Lothian NHS Board

NHS Lothian Headquarters
Waverley Court
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Edinburgh
EH8 8BG
www.nhslothian.scot

Date 28 August 2026
Your Ref
Our Ref 11793

Enquiries to Richard Mutch
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Dear

FREEDOM OF INFORMATION – CONSULTANT-GRADE WORK

I write in response to your request for information in relation to consultant-grade work.

Question:

1. Please provide a copy of every current document that records a standard rate your board pays for ad hoc consultant-grade work or on-call cover outside the programmed activities of a substantive job plan. Please include arrangements known as staff bank, medical bank, internal locum, extra-contractual work, additional hours at a separate or locally enhanced rate, waiting-list or additional activity work, or any other alternative payment arrangement - the label does not matter. I am not asking for agency invoices, ordinary extra programmed activities paid at the national contractual rate, or individual payment records.

Answer:

NHS Lothian pays the national rates set out in Scottish Government Circulars and the Consultant terms and conditions of service. These documents can be accessed via the Management Steering Group website or Scottish Government Publications web pages. Please find attached the following additional documents:
NHS Lothian Waiting List Protocol for Staff on AfC Terms and Conditions and Medical Staff
NHS Lothian Resident On Call Agreement (please note an updated version of this document is currently under discussion with LNC)

In addition to the above please find included the most up to date Medical Bank Pay Rates for 2026/27 financial year. Please note that these aren't inclusive of an annual leave supplement. Instead, bank doctors accrue annual leave entitlement of 12.07% as and when they work. Bank annual leave is accrued and claimed on a quarterly basis.

Other notes to add:

- Consultant rate based on Point 20 of the Consultant pay scale
- Specialty Doctor rate based on Point 10 of the pay scale for the 2008 contract
- Associate Specialist rate based on Point 10 of the pay scale for the 2008 contract
- GP rate based on top annualised GP salary
- All bank locum rates are reviewed and updated annually when Scottish Government issues pay circular for upcoming financial year

Question:

2. Where a rate covered by item 1 is not fully stated in those documents, please provide the recorded rate from wherever it is held. For each rate, please state: the grade it applies to, your board's own day and time categories, any speciality or site restriction, the payment mechanism, whether an annual leave supplement is included, and the date it took effect. If your board has no standard rate, please say so and provide any recorded formula, default, minimum, maximum or approval limit used instead.

3. Please provide the recorded rules on whether a doctor or dentist holding a substantive post with your board may also register for, work, and be paid for ad hoc consultant-grade shifts for the same board, under any of the mechanisms in item 1. Please include the relevant policy, bank terms, contract terms or approval procedure. If prior approval is needed, please say which role approves and on what conditions. If no document answers the question directly, please provide the recorded terms your board would use to decide.

Answer:

A doctor or dentist that holds a substantive post with NHS Lothian can register for work via the Medical Staff Bank. There is no policy which covers this arrangement. This is the process for joining staff bank, apply using internal advert, employee will be asked to sign a declaration, the bank recruitment team will check eligibility to work and obtain a reference from substantive line manager, if all is in order a contract will be issued for services, employee will be added to staff bank and provided with a log in and details to view and book shifts.

Question:

4. For the rates you provide, please give: (a) the date each took effect, (b) the date and outcome of the most recent review of them, including a review that changed nothing, and (c) any replacement rate already approved but not yet in force, with its planned start date. I am not asking for anything created after you receive this request.

Answer:

NHS Lothian pays national rates and therefore there is no review of these locally. All bank locum rates are updated annually when Scottish Government issues the pay circular for the upcoming financial year.

I hope the information provided helps with your request.

If you are unhappy with our response to your request, \you do have the right to request us to review it. Your request should be made within 40 working days of receipt of this letter, and we will reply within 20 working days of receipt. If our decision is unchanged following a review and you remain dissatisfied with this, you then have the right to make a formal complaint to the Scottish Information Commissioner within 6 months of receipt of our review response. You can do this by

using the Scottish Information Commissioner's Office online appeals service at www.itspublicknowledge.info/Appeal. If you remain dissatisfied with the Commissioner's response you then have the option to appeal to the Court of Session on a point of law.

