

**POLICY UNDER REVIEW**

Please note that this policy is under review. It does, however, remain current Trust policy subject to any recent legislative changes, national policy instruction (NHS or Department of Health), or Trust Board decision. For guidance, please contact the Author/Owner.

|   |   |     |               |
|---|---|-----|---------------|
| <b>Document Title</b>   | Remuneration for Additional Hours and Unpredictable Clinical Work to Cover Absent Colleagues  |     |               |
| <b>Date Issued/Approved:</b>  | February 2013   |     |               |
| <b>Date Valid From:</b>   | February 2013   |     |               |
| <b>Date Valid To:</b>   | 5 March 2017  |     |               |
| <b>Directorate / Department responsible (author/owner):</b>                             | Human Resources/Medical Staffing  |     |               |
| <b>Contact details:</b>   | 01872 252649  |     |               |
| <b>Brief summary of contents</b>  | The policy sets out the details of remuneration to be paid to Consultant and senior medical staff that provide cover for absent colleagues. The provisions of the policy do not apply to waiting list work. |     |               |
| <b>Suggested Keywords:</b>  |   |     |               |
| <b>Target Audience</b>  | RCHT<br>✓   | CFT | KCCG          |
| <b>Executive Director responsible for Policy:</b>                                       | Medical Director  |     |               |
| <b>Date revised:</b>  | February 2013   |     |               |
| <b>This document replaces (exact title of previous version):</b>                        | Remuneration for Additional Hours and Unpredictable Clinical Work to Cover Absent Colleagues  |     |               |
| <b>Approval route (names of committees)/consultation:</b>                               | JLNC  |     |               |
| <b>Divisional Manager confirming approval processes</b>                                 | Acting Associate Director of HR and OD  |     |               |
| <b>Signature of JLNC</b>  | {Original Copy Signed}  |     |               |
| <b>Signature of Executive Director giving approval</b>                                  | {Original Copy Signed}  |     |               |
| <b>Publication Location (refer to Policy on Policies – Approvals and Ratification):</b> | Internet & Intranet   | ✓   | Intranet Only |
| <b>Document Library Folder/Sub Folder</b>   | Human Resources/Medical Staffing  |     |               |

|                                 |                    |
|---------------------------------|--------------------|
| Links to key external standards | None               |
| Related Documents:              | Acting Down Policy |
| Training Need Identified?       | No.                |

**This document is only valid on the day of printing**

**Controlled Document**

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UNDER REVIEW

**Remuneration for Additional Hours arising from  
Unpredictable Clinical Work to  
Cover Absent Colleagues**

**V3.0**

**December 2012**

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## **1. Introduction**

1.1. The expected average amount of time that senior medical staff are likely to spend on unpredictable emergency work each week whilst on call and directly associated with their on call duties will be included in an individual's agreed job plan as PAs of direct clinical care. Junior doctors have their on call work remunerated via banding as per their rota.

1.2. The Trust is committed to minimising the time that any staff are required to cover on call duties of an absent colleague or a vacant post. However, in exceptional circumstances, the Trust recognises there may be a need to have temporary arrangements to remunerate medical staff for additional unpredictable clinical and on call work above the agreed job plan or to cover unexpected absences.

1.3. This version supersedes any previous versions of this document.

## **2. Purpose of this Policy**

2.1. This agreement sets out the conditions under which additional payments will be paid to senior doctors who are required to cover on call from home, over and above the individual's agreed normal rota commitment to ensure a working on call rota remains in place. In addition, it will apply to individuals who do not participate in an on call rota but agree to do so for a temporary period. This will be in circumstances to cover absence of colleagues or a vacancy above and beyond normal prospective cover. It also covers other unpredictable clinical work that may arise, (eg owing to having to cover sickness), but does not include the cover of planned elective activity like waiting list initiatives or ad hoc arrangements to prevent target breaches. It also applies to junior doctors who agree to cover gaps in their rota.

2.2. The principles on which this policy is based include:

- recognition and reward of the additional duties carried out by an individual
- a remuneration package that is sufficiently attractive to achieve adequate cover
- value for money for the Trust.

2.3. The arrangements in this document have been agreed through the Trust's joint local negotiating committee.

## **3. Scope**

3.1. The policy applies to all doctors who are employed by the Royal Cornwall Hospitals NHS Trust.

3.2. The arrangements of this policy apply to all activities included in the agreed period of additional on call and related clinical activities inclusive of both SPA and DCC time. These arrangements will not apply to payments for additional non-clinical work, for example management responsibilities or for any further activity arising at a later date from the original agreed period of additional on call.

## **4. Definitions / Glossary**

4.1. SAS doctor – Staff and Associate Specialist Doctor

## **5. Ownership and Responsibilities**

5.1. The policy has been developed and agreed through discussion and consultation with the LNC; Each Division has a responsibility to ensure that the policy is fully implemented and that a local annual leave policy is developed by specialty to manage leave of senior medical staff.

