

**Additional paper for item 10, enclosure 8, paper FRC 43/07**

**Health Professions Council**

**Finance and Resources Committee 26<sup>th</sup> April 2007**

**Partner Expenses Claim Policy**

**Executive Summary and Recommendations**

**Introduction**

Historically, HPC Partners have had an Expenses Policy in place that was endorsed in July 2003. Since then no further amendments were made to this policy.

The main function of the Partner Expenses Policy is to ensure that all HPC Partners have a clear understanding on how to claim for expenses. What their entitlements are. And what the HPC expects of Partners in relation to submitting their expenses on time. The policy also asks Partners to complete the correct paperwork on the documentation provided e.g. the Partner Expenses Claim Form.

The new amended policy was written in consultation with the Finance Department and the Departmental Heads that utilise Partners. The main changes from the Old Partner Expenses Policy compared to the updated Partner Expenses Policy are as follows;

- The introduction and scope of the policy is clearer and this gives Partners the main aims of the Policy.
- The policy gives Partners a clearer understanding of the timeframes in which we expect them to submit their invoices and claim forms.
- There is appropriate documentation for Partners to use for example the Invoice Form.
- The policy clearly states that Portman Travel and Accommodation is the HPC preferred method of booking transport. In this section of the policy, it also states the contact details for Portman Travel.
- The policy has a late submission section which clearly states that invoices should be submitted within one calendar month of carrying out work for the HPC. As a consequence if Partners do not submit their claim forms within the timeframes, then the HPC will reserve the right not to pay the invoice.
- Allowances and Subsistence is clearer and clearly states what Partners will be reimbursed for. It also states that if Partners are travelling on HPC Business then they must be insured for business vehicle insurance.
- There is also a clause for Use and Abuse of policy and that the Partner Manager is responsible for the document.

**Decision**

The Committee is asked to agree the updated Partner Expenses Claim policy and that this will be endorsed from the 1<sup>st</sup> June 2007. This will allow time for all Partners to be sent an updated copy of the policy.

**Background Information**

As above.

**Resource Implications**

Partner Administrator/Partner Manager time.

**Financial Implications**

None

**Appendices**

None

**Date of Paper**

11<sup>th</sup> April 2007

## Heath Professions Council

Finance and Resources Committee 26<sup>th</sup> April 2007

### Partner Invoices

#### Executive Summary and Recommendations

##### Introduction

Historically, HPC Partners have had an Expenses Policy on how to submit their invoices and expenses claim forms. Although the policy was written in 2003, this was never updated nor was the policy enforced to ensure the Partners were to submit their expenses claim forms within the timeframes set out in the policy.

Over the past several months, the late/incorrect submission of invoices by Partners has become a pertinent issue for both the Finance Department and the relevant Department Heads. For example, a number of outstanding invoices are still outstanding for the Partner Conference which took place in November 2006. This has caused difficulties for the Finance Department with the close of year end.

In January 2007, the Partner Manager has written to the main group affected which were the Registration Assessors. The letter explained the correct process for submitting invoices, the correct paperwork to use and the timescales which should be adhered to. A number of Partners responded to this positively. However, there are still a significant number of Partners that have not adhered to this process.

In March 2007, the Partner Manager sent an email to the overall majority of Partners, reminding them of the need to submit their invoices in the specified timescales. This email also reminded Partners that they needed to submit all outstanding invoices by the close of the financial year.

As a result of this email, the Partners were still submitting invoices on the incorrect forms and a high volume of Partners were not submitting receipts with their expenses claim forms. As a consequence, this has taken up a significant amount of the Partner Manager's time (approximately 2 days per week) to contact Partners that have submitted their Expenses Claim Forms in the incorrect way.

Under the clause 7.2 and 5.14 of all Partner Agreements it states the following:

**7.2 The Partner shall at the end of each calendar month submit an invoice to the finance department at the HPC for the Fee incurred in respect of the Services provided to the HPC by the Partner during that invoice period. The Partner shall not be entitled to any other fees or payments under this Agreement other than Expenses referred to in Clause 8 below. The HPC shall use its reasonable endeavours to settle the invoice within 30 days of receipt.**

and

**5.14 He/she will comply with all reasonable rules, policies and procedures applicable at the HPC's Premises including the performance management procedure in place from time to time and he/she will comply with all reasonable instructions given by the HPC or by any authorised representative of the HPC;**

Therefore it is reasonable request to ask HPC Partners to adhere to the HPC's Partner Expenses Claim Policy and the signed Partner Agreement.

