Trust-wide Document

Great Western Hospitals NHS Foundation Trust

Consultant Acting Down Policy

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Approved by	Policy Governance Group	**Date Approved**	27.06.18
Ratified by	Medical Staffing Group	**Date Ratified**	04.07.18
Date implemented (made live for use)	12.07.18	**Next Review Date**	04.07.21
Status	LIVE		
Target Audience- who does the document apply to and who should be using it.	Consultant medical employees		
Accountable Director	Medical Director		
Author/originator – Any Comments on this document should be addressed to the author	Head of Medical Workforce		
Division and Department	Corporate, Medical Workforce		
Implementation Lead	Head of Medical Workforce		
If developed in partnership with another agency ratification details of the relevant agency	NA		

Equality Impact
Great Western Hospitals NHS Foundation Trust strives to ensure equality of opportunity for all service users, local people and the workforce. As an employer and a provider of health care, the Trust aims to ensure that none are placed at a disadvantage as a result of its policies and procedures. This document has therefore been equality impact assessed in line with current legislation to ensure fairness and consistency for all those covered by it regardless of their individuality. This means all our services are accessible, appropriate and sensitive to the needs of the individual.

Special Cases
There are no special cases which apply.

Contents

1 Document Details

1.1 Introduction and Purpose of the Document

From time to time it will be necessary for medical employees to cover an uncovered junior doctor shift. The purpose of this Policy is to standardise the 'acting down' procedure and remuneration paid to Consultants who 'act down' to provide cover for absent junior colleagues.

1.2 Glossary/Definitions

The following terms and acronyms are used within the document:

AMD	Associate Medical Director
CL	Clinical Lead
CQC	Care Quality Commission
HR	Human Resources
LNC	Local Negotiating Committee
MW	Medical Workforce
NHS	National Health Service
PAs	Programmed Activities
SCSG	Senior Clinical Staffing Group
SMSC	Senior Medical Staffing Committee
SPA	Supporting Programmed Activities
TCS	Terms and Conditions of Service
WTD	Working Time Directive

2 Main Policy Content Details

The purpose of this document is to set out the procedure for 'acting down' and the conditions under which additional remuneration will be paid to Consultants who 'act down' to provide cover for uncovered junior doctor shifts.

This does not cover working additional hours/sessions/programmed activities (PAs) on a longer term basis; this is covered within the relevant Terms and Conditions of service (TCS) and is normally agreed through the job planning process. This also does not cover cross cover arrangements for absent Consultant colleagues; this is covered within the Ad Hoc Locum Doctors Policy. (Ref 1).

2.1 Measures to Avoid Acting Down

Implementation of this Policy is not a fall back for poor management or leave planning; the use of this policy should be a rare rather than frequent occurrence.

2.1.1 Booking Leave

All doctors should follow divisional procedures when booking all forms of leave to ensure short notice rota gaps are minimised. Where a doctor requests a period of leave giving less than six weeks' notice, the reason for the leave and failure to give six weeks' notice should be reviewed. Any approval of the leave should be conditional upon being able to find appropriate cover. (Ref 4 & 5).

2.1.2 Rota Management

Many junior doctors participate in rotas, which contractually require them to prospectively cover the annual and study leave of their colleagues who participate in the same rota. Rota Leads/ Clinical Leads 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 cover is identified and agreed this should be conveyed to the Medical Workforce team immediately.

From time to time some specialties encounter difficulties in recruiting to their agreed quota of junior doctor posts. Rota Leads/ Clinical Leads should again ensure that mechanisms are in place to identify potential problems at the earliest opportunity enlisting the support and advice of the Medical Workforce team to try and make temporary arrangements to cover.

Medical Workforce will endeavour to find locum cover for unfilled shifts by following the process detailed within the Ad Hoc Locum Doctors and Dentists Policy (Ref 1). As a last resort if cover is not available a senior doctor may be asked to act down.

2.1.3 Additional Duty Hours

Colleagues can be asked to work extra hours (at the same level as they are normally employed at) to cross cover an absent colleague for which they will be remunerated as detailed in the Ad Hoc Locum Doctor's Policy. (Ref 1).

