

# THE STATE HOSPITALS BOARD FOR SCOTLAND RELOCATION POLICY

Policy Reference Number	HR39
Issue Number	4.0
Lead Author	Head of HR
Contributing Author(s)	HR Policy Sub-Group
Advisory Group	Workforce, Wellbeing and Organisational Development
	Delivery Group
Approved By	Policy Approval Group (PAG)
Implementation Date	26 March 2025
Next Review Date	26 March 2028
Accountable Executive Director	Director of Workforce

The date for review detailed on the front of all State Hospital policies/procedures/guidance does not mean that the document becomes invalid from this date. The review date is advisory and the organisation reserves the right to review a policy/procedure/guidance at any time due to organisational or legal changes.

Staff are advised to always check that they are using the correct version of any policy, procedure or guidance rather than referring to locally held copies.

The most up to date version of all State Hospital policies, procedures and guidance can be found on the Hospital's Intranet policies page.

REVIEW SUMMARY SHEET		
Changes required to policy (evidence base checked)	Yes □	No ⊠
Summary of changes within policy: None required.		

## **CONTENTS**

1	POLI	CY STATEMENT	.4
2	ELIGI	BILITY	.4
3	TIME	LIMIT	.4
4	FINA	NCIAL LIMITS AND ASPECTS OF RELOCATION EXPENSES COVERED	
	BY TH	HE POLICY	.4
	4.1	Legal and Related Expenses	.5
	4.2	Furniture Removal	.5
	4.3	Disturbance Allowance	.6
5	EMPL	OYEES LEAVING THE STATE HOSPITAL	.6
6	TAX I	MPLICATIONS	.6
7	PART	NERS	.6
8	COMI	MUNICATION, IMPLEMENTATION, MONITORING AND REVIEW	.6
9	EQUA	ALITY AND DIVERSITY	.7
10	STAK	EHOLDER ENGAGEMENT	.7
APPE	NDIX	1: APPLICATION FOR RELOCATION AND ASSOCIATED EXPENSES	8.

#### 1 POLICY STATEMENT

In providing an effective service staffed by appropriately experienced and qualified people, The State Hospital (TSH) may require to recruit staff from out-with the local area, resulting in a need for them to move home.

The State Hospital Relocation Policy facilitates such moves of home by providing financial assistance towards certain expenses commonly incurred. It is in the interests of both staff and The State Hospital that such moves be completed with minimum disruption to both personal and working life, and the Senior Management Team is committed to ensuring the fair and equitable implementation of this policy.

#### 2 ELIGIBILITY

Identification of posts which may potentially attract relocation expenses should take place in advance of the recruitment exercise. The decision as to whether a post will attract relocation expenses rests with the Lead Director.

Assistance with certain relocation costs may be made available to employees who require to move house in order to take up employment at TSH. To qualify for assistance such moves must be to within one hour's travelling time, at peak times, of the hospital. Where the requirements of the job mean that an employee would not be able to fulfil their duties because of the distance of travel to work e.g. to fulfil on-call requirements, removal and associated expenses may also be payable. Qualifying staff must complete an Application for Relocation and Associated Expenses form (see Appendix1).

Where staff are in doubt about eligibility under the policy, reference should be made to the Lead Director in the first instance and in advance of incurring any expenditure for which reimbursement is to be claimed.

#### 3 TIME LIMIT

All aspects of the removal should normally be concluded within a period of twenty six weeks effective from the commencement date in the post to which the relocation expenses relate. The Lead Director has certain discretion to extend this period to take account of special circumstances / difficulties. Such extensions will normally be up to a maximum period of thirty-nine weeks. Requests to extend the period to up to one year may only be considered by the Chief Executive on receipt of a full stated case.

# 4 FINANCIAL LIMITS AND ASPECTS OF RELOCATION EXPENSES COVERED BY THE POLICY

The maximum sum that will be reimbursed for relocation expenses is £8,000. Subject to that upper limit on claims for relocation expenses, there are three elements of TSH's relocation package under which claims can be made. These are:

- Legal and Related Expenses.
- Furniture Removal.
- Disturbance Allowance.

It is the individual's responsibility to co-ordinate all aspects of the removal. It should be noted that legal and related expenses are only included in respect of property within the United Kingdom.

Similarly, furniture removal expenses would only apply within the United Kingdom or from the port of entry if moving from abroad.

