



Doncaster and Bassetlaw  
Teaching Hospitals  
NHS Foundation Trust

# Removal and Associated Expenses

This procedural document supersedes: CORP/EMP 10 V.5 Removal and Associated Expenses



## Did you print this document yourself?

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## Amendment Form

Please record brief details of the changes made alongside the next version number. If the procedural document has been reviewed **without change**, this information will still need to be recorded although the version number will remain the same.

Version	Date Issued	Brief Summary of Changes	Author
Version 5	February 2026	Document has been reviewed and formatted Simplified to help with understanding for applicants	Joanne Dixon
Version 4	February 2018	<ul style="list-style-type: none"> <li>• Document has been reviewed and formatted in line with the Trust's style.</li> <li>• Added sections including monitoring and compliance, training and equality impact assessment.</li> </ul>	Anthony Jones
Version 3	November 2009	<ul style="list-style-type: none"> <li>• Format Changed</li> <li>• Appendices Updated</li> </ul>	J Dixon
Version 2	November 2006	<ul style="list-style-type: none"> <li>• Insertion of 'Foundation' when referring to Doncaster &amp; Bassetlaw Hospitals NHS Foundation Trust</li> <li>• Para 7.1 – removed Whitley Council – inserted 'respective pay arrangements'</li> <li>• Para 7.3 – removed Whitley Council throughout the grid – inserted 'respective pay arrangements'</li> <li>• Para 7.6 (b) ii – removed Whitley Council – inserted 'respective pay arrangements'</li> <li>• Appendix B - Total change to the Notional Purchase Price</li> <li>• Appendix B (second sheet) Changed the figures on the typical example and the amount of stamp duty</li> <li>• Appendix C &amp; D - Insertion of Foundation Trust</li> <li>• Appendix E – Insertion of Foundation Trust</li> </ul>	Claire Cox

## Contents

	Page No.
1 INTRODUCTION.....	5
2 PURPOSE .....	5
3 DUTIES AND RESPONSIBILITIES.....	5
3.1 Colleagues .....	5
3.2 Line Manager/Head of Service/Service Director/Appointing Manager.....	5
3.3 Divisional Leadership Teams or Directors (for Corporate posts).....	6
3.4 Payroll Partner - Victoria Pay Services .....	6
3.5 Director of People and OD/Director of Finance.....	6
3.6 People and OD .....	6
4 PROCEDURE .....	7
<b>4.1 Approval</b> .....	7
<b>4.2 General Conditions and Eligibility</b> .....	7
4.3 Process for Reimbursement.....	8
5 TRAINING/SUPPORT .....	9
6 MONITORING COMPLIANCE WITH THE PROCEDURAL DOCUMENT .....	9
7 EQUALITY IMPACT ASSESSMENT .....	9
8 ASSOCIATED TRUST PROCEDURAL DOCUMENTS.....	10
9 DATA PROTECTION .....	10
APPENDIX 1 – EXAMPLES OF EXPENSES FOR REIMBURSEMENT .....	11
<b>FORMS FOR CLAIMING REMOVAL EXPENSES</b> .....	13
APPENDIX 2A- APPLICATION FOR ASSISTANCE WITH RELOCATION EXPENSES .....	14
APPENDIX 2B - CONFIRMATION OF ELIGIBILITY FOR ASSISTENCE WITH REMOVAL EXPENSES .....	15
FORM 1 – PRELIMINARY VISITS.....	16
FORM II – CONTINUING COMMITMENTS ALLOWANCE CLAIM .....	18
FORM III – EXPENSES RELATING TO HOUSE SALE .....	19
FORM IV – EXPENSES RELATING TO HOUSE PURCHASE .....	20
FORM V – EXPENSES RELATING TO REMOVAL AND / OR STORAGE OF FURNITURE .....	21
APPENDIX 3 - EQUALITY IMPACT ASSESSMENT PART 1 INITIAL SCREENING .....	23



## 1 INTRODUCTION

This policy has been developed for the Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust in order to determine the scope and level of financial assistance associated with the reimbursement of removal and associated expenses for newly appointed staff.

The granting of relocation expenses is discretionary for all staff groups apart from Post Graduate Doctors in Training. **PGDiT are the only staff group entitled to relocation expenses** (or travel costs in lieu) as part of their Terms and Conditions of Service. All information about the process is provided via this link – [Removal and associated expenses](#) and therefore this staff group is outside the scope of this policy.

