

Freedom of Information Act 2000 disclosure log entry

Reference

18-19237

Date sent

19/11/18

Subject

Executive Directors Expenses Details 2016/17 d& 2017/18

Details of enquiry

1. Please provide statements for all purchase cards, 'p-cards', or any other credit or debit cards paid out using public funds, used by or for executive directors for the two years April 2016 – March 2017, and April 2017 – March 2018. Please ensure information is provided for the two separate years. I am also requesting receipts for these expenses.
2. Please also provide details of all spending by executive directors using their own money which is then then claimed back from public funds for the two years April 2016 – March 2017, and April 2017 – March 2018. Please ensure information is provided for the two separate years. I am also requesting receipts for these expenses.
3. Please also provide details of all spending on behalf of that individual, by the trust, for the two years April 2016 – March 2017, and April 2017 – March 2018. Please ensure information is provided for the two separate years. I am also requesting receipts for these expenses.

Such purchases might include, but are not restricted to, costs associated with private car use (e.g mileage, care hire costs); public travel (e.g, train, bus, air fares); subsistence, (e.g. meals whilst away from normal place of work and hotel costs); spending on properties including purchase costs, rent, upkeep, refurbishment costs and relocation costs. Please include any other expenses which fall outside of these categories.

Please state if any expenses submitted by the below executives across the two years were rejected, and in each example give all details, including the name of the executive, the cost of the expense submitted, where it was purchased from, what it was for and the reason it was rejected. I am also requesting the receipts for these items.

Response Sent

SUMMARY OF DIRECTORS EXPENSES APRIL 2015- MARCH 2017

NAMES		TITLE	2016-17 £'s	2017-18 £'s
Jenkins, P	Chief Executive		604.35	36.40
Noys, T	Deputy Chief Executive and Director of Finance		0.00	6.99
Senior, R	Medical Director		0.00	0.00
Hodges, S	Children, Young Adults and Families Director (CYAF)		231.65	0.00
Stern, J	Adult and Forensic Services Director (AFS)		131.24	0.00
Lyon, L	Director of Quality and Patient Experience		0.00	0.00
Rock, B	Director of Education and Training and Dean of Postgraduate Studies		263.50	91.52
Thomas, S	Director of Human Resources		221.53	0.00
Caldwell, C	Director of Nursing		0.00	605.64
de Sousa, C	Director of Human Resources		137.00	0.00
Thomas, L	Associate Director of Marketing & Communications		109.56	0.00
Wyndham Lewis, D	Director of Information Management & Technology		0.00	0.00
Total			<u>1698.83</u>	<u>740.55</u>

*Payment
TVP July*

Title: Mr	Assignment No: 24387392	Make:
Surname: Jenkins	HQ/HOSP:	Model:
Forename(s): Paul	Grade:	CC:
Home Address:	Security: 4373646	Reg No:
		Veh. Type:

Summary of Claim	Closed Mileage	Passenger Miles	Parking Fees	Bus/Train Fares	Subsistence Expenses
					£17.00

Travel / Expenses Claim Form - Statutory Declaration

I DECLARE

Section One

- (a) The mileage and other expenses claimed overleaf were incurred whilst on the business of the Trust and are in the accordance with the appropriate Agenda for Change or Hospital Medical and Dental Terms and Conditions of Service. For further details please see the Trust's Expenses Claims Procedure available on the Intranet.
- (b) That no claim in respect of any mileage / expense claimed overleaf has been made elsewhere.
- (c) That a public service was not available or was not suitable except for those journeys so indicated.
- (d) That the insurance policy in respect of the vehicle stated provides cover whilst it is being used on official business for full Third Party insurance including cover against the risk of injury to, death of passengers and damage to or theft of property and that the policy covers the period of claim.
- (e) Please note that any claim identified as fraudulent may render the claimant liable to proceedings
- (f) All claims must be made within 6 months of the expense being incurred.

