

Policy for Consultant & SAS Doctors Cover for Absent Colleagues & Acting Up or Down

Department / Service:	Human Resources
Originator:	MMC Sub-group supported by Caroline Edwards Head of Medical Staffing
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Approved by:	Prof Ashok Rai Medical Local Negotiating Committee 21/06/2021
Designation:	Chair of the Medical LNC
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This is the most current document and should be used until a revised version is in place	
Target Organisation(s)	Worcestershire Acute Hospitals NHS Trust
Target Departments	All Divisions
Target staff categories	Consultants/SAS doctors

Policy Overview:

This policy addresses Consultants and SAS doctors providing cross cover and acting up or down for absent colleagues in both foreseeable and unforeseeable situations. The policy also addresses covering emergency and routine on site work and off-site on call during such absences. The remuneration for such cover considers the timing and intensity of the work done.

Key amendments to this document

Date	Amendment	Approved by:
June 2021	New document approved	Prof Ashok Rai Medical Local Negotiating Committee

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1. Introduction

From time to time, foreseeable and unforeseeable staff absences occur and necessitate alternative arrangements to be made to ensure service to patients is maintained. The Trust recognises that under current terms and conditions of service Consultants and SAS doctors are not contractually obliged to act down or to be compulsorily resident on-call to cover the duties of more junior medical staff, except in the most extraordinary and unforeseeable circumstances.

This policy addresses Consultants and SAS doctors covering colleagues but also covers acting up and down into grades for other medical staff absence in both foreseeable and unforeseeable situations. The policy also addresses covering emergency on call work and routine day to day work during such absences. It does not apply to duties which a Consultant or SAS doctor undertakes as part of his/her normal workload or teaching and supervisory responsibilities.

Cross cover and acting up or down cover must be regarded as the exception and all attempts to avoid the necessity for it should be made by Directorates. The Trust recognises that such cover by a Consultant or SAS doctor places an increased burden on the individual and could potentially lead to a Consultant or SAS doctor undertaking two key roles simultaneously. (The Consultant Contract is time based so it is not possible to remunerate for undertaking simultaneous activity)

The aim of this agreement is to:

- i. Outline the actions that should be taken with respect to covering Consultant and SAS doctor colleagues' emergency routine on-site work and off-site on call when that Consultant colleague is absent for either planned, unplanned or foreseeable reasons and ensure this is minimised
- ii. Ascertain mutual assent for arrangements for requesting medical staff to act up or down to provide cover for on call duties of absent colleagues
- iii. Outline the actions that should be taken to minimise the need for Consultants and SAS doctors, to act up or down in these situations
- iv. Agree the arrangements for requesting a Consultant or SAS doctor to either provide cover for absent colleagues or to act up or down, which may occur in an emergency, unplanned and unforeseeable circumstances, but may also occur due to planned absences or 'rota gaps' where alternative cover arrangements have been impossible to implement.
- v. Underpinning this agreement is a desire to avoid the need to act up or down wherever possible. It should only be used where there is no safe alternative system to provide onsite medical support for patients. It excludes responses to a declared major incident.
- vi. Outline the remuneration/compensation arrangements for individuals who do provide cross cover for absent colleagues or act up or down in the situations defined above
- vii. To standardise the remuneration when doctors cover emergency or routine on-site work and off-site on call in either planned, unplanned, foreseeable or unforeseeable circumstances.

For the purposes of this agreement, absences are categorised as follows:

- a. Planned absences such as annual leave / study leave / professional leave
- b. Unplanned absences such as sick leave/ carers leave/ compassionate leave
- c. Foreseeable absence such as vacancies caused by retirements, resignations, maternity leave, paternity leave, sabbaticals, 'rota gaps' or where there is a recognised expansion of service

Directorates must have in place emergency plans including (where appropriate):

- Identification of alternative cover arrangements using an escalation process
- Cover arrangements from another junior doctor within the team
- Cross cover from another speciality
- NHS/Agency Locum cover
- Reduction in emergency demand following an escalation process
- Arranging diversion of emergency patients to alternative site within Trust
- Arranging diversion of emergency patients to alternative Trust
- Cessation of specialist activity to release time to cover general emergency work

It will be the responsibility of the Divisional Teams to ensure these plans are in place and that they can be actioned by a senior member of the team at any time.

