

Neonatal Expenses Fund Terms and Conditions

April 2020

Neonatal Expenses Fund

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1. About This Document

This document contains the terms and conditions for the claiming of expenses under the Neonatal Expenses Fund (NEF) from April 2020. This document is for NHS Board finance staff, neonatal unit staff, and members of the public who wish to claim under the scheme.

It outlines the details of the NEF scheme. Those administering the scheme and those claiming under it, should familiarise themselves with this document to ensure claims are made within the limits of the Fund.

2. Introduction

The Neonatal Expenses Fund (NEF) is designed to help parents of premature and sick newborn babies to offset the cost of traveling to and from hospital during the early days of their baby's life and the subsistence required to allow them to spend time with their baby/ies in order to bond as a family during these early days.

Family-centred care is core to the delivery of neonatal care, ensuring that parents are partners in decision-making around their baby's care, that parents provide as much care as possible for their own babies, and that there is opportunity for regular communication between parents and clinical staff. This Fund supports these aims through the provision of practical support to enable parents to spend as much time with their baby as possible whilst receiving care within a Neonatal Unit.

3. Principles

The following principles will be applied when reimbursing expenses claims.

- a) The Neonatal Expenses Fund is designed to provide a contribution towards the cost of having a baby within neonatal care and may not meet the full cost of all travel and subsistence during this time.
- b) Both Parents/Guardians/Adult of an eligible baby (hereafter referred to as 'parents') are entitled to claim food and travel expenses when they are both travelling to hospital on the same day. This equates to a maximum of two return travel claims and two subsistence claims per day.
- c) Claims can be submitted incrementally during an on-going hospital stay (e.g. weekly) or in full for the entire stay, up to three months, following discharge from either a Neonatal Unit or other ward where a baby is receiving on-going treatment, up until they reach 28 days/4 weeks after birth date for term babies and 4 weeks after due date for babies born early.
- d) Parents are expected to use the most cost effective, reasonable means of transport, taking into account the overall cost of the trip.
- e) Final judgement as to the most reasonable mode of travel rests with the NHS Board. It is the claimant's responsibility to check in advance of travel if they are in any doubt.
- f) NHS Board's may have the facility to pre-book travel, accommodation or provide advances or meal tokens in some circumstances. See Appendix 2 for contact details.

g) Only actual expenditure should be claimed. Claiming expenses that have not been incurred is fraud, and action will be taken against anyone submitting fraudulent claims.

h) Evidence in the form of receipts showing itemised expenditure should be kept and produced for all public transport, accommodation, parking.

4. Who can claim expenses

Claims may be made by the Parents of:

- A baby resident in a Neonatal Unit on or after 1st April 2018.
- A baby who has been in Neonatal care up until day of discharge
- A baby who has been in Neonatal Care who is then moved to another unit for on-going treatment e.g. PICU or Cardiology ward. The cut off point for claiming from NEF will be 4 weeks corrected (28 days/4 weeks after birth date for term babies and 4 weeks after due date for babies born early). This time period defines the end of the neonatal period.

5. Who can't claim expenses

Claims may not be made:

- By the Parents of a baby who is resident in maternity unit, transitional care unit or postnatal ward.
- By the Parents of a baby who attends for outpatient appointments.
- For expenses incurred prior to 1st April 2018
- Children under the age of 16 years, unless the parent of the child admitted to Neonatal Care
- Babies moved from Neonatal unit to another ward for treatment **AFTER** the baby reaches 28 days/4 weeks after birth date for term babies and 4 weeks after due date for babies born early

6. What Expenses Can Be Claimed

6.1 Transport

Parents are expected to use the most cost effective, reasonable means of transport. Claims will be reimbursed at the prevailing mileage rate* per mile for up to one return car journey per day for each parent, when they are travelling to the hospital separately on the same day. If both travel together, only one return journey should be claimed.

[OR]

Public transport costs should be reimbursed in full for up to one return journey per day for each parent on production of receipts. This is a maximum of two return journeys per day for each family. Standard class travel can be reclaimed upon production of receipts**.

*The rate of reimbursement is based on the HMRC Fuel Advisory Rate. This can be found at: <https://www.gov.uk/government/publications/advisory-fuel-rates>. The reimbursement rate for each financial year will be determined by the advisory fuel rate from 1 March each year for the year ahead. The rates can go down as well as up.

** Due to coronavirus, eligible parents who do not own a car can now use taxis to visit their baby, even if public transport is available. Parents should speak to the Neonatal Unit where their baby is being treated to find out about how to get approval for a taxi journey in their local area. If your taxi journey is approved, you can claim back for one return journey a day, per parent. You'll need to provide receipts when you claim.

6.2 Parking

Car parking costs can be reclaimed in full on the submission of receipts.

In some NHS Boards a permit may be obtained to provide exemption from parking costs. Staff can advise whether a permit is available or whether parents should claim for a refund.

6.3 Taxi Fares

Travel by taxi should be seen as last resort and reimbursement will only be considered in certain circumstances, e.g. no public transport availability or subject to mother's medical condition. Taxi travel must be approved by clinical staff prior to journey. Where approved, taxi travel will be reimbursed in full on the submission of receipts for two return journeys per day.