Section Two Recalled to Work

- With regards to the journeys indicated as Tax Exempt, I certify that the following conditions existed at the time.
- (a) I gave advice on the handling of the emergency before starting the journey.
 - (b) I accepted the full responsibility for those aspects of the emergency, which were appropriate to my duties at the time.
 - (c) I retained the responsibility for those aspects of the emergency which were appropriate to my duties whilst travelling to the scene of the emergency.

Section Three

- (a) Enter official mileage for each journey from headquarters or base to the place visited.
- (b) Enter actual mileage travelled on journey. This may differ from official mileage if journey did not start from headquarters or base.
- (c) Actual mileage paid will be the lesser of (a) or (b).
- (d) Where mileage is claimed, the postcodes of the start point and the end point must be stated.

Receipts:

Please note that HMRC require that all relevant receipts are submitted with the claim. Claims will be returned if receipts are not attached.

Employee's Signature: *Paul Jenkins* Date: *19/5/2017* Contact Number: *2906*

Manager's Signature: *Paul Burstow* Date: *7/6/2017* Contact Number:

Manager's Name printed (new requirement) Paul Burstow

(When completed this form should be forwarded to the address below by the 2nd of the month in which payment is expected)
Finance Dept, Tavistock Centre, 120 Belsize Lane, NW3 5BA

Payroll NW P

Title: Dr
Surname: Hodges
Forename(s): Sally
Home Address:

Assignment No: 11430078
HQ/Hosp: _____
Grade: _____
Security: 23677828

Make: _____
Model: _____
CC: _____
Reg. No: _____
Veh. Type: _____

Date	Tax Exempt	Start / Finish Point and Reason for the Journey	Complete both columns			Number of Passenger Miles	Claim for Reimbursement of:		Subsistence, incidental allowance or other expenses claimed		
			Official Mileage	Mileage Actually Traveled	Claimed Mileage		Parking Fees	Bus/Train Fares	Time Depart (h:mm (optional))	Time Return (h:mm (optional))	Amount
04/10/17	✓	TRAIN - Paddington to Heathrow (for BAGIS conference 4-8th October in Glasgow)									
08/10/17	✓	TAXI - BAGIS conference to Glasgow Airport						£20.60			
08/10/17	✓	SUBSISTENCE - BAGIS conference						£20.00			
11/10/17	✓	MILEAGE - London to FDAC Kent office NW3 5BA to ME7 4NT (Gillingham) plus return trip				108					£3.89
Cost Centre - J56200											
TOTALS:						108		£40.60			£3.89

Month Paid
Payments Clerk

Date: 16-Oct-17

To comply with Inland Revenue regulations employees are required to read all sections on the Declaration sheet.
Failure to complete the form correctly will result in the claim being returned for amendment & delay payment.

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Title: DR
Surname: HODGES
Forename(s): SHAW
Home Address:

Assignment No: 114 300 78
HQ/Hosp:
Grade:
Security:
Make:
Model:
CC:
Reg.No:
Veh. Type:

Details of Journey(s) and/or Expenses			Complete both columns		Claimed Mileage	Number of Passenger Miles	Claim for Reimbursement of:		Subsistence, incidental allowance or other expenses claimed		
Date	Tax Exempt	Start / Finish Point and Reason for the Journey	Official Mileage	Mileage Actually Travelled			Parking Fees	Bus/Train Fares	Time Depart hh:mm (optional)	Time Return hh:mm (optional)	Amount
23.02.18	✓	London Euston → Manchester Piccadilly return.									
24.02.18	✓	Manchester Piccadilly → London Euston (awards ceremony for the trust).									
Cost Centre JS6200			TOTALS:								£ 80.50

Month Field
Payments Clerk

Date: 15-Jan-18

To comply with Inland Revenue regulations employees are required to read all sections on the Declaration sheet. Failure to complete the form correctly will result in the claim being returned for amendment & delay payment.