2.2 Acting Down

'Acting Down' is the term used to refer to situations where a doctor, normally as a result of an emergency or a crisis, is required to undertake duties usually performed by a more junior medical employee. It does not apply to duties which a doctor undertakes as part of his/her normal workload but which a more junior employee may be competent to undertake. For Consultants this often involves being resident when they would otherwise be non-resident on-call.

'Acting Down' should be the exception rather than the normal process and all attempts to avoid the necessity for it should be made. The Trust recognises that acting down places an increased burden on that individual and can lead to one employee trying to perform two key roles simultaneously. Where circumstances are such that this is not possible, a colleague may be requested to act down when not rostered to be on-call.

2.2.1 Procedure for Authorising Acting Down

On most occasions acting down arrangements will be implemented at short notice and out of hours.

The Consultant on-call should contact the Divisional Managers (or on-call Manager outside of normal working day) giving details of the problem including:

- The reason for absence
- Details of the hours to be covered
- Alternative options that have been considered (eg obtaining locum cover, closure of service or department)
- Consideration of the ability of junior individuals concerned to provide safe cover
- Consideration of issues relating to the legal responsibility of patients admitted under their care. If the consultant on-call does not think that he/she can safely act down without additional on-call Consultant cover, arrangements should be made for another Consultant of the same speciality to be available to provide back-up cover.

The on-call Manager should consider the following:

- Any decision to close a service or department must take account of the implications for the patients concerned, employees concerned, any knock-on effects for other specialities and/or Trusts together with an assessment by the Consultant of his/her ability to provide safe cover.
- If the impact or risk of closing a service or department is greater than keeping it open then it must not be closed.
- If the closure of a service or department is being considered this must be discussed with the Executive Director on-call.

The Divisional Managers (or on-call Manger) will liaise with the Lead Consultant (or on-call Consultant) to agree cover arrangements and confirm arrangements with the Executive Director on-call. The Divisional Managers (or on-call Manager) should e-mail the agreed details to the on-call Consultant, their Clinical Lead, their AMD and Medical Workforce.

2.2.2 Procedure for Requesting A Doctor To Act Down

If no cover arrangements for an uncovered shift can be made it may be necessary to ask a doctor to 'act down'. Whenever possible the individual should be given a minimum of four hours' notice of a potential problem to allow him or her to start making contingency plans. It does, however, need to be recognised that this will not always be possible, for example, the scenario of a locum failing to turn up, the need for an anaesthetist or paediatrician to accompany an external (i.e. outside the Trust) transfer of an intensive care patient, or a doctor taken ill during a period of duty. The request to ask a doctor to act down will be made by the on-call Consultant for junior employees and the Clinical Lead/AMD/on-call Manager for Consultants. To minimise potential disruption to patients all efforts should be made to 'act down' a doctor who has no clinical commitments on the following day. Acceptance should be confirmed, preferably in writing (or email), at the earliest opportunity by the requesting Divisional Managers.

Consultants are required to act down if the vacant shift is part of a Middle Grade, full shift, resident rota. They are obliged to provide a resident on-call service as part of acting down if this is what the service requires. In this situation the on-call Consultant recognises that he/she has the legal responsibility for a patient admitted under their care or the delegated responsibility for the patient admitted to the care of Consultant colleagues if participating in an on-call rota. The Consultant acting down should be the right person to fulfil the middle grade role. If the on-call Consultant does not believe they can safely 'act down' they must speak to their Associate Medical Director (AMD) or their nominated deputy. If they lack specific competences relevant to the 'act down' post, this does not preclude acting down within their competences and the Trust making other arrangements to cover specific issues.

Wherever possible, where a Consultant agrees to 'act down' to cover a junior employee out of hours, arrangements will be made for another Consultant of the same specialty to be available to provide further 'Consultant' cover as necessary. If the Consultant who agrees to act down is confident that he or she can cover both roles, this requirement may be waived.

2.2.3 Remuneration Rate For Consultants Who Act Down

It is recognised that many other employee groups act down on occasions and it must not be forgotten that when a Consultant is required to act down, he/she will have already received an element of remuneration as part of their normal payments, however, the Trust does recognises that fair reimbursement for undertaking duties not normally undertaken should be made. If a Consultant is required to act down on a non-working day, this will be taken into account in the remuneration rates.

The remuneration rates for acting down are detailed in Appendix C.

