**ACTING DOWN POLICY**

**(Managing absences and emergency cover)**

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| --- | --- |
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**Definitions**

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| --- | --- |
| **Acting Down** | **Acting down is where a doctor is requested by the Trust to cover the duties of a more junior doctor as a result of an unforeseen, short term absence** |
| **Senior Doctor** | **A Consultant**  |
| **Rota Cycle** | **The number of weeks activity set out in a rota, from which the average hours of work for on-call purposes is calculated.** |
| **Junior Doctor** | **Any SAS Doctor, Doctor in Training or Locally Employed Doctor** |

1. **Introduction**

The Trust recognises that under their current terms and conditions of service Consultants and Specialty Doctors and Associate Specialists (SAS Doctors) are not contractually obliged to cover for junior colleagues or to be compulsorily resident on-call to cover the duties of more junior medical staff, except in the most *extraordinary and unforeseeable* circumstances.

Doctors employed under the 2016 terms and conditions of service are expected to be flexible and to cooperate with reasonable requests to cover for their colleague’s absences where the doctor is competent to do so and where it is safe and practicable to do so. To fulfil this obligation doctors in training will be prepared to perform duties in occasional emergencies and unforeseen circumstances. Commitments arising in such circumstances are, however, exceptional and *the* *doctor should not be required to undertake work of this kind for prolonged periods or on a regular basis*.

Underpinning this policy is the desire to avoid implementing this system wherever possible. The policy should only be invoked when there is no alternative safe system to provide on-site medical support for patients and excludes a declared major incident.

The principles enshrined in this policy have been developed to ensure both patient safety and the safety of the doctor.

The Trust recognises statutory limits on working hours and protected rest periods are necessary to ensure both patient safety and the safety of the doctor. Trust and the doctor must at all times comply with the regulatory limits set out in the Working Time Regulations 1998, as amended, or any successor legislation. Both the Trust and doctor should pay particular attention to the safeguards on hours and rest, including the requirement for 11 hours rest between shifts. The Trust has a statutory duty for ensuring the doctor is not contracted, or otherwise required, to work outside those limits. Individual doctors have a professional responsibility for ensuring their total hours of work, comply with those regulatory limits.

**The aim of this policy is to:**

* make sure a robust and consistent approach is taken by the Trust to ensure that as far as possible consultants and SAS doctors are not requested to cover the absence of more junior staff.
* Outline the actions that should be taken to avoid the need for senior doctors to cover emergency unforeseen duties
* Ensure compliance with the Working Time Regulations 1998
* Outline the remuneration/compensation arrangements for individuals who cover emergency unforeseen duties.
1. **Scope**

This policy applies to Consultant Medical Staff.

1. **Roles and Responsibilities**

|  |  |
| --- | --- |
| **Trust Board** | * Ensure recruitment and retention strategies are in place within all clinical areas in order to maintain safe levels of staffing.
* Ensure the policy is consistently applied across the Trust to ensure gaps in rotas are appropriately managed
* Ensure compliance with the working time regulations
 |
| **Clinical Director/DMT/On – Call Manager/DSN (out of Hours)** | * Determine the minimum numbers of medical staff necessary to safely fulfil the clinical commitments within a department
* Ensure a robust review of rotas in undertaken on a regular basis to ensure departments are appropriately staffed in line with minimum staffing levels at all times.
* Ensure every effort is made to recruit to long term rota gaps when these are highlighted by the rota coordinator.
* Identify hard to fill posts and develop a strategy to recruit to these posts
* Ensure the procedures detailed in this policy have been exhausted before a request to act down is made.
* Make the request for a consultant act down
* Provide the Medical Director and LNC Chair with a report of the circumstances of any incidences of a consultant covering unforeseen duties
 |
| **Clinical director/training programme director** | * Ensure all identified gaps are recruited to in a timely manner
* Ensure employees are aware of and understand the policy and their responsibilities in relation to booking of annual leave and the reporting of sickness absence.
* Respond to requests for annual leave in a timely manner in line with the annual leave policy for medical and dental staff.
* Approve leave ensuring minimum safe staffing levels are maintained
 |
| **Rota Co-ordinator/ clinical director/DMT** | * Highlight long term gaps in rotas to the clinical director at the earliest convenience.
* Support the recruitment process for long term rota gaps
* Highlight a short-term unplanned absence at the earliest opportunity whereby locum cover may be necessary.
* Implement measures to avoid acting down in full.
* Provide reassurance to the manager/clinical lead that all other avenues have been exhausted before a request to act down is made
 |
| **Medical and Dental Staff** | * Must request annual leave and study leave in line with relevant Trusts policies.
* Report their absence in line with Trusts policy at the earliest opportunity.
 |

**Look Back Exercise**

Senior doctors can only be requested to provide emergency cover under exceptional circumstances due to unforeseen emergency short term notice absence of junior staff that would compromise patient safety. Doctors will be paid at a penalty rate when asked to provide cover in the event of rota mismanagement.

Under this policy every occurrence of consultant acting down will be investigated to determine the circumstances that led to the need for providing emergency cover and a report made to the medical director, chief medical officer and the chair of the LNC. Each occurrence of consultant acting down should also be reported as an incident via ‘datix’ incident reporting system.

Where there are repeated events of consultants or SAS doctors being asked to provide emergency cover in any clinical area, the medical director will request an internal review of protocols, along with recommendations for remedial actions to prevent any further abuse of this policy taking place. This shall take place on the basis of two events in a six-month period within the same clinical setting.

1. **Measures to avoid the need for senior doctor cover**

The majority of junior doctors now participate in rotas. All annual and study leave requests should be fairly considered to ensure both access to training and the maintenance of service delivery, and to protect the safety of both doctors and patients.

The Clinical Director/ Rota Coordinator should ensure, as part of the induction process, that all 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 any absence to be reported at the earliest opportunity. This will ensure the department has the maximum amount of time to secure appropriate locum cover.

Where a doctor requests a period of leave for which a locum is required giving less than six weeks’ notice this should be discussed with the Clinical Lead or designated deputy and any approval of the leave should be conditional upon being able to find appropriate cover. Consultants other than the Clinical Lead or designated deputy must not approve requests for leave that require locum cover. Note that locum cover is provided to cover vacancy, sickness absence, maternity or paternity leave. Junior doctors are required to swap with colleagues when booking annual leave. Locums are not booked to cover annual leave.

