**Appendix 3**

**Birmingham and Solihull Mental Health Foundation Trust**

**This form is to be used for QUARTERLY DECLARATIONS**

**CATEGORY 2 (and other fee paying work) DECLARATION FORM**

**Mental Health Act (MHA) and Other Fee Paying (OFP) work which needs to be declared at the end of every quarter, and recorded locally in Job Planning or through RMS**

     **MHA undertaken during rota time** – no fee payable even if Trust resource used;

      **MHA / OFP work undertaken in own time (evenings, annual leave) – no Trust resource used (other than accessing notes as required) – no fee payable**

        **MHA / OFP work undertaken in own time but Trust resource used** – Fee payable therefore include on the form

      **MHA /OFP work undertaken in Trust time (time-shifting)** – no Trust resource used – no fee payable – we DO however need this to be recorded on the form so we have a central record of how much time shifting is taking place

        **MHA /OFP undertaken in Trust time (time-shifting)** – Trust resource used – fee payable and declared on form.

**Note**

*‘Trust Resource’, for the purposes of declarations regarding Cat 2 and fee paying work, includes use of Trust buildings, office use, printing, stationary, secretarial support (phone calls, report writing etc – note any secretarial support for typing up reports must be done outside of Trust time), equipment or postage and accessing notes (if the work is being undertaken outside of Trust house and requires access to notes the fee will not be payable). For the avoidance of doubt the timeshifting process allows for up to 4 hours per week to be time shifted for category 2 fee paying work.  Ideally the work should be done in your own time or time shifted within the levels allowed, if you are intending to undertake the work during normal working hours. Otherwise the contribution fee will be payable as outlined.*

*Other fee paying work (OFP) could include payments for other activity undertaken during Trust time and using Trust resource, which has not been time shifted, such as drafting of court reports etc*

*If a staff member is asked to deliver a lecture during Trust time, the lecture fee should be paid directly to the Trust. Consent should be sought in advance from the relevant line manager and this will not be unreasonably withheld.*

*Time shifting can take place for up to 4 hours per week but will need to be recorded on job plans or in supervision meetings. Exceptions for further time can be agreed with the line manager, if appropriate, for example where it is in the interest of justice for a staff member to attend court to give evidence or if they are undertaking an assessment required by the court or if they are visiting prisons to undertake assessments.*

**NAME**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**JOB TITLE** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ADDRESS** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Period covered ……………………………………………………………………………..

*Please insert the relevant dates*

*For the time period above please insert detail of each Category 2 or other fee paying activity undertaken (where fees to the Trust would be payable), the fees received and the fees payable to the Trust.*

There is a flat fee of £50.00 for use of Trust Resources. Fee(s) due (please detail below):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I confirm that the number of Category Two reports or fee paying episodes declared above is an accurate record for the period of time indicated and request that an invoice be drafted in order that I may provide a cheque for payment of the fee required.

The number and nature of the declarations made is consistent with detail recorded as part of my job plan and appraisal, and requirements of the Pay Policy. I understand that this return may be selected for an Audit Review.

Signed

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

**Clinical Director or Executive Director Confirmation (as appropriate)**

The above declaration appears to be reasonable and is consistent with the declarations made to me during the year in line with the requirements of the Pay Policy.

Signed

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Date

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**To be returned to:**

**Barbara Anthony, Company Secretary – barbara.anthony@nhs.net**

**Chief Executives Office, Unit 1, B1 Trust HQ, 50 Summer Hill Road, Ladywood, Birmingham, B1 3RB.**

**The Company Secretary will pass a copy of this form to the Deputy Director of Finance for processing receipt of payment.**

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| **FINANCE USE ONLY** |
| Date received |  | Selected for Audit | YES / NO |
| Cheque on C/S No. |  |  |  |