Following a period of acting down the Consultant must obtain and submit the appropriate form (Appendix D) within 3 months of the event. If the Consultant's decision is to be remunerated in time back in lieu this must be taken within 6 months of the event.

The Medical Director will require the Consultant concerned/Clinical Lead to produce a brief report (Appendix E) as to why the acting down was necessary and what measures were taken to avoid it. The pattern of acting down will be monitored and reviewed. More detailed investigations will be held where there appears to be a pattern of 'avoidable' incidents of acting down

2.2.4 Re-Organisation Of Clinical Duties Following A Period Of Acting Down

Where, as a result of acting down, a Consultant is required to be resident on-call between 5.00pm and 9.00am Sunday to Thursday, or participate in a Junior Doctor shift system within this time, then he/she will normally take compensatory rest the next day. The European Working Time Directorate requires 11 hrs continuous rest between shifts. If possible SPA time should be rostered to take the following day after an on-call, this will allow for minimal disruption in the event of a consultant acting down. If this is not possible in the interests of patient safety, alternative arrangements will be made through the Directorate Management team.

3 Protected Characteristics Provisions

This policy does not discriminate against any of the protected characteristics. Where any gaps have been identified in the past they have been mitigated against as per the below:

The policy can be provided in large print for ease of review and understanding.

4 Duties and Responsibilities of Individuals and Groups

4.1 Chief Executive

The Chief Executive is ultimately responsible for the implementation of this document.

4.2 Document Author and Document Implementation Lead

The document Author and the document Implementation Lead are responsible for identifying the need for a change in this document as a result of becoming aware of changes in practice, changes to statutory requirements, revised professional or clinical standards and local/national directives, and resubmitting the document for approval and republication if changes are required.

4.3 Target Audience – As indicated on the Cover Page of this Document

The target audience has the responsibility to ensure their compliance with this document by:

- Ensuring any training required is attended and kept up to date.
- Ensuring any competencies required are maintained.
- Co-operating with the development and implementation of policies as part of their normal duties and responsibilities.

4.4 Associate Medical Directors

The Associate Medical Directors:

- May need to ask Consultants to act down. Clinical Leads and on-call Managers can also do this.
- Must liaise with Consultants who have been asked to 'act down' but do not believe they can do it safely. The Consultant acting down should be the right person to fulfil the middle grade role. If they lack specific competences relevant to the 'act down' post, this does not preclude acting down within their competences and the Trust making other arrangements to cover specific.

4.5 Rota Leads/Clinical Leads

Rota Leads/Clinical Leads should:

- Ensure that they have arrangements in place for the management of junior doctors rotas ensuring doctors prospectively cover their annual and study leave with their colleagues who participate in the same rota.
- Ensure there is a mechanism for identifying, at the earliest opportunity, any problems whereby locum cover may be necessary. Where the need for locum cover is identified and agreed this should be conveyed to the Medical Workforce team immediately.

4.6 Clinical Leads

As well as the above, Clinical Leads:

- May need to ask Consultants to act down. AMDs and on-call Managers can also do this.
- May need to complete the Reason for Acting Down form for the Medical Director. The Consultant concerned can also do this.

4.7 On-call Managers

The on-call Manager:

- Should consider any decision to close a service or department and must take account of the implications for the patients concerned, employees concerned, any knock-on effects for other specialities and/or Trusts together with an assessment by the Consultant of his/her ability to provide safe cover. If the impact or risk of closing a service or department is greater than keeping it open then it must not be closed.
- Must contact the Executive Director on-call if the closure of a service or department is being considered to discuss this.
- May need to ask Consultants to act down. AMDs and Clinical Leads can also do this.
- Should write or e-mail acceptance to the 'acting down' Consultant.
- Will liaise with the on-call Consultant to agree cover arrangements and confirm arrangements with the Executive Director on-call.
- Should e-mail the agreed details to the on-call Consultant, their Clinical Lead, their AMD and Medical Workforce.