It may be possible for other junior doctors in the hospital to provide locum cover and this option should be explored before requesting a senior doctor act down. See the attached “Out of Hours Working Arrangements for Junior Doctors” document for the agreed Out of Hours Working Arrangements for Junior Doctors

 It must be recognised that these duties are outside the contractual hours of the doctor concerned and remuneration will be offered as per the Out of Hours Working Arrangements for Junior Doctors document. The rate of pay/honorarium offered to junior doctors is covered in the out of hours working arrangements document

A request for a junior doctor to work hours in excess of that agreed in a junior doctor’s work schedule should only be made where the total hours worked are within the hours limits details in the 2016 terms and conditions of employment.

It is the responsibility of the on-call manager or DSN, not the on-call consultant to obtain suitable cover, however the on-call consultant will support the on-call manager as appropriate in their endeavours.

**Measures to Avoid Foreseen Absences**

From time to time certain specialties encounter difficulties in recruiting to their agreed quota of junior doctor posts.

As soon as the Trust is in receipt of junior doctor allocations the Trust will identify any gaps in rotas which will arise due to a short fall in the number of doctors allocated.

Gaps may also occur as the result of long-term absence of a doctor arising from sickness, maternity leave etc.

Once a gap is identified, the Trust will make every effort to recruit to the gap, either through the use of fixed term appointments or long-term locums etc

The Trust will also agree measures to prevent the need for senior doctors to act down where vacancies remain unfilled. These measures may include cancelling non-emergency work, the closure of the department in the lead up to the anticipated gap to reduce workload etc

Under the 2016 contract the Guardian of Safe Working (GoSW) is required to provide a report to the Trust Board and JLNC on a quarterly basis, which includes data on all junior doctor rota gaps. Where gaps are identified the Clinical Manager should provide details to the GoSW of the recruitment measures in place to cover such gaps for the duration of the rota.

Where it has not been possible to cover the rota gap, the existing funding will be accrued by the department in line with the set nodal point of the grade where the vacancy has occurred. This will be accrued for all hours as set out in the generic work schedule for the post for any hours where the vacancy is not backfilled. This would include hours scheduled within both standard and enhanced hours and paid at the prevailing rate.

For the purposes of this policy a shift whereby medical colleagues take on additional duties to cover the absence of a colleague as part of their standard working hours would not constitute a backfilled shift and the recruitment and retention allowance will accrue for all such hours.

**Unplanned Absences**

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 these situations are more difficult to contend with.

As soon as the department is informed of the unplanned absence the appropriate Consultant should be informed of the position and be advised of the attempts being made to find cover. This allows the Consultant the maximum notification of a potential problem allowing him or her to start to form contingency plans.

Where locums are booked, the booking details should be retained and recorded appropriately by the rota co-ordinator and should always be accessible to the department. Booking details should include:

Agency and contact details

Doctor contact details

Booking reference number

Doctors Full Name

GMC Number

In the event a booked agency doctor fails to arrive, the agency should be informed immediately. Feedback should be requested from the agency to understand why the locum failed to attend and consider any steps which could avoid further occurrences in the future.

All hours worked as a result of acting down will attract the recruitment and retention penalty rate detailed in section 6 where the Trust cannot evidence steps taken to secure locum cover.

1. **Procedure to Request Cover**

It is recognised that the consultant on-call for the specialty concerned is the ultimate judge of whether a department can continue to operate safely. As such they will make the final decision as to whether there is an alternative safe system to provide on-site medical support for patients. A decision will only be made to close a department after the consultant has considered the implications for patient safety. If the impact or risk to patients of closing a department is greater than keeping it open, then it should not be closed.

If the closure of a department is being considered in normal working hours this must be discussed with the on-call manager in the first instance. It will be the on-call managers responsibility to escalate this to the on-call director and/or medical director

Any request to act down can only be made by the General Manager or Clinical Director, or the On–Call Manager out of hours. This request and authorisation should be confirmed in writing/email. The manager who makes the request should also complete an additional duty form to ensure the doctor receives the agreed remuneration for the additional work undertaken.

As soon as a request to act down is made the Clinical Director, General Manager or Senior Manager on-call should consider the impact on planned services the next day. Where it is unlikely the consultant will have achieved a safe level of rest it should be assumed the consultant will be unsafe to work and any activity the following day should be re-allocated/cancelled.

Where it is necessary to cancel work on the day following an acting down period, no detriment in pay will result. The cancelled PA’s will not be expected to be worked back at a later date.

Senior doctors will not be required to cover where the on-call consultant identifies an alternative safe system to provide on-site medical support for patients. Where no safe alternative is available the consultant-in-charge recognises that they have 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.

Where a consultant is asked to act down, the manager making the request will ensure the consultant believes they can safely cover such duties. Where a consultant raises safety concerns the manager must make additional arrangements to ensure neither patients nor the consultant are placed at risk. Where a consultant raises concerns about their ability to cover such duties, these concerns should be documented prior to the acting down period starting.

**Second On-Call**

Where the first consultant agrees to cover a junior doctor, they can request that a second consultant is found to cover the first consultant’s on-call in order to maintain patient safety.

If a second consultant is asked to step in and can cover the 2nd on-call, in this situation the second consultant will have worked one more on call during the rota cycle. As such pay for on-call should be reviewed to ensure they are paid at the appropriate category, and on-call frequency allowance in line with the actual number of on-call shifts worked during the current rota cycle. Where there is no change in category or on-call availability allowance the consultant shall receive an additional one off on-call availability supplement equivalent to 2PA’s for each additional 2nd on-call period covered. Where a consultant is required to undertake any work during the 2nd on-call they will be paid at the rates detailed in section 6 below.

Where the first consultant on-call has agreed to act down, it is acknowledged that they are undertaking the additional work as a result of their obligations under the on-call rota. As such the consultant has fulfilled their obligations during the on-call period and will not be expected to work back the on-call shift at a later date. No alteration will be made to the consultants on-call category or frequency allowance as a result of acting down.

Where the on-call consultant can find alternative consultant cover from within the department, there will be no impact on their pay. The second consultant who volunteers to act down will be paid at the rates detailed in section 6 below.

