnic or national origin, sexual orientation, marital status, religion or belief, age, trade union membership, disability, pregnancy and maternity, marriage and civil partnership, background or any other personal characteristic, in accordance with Castleman’s commitment to tackle discrimination and promote equal opportunities.

# PRINciples

Travelling on Castleman business includes the following:

• travel to practice sites / care homes and patient homes as part of your role,

• travel to attend external meetings,

• travel to attend training courses and conferences, where required by Castleman.

Members of staff will not be reimbursed for the cost of travel between their home and their designated work base, except where excess mileage allowance has been agreed.

Inland Revenue Regulations state:

*“Employees are entitled to relief for the full cost of any travel incurred in the performance of their duties and for travel to or from a place they have to attend in the performance of their duties – as long as the journey is not ordinary commuting or private mileage (i.e. normal journey from home to base and return).”*

Members of staff may use their own vehicle for travelling on Castleman business where this has been authorised by their line manager having taken into account the costs involved so long as their insurance states that their cover is for domestic and business purposes.

Castleman Healthcare Ltd. has a legal duty of care responsibility under the Corporate Manslaughter and Corporate Homicide Act 2007 to employees travelling on Castleman business.

Employees who use their own vehicle to travel on Castleman business are required to ensure that they have a valid driving licence, business insurance cover for their vehicle, and that their vehicle is roadworthy with a valid MOT certificate for vehicles over 3 years old.

In order to monitor its duty of care responsibility, the following documents must be inspected by the line manager, but before the employee undertakes any travel on Castleman business.

* Driving Licence Card (You do not need the paper counterpart that accompanies your card) or Paper Licence if this is still valid (i.e. it was issued before 1998 and all your details i.e. name, address are still correct),
* Insurance Certificate (showing Business Use is covered),
* MOT Certificate (if car is over 3 years old).

Castleman Healthcare Ltd. reserves the right to withhold payment of mileage allowance to employees who fail to make available for inspection when requested the documents set out on above.

It is the employees’ responsibility to ensure they are fit to drive, drive safely and obey the relevant laws e.g. speed limits.

When signing and submitting a claim for reimbursement of travel expenses, a member of staff is confirming that their vehicle is roadworthy with a current MOT certificate (if relevant), that the current level of insurance cover is in place, including appropriate business use which must be specified on the insurance certificate or policy renewal, that they possess a current valid driving licence and that all information is true and correct. Where staff are required to carry equipment or products relating to their work, this should be highlighted to the insurance company.

Staff must notify their line manager immediately of any sanctions imposed on their licence, including medical conditions or of any restrictions on their ability to drive or of material changes to their insurance provision.

Staff must ensure that they claim mileage accurately using the shortest available route, with the exception of service requirements and travel disruptions (detailed in section 7.). Any false travel and subsistence claims will be reported to the Local Counter Fraud Specialist for investigation, and may result in disciplinary and criminal action.

A member of staff is not permitted to use their own vehicle for transporting patients and doing so may result in disciplinary action.

Castleman will observe its responsibilities under the Equality Act in relation to Disability Discrimination matters relating to travel for staff with disabilities.

# responsibilities

**Chief Executive Officer / Operations Director**

Responsible for ensuring that Castleman complies with duty of care requirements.

Responsible for ensuring that Castleman adopts a ‘green’ approach to travel.

**Director of Human Resources**

Responsible for the appropriate publicity of these Guidelines and Conditions and consistency of application throughout the organisation.

**All Line Managers**

Responsible for ensuring that the requirements of these Guidelines and Conditions are complied with by their staff who are required to undertake business travel as part of their employment with Castleman.

Responsible for checking that claims are genuine and that any potentially spurious claims are acted upon.

**All Staff**

All staff who drive on Castleman business, including to induction and training, will be responsible for adhering to these Guidelines and Conditions.

# necessity of travel

Employees will only be reimbursed for expenses, that they actually and necessarily incur in the course of official Castleman business travel.