Individuals offered and claiming relocation expenses should read this policy in conjunction with HM Revenue and Customs (HMRC) regulations. It is the responsibility of the employee to seek advice from HMRC if they are unsure of the tax liabilities of a relocation package

In accordance with the aims and values of the Trust, this policy and procedure seeks to ensure that reasonable relocation expenses are paid in line with the provisions of this document.

This policy provides a framework for the reimbursement of relocation and associated expenses to candidates offered permanent posts.

## 2 PURPOSE

The policy aims to provide a fair and equitable means of assisting employees with removal expenses. Advice on the application process is available from the People & OD Directorate.

## 3 DUTIES AND RESPONSIBILITIES

### 3.1 Colleagues

Colleagues who choose to apply for relocation expenses have an obligation to read the policy, to claim appropriately, to take all reasonable steps to minimise costs incurred and to ensure that the move to the new property is made within the timescales under this policy.

Employees making a claim are also responsible for any statutory income tax and national insurance liability incurred as a result of receiving relocation expenses. As the relocation is job related, £2,000 is exempt from tax provided that certain conditions are met, including that the new property is the employee's main residence.

### 3.2 Line Manager/Head of Service/Service Director/Appointing Manager

Managers are responsible for ensuring the policy is brought to the attention of colleagues eligible for relocation support.

People and OD will support the employee with their claim and will ensure that the appropriate paperwork is completed, checked, approved by the Deputy Director of People and OD.

### 3.3 Divisional Leadership Teams or Directors (for Corporate posts)

Colleagues within the divisional leadership teams or directors will consider claims against the requirements of the policy.

### 3.4 Payroll Partner - Victoria Pay Services

The Payroll Provider are responsible for ensuring that expenses are paid, following authorisation of the appropriate documentation. They will also interpret any regulations issued by HM Revenue and Customs (HMRC) in relation to personal taxation and ensure that they are correctly applied to any payments made to employees.

The Payroll Provider will also maintain all records associated with the administration of the Policy and making these available to HMRC as and when required.

All authorised claims, which are processed by the Trust and Victoria Pay Services, are accepted in good faith on the understanding that the claimant is making a true and accurate claim. Making any false claim including the alteration or adaption of supporting documents would constitute an offence under the Fraud Act 2006 and will result in disciplinary action and/or civil recovery and prosecution, Suspicions of fraudulent claiming activity will be referred to the Trusts Local Counter Fraud Specialist. [CORP/FIN 1 \(D\)](#) Fraud, Bribery and Corruption Policy & Response Plan provides further information.

### 3.5 Director of People and OD/Director of Finance

The Chief People Officer and the Director of Finance will ensure that the procedure is applied appropriately according to the content of the procedure and in line with HM Revenue and Customs Regulations relating to the payment of tax-free relocation expenses.

### 3.6 People and OD

People and OD are responsible for reviewing, updating and monitoring the implementation of this procedure and for providing advice and support to managers in terms of its application.

People and OD will:

- Process initial applications for relocation expenses.
- Monitor and check all claims before payment ensuring that no claim exceeds the upper limit of the grant.
- Initiate and manage the process of recovery of removal expenses where appropriate.

## 4 PROCEDURE

### 4.1 Approval

Approval of payment of expenses and the acceptability of location rests with the Director of People and Organisational Development or a nominated deputy. The nominated deputy would in all circumstances be a senior member of the People & OD team.

### 4.2 General Conditions and Eligibility

Expenses will be reimbursed (up to a maximum of £2,000) and paid only when the Trust is satisfied that the removal of the employee's home is required and that the arrangements proposed are reasonable.

To be eligible for the payment of removal and associated expenses in accordance with the provision of this policy, you must meet the following criteria:

- Be appointed to a permanent post within the Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust.
- Be required to move in order to take up the post.
- To move from either owner occupied or rented accommodation.

Please note, expenses will only be paid from port of entry into the UK.

Any property purchased or rented should be within a 10 miles (or 30 minutes) radius of the employee's base. This is particularly important for anyone undertaking on call duties. Any deviation to this must be approved as part of the application process. It is imperative that authorisation to relocate to a location in excess of 10 miles (or 30 minutes) is sought before committing to the purchase or rental of a property as failure to do so may result in expenses not being reimbursed.

The old residence must not be within a reasonable daily travelling distance or 30 minutes travelling time of the base hospital.

In submitting an application for relocation expenses, the employee acknowledges that if the Trust wishes to verify any information pertaining to their claim, the applicant will be expected to provide such evidence, or permit the Trust to make relevant enquiries. Fraudulent claims will result in disciplinary action and a referral to the NHS Counter Fraud Team.

