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ADDITIONAL CLINICAL ACTIVITY GUIDELINES

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DOCUMENT VERSION CONTROL SCHEDULE

The Author should add to the version control list summarised changes and / or amendments from the previous version. Each version will be archived by the Compliance Leads

Version Number	Issue Date	Revisions/ changes/ amendments from previous issue	Date of Endorsement by Committee/Group
1	15 October 2015	New guidelines in relation to additional clinical activity	

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Key points

- Provides guidance to all medical and dental staff who participate in Additional Clinical Activities
- Sets out the definition of Additional Clinical Activities
- Sets out the process for authorisation of Additional Clinical Activities

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Additional Clinical Activity

1. Introduction

Peterborough & Stamford Hospitals NHS Foundation Trust seeks to minimise the use of Additional Clinical Activity as far as possible and aims over time to include these sessions within job plans. However it is recognised that there may be some circumstances where Additional Clinical Activity may be necessary.

These guidelines set out the circumstances where Additional Clinical Activity may be undertaken, the authorisation and planning processes required and the rates of pay.

2. Scope

These guidelines apply to all medical and dental staff who participate in Additional Clinical Activities.

In implementing these guidelines managers must ensure that all staff are treated fairly, within the provisions of the Trust's Behavioural Framework and within the provisions of the Trust's Equality and Diversity policy.

3. Definitions

3.1. Additional Clinical Activity (Waiting List initiative)

Is defined as *“any extra voluntary, pre-planned clinical activity that contributes to the achievement of specific, defined targets.”* It may also be defined as Additional sessions and duties.

For the avoidance of doubt the following definitions are not Additional Clinical Activity:

3.2. Locum

Temporary cover for a gap in an appropriately and robustly planned rota; this is in preference to an agency Doctor

3.3. Acting Down

There may be circumstances where a Registrar, who is due to be on call, calls in sick at short notice. Under these circumstances, it would usually be expected that the Consultant who is due to be on call would undertake the acting down requirements, they would subsequently receive compensatory rest at flat rate.

A further Consultant would be required to carry out the on call Consultant cover or alternatively another Consultant in the department may offer to undertake the acting down cover instead allowing the original Consultant who was on call to remain so. If these issues are not resolved then it should be escalated to the Clinical Director.

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Compensatory time off should be taken within three months, ideally between weeks eight and twelve, and planned to ensure minimal disruption. Compensatory rest time is taken back at the flat rate, not enhanced.

4. Responsibilities for Additional Clinical Activity

It is the responsibility of the Trust's Executive Director Team to manage the Trust's overall approach to Additional Clinical Activity. It is the responsibility of Clinical Leads and Clinical Directors to put in place job plans that will avoid the use of Additional Clinical Activity within their service. It is the responsibility of the Clinical Director to give final authorisation for any of these payments.

As part of the process for authorisation, it is the responsibility of the relevant Clinical Director to agree the specific outputs and timescales expected from the Additional Clinical Activity ie. Rota covers. Other relevant resource should also be considered as part of this agreement, including the potential demands upon and availability of supporting services required to deliver the agreed output aligned to the Additional Clinical Activity.

It is the responsibility of all staff authorised to undertake Additional Clinical Activity to ensure that they complete the work within the timescales set and submit their claims for payment within the required timescales. Claims must not be consolidated.

5. Circumstances in which Additional Clinical Activity may be authorised

It is essential that all specialities/services plan not to use Additional Clinical Activity. However it is recognised that there will be certain circumstances where Additional Clinical Activity may become necessary to ensure quality of patient care or the delivery of agreed targets. These circumstances may include:

- Where the required activity is over and above the contractual obligation of the staff member concerned.
- To compensate for unplanned loss of activity beyond the services' control (e.g. sickness, unforeseen closure of Theatre) and where there is insufficient time to recover the situation within core time.
- Where demand exceeds reasonable capacity
- Where the overall workload of the Consultant team cannot be reorganised to address the gap or shortfall within existing contracted hours.