If you require a review of our decision to be carried out, please write to the FOI Reviewer at the email address at the head of this letter. The review will be undertaken by a Reviewer who was not involved in the original decision-making process.

FOI responses (subject to redaction of personal information) may appear on NHS Lothian's Freedom of Information website at: https://org.nhslothian.scot/FOI/Pages/default.aspx

Yours sincerely

ALISON MACDONALD
Executive Director, Nursing
Cc: Chief Executive

Bank Pay Rates 2026/27		
Grade	**Band**	**Rate**
FY2 (Foundation)	LC	£33.11
FY2 (Foundation)	LB	£35.49
FY2 (Foundation)	LA	£50.10
STR Lower 1-2	LC	£38.74
STR Lower 1-2	LB	£41.57
STR Lower 1-2	LA	£56.45
STR Higher 3+	LC	£42.70
STR Higher 3+	LB	£45.73
STR Higher 3+	LA	£74.07
Dental	LC	£42.73
Dental	LB	N/A
Dental	LA	£57.63
GP (non 2C)	All Hours	£59.70
Speciality Doctor	7am-7pm Mon-Fri	£47.22
Speciality Doctor	OOH	£62.95
Speciality Doctor	WLI Session	£89.09
Associate Specialist	7am-7pm Mon-Fri	£57.75
Associate Specialist	All Hours	£77.00
Consultant	8am-8pm Mon-Fri	£70.99
Consultant	All on-call hours	£70.99
Consultant	8pm-8am Mon-Fr	£102.33
Consultant	Weekends & PH	£102.33
Emergency Medicine Rates		
FY2 - ST2	Weekday Mon-Fri	£45.00
FY2 - ST2	OOHs & Weekend	£56.45
ST3 + (A&E Higher Trainee Only)	Weekday Mon-Fri	£50.00
ST3 + (A&E Higher Trainee Only)	OOHs & Weekend	£74.07
Consultant	Weekday 8am-8pm	£80.00
Consultant	OOHs & weekend	£102.33

Key:
LC Monday - Friday 9am-5pm
LB Outside Monday - Friday 9am-5pm for all on-call hours
LA Outside Monday - Friday 9am-5pm (reverts to LB rate if on-call)
A&E day rates Monday - Friday 8am-10pm
A&E OOHs rates - 10pm-8am & all weekend hours

NHS LOTHIAN JOINT LOCAL NEGOTIATING COMMITTEE FOR MEDICAL AND DENTAL STAFF

RESIDENT ON-CALL AGREEMENT

December 2025

1. Introduction

The new Consultants' Contract was implemented across NHS Scotland in April 2004. The Terms and Conditions of Service, Section 4.9.1, state the position on the handling of Resident On-Call as follows:

4.9.1 Consultants will not, save in exceptional circumstances, undertake resident on-call. However, the employer will agree with the local negotiating committee (LNC) for medical and dental staff the arrangements in respect of resident on-call, including remuneration, paid time off in lieu, accommodation and catering. Where it is agreed between the consultant and employer that he/she will undertake resident on-call duty, these arrangements agreed with the LNC will apply.

This agreement outlines the agreed position between NHS Lothian and the LNC in relation to Resident On-Call.

2. Scope

This agreement will be applied to all substantive Consultant staff employed by NHS Lothian including those who hold Honorary Contracts.

3. Principles

It should be emphasised that Resident On-Call is an **exceptional circumstance** and should not be part of a regular consultant job plan. Regular occurrence in itself would indicate a need for a job plan review.

The principles governing these arrangements are:

2.1 Consultants will only undertake Resident On-Call by mutual agreement. Where a consultant withholds agreement, the employer cannot require a Resident On-Call commitment to be worked, and this matter cannot be taken to appeal. In this event, there will be no detriment to progression through seniority points or any other matter. Where the employer withholds agreement, the provisions below do not apply.

2.2 A consultant is "Resident On-Call" when they are required and agrees to be at their principal place of work (or other agreed employer-designated NHS establishment) on a continuous basis and available to respond to emergencies for the duration of the on-call period.

