

Pay and Non-Pay Controls

Pay and non-pay instructions, controls and processes to be followed
by UHDB Leaders and Managers

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1.0 Introduction

This document has been set out for the following purposes:

- A central document to provide details of all the Pay and Non-pay instructions, controls and processes to be followed by UHDB Leaders and Managers to assure organisational and financial governance in line with our Standing Financial Instructions.
- Provision of links to all the supporting documentation on each of the processes that **must** be followed
- Defines measures in place to review adherence to the processes that will be monitored regularly to assure consistency of application across the organisation.
- Guidance is subject to change and therefore the most up to date document is available on Koha accessible by all staff

2.0 Establishment Changes

The follow sections describes the route to changing staffing establishments. There is no central funding available to support 'investments' with the expectation that we should be realising savings rather than growing our workforce.

Where we are in receipt of confirmed additional income to support workforce growth, it is anticipated that the workforce costs should be less than the income received in order to provide a contribution to cover our Trust overhead costs

Instructions	Decision Making Authorisation Level		Measures	Additional Information
	Divisional	Executive		
<p>2.1 Additional income to support additional staffing If you are in receipt of approved additional income to support an increase in staffing then please contact your finance team with the following information:</p> <ul style="list-style-type: none"> • Written confirmation of the funding • Source of funding • Duration of funding • Evidence to support need for post including outcome benefits. <p>The finance team will facilitate the approval of the change with the Divisional Director followed by Executive Director / Director of Operational Finance. This must be done before recruitment.</p> <p>Where possible ensure that the additional costs are less than the income to make a contribution to cover our Trust overhead costs.</p>	Divisional Director	Executive Directors / Director of Operational Finance	Overhead Contribution Non-recurrent establishment allocated aligned to non-recurrent funding	<p>Budget must be allocated before recruitment can take place.</p> <p>If funding is non-recurrent then posts can only be recruited on a fixed term basis. Post must cease once funding ceases</p>
<p>2.2 Reducing staffing numbers, skill mix or converting variable pay to substantive to deliver a cost improvement All CIP schemes require a QEIA to be completed. Once completed forward to the finance team to update your establishment and report the saving achieved.</p>	Divisional Director	Executive Director / Director of Operational Finance	Value of CIP from pay savings	QEIA form available on Net-i
<p>2.3 Agreed changes via Service Development Group (SDG) SDG only manage large scale service changes Smaller team changes i.e. altered WTE with minimal or no service delivery changes must be managed within existing financial envelopes via divisional governance. There is no central funding for investments with agreed 'additional funding' being redistributed from the overall Trust budget. Please refer to SDG criteria on Net-i for further information</p>	Divisional Director	Executive Director / Director of Operational Finance		
<p>2.4 Skill mix to establishments Only in exceptional circumstances will skill mix changes be supported that do not realise a cost saving. This may include outcomes following a job evaluation or organisational change process</p>	Divisional Director Executive	Director / Director of Operational Finance		Ward skill mix changes must follow the Nursing & Midwifery Staffing Request Change Form Process and signed off by the Executive Chief Nurse

<p>2.5 Job Evaluation - Pay Reviews <i>The Job Evaluation process enables job roles, whether new, vacant, and/or reconfigured as part a service integration exercise, to be evaluated using a consistent and systematic approach. This ensures that the role band is based on the job requirement and service need which is reflected in Job Descriptions and Person Specifications.</i></p>	<p>Approval from HRBP and Finance BP</p>	<p>Executive Director Divisional Director / Nurse General Manager / Matron Job Evaluation Panel</p>	<p>Requirements: <ul style="list-style-type: none"> • Executive approval prior to commencement • Rationale for Job Evaluation </p>	<p>Job Evaluation outcomes must be cost neutral (or saving) unless supported by the Income, Service Development or Skill Mix processes - see sections 1.1, 1.3, or 1.4. See Job Evaluation on Net-i</p>
<p>2.6 Organisational Change process <i>We continuously need to review how we deliver services to meet the needs of our stakeholders. This may include reviewing the workforce and the organisational change framework ensures that we thoroughly engage with all involved and any change is managed consistently and fairly. This may include:</i> <ul style="list-style-type: none"> • Change of department structure • Skills mix changes • Revisions to base </p>	<p>Approval from HRBP and Finance BP</p>	<p>Executive Chief Nurse / Medical Director (for clinical posts) Divisional Director Corporate Executive Lead Organisational Change Review Group</p>	<p>Requirements: <ul style="list-style-type: none"> • Executive approval prior to process commencement Rationale for Organisational Change • Organisational Change Group approval </p>	<ul style="list-style-type: none"> • Organisational Change outcomes must be cost neutral (or saving) unless supported by the Income, Service Development or Skill Mix processes - see sections 1.1, 1.3, or 1.4. <p>See Organisational Change process on Net-i</p>
<p>2.7 Increases to the increment point on a pay scale (see 4.4)</p>				