6.4 Flights

Air travel should only be considered where it is cheaper than other forms of transport or where other forms of transport are not reasonable (e.g. island to mainland travel). Flights must be approved by NHS Board prior to travel.

Approved flights are limited to a maximum of two return journeys by air per week, one for each parent.

6.5 Meals and Subsistence

Claims for meals may be made by **one** of the following means:

- A flat rate contribution of £8.50 per person (for a maximum of two people), per day for food and non-alcoholic beverages will be issued. This may be purchased outside of hospital grounds.

[or]

- Meals may be directly provided free of charge for up to two parents by the hospital (e.g. staff canteen or patient meals) up to a maximum of three meals per day.

Further detail of provision within your hospital will be provided locally. No receipts are required for the purposes of being reimbursed meal costs.

6.6 Accommodation

NHS boards should have accommodation available to parents if required and this should be accessed in the first instance. In the **exceptional** circumstance where hospital accommodation is not available, a contribution to reasonable overnight accommodation costs will be reimbursed, for one room only, per night. This should be booked, where possible, in advance by the Local Health Board. Reasonable is defined as the most cost effective accommodation available.

7. What expenses cannot be claimed

The following cannot be claimed under this scheme*:

- a) Loss of earnings
- b) Parking fines
- c) Childcare Costs
- d) Car Hire
- e) Visitors expenses
- f) Expenses for outpatient appointments

g) Alcoholic drinks

h) Expenses incurred prior to 1st April 2018.

* Some items may be eligible for claiming under other schemes such as the Highland and Island Travel Scheme. Please contact a member of staff for more information. See Appendix 2 for contact details.

8. Exceptional Circumstances

8.1 Twins and Multiple Births

In the case of twins or multiple babies in neonatal care, where babies are located in the same hospital, parents are eligible to make one claim per day under the same conditions as a single baby, the claim form should be completed with both babies' details and signed by hospital staff.

If twins or multiple babies are located within different hospitals then one claim may be made per baby and a form should be completed and signed by each unit for each baby's care.

8.2 Bereavement

If your baby dies prior to discharge, you will still be able to claim for expenses incurred during the time you spent with your baby. You will not be able to claim for any expenses incurred after your baby has been moved to the mortuary, funeral directors or to the family home.

9. Making a claim

Claims must be made to the NHS Board where the baby is being cared for. If the baby is transferred during treatment, separate claims should be made for each episode of care per hospital and signed by the relevant hospital staff.

For example: If your baby is cared for in hospital in Glasgow, claims forms should be signed by the health professional in the neonatal unit in Glasgow and then the form returned to the cash team within NHS Glasgow. If the baby is later transferred to a hospital in NHS Dumfries and Galloway, subsequent claims should be signed by that unit and submitted to NHS Dumfries and Galloway.

Contact details on where to submit the form are included in Annex 2

9.1 Claim Forms

NEF(1) Claim forms are available from neonatal units and cash offices. The form should be completed by (or on behalf of) the parent or guardian of the eligible baby and signed and certified as detailed on the form.

This includes certification of qualification from an appropriate health professional. This includes neonatologist, neonatal nurse or other health professional responsible for your baby's care.

The forms should then be handed into the relevant cash office for reimbursement outlined in Annex 2

9.2 Proof of Entitlement

In all cases where expenses are claimed, the parent will be asked to provide proof of entitlement before their expenses are reimbursed. All NEF(1) Forms must include details of child's admittance date/s, ward, and signed confirmation by a health professional (as detailed above) that the child is/was resident on the ward during the duration of the

claim. Forms that are not signed by the relevant healthcare professional and/or do not contain complete information may result in delays to claims or claims being rejected.

9.3 Suspected Fraudulent Claims

In cases where it appears that a claimant has deliberately applied for assistance with costs to which they are not entitled the matter will be referred to Counter Fraud Services. Cashiers may refuse to pay expenses in cash if they suspect a claim is fraudulent until further checks have been completed. This will result in delays in claimant receiving their expenses.

9.4 Retrospective Claims

Claims must be submitted within three months of the baby's discharge from hospital. Claims outside this time will not be considered for reimbursement except in exceptional circumstances. Forms should be signed by neonatal staff prior to discharge. Exceptional circumstances should be submitted in writing to the claim team for consideration.

10 Queries or Complaints

In the event of a query or complaint, this should be directed to the Cashier at the hospital where the claim is being made or to the relevant finance team detailed in the useful contacts section (Annex 2).

Appendix 1 - Definitions

Baby/ies – The eligible baby or babies within neonatal care receiving treatment.

Journey – a journey consists of travel from home address or place of current residence to neonatal unit, or neonatal unit to home address/residence. This may include multiple parts or multiple forms of transport.

Neonatal Unit – Neonatal unit refers to Neonatal Intensive Care unit, Local Neonatal Unit or Special Care Baby Unit (these may be described as level 1, 2 or 3 units).

Relevant Healthcare Professional – Neonatal Clinical Staff of the attending hospital

Parent/Guardian – The baby's mother, father or immediate primary carers.

Adult – Support person for the parent/guardian over school age ie Grandparent, Aunt/uncle of eligible baby



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