4. Resident On-Call Definition

A Consultant is 'resident on call' when they are required, and agree, to be at their principal place of work (or other agreed employer designated NHS establishment), on a continuous basis and available to respond to emergencies within the period from 5pm to 8am seven days per week, as well as 8am to 5pm on a Saturday and/or Sunday and/or a Public holiday. Situations may arise when the absence of a Resident Doctor/SAS Doctor or other locally employed Doctors is compounded

by the inability to recruit an acceptable locum. In these circumstances, the only way to maintain a critical/emergency clinical service may be by asking a Consultant to undertake resident work in place of the non-Consultant doctor. This will normally be the Consultant already scheduled to be on duty over the period in question and they will then normally undertake the absent doctor's work, in addition to any senior contribution that they might have made anyway.

However, given the intensity of the work in some service areas, the requirement that the Consultant covering the shift would also be expected to be the Consultant on call may not be safe due to the potential or likely need for more than one individual of sufficient expertise to be working at the same time. Therefore, in these circumstances, the normal on call Consultant would continue to cover the on call period or shift as per their normal rota without additional pay and a second Consultant may be required to provide the acting down cover for the shift. (In this instance, the remuneration for acting down to cover the vacant shift would be in line with normal Staff Bank rates, not the Resident On-Call rate as outlined below).

Consultants are not required to reside within the hospital whilst on-call except as indicated above. In some specialties, for example neonatology, obstetrics and critical care, on occasion, Consultants may need to work most of the night – even when all the expected junior staff are available – because of the unpredictable emergency nature of the clinical work. Consultants may reasonably choose to remain in the hospital, and if necessary sleep there, so that they are immediately available rather than from home. This decision is not classed as a requirement to be Resident On-Call because the decision is made by the consultant with regard to clinical safety and risk management and has not been required or authorised by the employer. Pay for this emergency night and weekend work should be calculated within the programmed activities devoted to emergency work in the job plan and will include the necessary amount of compensatory rest in line with the NHS Lothian agreement.

In circumstances where there may be concerns around whether the Resident of SAS Doctor has the necessary experience or competence to deal with particular patients overnight and/or weekends, approval must be sought in advance from the Associate Medical Director prior to a consultant undertaking a Resident On-Call.

5. Remuneration

Resident On-Call rates will apply to the duration of the shift that requires to be covered. The remuneration for such duties will be three times the Consultant's basic salary rate or equivalent time off in lieu. This time or money will be added to any remuneration the consultant received for being on duty as a consultant and added to the consultant's requirement for compensatory rest from being on duty as a consultant. The payments will not be superannuable and will be in addition to any remuneration that the consultant might otherwise receive for being on duty.

6. Compensatory Rest

Any need for compensatory rest preceding or following such a duty will be determined locally by the Clinical Director in conjunction with the consultant (and if necessary the Associate Medical Director/Site Medical Director). It is the

responsibility of the consultant and the Clinical Director to ensure that compensatory rest requirements are applied in line with the Working Time Regulations.

7. Authorisation

The Chief Officer – Acute or those appointed with authority under a scheme of delegation can authorise the requirement for Resident On-Call and the associated payments or benefits. They will require to be fully satisfied as to the reason why consultant residence is necessary and that there is no alternative arrangement available. Within NHS Lothian it has been agreed that the authority will be delegated to Associate Medical Director in the first instance.

8. Accommodation and Catering

NHS Lothian will take all reasonable efforts to ensure acceptable standards of resident on-call accommodation and catering.

9. Review

This agreement will be subject to review by the LNC as required.

9. Agreement

Signed: _____ **on behalf of the LNC**

Karen Darragh
Chair, LNC

Date: _____

Signed: _____ **on behalf of NHS Lothian**

Tracey Gillies
Executive Medical Director

Date: _____

Waiting List Initiative Work

Protocol for Staff employed on Agenda for Change Terms and Conditions and Medical and Dental Terms and Conditions

April 2024

Updated June 2025

Waiting List Initiative Work

NHS Lothian's intention is to increase core capacity, in order to meet additional capacity demands and peaks in activity. It is acknowledged, that a combination of extra hours, bank shifts and overtime may be required to support increased elective activity. In these circumstances, Clinical Service Manager for the given specialty must submit formal requests through the appropriate Scheduled Care Delivery Board route, seeking approval prior to carrying out any additional work.

