

Human Resources Policy No. HR68

Additional Clinical Activity

This Policy is currently under review. Continue to use this version until new policy is launched (expected 2024)

Version:	1
Originally issued	October 2015
Approved by:	Policy Approval Group, Hospital Executive Committee
Date approved:	October 2015
Ratified by:	Trust Board
Date approved:	October 2015
Executive Director:	Medical Director
Date Issued:	February 2016
Review Date:	February 2019
Review date extended until:	31 st March 2020
Target Audience:	All Trust line management and staff

Version Control Sheet

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Document ID	HR68
Version	1
Status	Final
Date Equality Impact Assessment completed	October 2015
Issue date	February 2016
Review date	March 2020
Distribution	Please refer to the intranet version for the latest version of this policy. Any printed copies may not necessarily be the most up to date
Key Words	Activity, Clinical, Additional
Dissemination	Document Library

Version History

Version	Date	Author	Status	Comment
1	October 2015	Medical Director	Final	First issue

Review and Amendment log for minor changes

Version No	Type of Change	Date	Description of change

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1 Introduction

- 1.1 The Trust aims to minimise the use of Additional Clinical Activity as far as possible and over time to include it within flexible job plans. However it is recognised that there will be some circumstances in which Additional Clinical Activity becomes necessary. This policy sets out the circumstances in which Additional Clinical Activity may be undertaken, the authorisation and planning processes required, the claims process and rates of pay.
- 1.2 Additional Clinical Activity is defined as 'any extra voluntary, pre-planned clinical activity that contributes to the achievement of specific key targets'.

2 Scope

- 2.1 This policy applies to all medical and dental staff who participate in planned Additional Clinical Activity.
- 2.2 In implementing this policy, managers must ensure that all staff are treated fairly and within the provisions and spirit of the Trust's Policy HR01 'Equality and Diversity'.

3 Responsibilities for Additional Clinical Activity

- 3.1 It is the responsibility of the Trust's Hospital Executive Committee to manage the Trust's overall approach to Additional Clinical Activity.
- 3.2 It is the responsibility of Clinical Directors to put in place plans that will avoid the use of Additional Clinical Activity within their services.
- 3.3 It is the responsibility of the Clinical Directors to authorise the use of Additional Clinical Activity.
- 3.4 When proposing Additional Clinical Activity within their service, it is the responsibility of the relevant clinical lead to discuss and agree the outputs required from an Additional Clinical Activity session, plan the activity and the best use of available resources taking into account the impacts on other services, especially supporting services needed to deliver the additional activity. This must be approved by the Clinical Director.
- 3.5 It is the responsibility of all staff authorised to undertake Additional Clinical Activity to complete the agreed work and to submit their claims for payment within the timescales set out below.
- 3.6 Clinical Directors must refer all proposals for Additional Clinical Activity by themselves for approval by the relevant Care Group Medical Director and/or Care Group Director.

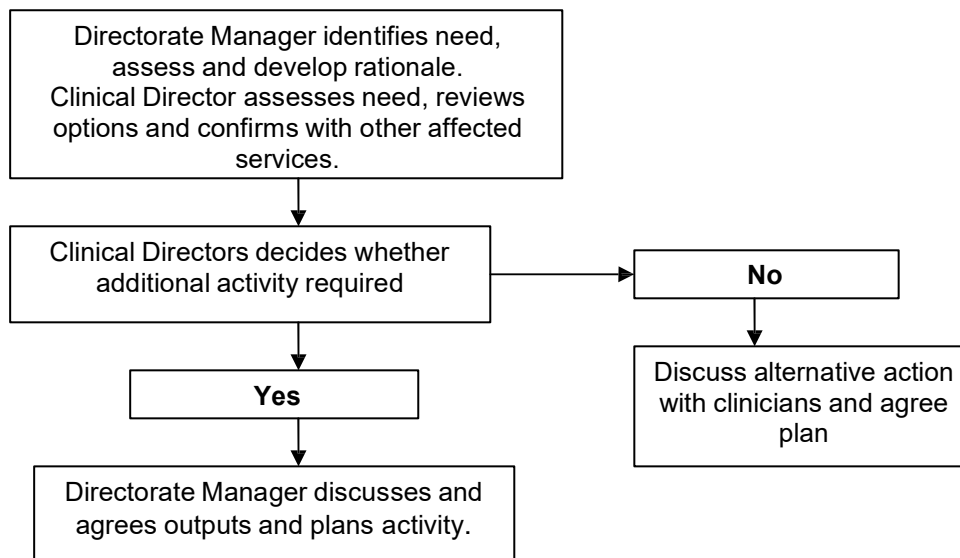
4 Circumstances in Which Additional Clinical Activity May Be Authorised

