

**Lead Employer Trust**

**Accommodation in Lieu of Excess Travel Policy**

**POLICY INFORMATION SHEET**

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| --- | --- |
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| Business Criticality |  |
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**Summary of Changes**

|  |  |  |  |  |
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| **Date of Change** | **Changes made** | **Location of changes** | **Changes approved** | **Version Control** |
| 11th March 2014 | Remove all references to Northern Deanery. Change to Health Education North East (HENE) | Pages: 5, 6 | 17th January 2014 | Now version 2 |
| February 2015 | Update to include GP |  | May 2015 | Now versions 3 |
| February 2016 | Document Update | All pages | 31st May 2016 | Version 4 |
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| May 2023 | Updated Equality Impact Assessment | Page 9 | 30th May 2023 | Version 8 |
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1. **POLICY STATEMENT**

‘Excess Travel’ and ‘Accommodation expenses in Lieu of Excess Travel,’ are reimbursed separately from the Relocation Expenses detailed in the Lead Employer Trust’s (LET’s) relocation policy as detailed in this policy.

A Trainee who, on rotation does not wish to relocate may request either excess travel or Accommodation expenses in Lieu of Excess Travel **(Please note that only one option can be granted and they must have permanent residence within Health Education England in the North East).**

A trainee in a non-rotational placement will not qualify for Excess Travel but **may** qualify for relocation expenses if they meet the necessary criteria set out within the LET relocation package.

1. **ACCOMMODATION EXPENSES IN LIEU OF EXCESS TRAVEL**

To be eligible for Accommodation in Lieu of excess travel the trainee’s next rotational placement (place of work) must be a distance of 30 miles or more from your PERMANENT residence (which must be located within Health Education England in the North East HEENE) and the cost **must be less than the cost of Excess Travel** (Please refer to section 3).

The amount to be reimbursed is dependent on the average cost of the hospital accommodation for the area in which the trainee takes up their next placement (place of work) **only single person’s accommodation can be claimed.** Trainees must provide tenancy agreements should they not be residing within hospital accommodation. Proof of payment must be submitted with the claim. Any reimbursements do not include utility bills where these are not inclusive of the rental agreement or hospital accommodation.

One return journey per week can be claimed on a monthly basis on E-Expenses (<https://let.easy.giltbyte.com/user/login> ), along with the accommodation claimed amount. All claims must be within the duration of the rotational appointment. **Claims cannot be reimbursed retrospectively for more than 3 months.**

A new application for Accommodation in Lieu must be submitted for every rotation and change of temporary address.

1. **EXCESS TRAVEL**

To be eligible the trainee’s next rotational placement (place of work) must be a greater distance from your home than your nominated base.

**Please refer to the LET’s Travel Cost Reimbursement Policy**

### EQUALITY AND DIVERSITY STATEMENT

The LET is committed to providing equality of opportunity, not only in its employment practices but also in all the services for which it is responsible. As such, an Equality Impact Assessment has been carried out on this policy to identify any potential discriminatory impact. The LET also values and respects the diversity of its employees and the wider community it serves. In applying this policy, representatives of the LET will have due regard for the need to:

* Eliminate unlawful discrimination
* Promote equality of opportunity
* Provide for good relations between people of diverse groups

For further information, please refer to the LET’s Equality Diversity and Human Rights Policy

1. **REVIEW AND MONITORING**

The LET Head of Human Resources is responsible for monitoring the application of this policy and to ensure that the policy is reviewed no later than three years from the date of issue. The policy may be amended at any time by joint agreement.

APPENDIX A

The Lead Employer Trust

**ACCOMMODATION IN LIEU OF EXCESS TRAVEL APPLICATION FORM**

**Personal Details**

Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Forename: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Training Specialty: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Level: \_\_\_\_\_\_\_\_\_

Contract Type: **Foundation / CT** / **ST / ACF / ACL / Clinical Fellow** (delete as appropriate)

Current Host Training Organisation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contract Start Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contract End Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Placement Start Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Placement End Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permanent Home Address within HEENE at time of Application:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you rented out your permanent home during the claim for accommodation in lieu of excess travel? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nominated Base \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you in Temporary Accommodation YES / NO

Please submit proof of payment for claim of temporary accommodation and a tenancy agreement if you are not be residing within hospital accommodation (if applicable).