4.8 Consultant on-call

The Consultant on-call:

- Should contact the on-call Manager giving details of the problem including:
  - The reason for absence.
  - Details of the hours to be covered.
  - Alternative options that have been considered (eg closure of service or department, obtaining locum cover).
  - Consideration of the ability of junior individuals concerned to provide safe cover.
  - Consideration of issues relating to the legal responsibility of patients admitted under their care. If the consultant on-call does not think that he/she can safely act down without additional on-call Consultant cover, arrangements should be made for another Consultant of the same speciality to be available to provide back-up cover.
  - Will liaise with the on-call Manager to agree cover arrangements.
  - Are required to act down if the middle grade vacant shift is a full shift resident rota. They are obliged to provide a resident on-call service as part of acting down if this is what the service requires. In this situation the Consultant on-call recognises that he/she has the legal responsibility for a patient admitted under their care or the delegated responsibility for the patient admitted to the care of Consultant colleagues if participating in an on-call rota.
  - Must speak to their AMD (or their nominated deputy) if they do not believe they can safely 'act down'. If they lack specific competences relevant to the 'act down' post, this does not preclude acting down within their competences and the Trust making other arrangements to cover specific issues. Wherever possible, where a Consultant agrees to 'act down' to cover a junior employee out of hours, arrangements will be made for another Consultant of the same specialty to be available to provide further 'Consultant' cover as necessary. If the Consultant who agrees to act down is confident that he or she can cover both roles, this requirement may be waived.
  - Must obtain and submit the appropriate form (Appendix D) within 3 months of acting down.
  - Must take time back in lieu from acting down within 6 months of the event.
  - Need to complete the Reason for Acting Down form for the Medical Director. The Clinical Lead may also do this.
  - Should normally take compensatory rest the next day where, as a result of acting down, a Consultant is required to be resident on-call between 5.00pm and 9.00am Sunday to Thursday, or participate in a Junior Doctor shift system within this time. The European Working Time Directorate requires 11 hrs continuous rest between shifts. If possible SPA time should be rostered to take the following day after an on-call, this will allow for minimal disruption in the event of a consultant acting down. If this is not possible in the interests of patient safety, alternative arrangements will be made through the Directorate Management team.

4.9 Medical Workforce

Medical Workforce will:

- Support and advise the Rota Leads/ Clinical Leads to try and make temporary arrangements to cover when specialties encounter difficulties in recruiting to their agreed quota of junior doctor posts.
- Endeavour to find suitable locum cover for short term absence such as vacant posts, sickness, maternity leave, paternity leave and compassionate/special leave.
- Endeavour to book an agency doctor if internal locum cover cannot be found.

- Advise on the European Working Time Rest Requirements and monitor those doctors who work additional shifts to ensure they are adhering to the rest requirements.

4.10 Doctors

Doctors are responsible for:

- Swapping all their on-call duties when they are on annual and study leave. There must be a named person and this information must be given to the rota coordinator.
- Following Directorate procedures when booking all forms of leave to ensure short notice rota gaps are minimised. Where a doctor requests a period of leave giving less than 6 weeks' notice, the reason for the leave and failure to give 6 weeks' notice will be reviewed. Any approval of the leave will be conditional upon being able to find appropriate cover.
- Covering colleagues who participate in the same duty rota for the occasional emergency and unforeseen circumstance.

5 Monitoring Compliance and Effectiveness of Implementation

The arrangements for monitoring compliance are outlined in the table below: -

Measurable policy objectives	**Monitoring / audit method**	**Monitoring responsibility** (individual / group /committee)	**Frequency of monitoring**	**Reporting arrangements** (committee / group to which monitoring results are presented)	**What action will be taken if gaps are identified?**
WTD compliance of doctors undertaking acting down work	Liaise with GM/CL/AMD to ensure compensatory rest obtained	Medical Workforce	Case by case basis as it occurs	n/a	MW will liaise with the Consultants to ensure compensatory rest can be obtained without compromising patient care
Frequency of acting down	Review Reason for Acting Down Forms	Associate Medical Directors	Case by case basis as it occurs	n/a	Acting Down reported to SCSG in the MW report to ensure AMDs/MD know how frequently acting down occurring

6 Review Date, Arrangements and Other Document Details

6.1 Review Date

This document will be fully reviewed every three years in accordance with the Trust's agreed process for reviewing Trust -wide documents. Changes in practice, to statutory requirements, revised

professional or clinical standards and/or local/national directives are to be made as and when the change is identified.

