Work Instruction	Expenses process for all staff
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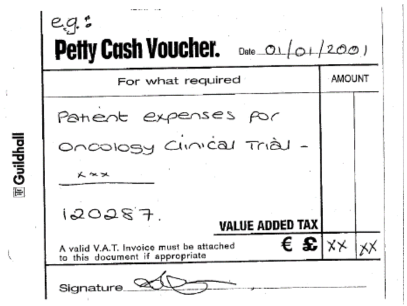
CONTENTS:

1.0	**Purpose, Scope & Objectives**
	This instruction describes the process of paying patient expenses incurred by trial participants, whilst on a clinical trial. This process is applicable only to those trials that have agreed to pay expenses and is intended to ensure consistency within the department and swift payment to the patient.
2.0	**Personnel & Responsibilities**
	All Oncology Clinical Trial Staff
3.0	**Background**
	During the course of participating in a clinical trial patients are often required to attend hospital more frequently, have extra investigations and may have longer visits. Many clinical trials will cover the expenses incurred by the participant and if they do it is important that these payments are turned around quickly making sure the patient isn't 'out of pocket' for long and that the department honours the commitment to reimburse the patient. It is important that expenses are worked out accurately and the processes described in section 7.0 are followed in conjunction with Trust financial governance policies to ensure that there is no fraud or loss of income to the Trust.

4.0	**Definitions**
	SD = Source Data
5.0	**Health & Safety**
	As per Trust policies and guidance: - Information Governance Policy V5 (January 2019) - Financial governance policy
6.0	**Equipment & Documentation**
	Patient Case Report Form (red folder) White sticker Expenses form (July 19)
7.0	**Procedure**
	At Study Set-up - Admin to update Red & Green team expenses folders with details of what expenses are being paid for each trial as they open, this will usually be done following SIV. - Nurses to either include or exclude the expenses section when creating the SD sheet for the newly opened study. Use SD templates saved in G drive **On patient entering a trial** - HCA team to check if expenses are being paid whilst they are prepping, this information will be in the folders labelled 'Red Team Expenses' & 'Green Team expenses' and these folders are kept in the main trials office. - If expenses are being paid HCA team to include an expenses form in an A4 Poly pocket and place this in the SD folder, if the patient does not have a current SD folder then place the expenses form with the relevant consent form. - Put a white sticker on the patients front sheet in the SD folder. - Nurses to discuss expenses allowance with the patient at or around the time of consenting, (nurse to use clinical judgement as to the timing of this conversation) - Nurse to complete white sticker with the following information: **Name of Trial: e.g. CANOPY-1** **Allowance: e.g. 45p a mile (up to £30 per visit) plus £5.00 subsistence allowance / inconvenience payment etc.** **Mileage: e.g. 30-mile round trip** *(this can be worked out using google maps or route planner web sites - enter the patients post code, followed by the hospital post code and double the miles, as we are paying for a round trip, not just the journey to the hospital)* **Toll: e.g. £1.50** **Parking: e.g.£2.50** **On patient attending for subsequent trial visits** - HCA team to check if expenses are being paid whilst prepping and include expenses form in the SD folder if they are. - Admin/HCA team to check on EDGE whether the patient has been paid for this visit previously using the following steps: 1. Log into EDGE 2. Search for the correct project name 3. Select Derriford Hospital 4. Find the patient who you are looking for and select that patient 5. On the right hand side of the page you will see a list, click on 'costs'

6. This will show you the date the patient was paid and how much for and will allow you to check what visits they have been paid for already

- Nurses to complete the expenses form including scan dates, visit dates & all journeys made as part of the patient's involvement in the trial.
- Nurses to give the completed expenses form to admin
- Admin to complete the following:
    - budget number (120287)
    - complete petty cash voucher (example below) and make 2 copies
    - go to cashiers and collect money
    - Attach money to expenses form and put in filing cabinet in Julie's office
- Nurse to give the patient their expenses and ensure the form is signed and dated (patient and nurse)
- Nurse to hand completed expenses form to admin team
- Admin team to complete the following:
    - Copy the expenses form and attach a copy of the petty cash slip to each form.
    - Enter details on EDGE (Trial→Patient→Costs→Add single cost).
    - Anonymise the copy of the expenses form/petty cash slip and pop in the expenses folder for R&D. Form needs to be anonymised for information governance purposes.
    - Put original expenses form/petty cash slip in the expenses folder and complete the tracker at the front of the folder.
- Once a month take expenses forms to R&D (Admin)


e.g.:
Petty Cash Voucher. Date 01/01/2001
For what required | AMOUNT
Patient expenses for Oncology Clinical Trial - xxx
120287.
VALUE ADDED TAX
A valid V.A.T. Invoice must be attached to this document if appropriate
€ £ XX XX
Signature
Guildhall

NB Patient expenses can only be paid after the visit and not before the patient has attended

8.0 References

UHPNT Information Governance Policy V5 (January 2019)
Financial Governance Policy

9.0 List of Appendices

N/A

10.0 Document Control

All Work Instructions are stored on the shared research drive: G/Research Common/Training & Education/How To work instructions/

Printed copies are not controlled and therefore may not be the current version of the document.

11.0 Training Record & Competency Assessment

Records of the training and competency assessment for this work instruction shall be retained by the nominated educator for the staff group involved.

	All staff members have a responsibility to retain their own training records for continuing personal & professional development.
12.0	**Monitoring Compliance and Effectiveness**
	The Administration team will monitor for compliance and raise any issues with the Team Leader as they occur.
13.0	**Revision History**
	Issue 1 – First issue
14.0	**Managerial Approval**

Name	Signature	Title	Date
Author			
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