1. **Remuneration and Compensation**

**Unforeseen Absences**

For the purposes of this provision unforeseen absences include any absence where the Trust has been notified less than 48 hours before the absence will arise. This will include instances of short-term sickness absence, domestic crisis or where a planned locum fails to attend.

Where a senior doctor agrees to act down as a result of unforeseen absence at any time outside of their programmed activities as defined by their job plan then the following applies:

* The consultant on call from home can claim a fixed payment of £250 per shift to allow for the increased workload. Alternatively, the Consultant/SAS doctor may request time off in lieu of this period. Time off in Lieu will be calculated at the rate of two PA’s for every one on duty (therefore a 12 hours shift would result in 24 hours TOIL). The choice as to which one to take, or whether to take a combination pro rata of each, will be at the sole discretion of the consultant.
* If a consultant is acting down to cover a higher trainee and required to provide cover for 2 hospital sites, they will be entitled to a fixed rate payment of £500, reflective of the additional site responsibility.
* If the consultant is required to attend a hospital site, they will be remunerated at the rate of 3 PAs (based on their current point of the pay scale, the average cost being £167 per hour) for every one PA on duty (one programmed activity equates to 3 hours between 19.00 and 07.00 or during the weekends or public holidays). Alternatively, the Consultant may request time off in lieu at a rate of 3 to 1 PA’s for this period or a combination of the two.
* If a consultant was required to attend a hospital site, they could also claim any travel costs incurred e.g. taxi fares.

Time off in lieu must be taken within 6 months of the period on-call and should be agreed with the Clinical Director in order to ensure appropriate cover is in place. Where is has not been possible to take time off in lieu within the 6-month period, any outstanding hours will be paid in line with the provisions above.

Following a period where, as a result of acting down, a Consultant 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 compensatory rest. Every attempt should be made not to disrupt the service. An appropriate clinician if available should cover clinical sessions the next day. It is the responsibility of the service manager / department to provide the clinical activity the next day and not the consultant who has acted down. Where the consultant 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. Ideally the point at which compensatory rest is taken should be agreed between the consultant and the manager, 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

**Foreseen Absence**

For the purposes of this provision foreseen absences will include any long-term absences or gaps in rota’s, including long-term sickness absence, maternity leave, where the Trust was aware of the vacancy more than 48 hours before the absence will arise.

Where a senior doctor agrees to act down as a result of a foreseen absence at any time outside of their programmed activities as defined by their job plan, and is required to either be resident on-call or participates in a shift system they will be remunerated at the penalty rate set out below based on their current point of the pay scale:

**TABLE A:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Total Hourly Value (£) | Hourly Penalty Rate (£), paid to Doctor | Hourly fine (3), paid to the department recruitment and retention fund |
| Standard Rate | The total value is x4 the basic hourly rate | x3 of the basic hourly rate | x1 the basic hourly rate |
| Premium Time Rate | The Total Value is x4 the premium time hourly rate | X3 of the premium time hourly rate | x1 the premium hourly rate  |

Alternatively, the Consultant may request time off in lieu at a rate of 3 to 1 PA’s for this period or a combination of the two.

Any additional hours worked which breach safe working hours, whether arising from foreseen or unforeseen absences will also attract the penalty rate detailed above.

**Requesting renumeration and reporting process following request for consultant to act down**

Following a period of acting down the manager who requested the consultant to act down should complete the extra duties form (see appendix) signed by the consultant and clinical director and submit the completed form to payroll. A copy will be sent to the medical director, chief medical officer and the chair of the LNC (see attached form appendix).

**Recruitment and Retention Fund**

A recruitment and retention allowance will accrue in the following circumstances:

where a long-term rota gap is not recruited to, accrual will be at the rate set out under the ‘measures to avoid foreseen absences’ section of this policy.

Any hours where a senior doctor is required to act down as a result of a foreseen absence of a junior doctor, accrual will be at rate set out in the table above (table A)

Where safe working hours are breached as a result of additional hours worked whilst acting down, accrual will be at the rate set out in the table A.

This allowance will be accrued at departmental level and the monies must be used to fund recruitment and retention initiatives within the department. The clinical director will devise the allocation of funds in collaboration with the consultant and SAS doctor body. These funds must not be used to supplement resources which should be provided by the Trust as standard.

All initiatives will be equality impact assessed before implementation to ensure they do not give rise to discrimination on the basis of any recognised protected characteristic as detailed in the Equality Act 2010.

There is no requirement to spend the allowance within the financial year the allowance is accrued. The balance of the fund may be carried over in full into the next financial year.

Where it is not possible to reach an agreement between the Clinical Director and the departmental consultant and SAS doctor body in the way funds should be spent, either party may refer the matter to mediation.

The details of the accrual of the recruitment and retention allowance will be published at a directorate level on a six-monthly basis along with details of how the funds have been spent. This report will be made available to the JLNC. This will be a standing agenda item for discussion.

1. **Monitoring and Audit**

It is intended to implement this protocol for a period of 3 years. It will be subject to review in 2024

1. **Approval and Implementation**

**Signed:**

**Medical People BP: James Frampton Date: 09.03.2021**

**Medical Director: Paul Gilluley Date: 09.03.2021**

**LNC Chair: Iris Gibson Date:** **09.03.2021**

1. **References**

**NHSE guidance document**

<http://www.nhsemployers.org/your-workforce/pay-and-reward/medical-staff/consultants-and-dental-consultants/consultants-and-dental-consultants-tcs-handbook/documents-and-guidance>

**Appendix 1: Out of Hours Working Arrangements for Junior Doctors in the London Boroughs (City and Hackney, Tower Hamlets and Newham)**

1. **Introduction**

On August 2nd, 2017 the existing non-resident higher trainee second on-call rota was replaced by a shift-system across the ELFT’s East London boroughs. This change was introduced due to the previous on-call arrangement for middle grade doctors breaching the European Working Time Directive; specifically, there was insufficient uninterrupted rest overnight to qualify for an on-call working pattern.

Expectations of middle grade doctors and arrangements for assessment of Section 136, etc. are largely consistent across ELFT’s East London boroughs although at present the Tower Hamlets directorate does not run a weekend teleconference.