It is essential that all services plan to avoid the use of Additional Clinical Activity. However, it is recognised that there will be certain circumstances when Additional Clinical Activity becomes necessary to ensure the delivery of agreed Trust targets. These circumstances may include:

- Where the required activity is over and above the contractual obligation of the staff concerned;
- To compensate for unplanned loss of activity beyond a service's control (e.g. sickness, unforeseen theatre shutdown) and where there is inadequate capacity to recover the situation in core time;
- Where demand exceeds reasonable capacity;
- Where the overall workload of the Consultant team cannot be reorganised to address the capacity shortfall within existing contracted hours or using 'time off in lieu' options.

5 Authorisation Process – Additional Clinical Activity

5.1 The Clinical Director and/or Directorate Manager will liaise with other affected Service Centres to review the options to address the shortfall in capacity. If additional clinical activity is supported, the clinical lead will develop a proposal setting out the additional work to be undertaken, the person(s) to carry out the work and the time to be allowed. This will then be submitted to the Clinical Director with evidence of the options considered, a justification for the additional expenditure and the impact on other services.



5.2 The length of an Additional Clinical Activity session is 4 hours, of which 3.5 hours will be direct patient care. Additional paid time will **not** be given for any additional administrative activities, such as letter signing/subsequent patient contact; review of results and other DCC administrative tasks associated with an outpatient session. With a theatre session the “administrative tasks” would be pre and post op ward rounds and subsequent attendances to the patient; results review and any other administrative task associated with the list. Where the required time is less than 4 hours or not a multiple of 4, the sessions will be pro rated as appropriate.

- 5.3 The decision to conduct Additional Clinical Activity rests with the relevant Clinical Director.

6 Planning the Additional Clinical Activity

- 6.1 It is important that Additional Clinical Activity is planned in a way that does not interfere with normal outpatient, theatre or procedure sessions either for the individual clinician or wider clinical team. There may occasionally be a need for the activity to take place in core hours during time normally prioritised for SPAs.
- 6.2 Special consideration must be given when the Additional Clinical Activity is proposed to be undertaken by an individual on call. Where there is a substitution of DCC PAs during a period, such as for the “consultant of the week”, then Additional Clinical Activity is not permitted in those sessions.
- 6.3 Requirements such as maintaining patient choice and offering fully booked appointments must still be delivered.
- 6.4 Additional Clinical Activity should be apportioned equitably across the team wherever clinically appropriate.
- 6.5 The clinical lead in conjunction with the Consultant will determine the number of patients to be scheduled in an Additional Clinical Activity session, taking into account any clinical issues and the amount of time normally allocated for the work. This will be subject to approval by the Clinical Director.

7 Claims Process – Additional Clinical Activity

7.1 Consultants, Associate Specialists, Speciality Doctors and Staff Grades

- 7.1.1 Part A of the form at Appendix A should be drafted by the clinical lead proposing the additional activity and submitted with the rationale to the Clinical Director.
- 7.1.2 Part B of the form at Appendix A should be completed and signed by the Clinical Director to authorise or deny the request. At this stage the activity to be undertaken and the person(s) to carry out the work must be agreed.
- 7.1.3 When the activity has been completed the clinician who carried out the work should complete part C of the claim form and submit it to their Clinical Director by the end of the calendar month in which the Additional Clinical Activity took place. It is the responsibility of the Clinical Director to verify the accuracy of the claim form and complete part D to confirm that it has been checked. Once authorised, the Clinical Director will authorise the form and send it to Pay Services; no additional paperwork should be forwarded to Pay Services.

