

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 is 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 |
| | <u>Total</u> | <u>1698.83</u> | <u>740.55</u> |





| Title: Surname: | Jenkins | | nment No: HQ/HOSP: Grade: | 2438 | 7392 | Make: Model: CC: | |
|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|------------------------------------------------------------|-------------------------------------------------------|-----------------------------------------|------------------------------------|-------------------------------------------------------------------------|
| Forename(s): Home Address: | Paul | | Security: | 4373046 | | Reg.No: Veh. Type: | |
| | Summary of Claim | Claimed Mileage | Passenger Miles | Parking Fees | Bus/Train Fares | Subsistance, Expenses £17.00 | |
| | Travel / Expenses | Claim | Form | - Statu | tory D | | ion |
| I DECLARE Section One | | | | | | | |
| (a) | The mileage and other expenses claimed overleaf we for Change or Hospital Medical and Dental Terms an available on the Intranet. | ere incurred d Condition | d whilst on t as of Servic | he business o e. For furthe o | of the Trust a details pleas | and are in the e see the Tru | accordance with the appropriate Agend st's Expenses Claims Procedure |
| (0) | That no claim in respect of any mileage / expense claim at public service was not available or was not auxiliable or was not auxiliable or was not auxiliable or was not auxiliable or management of the cover against the risk of injury to, death of passenger Please note that any claim identified as fraudulent must be made within 6 months of the expe | itable exce ated provide as and dam ay render the | pt for those es cover wh age to or th he claimant | journeys so it ist it is being left of property | ndicated. used on off and that th | icial business e policy cover | for full Third Party insurance including a the period of claim. |
| Section Two | Recalled to Work | | | | ated at the t | lma | |
| With (a) (b) (c) | regards to the journeys indicated as Tax Exempt, I co I gave advice on the handling of the emergency before I accepted the full responsibility for those aspects of I retained the responsibility for those aspects of the | re starting t | the journey. | were appropr | iate to my d | uties at the tin | ne. ng to the scene of the emergency. |
| Section Three | | | | | | | |
| (a) (b) (c) (d) | Enter official mileage for each journey from headquarenter actual mileage travelled on journey. This may Actual mileage paid will be the lesser of (a) or (b). Where mileage is claimed, the postcodes of the start | differ from | official mile | age if journey | | t from headqu | erters or base. |
| Receipts: | | | | | | | |
| Plea | ise note that HMRC require that all relevant receipts an | | d with the c | aim. Claims | | | pts are not attached. |
| Employee's S | Signature: | Date | e: | Juni | | act Number | F |
| Manager's S | Signature: KWKWW | Dat | e:?(4 | 57 201 | Conta | act Numbe | r |
| Manager's Na | ame printed (new requirement) | | Paul Burs | itow | | | |

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

The Tavistock and Portman NHS Foundation Trust

| Foren | Title: urname: name(s): \ddress: | Hodges | | | HQ/Hosp: Grade: | | 30078 Make: Model: CC: Reg.No: | | | | |
|----------|-------------------------------------------|--------------------------------------------------------------------------------|---------------------|---------------------------------|--------------------|--------------------|-----------------------------------------|--------------------|---------------------------------|------------------------------------|--------|
| | | | | | Security: | 23677828 | I | Veh. Type: | | | |
| | | Details of Journey(s) and/or Expenses | Complete b | oth columns | | Number of | Claim for Rein | nbursement of: | Subsistence, in | ncidental atom | |
| Date | Tax Exempt | Start / Finish Point and Reason for the Journey | Official Mileage | Mileage Actually Traveled | Claimed Mileage | Passenger Miles | Parking Fees | Bus/Train Fares | Time Depart hh:mm (optional) | Time Return hh:mm (optional) | Amount |
| 04/10/17 | / | TRAIN - Paddington to Heathrow (for BAGIS conference 4-6th October in Glasgow) | | И | | | | £20.60 | | | |
| 08/10/17 | | TAXI - BAGIS conference to Glasgow Airport | | | | | | £20.00 | | | - |
| 06/10/17 | | SUBSISTENCE - BAGIS conference | | | | | 2 | | | | £3.89 |
| | | | | | | | | | | | |