Before contemplating any journey, individuals and managers should consider the following:

* Is there a need for the journey or could the task be carried out equally well using video conferencing facilities, telephone, email or another form of electronic or telephone correspondence?
* Could the meeting or need for the journey be postponed until a later date or

brought forward and/or be combined with an additional requirement to travel to

reduce overall travel costs?

* Is a colleague already travelling to the same meeting or location by car with spare

capacity for passengers?

# transport decision making

It is the responsibility of line managers to ensure that their staff use the most efficient and economical means of travel, taking into account the cost of travel, the cost of subsistence and savings in work time.

Consideration should be given to alternative modes of transport when travelling on official Castleman business such as:

* **Public Transport**: it is Government policy that, wherever possible, public transport

should be used in order to reduce congestion and pollution on the roads. Before

undertaking any public transport journey, consideration should be given over time

and cost.

# REIMbursement of travel costs on nhs business

Staff are responsible for their home to work, and return, commutable journey time and cost. It is the individual’s responsibility to ensure they have the correct insurance to use their vehicle to commute to work and return.

There will be no reimbursement of travel costs associated with the home to work base commutable journey, these will be the entire responsibility of all staff, except where excess mileage allowance has been agreed.

Where formally approved (approval shall be sought from the line manager who in turn will obtain authorisation from the Finance Director) employees will be reimbursed for miles travelled in the performance of their duties which are in excess of the home to agreed work base return journey.

Travel costs will normally be reimbursed based on the shortest route for the journey undertaken unless the following circumstances apply:

* A quicker route has been agreed by the line manager due to service requirements

i.e. urgent patient visits,

* Road closures and diversions,

The reason for claiming more than the shortest route must be detailed when claiming reimbursement.

Reimbursement of the cost of travel must be claimed within three months using the Castleman Mileage Claim form. It is expected that staff will submit their claims promptly in line with Payroll processing deadlines and that claims will be made in the current financial year. All claims must be authorised by the line manager.

Claims for travel that was carried out more than three months previous must be authorised for payment by the Finance Director and payment may be withheld.

Claims related to international travel will require prior written permission of the Chief Operating Officer / Operations Director.

# public transport

Travel costs may not be paid to employees using their own vehicles for business purposes in the following situations:

* if a member of staff prefers to use his or her own vehicle in circumstances where

travel by public transport (bus, rail or air) would be more cost effective and appropriate;

If an employee uses public transport for business purposes, the cost of bus fares will be reimbursed. Castleman will reimburse the receipted cost of standard fares; upgrades will be at the employee’s personal expense.

Public transport travel should be authorised by a manager before the expenditure is incurred. Exceptions may be made when the mode of travel is necessary during work of an urgent nature. However, as soon as possible afterwards, the manager must be informed of the method and cost of the travel and reasons for the decision to incur this travel cost.

A receipt must be included when claiming reimbursement.

# OUT of pocket expenses

**PARKING FEES**

Castleman will not reimburse parking fees for attendance at an employee’s designated base.

Parking fees incurred at locations other than the designated base which are attended on Castleman business will be reimbursed and should be claimed in the normal way.

A receipt must be included when claiming reimbursement.

**TOLLS, FERRIES, TRAINS, PLANES**

Castleman will reimburse this when necessary when claiming the shortest journey route when on Castleman business but only where the line manager has liaised with the Finance Director with regard to cost.

A receipt must be included when claiming reimbursement.

**HOTEL ACCOMMODATION**

Staff should seek permission from their line manager to book hotel accommodation who will, in turn, liaise with the Finance Director for an authorised spend amount. The staff member will then do his/her best to find a hotel which fits the cost authorised and will only book standard rate accommodation (Upgrades will be at the employee’s expense.) The cost will include the accommodation and a meals allowance to cover the cost of a main evening meal and one other day time meal at the hotel.

# income tax liability

Under HM Revenue and Customs (HMRC) regulations, individuals in receipt of reimbursement for business travel at a rate in excess of the HMRC approved mileage rate (AMAP), are required to pay income tax on the amount mileage rates exceeding the pence per mile AMAP rate. Any income tax payable will be deducted at source via Payroll.

# DISSEMINATION AND IMPLEMENTATION

The Director of HR & Communications will be responsible for the dissemination of the policy and for publication on the Castleman Website Internet Site.