N.B. In accordance with Trust Standing Financial Instructions, claims submitted more than 3 months in arrears will not be paid.

- 7.1.4 Each service is responsible for maintaining an accurate record of Additional Clinical Activity authorised.

7.1.5 Claim forms will be checked in Pay Services against the Authorised Signatory List. Any authorising signatures that cannot be cross checked with the same signature on the Authorised Signatory List will be sent back to the Clinical Director and the payment will not be processed until this is corrected.

7.1.6 Pay Services will send confirmation to the claimant by e-mail of the payment and the month in which it is to be paid. Payments will be shown on payslips as “ACA”.

7.2 All Other Medical Staff

7.2.1 Each clinician taking part in Additional Clinical Activity should complete the standard Trust Medical Locum claim form (available on the intranet) and submit it within the normal payroll timescales.

7.2.2 Each claim form must be signed by the individual and authorised for payment in accordance with normal Trust payroll processes. Payments will be shown on payslips as “ACA”.

8 Rates of Pay for Additional Clinical Activity

Where Additional Clinical Activity is authorised as above, payment will be made at the following standard rates per session.

Grade	Rate per 4-hour session undertaken
Consultants and other independent practitioners	£400
Specialty Doctor	£300

Notes

- Sessions of less than 4 hours will be paid on a pro-rata basis.
- Additional paid time will not be given to medical staff for any associated administrative activities; these are expected to be completed in addition to the direct clinical care.
- The date of implementation of these rates will be with effect from 1st November 2015.

9 Monitoring Arrangements

9.1 Clinical Directors will be responsible for monitoring Additional Clinical Activity in their service.

9.2 The Director of Finance will be responsible for providing management information relating to expenditure and numbers of claimants on a monthly basis. This information will include payments made through the payroll and in response to invoices.

- 9.3 Overall Trust management of Additional Clinical Activity will be discussed quarterly by the Hospital Management Executive. Clinical Directors will be expected to report to this meeting on the use of Additional Clinical Activity to meet accepted Trust targets and the subsequent addressing of capacity shortfalls to reduce the requirement for future Additional Clinical Activity.
- 9.4 The effectiveness of the arrangements for Additional Clinical Activity within the Trust and the terms set out in this policy will be reviewed periodically by the LNC.
- 9.5 The rates of payment for Additional Clinical Activity work will be reviewed periodically by the Director of Finance in line with the Trust's Standing Financial Instructions and be submitted for approval by the Chief Executive.

APPENDIX A

ADDITIONAL CLINICAL ACTIVITY CLAIM FOR PAYMENT Consultants, Associate Specialists, Speciality Doctors and Staff Grades

PART A – REQUEST - To be completed by the clinical lead

Content/structure of this section to be as required by the Clinical Director, but to include

Reason the work is required
Work to be done – number of cases, type of work etc
When and where
Options assessment
Payment to be made or Time off In lieu to be given

The work is to be undertaken by:

Consultant name in caps:

Employee Personal Number:

PART B - AUTHORISATION - To be completed by the Clinical Director

Either - I authorise the above work to be undertaken by the named consultant for the fee stated above

Or – The above is not authorised because (add reason)

Signed:

Date

Name (in caps)

PART C – CLAIM FOR PAYMENT - To be completed by the Claimant

(To be submitted before the end of the month following that in which the work was completed.)

I certify that I completed the above additional clinical activity and claim the agreed fee.

Date work undertaken:

Signed:

Date:

Name (in caps):

E-mail address:

PART D – To be completed by the Clinical Director

I certify that SEMA has been cross-checked, the above work was undertaken and the claim is approved for payment.

Signed:

Date

Name (in caps)

N.B. Please ensure that no patient details are attached when this form is sent to Pay Services

PART E – To be completed by Payroll Services

Month of payment:

Name:

N.B. Notification to be sent to the claimant.