Once written approval has been authorised by the Scheduled Care Delivery Board, the Service can start work, identifying those patients to be listed. Clinical Service Managers are expected to identify which staff members have agreed to deliver the additional work, and to liaise with support services to agree where / when the additional work will be carried out.

The Scheduled Care Delivery Board will develop a process to record applications from Services for additional work, record the approval of any requests and formally communicate the approval to Clinical Service Managers, once a decision is reached. Clinical Service Managers will be required to provide updates to the Scheduled Care Delivery Board, confirming when the additional work is completed. The Scheduled Care Delivery Board will formally record the completion of all approved work, after it has been delivered, in the Waiting List Initiative Tracker.

To ensure a consistent approach to managing Waiting List Initiatives is taken across all Service Teams and Specialties, the following arrangements have been developed and must be followed at all times.

NOTE: nationally negotiated contracts must be applied to all staff groups at all times, without exception.

All Waiting List Initiative work must be undertaken out with the normal core working week (i.e. Monday to Friday 9am to 5pm).

Protocol for Staff Employed on Agenda for Change Terms and Conditions

1. Basic Principles

The following principles must be adhered to when staffing additional elective capacity with staff employed under Agenda for Change terms and conditions.

1.1 Staff must be paid in accordance with the terms and conditions of employment as set out in the Agenda for Change Handbook.

1.2 The Board has no authority to vary Agenda for Change terms and conditions. Therefore no one in NHS Lothian has the authority to alter national terms and conditions of employment or create terms and conditions where the national arrangements are silent.

1.3 Staff cannot take annual leave in order to cover waiting times work (ie, be paid twice).

1.4 Staff who have any sick leave cannot be offered excess hours or overtime in the same week that they were off sick, eg, off sick on the Wednesday cannot be offered excess hours or overtime at the weekend.

1.5 Waiting time work should be covered in the following order: extra hours offered to part-time staff, bank, and finally overtime to staff already contracted to work 37 hours.

1.6 Proper staff rostering arrangements must be in place and staff should not be routinely asked to work one of their rostered days off or authorised routinely to work a Bank shift on a rostered day off. For example, it is not acceptable to roster staff to work Monday to Saturday with a rostered day off on a Wednesday and to ask staff to work on every Wednesday.

2. Unsocial Hours

2.1 Where staff are required to work to cover services in the evening, at night, over weekends and on public holidays, percentage enhancements will be paid as follows in accordance with the national terms and conditions of employment:

Pay Band	All time on Saturday (midnight to midnight) and any weekday after 8pm and before 6am	All time on Sundays and Public Holidays (midnight to midnight)
1	Time plus 50%	Double time
2	Time plus 44%	Time plus 88%
3	Time plus 37%	Time plus 74%
4 - 9	Time plus 30%	Time plus 60%

2.2 Staff working shifts which include overtime will be entitled to percentage enhancements for their work in standard hours. Their overtime will be paid as detailed below.

3. Overtime

3.1 Any extra time worked in a week (over 37 hours) will be treated as overtime. All staff in pay bands 1 to 9 will be eligible for overtime payments. There is a single harmonised rate of time-and-a-half for all overtime, with the exception of work on public holidays which will be paid at double time. Part-time staff will receive payments for additional hours at plain time rates until their hours exceed 37 hours a week but will still be eligible for percentage enhancements for unsocial hours, ie, hours worked in the evening, night, over weekends and public holidays – see table above.

3.2 If there is an over-run on a theatre list and no corresponding under-run in a 14 day period, staff should be offered time off in lieu or paid for the additional hours worked to the nearest 30 minutes.

Time off in lieu will be at plain time rates ie the hours taken in lieu equate directly to the extra hours worked.

4. Contractual Arrangements for New Staff

4.1 To optimise the deployment of staff and maximise flexibility, all **new** full-time Nursing, ODPs, and AHP staff will be recruited on a 5/7 contract, ie, not Monday to Friday. .

