

Policy Title: Remuneration for Senior Medical & Dental Staff Covering Absent Colleagues

Date	Version
July 2013	9.3

Purpose

To ensure all doctors use this policy to be paid correctly for covering absent colleagues.
That there are no agreements made outside of this policy for this type of cover

Who should read this document?

All Senior Medical and Dental Staff
All Managers

Key messages

All doctors on the affected rota shall have the option to participate equally in the redistribution of additional work when a vacancy occurs. However, the Trust recognizes that not all doctors in the affected specialty will be willing or able to take part to the same extent. Therefore, it is the responsibility of the Clinical Director/Service Line Director of that affected specialty to ensure that any division of the work is acceptable to all parties. No doctor will be expected to work outside the terms of the local arrangement regarding the European Working Time Directive without their express agreement.

Accountabilities

Production	Martyn West, Chair LNC Yvonne Linley-Shaw, Medical Workforce Business Partner
Review and approval	MSP
Ratification	Director of HR & OD
Dissemination	Medical Workforce Office
Compliance	Medical Workforce Office

Links to other policies and procedures

Remuneration of Additional Clinical Work Policy

Version History

7.1	October 2008	Approved by the Medical Staff Panel
7.2	February 2009	Approved by the Medical Staff Panel
7.3	August 2009	Reformatted, EIA, Dissemination Plan & Checklist included
8.1	May 2010	Pre MSP 13/5/10
8.2	May 2010	Post MSP 13/5/10 – amended payments section & policy changed to incorporate all senior M&D staff
8.3	January 2011	Approved by the Medical Staff Panel
9.1	November 2018	Extended to April 2019 by HR SMT

9.2	August 2019	Extended to April 2020 by Louise Tate
9.3	September 2020	Extended to April 2021
Last Approval		Due for Review
September 2013		Extended to April 2021

PHNT is committed to creating a fully inclusive and accessible service.

Making equality and diversity an integral part of the business will enable us to enhance the services we deliver and better meet the needs of patients and staff.

We will treat people with dignity and respect, actively promote equality and diversity, and eliminate all forms of discrimination regardless of (but not limited to) age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage/civil partnership and pregnancy/maternity.

An electronic version of this document is available on the Trust Documents Network Share Folder (G:\TrustDocuments). Larger text, Braille and Audio versions can be made available upon request.

Section	Description	Page
1	Introduction	4
2	Prolonged Sickness and other unplanned absences	4
3	Definitions – On-call Work and Predictable Direct Clinical Care	5
4	Duties	6
5	Overall Responsibility for the Document	7
6	Consultation and ratification	7
7	Dissemination and Implementation	7
8	Monitoring Compliance and Effectiveness	7
Appendix 1	Request for Additional Clinical Sessions Form	8
Appendix 2	Dissemination Plan	11
Appendix 3	Review and Approval Checklist	12
Appendix 4	Equality Impact Assessment	13
Appendix 5	Approval	15

1 Introduction

This agreement sets out the conditions under which additional temporary Programmed Activities will be paid to Senior Medical and Dental Staff who provide cover for absent colleagues.

Remuneration for work under this policy is £115 per hour plus a single inconvenience payment of £115

2 Prolonged Sickness and other unplanned absences

- 2.1 When a Senior Medical and Dental employee has reported sick, an assessment should be made by the Care Group Director/Service Line Director as to the likely date of return to work. If it appears that the absence will not continue for longer than 72 Hours, then Schedule 2, para 3** will apply. If likely to continue past 72 hours, the Trust may ask for the terms of schedule 2, paragraph 3 to be extended whilst the Trust makes alternative arrangements.

*** (extract from the consultant contract terms and conditions – Schedule 2, para 3)*

- 2.2 Consultants shall be expected in the normal run of their duties to deputise for absent consultant or associate specialist colleagues so far as practicable, even if on occasions this would involve interchange of staff within the same employing organisation. This does not include deputising where an associate specialist is on a rota with doctors in training. When deputising is not practicable, the Trust (and not the consultant) shall be responsible for the engagement of a locum tenens, but the consultant shall have the responsibility of bringing the need to the Trusts notice. The Trust shall assess the number of Programmed Activities required.