**Declaration:** I have attached proof of payment for the claim of accommodation in lieu of excess travel and confirm that the expenses I will claim are legitimate costs incurred by me and are not recoverable in part or whole from any other source.

Trainee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**OFFICE USE ONLY**

**This trainee is / is not eligible for accommodation in lieu of excess travel**

HR Officer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Payroll Officer Signature: ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

APPENDIX B

EQUALITY IMPACT ASSESSMENT

**Preliminary Assessment Form v1/2009**

The preliminary impact assessment is a quick and easy screening process.

It should:

* Identify those policies, procedures, services, functions and strategies which require a full EIA by looking at:
  + negative, positive or no impact on any of the equality groups
  + opportunity to promote equality for the equality groups
  + data / feedback
* prioritise if and when a full EIA should be completed
* justify reasons for why a full EIA is not going to be completed

Human Resources

**Division/Department**

**Title of policy, procedure, function or service**

Accommodation in Lieu of Excess Travel Policy

**Type of policy, procedure, function or service**

 Existing

New/proposed X

Changed

**Q1 - What is the aim of your policy, procedure, project or service?**

To state the LET commitment to financially supporting trainees rotating again the region whilst training within Health Education North East.

**Q2 - Who is the policy, procedure, project or service going to benefit?**

LET Employees

**Q3 - Thinking about each group below, does, or could the policy, procedure, project or service have a negative impact on members of the equality groups below?**

|  |  |  |  |
| --- | --- | --- | --- |
| **Group** | **Yes** | **No** | **Unclear** |
| Age |  | N |  |
| Disability |  | N |  |
| Race |  | N |  |
| Gender |  | N |  |
| Transgender |  | N |  |
| Sexual Orientation |  | N |  |
| Religion or belief |  | N |  |
| Marriage & Civil Partnership |  | N |  |
| Pregnancy & Maternity |  | N |  |
| Relationships between groups |  | N |  |
| Other socially excluded groups |  | N |  |

**If the answer is “Yes” or “Unclear” complete a full EIA**

**Q4 – Does, or could, the policy, procedure, project or service help to promote equality for members of the equality groups?**

|  |  |  |  |
| --- | --- | --- | --- |
| **Group** | **Yes** | **No** | **Unclear** |
| Age | Y |  |  |
| Disability | Y |  |  |
| Race | Y |  |  |
| Gender | Y |  |  |
| Transgender | Y |  |  |
| Sexual Orientation | Y |  |  |
| Religion or belief | Y |  |  |
| Marriage & Civil Partnership | Y |  |  |
| Pregnancy & Maternity | Y |  |  |
| Relationships between groups | Y |  |  |
| Other socially excluded groups | Y |  |  |

**Q5 – Do you have any feedback data from equality groups that indicate how this policy, procedure, project or service may impact upon these groups?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Group** | **Yes**  **No Impact** | **Yes**  **Impact** | **No** | **Unclear** |
| Age |  |  | N |  |
| Disability |  |  | N |  |
| Race |  |  | N |  |
| Gender |  |  | N |  |
| Transgender |  |  | N |  |
| Sexual Orientation |  |  | N |  |
| Religion or belief |  |  | N |  |
| Marriage & Civil Partnership |  |  | N |  |
| Pregnancy & Maternity |  |  | N |  |
| Relationships between groups |  |  | N |  |
| Other socially excluded groups |  |  | N |  |

**If the answer is “Yes Impact”, “No”, “Unclear” or opinion is divided complete a full EIA**

**Q6 – Using the assessments in questions 3, 4 and 5 should a full assessment be carried out on this policy, procedure, project or service?**

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** |  | **No** | **X** |

**If you have answered “Yes” now follow the EIA toolkit and complete a full EIA form**

**Q7 – How have you come to this decision?**

No indication that equality groups have been adversely affected by this policy

**Q8 – What is your priority for doing the full EIA**

|  |  |  |
| --- | --- | --- |
| **High** | **Medium** | **Low** |
|  |  | **X** |

**Q9 – Who was involved in the EIA?**

HR Department, Lead Employer Trust

**This EIA has been approved by:**

Head of Human Resources, Lead Employer Trust

0191 275 4769

**Date:** **18/5/23** **Contact number:**

**Please ensure that a copy of this assessment is attached to the policy document to which it relates.**