If an employee decides not to proceed with a planned relocation, any monies reimbursed to them in accordance with this policy, will be repayable to the Trust.

The employee is responsible for any statutory income tax and national insurance liability incurred as a result of receiving relocation expenses. As the relocation is job related, up to £2,000 is exempt from tax providing certain conditions are met, including that the new property is the employee's including spouse /partner and children's main residence. All conditions are detailed on the HMRC website.

HMRC have also set a time limit on relocation, they require relocation to be completed before the end of the tax year (5th April) after the one in which the employee takes up their new position. For further information, please see the [HMRC website](#)

Employees provided with financial assistance for relocation expenses will be required to sign the application form to the effect that they will remain in post for at least 2 years. Should the employee terminate their contract of employment before the expiry of this period the employee may be asked to repay the Trust any monies as part of the relocation package as detailed in Section 4.3.

Relocation expenses will not be paid where an employee's partner is also receiving support from their employer. The employee must notify the Trust if a partner/spouse is eligible to claim financial assistance towards relocation. (NB this applies to spouses/partners who are both within NHS and outside NHS). Claiming twice will be considered as fraud and will be referred to the NHS Counter Fraud Service to investigate, and the practitioner may face disciplinary action.

### **4.3 Process for Reimbursement**

Colleagues must submit an application form and obtain written authorisation before making any firm arrangements see Appendix 1. No responsibility for expenses incurred will be accepted where arrangements are made without written confirmation that such expenses are authorised for reimbursement.

Before storage and/or removal of furniture is agreed, three independent quotes must be obtained for approval. It is the claimant's responsibility to obtain quotes directly from each company. Reimbursement will be limited to the lowest quote.

The amount of stamp duty to be reimbursed and any other related relocation expenses will not exceed the maximum overall limit of £2,000.

Reimbursement will not be made until the individual takes up their role at the Trust. Reimbursement will not be made to third parties. Typical examples of expenses for reimbursement are given in Appendix 1.

Claims for reimbursement must be made within twelve months of the authorised expenditure being incurred.

Original receipts will be required as proof of outlay together with evidence of payment.

#### Form of Undertaking

It is expected that anyone in receipt of relocation expenses will remain in employment with the Trust for a minimum period of 2 years. Should an employee terminate their employment before the expiry of the 2-year period, they will be expected to reimburse the Trust the costs paid as part of the relocation package in accordance with the following scale:

- During the first 6 months – 100%
- 6 months to 12 months – 75%
- 12 months to 18 months – 50%
- 18 months to 2 years – 25%

## 5 TRAINING/SUPPORT

There is no requirement for specific training for colleagues applying for relocation expenses.

## 6 MONITORING COMPLIANCE WITH THE PROCEDURAL DOCUMENT

What is being Monitored	Who will carry out the Monitoring	How often	How Reviewed/ Where Reported to
To ensure expenses are being reimbursed in line with the limits within the policy	People and OD	On receipt of claim	Each claim will be reviewed and claims above the upper limit will be discussed with the Division and Deputy Director of People and OD
The policy will be reviewed	People and OD	Every three years	The policy will be reviewed and amended as deemed necessary
The cost of the policy and the number of claimants will be monitored	People and OD	Bi- annually	A report will be provided to the Workforce and Education Committee with details of the number of claimant and the value of these claims.

## 7 EQUALITY IMPACT ASSESSMENT

The Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are disadvantaged over others. Our objectives and responsibilities relating to equality and diversity are outlined within our equality schemes. When considering the needs and assessing the impact of a procedural document any discriminatory factors must be identified.

An Equality Impact Assessment (EIA) has been conducted on this procedural document in line with the principles of the Equality Analysis Policy (CORP/EMP 27) and the Equality Diversity and Inclusion Policy (CORP/EMP 59).

The purpose of the EIA is to minimise and if possible, remove any disproportionate impact on employees on the grounds of race, sex, disability, age, sexual orientation or religious belief. No detriment was identified. (See Appendix 2)

## 8 ASSOCIATED TRUST PROCEDURAL DOCUMENTS

Fraud, Bribery and Corruption Policy - CORP/FIN 1 (D)  
Equality Analysis Policy - CORP/EMP 27  
Recruitment and Selection Policy CORP/EMP 36  
Equality Diversity and Inclusion Policy CORP/EMP 59

## 9 DATA PROTECTION

Any personal data processing associated with this policy will be carried out under 'Current data protection legislation' as in the Data Protection Act 2018 and the UK General Data Protection Regulation (GDPR) 2021.