(extract from the associate specialist and specialty doctor terms and conditions - Schedule 2, para 3)

- 2.3 Doctors will be expected to be flexible and to cooperate with reasonable requests to cover for their colleagues' absences where they are safe and competent and where it is practicable to do so. Where doctors undertake duties in accordance with this paragraph and such duties take place outside of their contracted hours they will receive either an equivalent off duty period or remuneration. *(as per this policy)* Where this adversely impacts on the Job Plan and/or opportunities for individual doctors a temporary Job Plan will be agreed for the period of cover. Where covering is not practicable, the employing organisation (and not the doctor) shall be responsible for the engagement of a locum tenens, but the doctor shall have the responsibility of bringing the need to the employers notice.
- 2.4 Vacancy due to retirement, resignation or official secondment to duties outside the Trust, e.g. MOD secondment, maternity leave and other planned absences;
- 2.5 Vacancy due to expansion of the Service. When the Trust recognises the need to expand the service in a particular specialty, either as a result of unmet demand or the change in service provision and a vacancy is recognised and funding been identified, then payments as per the Remuneration for Additional Clinical Work will apply.

When a vacancy or absence occurs, the Care Group Director/Service Line Director, in consultation with the Medical Director when required, shall determine the nature and type of additional, essential work to be done by relevant colleagues until such time as the vacancy is filled, substantively or by a locum. There are two types of work, each of which should be considered separately.

1) On-call Work

Additional On-Call work will be remunerated by using the agreed on-call PAs figure (Section 2, of the Job Plan form) as already agreed in the job plan of the absent colleague.

See example below, if this is split between more than one colleague, this will be paid proportionately as appropriate.

Eg. One night on-call. - the predictable and unpredictable PA value as timetabled in the absent colleagues job plan i.e. 0.5PA in premium time this is 1.5 hours x remuneration payment + inconvenience payment = total payment for the night on-call.

Each clinical team should have an "on-call ladder" for short term cover and the person at the top of the ladder be responsible for contacting the next person down if they were unable to cover.

2) Predictable Direct Clinical Care (not on call work)

This should be remunerated as stated in the introduction but does not include the inconvenience payment..

Onerous Rotas

PHNT recognises that absences within small specialties have a significant impact on those remaining. Where an absence occurs in a group of four or less, the remaining clinicians will initially be paid for additional work as in point 1 above. If the absence continues beyond a two-week period, then the remaining consultants will subsequently be paid the number of contracted DCCs for additional, essential daytime activity which would normally be provided by their absent colleague, shared as equally as possible, This will be dependent upon their willingness and ability to either deliver or appropriately supervise the delivery of care such that clinical activity is sustained.

Additional on-call work will be remunerated separately to this as at point 1 above.

Eg. Consultant absent from team of 4 normally delivers 6 DCCs. Care Group Director/Service Line Director confirms 3 DCCs need to be covered and the remaining 3 consultants then pick up 1 DCC each.

This agreement will operate for a maximum of three months in recognition of the onerous commitment, after which time this may need to be renegotiated.

Where Senior Medical and Dental Staff are required to cover an absent colleague approval must be obtained.

A 'Request for Additional Clinical Session' form should be completed (Appendix 1). This form identifies the reason and purpose of the session, the number of patients planned and where applicable any additional resources required to carry out the session.

Details of how the clinical staffing requirements of these sessions is to be arranged must be given. Where sessions are provided and payments claimed within existing Planned Activity time this activity must be re-provided. Details of how and when this time will be rescheduled must be included on the request form.

The forms must be completed by the Service Line Cluster Manager and be approved by

1. The Service Line Director

2. The Executive Review Panel

All forms that require approval from the Executive Review Panel should be emailed to *plh-tr.ExecutiveReviewPanel@nhs.net* (address can be found in the nhs.net global address book) by 2pm on a Monday for review on Tuesday. Hard copies must be marked for the attention of the Executive Review Panel and sent to the Finance Department.

If urgent approval is required then approval from the Director of Finance or Chief Operating office must be obtained. For very short notice cover then retrospective approval must be obtained.

Once approved an ID number will be issued which must be used on all the associated claim forms for the additional session payments.

Clinicians claim payments for additional session by completing an 'Additional Activity/Sessional Claim form'.

These must be completed fully and then authorised by the Service Line Manager or Director.

All forms must be rigorously checked to ensure they are correct

- An approval ID number is included
- Times of sessions are correct
- No other payment has been awarded for this period under existing contract terms (job plan).
- Correct rates are used
- Calculations are correct
- Correct breaks have been taken and are not paid

Once completed and authorised the forms should be sent to the Finance Department. If not correctly completed then the forms will be returned to the originator.

All claims should be submitted within one month of the session date.

A reconciliation will be done between the sessions approved and the payment claims received and any payment claims not covered by the approved request form will not be paid.

