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| Lead Employers Payroll & Expenses Information Pack |
| For Doctors & Dentists in Training |
|  |
| **Doctors & Dentists in Training Payroll Group** |
| **2018** |

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**Lead Employers Payroll & Expenses Information Pack**

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| --- | --- |
| **Content** | **Page Number** |
| **Introduction**  **Lead Employer Boards Key Information & Contacts**  **NHS Education for Scotland** | [**2**](#Introduction)  [**3**](#NES) |
| **NHS Grampian** | [**4**](#Grampian) |
| **NHS Greater Glasgow and Clyde** | [**5**](#GGC) |
| **NHS Lothian**  **Processes**  **SSTS-Payroll Process**  **Example form – DDiT Absence Notification** | [**6**](#Lothian)  [**7**](#SSTS)  [**8**](#AdditionalHoursFORM) |
| **Expenses Claims Process** | [**9**](#Expenses) |
| **Example form - DDIT Authorised User Form**  **Example form - Excess Travel Form - Doctors in Training Grades Only** | [**11**](#Caruser)  [**12**](#ExcessTravel) |
| **Example form - Standard Expenses Form** | [**13**](#ExpensesClaim) |
| **Additional Hours Claims Process** | [**14**](#AdditionalHours) |
| **Example form - Standard Claim form for Additional Hours** | [**15**](#AdditionalHoursFORM) |
| **Document Control Information** | [**17**](#CONTROLSHEET) |

**Introduction**

This ​Lead Employers Pack is primarily intended to inform Medical Staffing, Recruitment Teams and Managers within NHS Scotland DDiT placement Boards of the specific Payroll, Expenses and SSTS arrangements for each of the four DDiT Lead Employers.

This pack also contains information to support queries from doctors and dentists in training, with links to TURAS where all employee forms can be accessed electronically.

Information regarding other Placement Board contacts can be found by following the link below.

Placement Board Contacts

<https://hub.nes.digital/lead-employer-arrangements/placement-board-contacts/>

**NHS Education for Scotland**

**National Programmes:**

* General Practice Specialty Training
* Occupational Medicine
* Public Health

**Key Contact – Payroll and Expenses**

**(Including additional hours payments)**

**Email:** [gov.op@nes.scot.nhs.uk](mailto:gov.op@nes.scot.nhs.uk) [Medical Staffing/Payroll colleagues]

[Snow.payroll@nes.scot.nhs.uk](mailto:Snow.payroll@nes.scot.nhs.uk) [for Trainees]

We would ask that everything is sent electronically to the payroll team, however should you require to post something the address is as follows:

Finance Department

NHS Education for Scotland

102 Westport

Westport

Edinburgh

EH3 9DN

**Cut-off Dates – Payroll, Expenses & SSTS**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **August**  **2018** | **September**  **2018** | **October**  **2018** | **November**  **2018** | **December**  **2018** | **January**  **2019** | **February**  **2019** | **March**  **2019** |
| **New Starts & Leavers and notifications of change** | 16/08 | 12/09 | 10/10 | 15/11 | 06/12 | 10/01 | 14/02 | 14/03 |
| **Additional Hours Claims** | 15/08 | 12/09 | 10/10 | 15/11 | 06/12 | 10/01 | 14/02 | 14/03 |
| **SSTS** | 13/08 | 10/09 | 08/10 | 12/11 | 03/12 | 07/01 | 11/02 | 11/03 |
| **Expenses Claims** | 16/08 | 13/09 | 11/10 | 15/11 | 06/12 | 10/01 | 14/02 | 14/03 |
| **Pay Day** | 30/08 | 27/09 | 25/10 | 29/11 | TBC | TBC | 28/02 | 28/03 |

**NHS Grampian**

**Placement Boards:**

* NHS Highland
* NHS Orkney
* NHS Shetland
* NHS Western Isles
* NHS Tayside
* NHS Grampian

**National Programmes:**

* Child and Adolescent Psychiatry
* Old Age Psychiatry
* Intellectual Disability Psychiatry
* Medical Psychotherapy
* Medical Ophthalmology

North regional programmes:

* Urology
* ENT
* East Medical Microbiology

**Key Contact – Payroll**

**(Including additional hours payments)**

Email: grampian.payroll@nhs.net

Postal address for all paperwork: Payroll Team, HR Service Centre, Westholme, Woodend Hospital, Queens Road, Aberdeen, AB15 6LS