2. DEFINITIONS

SAS doctor – Specialty and associate specialist (SAS) doctor is a doctor who works as Staff Grade doctors, Associate Specialists, Specialty Doctors, Hospital Practitioners, Clinical Assistants and Clinical Fellows.

Resident cover is where a doctor is required to reside in hospital as part of an on-call rota or partial shift system. No charge to the doctor shall be made for necessary accommodation.

Non-resident cover is where a doctor is required to be available to return to the hospital premises for emergency patient care as part of an on-call rota or partial shift system.

Junior doctor is a doctor that participating in a training programme.

Shift is a set period of time defined by a job plan or rota.

Programmed Activity (PA) equates to 4 hours of work, unless it is within premium time, in which case it has a value of 3 hours. Premium time is classified as any time that falls outside of the following hours:

Consultants and SAS Doctors (pre 2021 TCS) - 7am – 7pm Monday to Friday and anytime on a Saturday, Sunday or Public Holiday.

SAS Doctors (2021 TCS) – 7am - 9pm Monday to Friday and anytime on a Saturday, Sunday or Public Holiday

Active Working is any time where a doctor is required to be resident within the hospital. It also includes any travel time to or from a hospital site during a non-resident on call period for the purpose of patient care (not normal travel to or from hospital at the beginning or end of normal activity). Active working also includes emergency patient care activity performed whilst non-resident (eg. telephone advice) Active working does not include routine SPA or administrative tasks unrelated to on-call activities that an individual choses to perform electively during a period of non-resident cover.

3. RIGHT OF REVIEW

Any agreements for covering colleagues of the same grade, acting up or down will be reviewed at the request of the doctor providing the cover during the cover period if more than 24 hours. At the conclusion of that meeting with the Clinical Director, Clinical Lead or representative, the doctor will decide whether to continue to provide the cover or withdraw.

4. RESPONSIBILITY AND DUTIES

Junior Doctors, SAS doctors, Consultants

To provide as much notice as possible for any form of leave to allow cross cover to be arranged. The minimum of notice for annual and study leave requests must be provided, in accordance with the Trust Leave and Pay Policy, and the leave request must be authorised in writing/electronically by the Clinical Director. This should be planned ahead in line with local arrangements.

All doctors to work cohesively to address foreseeable and unforeseeable rota gaps, to ensure that safe patient care is maintained and that no individual(s) are working to the detriment of themselves or patient care.

Consultant On-call

To consider all alternative cover arrangements available to support unforeseen absences, in line with protocols and escalation processes, considering all staff groups and other contingencies.

Directorate Manager/Rota Co-ordinators/Clinical Director/Specialty Lead

To make every reasonable effort to maintain full establishments and medical rosters. To ensure that medical staff are aware of the local arrangements for booking leave and develop departmental cover arrangements. To keep accurate records regarding allocation of leave using Allocate Medic on Duty system. To address foreseeable and unforeseeable rota gaps as early as possible, to ensure that safe patient care is maintained and that no individual(s) are working excessively to the detriment of themselves or patient care.

Trust Board

To oversee this policy and ensure that appropriate processes and actions are in place and are considered and implemented in a fair and consistent manner which supports colleagues throughout the Trust.

Divisional/Clinical Directors/Clinical Leads

To ensure appropriate systems and processes are in place across Divisions to monitor the processes and management of cross cover and acting up or down in accordance with this policy.

Director of People and Culture/HR Directorate

To support the introduction and monitoring of this policy, to provide advice and guidance in relation to this policy and ensure the Trust is compliant with relevant legislation.

Finance Department

To be responsible for ensuring timely and accurate recharges and payments related to this policy are processed within and to or from the Trust.

5. COVERING FOR COLLEAGUES OF THE SAME GRADE (CROSS COVER)

Planned absences (e.g. annual leave/study leave/professional leave)

On-site emergency and routine cover

These must be covered within the Directorates to ensure that satisfactory levels of service are maintained. All leave is granted subject to the needs of the service and Consultants / SAS doctors will give notice as per Trust Leave and Pay Policy of such leave as is consistent with maintaining the service. Emergency activities should be covered as priority with elective activities covered where possible or cancelled by agreement within the Directorate.