#### 4.1 Legal and Related Expenses

The provisions of this section apply where, at the time of the appointment, the employee meets TSH's definition of a householder i.e. occupies unfurnished accommodation of more than one main room, which is either rented, leased or owner-occupied.

Payment of these expenses will be based on the value of the selling property; any demonstrable improvement in the standard of accommodation being bought will mean that payment will be restricted by reference to the price of the selling property.

TSH will reimburse the costs of legal conveyancing in connection with one house sale and one house purchase, including:

- Necessary short-term rental up to a maximum of 6 months.
- Mortgage redemption fees.
- Conveyance fees.
- Outlays e.g. Recording Dues, Searches and Property Enquiry Certificates.
- Actual sales commission of up to 1% of the selling price of the house.
- One single column, semi-display advertisement in the property section of the appropriate local newspaper.
- One standard entry in the appropriate local Estate Agents' / Solicitors' property advertising lists
- Electronic advertising on relevant websites.
- Mortgage valuation report.
- When deemed appropriate by the Chief Executive, the Hospital will pay the interest charges on a bridging loan not exceeding the estimated selling price of the selling property. The maximum period of reimbursement will not exceed 2 months.
- The employee will be responsible for the cost of:
  - Mortgage Insurance.
  - Any additional advertising and/or marketing costs agreed with the selling agents.
  - More detailed survey reports than those contained in a mortgage valuation report e.g. a homebuyer report (Option 2) or structural surveys.
  - The fourth and any subsequent mortgage valuation report.

#### 4.2 Furniture Removal

TSH will reimburse the cost of:

- One household removal of up to two thousand five hundred cubic feet capacity, including into and out of storage where appropriate.
- Storage for up to *nine weeks* if necessary.
- Standard indemnity insurance cover up to the value of £100,000.

Employees are responsible for the cost of removal, insurance and storage of:

- Unusual or specialised items which might require specialist handling, or incur additional charges, e.g. garden sheds, greenhouses, swings, grand pianos etc.
- Dangerous items as specified by the removal contractor.

Employees must obtain three written quotations for furniture removal and, although they may choose which firm to use, will only be reimbursed the equivalent of the lowest quotation including standard insurance.

It is Hospital policy to provide financial assistance, for selected posts only, to newly appointed staff who, as a direct result of accepting the appointment, necessarily incur expenses in moving home nearer to the Hospital.

This policy should be read in conjunction with any agreement made individually with an employee in receipt of relocation expenses. Any individual agreement seeking to vary from the policy requires to be confirmed in writing by the Chief Executive.

#### 4.3 Disturbance Allowance

To defray the numerous and varied expenses incidental to moving, TSH provides a disturbance allowance. This is equivalent to 10% of basic annual salary, at date of appointment, but subject to upper and lower limits. To receive this allowance, the employee must both be occupying the new permanent accommodation, and have taken up the post. The actual amount is specified in the employee's individual agreement. The reference points used to calculate those limits are 10% of the maximum point of Agenda for Change Band 7 (excluding allowances) and 10% of the minimum point of Agenda for Change Band 5 (excluding allowances). The selection of Agenda for Change salary points as opposed to any other staff salary points is not significant these provide an appropriate financial level, which will be subject to automatic review by means of any annual increase to Agenda for Change.

#### 5 EMPLOYEES LEAVING THE STATE HOSPITAL

With the exception of cases of redundancy, premature retirement, or death in service, all or part of the costs and allowances paid to an employee in respect of the relocation will require to be repaid should that employee leave the employment of TSH within two years of the date of appointment. In such cases repayment on a pro-rata basis equal to the unexpired portion of the two year period will be required.

#### **6 TAX IMPLICATIONS**

Employees should note that in some circumstances the receipt of the relocation package may result in a tax liability and that they have a duty to satisfy themselves on the nature and scope of such liability. TSH will endeavour to advise employees, on request, of the prevailing position but the hospital will in no way be responsible for this liability on the employee's behalf. Details of how such tax is paid will also be available.

#### 7 PARTNERS

Employees are required to declare at the outset if a partner or other member of their household is eligible to claim relocation expenses from another employer / source (or same employer) in respect of the same move. No payment will be made by TSH for any expense that is being paid from another source. Efforts will be made to reach agreement on the level of assistance offered but the Chief Executive has discretion to modify the package as considered appropriate in the circumstances.

#### 8 COMMUNICATION, IMPLEMENTATION, MONITORING AND REVIEW

This policy will be communicated to all stakeholders within The State Hospital via email, the intranet and the staff bulletin.

