NHS
Ashford and
St. Peter's Hospitals
NHS Foundation Trust

Emergency Cover ('Acting Down') Policy

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History

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Trust Policy

For Ashford & St. Peter's NHS Hospital Trust

Emergency Cover ('Acting Down')

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1. INTRODUCTION

This policy set out the arrangements where Consultant and SAS doctors may be required to undertake duties usually performed by a more junior member of medical staff

2. SCOPE

This policy applies to Consultant and SAS Medical Staff.

3. PURPOSE

The Trust recognises the need to safely maintain services as a result of an emergency or a crisis. The purpose of this Policy is to:

- Describe the actions that should be taken to minimise the need for Consultants and SAS doctors to 'act down' out of hours.
- Articulate the arrangements for requesting Consultants and SAS doctors to 'act down' providing clear guidance to the process for consultants who 'act down' to a lower medical grade as a result of an emergency or crisis;
- Formalise the remuneration and compensation arrangements for individuals who 'act down';
- Outline the audit, monitoring, and review of this policy.

4. DEFINITIONS

4.1 "Acting Down" is the term used to refer to situations where Consultants or SAS doctors, normally as a result of an emergency or a crisis, are required to undertake duties usually performed by a more junior member of medical or dental staff. It does not apply to duties which a clinician undertakes as part of his/her normal workload, but which a more junior member of staff may be competent to undertake.

4.2 "Acting Down" should be the exception rather than the rule and all attempts to avoid the necessity for it should be made. The Trust recognises that acting down places an increased burden on that individual and can lead to one member of staff trying to perform two key roles simultaneously. The Trust also recognises that, under their current terms and conditions of service, Consultants and SAS doctors are not contractually obliged to act down, or to be compulsorily resident on-call (an Associate Specialist or Specialty Doctor can be resident) to cover the duties of more junior medical staff, except in extraordinary/unforeseeable circumstances. The aim of this policy is therefore to outline the actions that should be taken to minimise the need for staff to act down and outline the remuneration arrangements for individuals who do 'act down'.

4.3 Programmed Activity (PA). A Consultant is responsible for a full time work commitment of 10 PAs per week. Where undertaken between 07:00 – 19:00 Monday to Friday, a PA is equal to 4 hours work. Between 19:00 to 07:00 a PA is equal to 3 hours work.

5. DUTIES AND RESPONSIBILITIES

MEASURES TO AVOID ACTING DOWN

5.1 Consultants/SAS doctors are usually requested to 'act down' owing to an unforeseen shortage or absence of junior medical staff. The majority of such absences or shortages are known in advance. Junior doctors are required to give six weeks' notice of any requested annual or study leave and internal cover should be arranged, co-ordinated by the Divisional Management Team to assure adequate levels of cover are provided. The majority of junior doctors now participate in rotas which contractually require them to prospectively cover the annual leave and study leave of their colleagues who participate in the same rota. The Divisional Management Team should ensure that they have arrangements in place for the management of these rotas. There should also be a mechanism for identifying at the earliest opportunity any problems which could result in locum cover being necessary. Where the need for locum cover is identified and agreed this should be conveyed to the appropriate persons as soon as possible e.g. Bank On Us.

5.2 For any request by a junior doctor which gives less than six weeks notification of the leave, that request should be reviewed and granted conditional only upon being able to find appropriate cover.

5.3 From time to time certain specialties encounter difficulties in recruiting to their agreed quota of junior doctor posts. The Divisional Management Team should again ensure that mechanisms are in place to identify potential problems at the earliest opportunity, i.e. enlisting the support from the Bank On Us/ Medical Workforce/ HR Business Partnering teams to try and make temporary arrangements for cover with locum medical staff. Although the majority of leave can be planned well in advance, there will be occasions where absences occur at very short notice because of unforeseen circumstances such as sickness, domestic crisis, or the failure of a planned locum to arrive. Inevitably absences occurring in these situations are much more difficult to contend with, but there are certain measures which can be put in place to assist in the management of these situations.

5.4 The Service Manager/ Rota Coordinator / College Tutor should ensure, as part of the induction process, that junior doctors are fully aware of the procedures for booking all types of leave, reporting sickness absence, the people they should report sickness absence to, and the need for the absence to be reported at the earliest opportunity. This then maximises the amount of time that the Rota Coordinator has to find appropriate locum cover via Bank On Us if necessary.

