

Young Patients Family Fund Terms and Conditions

(formerly the Neonatal Expenses Fund)

March 2022



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Young Patients Family Fund

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1. About This Document

This document contains the terms and conditions for the claiming of expenses under the Young Patients Family Fund (YFFF) from 26 July 2021. This document is for NHS staff conducting work relevant to the fund (e.g finance staff, neonatal unit staff, staff on paediatric wards, staff on adult wards caring for young patients under the age of 18) and members of the public who wish to claim under the fund.

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

2. Glossary of Key Terms - Definitions

Young Inpatient - refers to a baby, child or young person up to age 18 who is admitted to an available staffed bed in a hospital (either electively or as an emergency) and either: remain overnight whatever the original intention; or are expected to remain overnight but are discharged earlier.

Claimant – Anyone who wishes to claim under the fund.

Baby/child/young person up to the age of 18 – The eligible infant, child or young person within hospital care receiving treatment.

Eligible visitor – a visitor to a young inpatient who is eligible to claim under the Young Patients Family Fund i.e a parent/primary carer or sibling under the age of 18 who is ordinarily resident in Scotland.

Parent/primary carer – a biological parent of a young inpatient or an individual who, while not the biological parent of the young inpatient, has parental responsibility and is therefore responsible for their care and upbringing.

Relevant Healthcare Professional – clinical staff of the attending hospital.

Sibling – a brother or sister of a young inpatient. Step siblings and half siblings are also included within this definition.

3. Introduction

The Young Patients Family Fund (an extension to the previous Neonatal Expenses Fund (NEF)) is designed to support parents/primary carers and any accompanying siblings under the age of 18 with the costs associated with visiting a young inpatient aged under 18 in hospital.

4. Principles

The following principles will be applied when reimbursing expenses claims.

a) The Young Patients Family Fund is designed to provide a contribution towards the cost of visiting a young patient receiving inpatient care in hospital and may not always meet the full cost of all travel, subsistence and/or accommodation during this time.

b) Parents/primary carer and siblings under the age of 18 of the young inpatient may make a claim under the fund.

c) Inpatient care refers to a child or young person up to age 18 who is admitted to an available staffed bed in a hospital (either electively or as an emergency) and either: remain overnight whatever the original intention; or are expected to remain overnight but are discharged earlier.

d) Claims can be submitted incrementally during an on-going hospital stay (e.g. weekly) or in full for the entire stay, following discharge from the ward where the child or young person is receiving on-going treatment.

e) Claimants are expected to use the most cost effective, reasonable means of transport, taking into account the overall cost of the trip.

f) Final judgement as to the most reasonable mode of travel rests with the NHS Board within which the child inpatient is receiving care. It is the claimant's responsibility to check in advance of travel if they are in any doubt.

g) NHS Boards reserve the right to pre-book travel and/or accommodation for eligible visitors. In such a case, eligible visitors would not be able to separately booked travel and/or accommodation.

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

i) Evidence in the form of receipts showing itemised expenditure should be kept and produced for all public transport, accommodation (where not booked and paid in advance by the hospital) and parking. Receipts are not required for subsistence claims.

5. Who can claim expenses

Claims may be made by:

- Parents/primary carer and siblings (under the age of 18) of a young inpatient who is receiving hospital care in Scotland. All claimants must be ordinarily resident in Scotland.

6. Who can't claim expenses

Claims cannot be made by:

- Visitors who are not parents/primary carer or siblings (under the age of 18) of a young inpatient.
- Any person who accompanies an individual under the age of 18 to receive outpatient care.
- Any person who is not ordinarily resident in Scotland.
- Any person wishing to claim expenses incurred prior to 26 July 2021 (Note: parents of children receiving neonatal care prior to 26 July may still be able to make retrospective claims under the previous Neonatal Expenses Fund).