**Key Contact – Expenses**

Email: grampian.expensesadmin@nhs.net

Postal address for all paperwork: Expenses Team, HR Service Centre, Westholme, Woodend Hospital, Queens Road, Aberdeen, AB15 6LS

**Key Contact – SSTS**

Email: grampian.centralrostering@nhs.net

Postal address for all paperwork: Central Rostering Team, HR Service Centre, Westholme, Woodend Hospital, Queens Road, Aberdeen, AB15 6LS

**NHS Grampian Cut-off Dates – Payroll & Expenses**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **August**  **2018** | **September**  **2018** | **October**  **2018** | **November**  **2018** | **December**  **2018** | **January**  **2019** | **February**  **2019** | **March**  **2019** |
| **New Starts & Leavers** | 07/08 | 07/09 | 07/10 | 07/11 | 06/12 | 07/01 | 07/02 | 07/03 |
| **Expenses Claims** | 07/08 | 07/09 | 07/10 | 07/11 | 06/12 | 07/01 | 07/02 | 07/03 |
| **Additional Hours Claims** | 07/08 | 07/09 | 07/10 | 07/11 | 06/12 | 07/01 | 07/02 | 07/03 |
| **SSTS** | 07/08 | 07/09 | 07/10 | 07/11 | 06/12 | 07/01 | 07/02 | 07/03 |
| **Pay Day** | 30/08 | 27/09 | 31/10 | 29/11 | 24/12 | 28/01 | 28/02 | 28/03 |

**NHS Greater Glasgow and Clyde**

**Placement Boards**

* NHS Ayrshire and Arran
* NHS Dumfries and Galloway
* NHS Forth Valley
* NHS Lanarkshire
* National Waiting Times Centre
* NHS Greater Glasgow and Clyde

**National Programmes:**

* Clinical Neurophysiology (All Scotland)
* Paediatric and Perinatal Pathology
* Paediatric Cardiology
* NeurosurgeryNeurology
* Medical Virology
* Paediatric Surgery
* Oral and Maxillo-facial Surgery
* Palliative Medicine (West)
* Chemical Pathology (All Scotland)
* Infectious Diseases (All Scotland)
* Clinical Oncology
* Medical Oncology
* Broad Based Training

**Key Contact – Payroll**

**(Including additional hours payments)**

**Email:** [gg-uhb.nhsggcpayrollservices@nhs.net](mailto:gg-uhb.nhsggcpayrollservices@nhs.net)

**Postal address for all paperwork:** Payroll Team, Caledonia House, 140 Fifty Pitches Road, Glasgow, G51 4EB

**Key Contact – Expenses**

**Email:** [eExpenses.NHSGG&C@ggc.scot.nhs.uk](mailto:eExpenses.NHSGG&C@ggc.scot.nhs.uk)

**Postal address for all paperwork:** Travel Team, Caledonia House, 140 Fifty Pitches Road, Glasgow, G51 4EB

**Key Contact – SSTS**

**Telephone:** 0141 278 2999

**Email:** [SSTSTeam.ngd@ggc.scot.nhs.uk](mailto:SSTSTeam.ngd@ggc.scot.nhs.uk)

**Postal address for all paperwork:** SSTS Team, Caledonia House, 140 Fifty Pitches Road, Glasgow, G51 4EB

**NHS Greater Glasgow & Clyde Cut-off Dates – Payroll & Expenses**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **August**  **2018** | **September**  **2018** | **October**  **2018** | **November**  **2018** | **December**  **2018** | **January**  **2019** | **February**  **2019** | **March**  **2019** |
| **New Starts & Leavers** | 17/08 | 15/09 | 12/10 | 16/11 | 07/12 | TBC | 15/02 | 15/03 |
| **Expenses Claims** | 07/08 | 07/09 | 05/10 | 07/11 | 07/12 | TBC | 07/02 | 07/03 |
| **Additional Hours Claims** | 17/08 | 15/09 | 12/10 | 16/11 | 07/12 | TBC | 15/02 | 15/03 |
| **SSTS (Hours/Absences)** | 13/08 | 10/09 | 08/10 | 12/11 | 05/12 | TBC | 11/02 | 11/03 |
| **Pay Date** | 30/08 | 27/09 | 25/10 | 29/11 | 20/12 | TBC | 28/02 | 28/03 |