5. Review of Contractual Arrangements for Existing Staff

5.1 To optimise deployment of staff and maximise flexibility, managers and Partnership Representatives, with guidance from the HR Department should make arrangements to review options with staff for agreeing changes to existing working patterns and base e.g. moving to 5/7 working, 3 session days and pan Lothian working.

6. Payment

6.1 All payments for the above should be processed through SSTS in the normal way.

7. Review

7.1 These arrangements will be reviewed no later than 31 March 2025 and may be subject to audit.

Waiting List Initiative Work -
Protocol for Payments to Medical Staff

Medical Staff may be asked to voluntarily undertake extra work to assist in delivering additional capacity to minimise waiting times for patients, within a number of clinical specialties.

1. Basic Principles

1.1 Doctors employed by NHS Lothian cannot undertake waiting times work for NHS Lothian during a period of annual leave.

1.2 Doctors not directly employed by NHS Lothian, ie, honorary contract holders, including academics or visiting consultants employed by other Health Boards, can support waiting list work and receive the appropriate Waiting List Initiative (WLI) rate for this work via their employer (cross-charged to NHS Lothian or the NHS Lothian Staff Bank)

1.3 A Consultant who has been in post for six months must have carried out 21 weeks of activity in the preceding six months (pro rata from 42 weeks for a full year) before being offered the opportunity to do WLI work. This will not apply to new Consultants who would be unable to meet this criteria.

1.4 The Board does not have the authority to vary Medical and Dental terms and conditions. Therefore no one in NHS Lothian has the authority to alter national terms and conditions of employment. Consideration may be given to applying to the Scottish Government for a Variation Order (VO). Requests for a VO should be raised with the Director of HR and OD.

1.5 For any other circumstances not covered by the above, advice should be sought from the Deputy Director of HR in the first instance.

2. Consultant Medical Staff

The following **must be in place** before Waiting List Initiative payments will be offered:

2.1 Where a Consultant is not currently contracted for the maximum 10 PA's and two Extra Programmed Activities (EPA's) a contract for one or two EPA's must be used to cover the service need where a regular commitment is required. For part time staff, an additional one or two EPAs must also be offered to cover the service where a regular commitment is required.

2.2 In terms of point 2.1 above, a 'regular commitment' is where any additional activity that needs to be undertaken will last for at least six month's duration and could be included in any future Job Plan review.

2.3 Where a Consultant already works a 12 PA contract, if there are specific pressures on service, discussions should take place about substituting time within their core working week for certain direct clinical care activities they would normally undertake as part of their job plan i.e. outpatient clinics, and these would then be cancelled. In these circumstances, as the work is being carried out during the core working week, the work will not attract WLI payments.

2.4 In exceptional circumstances and following discussions with the Consultant and relevant Clinical Director, SPA sessions can be cancelled during the core working week to allow a further clinical sessions to be undertaken. However, a minimum of one SPA must be undertaken during any one week. In these circumstances, as the work is being carried out during the core working week, the work will not attract WLI payments.

2.5 It may be necessary to ask Consultants to undertake ad hoc sessions, to assist in clearing the backlog of waiting list cases where this will not be a regular commitment as noted above. The format of these sessions may include (but are not exclusive to): outpatient clinics, clinical administration arising from external provider delivered clinical activity, pathology reporting,

radiology reporting, ACRT of referrals. These clinical sessions must not be carried out within the core working week, nor can they displace other DCC, SPA or other activity which is normally performed within the core working week. As these sessions will not be part of the core working week they will attract Waiting List Initiative payments as outlined in the national terms and conditions of employment, ie, three times the hourly rate equivalent to spine point 20. **All Waiting List Initiative work regardless of funding arrangement must be authorised in advance by the relevant Site/Service Director before approval through the Scheduled Care Delivery Board. The time allowed for any and all aspects of the waiting list activity must be agreed prior to commencement of the waiting list activity.**

3. Specialty Doctors and Specialist Doctors

3.1 Where as a direct result of published national or local waiting times targets, there is a requirement for increased ad hoc activity not previously identified within the Job Plan, and the Specialty Doctor or Specialist Doctor has the skills and competence to do the ad hoc work, a separate contract for this Waiting List Initiative work may be agreed. Payment for this WLI work, in line with the terms and conditions of service will be twice the hourly rate equivalent to the top of the Specialty Doctor or Specialist Doctor pay scale.