1. **Working pattern**

Higher trainees and contributing SAS doctors work to a unified out-of-hours rota covering:

Tower Hamlets and Newham

City & Hackney and Forensic Services

The three out-of-hours shifts are as follows:

|  |  |  |
| --- | --- | --- |
| **Shift** | **Hours** | **Compensatory rest after shift** |
| Weekday evening: | 1700-2130 | None |
| Weekend daytime: | 0900-2130 Sat and Sun | Following Monday off if both w/e days worked |
| Block of nights: | 2100-0930 Mon-Thurs | Following Friday off |
| 2100-0930 Fri-Sun | Following Monday and Tuesday off |

(As per terms and conditions of new 2016 contract)

1. **Core responsibilities**

This new working arrangement engenders moving from a non-resident on-call working arrangement to an on-site working shift pattern and will be remunerated as such. Although the doctor will be working across two boroughs/services meaning that they will be ‘off-site’ for one of these at any one time, there is an expectation that they engage in clinical work rather than resting and waiting to be contacted.

Core responsibilities are as follows:

1. The doctor will commence their working shift in one of: Tower Hamlets, City & Hackney, Forensic Services or Newham (according to ease of access)
2. Handover; the higher trainee/SAS doctors will make contact with on-call CT1-3 doctors at the beginning of a shift in order to establish contact arrangements, to gain an understanding of workload and to establish priorities across the two boroughs/services for the shift
3. The doctor will travel to the location of greatest need/priority and inform DSN’s; it is helpful if DSN’s are kept updated about the higher trainee’s location due to mobile phone signal drop-out in some areas
4. The doctor is available to the CT1-3 doctors in both boroughs/services for discussion of complex cases, potential admissions and in order to assist the CT in prioritising workload
5. Undertake MHA assessments as required, arising in A+E or in designated places of safety. Please refer to the diagram below in the case of S136 assessments; there is an expectation that the CT on-call for wards will offer an initial assessment and will screen for physical health problems before discussing with the higher trainee/SASG
6. Where workload is exceptionally high, the higher trainee/SAS doctors may be required to assist the CT1-3; this will certainly involve supervision and assistance with prioritisation but may on occasion involve assisting with assessments and hands-on clinical work where the higher trainee/SASG is on-site and available to assist
7. **Weekends and bank holidays**
8. The higher trainee/SAS doctors will from the most convenient location take a handover from both sites from 0900-0930. They will then participate in weekend teleconference (for Newham this is at 0930 Saturdays, Sundays, Bank Holidays) if possible; note that priorities may dictate that the doctor is elsewhere or otherwise occupied but the higher trainee/SASG will already have undertaken handover with the CT1-3 doctors
9. Weekend management rounds will need to be arranged with the relevant CT1-3s after handover and on the basis of where need/workload is greatest. This is likely to entail staggered management rounds with one in the morning and one in the afternoon for the TH/Newham higher trainee.
10. Management round expectations were revised in May 2017 (please see appendix 1),
11. Weekend teleconference details: please refer to appendix 2
12. **Accommodation**

There is office, desk, computer, rest, toilet facilities available for ST4-6’s working out of hours on each site.

1. **Taxis and travel**

The higher trainee/SAS doctors will need to travel between sites and directorates. Where appropriate (for example daytime travel from A+E to inpatient unit within one directorate) the doctor may choose to take public transport or walk.

For travel between directorates and for travel outside of daylight hours, the doctor may choose to drive their own car. There is free parking available at some sites.

There is a taxi account (Newham-C4030) with Green Tomato (budget code Newham-E71331) which higher trainees/SASG doctors working on the TH/Newham higher trainee rota will be able to access directly. Arrangements for booking taxis are appended.

Costs incurred through parking or driving, or public transport will be reimbursed via expense claim form submission. The HTT may be able to support through use of their pool car, on occasions.

Green Tomato have undertaken to respond within 20 minutes. All exceptions must be recorded and reported. In the event of delays, UBER/other reasonable travel arrangements made by the ST4-6 on-shift will be remunerated.

1. **In the event of sickness**

In addition to your normal sickness reporting process (informing your Clinical Supervisor), please contact Sandra Lewis if you ordinarily work on the City & Hackney/forensic rota (020 8510 8297), Linda Norman if you ordinarily work in Tower Hamlets (020 8121 5525) or Linda Springer in Newham (020 7540 4380) at the earliest opportunity during working hours if you have an out of hours shift during your period of sickness and alternate cover arrangements will be explored. Out of hours any sickness must be urgently escalated to the consultants on-call and to the DSN.

1. **Swapping shifts**

Please arrange swaps with your colleagues and inform both rota coordinators at the earliest opportunity (Linda Norman Tower Hamlets and Linda Springer Newham); for the City & Hackney/forensic rota Sandra Lewis should be informed. Please rearrange clinical commitments on rest days or periods of overnight on-call.

1. **Acting Down**

Every effort will be made to ensure that vacancies do not arise at any level across the two directorates with alternate cover being sought during working hours at the earliest opportunity. Unfortunately, when a doctor calls in sick out of hours, options are more limited in terms of identifying alternate cover. Senior Trainee grade doctors are obliged to act down in the event of an unexpected core trainee rota gap, which is known for less than 48h. In the occasion that the rota gap is known in advance for more than 48 hours, the Trust is responsible for ensuring the adequate staffing of the shift.

**Re evening (5pm-9.30pm) and weekend days (9am-9.30pm) CT gaps:**

Please refer to suggested illustrative scenarios below.

**Re overnight CT gaps:**

1. Gap becomes known during daytime hours: CT to make contact with the rota coordinator, if unable to work their shift at the earliest opportunity so that the process of finding locum/ bank cover can start as soon as possible. To ensure this is escalated and acted upon, the clinical director is made aware in such situations. The shifts will be offered at £60.52 per hour (i.e. offered at the current maximum London rate for specialty doctor cover during unsocial hours for the shift).

1. Out of hours: CT to make contact with the DSN, who will inform the on-call ST and consultant and start the process of finding either bank or locum cover. Each switchboard/ reception has an up to date list of bank doctors and agency contacts.
2. During OOH: DSN to text bank list regarding extra shift. Payment for such shifts will be increased to £60.52 per hour in order to increase the likelihood of cover being found. DSN will also contact locum agencies with the increased rate of pay.

During daytime hours: The rota coordinator will also advertise shifts via email to all ELFT CTs and STs and locum agencies at the **increased pay rate of £60.52/hour**.