**NHS Lothian**

**Placement Boards:**

* NHS Borders
* NHS Fife
* NHS Lothian

**National Programmes:**

* Diagnostic Neuropathology
* Plastic Surgery
* Forensic Histopathology
* Clinical Pharmacology and Therapeutics
* Community and Sexual and Reproductive Health
* Cardio-thoracic Surgery (all)
* Vascular Surgery
* Genito-urinary Medicine
* Rehabilitation Medicine
* Forensic Psychiatry
* Clinical Genetics

East regional programmes

* Core Surgical Training

**Key Contact – Payroll**

**(Including additional hours payments)**

**Telephone:** 0131 546 4560

**Email:** [**PayrollRegistry@nhslothian.scot.nhs.uk**](mailto:PayrollRegistry@nhslothian.scot.nhs.uk)

**Postal address for all paperwork:** Payroll Department, NHS Lothian, Waverley Gate, 2-4 Waterloo Place, Edinburgh EH1 3EG

**Key Contact – Expenses**

**Telephone:** 0131 546 4560

**Email: DDITExpenses@nhslothian.scot.nhs.uk**

**Postal address for all paperwork:**

Expenses Team, NHS Lothian, Waverley Gate, 2-4 Waterloo Place, Edinburgh, EH1 3EG

**NHS Lothian Cut-off Dates – Payroll & Expenses**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **August**  **2018** | **September**  **2018** | **October**  **2018** | **November**  **2018** | **December**  **2018** | **January**  **2019** | **February**  **2019** | **March**  **2019** |
| **New Starts & Leavers/Changes** | 16/08 | 13/09 | 11/10 | 15/11 | TBC | TBC | 14/02 | 14/03 |
| **Additional Hours Claims** | 08/08 | 05/09 | 03/10 | 07/11 | TBC | TBC | 06/02 | 06/03 |
| **SSTS (Hours/Absences)** | 08/08 | 05/09 | 03/10 | 07/11 | TBC | TBC | 06/02 | 06/03 |
| **Expenses Claims** | 22/08 | 07/09 | 07/10 | 07/11 | TBC | TBC | 07/02 | 07/03 |
| **Pay Date** | 30/08 | 27/09 | 25/10 | 29/11 | TBC | TBC | 28/02 | 28/03 |

**Process for attendance information**

It is recognised that not all Boards are 100% live on SSTS, if the DDiT cohort are live on SSTS within the Placement Board, any absences should be recorded on SSTS rosters in line with the standard national processes.

If a Board, or particular group within a Board, are not live on SSTS, then absences should be recorded “DDiT Absence Notification” pro-forma issued along with this pack (see example form on page 8 and embedded copy below or follow <https://hub.nes.digital/lead-employer-arrangements/in-employment-information/payroll-information/payroll-forms/> to download a copy)

The absence notification form should be sent on a monthly basis to the Lead Employer Payroll Team’s email address in line with the SSTS cut-off dates indicated on pages 3-6)





**Process for claiming expenses**

Please note the Payroll Services Programme Board are currently undertaking a wider review of the Payroll, Expenses and SSTS forms in use across NHS Scotland and, as such, the forms contained within this pack for the DDiT cohort may be updated when this review is completed; you will be contacted in advance of any changes taking effect.

Please follow <https://hub.nes.digital/lead-employer-arrangements/in-employment-information/payroll-information/payroll-forms/> to view and download the current forms from the TURAS Hub

**Claims process**

Prior to any claim being submitted the employee should complete and submit a copy of the “DDIT Authorised User Form” (example of form available on page 11) and/or a copy of the NHS Scotland Excess Travel Form - Doctors in Training Grades Only (example of form available on page 12) to the Expenses Department in their Lead Employer Board.

When making a claim the employee should complete the “DDiT Expenses Claim Form” (example of form available on page 13) and have this signed by an authorised signatory within their placement department; this will then be submitted to the Expenses Department at the Lead Employer Board via email or post.

