



USER AND CARER INVOLVEMENT EXPENSES POLICY



Introduction

The East Midlands Neonatal Operational Delivery Network (EMNODN) is committed to the full participation of parents and carers in the Network activity to enable them to help to shape neonatal care for the future across the Network. The EMNODN team works collaboratively with parents from across the East Midlands, encouraging them to share their experiences and to gauge their opinions on how to improve services. This collaboration requires parents to attend regional meetings where these discussions regarding neonatal care take place.

This Network commitment acknowledges the skills and experience that the Parents and Carers can bring to the planning and development of neonatal services for the future and the value that their full participation adds to service provision.

Aims

This policy identifies what parents and carers (as individuals not organisations) can expect to be reimbursed for their valuable contribution to the Parent Advisory Group of the East Midlands Neonatal Operational Delivery Network

Scope

For the purpose of this policy, parents and carers are defined as individuals who have been identified by each of the EMNODN Constituent Trusts, or Local Maternity and Neonatal Systems (LMNSs), to be a parent representative member of the EMNODN Parent Advisory Group (PAG). Payments made in respect of this policy are against attendance at meetings, and any reasonable expenses which have been incurred as a member of the PAG. Remuneration for attendance at any local Trust meetings remains subject to that individual Trust's policies.

Authorisation Process

Parents and Carers can make a claim for out of pocket expenses (see section [‘What will be reimbursed’](#)) using the appropriate claim form ([see Appendix 1](#)).

- Expenses forms will be made available at each PAG Meeting
- Parents or Carer's MUST complete all relevant sections – including Name, Address and Contact telephone number
- Parents or Carers must attach all relevant receipts to the claim form, such as parking expenses and travel tickets
- Parent or Carers must sign the form to confirm the expenses incurred.
- The Network Office Manager or the Network Director/Lead Nurse MUST sign the form to confirm the attendance of the parent or carer at the event.
- Completed expenses forms to be signed by the Network Director/Lead Nurse and presented to the finance department for payment.
- Payment will be made by bank transfer from Finance and sent to the account detailed on the expenses form. This process should take one month to complete.

Responsibilities

It is the responsibility of the Network Director/Lead Nurse to advise Parents and Carers on the type of expenses which they can make a claim and the process which they should follow.

It is the responsibility of the Network Director/Lead Nurse to monitor all costs associated with this policy, and report back to the Network Board as part of the standing finance report, on a quarterly basis.

What will be reimbursed?

Out of Pocket Expenses

It is a general rule that all claims will need proof of purchase or some form of evidence of expenditure.

The following expenses will be offered to Parents and Carers when they have incurred costs in the course of agreed involvement and participation as a member of the PAG.

Travel

Parents and Carers using their own transport can make mileage claims using the expenses form, as explained in section 4. The mileage rate will be paid according to current nationally agreed levels.

Currently, this will be paid at:

Car	56 pence per mile
Motor cycles	28 pence per mile
Pedal cycles	20 pence per mile
Passengers	5 pence per mile

When using public transport, users or carers must complete the relevant section of the claim form and all relevant receipts, i.e. train and bus tickets, must be attached.

There will be NO reimbursement for use of taxis or private hire vehicles.

Parents and Carers will ONLY be able to claim the following additional expenses after prior discussion and agreement with the Network Director/Lead Nurse.

Subsistence Costs

The costs of meals needed whilst engaged on official duties (receipts MUST be attached to claim form.) These costs are **only** applicable for meetings **outside of the Network** where meals are not provided. A letter of agreement must be sent to the Parents and Carers involved in the activity, and copied to their local Trust's Lead for Patient and Public Involvement for information.

Lunch Allowance	Maximum of £5.00	(For Network duty of up to 5 hours including the hours of 12.00 – 2.00 pm)
Evening Meal Allowance	Maximum of £15.00	(For Network duty of over 10 hours extending beyond 7.00pm)

In exceptional circumstances where an overnight stay is required, this will be arranged and paid for by the EMNODN (following prior agreement with the Network Director/Lead Nurse).

Child Care

Child Care Costs Maximum £4.50 per hr (receipt **MUST** be attached)

All providers of childcare **MUST** be approved organisations: For example: in accordance with the recommendations from the local Trust's childcare coordinators who can provide an approved list of all providers.

Other Expenses

Parents and Carers may claim other expenses such as telephone usage and stationery which may be required for the execution of their duties as a parent representative following prior agreement with the Network Director/Lead Nurse. All claims will need proof of purchase or some form of evidence of expenditure.

This policy will be reviewed every three years to ensure that reimbursement is in line with national agreed levels and that it continues to meet with Network financial arrangements.

**Parent/Carer
Expenses Claim Form**



**East Midlands Neonatal
Operation Delivery Network**

This claim form to be completed in line with the guidance in the East Midlands Neonatal Operational Delivery Network "User and Carer Involvement Expenses Policy".

Mr / Mrs / Miss / Ms (Delete as applicable)

Surname _____ Forename(s) _____

Address _____

Meeting/venue _____ Meeting Date _____

Attendance confirmed by _____ Signature _____

Bank Transfer Details

Account Name _____

Sort Code _____ Account Number _____

PAYMENT REQUIRED (please tick as appropriate)

*All claims other than for mileage must be accompanied by a receipt

	Number of miles		Total amount claimed
<input type="checkbox"/> Car	_____ Miles	@ 56p per mile	£ _____
<input type="checkbox"/> Motorcycle	_____ Miles	@ 28p per mile	£ _____
<input type="checkbox"/> Pedal cycle	_____ Miles	@ 20p per mile	£ _____
<input type="checkbox"/> Passenger allowance	_____ Miles	@ 5p per mile	£ _____
<input type="checkbox"/> Bus*	£ _____	<input type="checkbox"/> Train*	£ _____
<input type="checkbox"/> Other**	_____		£ _____

**This must be agreed with the Director/Lead Nurse prior to the meeting

I confirm that the expenses detailed above were incurred for attendance at the meeting stated and that I cannot claim these from my employer or any other agency.

Signature _____ Date _____

Please return completed forms to East Midlands Neonatal ODN, Derwent House, Gosforth Road, Derby, DE24 8HU for authorisation of payment.

For Office Use Only

Total amount authorised £ _____

Signature _____ Name _____

Position _____

Please forward approved forms via email to NGH.Payments@ngh.nhs.uk for payment

EMNODN Cost Centre: 85848

Account Code: 370111