3.0 Vacancy Control Process				
All posts being recruited are subject to approval through the vacancy control process				
Instructions	Decision Making Authorisation Level		Measures	Additional Information
	Divisional	Executive		
<p>3.1 Executive Vacancy Control Group (EVCG) <i>EVCG is an organisational oversight group to provide further scrutiny into the organisational recruitment activity, changes to headcount and assurance that robust financial and recruitment governance processes have been followed.</i> <i>EVCG does not have the authority to approve an increase spend in the Trust regarding additional WTE, temporary staffing or non-pay spend</i></p>		EVCG	<ul style="list-style-type: none"> • Bi-Weekly meeting (via Teams) • Works within EVCG Terms of Reference • Oversight of organisational vacancies and recruitment • Meeting will be recorded • EVCG provide oversight and assurance to changes of pay and non-pay controls 	<ul style="list-style-type: none"> • EVCG Terms of Reference • Vacancy Control Decision Log • Vacancy Control flowchart
<p>3.2 Divisional Vacancy Control Group (DVCG): <i>DVCG is the primary recruitment decision making forum for all posts within the Trust. DVCG feeds into the EVCG and provide oversight into the organisational recruitment activity, changes to headcount and assurance that robust financial and recruitment governance processes have been followed</i></p>	DVCG		<ul style="list-style-type: none"> • Meets weekly (in person or via Teams) • Work within DVCG Terms of Reference • Review of all Divisional vacancies, changes to posts / establishment roles and variable pay • DVCG will monitor RPP clinical establishments • Record outcomes on Vacancy Control Decision Log including approved / rejected / request for further information. 	<ul style="list-style-type: none"> • DVCG Terms of Reference • Vacancy Control flowchart • Vacancy Control MS Form outlining case of need • Vacancy Control Decision Log <p>QEIA is required</p>

4.0 Recruitment Process				
<i>Recruitment can only occur through the trust system TRAC. Use of Expressions of Interest is not permitted other than identified in section 4.7</i>				
Instructions	Decision Making Authorisation Level		Measures	Additional Information
	Divisional	Executive		
4.1 Amendment to the original vacancy request (increasing vacancy WTE) due to receiving further resignation	DVCG		<ul style="list-style-type: none"> Compliant with DVCG Terms of Reference Record outcomes on Vacancy Control Decision Log 	<p>Prerequisite to Recruitment:</p> <ul style="list-style-type: none"> Finance approval Reference the original TRAC ID <p>If an additional vacancy occurs post interviews, which has been approved by DVCG, appointable candidates may be offered up to 3 months post interview</p> <p>If the workforce gap is for a Doctor in Training then checks must be made through the Medical Recruitment Team to ensure that the vacancy is not being filled by other trainees.</p>
4.2 Re-advertise of approved post if recruitment unsuccessful <i>For posts that have been approved through the DVCG/EVCG and have not been successful, re-advertising can occur within the 3-month period from DVCG/EVCG approval without additional approval.</i> <i>If over 3 months additional approval needed through DVCG unless the post has been identified as hard to fill and recruitment will reduce variable pay, approval is up to 6 months</i>	DVCG		<ul style="list-style-type: none"> Record outcomes on Vacancy Control Decision Log Hard to fill post has been identified on Vacancy Control Decision Log for approval to extend to 6 months 	
4.3 Retire and Return process <i>We support colleagues with opportunities to return to work post-retirement providing this meets the service needs.</i> <i>Flexible Working guidelines outline the process of from individuals having an initial informal conversation with their manager at least 6 months before intension to retire.</i> <i>The 'retiree' must notify Pay Services to undertake relevant changes to pay and all outstanding annual leave must be taken prior to retiring. Any outstanding leave will not be carried over to the new contract.</i>	Executive Director or General Manager or Head of Service Clinical posts - Head of Service or Matron Line Manager		<ul style="list-style-type: none"> Approval through Retire and Return Application Approval within pay envelope - identify cost savings outlining redistribution in Division or contribution to CIP Record outcomes on Vacancy Control Decision Log 	See General and Flexible recruitment guidance on Net-i