Off-site on-call cover

It is the responsibility of all medical staff who take part in a prospective on-call/out of hours rota to arrange alternative cover for any of their planned absences. This should be done through contacting the colleagues of the same grade and requesting to swap the shifts which require cover.

Unplanned absences (e.g. sick leave/carers leave/compassionate leave)

On-site emergency and routine cover

In the case of short term, unplanned sickness absence up to 48 hours, Consultants / SAS doctors will normally be expected to cover the emergency workload of their absent colleague with no additional remuneration if it is within their normal scheduled working time, so far as this is practicable.

If Consultants / SAS doctors are required to cover the emergency workload outside of their normal work scheduled (i.e. on call duties), this time will be remunerated as set out in section 8 of this policy.

There is an expectation that this category of absence is covered within the department in so far as is reasonably practical. The Trust may consider, in exceptional circumstances and subject to availability and resources, the employment of a locum to assist in covering such absence. The covering doctor cannot work outside of their competence.

If the absence continues for more than 48 hours, the Trust will take all reasonable steps to recruit a locum to cover the day to day workload of the absent colleague(s) during normal scheduled working hours.

Should the Trust not be able to employ a locum then the Consultant/SAS doctor providing cross cover for the day to day duties of the absent colleague, outside their normal scheduled hours of work or for displaced activities which need to be completed elsewhere i.e. administrative tasks, SPA activities or annualised activities, will be remunerated for the hours covered as outlined in section 8 until a locum is able to start. It is acknowledged that this is not an ideal solution and as outlined above the preferred option is the employment of a locum. Should there be a need to provide cross cover then the impact of this on service delivery will be reviewed regularly by the covering consultant and the relevant Clinical Director.

If the additional activity replaces an activity that needs to be worked at another time then remuneration will be paid for the displaced activity.

Off-site on-call cover

Where a doctor has to take unplanned emergency leave (e.g. sick leave/carers leave/compassionate leave) at short notice, and they are due to be on-call, it is their responsibility to inform the Clinical Director/Clinical Lead or Directorate Manager/On Call manager. They will be responsible to arrange cover with the assistance of the doctor needing leave. Once cover arrangements have been made these should be widely communicated to the clinical teams and hospital switchboard at the earliest opportunity. The doctor providing the cover will be remunerated for the additional hours worked as outlined in section 8.

Foreseeable Absences (e.g. planned sick leave/maternity leave/paternity leave etc)

On-site emergency and routine cover

A written plan detailing the nature of the temporary work to be undertaken will be agreed and monitored by the Clinical Director and the Consultants / SAS doctors involved.

The Trust accepts that in the event of a vacancy, long term sickness or absence, the preferred option to maintain service provision may well be the appointment of an NHS locum. They will be sourced as soon as possible upon being notified of any vacancy which extends beyond 48 hours. If a locum cannot be obtained, cover across at Consultant level or SAS doctor grade will be explored within the department. Where cover cannot be provided some clinical activities may have to be cancelled.

Where longer term cover is arranged with a Consultant or SAS doctor this will be organised with the offer of additional programmed activities (PAs) and a job plan review. The offer of additional PAs will be confirmed in writing detailing the amount and duration. This will be planned, organised and executed by the Clinical Director with HR support and full agreement of the doctor providing cover.

Absences in the junior doctor rotations will be covered by locum doctors or by agreement with other doctors on the rota. This will be coordinated by the locum coordinators in discussion with the Directorate management team and will be paid at locum rate.

6. ACTING UP

Where there is an absent Consultant for a period beyond 48 hours, then an SAS doctor may be asked to act up to cover the Consultant's workload. This will be remunerated as set out in section 8 of this policy and any such arrangement will be reviewed regularly by the Clinical Director and at the request of the doctor providing the cover.

If the SAS doctor is required to cover the emergency workload outside of their normal work scheduled (i.e. on call duties), this time will be remunerated. SAS doctor/Consultant who is on call would act up/ down to cover the junior/consultant on call will receive remuneration as set out in section 8 of the policy.

Planned absences (e.g. annual leave/study leave/professional leave)

These must be covered within the Directorates to ensure that satisfactory levels of service are maintained. All leave is granted subject to the needs of the service and Consultants / SAS doctors will give notice as per the Trust Leave and Pay Policy of such leave as is consistent with maintaining the service.

Unplanned absences (e.g. emergency sick leave/carers leave/compassionate leave/non-attendance or un-availability of locum)

In the case of short term, unplanned sickness absence up to 48 hours, Consultants / SAS doctors will normally be expected to cover the emergency workload of their absent colleague with no additional remuneration if it is within their normal scheduled working time, so far as this is practicable.

If Consultants / SAS doctors are required to cover the emergency workload outside of their normal work scheduled (i.e. on call duties), this time will be remunerated as set out in section 8 of this policy.

There is an expectation that this category of absence is covered within the department so far as reasonably practical. The Trust may consider, in exceptional circumstances and subject to availability and resources, the employment of a locum to assist in covering such absence. The doctor cannot work outside of their competence.

If the absence is for more than 48 hours, the Trust will take all reasonable steps to recruit a locum to cover the day to day workload of the absent colleague(s) during normal scheduled working hours.

Should the Trust not be able to employ a locum then the Consultant/SAS Doctor providing cover for the day to day duties of the absent colleague will be remunerated as outlined in section 8 until a locum is able to start. It is acknowledged that this is not an ideal solution and as outlined above the preferred option is the employment of a locum. Should there be a need to provide cover then the impact of this on service delivery will be reviewed regularly by both the covering Consultant and the relevant Clinical Director.

Foreseeable Absences (e.g. planned sick leave/maternity leave/paternity leave)

A written plan detailing the nature of the temporary work will be undertaken by the Clinical Director, which will be agreed and monitored by the Clinical Director and the Consultants / SAS doctors involved.

The Trust accepts that in the event of a vacancy, long term sickness or absence, the preferred option to maintain service provision is the appointment of an NHS locum. They will be sourced immediately upon being notified of any vacancy which extends beyond two weeks. If a locum cannot be obtained, cover across by a Consultant level or SAS doctor grade will be explored with the department. This will be organised with the offer of additional programmed activities and a job plan review. The offer of additional PAs will be confirmed in writing detailing the amount and duration.

7. ACTING DOWN

Planned absences (e.g. annual leave/study leave/professional leave)

These are usually covered by the junior doctors or SAS grades within their grades, therefore acting down should not be required.

Unplanned absences (e.g. emergency sick leave/carers leave/compassionate leave/non-attendance or un-availability of locum)

On-site emergency and routine cover

In the case of short term, unplanned sickness absence up to 48 hours, day to day activities must be reviewed by the Rota co-ordinator, emergency duty/on call Consultant(s), Clinical Lead and Clinical Director to find the best solution possible. In the majority of cases the duties will be accommodated by redeployment of staff between activities (as above). In some cases, clinical activities will have to be cancelled at short notice. Where a Consultant or SAS doctor is required to act down during their scheduled day to day activities, attempts should be made for another Consultant to provide 'cross cover' at Consultant level. During scheduled day to day activities, where the Consultant is already being paid, they will not receive additional remuneration except for displaced activities which need to be completed elsewhere i.e. administrative tasks, SPA activities or annualised activity.

There is an expectation that this category of absence is covered within the department in so far as is practical. The Trust may consider, in exceptional circumstances and subject to availability and resources, the employment of a locum to assist in covering such absences. The covering doctor cannot work outside of their competence.

If the absence continues for more than 48 hours, the Trust will take all reasonable steps to recruit a locum to cover the day to day workload of the absent colleague(s) during normal scheduled working hours.

Should the Trust not be able to employ a locum then any Consultant/SAS doctor acting down to provide cover, outside their normal scheduled hours of work, for the day to day duties of the absent colleague will be remunerated as outlined in section 8 until a locum is able to start. It is acknowledged that this is not an ideal solution and as outlined above the preferred option is the employment of a locum. Should there be a need to provide cover then the impact of this on the service delivery will be reviewed regularly by both the covering Consultant and the relevant Clinical Director. The need for a Consultant to act down should be a last resort for the Trust having tried all possible alternatives.

