WAITING LIST INITIATIVE POLICY
Policy title: Waiting List Initiative Policy

Executive Summary: This policy is concerned with the process for planning, booking and monitoring the arrangements for waiting list initiative (WLI) payments. The purpose is to ensure that there is an assessment for the need for WLI and that there are effective processes in place to ensure correct and accurate payment.

Supersedes: N/A

Description of Amendment(s)

This policy will impact on: Clinical practice relating to the safe discharge of patients

Financial Implications: Accurate payment of agreed WLI

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<tr>
<th>Policy Area:</th>
<th>Trust Wide</th>
<th>Document Reference</th>
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<tbody>
<tr>
<td>Version Number:</td>
<td>1</td>
<td>Effective Date: September 2016</td>
</tr>
<tr>
<td>Review Date</td>
<td>October 2017</td>
<td></td>
</tr>
<tr>
<td>Author:</td>
<td>Associate Director of Performance and Service Delivery and Business Manager Medical Specialties</td>
<td>Impact Assessment Date: 12/08/16</td>
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APPROVAL RECORD

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<th>Committees/Group</th>
<th>Date</th>
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<tr>
<td>Consultation: Management</td>
<td>3rd August 2016 7th 14th &amp; 21st September 2016</td>
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<td>10th August 2016</td>
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<tr>
<td>Approved by Director: Kath Senior</td>
<td>6th October 2016</td>
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2 **Purpose of the Policy**

The purpose of this policy is to ensure that:

- A need assessment is undertaken prior to additional work being undertaken
- All additional work requests are appropriately authorised prior to work being undertaken
- All claim forms clearly state hours worked and are in a consistent format
- All claims are reconciled against records of hours actually worked prior to authorisation
- Only authorised claims are processed for payment
- There is an effective monitoring system in place to ensure value for money is being obtained from extra work requested

3 **Definition & Purpose of Waiting List Initiatives**

3.1 Waiting List Initiatives provide an option to offer additional clinical activity to improve waiting times. This additional increase in activity may be provided for two purposes:

- The short-term requirement to treat a “backlog” of patients on a waiting list and achieve an improved waiting time.
- The long-term requirement to close any ongoing gap between the number of patients joining a waiting list and the number of patients leaving a waiting list.

3.2 Treating a backlog of patients from the waiting list. A “backlog” of patients to be seen from an outpatient or inpatient waiting list may take two forms:

- The number of patients waiting longer or at risk of waiting longer than the waiting time standard
- The extent to which the current waiting list is too large to allow the maintenance of the waiting time standard. Whilst a waiting list size is not an objective in itself, a specific maximum waiting time will only be maintained if the waiting list is not over a manageable size in relation to available capacity.

3.3 It may be possible to admit a backlog of patients through improved efficiency and improved queue management. If this is not possible, then a one-off waiting list initiative may be required to clinically assess additional patients. The responsible Operational / Service Manager is accountable for ensuring that WLIs are not organised when backlog could be addressed by other ways.

3.4 Waiting list initiatives may be used effectively to reduce the number of patients waiting and ensure a waiting time standard is achieved at a point in time. A waiting list initiative, however, will not necessarily ensure a waiting time standard is maintained.

3.5 The inappropriate use of waiting list initiatives will undermine the maintenance of waiting time standards. Waiting list initiatives should not be employed in isolation as a short-term means of attempting to solve long-standing problems resulting from poor demand management, poor waiting list management or insufficient capacity to treat patients.
4 Roles and responsibilities

4.1 Outpatient Booking Team are responsible for distributing weekly Outpatient Waiting List figures detailing total patients numbers on each waiting list broken down by the length of time in weeks that they have waited.

4.2 Waiting List positions will be reviewed at the weekly Operational Performance meetings chaired by the Associate Director of Performance and Service Delivery. This meeting provides a forum to highlight and discuss capacity and demand issues across all specialties and is attended by Directorate Managers, General Managers, Operational and Service Managers.