5 Overall Responsibility for the document

Director of HR and Organisational Development

6 Consultation and ratification

The Medical Staff Panel will be consulted and the document will be ratified by the Director of HR and Organisational Development.

7 Dissemination and Implementation

This document is published on the Trust Document Network Share Folder. The Clinical Information Systems Governance Manager is responsible for holding and maintaining a master file containing a register and a signed copy of the policy and corresponding Equality Impact Assessment.

The Clinical Information Systems Governance Manager will ensure that old versions of the policy are archived in the archive master file. Access to archived documents will be through the Clinical Information Systems Governance Manager

The Clinical Information Systems Governance Manager will issue the policy numbers and maintain an index that will include the document's title, policy number and version, owner, issue date and next review date.

The approvals are indicated by the front sheet of the document as is the version control.

Following approval and ratification by the above group, this policy is being rolled out across the Trust.

Publication of this policy has been publicised in Vital Signs, the Trust's weekly staff news briefing. All Directorate Managers will have had the policy sent to them and it is available electronically on the Trust Document Network Share Folder

8 Monitoring compliance and effectiveness

The Trust will undertake a regular audit of the processes specified in this policy. It should be noted that the responsibilities in this policy are enforceable and that managers (and employees where applicable) failing to uphold their responsibilities may find themselves in breach of internal disciplinary policies.

**PLYMOUTH HOSPITALS NHS TRUST REQUEST FOR
ADDITIONAL CLINICAL SESSION**

Please complete this form in BLOCK CAPITALS

VERSION 1 (JUNE 2013)

Service Line:	Request type: Additional Capacity / WLI / Covering absent colleague/Acting down
Reason for additional session/capacity:	
Clinical Staffing arrangements: (Please include details of any rescheduling of PA time required)	

Session Dates	Day of week	Time of activity

<u>For Additional Sessions /WLI</u>	Type of session: e.g. OP, Theatre, MRI, Reporting etc	
Planned Lead Clinician:	Diagnostic/Support services informed: Yes / No	No. of patients planned:

Other resources required to support this request: (i.e. theatre staff, anaesthetists etc)

Staffing (Grade/Band/WTE)	Department	Hours / Sessions

For completion by Service Line Cluster Director

I have checked and am satisfied that it is not possible to deliver the target referred to above from within my planned capacity. The additional activity requested will be delivered in the most cost effective manner possible any rescheduled time reprovred.

Service Line Cluster Director
Signature:

Print Name:

Date:

For completion by Executive Review Panel

Activity Approved / Declined

Reason:

Approval Code (To be used on Claim Forms)

Authorising Signature :

Print Name:

Date:

EXPLANATORY NOTES ON COMPLETION OF THIS FORM

REQUEST TYPE	Additional Capacity – Additional theatre slots or clinics requested – Temporary additional clinical work IAW TRW HUM POL 178/4 Waiting list initiatives Cover – Consultant cover for absent colleagues IAW TRW HUM POL 180/7 Acting down – Cover by Consultants and Associate Specialist IAW TRW HUM PRO 92/4
REASON FOR ADDITIONAL ACTIVITY	Please complete indicating target the activity is designed to address e.g. Cancer (2 week, 31 day, 62 day), 2 week rapid access, 18 week RTT, Diagnostic. Include brief background info on current state of target e.g. nos breaching, longest waits, etc. If covering or acting down please give details of circumstances
CLINICAL STAFFING	Please provide details of how the Clinical Staffing requirements will be provided. For example if it is to be made up of out of hour working or if provided within existing PA time. Please include details of any rescheduling of PA time required and state how and when this time will be rescheduled.
SESSION DATE	Enter date of planned session(s).
TIME OF ACTIVITY	The planned start time of the activity must be completed, if a 24 hours clock is not used please state AM or PM.
TYPE OF SESSION	Enter the activity type (TH, OP, CT, MRI, US, PF, IR, CP, etc.), location, or the theatre number or the code of the outpatient clinic
PLANNED LEAD CLINICIAN	Enter the name of the lead Clinician who it is planned will undertake the additional activity.
DIAGNOSTIC/SUPPORT SERVICES	Other relevant Diagnostic and Support Services e.g. INFORMED Imaging, Pathology, SDU have been informed (Yes / No)
OTHER RESOURCES REQUIRED TO SUPPORT THIS REQUEST	Identify any other resources required to support the request e.g. Theatre team (please detail the full team including anaesthetist), clinic nurses, admin and clerical staff, medical secretary, SDU, Recovery, Pre-op and Diagnostis etc.
APPROVAL CODE	Once approved the Finance department is to enter the approval code. This is to be quoted on all individual claim forms related to the approved activity.
IF THIS FORM IS INCOMPLETE/INCORRECT WHEN SUBMITTED, IT WILL BE RETRUNED AND AUTHORISATION MAY BE DELAYED	

Core Information

Document Title	Remuneration for Senior Medical and Dental Staff Covering Absent Colleagues
Date Finalised	
Dissemination Lead	Medical Workforce Business Partner

Previous Documents

Previous document in use?	no
Action to retrieve old copies.	