1. In the event that no CT cover can be found, the on-call ST 4 -6 will assume the role of CT in the Directorate with the gap. The ST 4-6 who acts down will only assume CT duties. It may be appropriate for the Acting down doctor to conduct MHA assessments according to workload. Otherwise the Consultant on call or additional bank/agency doctors will be relied on for this task which would ordinarily fall to the higher trainee.
2. **If no CT cover can be found (and the rostered on call ST4-6 acts down), then the -subsequently vacant- ST shift will be advertised to the ST cohort at a rate of £60.52 per hour. The ST will be expected to be resident** and will not be permitted to do the shift from home. The STs who volunteer to cover the locum shift should have the next day off (this applies up to maximum two locum shifts per month per person (excluding shifts covered during annual leave), so that training is not disturbed) and encouraged to go home early on the day in order to have adequate rest.

**Re ST 4-6 gaps:**

1. If ST 4-6 cover cannot be found, or if the rostered ST 4-6 calls in sick and no cover can be found: Consultants might be required to act down. On call manager needs to be informed.
2. In the event the consultant is asked to act down they will provide telephone consultation from home and may be expected to assist with MHA duties as stated above. Datix report to be done.
3. Remuneration for CTs for having to cover two bleeps with regards to the CT rota will be arranged by the relevant Clinical Director via an honorarium payment of £250 per shift of > 8 hours.
4. After the event ST to exception report incident.

 **Illustrative Scenarios**:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Situation**  | **Emergency cover arrangements for core trainee** | **Emergency cover arrangements higher trainee** | **Emergency cover arrangements for consultant** | **Remuneration** |
| One evening or weekend daytime CT is unavailable in one directorate | Remaining core trainee in that directorate covers both A+E and wards | Enhanced support within affected directorate | Enhanced telephone support  | £250 honorarium payment where shift is > 8 hours |
| Two evening or weekend daytime CT are unavailable in one directorate | *Consider* one core trainee from the other directorate to move over to the other directorate | Enhanced support across both localities but may need to act down | Enhanced telephone support but may need to provide hands-on support in person | £250 honorarium payment where shift is > 8 hours, consultant remuneration as per consultant acting down policy if needed on site  |
| No core trainee cover in one directorate (most likely to occur with overnight shift) | Wards and A+E to be covered by higher trainee who will act down | Higher trainee acts down as core trainee in directorate with no core trainee meaning there is no middle grade cover in either directorate  | Consultant in each directorate provides enhanced telephone support from home and may be required to attend for emergency assessments, S136, MHA Ax if need and workload require this; to be escalated to on-call manager | £250 honorarium payment where shift is > 8 hours, consultant remuneration as per consultant acting down policy if needed on site  |

1. **Useful phone numbers**

DSN Newham 07816 972297

DSN Tower Hamlets 07811 453637

DSN City & Hackney 07534214074

Switch Newham 020 7540 4380

Switch Tower Hamlets 020 7 377 7000/020 8121 5000

Switch Homerton 020 8510 5555

1. **Consultant support in absence of Higher Trainee**

In the unfortunate event that a core trainee is sick, and the higher trainee is required to act down, the consultant for each locality will provide enhanced telephone support to the doctor working on-site in their locality. This will typically take the form of discussion of admissions, discussion of S136 assessments and of any MHA work arising however the consultant may also be required to attend to conduct emergency MHA related work and to assist where there are safety and workload concerns. Remuneration for consultant acting down is covered in the consultant acting down policy document. Datix report must be filled in event of consultant acting down

**Appendix 1a**

**Emergency Arrangements for Out-of-Hours Vacancies:**

**Adult, MHCOP, LD Newham & Tower Hamlets**

Out of hours medical cover across Newham and Tower Hamlets is configured as follows:

**Weekday evenings 1700-2130:**

One core trainee for wards and one core trainee for A+E per directorate

 One higher trainee covering TH and NH

 One consultant per directorate

**Overnight 2100-0930:**

One core trainee per directorate

 One higher trainee covering TH and NH

 One consultant per directorate

**Weekends, BH 0900-2130**:

One core trainee for wards and one core trainee for A+E per directorate

One higher trainee covering TH and NH

 One consultant per directorate

**Emergency Cover Arrangements:**

Arrangements for escalation and seeking bank/agency cover for gaps are covered below.

The scenarios below will apply where additional bank or agency cover cannot be identified and until such time as alternate cover is arranged.

Remuneration arrangements will apply where part of the shift is affected.

**Appendix 1b**

**Emergency Arrangements for Out-of-Hours Vacancies:**

**Adult, MHCOP, LD, forensics in City and Hackney**

Out of hours medical cover across City and Hackney is configured as follows:

**Weekday evenings 1700-2130:**

One core trainee for wards and one core trainee for A+E

 One higher trainee covering City and Hackney general and forensics

 One consultant for general psychiatry, one consultant for forensics

**Overnight 2100-0930:**

One core trainee

 One higher trainee covering general and forensics

 One consultant for general psychiatry, one consultant for forensics

**Weekends, BH 0900-2130**:

One core trainee for wards and one core trainee for A+E

One higher trainee covering general and forensics

 One consultant for general psychiatry, one consultant for forensics

**Emergency Cover Arrangements:**

Arrangements for escalation and seeking bank/agency cover for gaps are covered below.

The scenarios below will apply where additional bank or agency cover cannot be identified and until such time as alternate cover is arranged.

Remuneration arrangements will apply where part of the shift is affected.

**Appendix 1c**

**Luton and Bedfordshire on-call arrangements**

This document outlines the procedures to follow for all on-call doctors while and their responsibilities to ensure an efficient on-call service for Bedfordshire and Luton, as well as the role and responsibilities of the Rota administrators. This document also details the acting down arrangements in case of a sudden impediment preventing on call doctors to carry out their shifts.

Out of hours medical cover across Luton and Bedford is configured as follows:

**Weekday Evenings 1700-2100:**

One first on call for Luton and one first on call for Bedford (core trainee or GP/FY2 trainees or specialty Drs)

One second on call covering both Luton and Bedford non-resident (higher trainee or S12 approved SASG)

One consultant covering both Luton and Bedford non-resident (adult, older adult, LD) and one consultant covering Luton and Bedford for CAMHS

**Overnight 2100-0900:**

One first on call for Luton and one first on call for Bedford

One second on call covering both Luton and Bedford non resident

One consultant covering both Luton and Bedford non resident

**Weekends, BH 0900-2130**:

One first on call for Luton and one first on call for Bedford

One higher trainee covering both Luton and Bedford non-resident

One consultant covering both Luton and Bedfordshire non-resident and one CAMHS consultant for Luton and Bedfordshire

1. **Rota Administrators – Bedford and Luton**

The Rota Administrator is Shamin Parkar with consultant input from Dr Micol Ascoli, Associate Clinical Director for Inpatients.