- 4.3 The Designated General, Operational and Service Manager are responsible for discussions with clinicians regarding the need for and their availability to undertake Waiting Lists Initiative Sessions with a minimum of 3 weeks’ notice given and the subsequent arrangement for any sessions that have been proposed. The reasons for the WLI needs to be clearly stated by the relevant Operational / Service Manager on the WLI form in appendix 1 which then needs to be approved by the relevant Operational / Service Manager. The Operational / Service Manager will therefore be responsible for:

  - Contacting Outpatient Department Senior Sister to confirm room and nursing staff availability on the proposed dates
  - Contacting other clinical teams that are required to be involved in the sessions, for example Anaesthetic teams, Theatre Teams, ECG teams as is appropriate to the Service
  - Advising the Health Records Library and the Booking Centre of confirmed bookings to ensure that booking and health records note pulling and prepping are in place. In the case of clinics required within a 3 week notice period express agreement must be reached with both these departments prior to any sessions being organised.
  - Completing a pro-forma template containing details of the session being organised and forwarding this to all involved as above plus relevant secretaries, secretarial admin managers and transcription suite to make them aware of additional work that will be generated

4.4 On receipt of the additional clinic pro-forma the Booking Capacity and Reception Manager will be responsible for adding the clinic template to the trust PAS administration system, advising all involved that this has been actioned and instructing the relevant booking teams to book the sessions.
5 Needs Assessment Requirements (including records)

5.1 Doctors should work with their clinical and general manager colleagues to consider how their contracted job plan can help bridge any gaps identified in demand and capacity. Doctors will be expected to make attempts to re-profile the extant job plan on a short term basis to accommodate additional clinical activity, for example, within surgical specialties this may be deliverable in the context of a planned theatre cancellation which allows the doctor to be available to undertake an additional outpatient clinic. Only where this is not possible and a service gap remains should a WLI be considered.

5.2 No doctor can be paid twice for the same period of time. Therefore no paid WLI work should be undertaken during time that has already been contracted and paid for by the Trust, including SPA time. In exceptional agreed circumstances WLI work may be accommodated through the temporary displacing of job plan commitments outside of the job plan schedule.

5.3 An up to date job plan (inclusive of current weekly timetable) which reflects a typical week’s work and the Programmed Activities (PAs) currently paid to the doctor should be available for review by the Directorate Manager, General Manager, Operational and Service Manager should verification be required to ensure that the WLI work is not undertaken during job plan time. WLI work and subsequent payment cannot be authorised in the absence of an agreed job plan.

5.4 In line with the Trust Job Planning Policy doctors should work with their clinical and general managerial colleagues to consider how to bridge any gaps identified in demand and capacity. A degree of flexibility is an essential part of the professional contract. In cases to meet patient demand and capacity of services the following should be considered and only where a service gap remains should WLI’s be considered. Other options that could be considered as an alternative to WLI include-

- **Short Term Reconfiguration of Job Plans** - Doctors will be expected to make attempts to re-profile the existing job plan on a short term basis to accommodate additional clinical activity, for example, within surgical specialties this may be deliverable in the context of a planned theatre cancellation which allows the doctor to be available to undertake an additional outpatient clinic. For more information please refer to the Trust Job Planning Policy.

- **Flexibility to meet Patient Demand** - If an unexpected increase in demand arises Consultants can be asked to forego SPA time and undertake DCC activity instead. This request will only be made provided that the output of such work is evidenced. There is no obligation to undertake SPA as DCC and no penalty for declining. If the Consultant agrees to switch DCC for SPA then the SPA time lost will not be paid for, nor will the Consultant automatically get DCC converted back to SPA at a later date. Any such DCC for SPA switch should be for a short period of time, initially a maximum of 2 months. For more information please refer to the Trust Job Planning policy.
• **Additional Programmed Activities (APA’s)** - Additional Programmed activities are designed to be longer term solutions to increase capacity. If a clinician on 10 PAs wishes to undertake private practice, the Trust has the opportunity to request up to 1 additional paid PA per week, on average, of DCC from the Clinician (in accordance with schedule 6 of the Consultant Terms and Conditions 2003 and 7 of the SAS Terms and Condition 2008). The Directorate will decide if it wishes to make this request. The clinician can decline the additional PA and still work privately, but will forfeit their NHS pay progression. The Additional PAs (APAs) need not be undertaken every week and may be annualised. For more information please refer to the Trust Job Planning policy.

• **Temporary increase of Programmed Activities** - (part time consultants only) Those working less than 10 PA’s in their exiting job plan may agree to work an additional PA at the basic rate on a fixed term/ one of basis.

6 Approval process in advance of work being undertaken in OPD / ETU

6.1 Data is received to enable discussion with Directorate Manager, General Manager, Operational and Service Manager regarding requirements. Data will include diagnostics, 18wk & 2WW and including follow up requirements of each service. Regular catch up scheduled to discuss WLI service need chaired by Operational Manager

6.2 Once requirement is detailed, discussion is had between the Operational / Service Manager and the relevant Consultants to establish their availability for WLI sessions.

6.3 For OPD activity, once availability is received per service, Operational / Service Manager will liaise with Outpatient Department to confirm room and nurse staffing availability. For Endoscopy activity, Operational / Service Manager will discuss directly with the ETU Office Manager who holds the department’s rota, co-ordinates the dropped list availability and is responsible for the scheduling and organising of additional sessions undertaken on the Endoscopy Treatment Unit.

6.4 There should be at least 3 weeks’ notice given for any WLI requests. If the request is within a 3 week notice period the request must be directed to the Outpatient Service Manager to seek their acceptance in ensuring the Health Records Library and Booking Centre can accommodate in addition to room and nurse staffing. 2 week waiting list clinics are an exception to this and will be supported by OPD, bookings and health records library

6.5 Additional Waiting List Initiative Session Form (see Appendix 1) is completed, authorised and then submitted to Booking Centre / ETU who will

• Add the clinic template to the Trust PAS system
• Advise by email all relevant areas and staff who need to be aware of the booking. This to include Booking clerks, Health Care Records Library, OPD Nursing, Consultant Secretaries and Operational /Service Manager
• Instigate booking of appointments

6.6 The responsible Operational or Service Manager will update the WLI spreadsheet, located in the relevant Directorates shared drive, which contains details of WLI’s booked per specialty and the relevant dates agreed.
7 Approval process in advance of work being undertaken in Theatres

7.1 Data is received to enable discussion with Directorate Manager, General Manager, Operational and Service Manager in weekly meetings to establish theatre session requirements. Data will include diagnostics, 18wk & 2WW information for each service and this will be used in conjunction with the theatre rota to identify dropped lists and available theatre time.

7.2 Once requirement is detailed, discussion is had between the Operational / Service Manager and the relevant Consultants to establish their availability for WLI sessions.

7.3 Operational / Service Manager will then liaise with Theatre co-ordinators to confirm staff are available to adequately staff WLI theatre lists on the dates selected from the Consultants availability. Where appropriate for Day Case patients, the Day Case Unit will be contacted to ensure adequate staffing is available to accommodate the requirements of any WLI theatre sessions.

7.4. Additional Waiting List Initiative Session Form (see Appendix 1) is completed, authorised and then submitted to Theatre Co-Ordinator who will

- Add the Session to the Trust Galaxy Theatre Scheduling System
- Advise by email all relevant areas and staff who need to be aware of the booking. This to include Theatre staff, Booking clerks, Health Care Records Library, Consultant Secretaries and Operational /Service Managers
- Instigate booking of admission

7.6 The responsible Operational or Service Manager will update the WLI spreadsheet, located in the relevant Directorates shared drive, which contains details of WLI's booked per specialty and the relevant dates agreed.

8 European Working Time Directive Requirements

Due to EWTD Health and Safety legislation, it is expected that doctors should not work in excess of 48 hours on average over a 17 week reference period. On a week by week basis however and to encourage safe working hours, WLI work should not be authorised where this would cause the doctor to exceed a 56 hour working week. Only in exceptional circumstances can additional work be undertaken if it is authorised by the General Manager in advance of the work being carried out and noted on the claim form.
9 Agreement of rates payable for WLI

9.1 Set pay rates have been agreed across Surgical and Medical Services of £500 per session for Consultants and £400 per session for Middle Grade Doctors. The Radiology Department, also have agreed set pay rates per report of £4.50 per XR, £30.00 per MRI & £30.00 per CT. The appropriate payment is agreed by Operational Manager and General Manager according to reporting undertaken as recorded on the Radiology Waiting List Initiative Form (see Appendix 3)