Emergency duty on-call cover

Where an on call rota gap occurs at junior or middle grade level all attempts should be made by the on call Consultant, Rota co-ordinator, Clinical Lead and Clinical Director to provide in-house cover. A decision on safe level of staffing needs to be made by the team available. If workload and patient safety dictates that an individual is asked to act down then a decision must also be made whether additional cross cover is required at Consultant level. A plan must also be made about cover for clinical activities requiring cover on the subsequent day.

Where a Consultant or SAS Doctor decides it is necessary to act down they should make every effort to inform the Clinical Lead/Clinical Director or Directorate Manager/Duty Manager. Once cover arrangements have been made these should be widely communicated to the clinical teams and hospital switchboard at the earliest opportunity.

If Consultants/SAS doctors are asked to cover the emergency workload outside of their normal work scheduled (i.e. on call duties), this time will be remunerated. SAS doctor/Consultant who is on call would act up/down to cover the junior/consultant on call and receive remuneration in line with section 8 of the policy. They would also not be expected to continue working the next day's duties if they were felt to be unsafe.

Foreseeable Absences (e.g. planned sick leave/maternity leave/paternity leave)

On-site emergency and routine cover

The Trust accepts that in the event of a vacancy, long term sickness or absence, the preferred option to maintain service provision is the appointment of an NHS locum. Where possible, they will be sourced immediately upon being notified of any vacancy which extends beyond 48 hours. If a locum cannot be obtained, cover across by a Consultant level or SAS doctor grade will be explored with the department. This will be organised with the offer of additional programmed activities and a job plan review. The offer of additional PAs will be confirmed in writing by the Clinical Director detailing the amount and duration. Consultants / SAS Doctors are usually requested to act down due to a shortage or absence of junior staff.

A written plan detailing the nature of the temporary work will be agreed and monitored by the Clinical Director and the Consultants / SAS doctors involved.

Clinical Directors, Clinical Leads or designated deputies should ensure that they have arrangements in place for the management of these rotas. There should also be a mechanism for identifying at the earliest opportunity any problems whereby locum cover may be necessary. Where the need for locum is identified and agreed by the relevant Clinical Director, Clinical Lead or designated deputy, this should be arranged by the rota coordinator and directorate on call manager.

Consultants / SAS doctors other than the Clinical Director or Divisional Director must not approve requests for leave.

If there are more than three episodes of Consultants / SAS doctors acting down within a 6 month period this will be notified to the Divisional Director and a review will be undertaken of workload and staffing levels.

The procedure for arranging cover for unplanned junior doctor absence whilst on call will follow the process as defined below:

- i. Rota Co-ordinators will contact Trust Junior Doctors not otherwise rostered for duty to request that one of them covers the on call at internal locum rates
- ii. If no internal cover is available, Rota Co-ordinators will seek an external locum (agency) to cover the junior's on call following Trust policy
- iii. If no external locum can be found, and there is an SpR/SAS doctor on call then Clinical Director/Clinical Lead/ Rota Co-ordinator will contact them to seek their agreement to cover (the SpR will be paid at the locum SpR rate and time in lieu)
- iv. If all of the above avenues have been exhausted, then Clinical Director/Clinical Lead/Rota Coordinator will contact the on-call Consultant to act down and seek another Consultant to cover the Consultant on call. See section 8 for remuneration

It will be the responsibility of the Divisional Director who may delegate to the Clinical Director/Clinical Lead/ Directorate Manager/ Rota Co-ordinator or the Senior Manager on call to request a Consultant/SAS doctor/SpR doctor to act down.

Only where there is no alternative safe system to provide on-site medical support for patients, and excluding a major incident, will the Chief Medical Officer request a Consultant/SAS doctor/SpR doctor to act down. This request and authorisation should be made by phone and confirmed in writing/email.

It is recognised that the Consultant on-call concerned is the ultimate judge of whether a department can continue to operate safely. However, any decision to close a department must take account of the implications for patients, staff, any knock on effect for other Trusts, together with an assessment by the Consultant of their own ability to provide safe cover. If the impact or risk of closing a department is greater than keeping the department open then it cannot be closed. If potential problems are identified during normal working hours and an alternative being considered is the closure of the department this must be discussed initially with the Senior Manager on-call who will discuss with the Divisional Director and Chief Medical Officer.