The authorised signatory within the placement board will confirm authorisation for the cross charge of these costs by the employing board and confirm if Public Transport Rate or Standard Rate is to apply in accordance with Paragraph 5.1.3 of [PCS(DD)2010/8](https://www.sehd.scot.nhs.uk/pcs/PCS2010(DD)08.pdf),  and paragraphs 3 and 4 of [PCS (DD) 2001/4](https://www.scot.nhs.uk/sehd/pcs/PCS(DD)2001(4).pdf) (as amended by [PCS (DD) 2006/, Annex B](https://www.sehd.scot.nhs.uk/pcs/PCS2006(DD)06.pdf)).

The Expenses Team within the Lead Employer Board will carry out the required checks (ensure the employee is an authorised user and check the signature of the authoriser in the authorised signatory database) then process the claim for reimbursement.

**Please note if a scanned copy is submitted the original paper copy should be retained by the trainee.**

Expenses claims are paid with the employee’s monthly salary.

The diagram on the following page outlines the process to be followed.



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**Excess Travel Form**

**For Doctors in Training Grades Only**

You are entitled to claim excess travel costs if:

* You have been required to change your work base by NHS Scotland in the interests of the service or to further your professional training.

And

* Travelling from your home address to your placement base of work costs more than travelling from home to your current agreed base of work.

**Excess travel must be agreed and signed off by your Authoriser on an individual basis.**

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

Payroll Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Authoriser: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Base Hospital: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Placement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agreed change: Travel Method: Own car/bus/train/bicycle/other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If more than one method of travel will be used, please include all methods but indicate the primary mode of transport.

**Single Journey** to Placement Mileage/Cost: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (A)

**Single Journey** to Base Hospital Mileage/Cost: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (B)

Where it is mileage being claimed, a further 8 miles should be deducted. (C)

(A minus (B+C)) e.g. number of miles for car users/ additional bus fare **Single Excess**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Start Date: \_\_\_/\_\_\_\_/\_\_\_ End Date: \_\_\_/\_\_\_\_/\_\_\_

Signatures

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

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

**A copy of this form must be sent to the Lead Board’s Expenses Department prior to the first claim together with a copy of your car insurance certificate which must include commute insurance.**



**Please note if the claimant is an Agenda for Change Public Health Trainee the form they should complete is available on TURAS Hub: https://hub.nes.digital/help-me-with/public-health-specialist-trainees-agenda-for-change/travel-and-subsistence/**

**Process for claiming additional hours**

**SSTS Payroll Notes**

Placement Boards which currently use SSTS payroll notes to authorise payment of additional hours claims should continue to do so.  The authorisation of an SSTS payroll note by the Placement Board’s authorised person is also authorisation for the cross charge of the costs by the employing board.  In this case the completed “Application for Payment of Additional Duty Hours For Junior Medical Staff” is retained by the Placement Board for record keeping and audit purposes.

**Claims process for Boards not using SSTS Payroll Notes**

If an employee works additional hours as a locum shift the “**Application for Payment of Additional Duty Hours For Junior Medical Staff”** form should be completed by the employee.

This form requires a minimum of two levels of authorisation

* First Level Authorisation (mandatory) – this confirms the hours worked and should be completed by a member of staff within the local department that can verify the hours worked.
* Second Level Authorisation (mandatory) – this confirms the payment amount and should be signed by an authorised signatory for the local department.
* Third Level Authorisation (if required) – if the Placement Board requires this a representative from Medical Staffing should sign the form.

Once the form has been authorised it should be scanned and emailed or posted to the Payroll Department of the Lead Employer Board.

**If a scanned copy is sent the original paper copy should be retained by the local department.**

Please note the Payroll Services Programme Board are currently undertaking a wider review of the Payroll, Expenses and SSTS forms in use across NHS Scotland and, as such, the example forms contained within this pack for the DDiT cohort may be updated when this review is completed; you will be contacted in advance of any changes taking effect.

Please follow <https://hub.nes.digital/lead-employer-arrangements/in-employment-information/payroll-information/payroll-forms/> to view and download the current forms from the TURAS Hub.

**APPLICATION FOR PAYMENT OF ADDITIONAL DUTY HOURS**

**FOR DDiT, LAT,**

This form is to be used by JUNIOR MEDICAL STAFF to claim payment for additional duties performed on a LOCUM basis in accordance with NHS circular PCS (DD)2001/15. Sections 1 and 2 should be completed by the applicant. **For the claim to be processed all sections must be completed fully**.