			• Ad-Hoc reporting as required to confirm reasons for use.	
4.4 Amendment to starting salary on appointment higher than bottom of scale utilising the Inter-Authority Transfer (IAT) process or in addition to credit for seniority on medical scales as per terms and conditions)			• Ad-Hoc reporting as required to confirm reasons for use.	• Inter Authority Transfer (IAT) process undertaken by Recruitment and advise recruiting managers
4.4.1 Band 2-7	General Recruitment			• Adhere to Agenda for Change guidelines
4.4.2 Band 8a to VSM		Divisional Director or Director of People Services		
4.3.3 Medical posts	Medical Recruitment and General Manager	Executive Director of Finance / Chief People Officer		
4.5 Use of Recruitment Consultants / Agencies / Head-hunters for Hard to recruit posts		Executive Directors / Director of People Services or Operational Finance	• Ad-Hoc reporting as required to confirm reasons for use.	<ul style="list-style-type: none"> • Follow Trusts tendering process and frameworks • Follow the Incentive guidance • General Recruitment to support all other recruitment including senior recruitment. • Recruitment Agencies only used pre-engagement for hard to fill roles and through General or Medical Recruitment • If senior medical posts, approval to recruit through agencies must be sought from the ACD, DGM / GM
4.6 Use of external experts on recruitment panels		Director of Finance / Director of People Services	• Ad-Hoc reporting as required to confirm reasons for use.	<ul style="list-style-type: none"> • Further information regarding psychometric tools from Recruitment Teams or OD team • Medical recruitment must have external university representatives which does not require additional approval as part of the statutory panel constitution. This has no cost implications.

4.7 Authorisation to utilise psychometric assessment or external testing		Director of Finance / Director of People Services	<ul style="list-style-type: none"> • Ad-Hoc reporting as required to confirm reasons for use. 	<ul style="list-style-type: none"> • Further information regarding psychometric tools from Recruitment Teams or OD team
4.8 Expressions of Interest (EOI)	Not permitted			<ul style="list-style-type: none"> • EOI forms should not be used for recruitment even to short term posts, due to ensuring transparency, fairness and equity • Short term opportunities previously utilising EOIs should be covered through Fixed Term Contracts (see section 6.0) • Medical leadership roles EOI may be used for up to and including 1 PAs and recruitment to 1 PA and above must be through TRAC
4.9 Golden Hello Up to 20% of the total first year salary can be offered for specific and hard to fill roles. 50% can be paid on commencement of employment with the remaining 50% following 12 months employment		Director of Finance / Director of People Services		If the employee leaves the Trust's employment within 3 years of taking up the appointment, then all payments made by the Trust are refundable by the employee on the following basis: <ul style="list-style-type: none"> • Up to 12 months of employment 100% • 12 - 18 months 75% • 18 - 24 months 50% • 2 - 3 years 25%

5.0 Rostering and Rota Management (for rostered areas)				
Instructions	Decision Making Authorisation Level		Measures	Additional Information
	Divisional	Executive		
5.1 All Rota's to be published <u>at least</u> 6 weeks in advance.	Ward or department manager		• Monthly Rostering Compliance Report	See UHDB Rostering policy Delivered under the scope of the Right People Programme
5.2 All planned leave requests to be made <u>at least</u> 42 days in advance, in accordance with our annual leave guidance.	Ward, department manager or nominated Clinical Lead		• Monthly Rostering Compliance Report	See UHDB Rostering policy Delivered under the scope of the Right People Programme
5.3 Time owing Staff must accurately record hours worked within a roster period with no more than 13 hours (positive or negative) balance being carried over from one roster period to another unless exceptional circumstances	Ward or department manager		• Monthly Rostering Compliance Report	<ul style="list-style-type: none"> • Line managers must develop clear plans to manage staff time owing (positive or negative) • Where time owing/owed exceeds threshold, it will be reported as a rostering KPIs • Worked back shifts must be paid at plain rate
5.4 Staff must not be allowed to carryover annual leave at the end of the financial year other than in exceptional circumstances (includes returning from maternity leave or long-term sickness).	Ward or department manager		• Monthly Rostering Compliance Report	See annual leave policy on Net-i
See sections 8 to 12 regarding processes for bank and agency to fill rota template requirements relating to workforce unavailability.				

6.0 Fixed Term Contracts				
The following section outlines when recruitment should be through a fixed term contract (rather than permanent appointment)				
Instructions	Decision Making Authorisation Level		Measures	Additional Information
	Divisional	Executive		
<p>6.1 Maternity Leave Cover</p> <ul style="list-style-type: none"> • <i>Maternity back-fill must only be recruited to on a fixed term basis</i> • <i>Where back-fill is within a defined rota and unlikely to recruit on a fixed term basis, permanent recruitment may be considered if current turnover rate mitigates the risk of over establishment within time period and avoid the use of temporary staffing to meet rota requirements.</i> • <i>Where not back-filling within a defined rota then recruitment must be within the maternity leave budget i.e. reduced WTE and not like for like.</i> • <i>If areas assess not back-filling 'like for like' creates a risk to quality/patient care, then non-recurrent savings must be identified to support the additional cost</i> 	DVCG		<ul style="list-style-type: none"> • Review of cover identified on Vacancy Control Decision Log against establishment and pay envelope 	<ul style="list-style-type: none"> • Vacancy Control MS form outlining case of need • Assessed against establishment and pay envelope identifying cost pressures
<p>6.2 Recruitment to posts associated with time-limited external funding</p> <p><i>Recruitment to any time-limited funding posts must be for the duration of the funding only</i></p>	DVCG		<ul style="list-style-type: none"> • Recorded on Vacancy Control Decision Log against establishment and pay envelope 	<p>Refer to section 2.1</p> <ul style="list-style-type: none"> • Finance confirm funding source • Funding duration • Evidence of need of post • Outcome benefit • Evaluation criteria
<p>6.3 Extension to fixed term contracts</p> <p>Fixed term contracts should be for a specified length of time and as a general rule should not be any longer than 2 years and for Medical and Dental posts, a 3 year period.</p>	Divisional Leads DVCG		<ul style="list-style-type: none"> • Recorded on Vacancy Control Decision Log against establishment and pay envelope • Monthly report from ESR 	<ul style="list-style-type: none"> • Exit strategy required • Retrospective requests are not permitted. • If approval to extend a fixed term contract has been granted, the renewal process should start 3 months before the contract ends to ensure continuity.
<p>6.4 Recruitment to Medical locum posts</p> <p><i>including gaps in HEE rotations can be for multiple reasons and fully understood at short notice. To fill these gaps, Locally Employed Doctors (LED), both junior and senior clinical fellows, are recruited to on fixed term contracts</i></p>	DVCG		<ul style="list-style-type: none"> • Record on Vacancy Control Decision Log against establishment and pay envelope. 	<ul style="list-style-type: none"> • Vacancy Control MS form outlining case of need

<p>6.5 Long Term Sick (LTS) cover <i>Long term back-fill must only be recruited to on a temporary or fixed term basis following the completion of a QEIA identifying the quality / patient safety risk for not back-filling the LTS post</i> <i>Non-recurrent savings must be identified to support the additional cost of backfill cover</i></p>	DVCG		<ul style="list-style-type: none"> Record on Vacancy Control Decision Log against establishment and within pay envelope. 	<p>Vacancy Control MS form outlining case of need</p> <ul style="list-style-type: none"> Confirm funding source Identified cost pressure Funding duration Evidence of need of post QEIA
<p>6.6 Secondments / Acting Up <i>All secondment vacancies should be advertised on TRAC and are open to both internal and external applicants. Secondments supports time limited opportunities for development and growth through enabling staff to gain skills and knowledge that may not necessarily be available within the department or indeed the organisation as well as providing fixed term cover to meet service demand. A secondment should be no more than 12 months and managers must balance the needs of the individual and the service in deciding if requests can be supported.</i></p> <p><i>Acting up - often provides fixed term promotion opportunities</i></p>	DVCG		<ul style="list-style-type: none"> Record on Vacancy Control Decision Log against establishment and within pay envelope. 	<p>Vacancy Control MS form outlining case of need</p> <ul style="list-style-type: none"> Confirmation of funding source if applicable or within budget Post duration Evidence of need of post All secondments must be processed and issue revised contract via recruitment with Finance approval Converting from secondment to permanent post must be processed by recruitment to ensure fair process
<p>6.7 Additional hours <i>Short term additional hours may become available within an establishment due to delays in recruitment or covering maternity leave. These hours can be allocated within the current workforce meeting the following criteria and can be actioned directly on ESR once received Financial approval:</i></p> <ul style="list-style-type: none"> equate to 13 hours or less additional hours are for the same job in the same department no-one on a different band is interested then <p><i>A recruitment activity via TRAC is activated if:</i></p> <ul style="list-style-type: none"> Additional hours are over 13 hours If several members of staff are interested in the additional hours 	DVCG		<ul style="list-style-type: none"> Record on Vacancy Control Decision Log against establishment and within pay envelope. 	<p>Vacancy Control MS form outlining case of need</p> <ul style="list-style-type: none"> Confirmation of funding source Duration Evidence to support need of additional hours QEIA
<p>6.8 Employment breaks <i>We recognise that colleagues may need time away from the workplace for a number of reasons and 'special leave' including employment breaks. Managers should review requests fairly and compassionately with a person-centred approach. Employment</i></p>	DVCG		<ul style="list-style-type: none"> Record on Vacancy Control Decision Log against establishment and within pay envelope. 	<p>Vacancy Control MS form outlining case of need</p> <ul style="list-style-type: none"> Duration of career break Outline cost savings alternative use of hours