To ensure compliance with their Partner Agreements and audit accountability, it is proposed that the Partner Manager enforces the updated Partner Expenses Policy with effect from **1<sup>st</sup> June 2007**. All Partners will be sent the policy and advised to read this. In addition, the policy will be uploaded onto the Partners section of the HPC Website. It is anticipated that the Partner Manager will receive a number of complaints regarding this issue from Partners. It should be noted that this will also affect Council Members that are utilised as Partners.

#### **Decision**

The Committee is asked to agree that all Partners should be issued with an updated Partner Expenses Policy and that, if necessary, their Partner Agreements will be used to enforce this process.

If non compliance still persists with Partners, then this would result in the non payment of outstanding/incorrect invoices.

#### **Background Information**

As above.

#### **Resource Implications**

Partner Administrator/Partner Manager time.

#### **Financial Implications**

None

#### **Appendices**

None

**Date of Paper** 4<sup>th</sup> April 2007

# HEALTH PROFESSIONS COUNCIL

## EXPENSES POLICY FOR HPC PARTNERS

### 1. Introduction

- 1.1 The Health Professions Council is committed to reimbursing any reasonable travel expenses and daily fees incurred by any HPC Partner.
- 1.2 This policy was originally introduced on the 9<sup>th</sup> July 2003 and updated on the 17<sup>th</sup> April 2007.
- 1.3 The rates quoted in this policy document will change from time to time but changes will be sanctioned by the Finance and Resources Committee and notified to all partners. Notification to all Partners will either be via electronic mail or letter.
- 1.4 Any Partner can discuss the contents, that they are unclear on this policy, with the Partner Manager.
- 1.5 This policy aims to give all Partners general guidance on how to claim their fees and expenses whilst carrying out work on behalf of the HPC.
- 1.6 This policy will comply at all times with the Standing Financial Instructions as set out by HPC Council.
- 1.7 This policy supersedes the Legal Assessors and Medical Assessors policy which was endorsed in April 2003.

### 2. Scope of Policy

- 2.1 This policy applies to all HPC Partners that are currently engaged under the terms of HPC Partner Agreement.
- 2.2 Hereafter, the Health Professions Council will be referred to as the HPC.

### 3. How to claim expenses

- 3.1 In accordance with the signed Partner Agreement. Partners are asked to submit their claims directly to the Finance Department at the HPC within **one calendar month (by this we mean 30 working days)** in which the work is carried out for HPC.
- 3.2 Payments will be made by bank transfer into the Partners' nominated accounts. If a Partner wishes for a cheque to be raised, then they will

need to make this explicitly clear on the invoice which they submit to HPC.

- 3.3 All claims for £5 or more must be accompanied with a valid receipt which is acceptable to the HPC.
- 3.4 All claims should be made on the appropriate documentation provided with this policy. **Appendix one** (the invoice form): which must be completed for any claim. All Partners must include their daily fee and any additional expenses incurred will need to be recorded on *The Partner Expenses Claim Form*. **Appendix two** (The Partner Expenses Claim Form): should be completed when expenses are incurred whilst carrying out work on behalf of the HPC. If claiming any expenses other than fees then receipts will need to be attached.
- 3.5 If a Partner misplaces a receipt then a Lost Receipt Form will need to be completed (**Appendix three**) and attached with the original claim form.
- 3.6 How a partner should claim for the reimbursement for his/her expenses will depend on his/her Partner role as explained below:
  - 3.6.1 **Registration Assessors** - You should submit your invoice to [finance@hpc-uk.org](mailto:finance@hpc-uk.org). Accompanied with this should be the original purchase order that International Registrations Department send. Invoices will not be processed without this.

**Other Partner Roles** - Invoices should be submitted directly via post to the Finance Department at the HPC.

Any additional expenses will require receipts. Receipts must be sent by post with a valid invoice and Partner Expenses Claim Form. . These documents should be submitted directly to the Finance Department.