6. Authorisation process

6.1 The Specialty Lead or nominated lead will liaise with other affected services to review the options to address any shortfall in capacity. If, following this, the Additional Clinical Activity is still supported, the Specialty Lead will develop a

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proposal setting out the additional work to be undertaken, the person (s) to carry out the work and the timescale for completion of the work. In doing so the Specialty Lead must provide to the Clinical Director evidence of the options considered as justification for the additional expenditure and the impact on other services ie. Pharmacy.

- 6.2 The length of an Additional Clinical Activity is usually 4 hours, of which 3.5 hours will be direct patient care. Additional paid time will not be given for any additional administration activities, such as signing letters, review of results and of other DCC administrative tasks associated with an outpatient session. With a Theatre session the “admin tasks” would be pre & post op ward rounds and subsequent attendances to the patient results review and other admin tasks associated with the “list”. Pay will be calculated at an hourly rate pro rata according to the rates as agreed from time to time – see Schedule of Rates in Associated documents.

7. Planning Process – Additional Clinical Activity

- 7.1 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 booked for SPAs.
- 7.2 Special consideration must be given when the Additional Clinical Activity is proposed to be undertaken by an individual on call. Where there is substitution of DCC PAs during a period such as for consultant of the week, then additional clinical is not permitted in those sessions. Additional clinical activity should be apportioned equitably across the team wherever this is clinically appropriate.
- 7.3 The specialty lead in conjunction with the Clinical Director will determine the number of patients to be in the Additional Clinical Activity session, taking into account any clinical issues and the amount of time normally allocated to the work. This will be subject to final approval by the Clinical Director.

8. Claims process

- 8.1 The authorisation and claim form to use for the authorisation process is at Appendix 2 of these guidelines. This form is to be used to authorise *all* additional sessions and duties for *all* medical and dental staff.
- 8.2 *Part 1* of the form should be drafted by the clinician/dentist who is planning to complete the additional activity, in conjunction with the clinical lead proposing to support the proposal and this should be submitted with rationale to the Clinical Director.
- 8.3 *Part 2* of the form should be completed and signed by the Clinical Director or General Manager, or by anyone delegated to do so.

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- 8.4 *Part 3* of the form needs to be completed by the clinician/dentist once the activity has been completed and returned to the Clinical Director or General Manager by the end of the calendar month in which the additional activity was been worked. It is the responsibility of the Clinical Director or General Manager to verify the accuracy of the claim form and then go on to complete *part 4* of the form and in doing so confirms that the work has been completed and therefore the payment authorised.
- 8.5 Each directorate is responsible for maintaining an accurate record of Additional Clinical Activity authorised. This information will form part of the agenda and potential action plan through the monthly, Directorate Performance meetings.
- 8.6 N.B. In accordance with the Trust Standing Financial instructions claims submitted more than 3 months in arrears may not be paid.
- 8.7 N.B. Claims submitted on any claim form other than the one attached at [Appendix 2](#) of these guidelines will not be paid. Appendix 3 of these guidelines provides a process flow chart for requesting and authorising Additional Clinical Activity.

9. Rates of Pay for Additional Clinical Activity

- 9.1 Where Additional Clinical Activity is authorised in line with these guidelines, payment will be made at the rates agreed from time to time. For the current rates of pay see Schedule of rates in Associated Documents.

Notes

- Sessions are calculated on an hourly rate
- Additional paid time will not be given to medical/dental staff for any associated administrative duties; these are expected to be completed in addition to direct clinical care.

- 9.2 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 through the Trust's Executive Director Team.

