

**BREAK GLASS FORM**

**(Agency Rate Cap “Break Glass” Form)**

This form should be used to approve locum booking at a rate **above the caps (table below).** These should be used only after all possible alternative strategies have been explored and only used for patient safety reasons. This should only be authorised on exceptional safety and risk grounds.

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| --- | --- | --- |
| Grade | Core | Unsocial |
| F1 | £21.43 | £25.90 |
| F2 | £26.59 | £32.12 |
| ST (1/2) | £30.15 | £36.43 |
| Reg (ST3+) | £37.59 | £45.41 |
| SpDr/Staff Grade | £55.32 | £73.75 |
| Associate Spec | £68.45 | £91.27 |
| Consultant | £80.61 | £107.47 |

\*Core hours are 0700-1900 Mon-Fri, all worked hours outside of this are unsocial\*(excludes on-call hours)

**Form to be completed by Medical Staffing. EMD and CEO to authorise via**

**email. Details of locum cover required**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name**(doctor being covered) |  | **Grade**(delete) |  |
| **Specialty** |  |
| **Reason for cover**(delete) | *Sickness / Maternity Leave / Paternity Leave / Emergency Leave / Vacancy / Other (please specify)………………………………….* |
| **DATES & DUTY TIMES** (if booking as per rota, please specify and provide rota) |
| Dates | Start time | Finish time | Dates | Start time | Finish time |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

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| --- | --- |
| **Reasons for using the “Break Glass”/ Outline risks if not used.** |  |
| **Hourly rate being****approved** |  |
| **Authorised by – CEO and EMD only**  |  | **Authorisation signature** (e-sig / typed name acceptedwhen emailed) |  |
| **Date** |  |  |  |