Partners who claim for reimbursement for fees via their employer, must submit any invoices directly to the Finance Department. It is the responsibility of the Partner to inform the HPC of any changes to their employment.

- 3.7 The HPC will endeavour to pay all invoices within one calendar month of receipt. However, at our busier times it may well take up to two months to pay outstanding invoices/expenses.

## 4. Portman Travel and Accommodation

- 4.1 Travel and accommodation should be booked through HPC's preferred travel agent Portman Travel.

- 4.2 All travel should be booked at the earliest opportunity as cheaper rates can be obtained.
- 4.3 The Portman Travel number is 0207 5171791 and the Portman Travel E Mail address is hpcteam@portmantravel.com.
- 4.4 This service enables a Partner to book and cancel at short notice.
- 4.5 All Travel should be booked during the normal office hours for Portman Travel i-e 9am to 5pm. The *out of hour* service for Portman Travel should be used in **emergencies only**.

## 5. Late Submission of Invoices

- 5.1 All invoices should be submitted as per clause 3.1 of this Expenses Claim Policy.
- 5.2 If any invoice is submitted later than **one calendar month** (by this we mean 30 working days) of carrying out any work for the HPC, the HPC will reserve the right **not to pay** the outstanding invoice and therefore no payment will be made for the work carried out.
- 5.3 If there are extenuating circumstances to why the invoice was submitted late, then reasons should be discussed with the Partner Manager and the relevant Departmental Head. Only then, a decision will be made whether the outstanding invoice will be able to be paid or not.

## 6. Allowance

- 6.1 A daily or case rate payable to Partners is outlined in the schedule of the Partner Agreement and should be invoiced to HPC.
- 6.2 No PAYE tax will be deducted or national insurance costs incurred from Partners who, in accordance with their Partner Agreement with HPC, act as self-employed contractors or employees of an external organisation who will be responsible for the payment of tax and national insurance contributions.
- 6.3 Partners, who carry out their work at home, will only charge a case rate or per submission rate without expenses, unless they are required to attend HPC's premises or another location as requested by the HPC.
- 6.4 **Care allowance:** A care allowance can be claimed for child care or for dependents. The person must be a registered as a child minder or carer.
- 6.41 All child care invoices should be submitted on the Child Care Form in **Appendix 4**.

6.42 An allowance of up to £30 per day will be paid against a valid invoice or receipt from the carer or child minder.

6.43 If Fitness to Practise Panels are cancelled the following will be reimbursed to Fitness to Practise Panel Members, Panel Chairs, and Legal Assessors,

Cancellation on day of hearing: Full Fee (attendance allowance)

Cancellation 1 working day before: Full Fee

Cancellation 2 working days before: ½ Fee

Cancellation 3 working days before: ½ Fee

Cancellation 4 working days before: ½ Fee

Cancellation 5 working days before: ½ Fee

Cancellation >5 working days before: No Fee

## 7. Travelling and Subsistence

7.1 Travelling and subsistence costs shall be reimbursed to all Partners for out of pocket expenses. Partners must use the most economical form of transport.

7.2 The following HPC Business expenses will normally be paid:

7.2.1 **Rail Fares:** Standard Class rail fares at the cheapest available rates. First class travel will not be reimbursed unless it is shown by the Partner that this is cheaper than travelling standard class.

a. **Air Fares:** Economy Class airfares will be reimbursed where appropriate and authorised. First class travel will not be reimbursed.

7.2.2 **Tube, Coach and Bus Fares:**

7.2.3 will be reimbursed as incurred but must be accompanied by a receipt.

7.2.4 **Mileage Allowances:**

7.2.5 Mileage allowance is payable for the use of own car whilst carrying out HPC Business.

7.2.6 All Partners must ensure that they are covered with **Business Vehicle Insurance**, when using their car on official HPC business.



7.2.7 The rates to be used are set out by HM Revenue and Customs until any notification of change is made are as follows:

7.2.8 Cylinder capacity                      1<sup>st</sup> 10,000 miles                      Additional Miles

7.2.9 Any rating                                              40p                                              25p

7.2.10 Motor Cycles                                              24p

7.2.11 **Taxi Fares:** will be reimbursed where a taxi journey is considered quicker and more economical than using public transport.