4. Training Grade Doctors

4.1 Training grade doctors who volunteer to support WLI work must be contracted to undertake this work via the NHS Lothian Staff Bank. The rates that will be paid in these circumstances will be in line with the nationally agreed terms and conditions of service.

5. Waiting List Initiative Sessions – Theatres and Outpatient Clinics

5.1 It is anticipated through close working between the Consultant and those scheduling the theatre lists that additional sessions will preferably be full days. A full day list would therefore start with pre-operative assessment at 8:00am and be scheduled to end (last patient out of theatre) at approximately 4:00pm. It is recognised however, that there may be some slight variation around the 4:00pm finish time in both directions which should average to 4:00pm. In instances where there is an over run on the theatre list and no corresponding under run in a 14 day period, the Consultant should be offered time off in lieu or paid for the additional hours worked rounded up to the nearest 30 minutes. NOTE: It is accepted that consultant Anaesthetist time is required post-theatre, and this will be confirmed with the AMD prior to sign off.

5.2 However, there may be instances where a list is not scheduled to last a full day and this is known in advance (i.e. with a minimum of 72 hours' notice). In these instances, payment will be based on the actual hours worked rounded up to the nearest half hour.

5.3 Where a full theatre or clinic list is planned, and something unpredictable happens on the day (or within 72 hours of commencement of the list), resulting in a theatre or clinic under-run, providing there is no opportunity to supplement the theatre or clinic list with additional patients, the Consultant will be paid for the hours they originally committed to work.

5.4 In the case of evening sessions – theatres or outpatient clinics, WLI work will be scheduled to start after the end of a Consultant's agreed normal working day i.e 5pm If the WLI session can be started before that time, no extra payment will be made for that time. WLI pay rates begin only at the end of the normal finish time. Evening sessions will be scheduled to end no later than 9:00pm, with the last patient leaving theatre, if appropriate at 8pm. Payment will be made based on hours worked at the rates identified above. Administrative work associated with the Waiting List Initiative work will be included in the calculation of total hours to be paid. Time for administrative work arising from theatres or outpatient clinics will be pre-agreed and based on specialty specific tariffs (as detailed in Job Planning Speciality Specific Guides).

5.5 For waiting list initiatives, where activity is being reported – Radiology or Pathology, or where clinical administration is being performed following up on External Provider activity or where referral

triage is being performed eg ACRT: the payment will be based on actual hours worked, with a pre-agreed expectation as to a reasonable amount of time expected for the activity. Where there is significant variance between the pre-agreed time expectation and actual time worked, reasons for the variation should be provided and an agreed time for payment must be signed off by the Site or Service Director.

5.6 There will be no reimbursement of travel expenses or travel time for the member of staff attending their normal place of work to carry out the Waiting List Initiative session.

6. **Questions and Answers**

Can Medical Staff participate in Waiting List Initiative work during core hours (Monday to Friday 9am to 5pm) if they are on annual leave that day?

No. Medical Staff are given annual leave to allow them to rest and recuperate. As a responsible employer, we should not be asking them to work whilst on annual leave. We recognise that some Medical Staff will potentially choose to work during their annual leave for other employers and that is their own personal choice but where we know that an individual is on annual leave from our own organisation we should not be bringing them into work on Waiting List Initiatives.

Can Medical Staff participate in Waiting List Initiative work during core hours if they are not normally job planned for that day/session i.e. they have a private practice session or entirely free session?

Can Medical Staff participate in Waiting List Initiative work during core hours if they have an annualised job plan and they either have, or there is an expectation that they will deliver their required job planned sessions during the week/year (or other defined period) and therefore effectively they are not job planned for that session?

No. We do not support the use of core working week hours for Waiting List Initiative Work in any circumstances.

Can a Part Time Medic undertake WLI during core hours, where the period of time is when they are not job planned?