For further information on data processing carried out by the trust, please refer to our Privacy Notices and other information which you can find on the trust website: <https://www.dbth.nhs.uk/about-us/our-publications/information-governance/>

## APPENDIX 1 – EXAMPLES OF EXPENSES FOR REIMBURSEMENT

The following are offered as examples only; this is not a finite list:

### House Purchase

- Solicitors' fees
- Search fees
- Expenses in connection with mortgage and loan including guarantee and survey fee (excluding interest)
- Stamp Duty
- Land registration fees
- Electrical wiring test
- Drains test

### House Sale

House Sale The reimbursement of legal and other expenses will be made relating to the sale of a property in which a new employee was living immediately before the appointment and will be made as follows:

- Solicitors' fees
- Legal fees incurred on redemption of a mortgage
- Estate agents' / auctioneers' fees
- Incidental legal expenses
- Furniture removal
- Storage expenses – will be reimbursed for up to 12 months where the necessity for storage arises from the move

### Temporary Rented Accommodation

Reasonable expenses associated with a tenancy agreement including estate agent fees may be reimbursed if the employee needs to rent accommodation in the area

### Travelling / Subsistence Expenses

Travelling and subsistence costs for visiting the new area in connection with securing accommodation. Reimbursements of travel costs for two visits for the purposes of visiting the new area will be paid for and will be limited to the distance between the current home and the new base. This will be reimbursed at public transport rates.

Continuing Commitments

While the old property remains unsold, reasonable accommodation costs may be reimbursed. Reimbursement will be for the lower of the monthly mortgage/rent on the old property and the monthly mortgage/rent on the new property. Rent is not included within those allowances eligible for tax relief under the provision of removal expenses if there is no intention to permanently relocate.

## FORMS FOR CLAIMING REMOVAL EXPENSES

- Appendix 2A Application for assistance with Removal Expenses
- Appendix 2B Confirmation of eligibility for assistance with Removal Expenses
  - (i) Preliminary Visits
  - (iii) Concurrent Continuing Commitment Allowance Claim
  - (iv) Vouched Legal and Other Expenses for House Sale
  - (v) Vouched Legal and Other Expenses for House Sale
    - Purchase
  - (vi) Removal and/or Storage and Travel Expenses on Removal

## APPENDIX 2A- APPLICATION FOR ASSISTANCE WITH RELOCATION EXPENSES

Full Name of Claimant	
Email address/Contact details (in case of query)	
Job Title:	Speciality/Dept:
Grade:	Base Hospital:
Current Home Address	Proposed New Address:
Is this property: <input type="checkbox"/> Owned <input type="checkbox"/> Rented	Is this property: <input type="checkbox"/> Owned <input type="checkbox"/> Rented

Please answer the following questions in connection with your claim for removal / relocation expenses. (please circle)

Do you have a property to sell?	Yes	No
Do you intend to purchase a new property on relocation?	Yes	No
Do you intend to rent private accommodation on relocation?	Yes	No
Do you need to arrange privately rented accommodation while seeking a property to purchase?	Yes	No
Will your family remain in your current property while you are in temporary hospital / private accommodation	Yes	No
Are you currently in temporary rented hospital accommodation?	Yes	No
Do you intend to remain in your current property and live further than 10 miles from your base hospital?	Yes	No

Address of property being sold (if different from above)	Address of temporary rented accommodation (if applicable)	Address of property being purchased
Postcode:	Postcode:	Postcode:

I confirm that the above information is correct:

Signed..... Date.....

Please submit this form to your Line Manager / Head of Service / Service Director who should forward on to the Medical Workforce Team/ Recruitment team.

**APPENDIX 2B - CONFIRMATION OF ELIGIBILITY FOR ASSISTANCE WITH  
REMOVAL EXPENSES**

This is to confirm that in principle Mr/Mrs/Miss/Dr/Prof/Ms .....  
has been appointed to the post of ..... commencing on  
..... is eligible for assistance with Removal Expenses as detailed in the  
Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust Removal Expenses Policy.

The total scheme finance to be made available to the above employee will be £2,000 provided that  
receipts for expenses are presented and an application is made for the payment of expenses as  
covered by the Removal Policy.