The rota administrator prepares a monthly and a weekly on-call rota with the shifts of all on-call doctors in Bedford and Luton (first, second, consultant and CAMHS consultant on-call) and their individual phone numbers, as well as the single phone numbers of Bedford and Luton DSNs, manager and director on call.

The rota administrator is informed of any swaps between on-call doctors and will update the rota with any swaps every Thursday pm.

The rota is circulated to the following distribution list: all Consultants, all second and first on-call doctors, the DSN group email, the two Crisis teams and the two Psychiatric Liaison Services in Bedford and Luton.

The rota administrator updates the on-call rota according to any medical staffing changes (new rotations, newly appointed Consultants or SASG doctors, retirements, locum acting up, etc).

The rota administrator arranges admin cover for the on-call rotas for periods of annual leave or sick leave and will notify the Inpatient ACD of the arranged cover.

1. **Consultants on call – Bedfordshire and Luton**

It is the Consultants’ responsibility to ensure they have a copy of the weekly on call summary with all contact details necessary to carry out their on-call duties.

Consultants notify the rota administrator and ACD for Inpatients of any swaps by email as soon as swaps are arranged.

It is the Consultants’ responsibility to check the rota regularly and ensure they have arranged swaps when on annual/study/planned sick leave, in a timely manner.

In case of any sudden unplanned impediment to carrying out the on-call shift, Consultants notify as soon as possible the rota administrator/Inpatient ACD/Inpatient CD in order that they can ensure appropriate cover is in place through a swap.

At the start of the on-call shift (5pm Monday to Friday), the on-call Consultant rings the second on-call doctor to let them know which consultant is on-call and to ensure they have the correct mobile number to contact the on call consultant.

1. **First on-call doctors – Luton and Bedford sites**

The first on-call doctors receive a copy of the rota for the whole rotation at the point of induction.

Swaps with other colleagues will be kept to the bare minimum, to avoid service disruptions.

Doctors notify the rota administrator and Inpatient ACD of any swaps by email, as soon as the swap is arranged.

It is the Doctors’ responsibility to check the rota regularly and ensure they have arranged swaps when on annual/study/planned sick leave, in a timely manner.

In case of need of senior advice on clinical matters, the first on-call doctor rings the second on-call.

When the second on-call shift is vacant, the first on-call doctor rings the consultant on-call for advice.

If the first on-call doctors are unable to contact the consultant on-call for a consistent and long period of time, they:

* Notify the Luton DSN/Notify the Manager on Call
* Ring the Inpatient CD/ACD for inpatients for advice
* Fill in a Datix incident form at the end of their shifts
* **Luton 5pm to 9pm shift:**

The Luton first on-call doctor starts the shift and rings Luton DSN (07930445215) to inform the DSN that they have arrived for the shift and to get updated information about upcoming jobs.

At the end of the shift at 9pm, the first on-call goes to Crystal Ward for handover with the next on-call doctor. The names and numbers of second and consultant on-call are handed over to the next on-call colleague.

* **Luton 9pm-9am and 9am-9pm shifts:**

At the start of the shift, the incoming doctor attends handover at Crystal ward as above. The incoming on-call doctor starts the shift and rings Luton DSN (07930445215) to inform the DSN they have arrived for the shift and to share get information about upcoming jobs.

At the end of the shift at 9am/pm, the first on-call goes to Crystal Ward for handover with the next on-call doctor. The names and numbers of second and consultant on-call are handed over to the next on-call colleague, alongside any outstanding work and the general situation on the wards.

* **Bedford 5pm to 9pm shift:**

The Bedford first on-call doctor starts the shift from their current site of work and rings the Luton DSN (07930445215) to inform the DSN they have arrived for the shift and to get information about upcoming jobs.

The first on-call doctors keep a log of their activities throughout the shift, hand it over to the next on-call doctor and then to the late DSN in Luton, to be included in the DSN report.

At the end of the shift at 9pm, the first on-call contacts the incoming on-call doctor for handover. Handover will ideally take place face to face at a mutually convenient location in Bedfordshire. If this is not possible, telephone handover is acceptable. The activity log is handed over either in person or by email.

The names and numbers of second and consultant on call are handed over to the next on-call colleague.

* **Bedford 9pm-9am and 9am-9pm shifts:**

The incoming doctor receives handover from the previous doctor, face to face or by phone. The names and numbers of second on-call and consultant on-call are handed over from the previous on-call doctor.

The incoming on-call doctor starts the shift and rings Luton DSN (07930445215) to inform the DSN they have arrived for the shift and to share contact arrangements, and to get information about the state of the wards.

At the end of the shift, handover takes place as above and the activity log is sent to the Luton DSN for inclusion in the DSN report.

1. **Second on-call doctors – Luton and Bedfordshire**

It is the Doctors’ responsibility to ensure they have a copy of the weekly on-call summary with all contact details necessary to carry out their on-call duties.

Second on-call doctors notify the rota administrator and ACD for inpatients of any swaps by email as soon as swaps are arranged.

It is the Doctors’ responsibility to check the rota regularly and ensure they have arranged swaps when on annual/study/planned sick leave, in a timely manner.

At the start of the on-call shift (5pm Monday to Friday), the second on-call doctor rings the Luton first on-call, the Bedford first on-call and the Luton DSN to let them know the second on-call doctor is on shift and to ensure they have the correct mobile number to contact the on call consultant.

In some circumstances, the second on-call doctor will be asked to attend the clinical site to carry out work, namely:

* To carry out any MHA work as and when needed
* To assess patients conveyed to a place of safety under Sec 136
* To support the first on-call when the workload becomes unmanageable, thereby compromising patient safety, and when complex clinical presentations require the presence of a senior doctor on site
* To act down in emergency cases where there is no first on-call cover and locum doctors are not available
* To provide senior clinical support to our inpatient teams where occupancy levels and acuity are such that reviews of individuals’ treatment plans are required
1. **Acting Down**

Every effort will be made to ensure that vacancies do not arise at any level across the two sites with alternate cover being sought during working hours at the earliest opportunity. Unfortunately, when a doctor calls in sick out of hours, options are more limited in terms of identifying alternate cover. Second on-call doctors are obliged to act down in the event of an unexpected first on call rota gap, which is known for less than 48h. Where the rota gap is known in advance for more than 48 hours, the Trust is responsible for ensuring the adequate staffing of the shift.

**Re: evening and weekend days first on call gaps:**

**Weekday overnight on-call:**

1. **The overnight 1st on-call Dr calls in sick at 9am or before.**

The 2nd on-call Dr due to be on call overnight is sent home to rest until 9pm. Seek locum for overnight 1st on-call Dr. If no locum, 2nd on-call Dr acts down for resident night shift. Seek locum for 2nd on-call night shift. If no locum, consultant on-call acts down to cover 2nd on-call.

NB this need immediate communication between the rota coordinator and the on-call team, as the 2nd on call will need to be relieved from that day’s clinical duties.

1. **The overnight 9pm 1st on-call Dr unexpectedly goes off sick with little/no notice.**

Seek locum for 1st on-call Dr. In this scenario unfortunately the 1st on-call Dr has to cover both Bedford and Luton sites until locum cover can be found. The 2nd on-call Dr and consultant on-call have already worked 12 hours and cannot act down to cover resident shifts. 1st on-call Dr covers the entire shift, unless locum found will be remunerated an honorarium payment at an enhanced rate of **£250.**

**Weekend on call:**

1. **9am-9pm 1st on-call Dr off sick.**

Seek locum for 1st on-call. If no locum then 2nd on-call Dr steps down. Seek locum for 2nd on-call. If no locum then consultant acts down. 1st on-call Dr comes at 9pm to take over, 2nd on-call Dr who was covering goes home, consultant on call keeps covering 2nd on-call Dr unless locum found for that shift until 9am.

1. **9pm-9am (overnight) 1st on call Dr calls in sick at 9am or before.**

The 2nd on call Dr due to be on-call overnight is sent home to rest until 9pm. Seek locum for overnight 1st on-call Dr. If no locum, 2nd on-call Dr acts down for resident night shift. Seek locum for 2nd on-call night shift. If no locum, consultant on call acts down to cover 2nd on-call Dr.

1. **9pm-9am (overnight) 1st on-call Dr calls in sick at the last minute.**

Seek locum for 1st on-call Dr. In this scenario unfortunately the 1st on-call Dr has to cover both Beds and Luton sites until locum cover can be found. The 2nd on-call Dr and consultant on call have already worked 12 hours and cannot act down to cover resident shifts.

At weekends and on Bank Holidays, a teleconference huddle with the on-call team across Bedfordshire and Luton has been implemented. Any rota gaps either immediate or anticipated will be discussed by the on-call team on the huddle. Where it is not possible to identify urgent bank or agency cover, it may be possible to mobilise additional clinical and administrative support via the DSN, with or without additional non-medical staffing. Any such options will be considered by the on-call team on the huddle.

**Dial-in arrangements:**

**Saturday, Sunday, Bank Holidays: 9:30am**

**Tel No: 0800 032 8069. Chair Code: 91855480 then #. Participant Code: 87706974 then #**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Situation**  | **Emergency cover arrangements for first on-call** | **Emergency cover arrangements for second on-call** | **Emergency cover arrangements for consultant** | **Remuneration** |
| No first on-call available at one site (most likely to occur with overnight shift) | Second on-call doctor will act down | Second on-call doctor acts down as first on-call doctor on site with no first on-call, meaning there is no middle grade cover at either site | Consultant provides enhanced telephone support from home and may be required to attend for emergency assessments, S136, MHA Ax if need and workload require this; to be escalated to on-call manager | £250 honorarium payment where shift is > 8 hours; consultant remuneration as per consultant acting down policy if needed on site  |

**Re overnight first on-call gaps:**

1. Gap becomes known during daytime hours: first on call to make contact with the rota coordinator, if unable to work their shift at the earliest opportunity so that the process of finding locum/ bank cover can start as soon as possible. To ensure this is escalated and acted upon, the clinical director is made aware in such situations. The shifts will be offered at £60.52 per hour (i.e. offered at the current maximum London rate for specialty doctor/staff grade cover during unsocial hours for the shift).

1. Out of hours: first on-call to make contact with the DSN, who will inform the second on-call and consultant and start the process of finding either bank or locum cover. Each switchboard/ reception has an up to date list of bank doctors and agency contacts.
2. During OOH: DSN to text bank list regarding extra shift. Payment for such shifts will be increased to £60.52 per hour in order to increase the likelihood of cover being found. DSN will also contact locum agencies with the increased rate of pay.

During daytime hours: The rota coordinator will also advertise shifts via email to all ELFT first on call doctors and second on call doctors and locum agencies at the increased pay rate of £60.52/hour.

1. In the event that no first on call cover can be found, the second on call will assume the role of first on call in the Directorate with the gap. The second on call doctor who acts down will only assume first on call duties. It may be appropriate for the acting down doctor to conduct MHA assessments according to workload. Otherwise the Consultant on call or additional bank/agency doctors will be relied on for this task which would ordinarily fall to the second on call.
2. If no first on-call cover can be found (and the rostered second on-call doctor acts down), then the (consequently vacant) second on-call shift will be advertised to the second on-call cohort at a rate of £60.52 per hour. The second on-call doctor will be expected to be resident and will not be permitted to do the shift from home. The second on-call doctors who volunteer to cover the locum shift should have the next day off (this applies up to maximum two locum shifts per month per person (excluding shifts covered during annual leave), so that training is not disturbed) and encouraged to go home early on the day in order to have adequate rest.

**ST 4-6 gaps:**

1. If second on-call cover cannot be found, or if the rostered second on-call calls in sick and no cover can be found: Consultants might be required to act down. On call manager needs to be informed.
2. In the event the consultant is asked to act down they will provide telephone consultation from home and may be expected to assist with MHA duties as stated above. Datix report to be done.
3. After the event second on-call to exception report incident.