6.2 Regulatory Position

- Human Rights Act 1998
- Police Act 1997
- Disability Discrimination Act 1995
- Disability Discrimination Act 1995 (Amendment) Regulations 2003
- Race Relations Act 1976
- Sex Discrimination Act 1975 and 1986
- Rehabilitation of Offenders Act 1974, Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975
- Health & Safety at Work Act 1974
- Safeguarding Children www.everychildmatters.gov.uk/workingtogether/
- Immigration, Asylum and Nationality Act 2006
- Equality Act 2006
- Sex Discrimination (Gender Reassignment) Regulations 1999
- Equal Pay Act 1970
- Employment Equality (Age) Regulations 2006

CQC (Care Quality Commission) regulate the Trusts activity and its right to provide services.

6.3 References, Further Reading and Links to Other Policies

The following is a list of other policies, procedural documents or guidance documents (internal or external) which employees should refer to for further details:

Ref. No.	Document Title	Document Location
1	Race Relations Act 1976	Internet
2	Disability Discrimination Act 1996	Internet
3	Asylum and Immigration Act 1995	Internet
4	Data Protection Act 1998	Internet
5	Employment Equality (Age) Regulations 2006	www.dti.gov.uk

6.4 Consultation Process

The following is a list of consultees in formulating this document and the date that they approved the document:

Job Title / Department	Date Consultee Agreed Document Contents
Human Resources – via email	29/6/18
Medical Staffing Group	4/7/18
Local Negotiation Committee (including End Users)	29/6/18

Appendix A – Equality Impact Assessment

Equality Impact Assessment

Are we Treating Everyone Equally?

Define the document. What is the document about? What outcomes are expected?

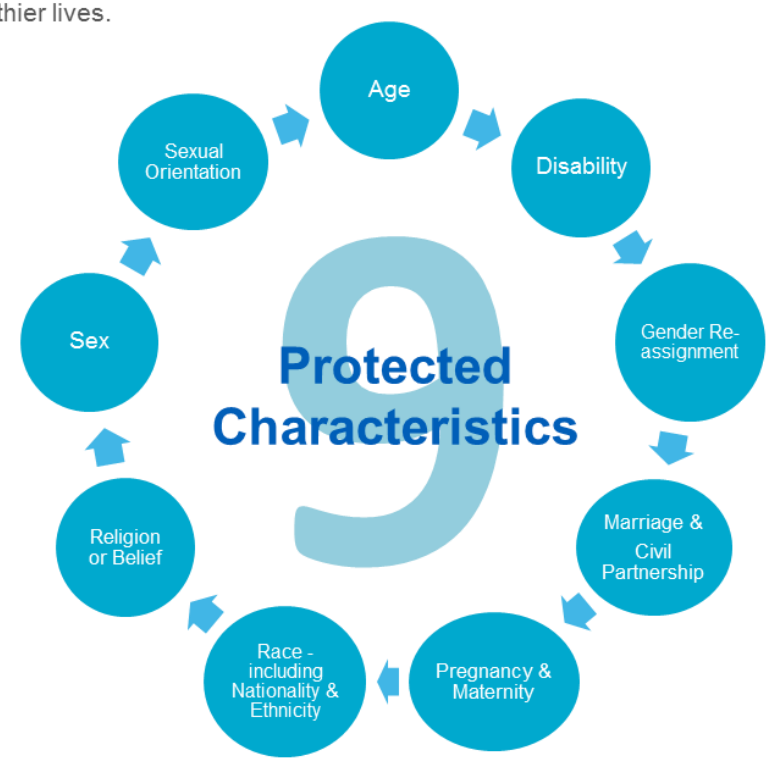
Consider if your document/proposal affects any persons (Patients, Employees, Carers, Visitors, Volunteers and Members) with protected characteristics? Back up your considerations by local or national data, service information, audits, complaints and compliments, Friends & Family Test results, Staff Survey, etc.

If an adverse impact is identified what can be done to change this? Are there any barriers? Focus on outcomes and improvements. Plan and create actions that will mitigate against any identified inequalities.

If the document upon assessment is identified as having a positive impact, how can this be shared to maximise the benefits universally?

Our Vision

Working together with our partners in health and social care, we will deliver accessible, personalised and integrated services for local people whether at home, in the community or in hospital empowering people to lead independent and healthier lives.