9.2 For Theatre sessions Anaesthetists will already be assigned to be in attendance at the weekday dropped theatre lists being utilised for WLI’s and as a result of this will not be entitled to WLI pay rates. For weekend Theatre WLI’s, Anaesthetists will be entitled to the set pay rates as detailed in 9.1

9.2 The locally agreed WLI payment is payable for a clinical session of 4 hours duration for weekdays and weekends which will cover all administration and/or pre and post-operative care associated with the session. The Trust may agree a pro rata WLI rate to recognise part/extended sessions where these are required for the service, but this must have explicit Director approval on the claim form with clear instructions for Payroll to process payment.

9.3 The WLI pay rate is non pensionable

10 Cancellation of WLI Sessions

WLIs may be commenced and withdrawn at short notice by either side.

- If the employer cancels WLI activity scheduled at the weekend with less than 24 hours notice, the clinician will still be paid for the WLI.
- If the clinician withdraws they will be expected to undertake the WLI within 14 days assuming there are no extenuating circumstances.

11 Payment Claims for WLI sessions & time restrictions for claims

11.1 A Waiting List Initiative Claim Form (see Appendix 2) is completed and signed by the clinician and is then submitted to the relevant Operational / Service Manager responsible for the booking. The sessions claimed will then be cross referenced with booked sessions prior to the Operational / Service Manager signing off the claim and passing to the General Manager for their sign off.

11.2 Following General Manager sign off, the Waiting List Initiate Claim Form will then be delivered to the Medical Staffing Office, by the Operational / Service Manager or Management Secretary.

11.3 Medical Staffing are then responsible for collating all monthly Waiting List Initiate Claim Forms and submitting these to the Finance Department for final sign off by the relevant Divisional Accountant
11.3.1 Claims for Radiology are submitted as above but utilise their own separate claim form which incorporates the agreed pay rates per report alongside sessional rates (see Appendix 3)

11.4 To ensure that payment is made promptly work undertaken in a month (e.g. January) should be submitted by the Trust to SBS by the 4th day of the following month (e.g. February) in order for the claim to be processed in time for payment to be included in that months payroll run (e.g. February)

11.3 Claims that are received following the 4th day of the following month will still be processed but the payment will not be included in that months payroll run, but will be included in the next month. For example work undertaken in January, but where the original signed and authorised claim form is not submitted until 5th of February, payment will be made in the March payroll run.

11.4 Claim forms should be submitted within 3 months of the work that has been undertaken. For example work undertaken in January should have the original and authorised claim form submitted to Medical Staffing via the relevant Operational / Service Manager at the very latest by 4th day of April. Claims submitted longer than 3 months following the work undertaken will not be processed for payment

12 **Reporting & monitoring**

12.1 The responsible Operational / Service Manager will monitor expenditure for waiting list initiatives and be accountable for reviewing and addressing activity performance via the Operational Performance weekly meetings.

12.2 All WLI activity arranged will be recorded on the designated WLI spreadsheet, located in the Directorates shared drive, by the responsible Operational / Service Manager. This information will be forwarded to Finance on a monthly basis or as requested.

12.3 Directorates will monitor the collation of their own waiting list initiative activity to ensure that this is an efficient use of resources against activity. This will involve using a combination of financial ledger reports by speciality and the waiting list initiative spreadsheet by service line from medical staffing

12.4 Directorates will review expenditure against waiting list initiatives on a monthly basis and more regularly as required

12.5 Overall impact of waiting list initiatives against achievement of the 18 hour standard and activity against plan will be addressed via the weekly Operational performance meetings and the Directorate performance meetings.

12.5 Finance to produce a collated monthly report of all WLIs.
# Appendix 1 – Additional Waiting List Initiative Session Form

Additional Waiting List Initiative Session Form

The following information will be required for all additional sessions added to the system. (to be completed by the Operational or Service Manager). A minimum of three weeks’ notice will be required to facilitate your request. Once complete please email to debbie.whitmore@nhs.net for OP sessions, to junelamb@nhs.net for ETU sessions or michael.cawley@nhs.net for Theatre Sessions. Please ensure all boxes are completed.