I am an authorised signatory for my department. I am signing below to confirm that I have checked  
and verified the claim and that I approve payment subject to the conditions specified. I understand  
that if I knowingly authorise false information this may result in disciplinary action and I may be liable  
for prosecution and civil recovery proceedings.

Authorising Officer (BLOCK CAPS).....

Signed: .....Date .....

(Authorised Signatory)

## FORM 1 – PRELIMINARY VISITS

### PRELIMINARY VISITS

Name (BLOCK CAPS)	
New Post	
Correspondence Address	

These are visits made to look for accommodation after accepting the appointment and prior to commencing employment. A maximum of 2 nights may be claimed. All claims must be supported by original receipts.

#### Travel

Date	Details of Journey	Mileage	No of Passengers	Public Transport Cost (rail, coach, etc)
TOTAL				

Subsistence

Date	Details of Accommodation Used	Cost of Accommodation (£) (attach original receipts)
TOTAL		

If the accommodation includes partners or children, please attach details.

I agree that the information I have given on this form is correct and complete. I understand that if I knowingly provide false information this may result in disciplinary action and I may be liable for prosecution and civil recovery proceedings. I consent to the disclosure of information from this form for the purpose of verification of this claim.

Signed ..... Date .....

I am an authorised signatory for my department. I am signing below to confirm that I have checked and verified the claim and that I approve payment. I understand that if I knowingly authorise false information this may result in disciplinary action and I may be liable for prosecution and civil recovery proceedings.

Authorising Officer (BLOCK CAPS)..... Date.....

Signature .....Directorate .....

## FORM II – CONTINUING COMMITMENTS ALLOWANCE CLAIM

Employees who unavoidably incur regular expenses for mortgage/rent in respect of accommodation they previously occupied in the old area, concurrently with accommodation expenses in the new area, may be given assistance with such expenses.

The following details, along with evidence of costs involved, should be supplied.

Name (BLOCK CAPS)	
Base	
Directorate	
Address	
Period Claimed	
Date on which concurrent charges first occurred	

The maximum initial period is three months, further extension up to a total of six months may be sought. An application for this should be made through the Directorate of POD.

Please note that all claims are retrospective.

	<b>Old Area</b>	<b>New Area</b>
	Monthly £	Monthly £
Monthly Mortgage/ Rent – Month 1		
Month 2		
Month 3		
<b>TOTAL</b>		

## FORM III – EXPENSES RELATING TO HOUSE SALE

Please tick the following statement which is applicable to your situation:

My property is being sold by:

- [a] A sole agent (1 estate agent only)
- [b] A multiple agency (A group of estate agents)
- [c] My own advertisement

Type of Expense	Amount (£)
Solicitor's Fees	
Mortgage Redemption	
Estate Agent's Fees	
Advertising Expenses	
Ad hoc Expenses	

Please attach the original receipts in support of all claims made.

I agree that the information I have given on this form is correct and complete. I understand that if I knowingly provide false information this may result in disciplinary action and I may be liable for prosecution and civil recovery proceedings. I consent to the disclosure of information from this form for the purpose of verification of this claim. I confirm that I have no personal or business relationship with any of the businesses/companies that I seek reimbursement of expenses.

Signed ..... Date .....

Name (BLOCK CAPS).....

I am an authorised signatory for my department. I am signing below to confirm that I have checked and verified the claim and that I approve payment. I understand that if I knowingly authorise false information this may result in disciplinary action and I may be liable for prosecution and civil recovery proceedings.

Authorising Officer (BLOCK CAPS)..... Date.....

Signature .....Directorate .....

## FORM IV – EXPENSES RELATING TO HOUSE PURCHASE

Type of Expense	Amount (£)
Solicitor's Fees	
Stamp Duty	
Land Registration Fees	
Mortgage Guarantee	
Survey Fee for Valuation	
Survey Fees (Ad hoc)	
Abandoned Purchase	
Ad hoc Claims	

Please attach the original receipts to support all claims.

I agree that the information I have given on this form is correct and complete. I understand that if I knowingly provide false information this may result in disciplinary action and I may be liable for prosecution and civil recovery proceedings. I consent to the disclosure of information from this form for the purpose of verification of this claim. I confirm that I have no personal or business relationship with any of the businesses/companies that I seek reimbursement of expenses.

Signed ..... Date .....

Name (BLOCK CAPS).....

I am an authorised signatory for my department. I am signing below to confirm that I have checked and verified the claim and that I approve payment. I understand that if I knowingly authorise false information this may result in disciplinary action and I may be liable for prosecution and civil recovery proceedings.