Consultants / SAS doctors will not be asked to act down unless the alternative is the closure of the department which would put the well-being of patients at significant risk. In this situation the Consultant in charge recognises that they have the legal responsibility for a patient admitted under their care or the delegated responsibility for the patient admitted to the care of Consultant / SAS doctor colleagues if participating in an on-call rota. If any Consultant / SAS Doctor does not believe they can safely act down they must speak to their colleagues and / or the Chief Medical Officer to make alternative arrangements and a record will be made.

Where a Consultant agrees to act down to cover a junior and is resident on-call, then a second Consultant / SAS doctor / SpR doctor will be required to cover the first Consultant's / SAS doctor's on-call

8. REMUNERATION AND COMPENSATION

Where a Consultant / SAS doctor provides cross cover for a colleague as described above, or acts up or down to provide cover for an absent colleague, the remuneration will be as detailed in the table below.

Alternatively, the Consultant / SAS doctor may request time off in lieu for this period; this will be at plain time. This time should be taken within 6 months of the period on-call and should be agreed in advance with the Clinical Director in order to ensure appropriate cover is in place.

Following a period of acting up or down the Consultant / SAS doctor must obtain the appropriate form from the intranet (copy attached at Appendix 1) and submit the completed form to the Clinical Director or Divisional Director for approval. The Chief Medical Officer will require a brief report as to why the acting up or down was necessary and what measures were taken to avoid it.

Activity (See Definitions section)	Consultant Hourly Rate (£)	Consultant acting down (£)*	SASG Hourly Rate	SASG Acting Up (consultant; £)	SASG Acting Down (£)*
Active working	100	150	80	100	120
Active working premium time	120	180	96	120	144
Inactive working	33	× 50	27	33	40
Inactive working premium time	40	60	32	40	48

* when acting down, , 1 day off in lieu is allocated for each full shift worked.

* Premium time is classified as any time that falls outside of the following hours:
 Consultants and SAS Doctors (pre 2021 TCS) - 7am – 7pm Monday to Friday and anytime on a Saturday, Sunday or Public Holiday.
 SAS Doctors (2021 TCS) – 7am - 9pm Monday to Friday and anytime on a Saturday, Sunday or Public Holiday

9. MONITORING AND REVIEW

It is intended to initially implement this protocol for a period of one year. It will be subject to review in April 2022, failing which Payments are revalued on each 6th April, in line with the percentage increase in the annual pay awards recommended by the DDBR, with effect from that April, increase rounded to the nearest whole pound.

The policy will be placed in the Trust's Intranet and will be publicised through Trust updates, policy update briefings for managers and notified to the Trust Board.

Training and awareness on the policy will be provided to relevant staff groups by Divisional Directors and Managers, Clinical Directors/Clinical Leads and Consultants.

**Appendix 1 REQUEST FOR PAYMENT:
COVER FOR ABSENT COLLEAGUE'S & ACTING UP AND DOWN**

This form should be completed whenever a Consultant/SAS doctor has been in a position whereby they have needed to undertake duties which should have been performed by other doctor colleagues.

All parts of the form must be completed in full including the instruction to payroll, once completed forms should be sent to lynne.walden@nhs.net for processing. The approval officer should send the form electronically via their NHS.net email to provide audit trail and avoid any duplication. **Payment of claims is one month in arrears, claims must be returned to Lynne Walden Head of Financial Services within 4 weeks from date of work carried out and by the 5th of the calendar month.**

Claimant Name (please print)		Job Title/Grade	
Speciality		Division/Directorate	
Name and Grade of Person Unavailable		Other staff on-call during this period	

Date Work Carried Out	Start Time	End Time	Reason for claim and nature of duties	Number of hours worked	Active working Onsite	Active working Premium time Resident/onsite	Non-resident cover (off site) Inactive working	Non-resident cover (offsite) Premium time Inactive working
					Hourly rate	Hourly rate	Hourly rate	Hourly rate

Were you on-call during these periods?	Yes / No	Were attempts made to find a locum?	Yes / No
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Details of Rota coordinator/ Managers attempts made to cover the shifts	
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Declarations: *Payments will not be authorised without all signatures*

Claimants signature	
Date	

I declare that the information I have given on this form is correct and complete and that I have not claimed elsewhere for the hours detailed on this claim form. I understand that if I knowingly provide false information this may result in disciplinary action and that I may be liable for prosecution and civil recovery proceedings.