Dissemination Plan

Recipient(s)	When	How	Responsibility	Progress update
Medical & Dental Consultants		Electronic	Medical Workforce Business Partner	
Directorate Manager Clinical Director and Service Line Directors		Electronic	Vital signs	

Review		
Title	Is the title clear and unambiguous?	Y
	Is it clear whether the document is a policy, procedure, protocol, framework, APN or SOP?	Y
	Does the style & format comply?	Y
Rationale	Are reasons for development of the document stated?	Y
Development Process	Is the method described in brief?	Y
	Are people involved in the development identified?	Y
	Has a reasonable attempt has been made to ensure relevant expertise has been used?	Y
	Is there evidence of consultation with stakeholders and users?	Y
Content	Is the objective of the document clear?	Y
	Is the target population clear and unambiguous?	Y
	Are the intended outcomes described?	Y
	Are the statements clear and unambiguous?	Y
Evidence Base	Is the type of evidence to support the document identified explicitly?	Y
	Are key references cited and in full?	Y
	Are supporting documents referenced?	Y
Approval	Does the document identify which committee/group will review it?	Y
	If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document?	Y
	Does the document identify which Executive Director will ratify it?	Y
Dissemination & Implementation	Is there an outline/plan to identify how this will be done?	Y
	Does the plan include the necessary training/support to ensure compliance?	Y
Document Control	Does the document identify where it will be held?	Y
	Have archiving arrangements for superseded documents been addressed?	Y
Monitoring Compliance & Effectiveness	Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document?	Y
	Is there a plan to review or audit compliance with the document?	Y
Review Date	Is the review date identified?	Y
	Is the frequency of review identified? If so is it acceptable?	Y
Overall Responsibility	Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the document?	Y

Core Information

Manager	Medical Workforce Business Partner
Directorate	HR
Date	JUNE 2013
Title	Remuneration for Senior Medical & Dental Staff Covering Absent Colleagues
What are the aims, objectives & projected outcomes?	This agreement sets out the conditions under which additional temporary Programmed Activities will be paid to Senior Medical and Dental Staff who provide cover for absent colleagues. The objective is to ensure all doctors use this policy to be paid correctly for covering absent colleagues. There will be no agreements made outside of this policy for this type of cover.

Scope of the assessment

These arrangements apply to all Senior Medical and Dental Staff employed by the Plymouth Hospitals NHS Trust

Collecting data

Race	This is mitigated as the policy can be made available in alternative languages
Religion	The document has no impact on this area
Disability	This is mitigated as the policy can be made available in alternative formats
Sex	The document has no impact on this area
Gender Identity	The document has no impact on this area
Sexual Orientation	The document has no impact on this area
Age	The document has no impact on this area
Socio-Economic	The document has no impact on this area
Human Rights	The document has no impact on this area
What are the overall trends/patterns in the above data?	There are no trends/patterns in this data. External consideration has been given to 2011/12 NHS Litigation Authority Risk Management Standards for NHS Trusts.
Specific issues and data gaps that may need to be addressed through consultation or further research	Trust wide documents can be made available in a number of different formats and languages if requested. No further research is required as there are no further equality issues.

Involving and consulting stakeholders

Internal involvement and consultation	The policy has been circulated for consultation to LNC members and the Medical Staff Panel.
External involvement and consultation	

Impact Assessment

Overall assessment and analysis of the evidence

This assessment has shown that there could be an impact on race or disability groups. However, this document can be made available in other formats and languages if requested.

The document does not have the potential to cause unlawful discrimination. The document does not have any negative impact

Action Plan

Action	Owner	Risks	Completion Date	Progress update
Provide document in alternative formats and languages if requested	Medical Workforce Business Partner	Potential cost impact	Ongoing	This action will be addressed as and when the need occurs

Approval of Remuneration for Senior Medical & Dental Staff Covering Absent Colleagues

Committee Approval: Medical Staff Panel

Medical Director

Name:

Date:

Signature:

Chair of LNC

Name:

Date:

Signature:

Executive Approval:

Director of HR & OD

Name:

Date:

Signature