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<tbody>
<tr>
<td>Name</td>
</tr>
<tr>
<td>Directorate</td>
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<tr>
<td>Date of request</td>
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<td>Reason for request</td>
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<tr>
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<th>Date</th>
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### Section A – To be completed to add a Session to the system or to revise a current template

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<tr>
<td>Clinic Code (if known) for OPD</td>
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<tr>
<td>Doctor Code (if Known) for OPD</td>
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<td>Day of the Week</td>
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<th>All Day Session</th>
<th>PM Session</th>
<th>Evening Session</th>
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### Template Layout

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<th>Appt/session finish time</th>
<th>Appt/session type</th>
<th>Appt/session start time</th>
<th>Appt/session finish time</th>
<th>Appt/session type</th>
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Office Use Only

DATE RECEIVED DATE COMPLETED INITIALS
ECNHST Waiting List Initiative Additional Duties Payment Form

### Section 1: Personal details:

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<td>Location/Hospital Site:</td>
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<td>Assignment Number:</td>
<td>Contact Number:</td>
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### Section 1: DETAILS OF WORK OUTSIDE OF NORMAL JOB PLANS:

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<tr>
<th>Day</th>
<th>Date</th>
<th>State nature of work e.g. type of list / clinic</th>
<th>Provide details of actual activity undertaken e.g. number of procedures / patients seen.</th>
<th>Reason for WLI</th>
<th>Start Time</th>
<th>End Time</th>
<th>Rate per session</th>
<th>Number of WLI Sessions to be paid</th>
<th>TOTAL payment claimed:</th>
<th>Will the WLI session replace an SPA session? (Y/N)</th>
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</table>

As waiting list payments are paid in accordance with the principle that a consultant cannot be paid twice for the same period of time - please confirm the TOTAL PAs in existing job plan (DCC, ON-CALL, SPA, External PAs):

Does any of the work outside of normal job plans in the table above take place at a time the doctor is paid for by the Trust in their existing Job Plan?

Yes / No

If YES, you must provide full details of what the work outside of normal job plans/waiting list initiative displaces, why it is undertaken during normal paid hours and when the paid work will be redelivered:

If any of the above work displaces an SPA session, please state the nature of the SPA activity and how and when this will be redelivered. The alternative time and method of delivery of the work within this SPA must be endorsed by the Head of Service Line.

### Section 1: EWTD DECLARATION (To be completed by the doctor carrying out the WLI):

1. Please confirm, considering all your Trust and non HSC commitments, if by undertaking the WLI work outlined above, you will be working above an average of 48 hours per week (averaged over a 52 week period)? (Please circle)
   
2. If Yes – Will you be working greater than 56 hours in this working week? (Please circle)
   
   **Are you over 48 hours per week?** - A signed derogation form must be completed and forwarded to the HR Manager, confirming your agreement to opt out of the EWTD maximum 48 hours per week (averaged over a 52 week reference period). A copy of the opt out form can be obtained from the Trust Intranet.

   **Are you over 56 hours per week?** – In addition to the above, Head of Service must give explicit approval– so the form must be signed and their comments included in section 2.
**TO BE COMPLETED AFTER WAITING LIST WORK IS UNDERTAKEN**

**Forms will not be processed** for Payment without appropriate authorisation.

**General Manager**: I confirm this WLI work was authorised in advance with me and that it complies with the Regional Agreement Principles for payment.

**DECLARATION**
*(To be completed by the doctor carrying out the WLI)*:

I accept the Trust Principles for undertaking WLI work and I declare that the entries detailed on this form are a true record of the work undertaken and I claim for WLI payments as detailed in Section One. If there has been any change to the WLI work this was approved in advance with the AMD/Director in section one to that which was ‘actually’ undertaken.

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

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

Signed:  
Print Name:  
Date: 

**Operational / Service Manager Approval**

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

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

Signed:  
Print Name:  
Date: 

**General Manager Approval**

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

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

Signed:  
Print Name:  
Date: 

**Divisional Accountant Approval**

Signed:  
Print Name:  
Date: 
Additional comments from Service Manager/Head of Service Line including any explicit agreements, agreement to displacement of SPA activities or any additional information including instructions regarding Payment:

<table>
<thead>
<tr>
<th>For Medical Staffing Office use only</th>
<th>Form scanned/emailed to SBS</th>
<th>By:</th>
<th>On:</th>
</tr>
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<tbody>
<tr>
<td>For Medical Staffing Office use only</td>
<td>Original sent to SBS</td>
<td>By:</td>
<td>On:</td>
</tr>
</tbody>
</table>

To ensure payment, the original claim form, once authorised and verified must be sent to SBS by the 4th of the month.
Appendix 3 – Radiology Waiting List Initiative Claim Form

Radiology Department
Strictly Private & Confidential

Waiting List Initiative (WLI) / Additional Duty Payment form

This form is intended for Radiologist’s to claim for payment for duties carried out in addition to the terms of their Contract of Employment – All fields are Mandatory, all sections must be approved / signed to ensure payment

Personal Details:

<table>
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<th>FORENAME:</th>
<th>ASSIGNMENT NO:</th>
<th>ROLE: Radiologist</th>
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<table>
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<tr>
<th>Rate per Report</th>
<th>XR</th>
<th>MRI</th>
<th>CT</th>
<th>Sessional (4hrs) e.g. US list or Mammography</th>
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<td>£45.00</td>
<td>£30.00</td>
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<tr>
<th>Date:</th>
<th>Number of Reports:</th>
<th>Session Purpose: Specify here if US list or Mammography</th>
<th>Start time:</th>
<th>End Time:</th>
<th>Total time (hours)</th>
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<tr>
<td></td>
<td>XR: No. reported e.g. 3</td>
<td>MRI: No. reported e.g. 3</td>
<td>CT: No. reported e.g. 3</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I have carried out the above duties outside my regular contractual commitment for East Cheshire NHS Trust.

SIGNATURE OF CLAIMANT: …………………………….. DATE: ……………………………..

OPERATIONAL MANAGER: …………………………….. SIGNATURE: …………………………….. DATE: ……………………………..

GENERAL MANAGER: …………………………….. SIGNATURE: …………………………….. DATE: ……………………………..

FINANCE LEAD: …………………………….. SIGNATURE: …………………………….. DATE: ……………………………..

Please note: Deadline for submission to payroll for in month payment is the 8th day of each month.

<table>
<thead>
<tr>
<th>Finance Use Only:</th>
<th>XR: @£4.50/rep</th>
<th>MRI: @£30.00/rep</th>
<th>CT: @£30.00/rep</th>
<th>Session: @£500.00/session</th>
<th>Reference:</th>
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</table>
Equality Analysis (Impact assessment)

Please START this assessment BEFORE writing your policy, procedure, proposal, strategy or service so that you can identify any adverse impacts and include action to mitigate these in your finished policy, procedure, proposal, strategy or service. Use it to help you develop fair and equal services. Eg. If there is an impact on Deaf people, then include in the policy how Deaf people will have equal access.

1. What is being assessed?

<table>
<thead>
<tr>
<th>ECNHST Waiting List Initiative Policy</th>
</tr>
</thead>
</table>

Details of person responsible for completing the assessment:
- **Name:** Carl Miller
- **Position:** Business Manager Medical Specialties
- **Team/service:** Medical Service Line

State main purpose or aim of the policy, procedure, proposal, strategy or service:
(usually the first paragraph of what you are writing. Also include details of legislation, guidance, regulations etc which have shaped or informed the document)

<table>
<thead>
<tr>
<th>Waiting List Initiatives provide an option to offer additional clinical activity to improve waiting times. The purpose of this policy is to ensure that:</th>
</tr>
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<tbody>
<tr>
<td>• A need assessment is undertaken prior to additional work being undertaken</td>
</tr>
<tr>
<td>• All additional work requests are appropriately authorised prior to work being undertaken</td>
</tr>
<tr>
<td>• All claim forms clearly state hours worked and are in a consistent format</td>
</tr>
<tr>
<td>• All claims are reconciled against records of hours actually worked prior to authorisation</td>
</tr>
<tr>
<td>• Only authorised claims are processed for payment</td>
</tr>
<tr>
<td>• There is an effective monitoring system in place to ensure value for money is being obtained from extra work requested</td>
</tr>
</tbody>
</table>

2. Consideration of Data and Research

To carry out the equality analysis you will need to consider information about the people who use the service and the staff that provide it. Think about the information below – how does this apply to your policy, procedure, proposal, strategy or service

2.1 Give details of RELEVANT information available that gives you an understanding of who will be affected by this document

Cheshire East (CE) covers Eastern Cheshire CCG and South Cheshire CCG. Cheshire West & Chester (CWAC) covers Vale Royal CCG and Cheshire West CCG. In 2011, 370,100 people resided in CE and 329,608 people resided in CWAC.

**Age:** East Cheshire and South Cheshire CCG’s serve a predominantly older population than the national average, with 19.3% aged over 65 (71,400 people) and 2.6% aged over 85 (9,700 people).

Vale Royal CCGs registered population in general has a younger age profile compared to the CWAC average, with 14% aged over 65 (14,561 people) and 2% aged over 85 (2,111 people).
Since the 2001 census the number of over 65s has increased by 26% compared with 20% nationally. The number of over 85s has increased by 35% compared with 24% nationally.

Race:
- In 2011, 93.6% of CE residents, and 94.7% of CWAC residents were White British
- 5.1% of CE residents, and 4.9% of CWAC residents were born outside the UK – Poland and India being the most common
- 3% of CE households have members for whom English is not the main language (11,103 people) and 1.2% of CWAC households have no people for whom English is their main language.

Gender: In 2011, c. 49% of the population in both CE and CWAC were male and 51% female. For CE, the assumption from national figures is that 20 per 100,000 are likely to be transgender and for CWAC 1,500 transgender people will be living in the CWAC area.

Disability:
- In 2011, 7.9% of the population in CE and 8.7% in CWAC had a long term health problem or disability
- In CE, there are c.4500 people aged 65+ with dementia, and c.1430 aged 65+ with dementia in CWAC. 1 in 20 people over 65 has a form of dementia
- Over 10 million (c. 1 in 6) people in the UK have a degree of hearing impairment or deafness.
- C. 2 million people in the UK have visual impairment, of these around 365,000 are registered as blind or partially sighted.
- In CE, it is estimated that around 7000 people have learning disabilities and 6500 people in CWAC.
- Mental health – 1 in 4 will have mental health problems at some time in their lives.

Sexual Orientation:
- CE - In 2011, the lesbian, gay, bisexual and transgender (LGBT) population in CE was estimated at 18,700, based on assumptions that 5-7% of the population are likely to be lesbian, gay or bisexual and 20 per 100,000 are likely to be transgender (The Lesbian & Gay Foundation).
- CWAC - In 2011, the LGBT population in CWAC is unknown, but in 2010 there were c. 20,000 LGB people in the area and as many as 1,500 transgender people residing in CWAC.

Religion/Belief:
The proportion of CE people classing themselves as Christian has fallen from 80.3% in 2001 to 68.9% In 2011 and in CWAC a similar picture from 80.7% to 70.1%, the proportion saying they had no religion doubled in both areas from around 11%-22%.
- **Christian:** 68.9% of Cheshire East and 70.1% of Cheshire West & Chester
- **Sikh:** 0.07% of Cheshire East and 0.1% of Cheshire West & Chester
- **Buddhist:** 0.24% of Cheshire East and 0.2% of Cheshire West & Chester
- **Hindu:** 0.36% of Cheshire East and 0.2% of Cheshire West & Chester
- **Jewish:** 0.16% of Cheshire East and 0.1% of Cheshire West & Chester
- **Muslim:** 0.66% of Cheshire East and 0.5% of Cheshire West & Chester
- **Other:** 0.29% of Cheshire East and 0.3% of Cheshire West & Chester
- **None:** 22.69% of Cheshire East and 22.0% of Cheshire West & Chester
- **Not stated:** 6.66% of Cheshire East and 6.5% of Cheshire West & Chester

Carers: In 2011, nearly 11% (40,000) of the population in CE are unpaid carers and just over 11% (37,000) of the population in CWAC.

2.2 Evidence of complaints on grounds of discrimination: (Are there any complaints or concerns raised either from patients or staff (grievance) relating to the policy, procedure, proposal, strategy or service or its effects on different groups?)

No
2.3 Does the information gathered from 2.1 – 2.3 indicate any negative impact as a result of this document?

No

3. Assessment of Impact

Now that you have looked at the purpose, etc. of the policy, procedure, proposal, strategy or service (part 1) and looked at the data and research you have (part 2), this section asks you to assess the impact of the policy, procedure, proposal, strategy or service on each of the strands listed below.

RACE:
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, racial groups differently? Yes ☐ No ☑

Explain your response: See response at end of Section 3

GENDER (INCLUDING TRANSGENDER):
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, different gender groups differently? Yes ☐ No ☑

Explain your response: See response at end of Section 3

DISABILITY
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, disabled people differently? Yes ☐ No ☑

Explain your response: See response at end of Section 3

AGE:
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, age groups differently? Yes ☐ No ☑

Explain your response: See response at end of Section 3

LESBIAN, GAY, BISEXUAL:
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, lesbian, gay or bisexual groups differently? Yes ☐ No ☑

Explain your response: See response at end of Section 3

RELIGION/BELIEF:
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, religious belief groups differently? Yes ☐ No ☑

Explain your response: See response at end of Section 3

CARERS:
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, carers differently? Yes ☐ No ☑
Explain your response: See response at end of Section 3

- OTHER: EG Pregnant women, people in civil partnerships, human rights issues.

From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect any other groups differently? Yes ☐ No ☑

Explain your response:

For all of the questions in Section 3,

For Staff - Participation in WLI sessions for staff is entirely voluntary with agreement being sought from all involved departments and individual staff prior to any WLI being agreed. As it is entirely the free choice of staff to choose to involve themselves there is no direct impact on any of the above characteristics

For Patients - Following to the agreement and arrangement of individual waiting list initiative sessions, patients will continue to be given the offer of appointments based on clinical needs and/or length of waiting time with no discrimination based on any of the above strands. Patients who are unable or unwilling to attend a WLI session will be free to decline the offer and will not be disadvantaged by their decision and will continue to be offered the next available appointments.

4. Safeguarding Assessment - CHILDREN

<table>
<thead>
<tr>
<th>a. Is there a direct or indirect impact upon children?</th>
<th>Yes ☐ No ☑</th>
</tr>
</thead>
<tbody>
<tr>
<td>b. If yes please describe the nature and level of the impact (consideration to be given to all children; children in a specific group or area, or individual children. As well as consideration of impact now or in the future; competing / conflicting impact between different groups of children and young people:</td>
<td></td>
</tr>
<tr>
<td>c. If no please describe why there is considered to be no impact / significant impact on children</td>
<td></td>
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</table>

The Waiting List Initiative policy is a Trust wide document that encompasses both Adult and Children’s services equally. WLI will continue to be arranged as required for children’s services.

5. Relevant consultation

Having identified key groups, how have you consulted with them to find out their views and that the made sure that the policy, procedure, proposal, strategy or service will affect them in the way that you intend? Have you spoken to staff groups, charities, national organisations etc?

No staff groups, charities, national organisations have been approached.

This newly created policy forms part of a recommendation by the Mersey Internal Audit Agency following a review of our current WLI policy and as such follows guidelines indicated in their official report.

The draft report is to be submitted to the Trust’s Operation Performance Group, chaired by Associate Director of Performance and Service Delivery for comment and amendment.

The amended document will then be submitted to LNC and OMT for final approval.
6. Date completed: 18th July 2016                    Review Date: October 2017

7. **Any actions identified:** Have you identified any work which you will need to do in the future to ensure that the document has no adverse impact?

<table>
<thead>
<tr>
<th>Action</th>
<th>Lead</th>
<th>Date to be Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amendments as required during draft approval stage</td>
<td>Carl Miller</td>
<td>July/August 2016</td>
</tr>
<tr>
<td>Annual review of WLI policy document</td>
<td>Carl Miller</td>
<td>12 months from approval of policy</td>
</tr>
</tbody>
</table>

8. **Approval**  – At this point, you should forward the template to the Trust Equality and Diversity Lead lynbailey@nhs.net

Approved by Trust Equality and Diversity Lead:

![Signature]

Approved by Catherine Allbright, Patient Experience Office on behalf of Lyn Bailey

Date: 12/8/16