7. What Expenses Can Be Claimed

7.1 Transport

Claimants are expected to use the most cost effective, reasonable means of transport. Contributions towards the cost of fuel will be reimbursed at the prevailing mileage rate* per mile for up to one return car journey per day for each claimant, when they are travelling to the hospital separately on the same day and any accompanying sibling(s) up to the age of 18. If all travel together, only one return journey should be claimed.

[OR]

Public transport costs can be reimbursed in full for up to one return journey per day for each claimant on production of receipts. Only standard class travel can be reclaimed.

*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.

7.2 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 claimants should claim for a refund.

7.3 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 a visitor'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 one return journey per day.

7.4 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 one return journey by air per week for each eligible visitor.

7.5 Meals and Subsistence

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

- A contribution up to a limit of £8.50 per day per eligible visitor for food and non-alcoholic beverages will be issued. This may be purchased outside of hospital grounds. No receipts are required for the purposes of being reimbursed for meal costs however, claimants must only submit claims for their actual spend on food and non-alcoholic beverages where costs are below £8.50 per day. For example, if a claimant spends £5.50 on food then they should only claim £5.50 and not £8.50.

[or]

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

[or]

- Meal tokens or vouchers may be directly provided to eligible visitors to be used in a hospital canteen or similar.

Further detail of provision within your hospital will be provided locally. Eligible visitors are not permitted to claim for the cost of food if the hospital provides meals free of charge or meal tokens. However, in instances where the hospital can provide either monetary reimbursement for meals or free hospital meals, eligible visitors can decide which option is preferable to them.

7.6 Accommodation

NHS boards may have accommodation available to claimants 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. This should be booked, where possible, in advance by the Health Board. Reasonable is defined as the most cost effective accommodation available.

8. 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 beyond those covered by the fund.
- f) Expenses for outpatient appointments.
- g) Alcoholic drinks.
- h) Neonatal expenses incurred prior to 1st April 2018.
- i) Travel, accommodation and/or subsistence expenses associated with visiting young inpatients prior to the 26 July 2021 and the establishment of this fund. (This exclusion does not apply to the parents and carers of babies receiving neonatal care before 26 July 2021. Those individuals may still claim allowable expenses up to 26 July 2021 through the Neonatal Expenses Fund).

9. Exceptional Circumstances

9.1 Twins and multiples

In the case of twins or multiples in neonatal or paediatric care, where they are located in the same hospital, claimants are eligible to make one claim per day under the same conditions as a single baby, child or young person. The claim form should be completed with both babies', children's or young person's details and signed by hospital staff.

If twins or multiples are located within different hospitals then one claim may be made per baby, child or young person and a form should be completed and signed by each unit/ward for each baby's, child's or young person's care.

9.2 Bereavement

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

10. Making a claim

Claims must be made to the NHS Board where the young inpatient is being cared for. If the young inpatient 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 child is cared for in hospital in Glasgow, claims forms should be signed by the health professional in the ward in NHS Greater Glasgow and Clyde and then the form returned to the cash team within NHS Greater Glasgow and Clyde. If the child is later transferred to a hospital in NHS Dumfries and Galloway, subsequent claims should be signed by that ward and submitted to NHS Dumfries and Galloway.

10.1 Claim Forms

YPFF(1) Claim forms are available from wards and/or cash offices. Claimants should, in the first instance ask hospital staff where they can access hard copy claim forms. The form should be completed by (or on behalf of) the claimant of the eligible young inpatient and signed and certified as detailed on the form. This includes certification from an appropriate health professional. This includes (but is not limited to) neonatologists, neonatal nurses, paediatricians, or other health professional responsible for the child's care.

10.2 Proof of Entitlement

In all cases where expenses are claimed YPFF(1) Forms must include details of the young inpatient's admittance date/s, ward, and signed confirmation by a health professional (as detailed above) that the young inpatient 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.

10.3 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 a claimant receiving their expenses.

10.4 Retrospective Claims

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

11. 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.



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