5.5 The Service Manager/Rota Coordinator encourages swaps where possible to minimise the need for a senior doctor to act down. Any shifts swaps should take into consideration WTR requirements for maximum duty hours, maximum consecutive days of work and rest requirements.

5.6 It may be possible for other juniors in the hospital to provide locum cover. However, this arrangement should only be used to cover short term unforeseeable absences.

5.7 The failure of a locum to turn up is often discovered outside of the normal 9.00 a.m. – 5.00 p.m. Monday to Friday hours. There may also be other absences which are notified outside of normal hours, for example the junior doctor who is due to commence his or her duties at 9.00 a.m. on Saturday morning but falls ill during Friday night. These are by far the most difficult situations in which to find alternative cover. In these circumstances the Consultant on-call for the specialty concerned should be informed at the earliest opportunity and their advice sought. It is the joint

responsibility of the Senior Site Manager (SSM) and the on-call Consultant to work together in liaison during opening hours (Mon to Fri 7am - 8pm, Sat & Sun 7am to 7pm) with Bank On Us to obtain suitable medical cover. It is the responsibility of the on-call Consultant to ensure that the service is clinically safe.

6. PROCEDURE FOR REQUESTING MEDICAL STAFF TO ACT DOWN

6.1 If no locum cover arrangements can be made, it may be necessary to ask Consultants and SAS doctors to 'act down'. Whenever possible the clinician should be given a minimum of four hours' notice of a potential problem to allow him or her to start making contingency plans. It does, however, need to be recognised that this will not always be possible; for example, if a locum fails to turn up or a junior doctor is taken ill during a period of duty. The request to ask a clinician to act down will be made by the SSM.

6.2 Consultants and SAS doctors will not be required to agree to 'act down' unless it is as the result of an unforeseen or unavoidable event, the alternative to which is the closure of the department which would put the well-being of patients at significant risk. In this situation the senior Consultant recognises that he/she has the legal responsibility for a patient admitted under their care or the delegated responsibility for the patient admitted to the care of Consultant colleagues if participating in an on-call rota. If any Consultant/SAS doctor does not believe they can safely 'act down' due to lack of recent practice of certain clinical interventions, they must look with the SSM for others with the relevant skill to undertake these tasks.

6.3 It is recognised that the Consultant on-call for the specialty concerned will be the ultimate judge of whether a department can continue to operate safely. Any decision to close a department, however, must take account of the implications for the patients, staff, and any knock-on effect for other Trusts, together with an assessment by the Consultant on-call of their own ability to provide safe cover. The Consultant on-call must discuss the situation with the SSM and Director On Call. If it decided that the impact or risk of closing a department is greater than keeping the department open, it cannot be closed and this decision must be formally recorded on Datix. If the decision to keep the department open is contrary to the advice of the Consultant, then any adverse events, which are directly caused by the operational difficulties and the decision taken to keep the department open, will be the responsibility of the Trust.

6.4 Whenever possible, where a Consultant/SAS doctor agrees to 'act down' to cover a junior member of staff out of hours, arrangements will be made for another Consultant/SAS doctor of the same specialty to be available to provide further 'Consultant' cover as necessary. If the Consultant/SAS doctor who agrees to act down is confident that he or she can cover both roles, this requirement may be waived.

7. REMUNERATION FOR ACTING DOWN

7.1 ON SITE, BETWEEN 7AM AND 7PM MONDAY – FRIDAY

No additional payment will be made unless the Consultant/SAS Doctor can demonstrate that he/she would not normally have been expected to be available for NHS activities during the period of acting down. If the Job Plan is for SPA during this time, the SPA should be time-shifted. During such a period of acting down, he/she will be eligible for DCC time off in lieu equivalent to the period of time spent acting down.

7.2 **ON SITE, BETWEEN 7PM AND 7AM OR AT A WEEKEND**

No additional payment will be made if this acting down occurs as part of the Consultant/SAS Doctor's standard contract hours or if they are already required to be resident on-call or participate in a shift system.

If not, the Consultant/SAS Doctor will be entitled to £100/hour or time off in lieu (TOIL) at the equivalent of 1.3 times the number of hours worked. The TOIL will be added as additional leave entitlement on CRMS to be taken when booked at a mutually agreed time.