No. Where a Part Time Medic is available to undertake additional activity during core hours, on a day that they would not normally work, this will be remunerated through the payment of an additional EPA and not a WLI payment.

Can Medical Staff participate in Waiting List Initiative work during a period of on call?

No. We do not support Waiting List Initiative work being undertaken whilst an individual is also on call.

As an organisation are we content to manage the risk of Medical Staff working in excess of 48 hours by being asked to undertake Waiting List Initiative work over and above the 48 hour week?

As an organisation we do not support Medical Staff working very long periods of consecutive days without rest days. There is a duty on Service Management Teams including Clinical Directors and Associate Medical Directors to have oversight and risk assess hours and days worked by individuals when allocating Waiting List Initiative work.

7. Payment Authorisation

7.1 WLI work must be authorised and approved by the relevant Site Director/Service Director or delegated General Manager, for activity agreed through the Scheduled Care Delivery Board process, regardless of funding arrangement in advance of the work being carried out, All claims for WLI payments must be submitted on the approved pro forma (attached to this Protocol).

Forms not signed by Authorised Signatories or with proposed payments falling out-with those outlined above will not be processed and will be returned. Once completed, forms should be submitted to payroll by raising a ticket through the payroll helpdesk - https://nhsnss.service-now.com/nhslpay - **within 3 months of the work being undertaken**. The Site/Service Director will ensure that payment forms will be signed within 7 working days of receipt of the claim form. In the absence of the Site/Service Director, the form must be signed by the relevant delegated General Manager.

8. Review

8.1 These arrangements will be reviewed no later than 31 March 2025 and may be subject to audit.

NHS Lothian

WAITING LIST INITIATIVE PAYMENTS
PRO FORMA – MEDICAL STAFF

Request For Payment

All payments must be authorised by the relevant Site/Service Director for activity approved through the process agreed by the Scheduled Care Delivery Board, regardless of funding arrangements in advance of any WLI activity being undertaken.

Forms not authorised as per the protocol will not be processed, and will be returned.

Once completed, forms should be submitted to payroll by raising a ticket through the payroll helpdesk - https://nhsnss.service-now.com/nhslpay.

Statements to be completed prior to WLI work starting:

Site Director / Service Director

I confirm that approval to undertake Waiting List Initiative work was given by through the Scheduled Care Delivery Board on _____ (date). The undernoted clinician has agreed to deliver additional activity, as noted on this pro forma, to support the delivery of Waiting List Initiative work.

I confirm this clinician will deliver WLI activity which is over and above that identified in their agreed job plan.

Signed: _____ Date:_____
Site Director / Service Director
Note: to be agreed prior to work starting

Member of staff details:

Name	Payroll no.	Group Code	Pay Point

I confirm that I agree to undertake Waiting List Initiative work, which is additional to work previously agreed in my Job Plan. I can confirm that this work will be performed outside of my Programmed Activities and I understand that any false claims may be subject to disciplinary action.

Signed: _____ Date:_____
Doctor
Note: to be agreed prior to work starting

Authorisation of Hours

Claim for hours worked:

Date	Start Time	Finish Time	Total Hours Worked	Where	Reason for WLI
Total hours to be paid					

Staff Signature	Authorised by – Name Site/Service Director	Authorised by – Signature Site/Service Director

Authorisation of Payment Rate

Consultant Medical Staff:

Rate	**Number of hours**	**Total Payment Due**
3 x hourly rate equivalent to spine point 20		
Authorised - Name Site/Service Director)	**Authorised – Signature Site/Service Director**	
Date:		

Specialty and Specialist Doctors:

Rate	**Number of Hours**
2 x hourly rate equivalent to the max of the scale	
Authorised – Name Site/Service Director	**Authorised – Signature Site/Service Director**
Date:	

Doctors in Training:

Grade	**Rate**	**Number of Hours**	**Total Payment Due**
Authorised – Name (AMD) Site/Service Director		**Authorised - Signature Site/Service Director**	
Date:			

FINANCE USE ONLY

I confirm authorised signature to ASD YES / NO_____
Name / Signature

ANY FORMS NOT FULLY COMPLETED OR PROPERLY AUTHORISED WILL BE RETURNED