# MONITORING COMPLIANCe

Audits of the implementation of these guidelines and conditions may be carried out from time to time.

**Mileage Claim Form**

NAME: DATE:

SIGNED: SIGNED BY LINE MANAGER:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Start Journey**  **(Location)** | **End Journey**  **(Location)** | **Total**  **Mileage** | **Reason** |
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| TOTAL MILEAGE: | | | |  |

This guidance is designed to advise Castleman Healthcare Ltd on developing, implementing and disseminating local policies and procedures that address the needs of, and minimise the risks faced by, the many different groups of members that may have to work alone in a diverse range of environments. It also provides lone workers with practical advice to assist in preparing for a lone worker situation.

The main aims of Castleman Healthcare Ltd’s lone worker policy and procedures should be to:

* Raise staff awareness of safety issues relating to lone working
* Ensure that lone working is risk-assessed in an appropriate and dynamic way and that safe systems and methods of work are put in place to reduce the risk, so far as is reasonably practicable
* Ensure that appropriate training is available to all staff to equip them to recognise risks and provide practical advice on safety when working alone, including, where appropriate, how to use technology
* Ensure that there are the organisational structure, defined roles and responsibilities, communication links and support in place to help lone workers if they need assistance
* Demonstrate to managers and their colleagues that lone working staff are safe and have procedures in place to protect them
* Encourage full reporting and recording of any adverse incidents relating to lone working
* Reduce the incidents of violence and abuse and injuries to staff related to lone working.

# Legislation

Health and safety law applies to risks of violence, just as it does to other work-related risks. Staff and managers need to be aware of the following important pieces of relevant legislation:

**Secretary of State Directions**

NHS healthcare organisations have responsibilities to manage security, which includes the protection of lone workers in accordance with the Directions to health bodies on measures to deal with violence against NHS staff and Directions to health bodies on security management measures, 2003 and 2004 respectively and as amended 2006.

**Health and Safety at Work Act 1974**

NHS healthcare organisations have responsibilities under the Health and Safety at Work Act 1974, particularly in relation to employers ensuring, as far as is reasonably practicable, the health, safety and welfare of employees at work.

Employers should have written policies setting out their arrangements for managing health and safety risks. These policies should be publicised and easily accessible to staff.

**The Management of Health and Safety at Work Regulations 1999**

These regulations require employers to assess risks to employees and non-employees and make arrangements for effective planning, organisation, control, monitoring and review of health and safety risks.

Where appropriate, employers must assess the risks of violence to employees and, if necessary, put in place control measures to protect them.

**Safety Representatives and Safety Committees Regulations 1977 (a) and The Health and Safety (Consultation with Employees) Regulations 1996 (b)**

Employers must inform, and consult with, employees in good time on matters relating to their health and safety. Employee representatives, either appointed by recognised trade unions under (a) or elected under (b) may make representations to their employer on matters affecting the health and safety of those they represent.

**The Corporate Manslaughter and Corporate Homicide Act 2007**

This came into force in April 2008. This legislation creates a new offence under which an organisation (rather than any individual) can be prosecuted and face an unlimited fine, particularly if an organisation is in gross breach of health and safety standards and the duty of care owed to the deceased.

To ensure that lone working security and safety policies, procedures and systems are accepted and implemented, it is necessary to communicate effectively to all relevant staff what their roles and responsibilities are in relation to lone working, whether they are managers or colleagues of lone workers or lone workers themselves. It is essential that staff at all levels are made aware of their responsibility to be familiar and compliant with lone working policies and procedures that are in place for their protection. This may be facilitated through:

*Under health and safety legislation (see section 4), employers have a legal duty to ensure, so far as is reasonably practicable, the health, safety and welfare at work of their employees.*

Management instructions to staff should make it clear that they should not enter into lone working situations where they feel that their safety or the safety of their colleagues could be compromised. A commonsense approach should be adopted and encouraged. Staff who carry out an assessment of the risks that they face should not be penalised for not performing their duties if they perceive that their personal security and safety, or that of others, may be in jeopardy. However, this needs to be balanced against providing a good standard of care for patients/service users. Where there are perceived or real risks, alternative provision should be made, such as arranging treatment in secure premises or organising accompanied visits.