7.3 **ON CALL FROM HOME, BETWEEN 7PM AND 7AM OR AT A WEEKEND**

No additional payment will be made if this acting down occurs as part of the Consultant/SAS Doctor's contractual hours or if they are already required to be on-call from home when covering for a junior doctor who would have been on call from home.

If not, the Consultant/SAS Doctor will be entitled to £125 for a 12 hour period on-call from home and £250 for a 24 hour period of on-call from home. If whilst on call the Consultant/SAS Doctors is called into the hospital and/or is required to remain in the hospital and/or is required to give advice on the telephone during this period, he /she will be entitled to £100/hour as described in 7.2 for every hour spent at the hospital/giving telephone advice. Travelling time will also be paid.

Alternatively, time off in lieu at the equivalent of 1.3 times the number of hours worked may be requested and added as additional leave entitlement to CRMS to be taken when booked at a mutually agreed time.

7.4 **A CONSULTANT/SAS DOCTOR PROVIDING ADDITIONAL "CONSULTANT COVER" FOR A CONSULTANT "ACTING DOWN" FOR A PERIOD BETWEEN 7PM AND 7AM OR AT A WEEKEND AND IS REQUIRED TO BE ON-CALL FROM HOME.**

No additional payment will be made if this acting down occurs as part of the Consultant/SAS Doctor's contractual hours or if they are already required to be on-call from home when covering for a junior doctor who would have been on call from home.

If not, the Consultant/SAS Doctor will be entitled to £125 for a 12 hour period on-call from home and £250 for a 24 hour period of on-call from home. If whilst on call the Consultant/SAS Doctors is called into the hospital and/or is required to remain in the hospital and/or is required to give advice on the telephone during this period, he /she will be entitled to £100/hour as described in 7.2 for every hour spent at the hospital/giving telephone advice. Travelling time will also be paid.

Alternatively, time off in lieu at the equivalent of 1.3 times the number of hours worked may be requested and added as additional leave entitlement to CRMS to be taken when booked at a mutually agreed time.

8. COMPENSATORY REST

8.1 Following a period where as a result of "acting down" a Consultant/SAS doctor is required to be resident on-call or participate in a shift system, the consultant will not be expected to work the next day and can take this time off as paid compensatory rest to be taken on the next day the doctor is due to work.

8.2 Following a period where as a result of “acting down” a Consultant/SAS doctor is required to be on call any significant disruption after 9pm should be entitled to paid compensatory rest of equivalent hours to be taken on the next day the doctor is due to work.

8.3 Every attempt should be made not to disrupt the service. An appropriate clinician if available should cover clinical sessions the next day. If there is a “second” on call consultant for “back up” whilst the first consultant is “acting down” in the hospital overnight, discussion should take place and agreements sought concerning the practicalities and feasibility of the “second” on call consultant covering the next day’s clinical sessions. In any event, it is the responsibility of the Divisional Management Team to provide the cover for the clinical activity the next day and not the Consultant/SAS doctor who has acted down.

8.4 Where the Consultant/SAS doctor considers it not practical to take the following day off as compensatory rest and feels safe to provide the clinical activity then they may do so. In this case compensatory rest should be taken as soon as is reasonably practical and in any case within 7 days of the period resident.

8.5 Ideally the point at which compensatory rest is taken should be agreed between the Consultant and the Divisional Management Team preferably at the point the request to act down is made. However, in all cases it is the responsibility of the Consultant to determine for themselves their fitness to work safely immediately after a period of acting down.

8.6 If a Consultant/SAS Doctor who has acted down is too tired to drive after having worked a night shift or long late shift, they may access the Rest Facilities available to junior doctors.

9. TO CLAIM FOR ACTING DOWN

Any request for acting down payments or TOIL must be made by the Specialty Lead/Service Manager by completing the form at Appendix 1.

The form should be signed by the Consultant/SAS Doctor and authorised by the Divisional Director/ADO.

If payment is requested the Service Manager should forward the form to Payroll.

If TOIL is requested the Service Manager should add the appropriate additional entitlement to CRMS with the date of the acting down included in the comments field.

In either case, the Service Manager must retain a copy of the form for monitoring purposes.

Travel expenses in support of acting down must be claimed in line with the Trust’s Expenses Policy and be authorised by the Divisional Director/ADO.

10. REPORTING FOLLOWING ACTING DOWN

The Medical Director will require the Divisional Director concerned to monitor the occasions when it is necessary for a Consultant/SAS doctor to act down. Appendix 1 should detail why the acting down was necessary and what measures were taken to avoid it. The pattern of

acting down will be regularly monitored and reviewed. More detailed investigations will be held where there appears to be a pattern of ‘avoidable’ incidents of acting down.