I consent to the disclosure of information from this form to and by the Trust and the NHS Counter Fraud and Security Management Service for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.

Clinical Director/Clinical Lead or Divisional Medical Director signature	
Print name	
Date	
Payroll Instruction	Please pay the above named claimant for the work done in line with section 8 of the policy Total = £

I am an authorised signatory for my Division/Directorate. I am signing above to declare that the hours worked details above are accurate and therefore I approve payment. I understand that if I authorise false information on this form action may be taken against me and that I may be liable for prosecution and civil recovery proceedings.

I consent to the disclosure of information from this form to and by the Trust and the NHS Counter Fraud and Security Management Service for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.

Payroll Use: Payroll Officer Inputter		Date		Payroll Officer Checker		Date	
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Supporting Document 1 – Equality Impact Assessment form

To be completed by the key document author and included as an appendix to key document when submitted to the appropriate committee for consideration and approval.

Please complete assessment form on next page;



Herefordshire & Worcestershire STP - Equality Impact Assessment (EIA) Form
Please read EIA guidelines when completing this form

Section 1 - Name of Organisation (please tick)

Herefordshire & Worcestershire STP		Herefordshire Council		Herefordshire CCG	
Worcestershire Acute Hospitals NHS Trust	x	Worcestershire County Council		Worcestershire CCGs	
Worcestershire Health and Care NHS Trust		Wye Valley NHS Trust		Other (please state)	

Name of Lead for Activity	
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Details of individuals completing this assessment	Name	Job title	e-mail contact
Date assessment completed			

Section 2

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	Title: Policy for Consultant & SAS Doctors Cover for Absent Colleagues & Acting Up or Down			
What is the aim, purpose and/or intended outcomes of this Activity?				
Who will be affected by the development & implementation of this activity?	<input type="checkbox"/> Service User	<input type="checkbox"/> Staff		
	<input type="checkbox"/> Patient	<input type="checkbox"/> Communities		
	<input type="checkbox"/> Carers	<input type="checkbox"/> Other _____		
	<input type="checkbox"/> Visitors	<input type="checkbox"/>		
Is this:	<input type="checkbox"/> Review of an existing activity <input checked="" type="checkbox"/> New activity <input type="checkbox"/> Planning to withdraw or reduce a service, activity or presence?			

What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg demographic information for patients / services / staff groups affected, complaints etc.	
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)	
Summary of relevant findings	

Section 3

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale.** Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

Equality Group	Potential <u>positive</u> impact	Potential <u>neutral</u> impact	Potential <u>negative</u> impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Age		X		
Disability		X		
Gender Reassignment		X		
Marriage & Civil Partnerships		X		
Pregnancy & Maternity		X		
Race including Traveling Communities		X		
Religion & Belief		X		
Sex		X		
Sexual Orientation		X		
Other Vulnerable and Disadvantaged		X		

Trust Policy

Equality Group	Potential <u>positive</u> impact	Potential <u>neutral</u> impact	Potential <u>negative</u> impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Groups (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)				
Health Inequalities (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)		X		

Section 4

What actions will you take to mitigate any potential negative impacts?	Risk identified	Actions required to reduce / eliminate negative impact	Who will lead on the action?	Timeframe
How will you monitor these actions?				
When will you review this EIA? (e.g in a service redesign, this EIA should be revisited regularly throughout the design & implementation)				

Section 5 - Please read and agree to the following Equality Statement

1. Equality Statement

1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation

1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer's etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

Trust Policy



Signature of person completing EIA	
Date signed	
Comments:	
Signature of person the Leader Person for this activity	
Date signed	
Comments:	



Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	No
2.	Does the implementation of this document require additional revenue	Yes
3.	Does the implementation of this document require additional manpower	Yes if locum required
4.	Does the implementation of this document release any manpower costs through a change in practice	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments:	

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval