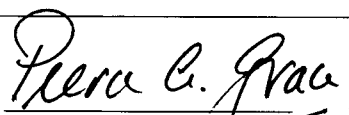
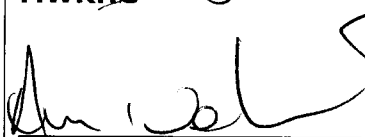




Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

**Mid West Regional Hospital Group**

**Title: MWRHG Standard Operating Procedure for Claiming Rostered  
and Unrostered Hours for NCHDS**

<b>Document Reference number</b>	<b>PPPGC-RW-MM-2</b>	<b>Document drafted by</b>	<b>MWRHG Medical Manpower Manager</b>
<b>Revision Number</b>	<b>1</b>	<b>Reviewed by Document approved by</b>	 <b>Professor Pierce Grace Chief Clinical Director MWRHG</b>  <b>Ms Ann Doherty C.E.O. MWRHG</b>
<b>Approval date</b>	<b>March 2013</b>	<b>Responsibility for implementation</b>	<b>Medical Manpower, Directorate Managers and Clinical Directors</b>
<b>Revision date</b>	<b>March 2015</b>	<b>Responsibility for evaluation and audit</b>	<b>Medical Manpower Manager</b>

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## 1.0 Purpose

The purpose of this Standard Operating Procedure is to ensure the following:

- 1.1 All NCHD working hours are captured accurately in support of compliance with the Hospital's legal responsibility under the European Working Time Directive's requirements for record keeping.
- 1.2 Rostered and unrostered hours for NCHDs are supported by strong internal accountability and budgetary controls

## 2.0 Scope

This policy applies to all NCHDs working in the working in the four Clinical Directorates across the Hospital Group.

## 3.0 Procedure for Claiming for Rostered Hours

The following sets out the standard operating procedure for claiming rostered hours.

- 3.1 All agreed rostered hours must be completed weekly and submitted for payment into the PPARS office by 1pm on the Monday of the following week.
  - 3.1.1 You are required to submit overtime claims no later than one month after the overtime was done. Claims submitted after this time period or delayed submission of multiple forms will result in a delayed payment of overtime.
  - 3.1.2 Rostered hours include all agreed core duty hours, on call onsite and on call off site hours. These hours must be recorded on Part A of the form. Any hours outside of these agreed hours must not be claimed on this Form and you must go through the required approval process with your relevant supervising Consultant as detailed below (Section 3.2) for all unrostered hours
  - 3.1.3 The first 39 hours (1-39) worked must be indicated before overtime hours are recorded and all other hours must be denoted by **X** for onsite hours and **O** for offsite hours.
  - 3.1.4 All time sheets must be completed in full, including all your personnel details and a total figure recorded in the total hours worked columns. Forms that are partially completed will not be processed and will be returned for correction.
  - 3.1.5 In the case of off-site on call hours, the relevant details pertaining to the call out must be documented on Part B of the form. This must include who initiated the call out, time of arrival and departure and your reason for attendance with relevant Chart Number details identified clearly and the number of hours of attendance onsite. Any hours submitted

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which deviate from this requirement will be returned for correction.

- 3.1.6 All onsite and offsite training activities, including grand rounds, journal clubs, individual speciality related training sessions and GP training days must be documented on the form and denoted by **T** for onsite and **CT** for attendance at off site College Training. These hours are paid but are not included within the overall calculation of working hours for the purpose of European Working Time Directive compliance. We are legally obliged to hold records of such events.

### **3.2 Procedure for Claiming for Unrostered Hours**

The following sets out the standard operating procedure for claiming unrostered hours.

- 3.2.1 All unrostered hours must be pre-approved by the Chief Financial Officer.
- 3.2.2 Any emergency or exceptional requirement for an NCHD to work beyond their rostered hours must be confirmed in writing by the requesting Consultant to the relevant Directorate Manager/Clinical Director using the attached Form C Pre-Approval Form for Unrostered Hours.
- 3.2.3 Requests can be emailed electronically to the relevant Directorate Manager
- 3.2.4 Confirmation of approval will be made by the Chief Financial Officer.

## **4.0 Implementation**

- 4.1 It is the responsibility of Medical Manpower to ensure Consultant, NCHD and Directorate management staff are aware of and adhere to the requirements of this standard operating procedure.
- 4.2 This policy is approved under the auspices of the Executive Management Team
- 4.3 The date for implementation is the 25<sup>th</sup> of March 2013

## **5.0 Audit and Evaluation**

- 5.1 This policy will be audited and any issues relating to implementation, documentation, communication etc will be reviewed and key performance indicators will be developed based on audit findings.
- 5.2 This policy will be amended/updated based on the audit findings as appropriate.

## **6.0 Appendices**

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# Appendix 1 NCHD Attendance Form

Surname: (Grade):		First Name: Speciality:		JSE Mid Western Regional Hospital NCHD Attendance Form		Week Beginning: Employee No:	
Codes for Attendance: Please insert relevant code as appropriate				NB: All Hours marked with an X must have been worked on site			
On Call On Site	Basic	1-39	His	1/4 = 1/4hr	1/4 = 1/4hr	1/4 = 1/4hr	Public Holiday
On Call Off Site	His	1/4 = 1/4hr	1/4 = 1/4hr	1/4 = 1/4hr	1/4 = 1/4hr	1/4 = 1/4hr	Leave
O	His	1/4 = 1/4hr	1/4 = 1/4hr	1/4 = 1/4hr	1/4 = 1/4hr	1/4 = 1/4hr	Training On Site
Please note: The first 30 minutes worked must be indicated before overtime hours are recorded. For all other hours worked, please indicate if on-site(s) or off-site(s).				Please state the duration of Rest Break RB (i.e. 1/2 or 1/4)			
As part of the EMTD requirements: Please ensure the codes are used when completing this form. Daily rest must be incorporated into each working day as follows:				Please state the duration of Rest Break RB (i.e. 1/2 or 1/4)			
Daily Rest: A Doctor cannot work for more than 4 hours 30 minutes without receiving a break of at least 15 minutes, a break of at least 30 minutes when working for more than 6 hours.				Please state the duration of Rest Break RB (i.e. 1/2 or 1/4)			
Please note: Breaks cannot be taken at the end of the working day.				Please state the duration of Rest Break RB (i.e. 1/2 or 1/4)			
Section A:				Total Hours Worked			
Day	Date	00.00 to 01.00	01.00 to 02.00	02.00 to 03.00	03.00 to 04.00	04.00 to 05.00	05.00 to 06.00
Mon							
Tues							
Wed							
Thurs							
Fri							
Sat							
Sun							
Total Hours Worked				Total Hours Worked			
0				0			

**SECTION B:** Please note that all NCHDs must only work their rostered hours for their team. Details to be completed overleaf when called in from 'On-Call' 'Off-Site'. Refer to Section B overleaf.

I certify that I have worked the above hours for the period specified

NCHD Signed \_\_\_\_\_ Contact Number \_\_\_\_\_ e-mail \_\_\_\_\_ Date \_\_\_\_\_

I certify that the above claim is correct and in order for payment

Consultant Signed \_\_\_\_\_ Date \_\_\_\_\_

Please ensure that the form is filled completely on both sides and that the information is both clear and legible

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## Appendix 2

### HSE Mid Western Regional Hospital Pre Approval Request to Claim for Unrostered Hours

Name: \_\_\_\_\_ Grade \_\_\_\_\_

Speciality: \_\_\_\_\_ Employee \_\_\_\_\_  
No \_\_\_\_\_

This form must be completed for all hours outside agreed core hours and on-call hours for your speciality / team

Date	Day	Start Time	Finish Time	Total Time	Details of request for additional hours outside of on call and agreed core hours

I hereby certify that the above hours are deemed necessary and unavoidable.

Requesting Consultant:

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Signed \_\_\_\_\_

Date: \_\_\_\_\_

Directorate Manager Approval:

Yes:

☐

No:

☐

Signed \_\_\_\_\_

Chief Financial Officer Approval:

Yes:

☐

No:

☐

Signed \_\_\_\_\_

## 7.0 Signature Sheet

I have read, understand and agree to adhere to the attached guideline:

Print Name	Signature	Area of Work	Date