**Section 1: DETAILS OF APPLICANT**

|  |  |  |  |
| --- | --- | --- | --- |
| Placement Health Board |  | Hospital/Service |  |
| Surname |  | Forename (s) |  |
| Staff Pay Number |  | Grade |  |
| Department |  | Specialty |  |

**Section 2a : DETAILS OF ABSENCE/VACANCY COVERED**

|  |  |
| --- | --- |
| Reason for absence/vacancy |  |
| Name of absent colleague  (Forename (s) and surname) |  |
| Grade of colleague covered |  |
| Hospital Dept/Ward |  |

**Section 2b : DETAILS OF DUTIES PERFORMED**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| \*FROM | | \*TO | | NO .OF | COVERING SHIFT OR ON-CALL |
| DATE | TIME | DATE | TIME | HOURS |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

\**Please use 24 hour clock e.g. 12:00 for mid-day and 24:00 for midnight*

**Section 3 : APPLICANT’S DECLARATION & SIGNATURE**

I hereby declare that I have worked the above hours outside my regular contractual commitment

|  |  |  |  |
| --- | --- | --- | --- |
| Signed |  | Date |  |

**Section 4: First Level Authorisation – To be completed by Clinical Director/Lead Clinician/Consultant in Charge**

I hereby certify that the additional duties detailed above were undertaken and were essential for the provision of adequate medical cover

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | Date |  |
| Print Name |  |
| Designation |  |

**Section 5: Second Level Authorisation – To be completed by Budget Holder**

I hereby authorise payment of the locum rate as detailed below:-

|  |  |  |  |
| --- | --- | --- | --- |
| **PERIOD OF COVER** | **BAND** | **RATE OF**  **PAYMENT** | **INDICATE HOURS TO BE PAID**  **(AT EACH BAND)\*\*** |
| Locum covering hours outside  Monday to Friday, 9am to 5pm,  for shift working patterns | LA | SpR |  |
| StR (higher level) |  |
| StR (lower level) |  |
| FY2 |  |
| FY1 |  |
| Locum covering hours outside  Monday to Friday, 9am to 5pm,  for on-call working patterns | LB | SpR |  |
| StR (higher level) |  |
| StR (lower level) |  |
| FY2 |  |
| FY1 |  |
| Locum covering hours Monday  to Friday, 9am to 5pm, for all  working patterns | LC | SpR |  |
| StR (higher Level) |  |
| StR (lower Level) |  |
| FY2 |  |
| FY1 |  |
| Locum covering a post for one  week or more | LL | SpR |  |
| StR (higher Level) |  |
| StR (lower Level) |  |
| FY2 |  |
| FY1 |  |

It is important to note that a junior doctor providing locum cover is entitled to payment for the grade covered.

If, for example, a Specialist registrar covers for an absent colleague in an FY2 role then the FY2 rate MUST be paid.

**\*\***Please note depending on the shift length the hours may be paid at more than one band described above

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | Date |  |
| Print Name |  |
| Designation |  |

**SECTION 6 Third Level Authorisation To be completed by Medical Staffing (where required by Placement Board)**

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | Date |  |
| Print Name |  |
| Designation |  |

**Section 7: For Payroll Department Use**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Hours Paid | Rate per hour | Value of Payment made | Period Paid | Processed by |
|  |  |  |  |  |
|  |  |  |  |  |

**DOCUMENT CONTROL SHEET**

**Key Information:**

|  |  |
| --- | --- |
| **Title:** | Doctors & Dentists in Training (DDiT) Lead Employers Payroll & Expenses Information Pack |
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| **Date Effective From:** | 01/09/2018 |
| **Version/Issue Number:** | V1.0 |
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| **Author:** | Sarah Adams, Project Support Officer, NHS NSS |
| **Owner:** | Neil Russell, Chair, DDiT Payroll Group |
| **Approver:** | DDiT Group |
| **Approved by and Date:** | DDiT Payroll Group, 31/08/2018 |
| **Contact:** | Sarah Adams, NHS NSS  Email: [sarah.adams1@nhs.net](mailto:sarah.adams1@nhs.net) |
| **File Location:** | TURAS hub |

**Revision History:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Version:** | **Date:** | **Summary of Changes:** | **Name:** | **Changes Marked:** |
| V0.4 | 30/08/2018 | Draft for approval | SA | N |
| V1.0 | 31/08/2018 | Final Version | SA | N |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |