

Acting Down Policy

Ref. No. HR69

This Policy is currently under review. Continue to use this version until new policy is launched (expected 2024)

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Lead Director	Medical Director
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Document Control Sheet

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Dissemination plan	To be shared with Senior Leadership Team, who will be required to disseminate within their Care Group

Version history

Version	Date	Author	Status	Comment – include reference to Committee presentations and dates
1	11/09/2011	Deputy Medical Director	New	Agreed at LNC.
1.2	22/11/2019	Deputy Medical Director	Draft	Updated from feedback from Senior Medical Leadership Team.
1.3	LNC date	Deputy Medical Director	Draft	Consulted LNC. Policy agreed
2	23/06/2020	Deputy Medical Director	Updated	Policy Approval Group for quality assurance checks

Review and Amendment log for minor changes

Version No	Type of Change	Date	Description of change

Policy on a Page

Step 1

Crisis situation where shortage of non-consultant grade medical staff

Step 2

Consultant is requested to undertake non-consultant grade work or department will be required

Step 3

Consultant will be paid 2.5 times their sessional rate to Act Down

Step 4

Acting Down will be monitored by the Centre Manager and the CGMD and HR business partner

Step 5

Acting Down will form part of the staff report at the monthly Confirm and Challenge Meetings

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1. Document Statement

The aim of this document is to provide clarity around the term 'Acting Down' and to ensure that all doctors and operational managers are conversant with the guidelines and apply a consistent approach to its implementation.

2. Overview

The term 'acting down' is used to refer to situations where, as the result of a medical staffing emergency or crisis, a consultant is required to undertake duties and fill an emergency activity rota slot which would normally be undertaken by a non-consultant member of medical or dental staff. It excludes situations where the consultant spends more time in the hospital because the trainee is quite junior. It does not apply to duties that a consultant undertakes as part of his or her normal workload but which could also be undertaken by a non-consultant member of staff.

The Trust aims to minimise the use of acting down as much as possible. However it is recognised that there will be some circumstances in which it becomes necessary. This policy sets out the circumstances in which "acting down" may be undertaken by consultant medical staff, the authorisation process required, the claims process and rates of pay.

3. Definitions

The following definitions apply in this document:

Acting down Undertaking duties of a non-consultant member of medical or dental staff during emergency or crisis situation.

Approval Official declaration that a document is satisfactory.

Document The term document is taken to mean policies, procedures and guidelines.

Guidelines Instructional and informative documents on specific subjects where subjective reasoning and a variety of options may need to be considered.

LNC Local Negotiating Committee.

Policy Policy is a formal document adopted by the Trust and approved by the relevant committee(s). A policy is required to be followed, without deviation, by those in employment and may be used to support the Trust during legal actions.

4. Duties

4.1 Trust Board

The Trust Board is responsible for the ratification of the guidance but will delegate ratification of specific guidance to the appropriate Tier 2 Committee – Workforce Committee.

4.2 Workforce Committee

Tier 2 Committee to ratify the policy to assure them that the correct process has been followed to develop and approve guidance and ensure that the ratification of guidance is minuted.

4.3 Local Negotiating Committee (LNC)

The Local Negotiating Committee will have approved policy sent for Consultation to staff side.

4.4 Medical Director/Deputy Medical Director

The accountable Director will ensure that Lead Director will be nominated. The Lead Director will:

- Ensure that the appropriate Consultation is undertaken on all new documents.
- Ensure that systems are in place to review the document.
- Present any new or reviewed documents for ratification at the appropriate committee.

4.5 Associate to the Medical Director

Is responsible for ensuring that staff are made aware of the guidance by including them in the appropriate communication cascade.

4.6 Document Lead

The document lead will follow the requirements of the policy for policies item 4.7; Policy for Policies version 4.

4.7 Clinical Director

Is responsible to ensure that the acting down process is followed in accordance with the contractual requirements and is implemented according to policy.

4.8 Operational Manager

Is responsible to ensure that the acting down process is followed in accordance with the contractual requirements and is implemented according to policy.

4.9 Consultants/Senior Medical Staff/ Trust Doctor

Is responsible to ensure that the acting down process is followed in accordance with the contractual requirements and is implemented according to policy.

5. Policy Detail

This policy applies to all consultant medical and dental staff required to “act down”. It does NOT apply to other grades of medical and dental staff.

In implementing this policy, managers must ensure that all staff are treated fairly and within the provisions and spirit of the Trust’s Policy HR01 ‘Equality and Diversity’.

5.1 Acting Down by Consultants

5.1.1 Acting down places an increased burden on consultants and should be the exception rather than the rule. All efforts must be made to avoid it through, for example, effective management of absences (including holidays and sickness) and absence cover for non-consultant career grades by comparable staff.

5.1.2 Consultants are not contractually obliged to act down or to be compulsorily resident on-call to cover the duties of non-consultant staff.

5.1.3 Consultants will be requested to act down only when there is a critical shortage of non-consultant staff and the only alternative would be to close the department.

5.1.4 Acting down arrangements will be implemented only when it is clinically safe to do so. If the Consultant will be working outside EWTED rest requirements (resident emergency duties after working during the day the on call Trust Director should make a risk assessment with the consultant in question and the consultant will need to sign agreement to work outside EWTED requirements.

5.1.5 Where all efforts to obtain appropriate junior doctor cover have failed and:

- If the matter is within normal working hours, the matter should be referred to the Clinical Director or nominee for the area who will decide on how cover should be provided. If acting down is required the Clinical Director or nominee will authorise it. In the absence of the CD/nominee the matter should be escalated to the CGMD through the normal management line where acting down is recommended.
- Outside normal working hours or where line management is unavailable, the consultant on-call for the specialty concerned will judge whether the department can safely operate with the staffing levels at its disposal; if it cannot, the consultant must discuss the options available with the Trust Board Director on Call, who will decide whether or not to authorise the acting down.

5.1.6 If acting down by the on call Consultant is authorised, the authorising CD/nominee/Trust Board Director will make arrangements where possible for another consultant of the same specialty to be on call (resident/non-resident depending on the requirements of the staffing model) to support the acting down Consultant. Wherever possible this should not be for a whole overnight period or other such lengthy period.

The authorising CD/nominee/Trust Board Director will also e-mail the Centre Manager with confirmation of the agreement for acting down (and additional on call arrangements where agreed) and copy this to the Consultants concerned (who should use this as the basis for their claim for payment) and the HR business partner.

5.1.7 Following any period of acting down, the normal compensatory rest periods required for compliance with the Working Time Regulations should be observed to ensure safe delivery of service.

5.2 Exclusions for Acting Down

5.2.1 Where planned acting down for training or education purposes occurs regularly as part of the normal Deanery training rotation

5.3 Rates of Pay for Acting Down

5.3.1 Where acting down is authorised and worked it will be paid at 2.5 times the normal PA/sessional rate plus single standard time off to be taken normally within 48 hours following the episode of acting down as a compensatory rest period. There is an expectation that the respective manager will enable this to happen.

5.3.2 Where the acting down requirement is for non-resident on-call cover then the hours on call but not at work will be paid at the normal sessional rate, with any time called out being paid at the acting down rate.

5.3.3 Consultants called upon to support an acting down consultant by providing on call cover will be paid at the normal locum PA/sessional rate.

5.3.4 The consultant acting down should make their claim for payment in writing via their Centre Manager, who will authorise the payment to Pay Services. The claim should set out details of the period covered and should be submitted by the end of the month

following that in which the acting down occurred. Payments will be included on payslips as “Acting Down”.

6 Training needs

There is no mandatory training associated with this guidance. If staff have queries about its operation, they should contact their line manager in the first instance.

7 Review process

The document will be reviewed 3 yearly.

8. Process for Monitoring Compliance

8.1 Centre Manager will be responsible for monitoring Acting Down in their Centre.

8.2 The Director of Finance will be responsible for providing management information relating to payments and claimants on a monthly basis.

8.3 Overall Trust management of Acting Down will be part of the monthly staffing report at Confirm and Challenge. HR Business Partners will be expected to report to this meeting on the use of Acting Down and the Care Group Director supported by the CGMD will be responsible for addressing of capacity shortfalls to reduce the requirement for Acting Down in the future.

8.4 The effectiveness of the arrangements for acting down within the Trust and the terms set out in this policy will be reviewed periodically by the LNC.

Aspect of compliance or effectiveness being monitored	Monitoring method	Responsibility for monitoring (job title)	Frequency of monitoring	Group or Committee that will review the findings and monitor completion of any resulting action plan
<i>Payments</i>	<i>Financial summary</i>	<i>Finance director and teams,</i>	<i>Monthly</i>	<i>Confirm and Challenge</i>
<i>Capacity Shortfalls</i>	<i>HRBP report</i>	<i>HRBP, CGMD</i>		

9 References

None applicable.

APPENDIX 1

Equality Impact Assessment Form - Stage 1 – Initial Assessment

Managers Name	Sam Hooper	Division	Medical Directorate
Function, Policy, Practices, Service	Acting Down Policy	Purpose and Outcomes – intended and differential	To provide clarity on when the Acting Down Policy needs to be used and remuneration associated with this
Implementation Date	November 2019	Who does it affect?	Senior Medical Staff
Consultation Process	Senior Management Leadership Team, Local Negotiating Committee, Policy Approval Group	Communication and awareness	SMLT, LNC, all senior medical staff

For completion of the following table please see point 7 in the guidance notes.

Equality Target Group	(a) Positive Impact	(b) Negative Impact	Reason/Comment
Men	None	None	
Women	None	None	
Black/Black British	None	None	
Asian/Asian British	None	None	
Chinese	None	None	
White (including Irish)	None	None	
Other racial/ethnic group (please specify)	None	None	
Mixed race	None	None	
Disabled	None	None	
Gay/Lesbian/Bi-sexual	None	None	
Transgender	None	None	
Younger People (17-25) and children	None	None	
Older People (50+)	None	None	
Faith groups (please specify)	None	None	

Following completion of the Stage 1 assessment, is Stage 2 (Full Assessment) necessary? No

Date Completed:22/11/2019
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Signed by Manager completing the assessment:

Sam Hooper
Associate to the Medical Director

APPENDIX 2

ACTING DOWN POLICY: Consultation Checklist

Name	Date Sent	Date reply received	Modification suggested? Y / N	Modification Made Y/N	2nd Draft sent?
Medical Director	31.01.20				
Chief Operating Officer	31.01.20				
Finance Director	31.01.20				
Director of Nursing and Quality	31.01.20				
Director of Corporate Governance	31.01.20				
Workforce Director x 1	31.01.20				
Deputy Medical Directors x 2	31.01.20	02.02.20	Y	Y	
Care Group Directors x 3	31.01.20				
Deputy Directors of Nursing x 2	31.01.20				
Assistant Chief Operating Officers	31.01.20				
Care Group Medical Directors x 3	31.01.20	02.02.20	Y	Y	
Clinical Leads	31.01.20				
Business and Enterprise Team	31.01.20				
Centre, Business and Operational Managers	31.01.20				
Clinical Directors	31.01.20	02.02.20			
Communications team	31.01.20				
Medical Leadership Team	31.01.20				
Dissemination Method	Shared at Senior Medical Leadership Team Share with Senior Leadership Team				