<p><i>Breaks are unpaid leave with the right to return later between 3 months and 5 years</i></p>				<ul style="list-style-type: none"> • Employment break information is within Special Leave Guidance
<p>6.9 Enhanced rate of pay <i>Enhanced rates of pay are restricted to high risk areas where workforce demand and capacity is significantly challenged. Rates of pay can only be approved by Executive clinical leads, for a specified timeframe with review date, and EVCG will be sighted of these decision</i></p>		<p>Executive Chief Nurse or Medical Director</p>	<ul style="list-style-type: none"> • Record on Vacancy Control Decision Log against establishment and within pay envelope. 	

7.0 Overtime				
Instructions	Decision Making Authorisation Level		Measures	Additional Information
	Divisional	Executive		
7.1 Agenda for Change - Clinical Staff Bands 2 – 7 <i>Additional hours over contracted hours at plain time up to 37.5 hours per week</i>	Divisional Nurse Director / Associate Director of Midwifery or Director of AHP		<ul style="list-style-type: none"> • Monthly budget report from payroll. 	Assessed through SafeCare Live and finalised by Ward Manager Compliance with Overtime SOP
7.2 Agenda for Change - Non-Clinical Staff Bands 2 – 7 <i>Additional hours over contracted hours at plain time up to 37.5 hours per week</i>	Divisional Director / Associate Director		<ul style="list-style-type: none"> • Monthly budget report from payroll. 	<ul style="list-style-type: none"> • Paper timesheet submitted for those not rostered (see 8.4) approved by budget holder/AGM/GM. • Compliance with Overtime SOP
7.3 Agenda for Change - Clinical Staff Bands 2 – 7 <i>Overtime at time and a half for work over 37.5 hours per week (up to a maximum of 3 hours)</i>	Divisional Nurse Director / Associate Director of Midwifery and Director of AHP		<ul style="list-style-type: none"> • Monthly budget report from payroll. 	<ul style="list-style-type: none"> • All live e-Rostering areas manage and assess net hours via HealthRoster. • Compliance with Overtime SOP
7.4 Agenda for Change - Non-Clinical Staff Bands 2 – 7 <i>Overtime at time and a half for work over 37.5 hours per week (up to a maximum of 3 hours)</i>	Divisional Director / Associate Director		<ul style="list-style-type: none"> • Monthly budget report from payroll. 	<ul style="list-style-type: none"> • Paper timesheet submitted for those not rostered (see 8.4) approved by budget holder/AGM/GM. • Compliance with Overtime SOP
7.5 Agenda for Change - All Staff Bands 2 – 7 <i>Overtime that exceeds 3 hours</i>	Divisional Director, Divisional Nurse Director / Associate Director of Midwifery and Director of AHP		<ul style="list-style-type: none"> • Monthly budget report from payroll. • Monthly monitoring and analysis of reasons 	<ul style="list-style-type: none"> • Paper timesheet submitted for those not rostered (see 8.4) approved by budget holder/AGM/GM. • Compliance with Overtime SOP
7.6 Agenda for Change Staff Bands 8a and above <i>All Staff are expected to work the hours required to complete the role. Staff may request time off in lieu which must be taken within 3 months of the additional work being completed.</i>	Divisional Director		<ul style="list-style-type: none"> • Monthly budget report from payroll. • Monthly monitoring and analysis of reasons 	<u>ESR prevents overtime payments unless exceptional Director approval.</u>
7.7 The standardised timesheet must be completed for all overtime for worked by Medical staff				<ul style="list-style-type: none"> • Timesheets must be authorised prior to submitting to MSAs • MSA add to spreadsheet which are approved by finance and pay services