**7.2.12 Other Travelling Expenses:**

7.2.13 Expenses incurred in respect of tolls, parking and ferries may be claimed.

**7.2.14 Hotel Accommodation and Meals:**

7.2.15 Hotel accommodation will be paid for up to a daily maximum of £120 which will be reimbursed.

7.2.16 If Partners are staying within London inclusive of Zones 1 to 4, a daily maximum of £140 will be reimbursed.

7.2.17 Up to £30 per day can be claimed where costs have been incurred. This allowance is inclusive of snacks purchased throughout the day and evening meal.

7.2.18 Partners staying with friends or relatives may claim up to £30 per day towards subsistence.

## **8. Responsibility**

The Partner Manager is responsible for this policy.

## **9. Use and Abuse of Policy**

9.1 The aim of this policy is to outline to all Partners how expenses should be claimed in accordance with HPC processes.

9.2 Partners are expected to act within the limits of this policy.

9.3 If it is found that a Partner abuses this policy then the HPC will reserve the right to take further action in accordance with the Partner Complaints Procedure.

## **10. Review**

This policy will be reviewed on an annual basis by the Partner Manager other than where a statutory regulation requires its amendment.

**APPENDIX ONE**

**NAME,  
ADDRESS  
TELEPHONE NUMBER  
E-MAIL ADDRESS  
VAT NUMBER (if registered)**

(Indicate full bank details on first claim only)  
(Bank details should include name and address of branch together with Sort Code and Account Number)

To:

Finance Department  
Health Professions Council  
Park House  
184 Kennington Park Road  
LONDON  
SE11 4BU

DATE OF CLAIM .....

Role of Partner .....

<b>Date</b>	<b>Nature of Work</b>	<b>Location</b>	<b>Charge £</b>
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Total Fee			_____
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Expenses, in accordance with attached claim form(s)			_____
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\* INCLUSIVE of VAT, if appropriate

**APPENDIX TWO**  
**HEALTH PROFESSIONS COUNCIL**  
**PARTNER EXPENSE CLAIM FORM**

**Name of Claimant**

**Partner Role**  
 (Tick Partner role for which work was carried out.)

Visitor	<input type="checkbox"/>	Panel Chairman	<input type="checkbox"/>
Registration Assessor	<input type="checkbox"/>	Panel Member	<input type="checkbox"/>

**Venue**

**Date**

		£	p
<b>TRAVELING</b>			
Rail Fare* .....			
Air Fare* .....			
Tube, Coach and Bus Fare.....			
Mileage Allowance (.....miles at .....p per mile)			
Car Registration No:..... cc Rating of car.....cc			
Other, as previously agreed.....			
<b>TOTAL TRAVEL</b>			
Do not claim if ticket provided through HPC travel agent, who will bill HPC			

<b>SUBSISTENCE</b>			
Hotel Expenses..... (do not claim more than HPC guidelines)			
Daily Subsistence.....			
<b>TOTAL SUBSISTENCE</b>			

Other Expenses (Describe).....			
<b>TOTAL CLAIM</b> .....			
Signed by Claimant	<input style="width: 450px; height: 20px;" type="text"/>		

In signing, the claimant declares that the expenses were necessary dispersed and arose solely in performance of official duties. In claiming mileage the claimant declares that a valid UK driving license is held and that the vehicle is insured for business use.

Authorised

In authorising the claim the signatory agrees that the claim that has been made in accordance with HPC guidelines and that the claim is arithmetically correct. The signatory authorises the Finance Department to make the Payment to the Claimant.

**APPENDIX THREE**

**HEALTH PROFESSIONS COUNCIL**

**LOST RECEIPT FORM**

Name:

Address:

Date & Reason for Claim

Reason for lost receipts

Please provide as much evidence as possible

Total Amount of Claim

Signature of Claimant

Date of Claim

**Child Minding**  
**Receipt**

Registered  
Childminder Name: \_\_\_\_\_

Registration number: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone number: \_\_\_\_\_

Date: \_\_\_\_\_

Child minding service  
for: \_\_\_\_\_

Amount received: \_\_\_\_\_

Signed: \_\_\_\_\_