The Workforce, Wellbeing and Organisational Development Delivery Group will be responsible for ensuring this policy is properly and fairly implemented and monitored.

Any deviation from policy should be notified directly to the policy Lead Author. The Lead Author will be responsible for notifying the Advisory Group of the occurrence.

The policy will be reviewed in partnership every 3 years.

#### 9 EQUALITY AND DIVERSITY

The State Hospitals Board (the Board) is committed to valuing and supporting equality and diversity, ensuring patients, carers, volunteers and staff are treated with dignity and respect. Policy development incorporates consideration of the needs of all Protected Characteristic groups in relation to inclusivity, accessibility, equity of impact and attention to practice which may unintentionally cause prejudice and / or discrimination.

The Board recognises the need to ensure all stakeholders are supported to understand information about how services are delivered. Based on what is proportionate and reasonable, we can provide information/documents in alternative formats and are happy to discuss individual needs in this respect. If information is required in an alternative format, please contact the Person-Centred Improvement Lead on 01555 842072.

Line Managers are responsible for ensuring that staff can undertake their role, adhering to policies and procedures. Specialist advice is available to managers to ensure that reasonable adjustments are in place to enable staff to understand and comply with policies and procedures. The EQIA considers the Protected Characteristic groups and highlights any potential inequalities in relation to the content of this policy.

#### 10 STAKEHOLDER ENGAGEMENT

Consultation was undertaken at the time of policy development. Following review of the policy there have been no changes to current practice. Therefore engagement with Key Stakeholders has not been necessary for the 2024 review.

Key Stakeholders	Consulted (Y/N)
Patients	NIA
Staff	NIA
Carers	NIA
Volunteers	NIA

## **APPENDIX 1: APPLICATION FOR RELOCATION AND ASSOCIATED EXPENSES**

# THE STATE HOSPITAL APPLICATION FOR RELOCATION AND ASSOCIATED EXPENSES

NAME	MARITAL STATUS		
ADDRESS			
POST APPOINTED TO	START DATE		
PRESENT EMPLOYER			
If you own:	If you rent:		
How many rooms - Approximate market value - £	Monthly rental - £		
Do you intend to move your family and belonging	gs to this area? YES / NO		
Do you intend buying a larger house than you cu	rrently own? YES / NO		
Do you intend to rent permanent accommodation	n? YES / NO		
During your search for accommodation do you require help to find temporary accommodation? YES / NO			
Would you prefer to stay with friends / relatives i	n the area? YES / NO		
Signed Dated			
Please return this form to the Human Resources Department, The State Hospital, Lampits Road, Carstairs, ML11 8RP			
For Office Use			
Authorised	Dated		
Subject to			
Confirmed to applicant			

# **RELOCATION AND ASSOCIATED EXPENSES**

# **EMPLOYEE UNDERTAKING**

Please return to: Human Resources Department The State Hospital Lampits Road Carstairs ML11 8RP

# **RELOCATION CLAIM FORM**

Please use this form to progress claims for expenses as incurred. Receipts or invoices should be provided.

Name			
Job Title			
Department			
Payroll Number			
Start/Transfer Date			
Legal and Related ex	noneae		
Date Date	penses	Detail	£
Date		Botan	
Total			
Francis no Domondo	Ct		
Furniture Removal ar Removal Quotations	iu Storage		
Date	Detail		
<date></date>	Control   Con	uotation 1>:	
	<removal q<="" td=""><td></td><td></td></removal>		
	<removal q<="" td=""><td></td><td></td></removal>		
Removal Claim	· · · · · · · · · · · · · · · · · · ·		£
Date	Detail		
<date></date>	<removal cla<="" td=""><td colspan="2"><pre><removal claim="" description="">:</removal></pre></td></removal>	<pre><removal claim="" description="">:</removal></pre>	
Total			
appointment.	•	iivalent to 10% of basic annual salary, a	
Date Detail			£
Total			, I
Total to be paid			
Employee Declaration:			
•			
		and receipts and confirm that I have re	
		s. I understand that should I leave the	
		able to repay all or part of these monies on of the two year period.	calculated on a pro
rala vasis Equal 10 lile l	meyhilea horiic	on the two year period.	
		er member of my household who is elig loyer/source (or the State Hospital) in re	
Employee Signature:Date:			
Authorisation: Date: Date:			
(Director)		Date:	,