8.0 Use of Bank <i>Through Derby Health Staffing (DHS) or Temporary Staffing Team (TST)</i>				
Instructions	Decision Making Authorisation Level		Measures	Additional Information
	Divisional	Executive		
8.1 Bank Requests can only be made in advance and based on Rota.	Ward or department manager		<ul style="list-style-type: none"> Weekly Report from DHS available shifts, fill rates and booking reasons. 	<ul style="list-style-type: none"> Retrospective requests are not permitted. Bank Shift Allocation and authorisation process
8.2 Use of CLINICAL BANK in the following circumstances: <ul style="list-style-type: none"> Vacancy (must include position number and TRAC identification) Sickness (must include position number) Enhanced Patient Observations/1-2-1 (must include SafeCare reference and Enhanced care Bundle Risk Assessment) Approved increased temporary activity 	Matron or nominated Divisional or Clinical Lead		<ul style="list-style-type: none"> Weekly Report from DHS available shifts, fill rates and booking reasons. 	<ul style="list-style-type: none"> Managed through DHS Bank Shift Allocation and authorisation process Retrospective requests are not permitted. This must include the safe care reference e.g. 1C or 1D with unique patients identifier
8.3 Use of NON-CLINICAL BANK in the following circumstances: <ul style="list-style-type: none"> Vacancy (must include position number and TRAC identification) Sickness (must include position number) Approved increased temporary activity 	Divisional Leads DVCG		<ul style="list-style-type: none"> Weekly Report from TST available shifts, fill rates and booking reasons. 	<ul style="list-style-type: none"> Managed through TST Compliance with Non-Clinical Bank SOP Exit strategy required Retrospective requests are not permitted.
8.4 Use of BANK for any other reason is not permitted.	Not Permitted			<ul style="list-style-type: none"> Use of bank for any other reason must be approved by the Director of Nursing, Director of Midwifery and Director of AHP
8.5 All submitted timesheets to be authorised within 7 working days.	Budget Holder or service manager		<ul style="list-style-type: none"> Monthly report from payroll. All timesheets must be authorised on a weekly basis 	<ul style="list-style-type: none"> Compliance with Overtime SOP Retrospective requests are not permitted. See sections for professional specific overtime: <ul style="list-style-type: none"> Medical - 7.7 Nursing / Clinical - 7.1, 7.3, 7.5, 7.6 Non-Clinical - 7.2, 7.4, 7.5, 7.6
8.6 Bank bookings at AGREED rates	Budget Holder or service manager		<ul style="list-style-type: none"> Weekly Report from DHS available shifts, fill rates and booking reasons. 	<ul style="list-style-type: none"> Bank SOP compliance Bank Shift Allocation and authorisation process

				Retrospective requests are not permitted.
8.7 Bank bookings at ESCALATED rates fo CLINICAL		Executive Director (non-clinical), Medical Director / Director of Nursing / AHP (Clinical)	<ul style="list-style-type: none"> Weekly Report from DHS available shifts, fill rates and booking reasons. 	<ul style="list-style-type: none"> Approval in advance of booking - retrospective requests are not permitted. Bank Shift Allocation and authorisation process
8.10 Extensions to Bank workers (non-clinical)	Divisional Leads DVCG		<ul style="list-style-type: none"> Weekly Report from TST available shifts, fill rates and booking reasons. 	<ul style="list-style-type: none"> Managed through TST Compliance with Non-Clinical Bank SOP Exit strategy required Retrospective requests are not permitted.
8.11 Medical Bank process to be developed				