Trust Equality and Diversity Objectives

Better health outcomes for all	Improved patient access & experience	Empowered engaged & included staff	Inclusive leadership at all levels

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Appendix B – Quality Impact Assessment Tool

Purpose - To assess the impact of individual policies and procedural documents on the quality of care provided to patients by the Trust both in acute settings and in the community.		
Process -The impact assessment is to be completed by the document author. In the case of clinical policies and documents, this should be in consultation with Clinical Leads and other relevant clinician representatives. Risks identified from the quality impact assessment must be specified on this form and the reasons for acceptance of those risks or mitigation measures explained.		
Monitoring the Level of Risk - The mitigating actions and level of risk should be monitored by the author of the policy or procedural document or such other specified person. High Risks must be reported to the relevant Executive Lead.		
Impact Assessment Please explain or describe as applicable.		
1.	Consider the impact that your document will have on our ability to deliver high quality care.	This policy will enable the Trust to deliver high quality care as it ensures a process is in place for Constants to 'act down' if there is a junior doctor gap to fill it. This means that the Consultant will be resident at the hospital instead of on-call from home.
2.	The impact might be positive (an improvement) or negative (a risk to our ability to deliver high quality care).	This will have a positive impact on patient care.
3.	Consider the overall service - for example: compromise in one area may be mitigated by higher standard of care overall.	This policy covers all Consultant employees within the Trust so will reduce any differences across departments or divisions
4.	Where you identify a risk, you must include identify the mitigating actions you will put in place. Specify who the lead for this risk is.	The Trust recognises that acting down places an increased burden on that individual and can lead to one employee trying to perform two key roles simultaneously. Therefore, 'acting down' should be the exception rather than the rule and all attempts to avoid the necessity for it should be made. Where circumstances are such that this is not possible, a colleague may be requested to act down when not rostered to be on-call. This policy will, however, have a positive impact on patient care as it ensures a process is in place for Constants to 'act down' if there is a junior doctor gap to fill it. The on-call Consultant, on-call Manager, and in some cases the AMDs, will discuss and agree the requirement for 'acting down' and ensure it happens safely.

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Impact on Clinical Effectiveness & Patient Safety		
5.	Describe the impact of the document on clinical effectiveness. Consider issues such as our ability to deliver safe care; our ability to deliver effective care; and our ability to prevent avoidable harm.	This policy is created to ensure patient safety is maintained at all times, therefore, its usage will allow the Trust to deliver safe, effective care. Implementation of the policy will enable Consultants to 'act down' to fill any rota gaps and prevent avoidable harm to patients.
Impact on Patient & Carer Experience		
6.	Describe the impact of the policy or procedural document on patient / carer experience. Consider issues such as our ability to treat patients with dignity and respect; our ability to deliver an efficient service; our ability to deliver personalised care; and our ability to care for patients in an appropriate physical environment.	This policy will limit gaps on rotas and ensure a Consultant 'acts down' to be resident rather than on-call where the service requires it. This will mean patient care is maintained and ensure that the patient/carer experience is of the highest standard.
Impact on Inequalities		
7.	Describe the impact of the document on inequalities in our community. Consider whether the document will have a differential impact on certain groups of patients (such as those with a hearing impairment or those where English is not their first language).	This policy will not have a differential impact on any group of patients. It will affect all patients equally by ensuring a high standard of care across the Trust is maintained.

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Appendix C – Consultant Acting Down Payments

	Remuneration – rounded up or down to the nearest hour	
	09.00-17.00 (or during their ”normal” working hours if different to this)	17.00-09.00, weekends and bank holidays (unless this forms part of their “normal” working hours)
Consultant who was actually rostered to be on-call acting down to middle grade and **resident** in the hospital	Nil	3x mid point hourly rate
Consultant who was actually rostered to be on-call acting down to middle grade but **non resident**	Nil	Stand by £150 fee ***or*** 3x mid point hourly rate if called into hospital to work, whichever is higher
Consultant who was not rostered to be on-call comes into work and acts down as the middle grade **resident** in the hospital	Nil (unless it is a non working day)	3x mid point hourly rate
Consultant who was not rostered to be on-call undertakes **non resident** on-call as ’consultant’	Nil (unless it is a non working day)	Stand by £150 fee + normal hourly rate for the hours worked

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Appendix D - Consultant Acting Down Claim Form

This form is to allow Consultant medical employees to claim payment for undertaking duties usually performed by a more junior member of medical employees. This form should only be used by Consultants. This form should not be used for claiming Locum payments for additional hours or Waiting List Initiative payments.