### ***5.2. Role of the Managers***

5.3. Line managers are responsible for agreeing all additional hours worked and related payment with the individual prior to the start of the additional hours. Clear records of hours worked must be kept.

### ***5.4. Role of the Medical staffing***

5.5. The Medical Staffing team will ensure that the provisions of the policy are kept up to date and that senior medical staff have clear information regarding their leave entitlements, how to book leave and authorisation procedures.

### ***5.6. Role of Individual Staff***

5.7. All staff members are responsible for being familiar with the provisions of this policy, agreeing additional hours to be worked with the Specialty lead/Divisional Manager and completing the correct template for claiming remuneration.

## **6. Standards and Practice**

6.1. Cover for absence will be voluntary and in line with the provisions of this policy. The cover will be for a temporary period of no more than three months if locum cover is not feasible or possible.

6.2. The purpose will be to ensure the continuation of a working rota to cover for an absent colleague or vacant post. If the additional on call work continues beyond a three-month period, a job plan or in the case of junior doctors a rota monitoring exercise will be triggered. Prior to agreement being made to remunerate an individual in line with this policy, the Division Manager/speciality Director must review other alternatives including locum cover.

6.3. A clear agreement and timeframe for cover will be reached in advance of the additional on call cover between the individual undertaking the work, the divisional manager and divisional director as to the amount and period of time likely to be spent on the on call duties. It is recognised that in some circumstances this will not be possible and the additional on call undertaken should be notified and confirmed to the divisional director and divisional manager on the next working day.

6.4. Work undertaken should be recorded on the RCHT timesheet and specified as 'additional hours arising from cover for absent colleagues' under reason for cover. All work undertaken and confirmed on the timesheet should be signed by the divisional director or divisional manager prior to submission to the payroll department for payment. Timesheets must be submitted to payroll within three months of the work being undertaken, in line with Trust policy, in order for payment to be made. Exceptional circumstances for a delay in a timesheet being submitted beyond the three month timeframe would be considered.

6.5. There will be no additional payment for day time on call cover for an absent

colleague during normal working hours (7am – 7pm) and, wherever possible, on call cover should be arranged that does not involve the displacement of DCC activity.

6.6. However where, in exceptional circumstances, DCC activity is displaced and needs to be re-provided, the re-provision will be paid if agreed in advance. Where essential SPA time is displaced, re-payment must be agreed in advance with the divisional director.

6.7. The arrangements will apply on public holidays.

6.8. Clear records of all additional on call related work will be held by the division to ensure compliance with working time directive regulations and that full leave entitlement is taken.

### **6.9. Payment**

#### **6.10. Compensation**

6.11. Table 1 sets out the remuneration of additional hours for Consultant and SAS doctors, in line with the provisions of this policy.

Table 1 – Consultant and SAS doctors.

|   | Consultant/SAS doctor  |
|---|--|
| Not required to come in to work                         | 1 PA at normal pay rate per 24 hour period covered.  |
| Required to come into work outside of job planned hours | 1 PA at normal pay rate per 24 hour period covered and<br>2 PA's per PA worked as pay or time off in lieu. |

#### **6.12. Key Principles underpinning Table 1**

- Additional hours worked are voluntary and should not exceed more than 13 hours working time without rest period
- The Division should seek to find a locum to provide cover
- 1 PA represents three hours for work between 7pm and 7am, Saturday, Sunday and bank holidays.
- Where the requirement for additional work exceeds 3 months or longer and a locum has not been put in place, a job plan review will be triggered.
- Working time includes telephone advice from home, paid to the nearest fifteen minutes.

6.13. Table 2 sets out the remuneration of additional hours for Junior doctors, in line with the provisions of this policy.

Table 2

|                          | F1   | F2   | SHO/ST/SpR 1-2   | ST/SpR 3+  |
|--------------------------|--|--|--|--|
| Standard Rate (per hour) | £25.00<br>or time off in lieu based on 6 hours for every 4 hours worked. | £35.00<br>or time off in lieu based on 6 hours for every 4 hours worked. | £40.00<br>or time off in lieu based on 6 hours for every 4 hours worked. | £50.00<br>or time off in lieu based on 6 hours for every 4 hours worked. |

#### 6.14. Key Principles underpinning Table 2

- Additional hours worked are voluntary and should not exceed more than 13 hours working time without rest period
- The Division should seek to find a locum to provide cover
- An individual can choose to take payment as detailed in table 2 or time off in lieu. Where time off in lieu is agreed, it should be taken outside of study or training time.
- Where the requirement for additional work exceeds 3 months or longer and a locum has not been put in place, the rota will be monitored.