# Managing Risks

1. Where its practicable a log of known risks should be kept – this should record the location and details of the patient/service, user/other people that may be visited by staff where a risk maybe present. The log should be kept secure and information should be accurate and reviewed regularly. It should be available to lone workers to inspect ahead of any visit they make.
2. Any information regarding a violent or aggressive patient their patient record should be read-coded on the clinical system. Home Visit Summaries should reflect this. For any known risks – visits should be accompanied.
3. Risks should be shared with each member of the practice team to raise awareness.
4. Risk assessments to be carried out for lone workers and a checklist to be carried out by each lone worker.

# Lone Worker Movements

Clinicians

The clinician should ensure that full perusal of the notes has been made so that any risk factors are mitigated. Risk factors can include, but are not limited to; entries on notes of violence towards staff, entries on notes which patient or clinician have suggested a chaperone should be present, entries on notes where special precautions should be taken (e.g. a patient with hepatitis, HIV, contagion etc. history of violence etc.)

Lone working clinicians should have their calendars or their clinical appointment diaries including visit lists shared with their line-manager.

Home visit summaries to be obtained from responsible member of staff and details obtained i.e. expected arrival and departure times for each patient. If multiple visits required, order and duration for each to be detailed.

Lone worker expected to have their own or a company mobile phone with them at all times, the number of which should be shared with the line manager and the wider team. Details to be left of their vehicle including registration, make, model and colour.

Every reasonable effort should be made to ensure a lone worker has returned. The lone worker should inform the responsible member of staff of their return or

If a lone worker fails to attend at an agreed time the line manager should be informed immediately by the responsible member of staff. If they are delayed or have to cancel appointment they are to inform the responsible member of staff/line manager immediately. Other factors that can event in delays in return to base or the arriving at the next appointment could be; car breakdown. The staff member

should inform the line manager of this, ensure their safety at the roadside, ensure assistance is on its way. The line manager should enquire as to whether any additional help is needed.

Non-clinical staff

Lone working non-clinical staff should have their email calendars shared with their line-manager. On no account should paper diaries be used unless there is a robust system in place for the line manager to be aware of where their staff member is at any given time.

Lone/mobile workers are expected to have their own or a company mobile phone with them at all times, the number of which should be shared with their line manager. Details to be left of their vehicle including registration, make, model and colour with their line manager.

Every reasonable effort should be made to ensure a lone worker has returned. The lone worker should inform their line manager of their return.

If a lone worker fails to attend at an agreed time the line manager should be informed immediately by the responsible member of staff. If they are delayed or have to cancel an appointment or a meeting they are to inform the responsible member of staff/line manager immediately. Other factors that can event in delays in return to base or the arriving at the next appointment are varied, but in the event of car breakdown the staff member should inform the line manager of this at the earliest and safest opportunity, ensure their safety at the roadside, ensure that assistance is on its way. The line manager should enquire as to whether any additional help is needed and assist the staff member where required to the best of their abilities.

There may be occasions when the mobile / lone worker needs to work from home (for example if there is a gap between two meetings and the home address is closer than the base address. Or if coming to the office first thing is difficult geographically when an early meeting is in a different location.) The lone/mobile worker should seek permission from the line manager for these instances to ensure their whereabouts is known for the purposes of safety.

# Escalation Process:

1. Responsible person to try to contact member of staff on mobile phone if not returned within an hour of scheduled time
2. In the case of clinical staff, if a known patient with a history of violence or aggression – a stipulated arrival time back at surgery to be given or member of staff will immediately escalate number 5.
3. In the case of clinical staff, ring the home of patient that staff member has visited to see if they are still there/have been there/have left there.
4. Ring lone workers home telephone number to see if they are there.
5. Once all options have been exhausted, the Police are to be telephoned giving details of lone workers name, last known visit, vehicle details including registration number.

It is important that once arrangements are made they are adhered to avoid unnecessary escalation and expense.