The 'acting down' hours worked need to be approved by the on-call Manager or Clinical Lead.

CLAIMS MUST BE MADE WITHIN 3 MONTHS OF ACTING DOWN
Please refer to the table below and tick the relevant section to ensure you only claim for the hours allowed under the Consultant Acting Down Policy:

	Remuneration – rounded up or down to the nearest hour	
	09.00-17.00 (or during their "normal" working hours if different to this)	17.00-09.00, weekends and bank holidays (unless this forms part of their "normal" working hours)
Consultant who was actually rostered to be on-call acting down to middle grade and **resident** in the hospital	Nil	3x mid point hourly rate ☐
Consultant who was actually rostered to be on-call acting down to middle grade but **non resident**	Nil	Stand by £150 fee + normal hourly rate for the hours worked ☐
Consultant who was not rostered to be on-call comes into work and acts down as the middle grade **resident** in the hospital	Nil (unless it is a non working day)	3x mid point hourly rate ☐
Consultant who was not rostered to be on-call undertakes **non resident** on-call as 'consultant'	Nil (unless it is a non working day)	Stand by £150 fee + normal hourly rate for the hours worked ☐

DETAILS OF CLAIM

Surname:_____Forenames:_____

Specialty:_____ Telephone/bleep number: _____

Day	**Date**	**Start time** (outside your normal working hours)	**Finish time** (outside your normal working hours)	**Rate** (normal or x3 mid)	**Hours claimed**
£150 stand by fee payable? (please circle)		**Yes / No**		**Total Hours Claimed**	

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Reason for gap covered:
vacancy □ sickness □ annual leave □ study leave □ mat/pat leave □ compassionate leave □
other □ (please give reason)_____

If covering absent doctor please insert name if known_____

DECLARATIONS
Claimant
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/shifts detailed on this timesheet. I understand that if I knowingly provide false information this may result in disciplinary action and 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 NHS Protect for the purpose of verification of this claim and investigation, prevention, detection and prosecution of fraud.

Signature of claimant: _____ **Date:** _____

Approval that hours were worked
I confirm that the hours stated on this form were worked by the claimant. I understand that if I knowingly provide false information this may result in disciplinary action and 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 NHS Protect for the purpose of verification of this claim and investigation, prevention, detection and prosecution of fraud.

Signature of approver: _____ **Date:** _____
(on-call Manager/Clinical Lead)

Authorisation of payment
I am an authorised signatory for the speciality being claimed for. I am signing to confirm that both the grade and shift that I am authorising are accurate and that I approve payment. I understand that if I knowingly authorise false information this may result in disciplinary action and 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 NHS Protect for the purpose of verification of this claim and investigation, prevention, detection and prosecution of fraud.

Authorising signature:_____ **Date**_____
(AMD/GM/DGM/CL – must be a different individual to above)

*** IF THE FORM IS NOT FULLY COMPLETED, INCLUDING APPROVAL AND AUTHORISATION SIGNATURE, THIS MAY DELAY PAYMENT AS THE FORM MAY BE RETURNED TO YOU FOR FURTHER COMPLETION ***

Once completed, please return form to the Medical Workforce Department, Commonhead Offices, GWH.

FOR MEDICAL WORKFORCE USE:

Subjective code: _____ Account Code_____ Analysis Code: _____

Checked by: _____ Date: _____

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Appendix E – Reason for Acting Down Form

This form should be completed whenever a Consultant has had to undertake duties which should have been performed by a junior doctor.

Details of Consultant who acted down

Name:

Specialty:

Were you due to be on-call during relevant period: YES / NO

Details of individual unavailable to work

Name:

Grade:

Reason off:

Details of acting down duty

Date when acting down worked:

Time of duties undertaken:

Which other employees were on-call during the period:

Number of hours resident in the hospital:

Nature of duties:

Were attempts made to find a locum: YES / NO

Please provide details:

Arrangement made for remuneration: PAID / TIME IN LIEU / MIX (please detail below)

Consultant signature:

……..……

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To be complete by the Clinical Lead or on-call Manager

Why was acting down necessary:

Clinical Lead/on-call Manager:

Signature:
……..…….

Print name:
……

AMD:

Signature:
……..…….

Print name:
……