11. MONITORING COMPLIANCE

Application of this policy will be monitored via the Medical Strategy and Scrutiny Committee and the Local Negotiating Committee

Consultant/SAS doctor 'Acting Down' – Report and Remuneration Form

This form should be completed whenever a Consultant or SAS doctor has undertaken duties as requested under the 'Acting Down' Policy. Note that a Consultant/SAS doctor cannot receive double payment i.e. for both rostered duties and 'acting down' duties. The information on this form will be used for Payroll and monitoring purposes.

Consultant/SAS doctor's Name:	Specialty:
Date of Acting Down	From: To:
Times of Acting Down	From: To:
Reason for Acting Down	
What measures were taken to find a locum?	
Acting Down Hours (Not superannuated)	No. of hours worked: Payment being claimed: £100/hour x _ hours = £ Or: TOIL: 1.3 x _ hours = _ days additional leave (rounded up to the closest half day (a day's leave is 8 hours irrespective of the actual number of hours worked in the job plan on the day the leave is taken).
Nature of Duties	Details:
Who else was on-call during the period?	Name(s):
Compensatory rest (paid) taken?	Yes**/No If yes please give dates taken:
Was the consultant/SAS doctor due to be on duty or on-call at the same time as the "acting down" post/duty covered during this period?	Yes/No If yes please give details:
Name and grade of Junior Doctor whose duties were being covered. If vacancy indicate as appropriate	Name : Grade:

Service Manager/Specialty Lead………………….. Print Name ....

Consultant/SAS Doctor ……………….……………… Print Name ....

Divisional Director/ADO .... Print Name ....

FOR PAYROLL USE ONLY

Name………………………………………………………… Date received ………………

Signature……………..………………

Appendix 2

Equality Impact Assessment Summary

Name and title: Joint ADHR – HR Business Partnering, Diversity & Inclusion
Policy: Emergency Cover ('Acting Down')

Background

- Description of the aims of this policy
- Context in which the policy operates
- Who was involved in the Equality Impact Assessment

This policy forms part of the Ashford and St. Peter's Hospitals NHS Foundation Trust's (ASPH's) commitment to create a positive culture of respect for all individuals including staff, patients, their families and carers as well as community partners. The Trust's values (the `4Ps`) and Staff Pledge are integral to all aspects of day-to-day life in the Organisation and underpin the application of all our employment policies and procedures.

This policy details how the Trust will ensure that patients continue to receive safe care in the event of unforeseen shortage or absence of junior medical staff.

It is recognised that from time to time consultants/SAS doctors will be requested to `act down` to provide cover in such circumstances and the increased burden on that individual to perform two roles. This policy outlines the actions that should be taken to minimise the need for these staff to act down and outlines the remuneration/compensatory rest arrangements for individuals who do 'act down'.

The Equality Impact Assessment was completed by the Joint ADHR, Business Partnering, Diversity and Inclusion and reviewed by the wider HR team (HR Business Partners and Advisors) as well as members of the following committees: Trust Executive Committee and Joint Local Negotiating Committee.

Methodology

- A brief account of how the likely effects of the policy was assessed (to include race and ethnic origin, disability, gender, culture, religion or belief, sexual orientation, age)
- The data sources and any other information used
- The consultation that was carried out (who, why and how?)

The likely effects of the policy were assessed through review of the on-call rota and the number of consultants/SAS doctors that have been asked to act down in the last 6 months.

Key Findings

- Describe the results of the assessment
- Identify if there is adverse or a potentially adverse impacts for any equalities groups

The results showed no detriment to any particular groups of staff.

Conclusion

- Provide a summary of the overall conclusions

This policy applies to all regardless of protected characteristic - age, sex, disability, gender-re-assignment, race, religion/belief, sexual orientation, marriage/civil partnership and pregnancy and maternity.

Recommendations

• State recommended changes to the proposed policy as a result of the impact assessment • Where it has not been possible to amend the policy, provide the detail of any actions that have been identified • Describe the plans for reviewing the assessment
There are no changes recommended to the policy on the basis of the assessment however on-going audit, monitoring, review will take place to identify whether there are any particular equality groups are affected more than others and policy will be reviewed accordingly.