6.15. For all additional hours worked by senior medical staff and junior doctors, clear records of additional activity must be kept and authorised by the Divisional Manager and Director of payment.

#### **6.16. All Staff**

6.17. WTD and Compensatory Rest

6.18. No individual will be compelled to take on additional duties beyond the 48 hours of professional obligation. Clear records of any additional hours worked will be kept within the Division and the relationship between work done by each individual and the EWTD will be monitored.

## **7. Dissemination and Implementation**

7.1. This document will be circulated to all Senior medical staff, junior doctors, executive team and Divisional Leads and other key stake-holders with a briefing on the key provisions and principles.

## **8. Monitoring compliance and effectiveness**

|                         |   |
|-------------------------|---|
| Element to be monitored | Divisions will monitor the use of this policy and working time of senior medical staff and junior doctors to ensure compliancy. |
| Lead                    | Divisional leads  |



|   |   |
|---|---|
| Tool  | Medical staffing team will work with Divisional leads to ensure full implementation of the policy   |
| Frequency                                   | Monitoring will be on a monthly basis and expenditure on additional hours will be reported monthly. The report will be shared at Divisional boards.   |
| Reporting arrangements                      | Divisional boards.<br>The Divisional board is expected to read and interrogate the report to identify use of the policy and ensure that job planning reviews are triggered where there is excessive use.  |
| Acting on recommendations and Lead(s)       | Medical staffing and the HR Business partners will work with Divisional leads to support the implementation of any recommendations made following reporting.  |
| Change in practice and lessons to be shared | .Required changes to practice will be identified and actioned within a one month timeframe. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders |

## 9. Updating and Review

9.1. This section covers information regarding the review process. All policy documents should be reviewed no less than every three years. Where appropriate, the author may set a shorter review date.

9.2. Revisions can be made ahead of the review date when the procedural document requires updating. Where the revisions are significant and the overall policy is changed, the author should ensure the revised document is taken through the standard consultation, approval and dissemination processes.

9.3. Where the revisions are minor, e.g. amended job titles or changes in the organisational structure, approval can be sought from the Executive Director responsible for signatory approval, and can be re-published accordingly without having gone through the full consultation and ratification process.

9.4. Any revision activity is to be recorded in the Version Control Table as part of the document control process.



## 10. Equality and Diversity

10.1. Royal Cornwall Hospitals NHS Trust is committed to a Policy of Equal Opportunities in employment. The aim of this policy is to ensure that no job applicant or employee receives less favourable treatment because of their race, colour, nationality, ethnic or national origin, or on the grounds of their age, gender, gender reassignment, marital status, domestic circumstances, disability, HIV status, sexual orientation, religion, belief, political affiliation or trade union membership, social or employment status or is disadvantaged by conditions or requirements which are not justified by the job to be done. This policy concerns all aspects of employment for existing staff and potential employees.

### **10.2. Equality Impact Assessment**

10.3. The Initial Equality Impact Assessment Screening Form is at Appendix 2.

## Appendix 1. Governance Information

|   |   |     |               |
|---|---|-----|---------------|
| <b>Document Title</b>   | Remuneration for Additional Hours and Unpredictable Clinical Work to Cover Absent Colleagues  |     |               |
| <b>Date Issued/Approved:</b>  | February 2013   |     |               |
| <b>Date Valid From:</b>   | February 2013   |     |               |
| <b>Date Valid To:</b>   | February 2016   |     |               |
| <b>Directorate / Department responsible (author/owner):</b>                             | Sophie Scott, Deputy Director of HR.  |     |               |
| <b>Contact details:</b>   | 01872 252939  |     |               |
| <b>Brief summary of contents</b>  | The policy sets out the details of remuneration to be paid to Consultant and Senior Medical staff that provide cover for absent colleagues. The provisions of the policy do not apply to waiting list work. |     |               |
| <b>Suggested Keywords:</b>  | Remuneration, Additional hours payments   |     |               |
| <b>Target Audience</b>  | RCHT<br>✓   | PCT | CFT           |
| <b>Executive Director responsible for Policy:</b>                                       | Medical Director  |     |               |
| <b>Date revised:</b>  | February 2013   |     |               |
| <b>This document replaces (exact title of previous version):</b>                        | Remuneration for Additional Hours and Unpredictable Clinical Work to Cover Absent Colleagues  |     |               |
| <b>Approval route (names of committees)/consultation:</b>                               | JLNC.   |     |               |
| <b>Divisional Manager confirming approval processes</b>                                 | Not Required.   |     |               |
| <b>Name and Post Title of additional signatories</b>                                    | Paul Upton, Medical Director<br>Jo Gibbs, Chief Operating Officer<br>Jonathan Lord, Chair LNC   |     |               |
| <b>Signature of Executive Director giving approval</b>                                  |  23/5/13   |     |               |
| <b>Signature of Chair of LNC</b>  |  J. Lord 24.5.13   |     |               |
| <b>Publication Location (refer to Policy on Policies – Approvals and Ratification):</b> | Internet & Intranet   | ✓   | Intranet Only |
| <b>Document Library Folder/Sub Folder</b>   | Clinical / Staffing and Appraisal   |     |               |

|  |                              |
|--|------------------------------|
| <b>Links to key external standards</b> | None                         |
| <b>Related Documents:</b>              | Acting Down Policy.          |
| <b>Training Need Identified?</b>       | No, only wide communication. |