Authorising Officer (BLOCK CAPS)..... Date.....

Signature .....Directorate .....

## FORM V – EXPENSES RELATING TO REMOVAL AND / OR STORAGE OF FURNITURE

Please note that three competitive quotes are required in order to claim for the removal and storage of furniture and effects. The lowest quote should be used. (If, for any reason beyond your control, the firm with the lowest quote cannot be used, please supply a written explanation with this claim form).

In the case of personal preference, any quote may be used but only the lowest quote will be reimbursed. Copies of all three quotes and the receipted bill will be required to support the claim.

	Removal Firm	Amount (£)
Quote 1		
Quote 2		
Quote 3		

Removal Firm used ..... Amount .....

Storage Period ..... Amount .....

I agree that the information I have given on this form is correct and complete. I understand that if I knowingly provide false information this may result in disciplinary action and I may be liable for prosecution and civil recovery proceedings. I consent to the disclosure of information from this form for the purpose of verification of this claim. I confirm that I have no personal or business relationship with any of the businesses/companies that I seek reimbursement of expenses.

Signed ..... Date .....

Name (BLOCK CAPS).....

I am an authorised signatory for my department. I am signing below to confirm that I have checked and verified the claim and that I approve payment. I understand that if I knowingly authorise false information this may result in disciplinary action and I may be liable for prosecution and civil recovery proceedings.

Authorising Officer (BLOCK CAPS)..... Date.....

Signature .....Directorate.....

**Relocation and Associated Expenses**

**Undertaking**

I understand that any monies issued to me in respect of relocation and associated expenses are regarded as a loan, and that if I leave the Trust within two years of taking up my appointment for which those expenses were issued, I will be liable to repay the appropriate amount, unless my leaving is (in the opinion of the Chief People Officer) the result of unforeseen circumstances which are serious enough to justify being released from this undertaking.

I understand that any amount to be repaid will be deducted from final salary or other amount owing without further reference to me.

I confirm that in taking up my appointment at Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust, I have not, nor will I attempt to recover any removal or associated expenses, in part or in full, from any other source.

Additionally, I confirm that no one else in my household (spouse, partner etc) is receiving any contribution to relocation expenses from another source.

Signed: ..... Date: .....

## APPENDIX 3 - EQUALITY IMPACT ASSESSMENT PART 1 INITIAL SCREENING

Policy	Division	Assessor (s)	New or Existing Policy?	Date of Assessment
CORP/EMP 10 v.6	People & OD	Joanne Dixon	Existing	March 2026
<b>1) Who is responsible for this policy?</b> People and OD				
<b>2) Describe the purpose of the service / function / policy / project/ strategy?</b> Trust wide use for all eligible colleagues. Outlines support available and rules that govern approval				
<b>3) Are there any associated objectives?</b> Legislation, targets national expectation, standards: NHS Constitution				
<b>4) What factors contribute or detract from achieving intended outcomes?</b> – Diligence of authorising officers				
<b>5) Does the policy have an impact in terms of age, race, disability, gender, gender reassignment, sexual orientation, marriage/civil partnership, maternity/pregnancy and religion/belief?</b> Details: [see Equality Impact Assessment Guidance] - None				
<ul style="list-style-type: none"> <li>• <b>If yes, please describe current or planned activities to address the impact</b> [e.g. Monitoring, consultation] –</li> </ul>				
<b>6) Is there any scope for new measures which would promote equality?</b> None				
<b>7) Are any of the following groups adversely affected by the policy?</b>				
<b>Protected Characteristics</b>	<b>Affected?</b>	<b>Impact</b>		
a) Age	No			
b) Disability	No			
c) Gender	No			
d) Gender Reassignment	No			
e) Marriage/Civil Partnership	No			
f) Maternity/Pregnancy	No			
g) Race	No			
h) Religion/Belief	No			
i) Sexual Orientation	No			
<b>8) Provide the Equality Rating of the service / function /policy / project / strategy – tick (✓) outcome box</b>				
<b>Outcome 1</b> ✓	<b>Outcome 2</b>	<b>Outcome 3</b>	<b>Outcome 4</b>	
*If you have rated the policy as having an outcome of 2, 3 or 4, it is necessary to carry out a detailed assessment and complete a <b>Detailed Equality Analysis form</b> – see CORP/EMP 27.				
<b>Date for next review:</b> September 2028 (Policy valid until March 2029)				
<b>Checked by:</b> Adam Evans			<b>Date:</b> March 2026	