Payments Feb 2018

Title: Mr
Surname: Rock
Forename(s): Brian
Home Address:

Assignment No:
HQ/Hosp:
Grade:
Security: 11039510

Make:
Model:
CC:
Reg No:
Veh. Type:

Details of Journey(s) and/or Expenses			Complete both columns		Claimed Mileage	Number of Passenger Miles	Claim for Reimbursement of:		Subsistence, incidental allowance or other expenses claimed		Amount
Date	Tax Exempt	Start / Finish Point and Reason for the Journey	Official Mileage	Mileage Actually Traveled			Parking Fees	Bus/Train Fares	Time Depart hh:mm (optional)	Time Return hh:mm (optional)	
20/11/17		Calls to China from Personal Mobile phone									£42.67
Cost Centre											
TOTALS:											£42.67

Month Paid
Payments Clerk

To comply with Inland Revenue regulations employees are required to read all sections on the Declaration sheet.
Failure to complete the form correctly will result in the claim being returned for amendment & delay payment.

Date: 08-Jan-18

Payment Feb 30

Title: Mr	Assignment No: 24387392	Make:
Surname: Jenkins	HQ/HOSP: _____	Model: CC:
Forename(s): Paul	Grade: _____	Reg No: _____
Home Address: _____	Security: 9417844	Veh. Type: _____

Summary of Claim	Claimed Mileage	Passenger Mts	Parking Fees	Bus/Train Fares	Substance, Expenses
					£36.40

Travel / Expenses Claim Form - Statutory Declaration

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Section Two Recalled to Work

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- (d) Where mileage is claimed, the postcodes of the start point and the end point must be stated.

Receipts:

Please note that HMRC require that all relevant receipts are submitted with the claim. Claims will be returned if receipts are not attached.

Employee's Signature: *Paul Jenkins* Date: *23/1/2018* Contact Number: *2910*

Manager's Signature: *[Signature]* Date: *28/1/2018* Contact Number: _____

Manager's Name printed (new requirement) _____

Payment Due Party (21)

Title: Dr	Assignment No: 11430078	Make:
Surname: Hodges	HQ/HOSP:	Model:
Forename(s): Sally	Grade:	CC:
Home Address:	Security: 7748640	Reg No:
		Veh. Type:

Summary of Claim				
Claimed Mileage	Passenger Miles	Parking Fees	Bus/Train Fares	Subsistence Expenses
				£30.00

Travel / Expenses Claim Form - Statutory Declaration

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Receipts:

Please note that HMRC require that all relevant receipts are submitted with the claim. Claims will be returned if receipts are not attached.

Employee's Signature: *[Signature]* Date: 9/11/17 Contact Number: X 2235

Manager's Signature: *[Signature]* Date: 9/11/17 Contact Number: X 2697

Manager's Name printed (new requirement) REBEKAH SALISBURY

(When completed this form should be forwarded to the address below by the 2nd of the month in which payment is expected)
Finance Dept, Tavistock Centre, 120 Belzize Lane, NW3 5BA

Payment
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Title: Dr	Assignment No: 11430078	Make:
Surname: Hodges	HO/HOSP: Grade:	Model:
Forename(s): Sally	Security: 13969424	CC:
Home Address:		Reg No:
		Veh. Type:

Summary of Claim				
Claimed Mileage	Passenger Miles	Parking Fees	Bus/Train Fares	Subsistence Expenses
				£508.00

Travel / Expenses Claim Form - Statutory Declaration

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- (d) Where mileage is claimed, the postcodes of the start point and the end point must be stated.

Receipts:

Please note that HMRC require that all relevant receipts are submitted with the claim. Claims will be returned if receipts are not attached.

Employee's Signature: Sally Hodges Date: 6/9/17 Contact Number: 2235

Manager's Signature: R. S. [Signature] Date: 6/9/17 Contact Number: 2697

Manager's Name printed (new requirement) KAREN HALL SMLISPUREY

(When completed this form should be forwarded to the address below by the 2nd of the month in which payment is expected)
Finance Dept, Tavistock Centre, 120 Belsize Lane, NW3 5BA

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