**Version Control Table**

| <b>Date</b> | <b>Version No</b> | <b>Summary of Changes</b>                               | <b>Changes Made by<br/>(Name and Job Title)</b> |
|-------------|-------------------|---|---|
| Jun 11      | 1                 | Initial Issue   | Jonathan Lord                                   |
| Sep 11      | 2                 | Clarification regarding remuneration to be paid.        | Sophie Scott/Jonathan Lord                      |
| Nov 12      | 3                 | Removal of enhanced rate for less than 72 hours notice. |   |
|             |                   |   |   |
|             |                   |   |   |
|             |                   |   |   |

**All or part of this document can be released under the Freedom of Information Act 2000**

**This document is to be retained for 10 years from the date of expiry.**

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**Controlled Document**

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## Appendix 2. Initial Equality Impact Assessment Screening Form

|   |  |
|---|--|
| Name of service, strategy, policy or project (hereafter referred to as <i>policy</i> ) to be assessed: Remuneration for Additional Hours arising from unpredictable work to cover absent colleagues                             |  |
| Directorate and service area:<br>Human Resources  | Is this a new or existing Procedure?<br>Existing   |
| Name of individual completing assessment: Sophie Scott  | Telephone: Ext. 2939   |
| 1. Procedure Aim*   | To set out clearly the rates of for additional hours worked. The scope of this policy does not include waiting list initiatives. |
| 2. Procedure Objectives*  | To provide a clear and fair pay framework  |
| 3. Procedure – intended Outcomes*   | To minimise additional hours worked, but to ensure a consistent framework for payment across the Trust.                          |
| 4. How will you measure the outcome?  | Monitoring of take up of the policy  |
| 5. Who is intended to benefit from the Procedure?   | Senior Medical Staff and junior doctors. Divisional Leads.   |
| 6a. Is consultation required with the workforce, equality groups etc. around this procedure?<br><br>b. If yes, have these groups been consulted?<br><br>c. Please list any groups who have been consulted about this procedure. | JLNC, Executives and Divisional leads.   |

\*Please see Glossary

### 7. The Impact

Please complete the following table using ticks. You should refer to the EA guidance notes for areas of possible impact and also the Glossary if needed.

- Where you think that the *policy* could have a **positive** impact on any of the equality group(s) like promoting equality and equal opportunities or improving relations within equality groups, tick the 'Positive impact' box.
- Where you think that the *policy* could have a **negative** impact on any of the equality group(s) i.e. it could disadvantage them, tick the 'Negative impact' box.
- Where you think that the *policy* has **no impact** on any of the equality group(s) listed below i.e. it has no effect currently on equality groups, tick the 'No impact' box.

| Equality Group               | Positive Impact | Negative Impact | No Impact | Reasons for decision |
|------------------------------|-----------------|-----------------|-----------|----------------------|
| Age                          |                 |                 | ✓         |                      |
| Disability                   |                 |                 | ✓         |                      |
| Religion or belief           |                 |                 | ✓         |                      |
| Gender                       |                 |                 | ✓         |                      |
| Transgender                  |                 |                 | ✓         |                      |
| Pregnancy/ Maternity         |                 |                 | ✓         |                      |
| Race                         |                 |                 | ✓         |                      |
| Sexual Orientation           |                 |                 | ✓         |                      |
| Marriage / Civil Partnership |                 |                 | ✓         |                      |

You will need to continue to a full Equality Impact Assessment if the following have been highlighted:

- A negative impact and
- No consultation (this excludes any *policies* which have been identified as not requiring consultation).

|  |   |
|--|---|
| 8. If there is no evidence that the <i>policy</i> promotes equality, equal opportunities or improved relations - could it be adapted so that it does? How? | Full statement of commitment to policy of equal opportunities is included in the policy |
|--|---|

Please sign and date this form.

**Keep one copy and send a copy to Matron, Equality, Diversity and Human Rights,**  
c/o Royal Cornwall Hospitals NHS Trust, Human Resources Department, Chyvean House, Penventinnie Lane, Truro, Cornwall, TR1 3LJ

A summary of the results will be published on the Trust's web site.

Signed \_\_\_\_\_

Date \_\_\_\_\_