| Date | Tax Exempt | Start / Finish Point and Reason for the Journey | Official Mileage | Actually Traveled | Claimed Mileage | Miles | Parking Fees | Bus/Train Fares | Time Depart hh:mm (optional) | hh:mm (optional) | Amount |
|----------|---------------|---------------------------------------------------------------------------------------------|---------------------|----------------------|--------------------|-------|--------------|--------------------|---------------------------------|---------------------|-----------|
| 04/10/17 | / | TRAIN - Paddington to Heathrow (for BAGIS conference 4-6th October in Glasgow) | | | | | | £20.60 | | | |
| 08/10/17 | / | TAXI - BAGIS conference to Glasgow Airport | | | | | | £20.00 | | | |
| 06/10/17 | | SUBSISTENCE - BAGIS conference | | | | | | | | | £3.89 |
| 11/10/17 | / | MILEAGE - London to FDAC Kent office NW3 5BA to ME7 4NT (Gillingham) plus return trip | | , | | 108 | | | | | |
| 11/10/17 | | (Glillinghalli) plus return trip | | | | 100 | | | | | |
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| | | Cost Centre - J56200 | | | | | | | | | |
| _ | | | | TOTALS: | | 108 | | £40.60 | | | £3.89 |
| | Month Pai | d | | | | | | | | | |
| | 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.

The Tavistock and Portman NHS Foundation Trust

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| Title: Surname: Forename(s): Home Address: SNLY | | | | nment No: HQ/Hosp: Grade: | 114 30 | | | | | | |
|-------------------------------------------------|---------------|-------------------------------------------------|---------------------|----------------------------------|--------------------|--------------------|----------------|-----------------------|---------------------------------|------------------------------------|--------------|
| nome A | uuiess. | | | | Security: | |] | Reg.No: Veh. Type: | | | |
| | _ | Details of Journey(s) and/or Expenses | Complete b | oth columns | | Number of | Claim for Reim | bursement of: | Subsistence, in | cidental allowa | nce or other |
| Date | Tax Exempt | Start / Finish Point and Reason for the Journey | Official Mileage | Mileage Actually Travelled | Claimed Mileage | Passenger Miles | Parking Fees | Bus/Train Fares | Time Depart hh:mm (optional) | Time Return hh:mm (optional) | Amount |
| 3.02.18 | / | London Euston -> Mandester | | | | | | 1/2 | | | - |
| | | Piccodilly return. | | | | | | | - | | |
| 4.02.18 | V | Manchester piccadilly -> | | | | | | | | | |
| | | London Euston | | | | | | | | | |
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| | | Cost Centre TS6 LOO | | TOTALS: | | | | | | - | 80.5 |

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,



Pasmil Feb Tu

| Forename(s): Home Address: Details of Journey(s) and/or Expenses Complete both columns | - 2 | Title: | Mr | | Assig | nment No: | | | Make: Model: | | | |
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| Home Address: Details of Journey(s) ansider Expenses | | | | - | | HQ/Hosp: Grade: | | | | | | |
| Details of Journey(s) and/or Expenses Complete both columns Date Tax Exempt Calls to China from Personal Mobile phone Calls to China from Personal Mo | | | | | | | | | Reg.No: | | | |
| Date Tax Start / Finish Point and Reason for the Journey Difficient Milesge Actually Traveled Milesge Actually Traveled Milesge Milesge Traveled Milesge Travel | 1101110.1 | | | | | Security: | 11036510 | | Veh. Type: | | | |
| Date Tax Start / Finish Point and Reason for the Journey Difficient Milesge Actually Traveled Milesge Actually Traveled Milesge Milesge Traveled Milesge Travel | | | | _ | | - Contract of the Contract of | | and the second second | 10000 | T Subsistence ii | acidontal afour | ence or other |
| Date Tax Start / Finish Point and Reason for the Journey Official Milesge Actually Traveled Milesge Actually Milesge Actually Traveled Milesge Actually Traveled Milesge Actually Milesge Actually Traveled Milesge Actually Milesge Actually Traveled Milesge Actually Milesge Ac | | | Details of Journey(s) and/or Expenses | Complete b | oth columns | | Number of | Claim for Rein | nbursement of: | | | |
| ZOTITIT Const train result from the first re | Date | | Start / Finish Point and Reason for the Journey | | Actually | | | Parking Fees | | | hhomm | 200 |
| Cost Centre TOTALS: E42.6: | 20/11/17 | | Calls to China from Personal Mobile phone | | | | | | | | | £42.67 |
| TOTALS: £42.6 | | | | | | | | | | | | |
| TOTALS: £42.6 | | | | | | | | | | | | |
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| TOTALS: £42.6 | | | Cost Centre | | | | | | | | | |
| | | _ | Toost solito | | TOTALS: | | | | | | | £42.67 |
| Month Paid | | Month Pa | ald. | | | | | | | | | |
| Payments Clark Date: 08-Jan-18 | | | s Clerk | | | | | | | | Date: | 08-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.