**Consultant support in absence of Higher Trainee**

In the unfortunate event that a first on call doctor is off sick and the second on-call doctor is required to act down, the consultant will provide enhanced telephone support to the doctor working on-site. This will typically take the form of discussion of admissions, discussion of S136 assessments and of any MHA work arising however the consultant may also be required to attend to conduct emergency MHA related work and to assist where there are safety and workload concerns. Remuneration for consultant acting down is covered in the consultant acting down policy document. Datix report must be filled in event of consultant acting down.

**Flowchart of process for managing first on call overnight gaps**

* Inform rota coordinator AND DSN at relevant site and consultant.
* Doctors offering to cover night-time shift will be allowed to go home and rest prior to shift.
* It is important to let second on-call acting down know as soon as possible.
* Doctors who agree to cover will be allowed to go home and rest and have the following day off, this will be allowed up to a maximum of 2 additional shifts per month per person.
* Clinical Directors should inform and encourage Consultants to show understanding and support towards doctors assuming locum roles in short notice to cover rota gaps.



**Appendix 1d**

**Flowchart re process for managing CT overnight gaps in London boroughs**

\* Inform rota coordinator AND DSN at relevant directorate and Consultant.

\* CT/ST offering to cover night-time shift will be allowed to go home and rest prior to shift.

\*It is important to let ST acting down know as soon as possible.

\* ST/CT who agree to cover will be allowed to go home and rest and have the following day off, this will be allowed up to a maximum of 2 additional shifts per month per person.

\* Clinical Directors should inform and encourage Consultants to show understanding and support towards CTs and STs assuming locum roles in short notice to cover rota gaps.

CT is unavailable to cover nighttime shift

CT to inform the rota coordinators and DSN and On-Call Consultant ASAP

Escalate to DSN and daytime SPR and Consultant on-call. DSN/SPR to inform nighttime team/on call manager

CT Shift to be advertised to bank and agency staff at increased rate (£60.52/hr)

DSN to advertise CT Shifts to bank and agency staff at increased rate (£60.52/hr)

Inform night duty ST of need to act down.

Inform on call consultants and managers that there is no ST cover for both boroughs

Working Hours

Out of Hours 5pm-9am

CT shift NOT filled.

Advertise Resident ST shift to cover both boroughs at increased rate b(60.52/h)

ST shift not filled

ST shift filled

Inform on call consultant and ST of locum/ bank cover and the fact that rostered ST will be acting down

CT shift NOT filled.

Advertise Resident ST shift to cover both boroughs at increased rate b(60.52/h)

**Appendix 2 Emergency Cover by Senior Doctors form**

This form should be completed by the Clinical Director, general manager or senior manager on-call whenever a request is made for a senior doctor to act down. A copy should be provided to the consultant on-call when the request to act down is made and in all cases prior to the acting down duties commencing. A datix report should also be generated.

Additional copies should be sent to the Medical Director, Chief Medical Officer and Chair of the LNC. The requesting manager must also ensure the relevant paperwork is completed to ensure payment for any additional hours is made in the next pay period.

**Name:**

**Department:**

**Date(s):**

**Start and End Time of Shift to be covered:**

**Reason for Cover: Foreseen Absence / Unforeseen Absence (Please delete as appropriate)**

**Name of Doctor absent from Duty:**

For all instances of unforeseen absences, the name of the doctor absent from duty must be provided. Where a post is vacant all absences will be regarded as foreseen unless evidence is provided of a locum booking who subsequently failed to attend. Evidence should also be provided of the notification to the locum agency of the locum’s failure to attend.

Have Clinical Concerns been raised by the Doctor who will be Acting Down? **Yes / No**

If yes, please provide details:

What measures have been put in place to mitigate any risk to either patients or the doctor?

Has the consultant requested a second on-call? **Yes/No**

If Yes, please provide details of the doctor who is to undertake the second on-call:

Number of Hours to be paid (rounded up to the nearest 15 minutes)

 Standard Time:

 Premium Time:

Where it is anticipated that the Doctor Will Not Achieve Minimum Rest Requirements, Have Clinical Activities on the Following Day been cancelled? **Yes/No**

**Appendix 3: Safe Working Hours and Access to Facilities**

**Hours Limits**

When a senior doctor is requested to cover a period of absence of a junior doctor there is a maximum 24-hour cap on any duty period. This will include any work carried out immediately before or after the acting down period as part of the senior doctors agreed job plan.

Following a period of acting down period there will be a minimum of 11 hours continuous rest.

In assessing whether maximum working hours have been breached, account should be taken of all work carried out by the doctor including private practice.

Where there is a breach in the expected minimum rest periods, the default assumption is that the senior doctor is unsafe to work because of tiredness and as such will not be attending work the following day other than to ensure a safe handover of patients. No detriment of pay will result. It is the responsibility of the Clinical Director, General Manager or Senior On-Call Manager to make the appropriate alternative arrangements for any activity due to take place the following day.

In exceptional circumstances a doctor may, at their sole discretion, decide to undertake their scheduled PA’s the following day. In this instance the doctor will be entitled to an additional day off as compensatory rest. Where a doctor chooses to be compensated for additional work by time off in lieu, this compensatory rest is in addition to TOIL provisions.

**Facilities**

Where a senior doctor is required to work during the overnight period, they must have ready access to both hot and cold food and drink throughout the overnight period.

Where a senior doctor is required to be present on site, rest facilities should be available and immediately accessible throughout the shift to allow rest during natural breaks. During natural rest breaks the doctor should be permitted to sleep. All-natural rest breaks will be paid at the prevailing rate for the time the rest is taken.

**Rest facilities should be for single occupation and should have:**

* a bed, of good quality, with linen changes every three days and for every new occupant
* an independently controlled source of heating
* towels, changed daily and for every new occupant
* a telephone with access to hospital switchboard
* electrical power points
* adequate sound- and light-proofing to allow good quality sleep day and night.

**Rest facilities should be provided in an area away from patients.**

When a request to act down is made the manager making the request should ensure arrangements are in place at the beginning of the additional work period to ensure the rest facilities are available and the doctor can access them without delay.

**Safe Travel**

Where a senior doctor advises the employer that they feel unable to travel home following a night shift or resident on-call, due to tiredness, the employer will provide appropriate rest facilities where the doctor can sleep free of charge. The hours the doctor is resting in the hospital under these circumstances will not count as work or working time.