9.0 Use of Agency for Clinical Staff				
Instructions	Decision Making Authorisation Level		Measures	Additional Information
	Divisional	Executive		
9.1 The use of off-framework agencies is not permitted other than exceptional risk to patient safety	Not permitted	Executive Director		<ul style="list-style-type: none"> • Advice and information consult the Temporary Staffing Team (Medical, Healthcare Scientists, AHPs and Pharmacy) • Refer to Agency use SOP (link) • Retrospective requests are not permitted.
9.1 All framework agency requests to be booked in advance and in line with e-rostering policy guidelines and can only be booked for the following reasons: <ul style="list-style-type: none"> • Vacancy (must include position number and TRAC identification) • Sickness (must include position number) • Enhanced Patient Observations/1-2-1 (must include SafeCare reference and Enhanced care Bundle Risk Assessment) 	Divisional Director, nominated Divisional or Clinical Lead		<ul style="list-style-type: none"> • Weekly Report from DHS available shifts, fill rates and booking reasons. 	<ul style="list-style-type: none"> • Compliance with Agency SOP • Retrospective requests are not permitted.
9.2 No routine agency requests (i.e. regular bookings or bookings that extend beyond 3 months)		Executive Director	<ul style="list-style-type: none"> • Weekly Report from DHS available shifts, fill rates and booking reasons. 	<ul style="list-style-type: none"> • Approval in advance of agreement • Compliance with Agency SOP • Retrospective requests are not permitted.
9.3 Within price-cap NHS England rates	Divisional Director		<ul style="list-style-type: none"> • Weekly Report from DHS available shifts, fill rates and booking reasons. 	<ul style="list-style-type: none"> • Approval in advance of agreement • Compliance with Agency SOP • Retrospective requests are not permitted.
9.4 Above price-cap NHS England rates <ul style="list-style-type: none"> • shifts at £100 an hour more and above price cap • shifts at hourly rate below £100 but is 50% above price cap • Shifts over £100 an hour • Shifts above price cap 		Chief Executive and reported to NHSE prior to shift Executive Directors Chief Executive	<ul style="list-style-type: none"> • Weekly Report from DHS available shifts, fill rates and booking reasons. 	<ul style="list-style-type: none"> • Approval in advance of agreement • Compliance with Agency SOP • Retrospective requests are not permitted
9.5 Timesheets to be approved within 7 working days	Budget holder or service manager		<ul style="list-style-type: none"> • Weekly Report from DHS available shifts, fill rates and booking reasons. 	<ul style="list-style-type: none"> • Compliance with Overtime SOP • Retrospective requests are not permitted.
9.6 Clinical Agency Extensions	Divisional Director, nominated Divisional or		<ul style="list-style-type: none"> • Weekly Report from TST (Medical & Clinical) and DHS (N&M) available 	<ul style="list-style-type: none"> • Compliance with Agency SOP • Retrospective requests are not permitted.

	Clinical Lead DVCG		shifts, fill rates and booking reasons.	
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10.0 Use of Agency to Fill Non-Clinical Roles				
Instructions	Decision Making Authorisation Level		Measures	Additional Information
	Divisional	Executive		
10.1 Use of agency to fill administrative or clerical roles (including patient-facing roles) is not permitted.	Not permitted			• Retrospective requests are not permitted.
10.2 Use of agency to fill estates and facilities roles is not permitted.	Not permitted			• Retrospective requests are not permitted.
10.3 Use of agency to fill management or leadership roles is not permitted.	Not permitted			• Retrospective requests are not permitted.
10.4 NHS England Rules for the use of clinical coding staff apply.		Chief Digital and Informatics Officer	• Weekly Report from TST available shifts, fill rates and booking reasons.	• Retrospective requests are not permitted.
10.5 NHS England Rules apply for the use of 'contractors' and self-employed workers	Chief People Officer or Director of People Services		• Weekly Report from TST available shifts, fill rates and booking reasons.	• Approval required prior to engagement • Retrospective requests are not permitted.
10.6 Non-Clinical Agency Extensions	Divisional Director, nominated Divisional Lead DVCG		• Weekly Report from TST available shifts, fill rates and booking reasons.	• Compliance with Agency SOP • Retrospective requests are not permitted.

11.0 Using Waiting List Initiatives (WLI)				
Instructions	Decision Making Authorisation Level		Measures	Additional Information
	Divisional	Executive		
<p>11.1 Waiting List Initiative rates of pay at agreed Trust rates for the role.</p>	<p>Medical Director, Divisional Director or General Manager.</p>		<ul style="list-style-type: none"> • Monthly Payroll report 	<ul style="list-style-type: none"> • WLI SOP in development • Claims - once they have been through validation checks in the departments and are signed off by nominated lead. • In accordance with elective recovery plans • Cost pressures identified • WLI's to be signed off in advance. • Exit strategy outlined