The Tavistock and Portman NHS Foundation Trust

Manager's Name printed (new requirement)

Paymer Feb (30.

| Title: Surname: Forename(s): Home Address: | Mr Jenkins Paul | | | nment No: HQ/HOSP: Grade: | 2438 | 7392 | Make: Model: CC: Reg.No: | |
|-----------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|-------------------------------------------|-----------------------------------------------------------|-------------------------------------------------------|------------------------------------------|------------------------------------|--------------------------------------------------------------------------|
| nome Address. | | | | Security: | 9417844 | | Veh. Type: | |
| | Summary of Cl | | laimed Neage | Passenger Miles | Perking Fees | Bus/Train Fares | Subsistence, Expenses £36.40 | |
| | Travel / E | Expenses CI | aim | Form | - Statu | tory D | eclarat | ion |
| I DECLARE Section One | | • • • • • • • • • • • • • • • • • • • • | | | | - | | |
| (a) | The mileage and other expenses of for Change or Hospital Medical an available on the Intranet. | | | | | | | accordance with the appropriate Agend is is Expenses Claims Procedure |
| (c) (d) (e) (f) | cover against the risk of injury to, or Please note that any claim identifie All claims must be made within 6 r | lable or was not suitable of of the vehicle stated death of passengers are ed as fraudulent may re | e excep provide d dama ender the | t for those s cover whi ige to or the e claimant | journeys so in list it is being aft of property | idicated. used on offi and that th | | s for full Third Party insurance including rs the period of claim. |
| | Recalled to Work regards to the journeys indicated a | T. F Lords | | faller dan e | | | | |
| (a) (b) (c) | I gave advice on the handling of the I accepted the full responsibility for I retained the responsibility for tho | ne emergency before st r those aspects of the | arting the | ne journey. ncy, which v | vere appropris | ate to my do | uties at the tin | |
| Section Three | | | | | | | | |
| (a) (b) (c) (d) | Enter official mileage for each jour Enter actual mileage travelled on j Actual mileage paid will be the les Where mileage is claimed, the pos | ourney. This may diffe ser of (a) or (b). | r from a | fficial milea | ge if journey | | t from headqu | uarters or base. |
| Receipts: | | | | | | | | |
| | se note that HMRC require that all r | elevant receipts are su | bmitted | with the cla | im. Claims | will be retu | rned if recei | pts are not attached. |
| Employee's S | ignature: Jan Jeu | uig | Date | 23/ | 1/2011 | Conta | ct Numbe | 7900 |
| Manager's S | Maril | ~~ | Date | 751 | 112011 | 223 3 | act Numbe | |

(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

The Tavistock and Portman



Travel / Expenses Claim Form - Statutory Declaration

IDECLARE 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.

 (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 overse 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 properly 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

- 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 whitst travelling to the scene of the emergency.

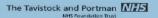
- Section Three

 (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:

Contact Number: X 2235 Date: 9[11] 17 Employee's Signature: ... Date: 9/1//7 Contact Number: × 2697 REBERAH SALISBURY Manager's Name printed (new requirement)

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





| Title: Surname: Forename(s): Home Address: | Hodges | Assignment No: HQ/HOSP: Grade: Security: | 11430078 | 8 Make: Model: CC: Reg.No: Veh. Type: | |
|-----------------------------------------------------|------------------|------------------------------------------|----------|---------------------------------------------------|--|
| | Summary of Claim | Claimed Passenger Mileage Miles | | s/Train Subsistence, Fares Expenses £508.00 | |

Travel / Expenses Claim Form - Statutory Declaration

IDECLARE Section One

- 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 Charge or Hospital Medical and Dental Terms and Conditions of Service. For furthe 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 do no distail 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 not 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.

 (e) I secoped the full responsibility for those aspects of the emergency, which were appropriate to my duties at the time.

 (f) I retained the responsibility for those aspects of the emergency, which were appropriate to my duties whilst travelling to the scene of the emergency.

Manager's Name printed (new requirement)

Section Three

- (d) 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.

 (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 su | bmitted with the claim. Claims will | be returned if receipts are not attached. |
| Employee's Signature: Show Howard | Date: 6/9/17 | Contact Number: 2235 |
| Manager's Signature: | Date: 6/9/17 | Contact Number: 2697 |

(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

LEBERAH SALISPURY