10. Monitoring Arrangements

- 10.1 Clinical Directors will be responsible for monitoring Additional Clinical Activity in their directorate.
- 10.2 The Director of Finance, in conjunction with HR will be responsible for providing management information relating to expenditure and numbers of claimants per month. As previously stated this will be governed under the agenda of the monthly,

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Directorate, Performance Meetings. Clinical Directors will be expected to report to these meetings on the use of Additional Clinical Activity to meet accepted targets and the subsequent addressing of capacity shortfalls for poor rota management or poor job planning and therefore reduce the on-going need for Additional Clinical Activity.

11. Endorsement

The guidelines are endorsed by the Trust Management Board (TMB) and approved Workforce Organisational Committee (WOC).

12. Distribution

The guidelines are available to all employees from the Trust Intranet.

13. Appendices

Appendix 1 - Quality Assurance Checklist

Appendix 2 – Doctors Additional Clinical Activity Claim Form

Appendix 3 – Process for authorisation of Additional Clinical Activity

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Appendix 1

Quality Assurance Checklist - Version Number:

		Y/N/n/a	COMMENTS (where necessary)
1	Title of document ADDITIONAL CLINICAL ACTIVITY GUIDELINES		
2	Type of document (e.g. guidance, code of practice) GUIDELINE		
	Is the title clear and unambiguous?	Y	
	Is it clear whether the document type is (e.g. guideline, procedure)?	Y	
3	Introduction		
	Are reasons for the development of the document clearly stated?	Y	
4	Content		
	Is there a standard front cover?	Y	
	Are the key points identified?	N	
	Is the document in the correct format?	Y	
	Is the purpose of the document clear?	Y	
5	Approval Route		
	Does the document identify which committee/group will approve it?	Y	
6	Review Date		
	Is the review date identified?	Y	

If answers to any of the above questions is 'no', then this document is not ready for endorsement, it needs further review.

Compliance Team:			
1.	Date of Compliance Team approval		
2.	Comments to author for any amendments	12 th April 2016	
3.	Name of compliance lead	William O'Brien	
Approval Committee: Local Negotiating Committee (LNC)			
If the committee/group is happy to approve this document would the chair please sign below and send the document and the minutes from the approval committee to the author. To aid distribution all documentation should be sent electronically wherever possible.			
Name		Date	
Signature			
Endorsing Committee: Trust Management Board (TMB)			
If the committee/group is happy to endorse this document would the chair please sign below and send the document and the minutes from the endorsing committee to the author. To aid distribution all documentation should be sent electronically wherever possible.			
Name		Date	
Signature			

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Appendix 2

Medical/Dentists Additional Sessions/Duties Authorisation and Claim Form

Employee Assignment No.

Part 1: To be completed by Clinician requesting funding for Additional Clinical Activity

Name: _____ Date of duty: _____

Reason for extra duty:

Part 2: Authorisation required before the additional hours take place

Rate A: Weekdays anytime

Rate B: Weekends/Bank Holidays anytime

Estimated number of hours required at Rate A

Estimated number of hours required at Rate B

Clinical Director/ General Manager Signature:

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Date: _____			
Part 3: To be completed by the Clinician <u>after</u> the duty has taken place			
Start time of duty: _____:_____ Finish time of duty: _____:_____			
Total number of hours worked	<input style="width: 100px; height: 20px;" type="text"/>		
Reasons if any variation from estimated hours: _____			
Name: _____ Signature: _____			
Date: _____			
Part 4: To be authorised by General Manager/Clinical Director			
Total hours worked	<input style="width: 100px; height: 20px;" type="text"/>	at Rate A	<input style="width: 100px; height: 20px;" type="text"/>
Total hours worked	<input style="width: 100px; height: 20px;" type="text"/>	at Rate B	<input style="width: 100px; height: 20px;" type="text"/>
Financial Code: __ __ __ __			
Name of General Manager/Clinical Director : _____			
Signature: _____		Date: _____	

PLEASE NOTE – Claims will not be considered where sessions have been “banked or where they are not claimed within the month worked. Claims must not be made retrospectively.

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Appendix 3

Process for authorisation of Additional Clinical Activity