12.0 Industrial Action - medical staffing				
Instructions	Decision Making Authorisation Level		Measures	Additional Information
	Divisional	Executive		
12.1 Booking of Direct Engagement bank workers through the NHSP system is permitted at IA rates during periods of industrial action	Divisional Director		<ul style="list-style-type: none"> • Post IA Report from NHSP against booking reasons. 	<ul style="list-style-type: none"> • Industrial action rate card approved at +20%. • Deviation from this must be approved by the Chief Medical Officer (or Deputy) in ADVANCE
12.2 Booking agency workers to cover industrial action gaps is not permitted	Not permitted			<ul style="list-style-type: none"> • Post IA Report from NHSP against booking reasons.
12.3 All permitted industrial action cover is paid at the agreed Industrial Action Rates of Pay			<ul style="list-style-type: none"> • Monthly payroll report • Post IA Report from NHSP against booking reasons. 	<ul style="list-style-type: none"> • Industrial action rate card approved at +20%. • Deviation from this must be approved by the Chief Medical Officer (or Deputy) in ADVANCE
12.4 Escalated rates of pay must be agreed in advance following the escalation process		Executive Director	<ul style="list-style-type: none"> • Ad-hoc report to SMT 	<ul style="list-style-type: none"> • Deviation from the agreed +20% must be approved by the Chief Medical Officer (or Deputy) in ADVANCE

13.0 Annual Leave				
Instructions	Decision Making Authorisation Level		Measures	Additional Information
	Divisional	Executive		
13.1 Staff must not be allowed to carryover annual leave at the end of the financial year other than in exceptional circumstances (which includes returning from maternity leave or long-term sickness).	Ward or department manager		• Monthly Rostering Compliance Report	<ul style="list-style-type: none"> • <u>Annual leave carryover</u> • <u>UHDB Ready reckoner</u> Annual leave will be managed for rostered staff via Healthroster however, corporate/non-rostered staff will be through ESR
13.2 Pay in lieu of untaken annual leave is not permitted.	Not permitted			

14.0 Non-Pay Expenditure				
Instructions	Decision Making Authorisation Level		Measures	Additional Information
	Divisional	Executive		
14.1 No discretionary spend		Director of Strategic / Operational Finance	• Discretionary spend run rate monitoring	• Approval required prior to raising purchase orders for Consultancy, Professional Fees / Subscriptions
14.2 Education and development including Study Leave to be authorised in accordance with agreed Trust Policy including: • Cost and time to attend courses/CPD • Expenses	Divisional Clinical Director / Chief Lead, Divisional Nurse Director / Director of AHP / Associate Director of Midwifery			• <u>Education and Development</u> • <u>Medical & dental study leave guidance</u>
14.3 Travel, accommodation, refreshments, catering must be agreed in advance and in line with Trust agreed policies and/or national Terms and conditions. Expenses will only be reimbursed via Easy expenses in line with the Trusts Expenses Policy subject to line management approval.	Matron / General Manager		• Monthly payroll report produced summarising expenses claimed	<u>Travel and Expenses</u>
14.4 Relocation Expenses		Director of Finance and Director of People Service		• Approval process regarding Relocation Expenses • Also refer to the Recruitment Incentive guidance • Doctors in Training claims are managed by Medical Recruitment and are exempt as expenses are met by NHSE
14.5 No off-site/external room bookings for meetings, conferences, or training.		Director of Strategic / Operational Finance		• Purchase orders for room hire must have pre approval • Internal venues through Ubook
14.6 All items being purchased must be through procurement via a purchase order. The revenue goods and services requestion approvals limits apply in line with the Trusts Scheme of Delegation: • Budget Holders Up to £9,999 • General Mangers & Corporate equivalent £10,000 - £19,999 • Divisional Directors and Corporate Directors £50,000 - £99,999 • Any Executive Director £100,000 - £149,999	Divisional Directors and Corporate Directors from £50,000 to £99,999	Any Executive Director from £100,000 to £149,999	Compliance of non-purchase order invoices will be monitored	Processes to raise and authorise orders are found Procurement or through Unit 4 Systems Team (dhftsys.agresso@nhs.net). This includes following procurement guidelines of conducting evaluation of medical devices / products.

<p>14.7 Our commitment to challenge, understand best where efficiencies can be made, identify if any cash can be released and identify efficiencies is complex with the Waste Reduction Pack outlining guidance and a Budget Holder & Manager Financial Recovery Checklist. This includes instructions on purchase ordering and product swaps, effective stock management, effective Service Level Agreements (SLA's), and equipment and maintenance contract checks.</p>				<p>Further advice regarding waste management can be found on Net-I Here.</p>
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